HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE
Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 11 January 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Cllr, David Fraser, Highland Council (until 2pm)
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Rhiannon Boydell, Head of Service, Community Directorate
Stephen Chase, Committee Administrator
Lorraine Cowie, Head of Strategy & Transformation
Pam Cremin, Deputy Chief Officer, Highland Community
Frances Gordon, Finance Manager
Arlene Johnstone, Head of Service, Health and Social Care
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (until 2pm)
Jo McBain, Deputy Director for Allied Health Professionals
Kara McNaught, Area Clinical Forum Representative (until 3pm)
Boyd Robertson, Chair of NHS Highland Board
Ian Thomson, Head of Service: Quality Assurance; Adult Social Care

Apologies:
Kate Dumigan and Elaine Ward.

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

- The Chair thanked A Clark for her considerable work as outgoing Chair to the Committee, and that the change in chairing arrangements reflected good governance procedures as agreed by the Board.
- M Stevenson noted an interest in item 3.3.1 as Patient Representative but on consideration felt that there was no conflict of interest.
- The Chair congratulated Louise Bussell on behalf of the Committee following her appointment to Director of Nursing for NHS Highland to take effect from February 2023. Pam Cremin will be undertaking a recruitment exercise for the Interim Chief Officer and a Mental Health Service Manager will be able to be recruited.
- The Chair requested that item 5.2 be considered at this point in the meeting.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [PP.1-9]

F Gordon gave an overview of the month 8 position from the paper on behalf of E Ward and invited questions from the Committee.

During discussion, the following points were addressed,

- A Clark requested more information about the year-end position and how things have changed in terms of the overall picture for Adult Social Care over the course of the year, and how much of the non-recurring monies had NHS Highland invested across the year with the aim of mitigating the overspend position at the year end?
- F Gordon noted that there had been considerable investment within the partnership on various services and a plan is in development to identify areas to target. It was suggested that a fuller breakdown of what remains in the balance and allocations in the Partnership for Adult Social Care can be brought for future meetings.
- M Simpson asked if it was feasible for NHS Highland to set up its own agency for staffing in order to address the spend on locum and agency staff.
- F Gordon answered that NHS Highland does have a bank service agency (which is promoted to reduce agency costs), however the setting up of an additional company is not something that had been explored.
- L Bussell and the Chair added that one of the significant challenges is that bank service will never be able to offer as high a rate of pay as an agency. There are further challenges that would have to be met in setting up an 'in house' agency regarding the legal implications and demands of terms of conditions which set pay at Agenda for Change levels.
- L Cowie commented that there is a specific workstream in progress to look at how the organisation contracts different agencies, works to address expanding the skill mix and makes for more attractive conditions of work.
- J McCoy asked if there had been any update on a work stream with Scottish Government to reducing agency costs that had been mentioned at a previous reporting.
- L Cowie commented that this national piece is encountering several challenges to its progress but that the committee will be informed of progress as it arises.
- J McBain commented that anecdotal evidence had shown that flexibility of working had been one of the key factors in people wanting to work on a locum basis even though the package for NHS Highland has many benefits including sickness cover and maternity rights which agency staff lack, and that therefore there is a need to understand these other motivations in aiming to attract permanent staffing.

- P Cremin commented that discussions have been had on a North Scotland basis to address these issues and that a solution had not yet been found.

- G O'Brien asked what approach could be tried to achieve a different outcome for next year in terms of operational overspends and identifying significant areas of transformation and savings.
- L Bussell noted that a number of meetings had been had with the Highland Council, on these challenges and changing needs, and to consider what areas might require a reduction in funding. These conversations are ongoing with the Highland Council and proposals are being worked up over the next couple of weeks. The Committee will be kept informed at its meetings of these developments.

After discussion, the Committee:	
– **AGREED** to receive **limited** assurance from the report.	

3 PERFORMANCE AND SERVICE DELIVERY

It was agreed that item 3 of the Chief Officer's report on Care Home Pressures would be discussed at this point in the meeting to allow for fuller participation (see 3.7 below for minuting).

3.1 Assurance Report from Meeting held on 2 November 2022 [PP.10-21]

The draft Assurance Report from the meeting of the Committee held on 2 November 2022 was approved by the committee as an accurate record.

The Chair noted that he had reviewed the rolling actions and proposed a course of action for each in order to close off these items.

The Committee	
– **Approved** the Assurance Report, and – **Noted** the Action Plan.	

3.2 Matters Arising From Last Meeting

3.2.1 Following M Simpson's request for information on energy costs for NHS Highland a spreadsheet was made available to the committee detailing costs.

3.2.2 Following W Smith's request for further information on Carer pay a spreadsheet was made available to the committee.

In discussion, the following points were addressed,

- I Thomson responded to questions about the document, noting that he was not involved in setting the budget but had some oversight of the Carers' Programme Budget.
- He noted that there had been some unused expenditure and in order to use it up it was determined that it should be used as an accelerated means to support short breaks for carers targeted for eligible need especially in light of current cost of living pressures over the winter period, provided not as a power under the act but as a duty.
- These funds are non-recurrent and there will be a need to address how such support can be met in the future.
- A Clark commented that it was difficult to get a sense of the scale of what the potential problem might be for addressing this and other unmet need for carers if it is not possible to fund this next year.
- The Chair commented that he will meet with the Chief Officer to address when the Carer Strategy should next come to the Committee and address these concerns.
- J McCoy asked for more detail about Carer Involvement in the 2023-24 projection.

- I Thomson answered that this was connected to consultation on the new care strategy in order to support the independent voice of unpaid carers. The line is there to support provision of replacement care costs for those carers involved in the consultation and to support some grassroot initiatives to bring the carers together with the potential for assisting support for a carers union.
- W Smith asked if the financial support for carers was to meet assessed needs.
- I Thomson confirmed that it is about a duty under the act and is to support assessed need as the result of an adult carer support plan and where people have been seen to be in critical or substantial need. There are existing routes through traditional district care planning, but this acts as a quick route to address difficult circumstances provided as a duty given the circumstances of the winter cost of living crisis.
- I Thomson added that there are some rules that still apply to the assessment, for example, if a person was a power of attorney or a proxy of any sort, then they cannot be paid.
- W Smith asked if instead of some of the activities on offer to unpaid carers funds would be better spent on supporting breaks or the fast-tracking of care packages.
- I Thomson acknowledged the suggestion and noted that he would like to take this area forward with a disinterested group of unpaid carers to shape future expenditure.
- M Cockburn commented that it is essential that unmet needs are identified especially in addressing early support and prevention.
- In summing up, the Chair noted that he would be speaking to L Bussell, I Thomson and W Smith to ensure that the next update sufficiently addresses the above discussion in the implementation of the Carers Strategy.

The Committee:
- **NOTED** the updates.

3.3 Community Services District Reports (Nairn and Mid Ross) [PP.22-45]

R Boydell introduced the reports which were presented for information and discussion by the Committee as to what information and format would be most beneficial.
The reports had been written by district managers and reflected different styles of presentation and kinds of information.
The Mid Ross District report featured successful work with its Assessed to Home Programme.

In discussion,
- M Simpson commented on the need for a framework to assist the Committee in assessing the reporting with some consistency.
- Clarity was sought on reference to the backlog of maintenance at Mid Ross Memorial Hospital (p.25) and if fire compliance was a part of this backlog and if the recommendations made by the Fire Service had been carried out.
- R Boydell answered that there is a visit by the Fire Service every year and that the Estates Department work with the Fire Service to ensure work is done and mitigating actions are carried out.
- There has been a short delay in carrying out some of the work but there is a plan in place and contingency planning around staffing and evacuation is in place.
- L Bussell added that an interim plan has been developed with Estates. Some of the fire compliance work is disproportionately expensive for the part of the building concerned and therefore the plans involve a reconfiguration of the layout of services so that the firework is appropriate for the services within that part of the building,
- T Allison commented that with the particular demography of Highland there is a need to take care with locality reporting especially around the reporting of percentages rather than absolute numbers due to the sometimes significant variance in age groups and associated health needs in different localities.

- M Stevenson commented that fire compliance work that was meant to have taken place within the General Ward had not started yet, and asked if there was funding to carry out that work and if the Rheumatology Unit would be impacted by proposed changes to the layout.
- L Bussell answered that all fire compliance work would be carried out but that due to the age of the building it had been necessary to consider reconfiguring service use and layout. There would not be additional funding available in the short term which would give some time to consider best use of the facilities of the building as a whole. The Rheumatology Unit would not be impacted by the changes.
- L Bussell commented that the reports were very much a first attempt at locality reporting for the Committee and would be developed further with the possibility of including reporting on Mental Health and Third Sector provision for districts and how these align with the NHS Highland Annual Delivery Plan.
- A Clark commented that she would send the Chair some thoughts on the format and content of the reports.
- A Clark noted that the reports laid bare the challenge faced by staff faces in meeting increasing demand within fixed or reducing real term budgets, and raised interesting questions about how successful approaches to addressing equity across the health board are addressed.
- It was asked if the data on average length of stay in the Mid Ross report would be useful to compare across our community hospitals and future within the IPQR.
- L Cowie noted that discussions are underway about delayed discharge in local hospitals but that further meetings are planned where comparable factors across Highland, Argyll and Bute and the rest of Scotland could be considered for future reporting.
- It was asked what the outcome was of the discussions at SLT I response to these reports and what can you know, conclusions or key issues were raised.
- L Bussell answered that different local reports had been considered at the last SLT meeting
- And it was felt that such reports had given managers a rich picture of exactly what had been happening in each of the areas and the unique challenges for those areas and what were the replicable challenges.
- M Stevenson asked if the underspend of £78,000 for Mid Ross Memorial Hospital had been reallocated within the hospital.
- R Boydell clarified that the figure was for the previous year and was not a true underspend at end of year having been taken into the bottom line at the end of the year.
- M Cockburn asked if it was possible to use these reports to raise awareness of good practice among areas.
- R Boydell answered that there is programme of work focused on the movement of patients through the system to ensure people go through the system and avoid admission and stay wherever possible, in their community. These pieces of work are being shared in various working groups. The aim is to standardize as much as possible of this work and measure its impact.
- N Wright commented that the district managers had used the reports to highlight some of the really positive work and asked if this would be shared with other stakeholders in areas which are under development such as Caithness or Lochaber.
- C Birt commented on the percentages reported and that the data as presented was not necessarily comparable across different localities.
- T Allison commented that with the particular demography of Highland there is a need to take care with locality reporting especially around the reporting of percentages rather than absolute numbers due to the sometimes significant variance in age groups and associated health needs in different localities. He noted that percentages reflected reporting within practices and the measure of the burden of a disease in that local area and therefore not necessarily comparable across localities. However, there was opportunity here to work with colleagues in Health Intelligence and elsewhere to try and standardize the reporting as much as possible. The data, even unstandardized, demonstrated the level of need in those particular areas.

- L Cowie added that there is an agreement with Primary Care under review to get standardized data extracted direct from Primary Care systems to address these concerns for benchmarking. Some of the other health boards currently do this data extraction work and therefore it would be possible to benchmark against their figures.

The Committee:
- **NOTED** the reports.

3.4 SDS Strategy Assurance Report [PP.46-52]

I Thomson provided an overview of the report and noted that the SDS Strategy implementation had focussed on the culture and practice of Integrated Care and Adult Social Care. He noted that there had been a number of national reports that suggested SDS had lost its way across Scotland with various hurdles and convoluted assessments, losing some of the creativity needed to find community solutions for individuals.
The workforce have felt the impact of increasing levels of paperwork which have tied them to traditional ways of working, and this has meant that staff had not often been accessing solutions from the community.
A reference group of interested parties, workers, supported individuals, carers and some national groups were brought together to develop a new strategy and a consultation document was produced to set out its ambitions and plans to enable person-centred care.
The aim of the planning is to build relationships and find solutions from the bottom up and deal with the complexity of negotiating the various elements, and to make those who need support aware of the packages and potential help available.
The strategy is still a live work in progress.

- C Birt asked for clarity as to whom Self-Directed Support was aimed at.
- I Thomson confirmed that older people make the largest component of those concerned but a number of other groups under the remit included adults with a learning disability, adults with mental health difficulties and physical disability.
- P Cremin commented that events such as the recent closure of a nursing home had shown that not all staff wanted to transfer to NHS Highland but that some wished to have a more flexible arrangement in terms of their hours and therefore could be engaged as a workforce to respond to self-directed support and thereby strengthen work around care in communities and provide an alternative to the problems around recruitment in areas such as care at home. Respite Care has been temporarily suspended at Dalmore and some staff have gone into the community. I Thomson and P Cremin are working with the partnership group there as a test case for responsive self-directed support in the community.
- A Clark commented that constant evaluation was key to demonstrating success against the key measures and asked if work had been identified to address this.
- I Thomson answered that plans were not at this stage yet and that there would be a need for a number of proxy measures to do simple evaluation work with partners and get processes up and running.
- A Clark commented that with Scottish Government interest in this area that it would be worth seeing what could be done to obtain funding to partner with UHI or another partner with experience of setting up an evaluation program for this kind of culture change such as Evaluate Scotland.
- W Smith added that there has been recent work carried out in related areas by the University of Strathclyde in relation to developing awareness of human rights across Scotland which had involved evaluating the work of unpaid carers.
- R Gunn commented that this would be a good project to demonstrate more widely how NHS Highland is listening to its population to effect real change.

- The Chair, in summing up, noted the importance of implementing evaluation work and that it would be valuable to explore partner opportunities with researchers and organisations with experience of relevant research methodologies.
- The Chair added that for the next update in around a year's time it would be useful to demonstrate some such evaluation process notwithstanding the long term nature of the work.
- I Thomson thanked the Committee for its comments and noted that he would explore the suggested partner opportunities.

The Committee:
– **AGREED** to accept moderate assurance from the report. – **Agreed** that an update return to the committee in a year's time.

The committee held a short break at this juncture and reconvened at 3.10pm.

3.5 Community Services Risk Register [PP.53-57; Updated version circulated separately]

P Cremin introduced the report and circulated an updated version of the paper, which included additional detail around the DATIX system. The paper was brought for assurance of regarding the actions and mitigations to manage risks.

During discussion the following questions were addressed,

- W Smith asked if the focus around health and safety ligature points came under general safeguarding and if it had been picked up by the Mental Health Commission or another kind of inspection.
- P Cremin answered that there had been an expected visit from Health and Safety Executive to mental health hospitals as part of their national work across health boards looking at buildings, compliance and NHS Highland's ability to provide safe areas of care.
- W Smith asked how NHS Highland is meeting its outcomes for compliance in these areas and if there had been any specific concern for New Craigs.
- A Johnstone answered that there were a series of different routes for overseeing ligature risks within NHS Highland. There is steering group which feeds into Mental Health and Learning Disability groups, which then feed into the Capital Assets Group. The team work closely with Estates colleagues, however there are complications due to New Craig's operating under a PFI with the building owned by Robertson's, and therefore it is a triangulated discussion.
- Audits have been carried out in each ward and these are being currently being refreshed as a result of demands from the recent HSE inspection. A series of meetings have been set up to ensure compliance with the requirements of the inspection.
- A number of the ligature risks have already been removed from the wards within New Craigs, and there is a long term piece of work to assess which parts of New Craigs are high risk or high cost and how to work pragmatically to close wards and decant the patients in order to carry out the necessary work.
- The bigger pieces of work, for example the doors and the windows, will require extensive capital funding and funding applications are in process.
- A Clark commented that she would send some ideas for developing the work of the report to P Cremin and asked if earlier risks around the premises of Sexual Health Services had been resolved.
- P Cremin answered that there had been positive developments with the purchasing of another modular building to be placed adjacent to the current location and that she would come back with more detail on this.
- A Clark also asked what would be required to elevate the recommended assurance level to 'substantial assurance'.
- P Cremin answered that this would be a case of demonstrating areas of escalation and mitigation and where there had been good outcomes in terms of recognizing risks and working through the mitigation to a successful outcome or an adverse outcome. It would

be key to show learning from these processes and that work to develop the process was ongoing. The team have recently partnered up with support from the Planning and Performance team to consider dashboard reporting to better demonstrate actions and outcomes around the risks to better give assurance to the Committee.

- L Cowie commented on the need to carry out training for senior leaders across the organization to help understand the difference between risks and issues and how each are scored, to provide more context on a Health and Social Care Partnership basis, but also to the wider Board Risk Register to better understand what can be done at an individual and at a Board level.
- J McCoy thanked P Cremin for the additional information provided by the updated version of the report and commented that timescales would also be a useful addition.
- P Cremin noted that the DATIX system records when a risk is due for review and that all action plans have associated dates for completion which are updated in the risk register. The Community Risk Register Monitoring Group oversees these risks for the purposes of assurance.
- J McCoy also asked if the figures in the report had been discussed with staff so that they understand the implications of this work and be offered support in terms of their work capacity.
- A Johnstone noted that the HSE inspection had asked that frontline staff be included more in planning meetings to address some of these issues so that they are more fully involved in the piece of work. Work towards implementation is at an early stage but it is likely to include a module on TURAS around ligature risks.

- The Chair suggested that risk of access to medium and low secure beds be considered at the next meeting as a part of the Mental Health update, especially in terms of mitigation to address individuals best served by medium and low secure units.
- The Chair also suggested that an update to this work come in around 9 months (to be determined with the Chief Officer) to get a sense of the direction of travel.

The Committee:
- **AGREED** to accept **moderate** assurance from the report.

3.6 IPQR Dashboard Report [PP.58-61]

L Cowie introduced the report and noted that this was the second time the IPQR had come to the Committee and demonstrated an iterative process as work continues to align the metrics with Together We Care, the Annual Delivery Plan, the needs of the Committee and the Joint Strategic Plan with Highland Council.
The latest version had included much information on delayed discharges to show particular challenges in areas such as Care At Home, Care Homes and Adults with Incapacity to show you the individual areas that pose challenges within delayed discharges.
Drug and Alcohol reporting was a new addition as was Non Reportable Waiting Lists, the latter of which encompass the work of community mental health teams. The next aim for the report is to incorporate areas such as Dietetics and Podiatry.

In discussion,

- The Chair asked, when can the Committee expect to start to see this data reflected and picked up in other reports that come to the Committee.
- L Cowie noted the aim to the reporting. of bringing data together in a consistent manner across the organisation in order to have greater consistency more broadly of reporting and responses and commented that it was a gradual process but one that should be come clearer over the next 12 months.
- A Clark asked for some more detailed commentary on what the data was telling the Board in specific areas such as Physiotherapy and Community Mental Health.

- A Clark questioned whether the proposed level of moderate assurance proposed was appropriate given general levels of waiting times and the fragility of some service areas.
- L Bussell responded that one of the challenges faced by individual teams is that they will need to be cited regularly on the data in order to better understand the position. Where teams have been cited on reporting improvements have been seen but many are at an early stage in terms of understanding the data and responding appropriately as with the Drug and Alcohol team for example which is an area where a level of moderate assurance could be relevant.
- L Cowie noted the difficulty of providing assurance to cover a wide range of performance indicators which made it difficult at times to highlight areas of success within teams.
- A Clark suggested that discussion at Committee was a good opportunity to highlight positive team stories and show the effort and context within which teams are working.
- T Allison commented on the need for both report authors and committees to work to better understand the ask of each in terms of what the committee is being assured of and that this is a process of development.
- A Clark suggested that a discussion be had with the Board Secretary, Ruth Daly about how best to address levels of assurance at the governance committees for better consistency of reporting and understanding.

In summing up, the Chair proposed that the Committee **accept limited assurance** overall but aim to capture recognition of areas which are performing well in future minuting.
He noted that there is a strong argument for consistency of assurance received between governance committees and that limited assurance is suitable in these circumstances due to the scale of the work and the wider risks involved.

The Committee:
- **Accepted limited assurance** from the report.

3.7 Chief Officer's Report [PP.62-69]

L Bussell introduced the report having spoken in more detail earlier in the meeting about part 3 of the report on Care Home Pressures (see below), and invited questions from the committee.

In discussion,
- A Clark asked about MAT standards and to what extent the quality improvement codesign has involved people with lived experience in the improvement actions in areas such as the proposed advocacy services.
- L Bussell noted that she would discuss the detail with A Johnstone and provide an update at a later time.
- M Stevenson requested that there be a glossary for acronyms for reports.
- L Bussell apologised and noted that future reports would be more mindful of this issue.
- T Allison commented that a constructive meeting had been had between A Clark, L Bussell, T Allison and C Birt about content for item 4 on Health Improvement. There was appraisal about what information is available and shared work in Public Health regarding population indicators, governance oversight of areas such as, for example, drug-related deaths. A good degree of assurance was noted from the discussion.
- The Chair asked if a paper on governance arrangements for Adult Social Care fees could be presented to the March committee.

<u>Care Homes Update</u>
L Bussell noted that the past two years had taken their toll on the Care Home sector and current cost of living pressures were also having a knock-on effect. Work had been ongoing with Highland Council to address these matters.

- Work to look at how other regions are considering these pressures is underway, such as Moray's housing-based solutions, in order to find an optimum model for care within each of NHS Highland's localities.
- There is a good understanding of where there is a good level of care homes and where there is more vulnerability across the geography, and there is a process of mapping out where the loss of any more care homes cannot be afforded and those areas with more capacity to understand the risks and address mitigation.
- The Chair asked for a broad idea of the number of care homes and residents at risk.
- L Bussell noted that this was a difficult area to be certain of as there had been significant change in some areas that had been thought stable, and the current situation was reactive out of necessity. It is thought that currently there are close to 200 residents that are in care homes who are exposed to a more vulnerable position. There is not anything imminent for any of the homes concerned but there is a need to be mindful of the current risks.

In the discussion that followed the following areas were addressed,

- Cllr Fraser noted the importance of looking ahead to develop a medium to long-term situation for Highland in the knowledge that it is not possible to continue to build enough homes to address current rates of admission.
- He noted that he would like to see within the strategy what can be done with housing but that prevention of many of the issues starts at community level with things such as social daycare and lunch clubs which keep people active within their communities, and delay the journey of going into care or nursing care.
- L Bussell commented that the ultimate aim is ensure that people who do not want to go in a care home can stay in their own home with care homes as a last resort. It is a matter of getting a right balance of people's preferred options and supporting that. There is much work to be done.
- M Stevenson asked about urgent care and if the same pressures within community hospitals are the same as for care homes.
- L Bussell agreed and noted that there are a number of people in community hospitals whose end destination would be either to go home with care at home or to go into a care home. Due to pressures in those sectors there has been a need to open additional beds in community hospitals and some are working at full capacity.
- Staffing is a particular challenge in order to achieve more availability of beds. The remote and rural nature of Highland means that community hospital beds are not always in an appropriate location for the person and there is a need to avoid moving people out of area because getting them back to their local area is more difficult. There is a difficult balance in conversations with people about this transition and a need to engage with families and the community.
- The Chair asked if this was a particular issue for Highland and how it may be impacted by the recent announcement by the Cabinet Secretary about utilizing beds to support delayed discharges.
- L Bussell answered that every board and every locality will have a huge variation in the challenges they face. Highland is to some degree an 'early adopter' in terms of facing these challenges due its older population and a disproportionately high number of very small and often remote care homes where staffing and recruitment face several challenges The physical environment of some older care homes and the need to achieve care inspectorate standards increases these pressures. Other boards are starting to see these issues too.
- Conversations are ongoing with Scottish Government to highlight the challenges faced by Highland.
- Highland has one independent provider and they are expanding, however it has been more difficult to recruit for the independent sector in Highland than it is in other areas of the country.

- Scottish Government have an appreciation of the position, however there is still expectation that a local solution is found, all of which is feeding into discussion with Highland Council which will also be affected by the National Care Service when it arrives.
- L Bussell commented that an update on progress would come to the next meeting following further conversations over the next month or so.
- Chair commented that there would be further discussion of Care Home-related matters at a forthcoming meeting of the Board.

The Committee: – **NOTED** the report.

4 HEALTH IMPROVEMENT

See discussion in item 3.7.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan [PP.70-72]

The Chair noted that the workplan would be reviewed at the next agenda planning meeting in light of the fragility of the current situation, and would be presented for consideration at the next meeting.

– **The Committee noted** that the Work Plan would be reviewed for 2023-24 and presented at the March meeting for approval.

6 AOCB

- None.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 1st March 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.04 pm

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE ROLLING ACTION PLAN

Those items shaded grey are due to be removed from the Action Plan.

	Item	Action / Progress	Lead	Outcome/Update
04/09/2019	**Clinical Governance**	Agreed detailed report on ASC Clinical & Care Governance to be submitted to future meeting.	**S Steer**	Chair to meet with Chair of CCG, and CO to determine route forward. Report back March committee meeting.
03/03/2021	**Staff Experience Item**	Suggestion: Team involved in savings on PMO workstreams. Other suggestions to be discussed with L Bussell's team.	**R Boydell/L Bussell**	To be included in future Development Sessions (~4 in 2023).
12/01/2022	**Mental Health Assurance Report**	Update in six months; to include further information on CAMHS position	**A Johnstone/L Bussell**	Substantive agenda item at March Committee meeting.
02/03/2022	**Children's Services Reporting**	Further discussions to be held taking into account Committee views, including with HC and update provided in CO report	**L Bussell**	Substantive agenda item at March Committee meeting
11/01/2023	**Finance Report**	Longer term savings plans/propositions to be covered in terms of the process via the CO report.	**Chief Officer**	Update in CO Report
11/01/2023	**Finance Report**	Statement on how in year reserves have been utilised either for service development or to support unplanned in year costs.	**E Ward/CO**	Report for March committee
11/01/2023	**Care Homes**	Update of ongoing matters in CO Report	**Chief Officer**	Chief Officers report
11/01/2023	**Committee Workplan**	Draft to be circulated for discussion & noting	**S Chase**	Circulate to committee
11/01/2023	**Mental Health Assurance Report**	Report to address low/medium secure bed access.	**A Johnstone/ CO**	March committee report

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**1 March 2023**
Title:	**HHSCC Finance Report – Month 9 2022/23**
Responsible Executive/Non-Executive:	**Pamela Cremin, Interim Chief Officer, Highland Health & Social Care Partnership**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

- Effective

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		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	√	Progress well					

2 Report summary

2.1 Situation

This report is presented to enable discussion on the Highland Health & Social Care Partnership financial position at Month 9 2022/2023 (December).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. This plan identified an initial budget gap of £42.272m. A savings programme of £26.000m was planned - £3.000m of this being related to Adult Social Care. No funding source was identified to close the residual gap of £16.272m. This report summarises the NHS Highland financial position at Month 9, the Highland Health & Social Care Partnership financial position at Month 9, provides a forecast through to the end of the financial year and highlights the current savings position.

2.3 Assessment

The HHSCP continues to face significant financial challenges with a requirement to identify significant savings and cost reductions. This challenge comes against the backdrop of a Scottish Government drive to increase investment in Adult Social Care, the development of the National Care Service and the fragility of service provision due to recruitment challenges and rising costs.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

It is only possible to give limited assurance at this time due to the limited progress on savings delivery and the ongoing utilisation of locums and agency staff. During

this ongoing period of financial challenge the development of a robust recovery plan is required to increase the level of assurance – this is currently being developed

3 Impact Analysis

3.1 Quality/ Patient Care

Achievement of a balanced financial position for NHS Highland in 2022/2023 is predicated on closing the initial budget cap of £42.272m. The impact on quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool.

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the Quality Impact Assessment tool the impact of savings on these areas is assessed.

3.3 Financial

Delivery of a balanced position presents a significant challenge to both NHS Highland and the Highland Health and Social Care Partnership.

3.4 Risk Assessment/Management

Scottish Government's covid funding package mitigated against the risk of not achieving a balanced budget position in 2021/2022. For 2022/2023 the expectation of Scottish Government is that all Boards will deliver at least the position set out in their financial plan. For NHS Highland this means delivering a financial position no more than £16.272m over budget. A recovery plan has been developed and the mitigating actions within it are being monitored.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Financial Recovery Board held weekly
- Discussion at relevant Senior Leadership Team meetings
- Quarterly financial reporting to Scottish Government

3.9 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.

- Community SLT meetings

4 Recommendation

- **Discussion** – Committee discuss the Highland Health and Social Committee finance report at month 9.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Adult Social Care Summary
- Appendix 2 – ASC Reserves

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**1 March 2023**
Title:	**HHSCC Finance Report – Month 9 2022/23**
Responsible Executive/Non-Executive:	**Pamela Cremin, Interim Chief Officer Highland Health & Social Care Partnership**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 NHS Highland 2022/2023 Financial Plan

1.1 A one year Financial Plan for 2022/2023 was submitted to Scottish Government in March 2022. A further revision was submitted in July 2022, updated based on the quarter 1 position.

1.2 The Financial Plan submitted identified an initial budget gap of £42.272m with a CIP programme of £26.000m – £3.000m relating to Adult Social Care - planned. This left a balance of £16.272m unfunded.

1.3 Following submission of the quarter 1 financial return to SG and follow up discussions Richard McCallum wrote to NHS Highland highlighting the expectation that, as a very minimum, NHS Highland would deliver the position set out within the 2022/2023 financial plan. This means delivering a financial position no more than £16.272m over budget. A recovery plan has been developed and the mitigating actions within it are being monitored.

2 NHS Highland – Period 9

2.1 For the nine months to the end of December 2022 NHS Highland has overspent against the year-to-date budget by £24.488m and is reporting an adjusted forecast of £22.631m at financial year end taking into account the current position, mitigating actions from the recovery plan, remedial

actions in Argyll & Bute, additional New Medicines funding and a reduction in the CNORIS estimate of expenditure.

2.2 The expectation of SG is that NHS Highland will deliver, as a minimum, a year end financial position in line with its financial plan submission. For NHS Highland this means no more than a £16.272m overspend. The adjusted forecast reported at the end of month 9 is £6.359m adrift from the position presented in the financial plan.

2.3 There is a risk around full delivery of the remaining mitigating actions within the Recovery Plan. These will continue to be reviewed with further updates incorporated into monthly finance reports.

2.4 The YTD position includes slippage against the CIP of £12.488m with slippage of £16.962m forecast through to financial year end.

2.5 A breakdown of the year-to-date position and the year-end forecast is detailed in Table 1.

Table 1 – NHS Highland Summary Income and Expenditure Report as at 31 December 2022 (Month 9)

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,092.068	**Total Funding**	771.424	771.424	-	1,092.068	-
	Expenditure					
411.003	HHSCP	307.804	313.346	(5.541)	418.823	(7.819)
247.448	Acute Services	188.703	207.130	(18.427)	273.678	(26.230)
194.680	Support Services	100.104	100.384	(0.281)	195.755	(1.075)
853.130	**Sub Total**	**596.611**	**620.860**	**(24.249)**	**888.256**	**(35.125)**
238.938	Argyll & Bute	174.813	175.052	(0.239)	239.283	(0.345)
1,092.068	**Total Expenditure**	**771.424**	**795.912**	**(24.488)**	**1,127.538**	**(35.470)**
	Additional New Medicines Fund & Reduction in CNORIS expenditure					3.684
	A&B Remedial Actions					0.345
	Recovery Plan Actions					8.810
	Adjusted Forecast					**(22.631)**

3 HHSCP – Period 9

3.1 The HHSCP is reporting an overspend of £5.541m at the end of Period 9 with a year end overspend of £7.819m forecast.

3.2 The forecast position includes slippage of £6.280m against the CIP.

3.3 A breakdown across services and across Health & Adult Social Care is detailed in Table 2. A more detailed breakdown of the ASC position is included at Appendix 1. Funding has been drawn down from the monies held by Highland Council over the 2021/2022 financial year end to deliver a break even financial position with the ASC element of costs.

Table 2 – HHSCP Financial Position as at 31 December 2022 (Month 9)

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
224.772	NH Communities	167.914	173.118	(5.204)	232.254	(7.482)
45.792	Mental Health Services	34.353	35.251	(0.899)	47.225	(1.433)
143.023	Primary Care	107.166	107.111	0.055	143.027	(0.004)
(2.584)	ASC Other includes ASC Income	(1.628)	(2.135)	0.507	(3.683)	1.099
411.003	**Total HHSCP**	**307.804**	**313.346**	**(5.541)**	**418.823**	**(7.819)**
	HHSCP					
250.377	Health	186.922	192.463	(5.541)	258.197	(7.820)
160.626	Social Care	120.883	120.883	-	160.626	-
411.003	**Total HHSCP**	**307.804**	**313.346**	**(5.541)**	**418.823**	**(7.819)**

3.4 A breakdown across services within North Highland Communities is detailed in Table 3.

Table 3– North Highland Communities as at 31 December 2022 (Month 9)

Annual Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Var from Curr Plan £m
68.214	Inverness & Nairn	51.208	51.670	(0.462)	69.144	(0.931)
47.905	Ross-shire & B&S	35.978	36.230	(0.252)	48.151	(0.246)
43.239	Caithness & Sutherland	32.524	32.522	0.002	43.427	(0.188)
49.459	Lochaber, SL & WR	37.024	36.523	0.500	48.970	0.488
6.332	Management	3.931	8.700	(4.769)	12.646	(6.314)
4.627	Community Other AHP	3.492	3.277	0.215	4.367	0.259
4.997	Hosted Services	3.757	4.196	(0.438)	5.548	(0.551)
224.772	**Total NH Communities**	**167.914**	**173.118**	**(5.204)**	**232.254**	**(7.482)**

3.5 A year to date overspend of £5.204m is reported within NH Communities with this forecast to increase to £7.482m by financial year end.

3.6 Within the Health element of NH Communities the forecast position is being driven by:

- £2.919m of unachieved saving

- £2.700m of service pressures within Enhanced Community Services, Chronic Pain & Palliative Care

3.7 Table 4 breaks down the position within Mental Health Services.

Table 4– Mental Health Services as at 31 December 2022 (Month 9)

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Var from Curr Plan £m
	Mental Health Services					
21.722	Adult Mental Health	16.252	17.082	(0.830)	23.077	(1.355)
12.656	CMHT	9.533	9.269	0.264	12.293	0.362
5.961	LD	4.474	4.748	(0.274)	6.565	(0.604)
5.454	D&A	4.094	4.153	(0.060)	5.291	0.163
45.792	**Total Mental Health Services**	**34.353**	**35.251**	**(0.899)**	**47.225**	**(1.433)**

3.8 Mental Health Services are reporting a year to date overspend of £0.899m with this forecast to increase to £1.433m by financial year end.

3.9 The overspend within the Health element of Mental Health Services is being driven by unachieved savings (£1.136m), agency costs (£0.899m) within the learning disability and dementia units and ongoing locums within Psychiatry and £0.450m in respect of services previously provided out of area. Ongoing vacancies continue to mitigate the full impact of these pressures.

3.10 The underspend within the Adult Social Care element of Mental Health is due to vacancies and reduced costs in independent sector provision.

3.11 Primary Care are currently reporting an underspend of £0.055m with this forecast to move to reduce to an almost breakeven position by financial year end. Recruitment challenges within the Dental service continue to mask locum costs associated with provision in 2C practices.

3.12 ASC Central is forecasting an underspend of £1.099m with ongoing vacancies mitigating the forecast slippage on the Cost Improvement Programme of £2.100m.

3.13 Appendix 2 shows the balance in ASC reserves forecast through to year end. The balance at 31 march 2023 will be carried forward to support the funding position for 2023/2024.

4 Savings Programme

4.1 The HHSCP has a savings target of £9.293m (including ASC) for 2022/2023. £2.857m of savings are currently forecast to be achieved with slippage against the Cost Improvement Programme forecast at £6.280m.

5 Non-ASC Allocations

5.1 At the end of month 9 a number of non ASC allocations are still to be confirmed – the working assumption is that these will be received at a level in line with 2021/2022.

6 Recommendation

- Highland Health & Social Care Committee members are invited to discuss the month 9 and forecast financial position as presented in the paper.

Appendix 1

Adult Social Care Financial Statement at Quarter 3 2022-23

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Older People - Residential/Non Residential Care						
Older People - Care Homes (In House)	14,989	11,096	10,880	216	14,639	350
Older People - Care Homes - (ISC/SDS)	32,302	24,486	25,385	(899)	33,277	(975)
Older People - Other non-residential Care (in House)	1,171	880	824	56	1,096	75
Older People - Other non-residential Care (ISC)	1,590	1,194	1,164	30	1,553	37
Total Older People - Residential/Non Residential Care	**50,052**	**37,656**	**38,254**	**(598)**	**50,564**	**(512)**
Older People - Care at Home						
Older People - Care at Home (in House)	14,978	11,225	10,907	318	14,568	409
Older People - Care at home (ISC/SDS)	16,841	12,638	13,889	(1,252)	18,025	(1,183)
Total Older People - Care at Home	**31,819**	**23,863**	**24,797**	**(934)**	**32,593**	**(774)**
People with a Learning Disability						
People with a Learning Disability (In House)	4,396	3,293	2,402	891	3,204	1,192
People with a Learning Disability (ISC/SDS)	34,734	26,095	26,238	(143)	35,280	(546)
Total People with a Learning Disability	**39,130**	**29,388**	**28,640**	**748**	**38,485**	**646**
People with a Mental Illness						
People with a Mental Illness (In House)	518	389	220	169	293	225
People with a Mental Illness (ISC/SDS)	7,914	5,937	5,790	146	7,809	105
Total People with a Mental Illness	**8,433**	**6,326**	**6,011**	**315**	**8,103**	**330**
People with a Physical Disability						
People with a Physical Disability (In House)	910	686	461	226	631	278
People with a Physical Disability (ISC/SDS)	6,951	5,231	5,228	3	7,377	(426)
Total People with a Physical Disability	**7,861**	**5,917**	**5,689**	**228**	**8,008**	**(148)**
Other Community Care						
Community Care Teams	7,862	5,805	5,021	784	6,849	1,013
People Misusing Drugs and Alcohol (ISC)	16	12	8	4	10	6
Housing Support	6,091	4,535	4,255	280	5,991	100
Telecare	895	687	535	152	710	185
Carers Support	893	893	893	(0)	893	(0)
Total Other Community Care	**15,756**	**11,932**	**10,712**	**1,220**	**14,452**	**1,304**
Support Services						
Business Support	1,726	1,295	1,158	137	1,579	147
Management and Planning	5,538	4,073	5,293	(1,220)	6,402	(863)
Total Support Services	**7,264**	**5,368**	**6,451**	**(1,083)**	**7,981**	**(716)**
Care Home Support	**801**	**801**	**801**	**0**	**1,068**	**(267)**
Total Adult Social Care Services	**161,116**	**121,250**	**121,354**	**(103)**	**161,253**	**(138)**
Less Facilties - ASC	(490)	(368)	(471)	103	(628)	138
Total Adult Social Care Services excl Facilities	**160,626**	**120,882**	**120,883**	**(0)**	**160,626**	**0**

Appendix 2

ASC Funding - Central Reserves 22/23

	Recurring	Non Rec	Total
21/22 Funding held by THC		9.251	**9.251**
Covid Funding		7.100	**7.100**
New Funding 22/23	28.525	1.361	**29.886**
Total	**28.525**	**17.712**	**46.237**
Less drawdowns 22/23			
Funding Gap	(10.167)		**(10.167)**
Recurring Drawdowns	(19.147)		**(19.147)**
Covid Expenditure		(5.700)	**(5.700)**
Anticipated Covid return to SG		(1.400)	**(1.400)**
Balance	**(0.789)**	**10.612**	**9.823**

Highland Community Planning Partnership

Committee: **NHS Highland Health & Social Care Committee**

Date: **01 March 2023**

Report Title: **Integrated Children's Services Update Report**

Report By: **Head of Integrated Children's Services**

Note; This report is not written using the NHS Highland Health & Social Care committee template as in terms of governance, there is a requirement ensure consistency of reporting across a number of Committees and Boards.

1. Purpose/Executive Summary

1.1 The purpose of this report is to provide assurance on the progress being made to by the Integrated Children's Services Planning Board (ICSPB) to deliver the outcomes outlined within the children's services planning partnerships integrated children's services plan 2021 – 2023 https://www.forhighlandschildren.org/index_70_464745328.pdf and to provide information on the development of the 2023 – 2026 plan

1.2 It also provides an update on additional areas of integrated partnership working between The Highland Council and NHS Highland. Partnership activity of particular interest to this committee are highlighted in section 11- 14 of the report. These developments underscore the partnership work being undertaken between the Commissioned child health service at The Highland Council and the Woman and Children's directorate at NHS Highland.

2. Recommendations

2.1 Members are asked to:

i. Note and comment on the work undertaken by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2021 - 2023.

ii. Note and comment on the work undertaken in other partnership areas.

3. Integrated Children's Service planning

3.1 The Children and Young People (Scotland) Act 2014 (Part 3), outlines the need to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

3.2 Section eight of the Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period.

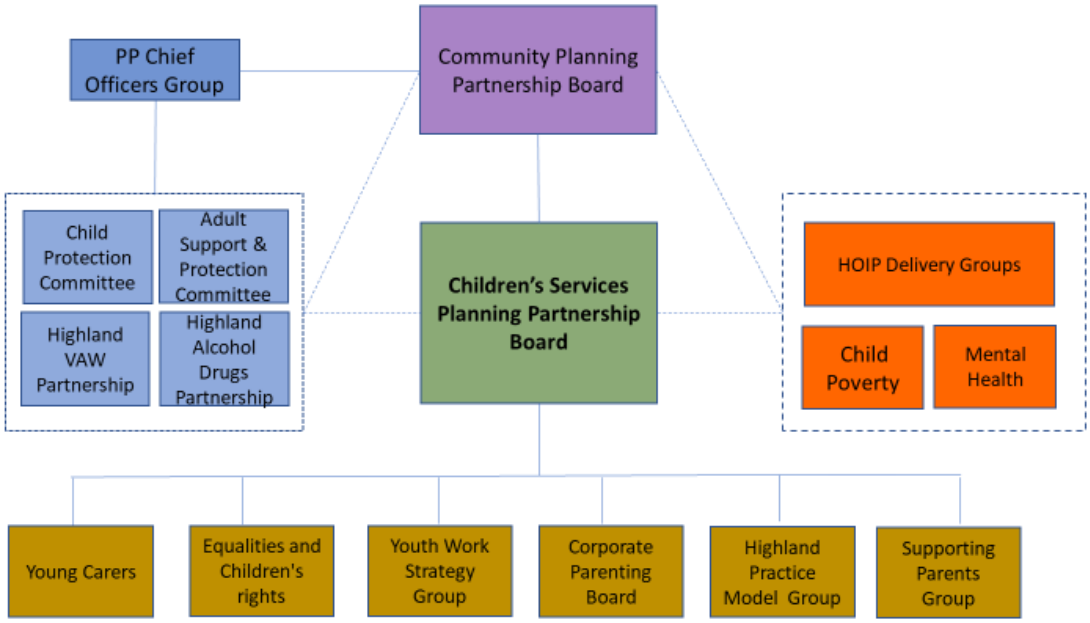
3.3 The current plan outlines our priorities for improving outcomes for Highland's Children. It articulates where partnership working improves outcomes for children, young people and their families acknowledging that individual services have their own plans.

3.4 Within the plan, partnership priorities for improvement are set around the following themes:

- Health and wellbeing including mental health
- Child poverty
- Children's rights and participation
- Child protection
- Corporate parenting
- Alcohol and drugs

4 Governance

4.1 The children's services planning partnerships Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, Scottish Fire and Rescue Service and a number of Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council, this Board and the Joint Monitoring Committee.



5 Performance management

5.1 The partnership has a comprehensive performance management framework. Discrete service and improvement groups own an assigned range of targets and performance measures from the performance management framework. This framework is at appendix 1 for information.

5.2 The planning framework within the Integrated Children's Services Plan outlines that it is the responsibility of each planning group to develop the priorities and actions within their plans, based on the agreed outcomes and needs assessment. Plans are monitored and evaluated and updated on a regular basis and formally reviewed annually. The thematic plans are dynamic and regularly reviewed and updated.

6 Child protection committee

6.1 The committee is establishing Local Child Protection Procedures. This marks a significant a shift moving from Multiagency Child Protection Guidance to Multiagency Child Protection Procedures. A series of information, training and awareness events will be held across Highland to inform all staff of the updated procedures and discuss any key changes to practice.

6.2 The committee is also seeking to adopt the National Learning Review Guidance. This is an approach that replaces Significant Case Reviews and Initial Case Reviews. Information on the new Learning Review Guidance will be disseminated and discussed with frontline practitioners, managers and leaders.

6.3 The committee have a Child Protection Committee Quality Assurance Strategy and established a new Quality Assurance Sub-Committee. They are also developing a suite of recommended resources for use with young people in relation to exploitation as well as developing and delivering training on exploitation awareness for residential staff, front line practitioners and community groups. In addition, they are delivering training in relation to trafficking and the National Referral Mechanism to ensure timely sharing of concerns. This work includes updating the local trafficking protocol to ensure practitioners and managers are clear how to share information in relation to trafficking concerns.

7 Highland Alcohol and Drug Partnership

7.1 The partnership are currently focussed on**, i**ncreasing access to online resources for young people, parents and professionals via Highland Substance Awareness Toolkit, establish a specialist maternity service for pregnant women with alcohol and drug problems, extending psychological support for young people experiencing alcohol or drug related harm and establishing a pilot project to support whole family approaches and implementation of forthcoming whole family practice standards.

8 Child Poverty

8.1 Within the partnership the current focus is on improving opportunities for training and apprenticeships for parents and young people, addressing food insecurity by increasing equity of access to good quality food, recognising the value of financial support for families during the school holidays, supporting the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support and developing strategies to increase the uptake of free-school meals.

8.2 The partnership is also undertaking work to reduce the financial barriers of families by promoting the uptake of clothing grants, encouraging the uptake of concessionary leisure schemes for children with low income backgrounds, maximising the uptake of child related social security benefits and child specific benefits and the implementation of the health visitor financial inclusion pathway.

9 Mental Health and wellbeing

9.1 The partnership has identified a number of key strands to the work of this group which includes maintaining a focus on staff wellbeing and professional skills development and responding to the needs of infants, children, young people and their parents/carers. The ICSPB have established a mental health delivery group for children and young people to ensure that there is a partnership framework capturing the range of mental health support available for children and young people.

10 Equalities and Children's rights

10.1 In addition to working to embed Children's Rights in curriculum, the group is currently focussed on ensuring Children's Rights and participation are evident in practice, how we can gather views from a variety of different children and young people and ensure that we do not reach out to the same children and young people and ensure that development and age are not barriers. A key focus on how the partnership can provide support and training on the why and the how of including Children's Rights and Participation. This requires ensuring developmentally matched approaches, an understanding of trauma and the understanding of behaviour as communication to enable our children and Young people to grow confidence and competence.

11 Transforming Nursing Roles

11.1 Phase 1 of the Transforming Nursing Roles in the Community has, since 2018, seen the development of the Advance Nurse Practitioner (School) years role across Highland. To date 28 nurses have completed the Masters Level course and Highland now have 24.0FTE across 38 members of staff qualified to Advanced Practitioner level.

11.2 As of April 2023 NHS Highland will assume responsibility for all school years vaccinations. This provides a significant opportunity to refocus the role of school nursing to address mental health outcomes for children and young people in Highland. School Nurses will work as part of the whole system providing targeted mental health and wellbeing support to school age children and young people. School nurses will work closely with CAMHS and with partners across the wider system and partnership. They will provide targeted tier 2 support through early assessment, intervention (including group intervention) and ongoing family support. Highland's transforming school nurse improvement group will provide oversight to the changing role, ensuring the role changes dovetail with the CAMHS improvement plan.

12 Perinatal and Infant Mental Health

12.1 The Scottish Government Perinatal and Infant Mental Health Board set up in April 2019 to oversee a significant investment over four years into perinatal and infant mental health services across Scotland. Highland's PNIMH Delivery Group provides oversite to Highland's delivery plan on this agenda with the PNIMH "voice of experience" group central to ensuring lived experience is central to the improvement of service delivery and support in Highland.

12.2 The PNIMH Team have a core remit of consultation for professionals (including CMHTs/midwives/Health visitors etc), direct caseload holding in complex cases and support and guidance for professionals. Significant progress has been made with respect to providing support and consultation to all professionals across the system through the establishment of regular PAMPR(Perinatal advice Meeting Professional Reflection) meetings. There are currently four sessions available twice weekly with a high level of engagement from professionals (170 sessions between January and October

2022, leading to 50 direct follow ups with clients). Professional feedback to the sessions indicated a high level of satisfaction to the support and consultation model.

12.3 Recruitment to posts within the team has continued with the recent appointment to a Consultant Psychology post to support the ongoing work of the team in Highland. Moving forward in 2023 the PNIMH team will implement the Parent / infant pathway and will continue further roll out across the North NHS Board area of the DAD pad (a resource given to all Fathers in the antenatal period) which is already adopted in the Argyl and Bute area.

13 CAMHS

13.1 Appendix 2 of this report provides the Committee with an up-date on the progress of the CAMHS Improvement Plan established in partnership with Scottish Government to support the implementation of the National Service Standards and specification for CAMH Services. The National CAMHS Specification is the central strategic aim for specialist CAMH Services. Within this update the Committee is asked to note the progress made to date and recognise the remaining challenges ahead for the service.

14 Neurodevelopmental Assessment Service

14.1 Highland's neurodevelopmental assessment pathway was established in 2017 following a rapid review. At that time, it was believed that there was capacity within contributing roles e.g. CAMHS, Paediatrics, Speech and Language Therapy and Occupational Therapy, to cope with the need to assess using a multi-disciplinary team approach. There was immediate pressure in 2017 to the new NDAS model and approach as the 250 children who were on CAMHS/paediatric lists were transferred to the NDAS list. This created significant pressure at the outset to the NDAS team. At that time no additional dedicated system support was resourced therefore resulting in service fragmentation, inconsistency and ineffective deployment of resource.

14.2 An extensive review of NDAS was carried out in October 2021 resulting in 2 clear messages. Firstly, service users wanted waiting times to reduce, for communication and support throughout the process to improve, but said the main benefit from assessment was a better understanding of the child/young person (CYP) themselves. Secondly, there was a clear lack of leadership to the NDAS process in Highland.

14.3 In September 2021, the Scottish Government released the updated national specification for assessing neurodevelopmental need. This requires conclusion of the multi-disciplinary assessment within 36 weeks, which is recognised as a significant challenge at a local, regional and national level.

14.4 Update on the work to date

- There is dedicated Clinical Lead and Service Manager (in post since March 2022).

- Collaborative, joint working arrangements between NHS Highland and The Highland Council d e.g. Clinical Lead Community Paediatrics NHS Highland, Head of Service (Health) The Highland Council and Divisional General Manager Women and Children`s Directorate.

- Increased senior management capacity and expertise, appointment of a Head of Operations Women and Children`s Directorate NHS Highland (June 2022).

- External provision to support the service has been garnished; however this is limited due to national demand and the limited capacity of the private/independent sector.

- NDAS waiting list, currently 700 children (500 in 2020 and 250 in 2017 when the service opened), 200 are in the process of being seen: 30% of these children could not be concluded due to lack of clinical psychology. Clinical Psychologist appointed to start January 2023.

- Young people moving out of children's service at point of transition have been seen as priority.

- Children and Young People with exceptional needs ie: those at risk of out of authority placement are seen as priority.

- Pre- 5 infants are now being assessed by NHS Highland Paediatric Services.

- There are approximately 30 – 40 referrals per month; referral process to be reviewed.

- £24,5725 (2022/23) allocated to Highland as part of the Scottish Government Mental Health Recovery and Renewal Fund. Phase 2- Access to Specialist ND Professionals. Scottish Government have stated a commitment to continue funding on an recurring basis. Scottish Government Test of Change funding secured until 31/03/23.

- Establishment of a NDAS Leadership Group with multi-disciplinary representation from NHS Highland and The Highland Council.

- Dedicated NHS Highland Strategy and Transformation resource to support service review and transformation planning and activity.

- Development of a NDAS Improvement Plan, which cross references the national service specification for neurodevelopmental services and NDAS Review (2021) Recommendations.

- Development of a robust waiting list initiative with the aim to reduce waiting list and waiting times. Data cleansing of the current waiting list and Locality assessments, as per the Highland Practice Model (GIRFEC principles and) will be part of this initiative.

- Development of a NDAS financial plan (2023 – 2024) and associated

business case.

- Establishment of a “Hub and Spoke” model. NDAS is a cross agency, multi-disciplinary pan Highland service. This creates a number of pressures which are therefore inherent to the whole system. The NDAS “hub” team would have dedicated NDAS responsibility with clear lines of accountability through the NDAS Clinical Lead. NDAS “spoke” professionals would provide time within their existing job roles and be managed and led by their own routes/agencies.

- Secure funding for a permanent NDAS Clinical Lead.

- Recruit Senior Service Manager with management responsibilities for CAMHS and NDAS.

- Better alignment and joint working arrangements between CAMHS and NDAS. e.g. Via a joint approach with CAMHS procurement of private third-party provision

- Co-ordination of a recruitment campaign to aid recruitment of additional posts.

- Clarity and confirmation of NDAS governance structure, systems and processes.

Integrated children’s service plan 2023 -26

15

15.1 The next iteration of the integrated children’s service plan is currently being developed by the Integrated Children’s Services Planning Board (ICSPB) on behalf of Highland Community planning Partnership. A final draft of this plan will be taken to the community planning partnership board in May 2023 for final sign off before being submitted to Scottish Government and final publication.

15.2 In developing this plan the ICSPB are undertaking a joint strategic needs assessment and the data gathering from this activity will support an evaluation of the performance management framework which underpins the current plan. The strategic needs assessment takes a life course approach which will be reflected in the structure of the 2023 – 2026 plan.

15.3 As the current plan is a two year plan to reflect the impact of the pandemic the ICSPB intends to re-establish its priorities around the themes of the current plan adding a whole system approach to supporting families as a new priority.

Designation: Head of Integrated Children’s Services

Date: February 2023

Author: Ian Kyle

#Keep The Promise	**Integrated Children's Services Board Performance Management Framework**	

Outcome 1:

Highland's Children will be
SAFE, HEALTHY, ACHIEVING, LOVED, NURTURED, ACTIVE, INCLUDED, RESPECTED AND RESPONSIBLE

Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of young carers identified on SEEMiS will increase.	**Improve from Baseline**	**68**	**Awaiting 2022/23 data**	**Education and Learning**
ANALYSIS				

Indicator #2	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of households with children in temporary accommodation will reduce.	**95**	**100**	**↓ 155**	**Housing**
ANALYSIS Number of households with children in temporary accommodation has remained steady in recent years as an overall number, but has seen both increases and decreases in that time. The figure has not been updated on PRMS since Q2 21/22 however, so some caution should be used when assessing.				

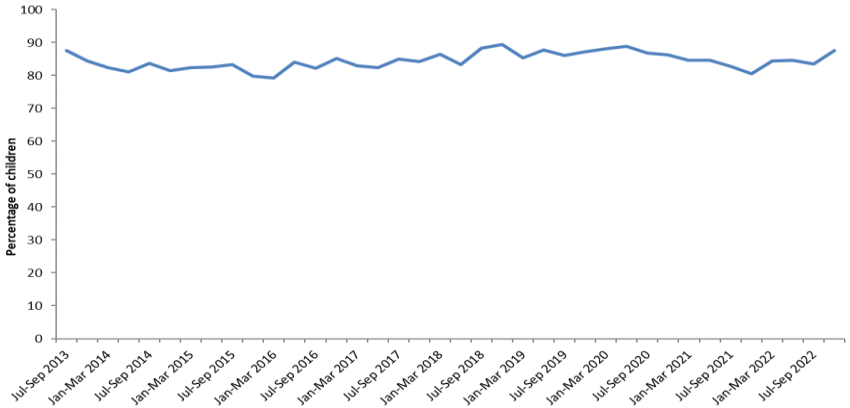
Indicator #3	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	**85%**	**75%**	**↑ 88%**	**NHS Highland Public Health**

ANALYSIS

This data is collected quarterly from NHSH. The latest data is from Dec 2022. The baseline was established in 2013.

This contact was considered to be a core contact, by the CNO for Scotland, for delivery across all of the pandemic. The data across time, since baseline, has remained largely unchanged – including across the Covid pandemic.

Data last updated in December 2022.



Indicator #4	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	**95%**	**85%**	**↑ 100%**	**NHS Highland Public Health**

ANALYSIS

This data has been collected annually since 2015. This data continues to be collected by school nurses and reported to NHS Highland. Latest national data shows that 73.9% of Highlands' children are within healthy weight, 15.1% at risk of overweight and 10.1% at risk of obesity.

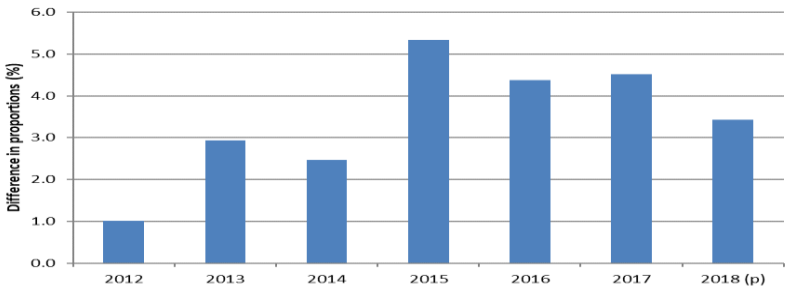
Data last updated for school year 20/21

Indicator #5	TARGET	BASELINE	CURRENT	DATA SOURCE
The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland.	**Improve from Baseline**	**1%**	**↓ 3%**	**NHS Highland Public Health**

ANALYSIS

No new data is available from 2018. This measure is currently under review by Public Health. The graph to the right shows available data from 2012 - 2018, showing the rising difference in proportion (%) between most and least deprived quantiles.

Data last updated in 2018.

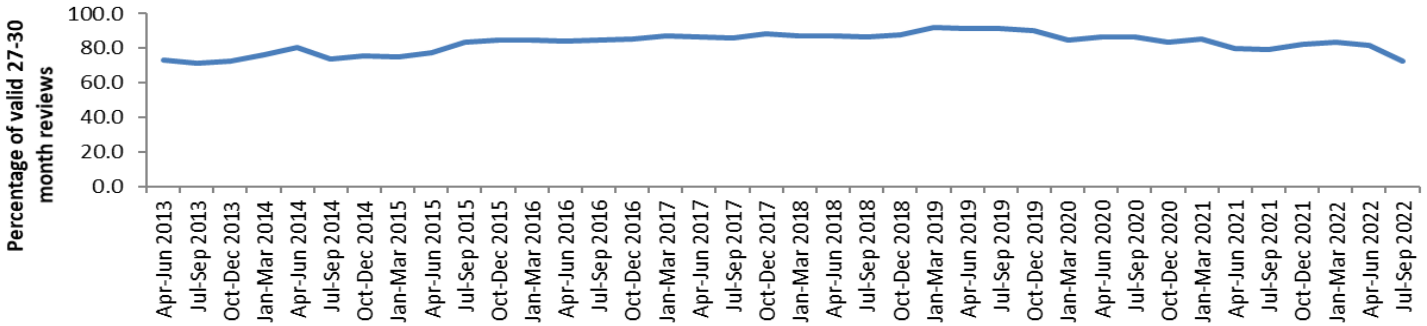


Indicator #6	TARGET	BASELINE	CURRENT	DATA SOURCE
Improve the uptake of 27-30 month surveillance contact	**95%**	**52%**	**↓ 73%**	**NHS Highland Public Health**

ANALYSIS

The baseline was established in 2013 and remained a core contact as direct by CNO across the pandemic. There are 11 core contacts in the national universal Health visiting Pathway from birth to 5. 8 of these contacts in the first year of life. These assessments are undertaken by qualified Health visitors. As part of the workforce planning and development strategy Highland have recruited well (with a current HV vacancy rate of 7%) and progressed a successful master level advanced nurse training Programme. As a result of the programme there has been temporary additional pressure to the teams as a result of the loss a 17% reduction in capacity due to protected learning, practice placements and the non caseload holding status of trainee health visitors. It is anticipated that capacity will increase in 2024/25 as staff move into a fully caseload holding advanced nurse role and that with this performance will increase.

Where teams experience sickness absence/maternity leave we work to ensure the core contacts within the pathway are delivered wherever possible, including recruitment from the nurse bank. Risks are identified and mitigation plans in place including alternate non direct support (VC/Teams/Skype) for all areas where there is pressure to the service. Data last updated in September 2022



Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review	10%	12%		NHS Highland Public Health
ANALYSIS				

Indicator #8	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	85%	↓ 71%	NHS Highland Public Health
ANALYSIS				

This data is collected quarterly by NHSH. Most recent quarterly data not fully inputted onto NHS Child Health System therefore Data provided is INCOMPLETE as of Sept 2022

The baseline was established in 2017 and there is an upward trend. This contact was considered to be a core contact, by the CNO for Scotland, for delivery across all of the pandemic. Performance will be impacted as a result of workforce availability and capacity as noted above in Indicator #6. Mitigations are in place to reduce risk and ensure onward improvement.

Indicator #9	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	**36%**	**30%**	**↑ 37%**	**NHS Highland Public Health**

ANALYSIS

The baseline was established in 2009. The latest data is from Sep 2022 and remains relatively stable - averaging at 37% since September 20.

Indicator #10	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	**95%**	**97%**	**Unknown**	**NHS Highland Public Health**

ANALYSIS

Children are allocated a Health Plan indicator showing whether their status is either 'core' or 'additional'. This data is collected quarterly from NHSH. The last reporting period was from December 2016. The baseline was established in 2012. Unable to report 2017/18/19/20 due to national data problem.

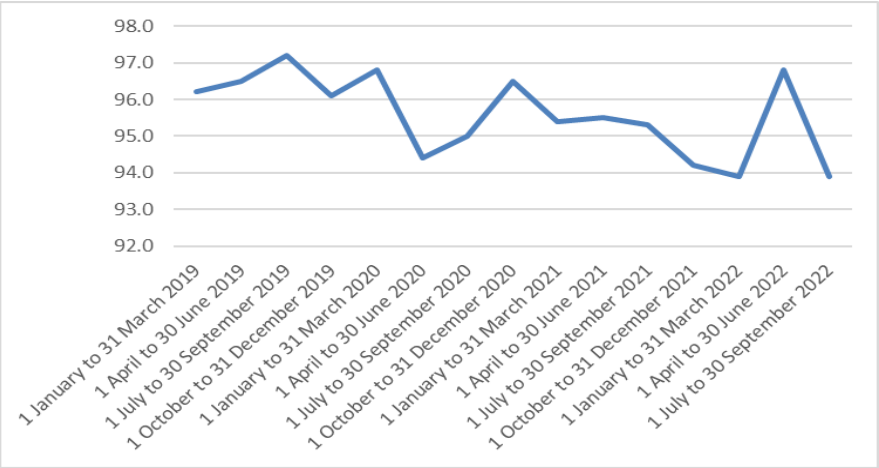
This indicator is subject to local review

Indicator #11	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	**95%**	**95%**	**↓ 94%**	**NHS Highland Public Health**

ANALYSIS

Data remains stable over time with no large variance. While figure remains high in the mid-90s%, there has been a handful of instances this has dropped below 95% - including this reporting quarter.

Last reported data in September 2022.



Indicator #12	TARGET	BASELINE	CURRENT	DATA SOURCE
90% CAMHS referrals are seen within 18 weeks	**90%**	**80%**		**NHS Highland CAMHS**
ANALYSIS				

Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE

Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	**95%**	**70%**	**↓ 86%**	**Health and Social Care**

ANALYSIS

The data for this was last updated In Sept 22 and has seen a varied trend across the last few quarters. Falling below target in each quarter but above baseline.

Jan - Mar 22: 81.3%
Apr - Jun 22: 70.6%
Jul - Sep 22: 85.7%

The target for the initial statutory health assessment remains a stretch aim for Highland and the trajectory over the past 12 months continues to rise. Assessments for Care experienced infants, children and young people are carried out by the responsible health visitor or school nurse and can involve a number of family or care home visits to ensure a comprehensive assessment is carried out. CYP who experience care are frequently in distress therefore the time taken to conclude the assessment is reflective of the need to undertake the assessment in a sensitive manner and at a pace which suits the child or young person.

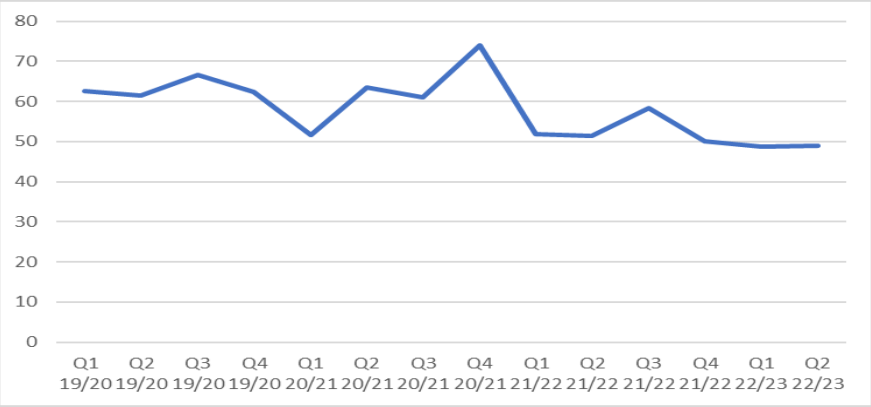
Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	**Improvement from baseline**	**67%**	**↓ 49%**	**Health and Social Care**

ANALYSIS

Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS) has decreased in recent reporting periods, from a high of 74% in Q4 2020/21 to a 49% in Q2 2022/23.

Contributing factors to the decline in performance includes increase in movement of CYP in/out of residential homes which disrupts the vaccine delivery pathway as well as vaccine refusal.

Data last updated and reported in Q2 2022/23 (Jul-Oct 22).



Indicator #15	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT	**90%**	**85%**	**↓ 87%**	**Health and Social Care**

18RTT METHODOLOGY				
ANALYSIS				
Performance has consistently remained over 90% since April 2022 however the trend has been slowly downwards since the phased retiral of a key member of staff from June 2022. The physio team have support secondments into interim leadership positions and this has create pressure to delivery of the service. To support this pressure, the team have found solutions through more integrated working with the Raigmore team. The referral rate has remained consistently high since the pandemic, with later presentations of children not meeting their developmental milestones and an increase in referrals. An SBAR has been presented through clinical governance with action plan and respective mitigations in place.				

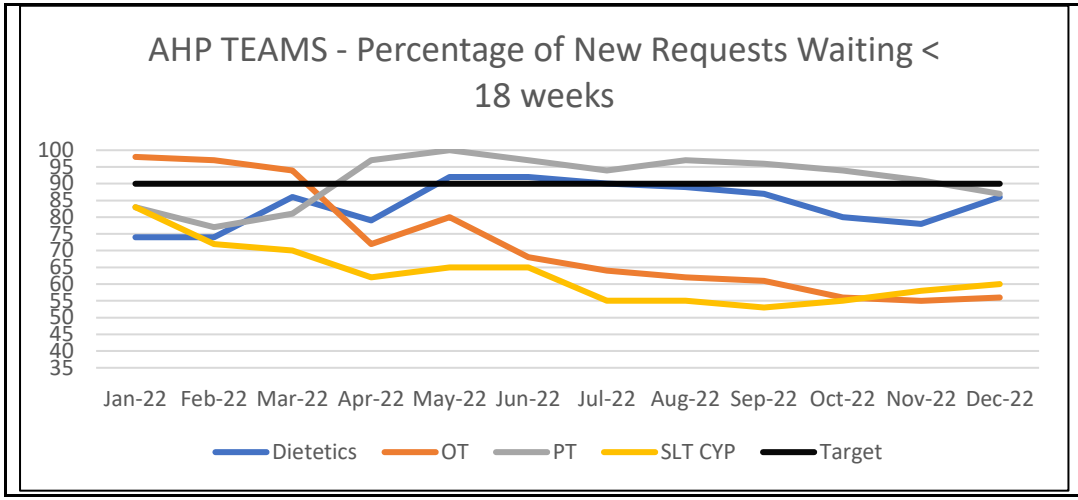
Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**↓ 56%**	**Health and Social Care**
ANALYSIS				
Performance declined steadily since March 2022. Contributory factors included inability to recruit to qualified OT posts and staff absence. Redesign of a band 5 post and successful recruitment to a further 2 band 5 posts have levelled the trajectory. The Highland wide OT Team is a very small specialist team with limited flexibility to cope with absence. As such the team are under significant pressure with actions in place to mitigate risk. The nature of the cases being referred is changing with a pattern of more acute and complex presentations and safety needs. This reduces the flow for children with less complex needs and thus increases their waits. Changing ways of offering service eg group work and increasing online offer are being implemented.				

Indicator #17	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**88%**	**↓ 86%**	**Health and Social Care**

ANALYSIS
The Dietetic service underwent a full review in 2022 following the identification of staffing risks which were significantly impacting service delivery. An action plan and mitigations are in place to support staffing and recruitment pressures. Posts have since been recruited to. Revised pathways for the Infant Feeding Difficulties Clinic and the Infant Feeding Allergies Clinic have been agreed and implemented. The increased referral rate to the service, increased complexity of cases and higher levels of babies and cyp being referred with allergies and difficulties with the supply of specialist feeds have all contributed to the slight decline in performance.

Indicator #18	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**80%**	**↓ 72%**	**Health and Social Care**

ANALYSIS
Trajectory has declined around (10%) over 2022. All services have seen a sustained high level of new requests since the COVID pandemic with increases since 2019 of between 5-40% across the 4 services. Staff vacancy rate is low however recruitment to qualified AHP posts continues to be challenging. This is in line with the national picture. OT and SLT continue to contribute to the multi disciplinary NDAS process. Capacity has been build in the core NDAS team through rearrangement of some SLT posts. Contributory factors to the decline in performance include recurrent staff absence which, across small Highland wide AHP Teams and the loss of “therapy partners” (Pupil Support Assistants) within schools.



Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH AND LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**80%**	**↓60%**	**Health and Social Care**

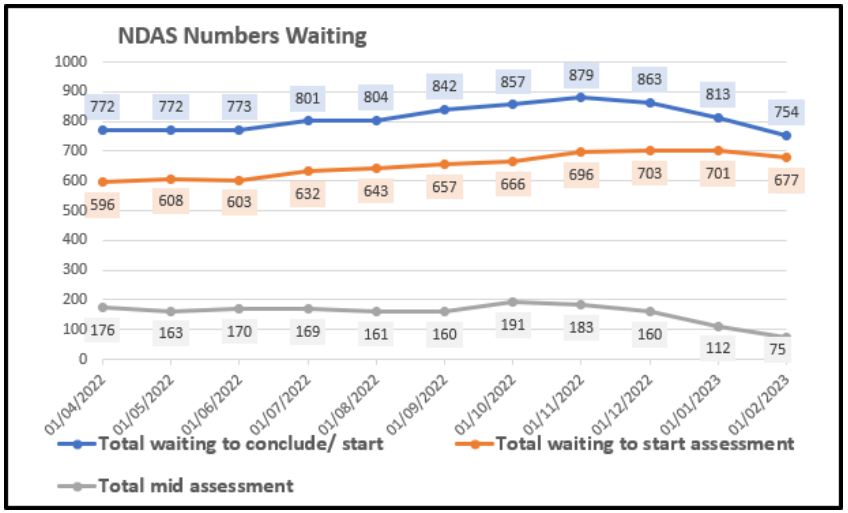
ANALYSIS

The trajectory has declined since the start of the year due to recruitment difficulties to qualified SLT posts, long term absences and phased returns The Development of the NDAS core team, with the refocus of roles to NDAS has also created pressure to delivery of core SLT service.. The number of requests has remained high and it is felt the complexity of children referred has increased since covid. Prioritisation of LAC and children being re-referred impacts on longest waits. A lengthy delay in bank recruitment has prevented timely ability to address some of these issues. Changing ways of offering service eg group work and increasing online offer are being implemented.to address pressures

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	**90%**	**24%**		**NHS Highland**

ANALYSIS

Highland's neurodevelopmental assessment pathway was established in 2017 following a rapid review. At that time, it was believed that there was capacity within contributing roles e.g. CAMHS, Paediatrics, Speech and Language Therapy and Occupational Therapy, to cope with the need to assess using a multi-disciplinary team approach aligned to the national ND Specification. There was immediate service pressure as 250 children and young people were diverted to the NDAS waiting list. The service has continued to suffer significant pressure and was reviewed in 2021. An improvement plan is in place and NHS Highland and The Highland Council are working with the Scottish Government leads to remodel the service. The plan is also supported locally by NHS Highland performance and improvement team. Clinical and Service leadership to NDAS is being progressed through recruitment. Testing of the new model has shown that despite the increase in referrals to the service (c 20/month in 2020 – 33/month in 2022) the number of children waiting to start assessment across the past 3 months has decreased.



Indicator #21	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	**85%**	**65%**	**↔ 85%**	**Health and Social Care**

ANALYSIS

Data as of Dec 2022.

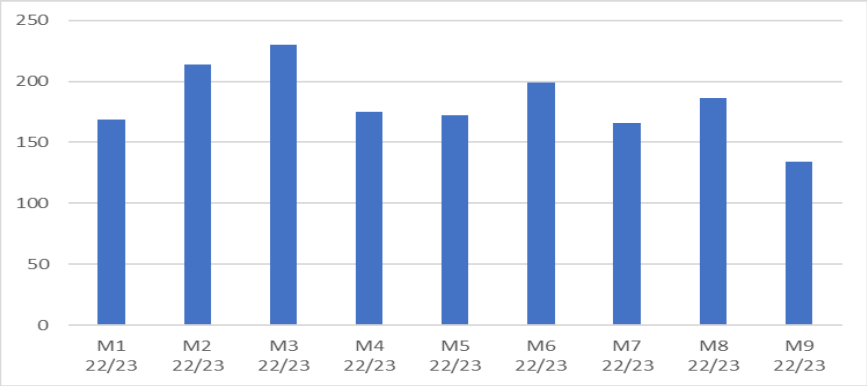
Highland's Family Nurse Partnership Programme continues to be implemented across South, Mid and North Areas of Highland. Highland are pathfinding for the Scottish Government and the international FNP Programme a model to support remote and rural service delivery. This will be implemented in the Caithness area through hybrid health visiting/family nurse posts and evaluated through the national FNP Programme

Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	**Improve from Baseline**	**59**	**↑ 134**	**Health and Social Care**

ANALYSIS

Uptake of advice and guidance remains fairly steady in the monthly figures, however the most recent month of December is the lowest of the year - perhaps due to the Christmas period. Average monthly figure of 183 since April.

Data last updated in December 2022.



Outcome 2:

The Voice and Rights of Highland's children will be central to the improvement of services and support

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel safe in their community increases	**Improve from baseline**	**85%**	**↑ 88%**	**Education and Learning**

ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
Large improvement in the value for the most recent survey, with an increase from 55.41% in 2019 and 58.98% in 2017.

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Self-reported incidence of smoking will decrease	**Improve from baseline**	**13%**	**↑ 3%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years. The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data				

Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	**Improve from baseline**	**20%**	**↑ 6%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 5.56% (P7: 0.43%, S2: 1.37% and S4: 14.90%) is a decrease from 8.79% in 2019. This downward trend has been seen for a number of years. The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data				

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in P7 who report that they us drugs at least once per week	**Improve from baseline**	**1.80%**	**↑ 0.26%**	**Education and Learning**
ANALYSIS				

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
There has been a decrease over time, with 2017 reporting at 2.60%, 2019: 1.14% and 2021: 0.26%.

The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S2 who report that they use drugs at least once per week	**Improve from baseline**	**5.30%**	**↑ 0.65%**	**Education and Learning**

ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
There has been a decrease over time, with 2017 reporting at 2.80%, 2019: 2.52% and 2021: 0.65%.

The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S4 who report that they use drugs at least once per week	**Improve from baseline**	**19.20%**	**↑ 2.38%**	**Education and Learning**

ANALYSIS

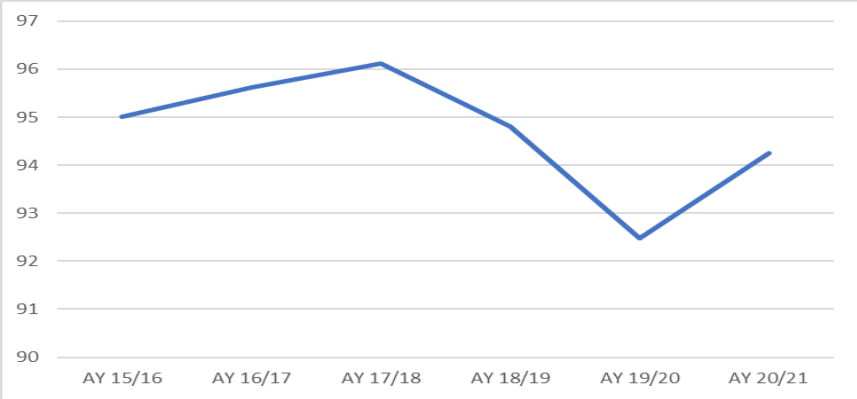
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.

The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain high levels of positive destinations for pupils in Highland vs national averages	**93%**	**91%**	**↑ 94.26%**	**Education and Learning**

ANALYSIS

This data is collected annually. The latest data is from 2021. The table to the right shows the annual variation since 15/16.

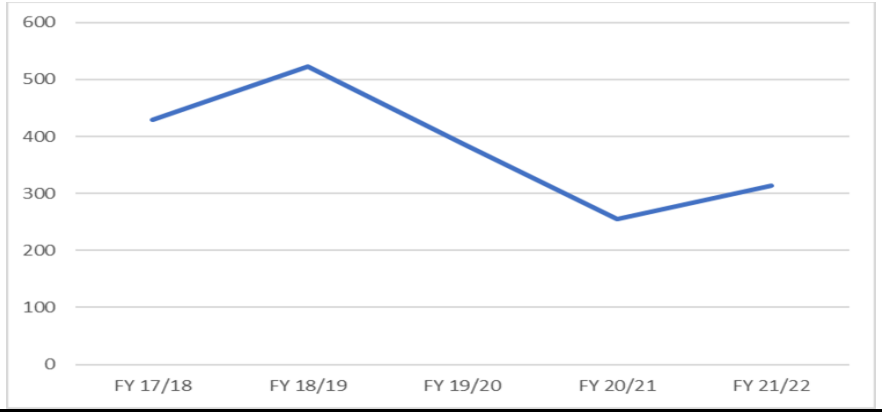


Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of offence based referrals to SCRA reduces	**Improve from baseline**	**528**	**↑ 314**	**Education and Learning**

ANALYSIS

This data is reported monthly. The baseline was established in 2012 and the latest data shows a downward trend. There is, however, an increase from the previous year (20/21) but this will be related to Covid-19 lockdown restrictions impacting figures. Graph showing trend shown to the right.

Latest data updated for FY21/22.



Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
The reduction in multiple exclusions is maintained	36	55	Awaiting 2022/23 data	Education and Learning
ANALYSIS				

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children entering P1 who demonstrate an ability to develop positive relationships increases	Improve from baseline	91%	Awaiting 2022/23 data	Education and Learning
ANALYSIS				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	**9**	**12**	**↑ 2.5**	**Health and Social Care**
ANALYSIS				
This data is collected quarterly and the baseline was established in 2016. The variance in this that the reporting timeframe shows the average length of time and can vary considerably from case to case. During certain periods we have continued to seek permanency for harder to place children with, significant additional support needs, older children or sibling groups. For these children the overall time target has not been achieved due to the complexity of ensuring effective transitions.				

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	**15**	**55**	**Awaiting 2022/23 data**	**Health and Social Care**
ANALYSIS				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people in secure care will decrease	**3**	**8**	**Awaiting 2022/23 data**	**Health and Social Care**
ANALYSIS				

Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	50%	10%	Awaiting 2022/23 data	Health and Social Care
ANALYSIS				

Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE
All children returning "Home to Highland" will have a bespoke education/positive destination plan in place	100%	100%	Awaiting 2022/23 data	Health and Social Care
ANALYSIS				

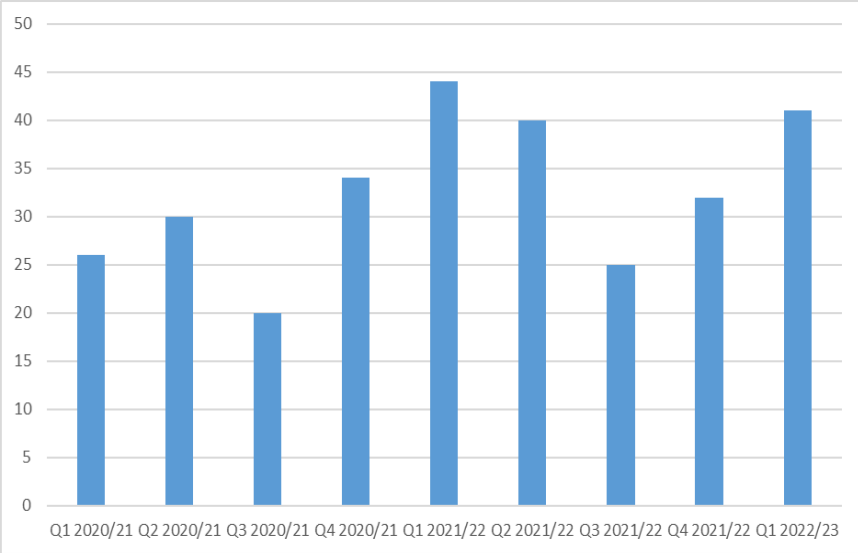
Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth		26	↑ 41	HSC - CP Minimum

child protection case conferences				**Dataset**

ANALYSIS

Number of children subject to initial and pre-birth child protection case conferences has increased since August-Oct 2020. This will be related to Covid restrictions at this time, although reached a peak in Aug-Oct 2021 before reducing. The number has since been increasing in recent quarters as shown in the graph.

Data updated quarterly using the HSC Child Protection Minimum Dataset.



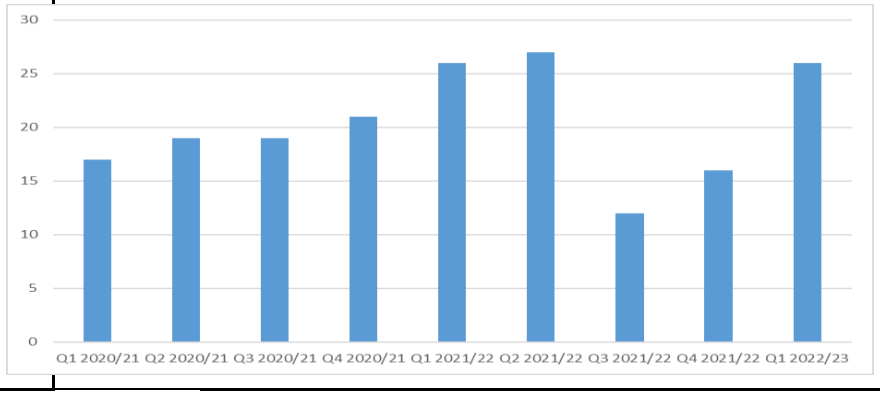
Indicator #39	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences		**19**	**↑ 26**	**HSC - CP Minimum Dataset**

ANALYSIS

As above, the number of initial and pre-birth child protection case conferences has seen an increase since Aug-Oct 2020 - this is expected as the total number of children subject to case conferences increases. Similar pattern shown, with a

peak in Nov-Jan 2021, followed by a reduction and we have seen an increase since.

Data updated quarterly using the HSC Child Protection Minimum Dataset.



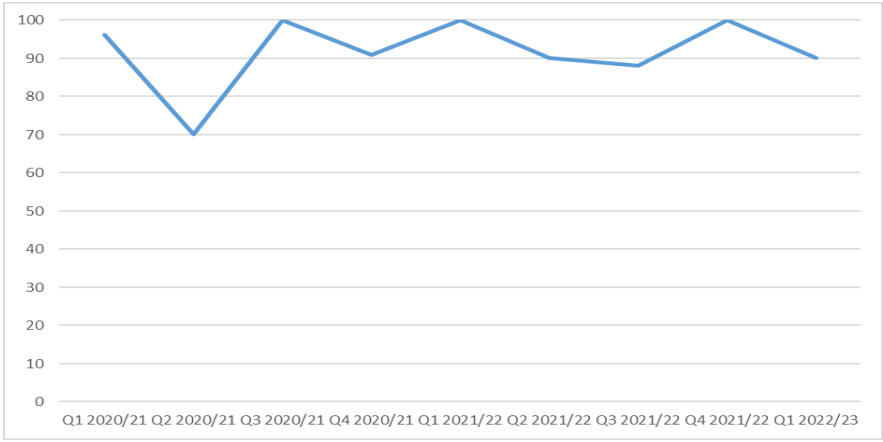
Indicator #40	TARGET	BASELINE	CURRENT	DATA SOURCE
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	**95%**	**78%**	**↓ 90%**	**HSC - CP Minimum Dataset**

ANALYSIS

Conversion rate of children subject to initial and pre-birth child protection case conferences remains steady, usually fluctuating between 90%-100%. A low of 70% in Nov-Jan 2020/21 shown as an outlier. Small numbers of case conferences can have a large swing. Three quarters in this period hit 100%.

Conversion for Aug-Oct 2022 (most recent data available) showing at 90%, with 37 registrations from 41 children subject to initial and pre-birth CPCCs. Slightly below the 95% target.

Data updated quarterly using the HSC Child Protection Minimum Dataset.

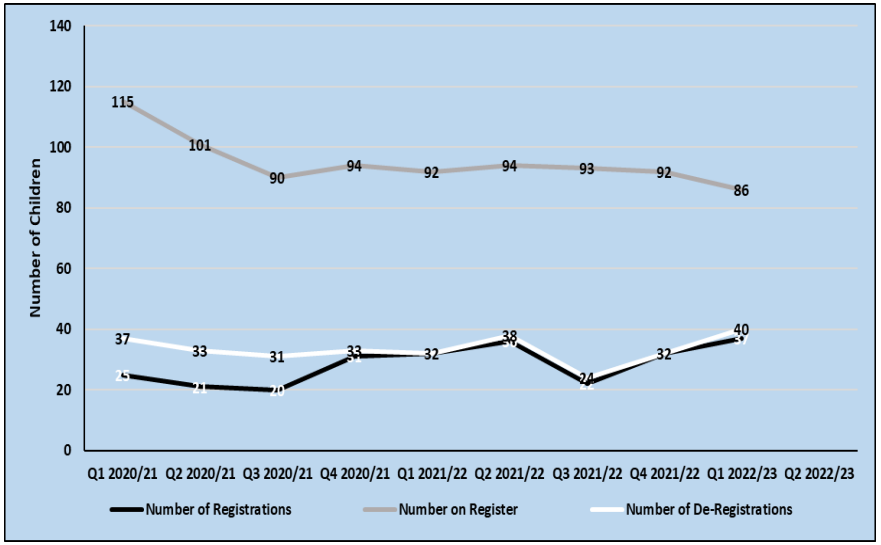


Indicator #41	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period		**112**	**↓ 86**	**HSC - CP Minimum Dataset**

ANALYSIS

Number of children on the child protection register has been falling steadily since Aug-Oct 2020. This decrease has shown the benefits of early intervention strategy

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.



Indicator #42	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	**35**	**34**	**↑ 40**	**HSC - CP Minimum Dataset**

ANALYSIS

Number of children being de-registered from the child protection register above both baseline and target in most recent update - however in recent updates the number has been below both. An outlier in the last two reporting quarters but numbers have remained steady otherwise. Graph above for analysis.

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.

Indicator #43	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of concerns recorded for children placed	**N/A**	**58**	**105**	**HSC - CP Minimum**

on the child protection register in period at a pre-birth or initial conference				Dataset

ANALYSIS

In recent updates, there has been in increase in the number of concerns recorded for children placed on the child protection register. Particular increase have been seen in the areas of Parental Drug Misuse, Parental Mental Health Problems, Emotional Abuse and Neglect. These should be scrutinised further to understand why there has been 1) an increase in reported concerns despite the number of registrations remaining steady and 2) the specific areas highlighted above.

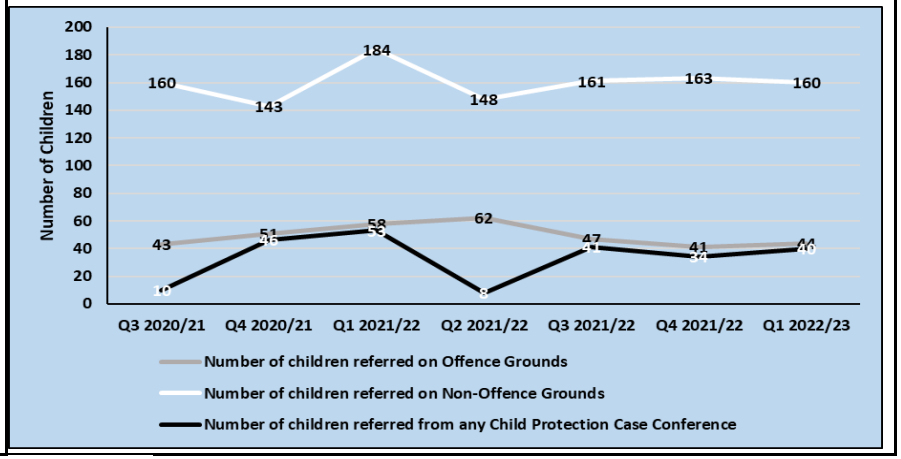
	Aug-Oct Q1 2020/21	Nov-Jan Q2 2020/21	Feb-Apr Q3 2020/21	May-Jul Q4 2020/21	Annual	Aug-Oct Q1 2021/22	Nov-Jan Q2 2021/22	Feb-Apr Q3 2021/22	May-Jul Q4 2021/22	Annual	Aug-Oct Q1 2022/23
Child Placing Themselves at Risk	0	0	0		**0**	2	1	1	0	**4**	2
Child Sexual Exploitation	0	0	0		**0**	0	0	1	0	**1**	4
Domestic Abuse	11	5	10	16	**42**	13	16	12	21	**62**	17
Emotional Abuse	17	9	4	10	**40**	28	14	13	10	**65**	10
Neglect	6	8	4	16	**34**	15	21	9	15	**60**	17
Non-Engaging Family	2	3	2	1	**8**	3	11	0	0	**14**	8
Parental Alcohol Misuse	5	4	8	3	**20**	13	12	2	9	**36**	8
Parental Drug Misuse	9	5	5	8	**27**	12	19	9	15	**55**	18
Parental Mental Health Problems	7	6	9	13	**35**	12	17	11	11	**51**	12
Physical Abuse	12	5	6	6	**29**	11	8	0	5	**24**	4
Sexual Abuse	0	0	2	1	**3**	0	1	2	0	**3**	2
Trafficking	0	0	0	0	**0**	0	0	0	0	**0**	0
Other Concern	0	2	0	1	**3**	0	1	1	3	**5**	0
Total Number of Concerns	**72**	**50**	**51**	**75**	**248**	**109**	**121**	**61**	**89**	**380**	**105**

Indicator #44	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people referred to the Children's Reporter	**n/a**	**213**	**↓ 244**	**HSC - CP Minimum Dataset**

ANALYSIS

The number of children being referred to the Children's Reporter overall has increased significantly (15%) from the baseline of Feb-Apr 2021. This has primarily been driven by an increase in the number of children referred from any Child Protection Cas Conference (although it now appears that the baseline figure may have been an outlier). Current value is in line with prior reporting quarters.

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.

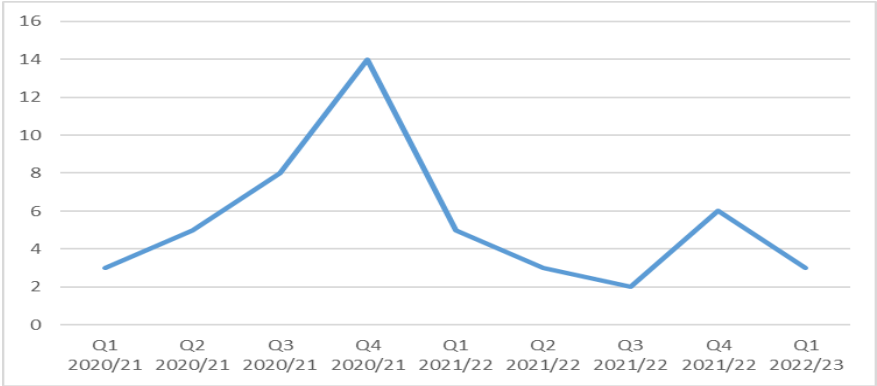


Indicator #45	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people for whom Child Protection Orders were granted	**Reduction from Baseline**	**8**	**↑ 3**	**HSC - CP Minimum Dataset**

ANALYSIS

The number of children and young people for whom Child Protection Orders were granted has shown some variance since the baseline was established. However, there has only been one reporting quarter where the number was greater than the baseline, as shown in the graph.

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.



Indicator #46	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of non-offence referrals taken to a hearing by the Reporter	**Reduction from Baseline**	**218**	**↓ 225**	**HSC - SCRA Quarterly Reports**

ANALYSIS

The number of non-offence referrals taken to a hearing remains at baseline levels, however there has been significant variation in the quarterly reporting. In Feb-Apr 2022 (Q3 2021/22), there was a decrease of 28% from the prior reporting period, while this has now increased to the levels of that prior period.

In particular, there has been a significant increase in the decision to arrange a Children's Hearing while there has been an overall decreasing trend of acknowledging the current order/measure is sufficient.

Data updated quarterly using data from SCRA.

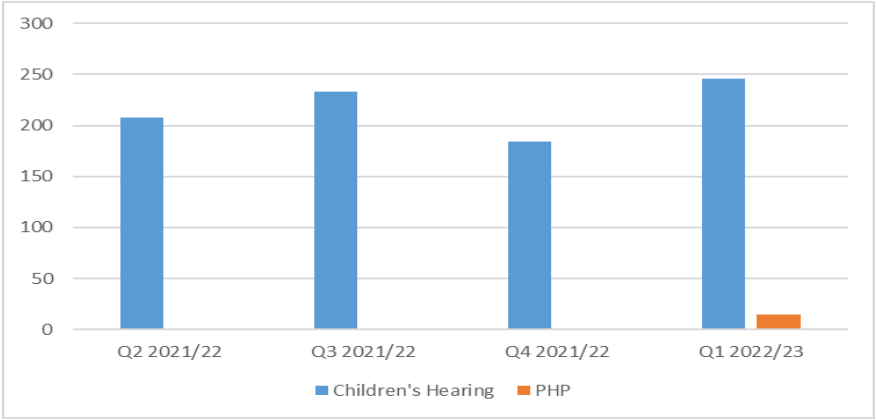
	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
To arrange a Children's Hearing	25	41	30	53	38
CSO not necessary and refer to LA	54	55	46	56	67
CSO not necessary	87	71	58	66	65
Current order/measures sufficient	63	48	20	37	42
Insufficient evidence	18	7	6	4	13
Insufficient evidence and refer to LA	2	0	0	0	0
No jurisdiction	0	0	0	0	0
Total non-offence Referrals	**249**	**222**	**160**	**216**	**225**

Indicator #47	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of Children's Hearings held	**N/A**	**263**	**246**	**HSC - SCRA Quarterly Reports**

ANALYSIS

The number of Children's Hearings held has decreased from the baseline but has increased in the past year. There has been a significant increase between Q4 21/22 (May-Jul 2022) to Q1 22/23 (Aug-Oct).

Data updated quarterly using data from SCRA. Last updated Oct 22.



Indicator #48	TARGET	BASELINE	CURRENT	DATA SOURCE

Number of Pre Hearing Panels held	N/A	4	15	HSC - SCRA Quarterly Reports

ANALYSIS

Number of Pre Hearing Panels held (PHPs) has increased in Q1 2022/23 following three successive quarters without any. Graph above for analysis.

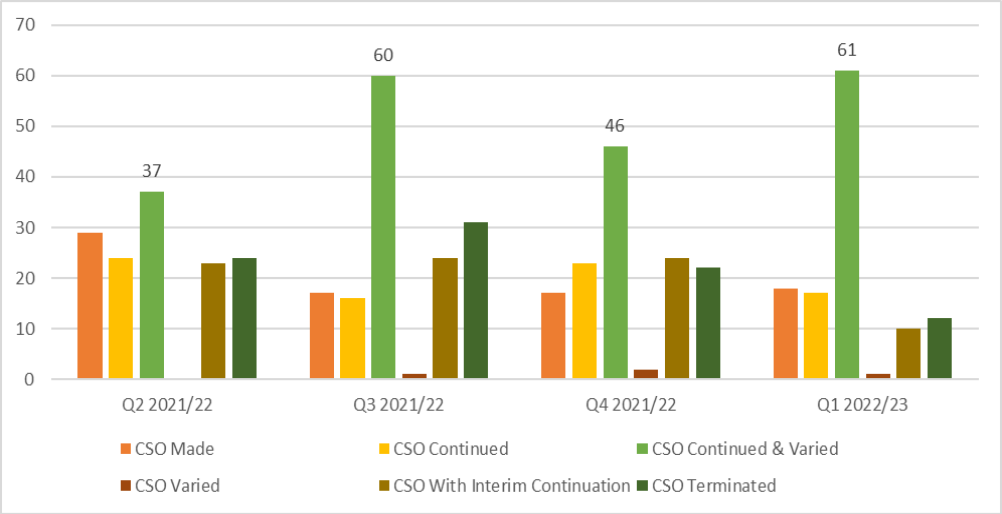
Data updated quarterly using data from SCRA. Last updated Oct 22.

Indicator #49	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children with a Compulsory Supervision Order in place at the quarter end	**N/A**	**54**	**61**	**HSC - SCRA Quarterly Reports**

ANALYSIS

Number of children with a Compulsory Supervision Order in place at the quarter end has increased from the prior reporting period, however is steady when compared to Q3 2021/22. There doesn't appear to be a steady trend in the numbers.

Data updated quarterly using data from SCRA. Last updated Oct 22.



Indicator #50	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	**Increase from Baseline**	**112**	**↓ 82**	**HSC - Scottish Government Annual**

				Return
ANALYSIS				
The number of LAC and young people at home with parents has dropped from 114 in 2021 to a provisional figure of 82 in the 2022 submission. This is in part explained by the overall trend in number of looked after children in Highland (-28% decrease at home v -17% decrease overall). Baseline established in 2016 and data reported annualy to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #51	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	**Increase from Baseline**	**100**	**↓ 79**	**HSC - Scottish Government Annual Return**
ANALYSIS				
The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC). Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #52	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	**N/A**	**121**	**172**	**HSC - Scottish Government Annual Return**
ANALYSIS				
Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains the movement in indicators #58 & #59 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year. Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #53	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	**Increase from Baseline**	**12**	**↑ 16**	**HSC - Scottish Government Annual**

				Return
ANALYSIS				
Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure. Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

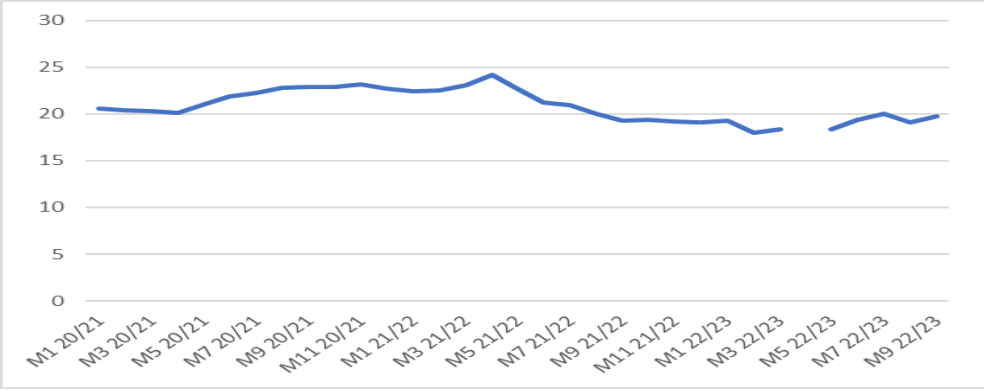
Indicator #54	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people within a local authority provided house	**Reduction from Baseline**	**81**	**↑ 65**	**HSC - Scottish Government Annual Return**
ANALYSIS				
While the number of looked after children within a local authority provided house has decreased from 70 in 2021 to a provisional figure of 65, this represents a greater %age of overall LAC. The number of LAC has reduced by -17% but those LAC within a local authority provided house has only decreased 7%. Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #55	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of LAC accommodated outwith Highland will decrease	**30**	**44**	**↓ 71**	**Health and Social Care**
ANALYSIS				
This data is reported monthly. The current figure (as at 25/01/23) standing at 17% of all those currently looked after. The baseline was established in 2016.				

Indicator #56	TARGET	BASELINE	CURRENT	DATA SOURCE
The percentage of children needing to live away from the family home but supported in kinship care increases	**20%**	**19%**	**↓ 19%**	**Health and Social Care**
ANALYSIS				

This data is reported monthly. The baseline was established in 2016. The graph to the right shows the monthly variance from April 20. There has been a slight reduction in the % since then. Break in the data is where no data was reported on PRMS.

Data last updated in December 2022.

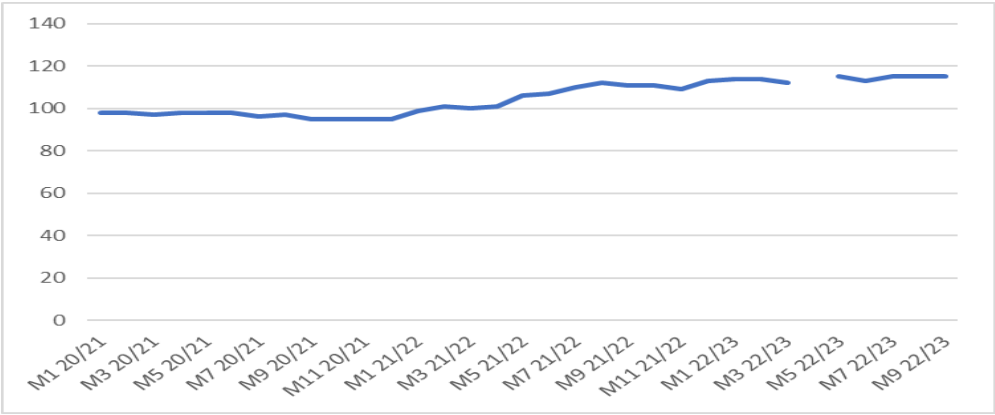


Indicator #57	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	**82**	**72**	**↑ 115**	**Health and Social Care**

ANALYSIS

This data is reported monthly. The baseline was established in 2016. The graph to the right shows the monthly variance from April 20. There has been an increase in the number of children achieving permanence via a Residence Order in this period of 17%. Break in the data is where no data was reported on PRMS.

Data last updated in December 2022.



NHS Highland

Meeting:	**Highland Health Social Care Committee**
Meeting date:	**1 March 2023**
Title:	**Child & Adolescent Mental Health Services**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Duncan Clark, Clinical Director CAMHS**

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Local policy

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

Perform well	X	Progress well					

2 Report summary

2.1 Situation

This report is provided to the Committee to up-date on the progress of the CAMHS Improvement Plan established in partnership with Scottish Government to support the implementation of the National Service Standards and specification for CAMH Services. The National CAMHS Specification is the central strategic aim for specialist CAMH Services. The Committee is asked to note the progress made to date and recognise the remaining challenges ahead for the service.

2.2 Background

The CAMHS National Service Specifications were published in January 2020 following a strategic review of national provision. Whilst the strategic review examined mental health and well-being across the spectrum of need and service provision (community provision, third sector, universal services to specialist provision) the CAMHS specification concentrates on Tier 2, 3 and 4 provision. The national specification can be found at: https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/

A number of actions have been initiated since summer 2022 to continue the early improvement work undertaken within the Board and service. The CAMHS Programme Board was refreshed with a clear focus on the following workstreams:

- Clinical Modelling
- Clinical Governance, risk & performance
- Workforce & Finance
- E-health
- Service User & Carer Experience
- Colleague Experience

Sub-groups have been established with identified leads and refreshed improvement outcomes aligned with the national specification. Close engagement with Scottish Government colleagues is ongoing. The updated Improvement Plan was submitted to Scottish Government in January 2023, including updated information on completed milestones. The Improvement plan is attached as Appendix 1.

2.3 Assessment

Item detail on progress can be seen within the attached Improvement Plan. A summary of progress and remaining risks are set out below.

Clinical Modelling

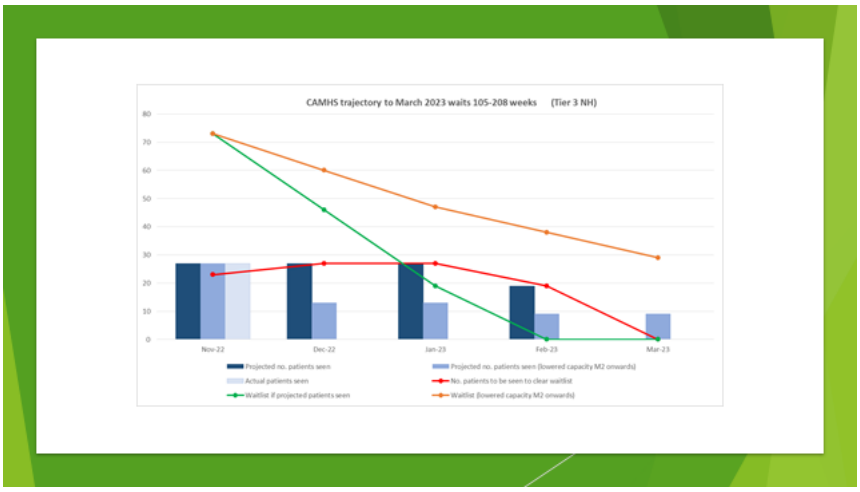
Development work has been undertaken with the service management team, engaging with colleagues from Highland Council and ongoing service development work with the wider clinical and admin team. This work overlaps with the work being undertaken to develop our service user and carer participation in service development and delivery work. A review of current provision has targeted a return to locality based services for core service provision whilst maintaining our current successful urgent care model. Development of our intensive home treatment model and service provision for young people presenting with eating disorder is underway with allocated finance and workforce requirements identified appropriately. Similarly a model of clinical liaison services (paediatric, medical and psychiatric inpatient provision) has been developed and we are working towards workforce recruitment to deliver.

Expansion and diversification of clinical interventions is an area for improvement. The service has already undertaken staff training in specialist risk assessment model and therapeutic training for individual and group work intervention for high risk self-harming and suicidal behaviours (FACE CARRAS, Dialectical Behaviour Therapy). Further diversification of interventions, including a focus on early intervention of group work provision and partnership delivery across specialist CAMHS, School Nursing, Primary Mental health and Third sector partners are within the planning stage. Utilisation of capacity across the services and a model of group work delivery ensures maximum use of our resources and a wider reach for young people requiring to access supports, not all of which require highly specialist and intensive service provision.

Clinical Governance, risk and performance.

The service has implanted a clear model of governance and reporting and has already delivered pathway development in a number of areas with associated clinical standards which will become the basis for further audit activity and the benchmark setting for which to develop our outcome data.

Significant work has also been taken on validation of wait list cases, improvement in internal clinical and admin processes along with additional capacity deployed to offer a service to our longest waits. A significant reduction in longest waits has been achieved and work continues with more accurate trajectory provision.



Overlap with e health and data quality work has been undertaken to improve from a low baseline. Significant work is still required. Wait list improvement data is attached at Appendix 2, CAMHS Waiting Times Summary: September 2022 to December 2022.

Workforce & Finance

CAMHS continues to benefit from direct funding from Scottish Government in addition to substantive funding. The CAMHS workforce in NHSH continues to be at a level below expected national standards and in comparison to other areas. CAMHS, like other health services is experiencing a shortage of trained professional staff across all major disciplines. In addition recruitment and retention of staff continues to be a greater challenge with the Board area. A review of nursing and psychology has been completed and we are currently at the recruitment stage. Recruitment and retention remains the largest single risk to improvement. Whilst system and governance improvements will only take us so far in improving access and provision, the gap between existing demand and capacity will only be closed by increased recruitment and retention.

E- health.

Clinician and admin review of data standards, system and business information requirements is underway and engagement with e health colleagues has been established. Service improvements in this area are required both in data quality, reporting requirements, business information and service efficiency (ECR) and are co-dependent upon e –health to deliver.

Service User/carer Experience and participation.

An engagement plan is under development and several engagement events have begun. Partnerships are being developed with Eden Court Theatre, Inspiring Voices, Inverness Caley Thistle, Ross County FC, Woodlands

project to enable engagement to take place in a variety of settings where young people are already engaging. The service plans to carry out an experience of service survey with existing service users in March 2023.

Colleague experience.

A plan of events to engage and improve colleague experience has been agreed and will be delivered throughout 2023.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

A managed and detailed improvement plan with appropriate assurance and delivery models has been established. Improvements in a number of areas have been recorded and work continues to improve our performance data and reporting ability. Risk in clinical and RTT performance is linked to limitations in workforce availability, recruitment and retention and capacity for e –health to deliver on the requirements of the service.

3 Impact Analysis

3.1 Quality/ Patient Care

Significant reduction in longest waits and increased access to service.

3.2 Workforce

High levels of vacancy continue but early indication of positive attempts to recruit external capacity. Too early to gauge any improvements in workforce morale.

3.3 Financial

With high level of vacancies across SG funded posts and substantive posts, all developments are expected to be within financial limitations.

3.4 Risk Assessment/Management

Under ongoing review

3.5 Data Protection

NA

If so, confirm whether advice has been sought from the Data Protection Team to ensure the correct risks have been considered and documentation completed.

3.6 Equality and Diversity, including health inequalities

Improving access and clinical outcomes in short and long term.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- **Awareness** – For Members' information only.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1, CAMHS Improvement Plan (See Excel spreadsheet)
- Appendix No 2, CAMHS waiting Times summary

CAMHS Waiting Times Summary

Sep-22

	Waitlist								
	0 - 18	19 - 35	36 - 52	*53-104 (1-2 yrs)*	*105-156 (2-3 yrs)*	*157-208 (3-4 yrs)*	Total Waiting	Waiting > 18 Weeks	Waiting ≥ 36 Weeks
PMHW (Tier 2 NH)	26	4	1	*0*	*0*	*0*	31	5	1
CAMHS (Tier 3 NH)	123	75	76	*70*	*79*	*106*	529	406	331
North Highland	**149**	**79**	**77**	***70***	***79***	***106***	**560**	**411**	**332**
PMHW (Tier 2 AB)	5	4	0	*0*	*0*	*0*	9	4	0
CAMHS (Tier 3 AB)	55	8	10	*7*	*1*	*0*	81	26	18
Argyll & Bute	**60**	**12**	**10**	***7***	***1***	***0***	**90**	**30**	**18**
NHS Highland	**209**	**91**	**87**	***77***	***80***	***106***	**650**	**441**	**350**

Oct-22

	Waitlist								
	0 - 18	19 - 35	36 - 52	*53-104 (1-2 yrs)*	*105-156 (2-3 yrs)*	*157-208 (3-4 yrs)*	Total Waiting	Waiting > 18 Weeks	Waiting ≥ 36 Weeks
PMHW (Tier 2 NH)	33	6	1	*1*	*0*	*0*	41	8	2
CAMHS (Tier 3 NH)	101	71	73	*150*	*92*	*19*	506	405	334
North Highland	**134**	**77**	**74**	***151***	***92***	***19***	**547**	**413**	**336**
PMHW (Tier 2 AB)	2	2	0	*0*	*0*	*0*	4	2	0
CAMHS (Tier 3 AB)	67	10	4	*12*	*0*	*0*	93	26	16
Argyll & Bute	**69**	**12**	**4**	***12***	***0***	***0***	**97**	**28**	**16**
NHS Highland	**203**	**89**	**78**	***163***	***92***	***19***	**644**	**441**	**352**

CAMHS Waiting Times Summary

Nov-22

	Waitlist								
	0 - 18	19 - 35	36 - 52	*53-104 (1-2 yrs)*	*105-156 (2-3 yrs)*	*157-208 (3-4 yrs)*	Total Waiting	Waiting > 18 Weeks	Waiting ≥ 36 Weeks
PMHW (Tier 2 NH)	24	6	0	*0*	*0*	*0*	30	6	0
CAMHS (Tier 3 NH)	108	80	62	*138*	*66*	*7*	672	353	273
North Highland	**132**	**86**	**62**	***138***	***66***	***7***	**491**	**359**	**273**
PMHW (Tier 2 AB)	3	2	0	*0*	*0*	*0*	5	2	0
CAMHS (Tier 3 AB)	76	5	5	*10*	*0*	*0*	106	20	15
Argyll & Bute	**79**	**7**	**5**	***10***	***0***	***0***	**101**	**22**	**15**
NHS Highland	**211**	**93**	**67**	***148***	***66***	***7***	**592**	**381**	**288**

Dec-22

	Waitlist								
	0 - 18	19 - 35	36 - 52	*53-104 (1-2 yrs)*	*105-156 (2-3 yrs)*	*157-208 (3-4 yrs)*	Total Waiting	Waiting > 18 Weeks	Waiting ≥ 36 Weeks
PMHW (Tier 2 NH)	25	6	1	*1*	*0*	*0*	33	8	2
CAMHS (Tier 3 NH)	129	67	53	*116*	*54*	*3*	422	293	226
North Highland	**154**	**73**	**54**	***117***	***54***	***3***	**455**	**301**	**228**
PMHW (Tier 2 AB)	7	1	1	*0*	*0*	*0*	9	2	1
CAMHS (Tier 3 AB)	79	8	4	*9*	*0*	*0*	100	21	13
Argyll & Bute	**86**	**9**	**5**	***9***	***0***	***0***	**109**	**23**	**14**
NHS Highland	**240**	**82**	**59**	***126***	***54***	***3***	**564**	**324**	**242**

Agenda Item 3.2

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**15 March 2023**
Title:	**Mental Health Services**
Responsible Executive/Non-Executive:	**Pam Cremin, Interim Chief Officer**
Report Author:	**Arlene Johnstone, Interim Head of Mental Health, Learning Disability and DARS**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Emerging issue
- Government policy/directive
- Local policy
- 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	
Care Well		Live Well	x	Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

This paper follows on from previous Mental Health reports presented to the Highland Health and Social Care Committee. Previous papers highlighted our intentions and constraints and although we continue to experience risks, particularly in relation to recruitment we have progressed plans to improve service delivery and strengthened partnership working.

The committee is asked to:

- Note the ongoing work to progress a North Highland Mental Health & Learning Disability Services Strategy that will set the vision for service development and commissioning plans to ensure that the needs of Highland citizens are met. To ensure consideration of the ongoing national strategy and specification frameworks in relation to the development of the local plans.

- Continue to support the ongoing developments in the delivery of mental health care with a focus on unscheduled care and in-patient care.

- Note the risks and associated impacts in relation to Consultant Psychiatry recruitment and locum usage.

2.3 Assessment

STRATEGY DEVELOPMENTS & ACTION PLANS

2.3.1 The current landscape relating to strategies, specifications and action plans is complicated. It is, however, anticipated that the consultation phases of the range of frameworks and plans will be complete by Spring 2023. This will ensure that the direction of travel to support the mental health and wellbeing of Highland citizens and plans to ensure the provision of the *right care, at the right time and in the right place* are available for all by Summer 2023.

NATIONAL	
Mental health and wellbeing strategy for Scotland. Mental health and wellbeing strategy: consultation analysis - executive summary - gov.scot (www.gov.scot)	Spring 2023
Adult secondary mental health services – quality standards Adult secondary mental health services - quality standards: consultation - gov.scot (www.gov.scot)	Spring 2023
Delivery of psychological therapies & interventions: national specification Delivery of psychological therapies and interventions: national specification - gov.scot (www.gov.scot)	Spring 2023
LOCAL	
together we care: with you, for you. NHS Highland	Published
Nhs highland mental health & learning disability services strategy	Spring 2023

2.3.2 North Highland Mental Health & Learning Disability Service Strategy

The development of this strategy was significantly delayed due to a change in personnel, however, a new lead has been identified and work is ongoing. To ensure co-production, effective consultation and an agreed future vision, NHS Highland have partnered with the Scottish Recovery Network to create this strategy. A series of "Conversation Cafes", led by the Scottish Recovery Network and Highland Users Group (HUG), have been held across Highland involving a range of people including service providers, people with lived experience and staff. Figure 1 provides summary data of the participants involved in the Conversation Cafes and Figure 2 shows some of the feedback from participants. The final detailed report is due to be published imminently.

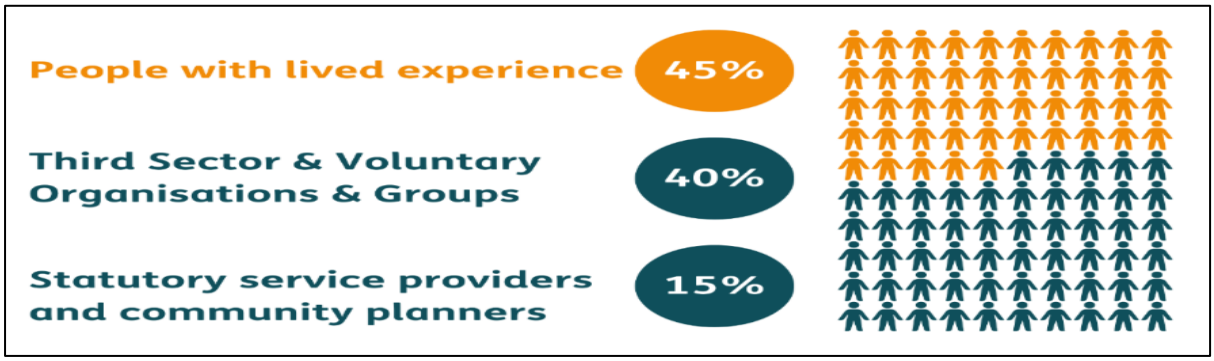


Figure 1: Conversation Café participants. (Source: Scottish Recovery Network 2023)

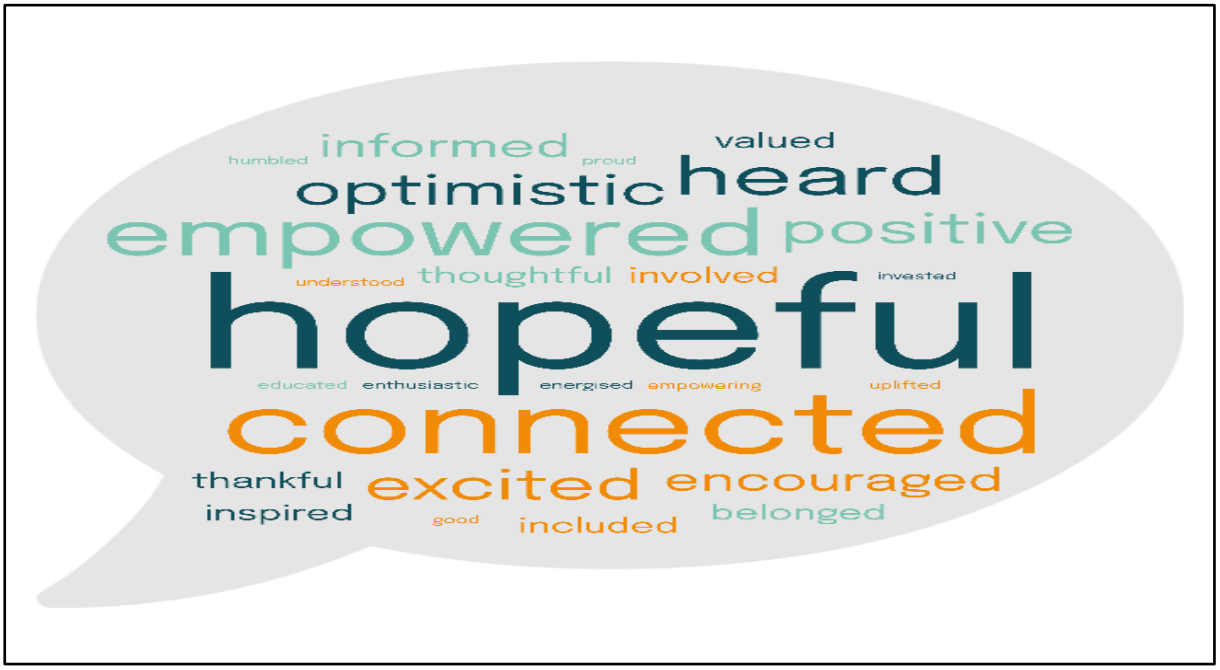


Figure 2: Feedback from Conversation Café participants. (Source: Scottish Recovery Network 2023)

There are a series of ongoing consultation exercises with other stakeholder groups, representative organisations and staff teams. The draft Mental Health and Learning Disability Strategy will be available by end of March 23, there will be a further round of consultation and the final document available in April 2023.

2.3.3 Service Delivery and Transformation Plans

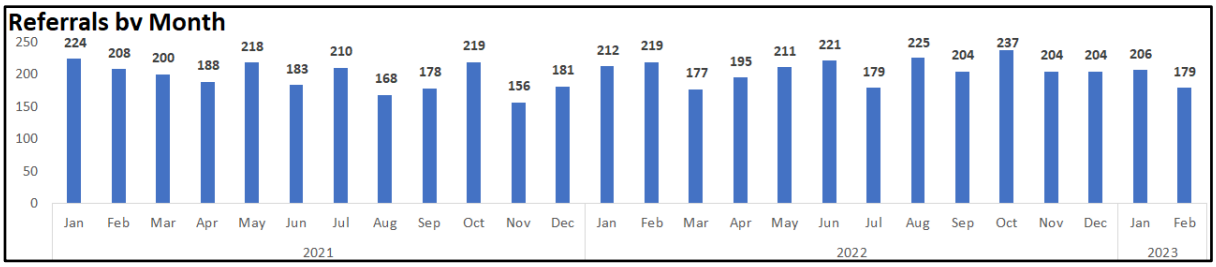
Previous reports described the service plans across each of the mental health teams and specialisms. The development of the NHSH Annual Development Plan (ADP) has led to a rework, and refreshed plans are currently in development. It is intended that the redesigned plans will create opportunities for a whole systems approach to the delivery of services.

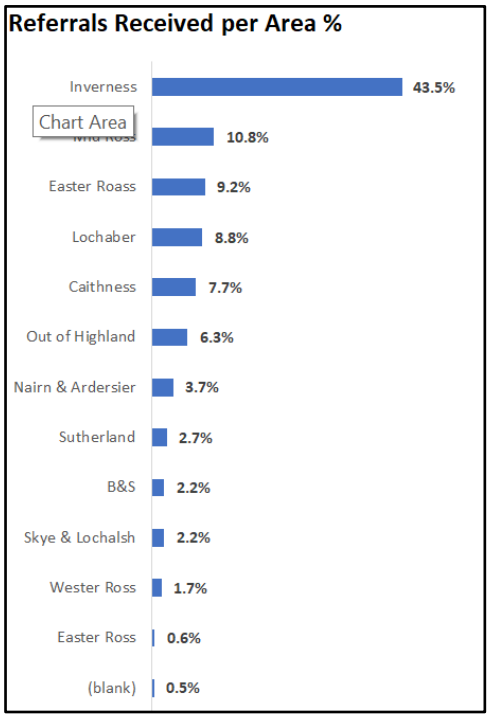
SERVICE DEVELOPMENTS & KEY ACTIONS

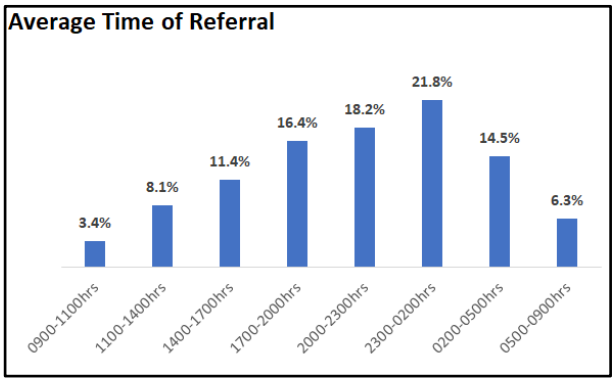
2.3.4 Psychiatric Emergency Plan / Places of Safety / Escorts. Significant updates to the Psychiatric Emergency Plan have recently been achieved.

- A service model for escorts, to ensure the safe transfer of patients from their home to hospital, is now agreed and recruitment is underway.
- SAS support during escorts is agreed and the contractual aspects are in process.
- An audit plan for ligature risks in Places of Safety is in place and audits should be conducted in 2023 / 24.

2.3.5 The **Mental Health Assessment Unit** provides 24 hour access to emergency mental health assessment. Figures 3,4 & 5 below provide data on the level of activity.







2.3.6 Distress Brief Intervention (DBI) continues to be delivered by Change (previously known as Support In Mind) in Inverness. This service is funded by Scottish Government seed funding and they have requested this transfers to NHS Highland in March 2024. A business case is in preparation.

2.3.7 Primary Care Mental Health Service. This service is now operational and both nursing staff and healthcare support workers are available in GP clusters across Highland. These staff provide psychological therapy and support to individuals closer to their initial point of contact and preventing onward referral to secondary mental health services. We have submitted a plan to the Scottish Government for additional resources to ensure expansion of this service but the expected funding for 2022/23 was not received and the Scottish Government have not yet confirmed if funding will be available in 2023/24.

The development of this service was achieved through joint working in the Primary Care Mental Health workstream. It is intended that the Terms of Reference of this group will be rewritten to extend the scope and create an interface for all Primary Care and Mental Health service delivery, issues and new developments.

2.3.8 Forensic Services. The Forensic service is a well established multi-disciplinary team working within a multi-agency framework. They have recently completed a scoping exercise to explore the options for individuals who require specialist levels of in-patient security that are currently cared for in out of area (ie out of Highland) placements. The increased demand for medium and high secure beds across Scotland has meant that, on occasion, patients are requiring to be cared for in Highland in environments that do not have the environmental or relational security that is required to ensure safe care. The second phase of this scoping exercise is underway and the team are currently visiting other areas of Scotland to learn from their practice and inform the final report.

2.3.9 Recruitment and Locum usage. The critical situation regarding recruitment of available Consultant Psychiatrists, as described in the previous papers, remains the same:

Substantive Consultant Psychiatrist WTE	**Vacant Posts**	**Locums in post on 01.03.23**
27	9	7

The Job Plan reviews have been completed in the timescale agreed but this has not led to any significant impacts and the situation remains critical. Impacts and risks include:

- Financial, due to high costs from locum agencies
- Clinical assurance and governance from constantly changing personnel
- Poor patient care and experience
- Emotional wellbeing and resilience of substantive staff
- Service developments

There is ongoing national work in relation to locum agencies and we are aware of potential action from the Scottish Government to attempt to disrupt the current market forces. We continue to explore local options and are in discussion with a recruitment agency to attempt a novel approach involving longer term block bookings and international recruitment.

We have also had recent agreement to offer student nurses a permament contract with NHS Highland (mostly based in New Craigs but this will be flexible depending on the student). We are hopeful that this will significantly increase the pool of healthcare support workers and lead to increased likelihood of recruitment to NHS Highland when the students graduate.

2.3.10 Older Adults and Dementia Services. The Senior Leadership Team have agreed in principle to extend the "**Stress and Distress**" service to ensure that staff who support people with complex needs and dementia in care homes are appropriately trained and supported. Options to fund this service are currently being actioned by community colleagues.

2.3.11 New Craigs.

- Two recent HSE inspections requested improvement works in relation to the design of the dementia unit (Ruthven) and potential ligature points in the adult acute admission ward (Morar). Work is ongoing with Estates colleagues to complete these works in the required timeframe.
- The New Craigs site is a PFI with a contract until 2025. NHS Highland Estates are fully sited on the end of the current contract and have appointed a Project Manager to oversee the ending of the contract. A New Craigs Master Plan to inform the future use of the site is in the final stages of completion.
- Improvements to manage flow are underway. These include the use of the Real Time Staffing Tool (RTS), plans to implement Planned Dates of Discharge (PDD) and Operational Pressures Escalation Levels (OPEL), and a request for WardView (to allow real time patient updates).
- The Intensive Psychiatric Care Unit (IPCU) team are involved in the Scottish Patient Safety Programme (SPSP) Reducing Restrictive Practices.

2.3.12 Electronic Patient Record. As highlighted in the previous report, NHS Highland Mental Health services continue to rely on paper records. Since the previous report was written we have secured project management support from the Strategy and Transformation team and they are currently mapping the existing records and tools and consulting with staff to enable progress.

2.3.13 Operational and Professional Structures in Community Mental Health & Learning Disability Teams. It has been agreed that Mental Health and Learning Disability services will shift to a single operational structure (there are a range of operational structures currently in place depending on location). The current structure does not provide the required governance assurance nor the ability to provide equity of service. Consultation with staff is ongoing to map and "distentagle" the existing arrangements. A single operational structure will be achieved in phases throughout 2023 – 24.

2.3.15 We have been working closely with **Centred (previously known as Birchwood Highland) Recovery Centre** to review their contract. The

Recovery Centre have a long history of providing high quality to care to individuals in their recovery, however have recently experienced a decrease in referrals and difficulties in enabling individuals to move on to their own home in the community. We are currently exploring alternative service models within the constraints of the building to ensure value for money that meets the needs of both individuals and NHS services.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

There are significant developments across Mental Health services that will be underpinned by both national and local strategy.

Moderate assurance is provided that these developments are progressing as required, however the risks relating to recruitment are significant and will impact on our ability to both transform and to deliver mental health interventions to the people of Highland.

3 Impact Analysis

3.1 Quality/ Patient Care

- ✓ The inclusion of people with lived experience in the strategy development has been very warmly welcomed by stakeholders.
- ✓ The implementation of the Primary Care Mental Health service is likely to lead to a reduction in waiting times in Community Mental Health teams (the team have only been operational for 6 months and therefore too short a time to see the year effect).
- × A changing Locum consultant psychiatry workforce leads to a poor patient experience and inability to build relationships.

3.2 Workforce

- ✓ Recruitment of student nurse
- × High demand impacts on staff experience and resilience

3.3 Financial

- ✓ Recruitment of student nurses
- × Locum Consultant Psychiatrists costings
- × Instability from SG funding allocations

3.4 Risk Assessment/Management

All Mental Health Risks are included on the Communities Risk Register.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

HIGHLAND THIRD SECTOR INTERFACE

Communities Mental Health and Wellbeing Fund

14th February 2023

Summary:

In October 2021 the Scottish Government launched the communities mental health and wellbeing fund, part of the overall Scottish Government's Recovery and Renewal fund and the Mental Health Transition and Recovery Plan.

A fund of £15million for the 2021/22 financial year, with the intention that a further fund would be available for 2022/23, was made available across Scotland and administered through the Third Sector Interface Network in each local area.

In Highland, we initially had just over £700k for the 21/22 financial year, to support local, grassroot community activity that meets the overarching national ambitions for the funds and the local priority areas. The fund being significantly over subscribed, Scottish Government then provided an additional £279k to allow further investment.

The second year of the fund was delayed but opened in autumn 2022 for applications and the decisions are currently underway for the distribution of a further £704K.

Phase 1, 2021/22 financial year

Attached in Appendix A is the closing report for the distribution of funding in phase 1. A total of £983.5k was distributed across Highland, a small eventual underspend of £5k was then included in the total for distribution for the second year.

Projects funded under this phase of funding have until the end of the current financial year to complete the project; though several have indicated underspend and negotiations are undertaken on a case by case basis to extend activity or add additional activities as appropriate against the original outcomes agreed.

Closing reports are slowly coming in for phase one and a report across the majority of activity will be due for publication in Summer 2023.

Phase 2, 2022/23 financial year

The second phase in year two was originally due to open in early summer but due to Scottish Government delays the fund wasn't able to open until early autumn, meaning that earlier plans to change the structured approach for decision making to local CP areas wasn't feasible.

Year two combined a two stage application process, allowing organisations to submit an expression of interest that was then locally assessed by panels formed from across the community planning structure. These assessments were then used to inform who would be invited to full application. The overall fund was split into two separate phases, an earlier one that would conclude in early

February and a second that could conclude in later February. We anticipated that due to time pressures a higher demand would come through the second phase.

Unlike last year, the Government have indicated that there would be no access to additional funds. This however hasn't presented significant issues, while the initial demand on the fund was indicative of a demand that was more than 100% of the funds available, the reduction at the EOI stage, and then the drop out rate for the full application reduced the demand significantly. Early indications are that those application which best met the demands of the funds were all able to receive funding – though some received/will receive offers for less than requested.

The Scottish Government indicated that applications for extensions of project funded in phase one were not eligible, groups and organisations had to demonstrate that the proposal was either a new project or an extension or development of the existing project. It is feasible that this reduced the potential demand and eligibility of some applications.

A number of applications struggled to demonstrate either community connection, need for the services or appropriate grassroots delivery expected by the fund approach.

Learning and observations

In addition to the noted learning in the attached report, there are a couple of concerns of note that we are highlighting as developmental issues or learning for future rounds.

In the first instance there is more work needed to support the better description of outcomes and methodology for measurements of said. The ability to describe a measurable outcome, particularly as something different from an output, is limited in some areas. This is an area that the TSI will continue to work with groups on.

There is a notable lack of applications from Mid and Easter Ross when you consider the population density and general prevalence of deprivation in the area. This being notable for both years and when considered in the context of the community response in relation to COVID, the TSI recognises a significant need to support more community development activity in the area. There is good examples across the geography but it appears to be more fragile, fragmented and of lower levels than other areas of similar population or size in Highland.

The EOI stage was intended to support better feedback to work on developing ideas with groups. This doesn't appear to have been any stronger than the approach of a single application in phase one, but where more frequent panels allowed for the bounce back and forth and capacity support assisted with the development in between. An evaluation of that approach might be useful to determine what felt more useful for the groups applying if future opportunities arrive.

Sustainability is a growing concern. This is both interms of how employment that has been funded theough the fund will be maintained in an increasingly competitive funding environment, but also in terms of the loss of substantial third sector grassroots funding after two years of investment when combined with the funding loss more generally within the sector.

The Committee are asked to note the attached report and verbal update provided on phase 2.

Highland Communities Mental Health & Wellbeing Fund

Report 1:

Closing the funding application rounds March 2022

Scottish Government
Riaghaltas na h-Alba
gov.scot

NHS Highland

Highland Community Planning Partnership

HTSI
HIGHLAND THIRD SECTOR INTERFACE

Contents

Introduction

On the 15th of October 2021 Kevin Stewart MSP, Minister for Mental Wellbeing and Social Care, announced a new Communities Mental Health and Wellbeing Fund. The Fund is part of the overall Scottish Government's Recovery and Renewal fund and the Mental Health Transition and Recovery Plan.

A fund of £15million for the 2021/22 financial year, with the intention that a further fund would be available for 2022/23, was made available across Scotland and administered through the Third Sector Interface Network in partnership with the relevant Health and Social Care Partnerships.

In Highland, we initially had just over £700k to support local, grassroot community activity that meets the overarching national ambitions for the funds and the local priority areas. This year's funding was for projects starting before March 2022 and is specifically for the Third Sector, Charities and Community Groups. The fund being significantly over subscribed, Scottish Government then provided an additional £279k to allow further investment.

The Scottish Government explained that;

Building on the focus on wellbeing and prevention in the Transition and Recovery Plan, the Fund will provide significant investment into community support for adults. This investment complements the children and young people's community wellbeing supports currently being rolled out across Scotland. It also has strong links to the Scottish Government's commitment to ensure that every GP Practice will have access to a primary care mental health and wellbeing service by 2026, providing funding for 1,000 additional dedicated staff who can help grow community mental health resilience and direct social prescribing.

Summary Of Local Approach And Priorities

In Highland the local fund priorities and assessment was undertaken in partnership with the Health and Social Care and Community Planning Partnerships. Additionally, members from groups or individuals with lived experience were also key to the approach and participated in the planning phases and assessment of the applications.

Although we would have preferred to have held localised assessment panels, we agreed that a pragmatic approach including local input and intelligence from the wider network of TSI supporting partners would support a Highland centralised process, while allowing a more streamlined and faster response.

Applications were opened in November and closed in early January with three rolling panels sitting in late November, December and January. A rolling programme was specifically intended to allow groups with the chance to respond to panel feedback before resubmitting, if necessary, – supporting the development of ideas and concepts and allowing learning and capacity building support to be provided through the local TSI officers where appropriate.

Applicants were asked to complete an application form, including indicating how they had engaged with, and taken direction or feedback from, the people intended to benefit from the service in the design and identification of need. They were also asked to consider the overall purpose of the fund, its priorities and to describe the outcomes that would result in the proposed activity.

Groups applying were provided with a robust set of guidance notes and details around the Scottish Government outlined aims and principles and the locally identified priorities, all of which were underpinned by the need to reduce inequalities and promote wellbeing:

- Social Isolation
- Unpaid Carers and those with a Long-Term Condition
- Prevention of Suicide
- Rurally Distanced
- Poverty
- Trauma
- Staff and volunteer support and wellbeing

Several webinars at the start of the process were held to allow groups to engage with the key messages and parameters for the funding and a new section on the HTSI website supported access to the application, guidance, local plan, and other key documents.

Demand For The Fund

Total amount of money across all requests:

The total amount requested across all the application rounds totalled **£1,674,461.10**, exceeding the available funds by £970,911.62, Highland having been allocated £703,549.48. Demand through the third and final panel was particularly high, and the quality of the applications meant the panel went back to the Scottish Government to request additional funding to meet the gap between available funds and the highest quality of applications. A further £279k was provided in early March and this brought the total available to invest to **£983,521.48** against a total request of £1,674,461.10.

Areas of demand that fell outside the remit of the fund:

There were relatively few applications that fell outside the scope of the funding remit, most applications were prioritised on general strength, but there were a few key points and exceptions:

- Larger scale capital projects were not specifically within the remit of this funding, smaller items and items for projects that supported delivery of a wider purpose were considered. A number of applications were made requesting support for large scale capital projects, such as building projects or refurbishments. While these would eventually release benefits that may be relevant to the fund, they weren't appropriate at this stage for this funding and at times struggled to properly articulate the specific benefit that projects would be directly responsible for delivering against the fund priorities.
- There were a few applications that did not provide sufficient assurance that activities would not generate profit, or would eventually lead to the generation of profit (i.e. research for products to sell) – that is to say that they were not being delivered on a not for profit basis as per the Government's guidance. Where they occurred in the earlier rounds, clarity was sought but where the assurance failed to be provided, or they came to the final panel without contact for prior conversation, they were withdrawn from consideration with the panel's consent. It may be useful to consider specifying explicitly in future rounds the governing structures that will be considered for funding as the guidance did allow for some ambiguity, though not around the profitable nature of the work.
- Age beneficiary groups were at times difficult. Some groups that work with young people applied but were unable to provide assurance that activities would be solely for those over 16 or that the activities would be community wide and include people of all ages. As the fund was intended for over 16s only this presented some problems that we were able to work through with many of the groups but not all.
- A number of partnership activities within Highland are 'hosted' by HTSI and these activities were not eligible for funding. Although this is to ensure that there is separation between the administrators of the fund and the beneficiaries of the fund it does leave some partnership approaches at a disadvantage. Alternative means of providing independent assurance have been used in similar circumstances and could be explored to enable TSI related partnership activity to benefit from investment in the future, this is perhaps more relevant in rural areas than elsewhere in Scotland.
- At times requests from communities verged on the desire to put in place services that were seen as replacing or filling gaps, perceived and actual, in provision around clinical mental health needs, though these were very limited.

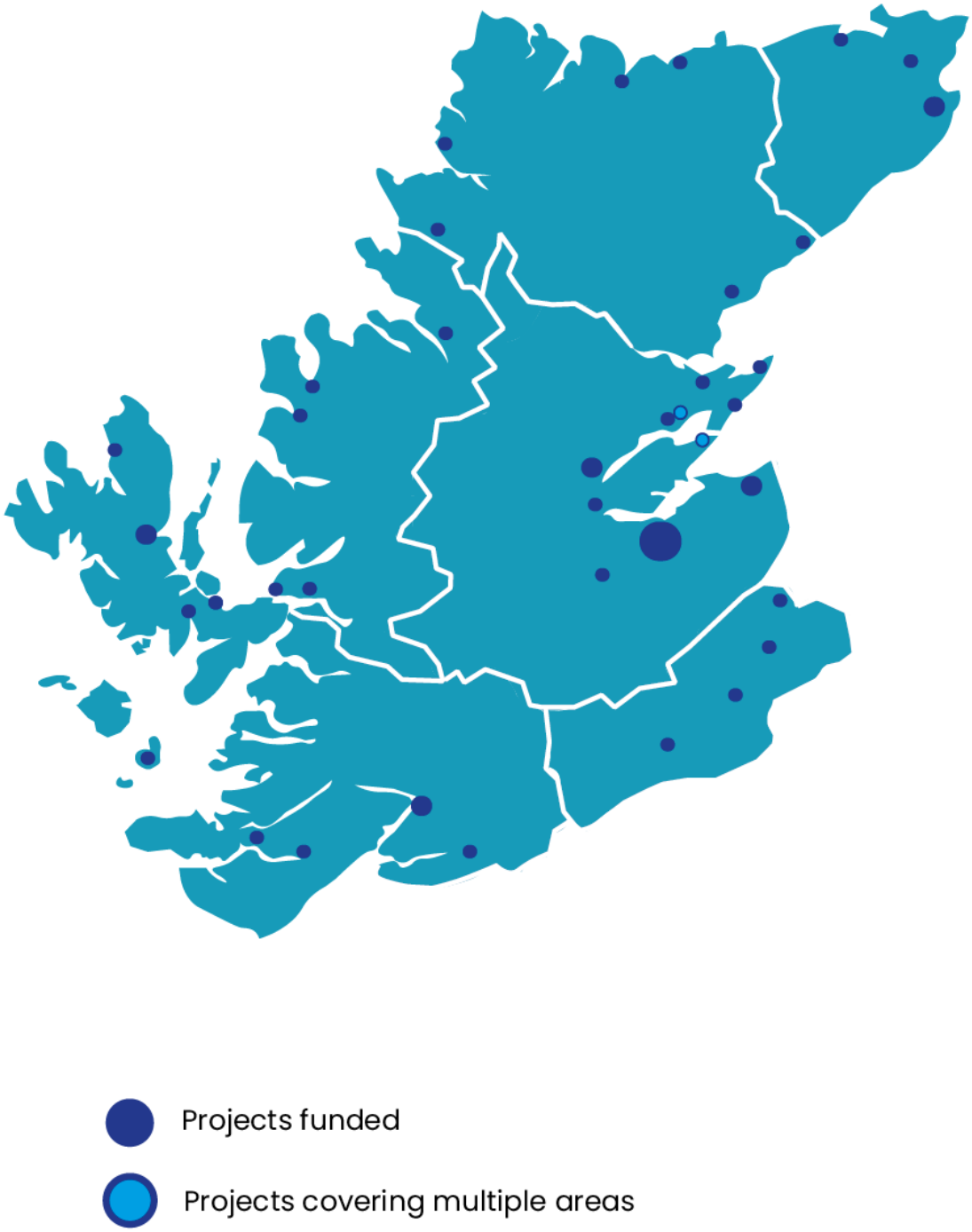
Key learning / messages

- The capacity, identified need and capability of the sector far exceeds the investment level. It would be possible to increase third sector and community-based activity around mental health provision significantly were more funding available, either locally or nationally and particularly if this investment was sustained over a longer period of investment.
- As the fund had limitations on the scope of the funding ask, financial and timescale, it does limit the ability to build sustainable services that communities can rely on. Instead, it can focus efforts on seeking 'quick wins' that can be harder to sustain benefits from in the long term. Demand on the funding may shift if the funding focused on longer term projects, services and impacts – though this would potentially be at the expense of smaller investment to more communities and community groups, who are potentially more likely to provide support further upstream and prevent problems occurring. Arguably there is a demand for both within communities in Highland.

Distribution Across Highland

Awards made across Highland

To date a total of £**982,863.08** has been made across Highland. The map below provides a breakdown of the areas where funding has gone.



Our areas of deprivation / highest need

Within Highland the Community Planning Partnership has identified the following areas as key areas of disadvantage and in need to direct support to address inequality of life outcomes:

Ardersier
Nairn
Lybster and Dunbeath
Castletown
Thurso
Wick
Alness
Invergordon
Milton, Kildary and Balintore
Tain
Fort William
Caol
Kinlochleven
Conon Bridge
Muir of Ord
Dingwall
Kyle of Lochalsh
Portree and North East Skye
Brora
Golspie
Helmsdale and Kinbrace
Inverness Merkinch
Inverness Hilton
Inverness Raigmore

Investment by thematic activity

Thematic activity could include coverage across the whole of Highland to a specific community or group of people with a specific needs, condition, or shared experience. A total of £124,540.38 has been invested in thematic based activity with beneficiaries coming from across more than one geographical community, this includes targeted activity for the following groups:

- People living with cancer, Huntington's, autism, sight or hearing loss and diagnosed mental ill health
- Refugees and ethnic minorities
- Carers
- Young Carers
- People surviving suicide by a loved one
- Parents of young children

Investment across areas

A number of activities are being delivered on a thematic basis but only within specific communities. In this instance a project will have been supported to deliver activities in two or more communities that span across different Community Partnership areas. A total of £74,572.50 has been invested in activities that include:

- Intergenerational Activity
- Managing the impacts from hearing and sight loss
- Mental health support, peer support groups

Investment and activity by Community Partnership areas

A total of £794,703.02 has been invested in locally delivered geographical community activity. The following breaks down where the activity will take place, rather than the registered address of the organisation(s) delivering the activities and provides more detail to support the map above.

It is important to note that there was no deliberate intent to ensure equality of distribution across the CP areas, in significant part due to the timescale but also because the different areas have different needs, varying areas specific funding streams (i.e the Caithness Pathfinder, *Caithness Cares*), and are at different points in their community development around understanding and responding to mental health and wellbeing issues.

The purpose of including this breakdown is to help inform planning for any future funding distribution, which has already been considered and would arguably be strengthened by a more localised approach. Additionally, some narrative around questions which have arisen in connection to community development and readiness have been included further below and relate to what emerged through the absence of applications from some areas and the themes of proposed activity; again, intended only to inform possible areas of future investment.

Caithness

Caithness Community Partnership area has four identified communities of highest need and received £111,457 in total from the fund. The range of activities funded included the following, but a more detailed list is at the back of the report:

- Befriending
- Specific support for Men
- A cycling project for older people
- A joint activity to train people with lived experience across Wick and Inverness as part of the establishment of a Recovery College

Sutherland

Sutherland Community Partnership area has three identified communities of highest need and received £76,946.14 in total from the fund. The range of activities funded included the following, but a more detailed list is at the back of the report:

- Community based classes, creative spaces and workshops
- Developing access to community-based Mental Health 1-1 support for those in rurally distanced Northwest
- Befriending Services
- Support for people living with dementia
- Physical activity for people with long term conditions
- Accessible transport support and covid protection

Skye, Lochalsh and Wester Ross

Skye, Lochalsh and Wester Ross Community Partnership area has two identified communities of highest need and received £155,973 in total from the fund. The range of activities funded included the following, but a more detailed list is at the back of the report:

- Community based grief support
- Therapeutic garden projects
- Accessible transport support and covid protection
- Befriending Services
- Weekend Drop in Service for people with mental health needs
- Re-engagement for vulnerable adults services
- Programme of community outdoor activities

Lochaber

Lochaber Community Partnership area has three identified communities of highest need and received £116,084.78 in total from the fund. The range of activities funded included the following, but a more detailed list is at the back of the report:

- Befriending Services
- Lunch Club
- Accessible transport
- Young Adults activities
- Wellbeing summit for the four Small Isles

Badenoch and Strathspey

Badenoch and Strathspey Community Partnership area has no specific identified communities of highest need, though there is an acknowledgement that the area does have families and groups of households who are experiencing disadvantage and received £56,909.78 in total from the fund. The range of activities funded included the following, but a more detailed list is at the back of the report:

- Befriending Services
- Community hub services
- Activities for people with a disability
- Support group for those bereaved by suicide
- Buddy support for individual impacted by anxiety

Inverness and Inverness-Shire

Inverness Community Partnership area has four identified communities of highest need and received £166,158.92 in total from the fund. The range of activities funded included the following, but a more detailed list is at the back of the report:

- Befriending services
- Community gardening
- Mental health and suicide prevention hub
- Drop in for homeless community
- Bereavement support
- Developing digital skills and employability development
- Development of peer support
- Support group for those bereaved by suicide
- Transitioning skills for young adults with ASN
- Life skills for people with ASN
- A joint activity to train people with lived experience across Wick and Inverness as part of the establishment of a Recovery College

Mid Ross

Mid Ross Community Partnership area has three identified communities of highest need and received £55,520 in total from the fund. The range of activities funded included the following but a more detailed list is at the back of the report:

- Befriending Services
- Development of Men's Shed based activities

East Ross

East Ross Community Partnership area has four identified communities of highest need and received £35,901 in total from the fund. The range of activities funded included the following but a more detailed list is at the back of the report:

- Befriending Services
- Support groups for drug and alcohol misuse
- Young Parents support

Nairn

Nairn Community Partnership area has one identified communities of highest need and received £8,800 in total from the fund. The activities funded included the following:

- Befriending Services
- LGBTQ+ yoga-based wellbeing activities

Key learning / messages

The distribution across Highland has been very varied and includes some very remote and rural areas, however, there are areas that have lower levels of investment that are perhaps justified by their demographics or deprivation. The distribution could be improved by using localised panels in any future rounds or by ring fencing the investment at the Community Partnership level for a centralised panel. If that was undertaken, there would still be a need to facilitate the movement of funds depending on demand if they were under utilised towards the end of the process.

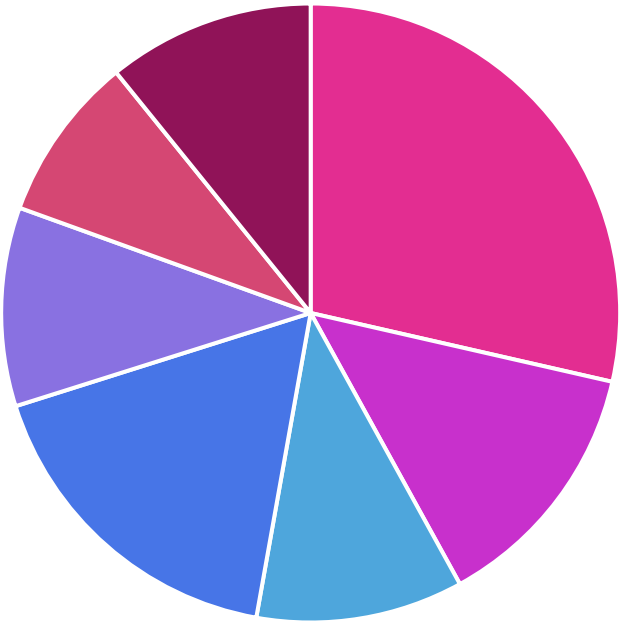
Activities tended to focus on general wellbeing, though some focused activities in and around suicide prevention are not surprising given the prevalence within the region of suicide and suicidal ideation. What is interesting is the minimal areas of activity around thematic work connected to trauma.

Distribution Across Thematic Areas Of Need And Priorities

Delivery across the identified areas of priority

Each of the funded activities were asked to identify the priority areas for action, agreed through the panel at the local level, *see page 4*. The reduction of social isolation was the most common and support for trauma the least. Proposals that would address issues related to being rurally distanced were the second largest, which given the geography and infrastructure of Highland is understandable. The lack of connection to reliable and affordable transport hinders access to and the self-management of one's own health and wellbeing by limiting access to services, activities, socialising and employment, all of which can contribute to good mental health and wellbeing.

How the activities are divided across the local priority areas



- Social Isolation
- Unpaid Carers and those with a Long-Term Condition
- Prevention of Suicide
- Rurally Distanced
- Poverty
- Trauma
- Staff and volunteer support and wellbeing

Key communities and beneficiary groups

There is representation across all of the intended beneficiary groups, however, the majority of projects are focused on people who have diagnosed mental ill health, older people, people who have an elevated risk of developing mental ill health and people who are rurally distanced from services. There was only one project specifically being delivered for LGBTQ+ and a small number for people from BAME or Refugee communities.

Given the severity of the issues connected to suicide and suicidal ideation in the areas it is unsurprising that a significant number of project proposals were also connected to this, either explicitly or implicitly. Although Highland has seen a developing concern about female suicide in recent years, we have had a long term challenge around male suicide and specifically young male suicide. For this reason it was seen to be a

positive aspect of the projects proposed that several was specifically directed at men and supporting spaces that meet their specific needs.

Key lessons / messages

Any opportunity for further development of projects for LGBTQ+, BAME and vulnerable women would be appropriate given that these areas were perhaps underrepresented in this funding opportunity.

What Worked Well, The Challenges and Key Lessons

What Worked Well

In the first instance, when developing the priority areas for Highland, we were able to pull from a lot of pre-existing partnership work around key relevant areas of strategy. This work, allowed for confident and quick responses to the planning process. The strength of existing partnerships was very evident in that work.

We identified very rapidly that HTSI would need additional staffing capacity to support the delivery of the funding programme. With no internal redeployment possible and the time pressures contained within the roll out programme we approached our public sector partners for options around a secondment and Police Scotland were able to support that request. This has worked very well and in addition to providing the immediate staffing support, it has also provided the member of staff with a greater understanding of the Third Sector in Highland that can then be taken back to the Divisional Command Unit here in Highlands and Islands. HTSI will recognise that support, and others, from Police Scotland by presenting them with the Partner of the Year award for 2021 in March this year.

The ability to have a dialogue with applicants, by allowing them to respond to feedback from the panels in November and December, including the referral to a TSI funded officer for support, has been particularly welcomed. The support from the TSI has made a significant difference to building longer lasting relationships with groups in some areas and that will have a big impact going forward.

"Having the opportunity to work close with groups in the planning and writing of the funding applications has been a great way of connecting to groups who do not normally use our TSI services. Some applicants had not been involved in writing funding applications before and we were able to provide one to one training in a manner most relevant to the group. Having the ability to help in much more detail has been very enjoyable for the team and the groups who do not have paid workers have certainly benefitted from the process." - Regional TSI Officer

The Challenges

There is no doubt that the demand on the fund is a significant challenge, and the additional support from the Government has ensured that an addition 22+ groups received funding.

Without a doubt the timeframe for the development and roll out of the funding cycle was compromising in terms of approach and the potential to improve grassroots involvement, participative approach to design and decision making. A longer-term approach would have allowed better ongoing analysis of investment and the ability to work with communities and groups to develop more ideas and concepts to better address existing gaps.

The balance between an interactive process, where we could encourage dialogue and support between the applicants, the TSI officers and the panel, and fixed panel dates did result in some challenges. While the interaction from November forward was positive, the cumulative interest increased demand for the fund over the three panels and although all panel's allocated a cumulative spend over each, the percentage of approvals at each panel fell as demand at each grew. We did discuss the potential to ring fence investment for each panel, which as it transpired wouldn't have likely changed the total spent at each significantly, but at the start of the process there were concerns that the timeframes and other parameters would limit interest in the fund and that we didn't want to create additional barrier to accessing the fund.

The use of language around outcomes rather than outputs still proved to be challenging for most groups, often support had to be given to assist with the articulation of outcomes that could be anticipated because of the proposed activity. This is an ongoing training need for the wider sector and particularly for smaller

groups who may be less exposed to the theories and language around this approach to managing the benefits of project delivery.

Taking a central Highland approach was easier in terms of administration, and subsequently quicker, but at times the panel did struggle to have as robust a local context for decision making as a panel formed at the Community Partnership level would have done.

Key Lessons

Generally, the funding distribution did appear to balance the competing demands of time, specificity of purpose and the needs within communities reasonably well. It is generally acknowledged however, that an approach which could be more localised and over a longer time frame would have the potential to deliver even better results.

The existing partnership working in Highland was sufficiently strong to support rapid action and identify the local priority areas without delay. The support from Police Scotland in particular demonstrated the value of working across Sectors effectively and sharing a focus on joint aspirations that can inspire collective working to tackle barriers and challenged.

Potential areas for improvement in the future

- Although this is not wholly within the remit of the panel or HTSI, a longer time frame to allow localised approaches and more constructive dialogue with and between community groups would be a significant advantage.
- Localised panel approaches would support better use of localised knowledge and lived experience, and this should be explored. Balancing this with thematic communities and their needs across the region needs to be considered and some agreed division of budget would also be required to support this and the division across the geographic areas too.
- Although there was support from across the CPP related groups a closer governance role for the Health and Social Care Partnership would be welcomed, this might facilitate a more active role within the process – possibly through the local Community Partnerships.
- Much more work should be done with the sector throughout the area to help support an understanding of how to identify the outcomes and methods for evaluating impacts, this was the more significant issue that we came across consistently in relation to quality of application and is consistent with feedback from other funders.

Where the funding have been invested

Able2adventure CIC	15,000
Badenoch and Strathspey Therapy Gardens	8,675
Cairngorm Confidence Outdoors CIC	15,994
Cromdale Hall Management Committee	4,891
Highlife Highland	12,350
Befrienders Highland	14,008
Caithness Voluntary Group	12,060
Caithness Voluntary Group - Mens support worker	15,418
Caithness Voluntary Group- pilot online support	15,418
Caithness Voluntary Groups - Befriending	3,902
Cycling Without Age Scotland	1,500
Farr North Community Development Trust	8,631
Lyths Art Centre	10,250
Pulteneytown Peoples Project	13,670
Thurso Community Cafe	9,600
Thurso Community Development Trust	7,000
Apex Scotland	16,945
Balintore & District Residents Group	7,080
Evanton Wood Community Company	9,640
Home Start East Highland	9,966
Kilmuir & Logie Easter Action & Development Group	8,110
Kilmuir Development Trust	9,300
Tarbat Community Hall Group	5,432
Aban Outdoors Lts	5,000
Apex Scotland	28,000
Clarity Walk	11,500
Glen Urquhart Wellbeing Project	9,840
High Life Highland	9,368
Inverness Food Stuff	12,265
Merkinch Community Centre Association	7,400
Merkinch Partnership Ltd	10,000
Mikeys Line	10,000
Mikeysline	14,790
Newstart Highland	13,322
Partnerships for Wellbeing	10,000

Partnerships for Wellbeing - additional staff hours	3,771
SNAP (Special Needs Action Project)	10,000
Velocity Cafe and Bicycle Workshop	10,903
Birchwood Highland Ltd	12,500
Calman Trust	19,780
Care and Learning Alliance	11,290
Hearing and Sight Care	11,095
James Support	9,908
Ross Sutherland Rugby Club	10,000
Care Lochaber	9,615
Coal Regeneration Company Ltd	10,000
Darach Social Croft Ltd	10,200
Ewens Room	9,960
Kinlochleven Community Trust	11,483
Lochaber Hope	15,000
Lochaber Mindfit	11,000
Shop mobility Lochaber	10,459
Small Isles Community Council	6,100
Tuesday Social Club	3,889
Urram SCIO	9,129
Voluntary Action Lochaber	9,250
Befrienders Highland Ltd	15,901
Dingwall Mens Shed	10,000
Muir of Ord Development Trust - Mens Shed	10,000
Highland Yoga Collective	2,300
Nature 4 Health - Nairn	6,500
Aultbea Community Hub	9,350
Broadford and Strath Community Company	13,300
Creativity in Care	10,808
Gairloch & Loch Ewe Action Forum	10,000
Gairloch and District Heritage Company	19,700
Gairloch community car scheme	5,686
Kyle & Lochalsh Community Trust	10,498
Rag Tag and Textile Ltd	5,206
Skye & Lochalsh Council for Voluntary Organisations	10,520
Skye & Lochalsh Mental Health Association	14,000
Skye Circus Skills Association	6,692
The Garve and District Development Company	9,978

The Selkie Collective Ltd	10,316
Ullapool Sea Savers	9,919
Viewfiled Garden Collective	10,000
Connect Assynt	11,833
Dementia Friendly	9,570
Engaging With Activity CIC	9,937
Go Golspie	10,000
North Coast Connection	7,943
Scourie Community Development Company	7,150
Strathnaver Museum	10,000
Voluntary Group Sutherland	10,513
Autism Initiatives	7,368
Bipolar Scotland	5,360
Cruse Scotland	8,000
Headway Highlands	10,245
Highland Community Care Forum	26,000
Highlife Highland - Refugee Wellbeing	15,255
Maggie Keswick Jencks Cancer Caring Centres Trust	10,000
Scottish Huntington's Association	9,516
SPIRIT ADVOCACY	5,800
SPIRIT ADVOCACY	12,294
The Cooking Club	3,750

OFFICIAL

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**1 March 2023**
Title:	**2023/24 Adult Social Care Fees Update**
Responsible Executive/Non-Executive:	**Pamela Cremin, Interim Chief Officer - Highland Health and Social Care Partnership**
Report Author:	**Colin Stewart, Acting Commissioning, Contracts and Compliance Manager**

1 Purpose

Please select one item in each section

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

OFFICIAL

2 Report summary

2.1 Situation

The majority of Adult Social Care commissioned service contract and fee arrangements are single year arrangements which are put in place and reviewed annually. The primary reason around this approach is due to the linked impact and dependency of national alignment and instruction, which in themselves, are single year arrangements.

As a result of this, most Adult Social Care contracts expire on either 31 March 2023 (non-residential), or 9 April 2023 (care homes) and therefore new fee rates need to be agreed for the 2023-24 financial year.

To ensure service continuity and ongoing contractual cover whilst fee rates are agreed, existing contracts are currently being extended at existing fee rates until 30 June 2023 (non-residential) and 2 July 2023 (residential).

The Highland Health and Social Care Committee is asked to note recommendations for Adult Social Care fee rates for 2023-24 are in preparation and highlights key risks which will impact the fee setting process.

2.2 Background

The Health and Social Care Committee is reminded of previous reports, which advised of the way in which fees for adult social care are considered and planned for, and how the contracts / business support team are provided with direction to undertake negotiations and transactions with care providers.

NHS Highland contracts with care providers, paying agreed fees for the care services provided.

COSLA is responsible for negotiating the National Care Home Contract (NCHC) with Scotland Excel who manage the NCHC contract, in recent years the outcome of negotiations has not been confirmed until the end of March or later.

For non-residential registered services, the methodology used has over recent years, provided by the Scottish Government.

For registered services there is an expectation from the Scottish Government that providers will pay staff delivering care service the Scottish Living Wage.

For fee oversight, the ASC Fees – Commissioning, Briefing and Instruction Meeting (Fees Group) was established in 2017 as an operational group to ensure consistency of approach across the North Highland Partnership area.

The governance agreements of this group require the Highland Health and Social Care Committee to consider fee and contract arrangements for 2023-2024, once these arrangements have been approved by the Chief Officer, Highland Community and Director of Finance.

2.3 Assessment

The process for the setting of Adult Social Care fees is dependent on clarification and confirmation from Scottish Government / COSLA on NCHC arrangements and also on any Scottish Government advised increases to apply and linked funding.

In terms of 2023-24 preparation, on 02 February 2023 the Fees Group discussed the proposed approach for each fee category for 2023-24 to allow full and detailed costings to be undertaken. This will inform the recommendations to be considered by the Fees Group on 2 March 2023 before being considered by the Chief Officer and Director of Finance.

If the recommendations are approved by the Chief Officer and Director of Finance, these will require final approval by the Highland Health and Social Care Committee.

To ensure that fees can be considered as soon as practical, a single item meeting of the Highland Health and Social Care Committee will be sought in early April 2023 in order to ensure that any agreed fee uplifts can be paid to providers as soon as possible.

The proposed fee uplifts, have a dependency on national alignment and instruction and therefore there is a need for assumptions when considering the overall cost. This year, because of inflationary and cost increases faced by providers, it is likely that reaching agreed settlements will be challenging and potentially may not be confirmed by 31 March 2023.

NCHC fee negotiations are on going nationally, with COSLA and Scottish Care approaching the Scottish Government in partnership in relation to sustainability, highlighting the risks to the care home and care at home sector and the need for targeted support to address viability issues.

COSLA has also indicated that the likely approach for registered non-residential services will follow the previous Scottish Government approach adapted for £10.90 per hour of the Scottish Living Wage.

At the time of writing the confirmation of approach from the Scottish Government has still to be received.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

Comment on the level of assurance

There is a robust governance process for approval of annual ASC fees.

3 Impact Analysis

3.1 Quality/ Patient Care

In planning the fee uplifts the anticipated recommendations is expected to include a commitment for the Scottish Living Wage to be paid to staff delivering registered care services to assist providers to recruit and retain staff, to ensure continued capacity, and to promote the provision of consistent and quality care services.

3.2 Workforce

The proposed recommendations for fee uplifts is expected to continue the commitment to the Scottish Living Wage and is anticipated to assist retain care staff.

3.3 Financial

Details are awaited from Scottish Government/ COSLA to calculate the financial impact of the fee recommendations.

3.4 Risk Assessment/Management

As part of the proposed fee recommendations for 2023/24, in order to minimise risk, the application of a) Scottish Government requirements, and b) the application of a consistent approach across service types, will be sought to mitigate risks.

3.5 Data Protection

No issues identified

3.6 Equality and Diversity, including health inequalities

No issues identified

3.7 Other impacts

No issues identified

3.8 Communication, involvement, engagement and consultation

- See 3.9, below

3.9 Route to the Meeting

This has been previously considered by the following group 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.

- ASC Fees – Commissioning, Briefing and Instruction Meeting (Fees Group), 2 February 2023.

4 Recommendation

- **Awareness**

For awareness, to note recommendations for Adult Social Care fee rates for 2023-24 are in preparation and that these final recommendations are dependent on confirmation from Scotland Excel / Scottish Government

1) **For awareness, to note** a single item meeting of the Highland Health and Social Care Committee will be sought in early April 2023

4.1 List of appendices

The following appendices are included with this report:

- N/A

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**1 March 2023**
Title:	**Performance and Quality Report**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Strategy and Transformation**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Delivery Plan

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

2 Report summary

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

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

2.1 Situation

In order to standardise the production and interpretation, a common format is presented to committee which provides narrative on the specific outcome areas and aims to provide assurance.
It is intended for this developing report to be more inclusive of the wider Heal 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.

2.2 Background

The IPQR for North Highland has been discussed at the September 22 development session where the format of the report and the Adult Social Care 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		Moderate	X
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees.

3.5 Data Protection

The report does not contain personally identifiable data.

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 previously considered by the following groups and is in continued development:

- Health and Social Care Committee Development Session, Sep 2022
- Adult Social Care Leadership Team
- Management feedback and narrative from operational leads

4 Recommendation

The Health and Social Care Committee are asked to:

- Consider and review the agreed performance framework identifying any areas requiring further information or inclusion in future reports

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

4.1 List of appendices

The following appendices are included with this report:

- **IPGR Performance Report, March 2023**

Together We Care
with you, for you

NHS Highland

North Highland Health and Social Care Partnership Performance and Quality Report

01 March2023

The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.

Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

Content:

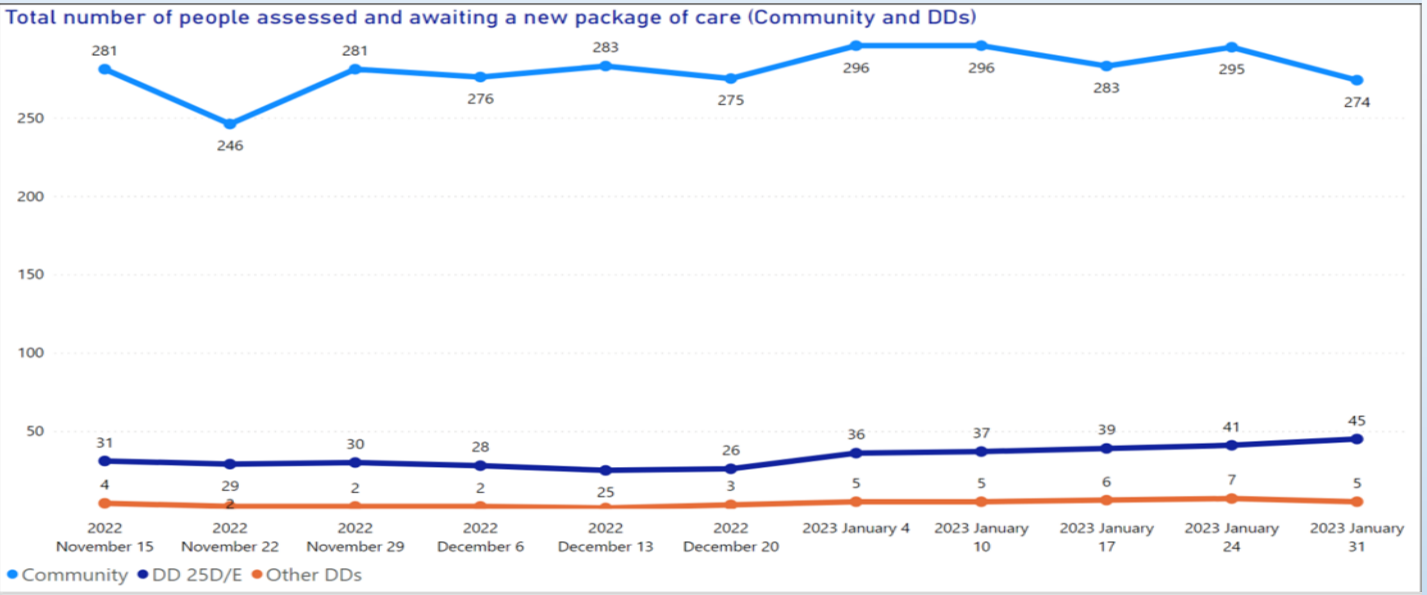
- Care-at-Home and Care Homes – slides, 4-6 & 7-8
- Delayed Discharge – slides 9-10
- Self Directed Support/Carer Short Breaks – slides 11-13
- Adult Protection included – slide 14
- Mental Health Psychological Therapies and Community Mental Health Services – slides 15-16
- North Highland Drug & Alcohol Recovery Services – slide 17
- Non MMI Non Reportable Specialties Waitlists – slides 18 & 19
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

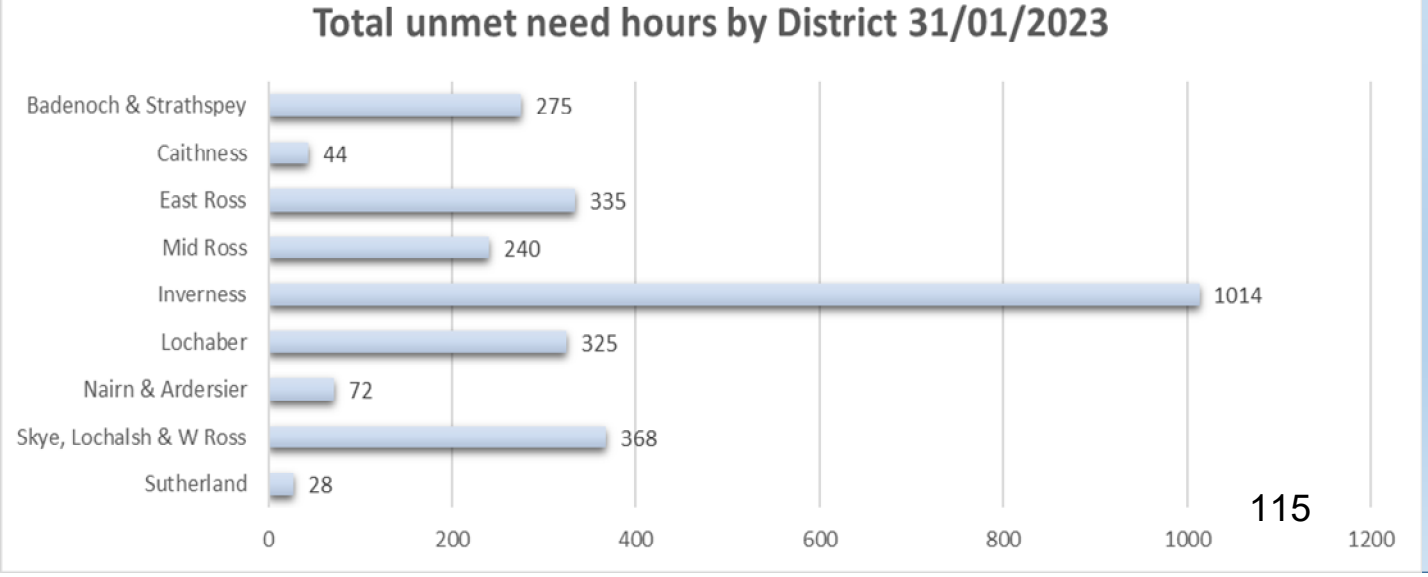
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

North Highland Care at Home





Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

This manual data return commenced late in 2021 and data is provided by internal care at home (CAH) colleagues.

Graph 1- All North Highland hospital DHD's are included which shows those assessed as requiring CAH in either a hospital, or at home.

- Community - 274 awaiting a service
- DHDs – 45 awaiting a service
- DHDs – 5 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need.

Update 06/02/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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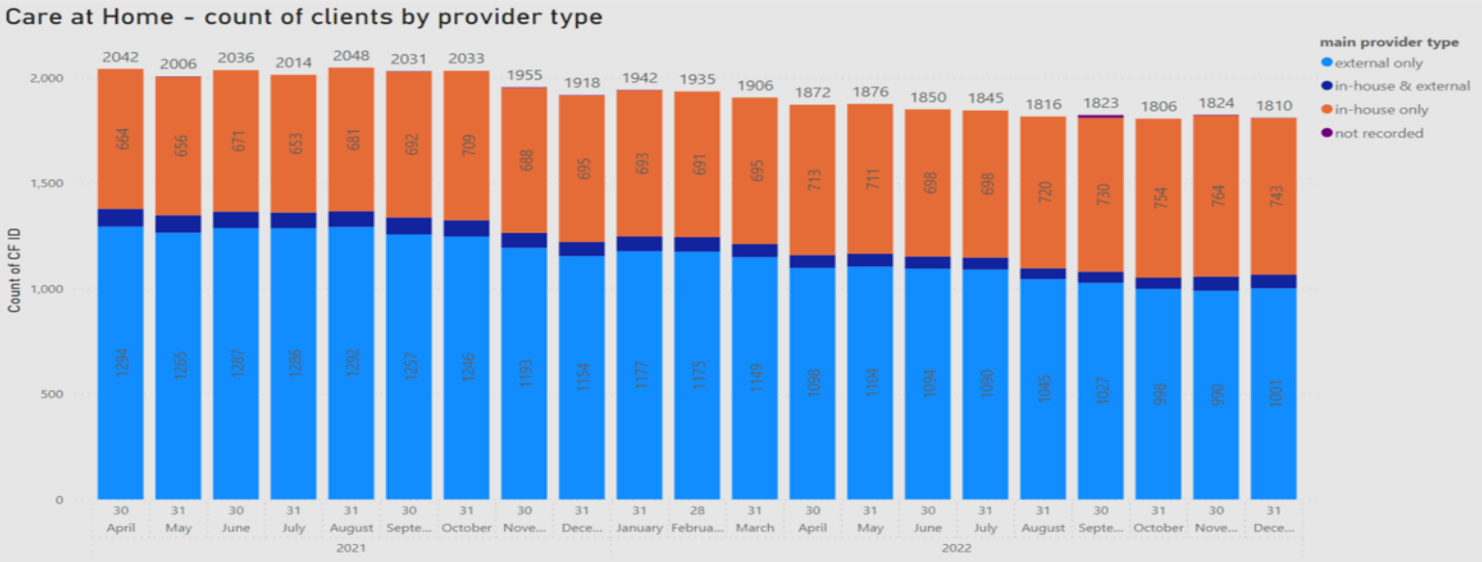

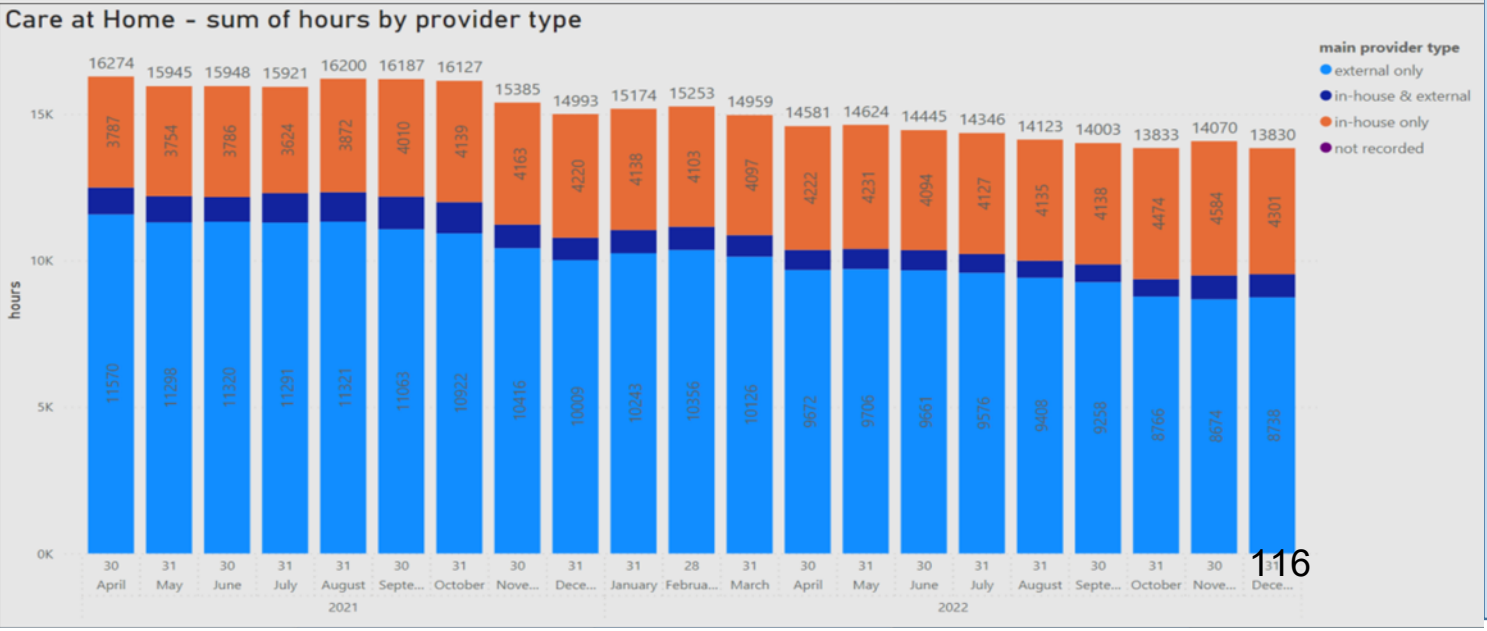

Care at Home

After a period of significant and sustained reduction in the number of people receiving external care at home due to workers leaving employment, the last two months have seen a stabilising of that position; however we are concerned that this is a temporary situation.

We have not yet seen a growth in external care at home and low levels of recruitment continues to be the key concern expressed by providers in our frequent discussions.

Current strategic steps/work stream activity include:
Now: Responsive capacity release, collaborative recruitment and localised recruitment events.

Next:

- Strategy and ambition
- Workforce creation and development
- Contract and commissioning redesign

NHS Highland and external care providers continue to operate in a pressured environment working in collaboration with ongoing sustained staffing and competing recruitment pressures.

Update 06/02/2023

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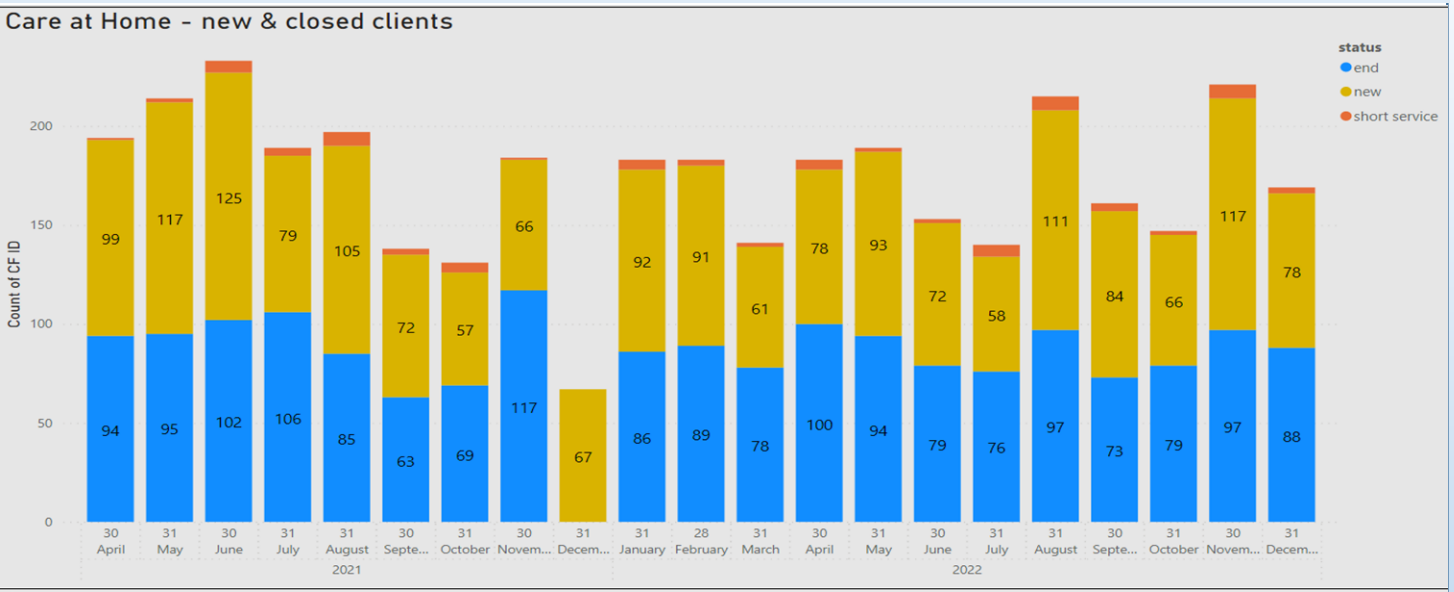

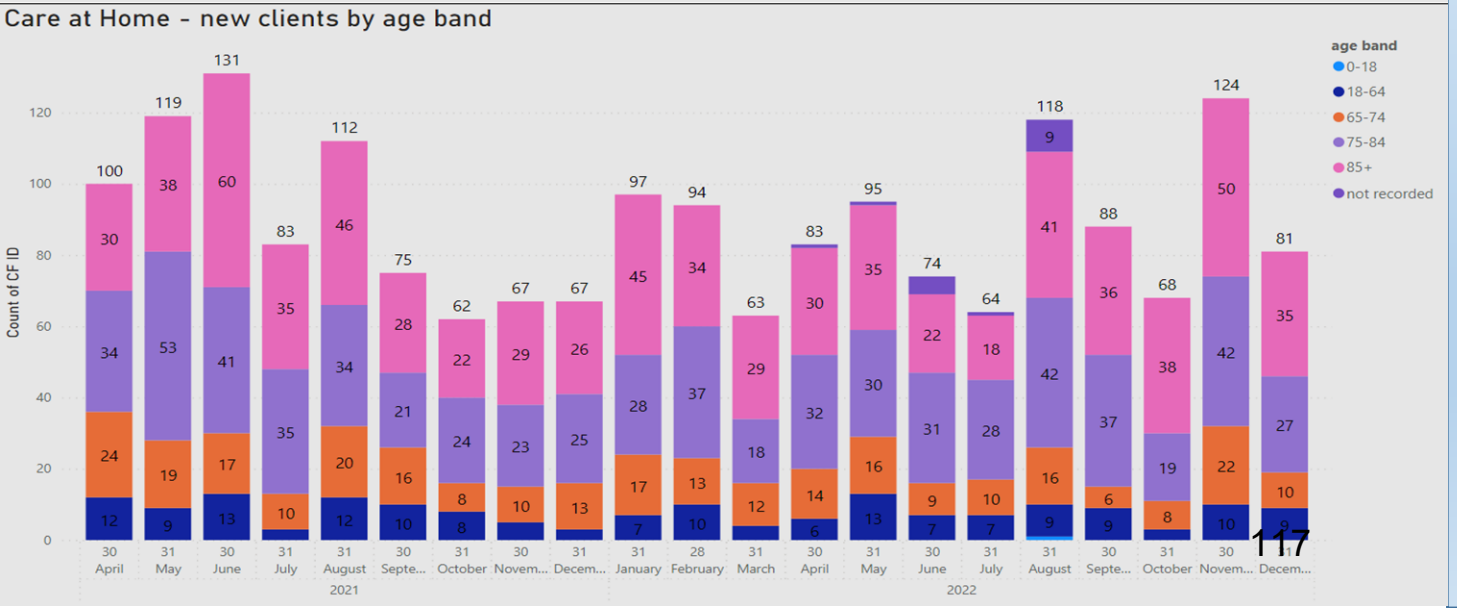

Care at Home – New & Closed Packages

Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging due to similar staffing related pressures in both in house and commissioned services.

Graph 2 – Shows the number of **new** care at home service users split by age band over the same period, significant increase in throughput in November 22.

Update 06/02/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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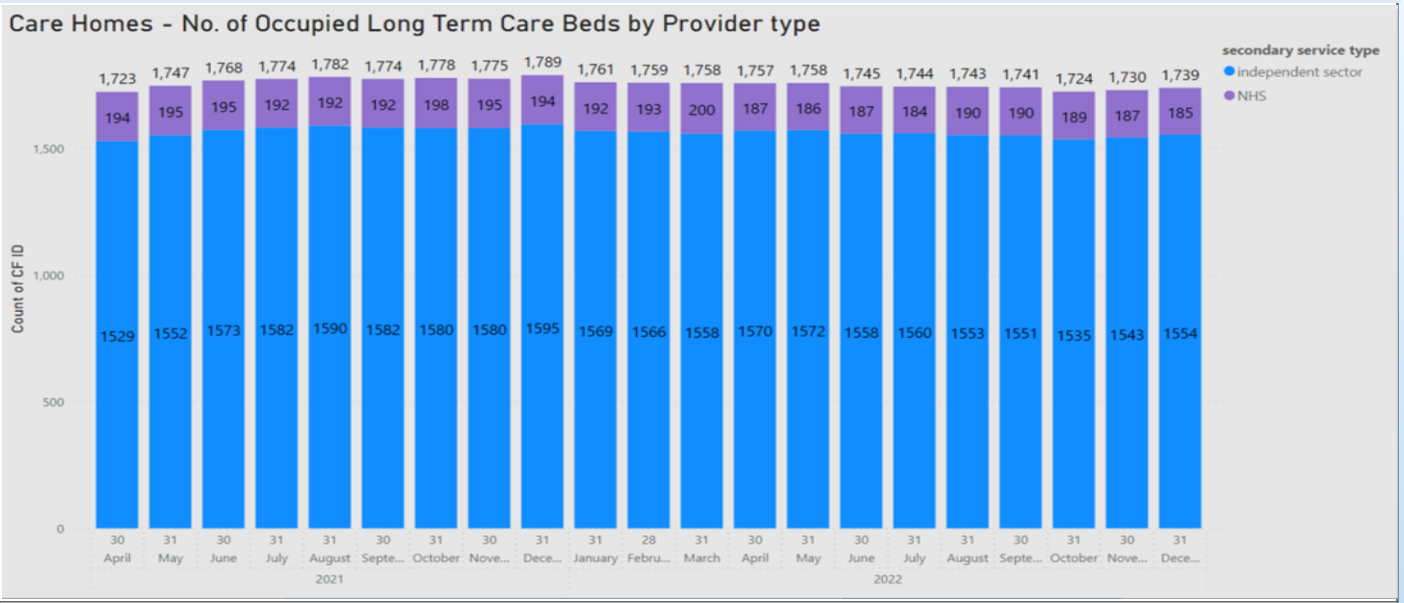
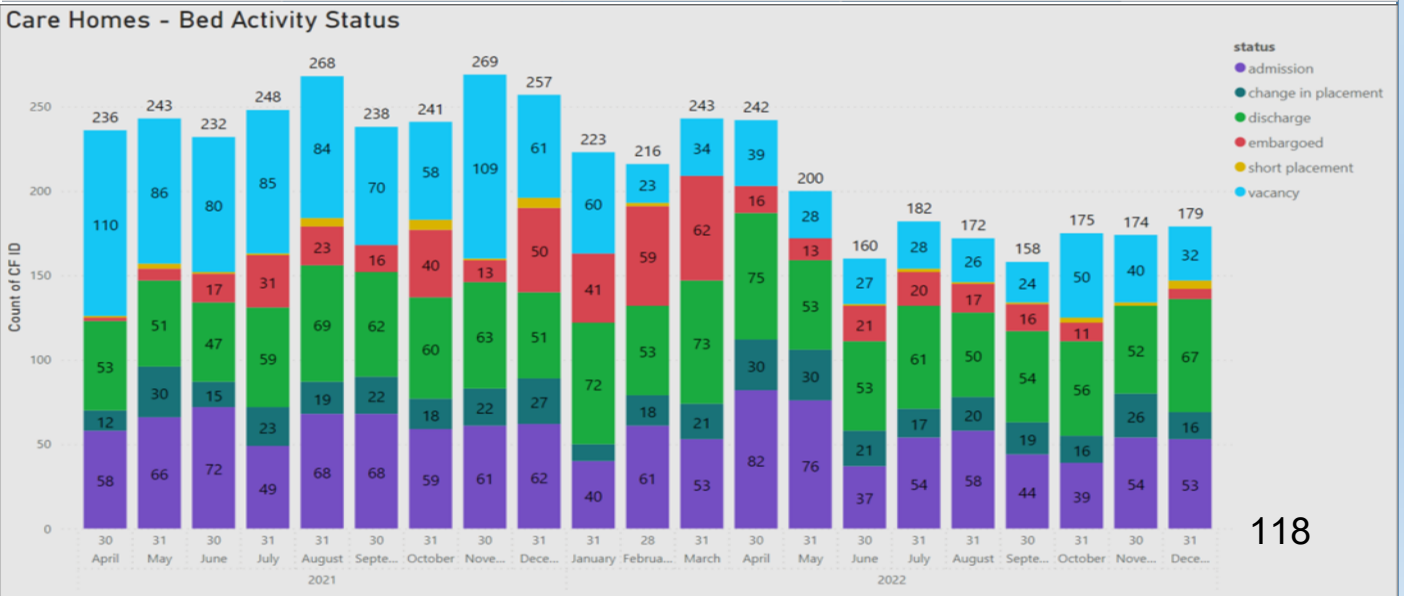
North Highland Care Homes





North Highland Care Homes

The care home and indeed the care at home sectors are both under significant stress and pressure. This is multi-factorial including recruitment and retention challenges, financial concerns and the remote and rural context that the services work within.

The HSCP are working closely with care home providers as the overall number of available beds continues to challenge NHS Highland with a number of providers leaving the sector and others expressing concerns about the future. The total number of externally purchased beds during Dec 22 is 1554.

During 2022-23, 3 care homes have closed, these were Shoremill, Cromarty; Budhmor House, Skye; Grandview, Grantown on Spey.
In April 2021, Eilean Dubh was registered as a new care home.

This unprecedented number of closures (usually one per annum) highlights the real challenge of supporting the care sector as various cost of living impacts, such as additional food costs, insurance, and increasing energy costs cause additional financial stress for care providers.

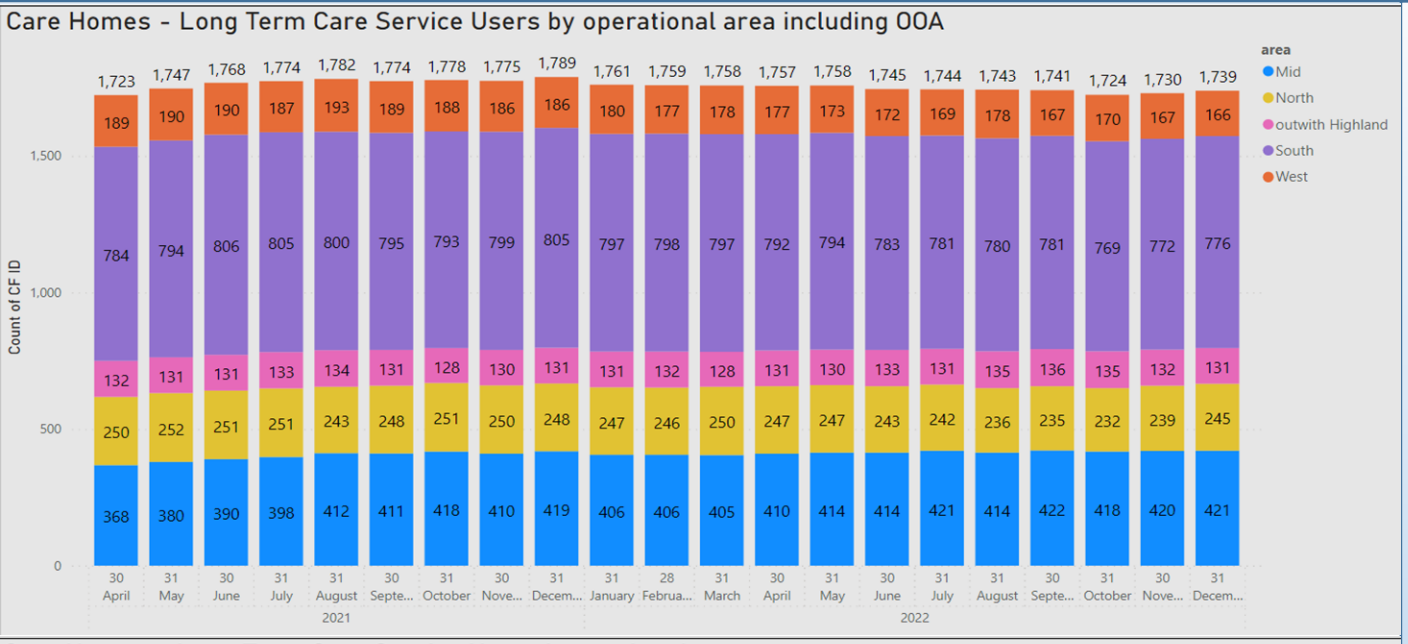
The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

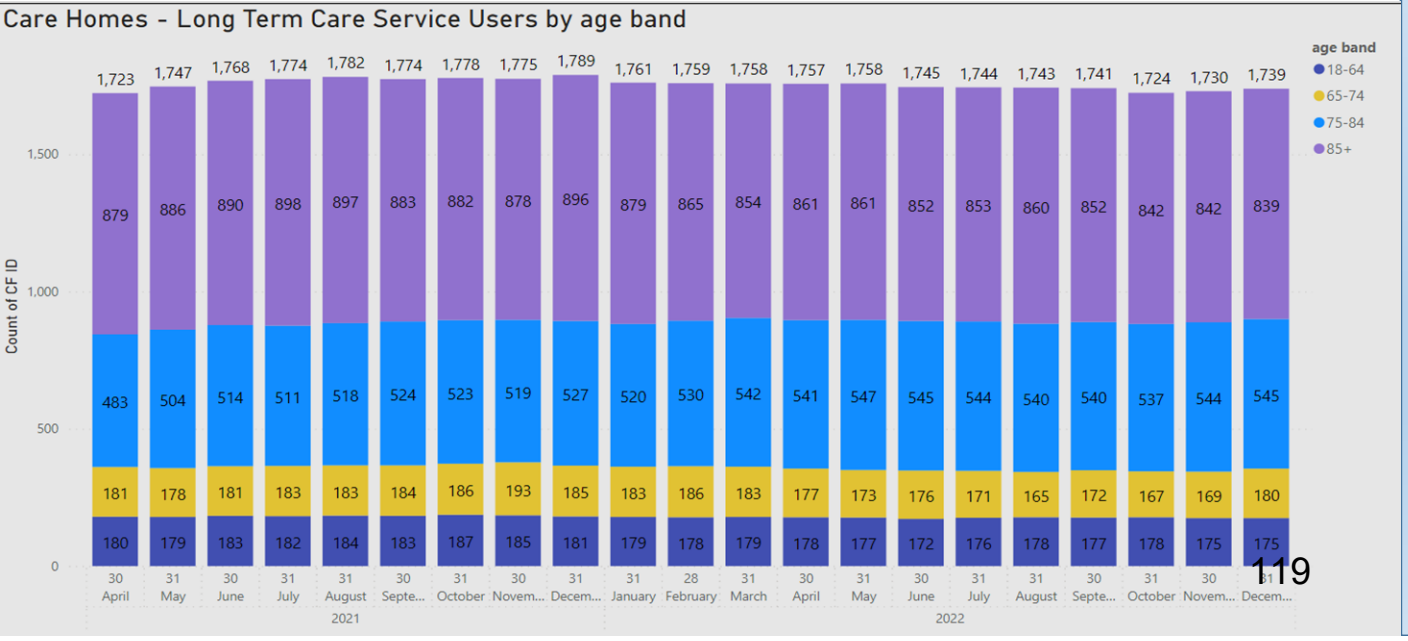
Update 06/02/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart





North Highland Care Homes

These graphs provide an overview of the occupied long term care beds during the month for both external and NHS managed care homes by providing a breakdown by Area in North Highland (NH) and those placed out of area, but funded by NH.

South: 776 occupied beds
Mid: 421 occupied beds
North: 245 occupied beds
West: 166 occupied beds
Out of Area: 131 occupied beds

In addition a further breakdown is provided by the current age of those service users for North Highland only, showing 48% are currently over the age of 85 in both residential and nursing care settings.

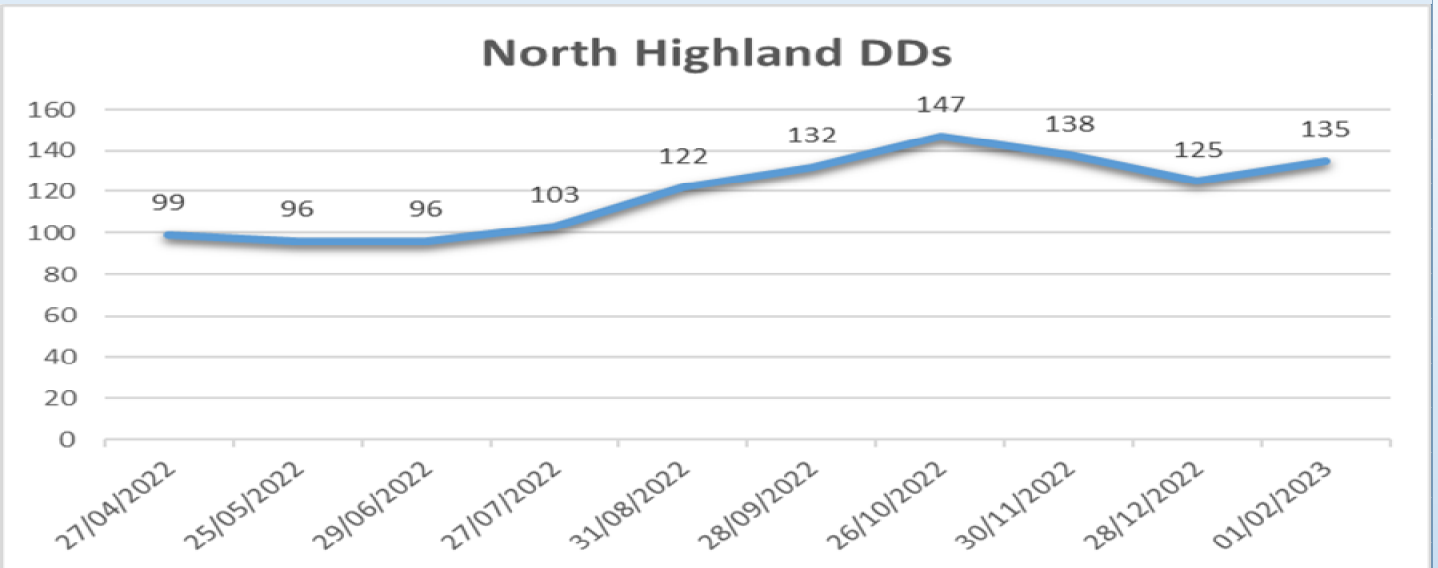
Update as at 06/02/2023

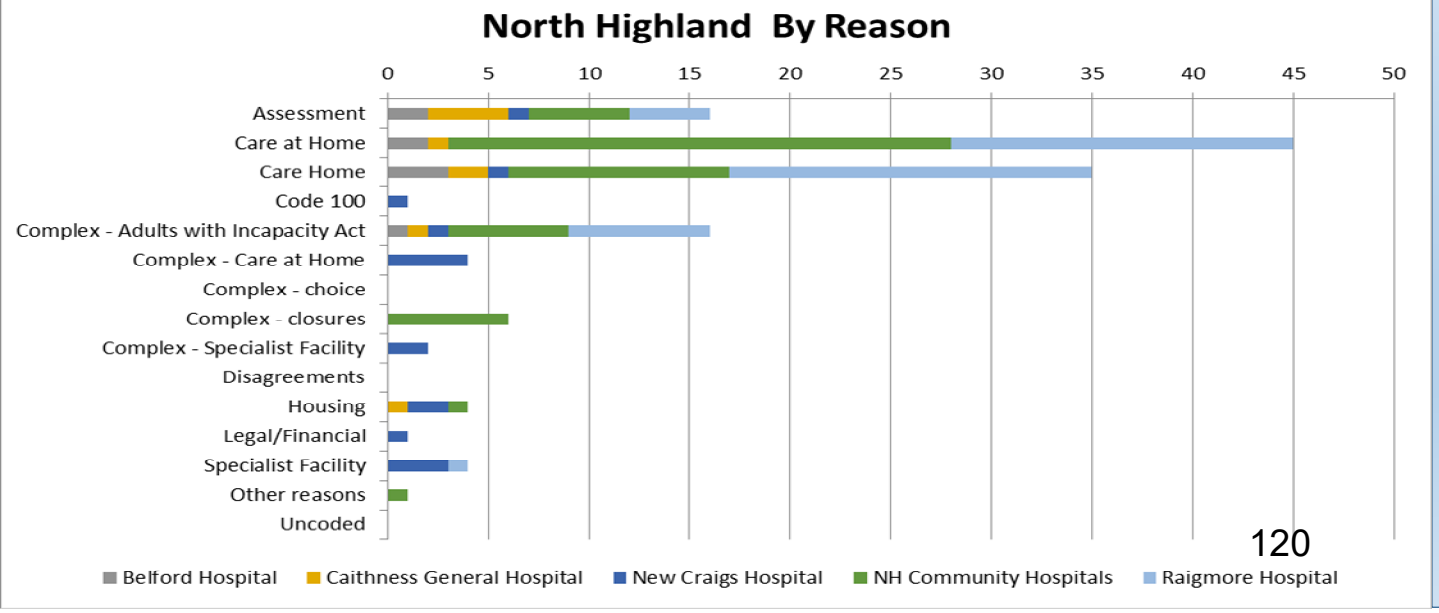
Strategic Objective 3 Outcome 11 – Respond Well

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach

North Highland DDs





Performance Overview North Highland

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. *135 delayed discharges @ 01/02/2023 with 16 of those are code 9 (complex).*

The graphs show the trend for total delayed discharges for North Highland and the reason for those awaiting discharge shown at a hospital level.

- Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.
- There is a close relationship between the unscheduled care work required across the system and the level of delayed discharges alongside the competing challenges within acute and community services. There is a need for quality improvement work across a number of areas. This work is in progress with a number of key developments underway. This is though in the context of significant system pressure such as in adult social care and the need to effectively manage change across the organisation.
- Cross system working is key to ensuring success of this work as long as benchmarking from other areas to achieve sustainable improvements.

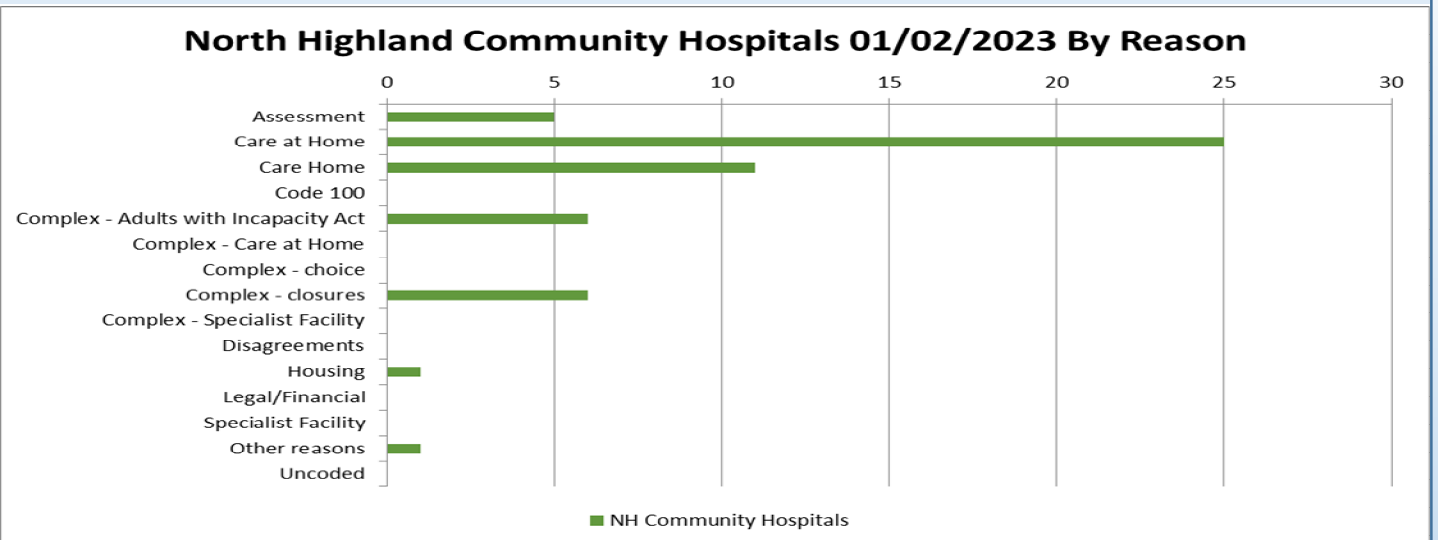
Update 06/02/2023

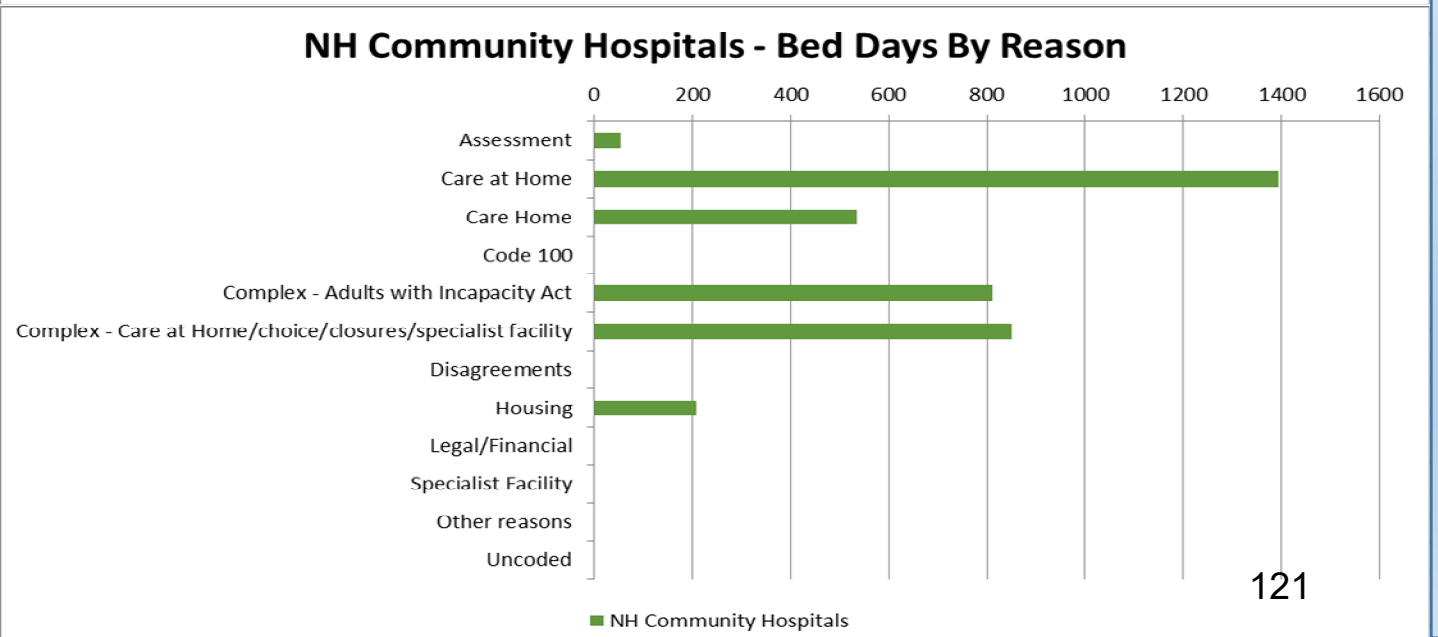
Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach.

North Highland Community Hospitals DDs





Performance Overview North Highland

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time.

Of the 135 delayed discharges at 01/02/2023, 55 are in North Highland Community Hospitals. 16 are in New Craigs hospital and all other delayed discharges are in acute hospitals.

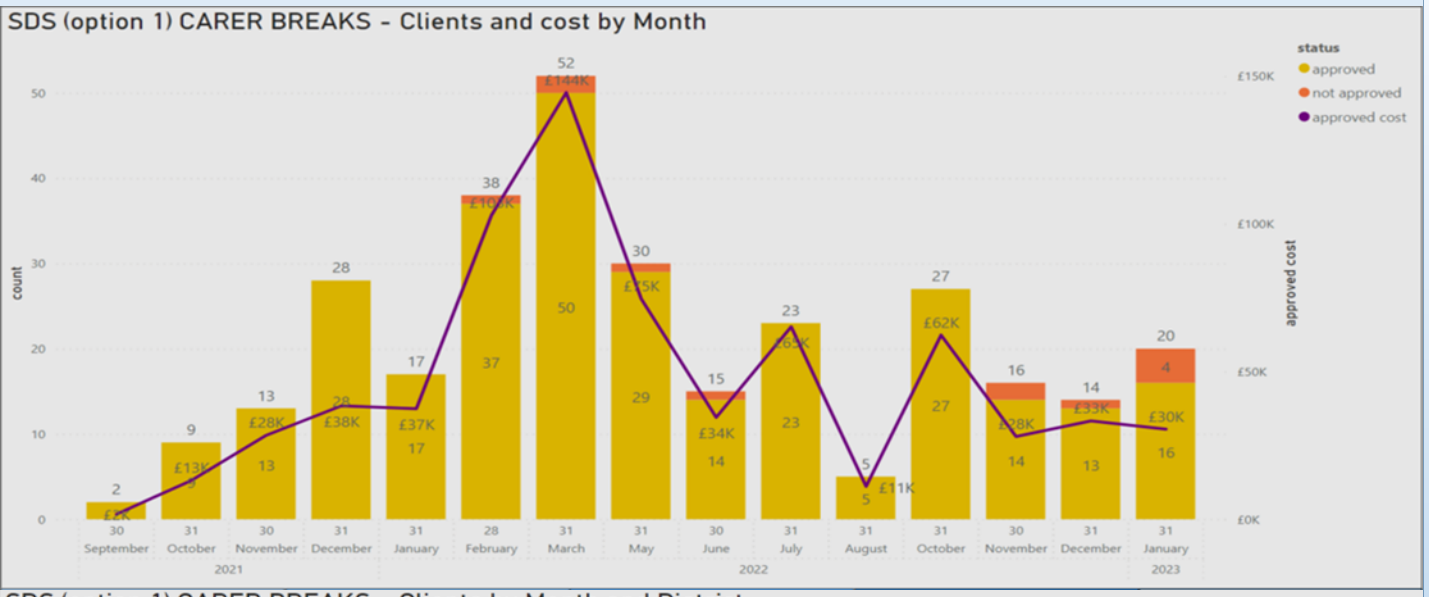
Update 06/02/2023

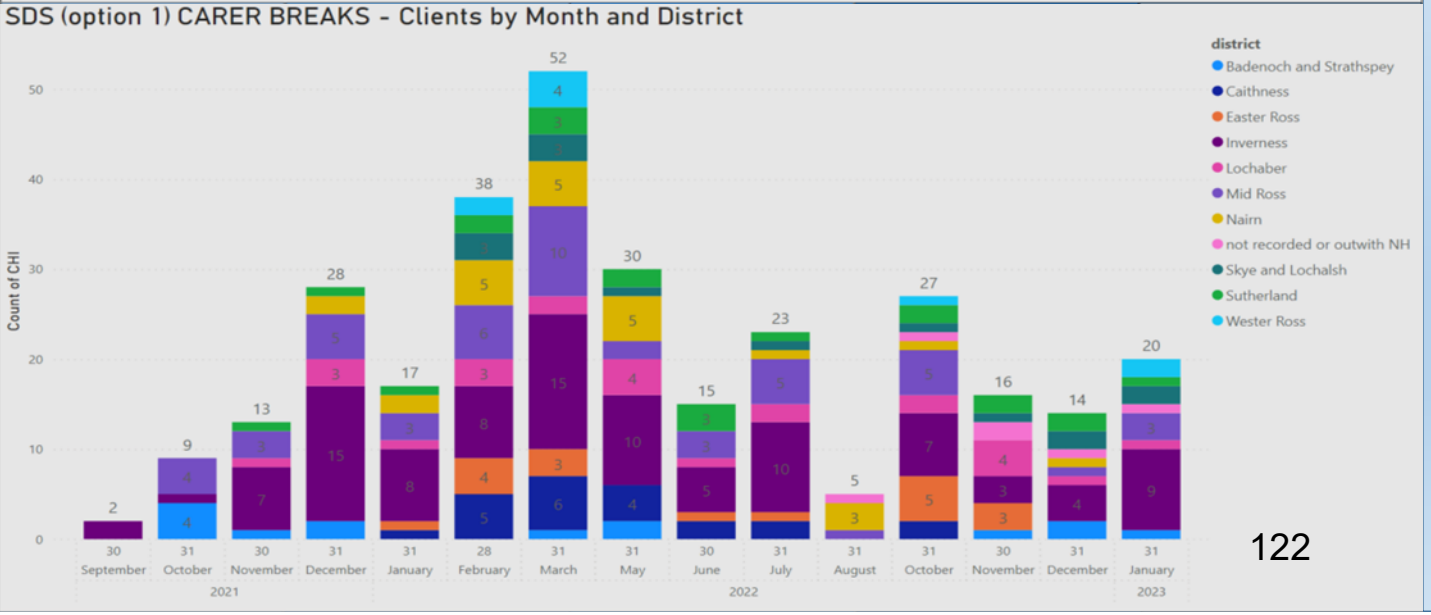
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

Carer Breaks – Option 1 (DP)





SDS Option 1 Carer Breaks

As reported to previous committee and included in previous Carer Programme update reports, this scheme to support unpaid carers started in September 2021 and is an integral component of a balanced "carers programme" aimed at meeting our duties under the Carers Act.

The peak was during February to April 2022 with at the end of January 2023, some 297 individuals benefitting from this carer support scheme.

It is the aim of NHS Highland to ensure that unpaid carers continue to access a range of services and we are committed to supporting carers, while maintaining our Option 1 short breaks scheme to increase the access of carers to flexible, personalised ways to provide them with a break.

It is well evaluated and continues to be well received by carers and their families.

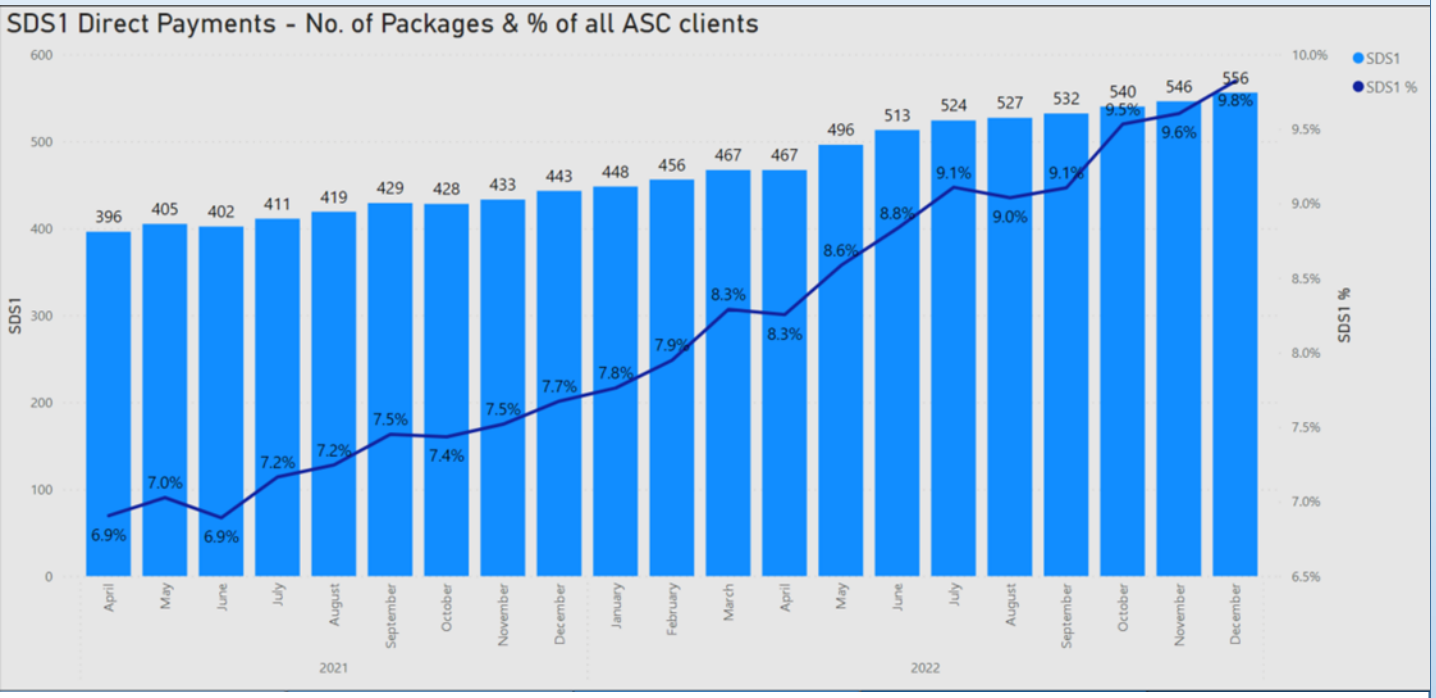
Update 06/02/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

Self Directed Support – Option1 (DP)



SDS Option 1 (Direct Payments)

Sustained growth in Option 1s with increases for both younger and older adults in some of our more remote and rural areas.
An **increase** of in excess of 100 recipients during 2022.

The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission "traditional" services.

During recent months, we are aware of some Option 1 recipients struggling to retain and recruit staff/personal assistants which clearly demonstrates the resource pressure affecting all areas of care delivery.

Our current number of active service users receiving a direct payment is 556 with a projected annual cost of in excess of £10m.

As an integral component of our Self Directed Support Strategy, development work continues with the SDS Peer Support Group, a group representing users of these services, and Community Contacts to design a co-produced proposal with NHS Highland which will identify and include the core cost components and move closer to identifying the "true cost" of delivering care for Options 1s.

Currently Option 1 service users are paid based on an initial rate of £15.01 per hour which is significantly less than external rates paid to providers.

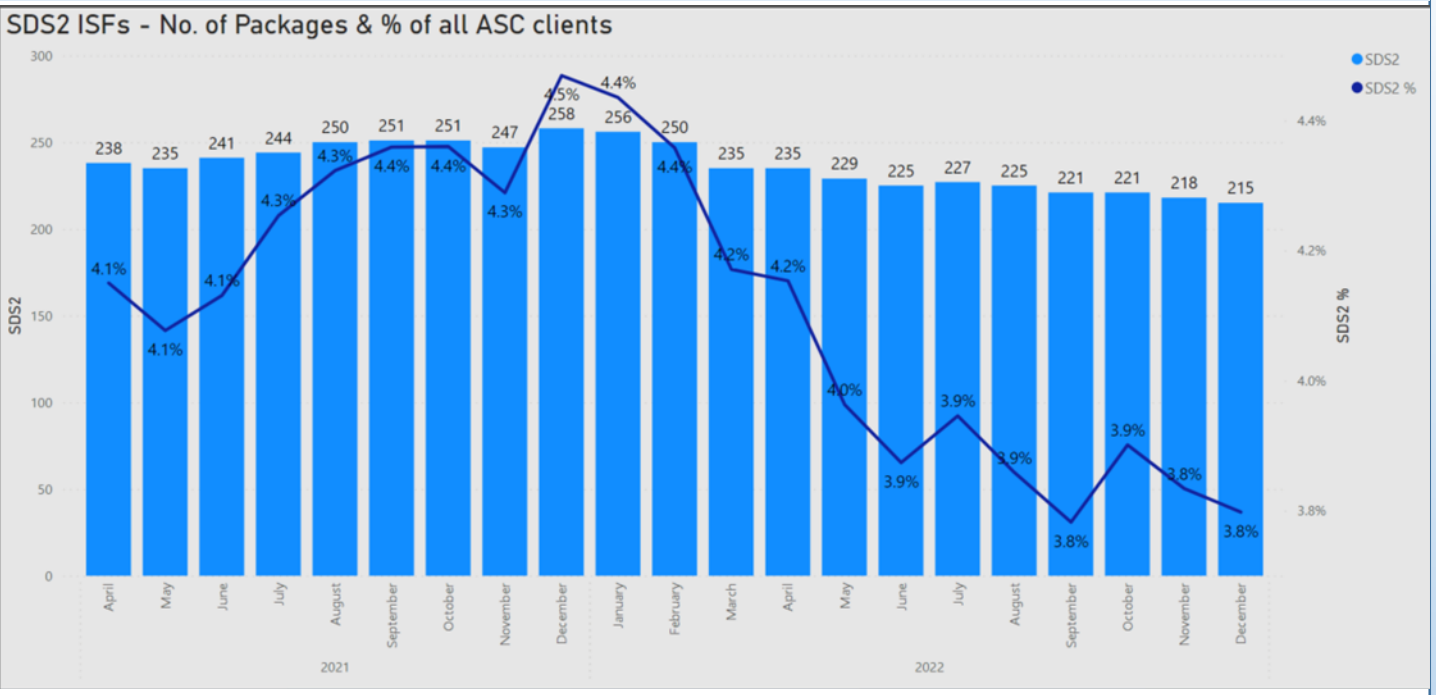
Update 06/02/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

Self Directed Support – Option2 (ISF)



SDS Option 2 (Individual Service Funds)

Recent sustained reduction from June 2022 in the overall number of ISFs split by age band, highlighting resource pressures which is a recurring theme across Health and Social Care.

Our current number of active service users receiving an ISF is 215 as at December 2022 with a projected annual cost of £4.6m.

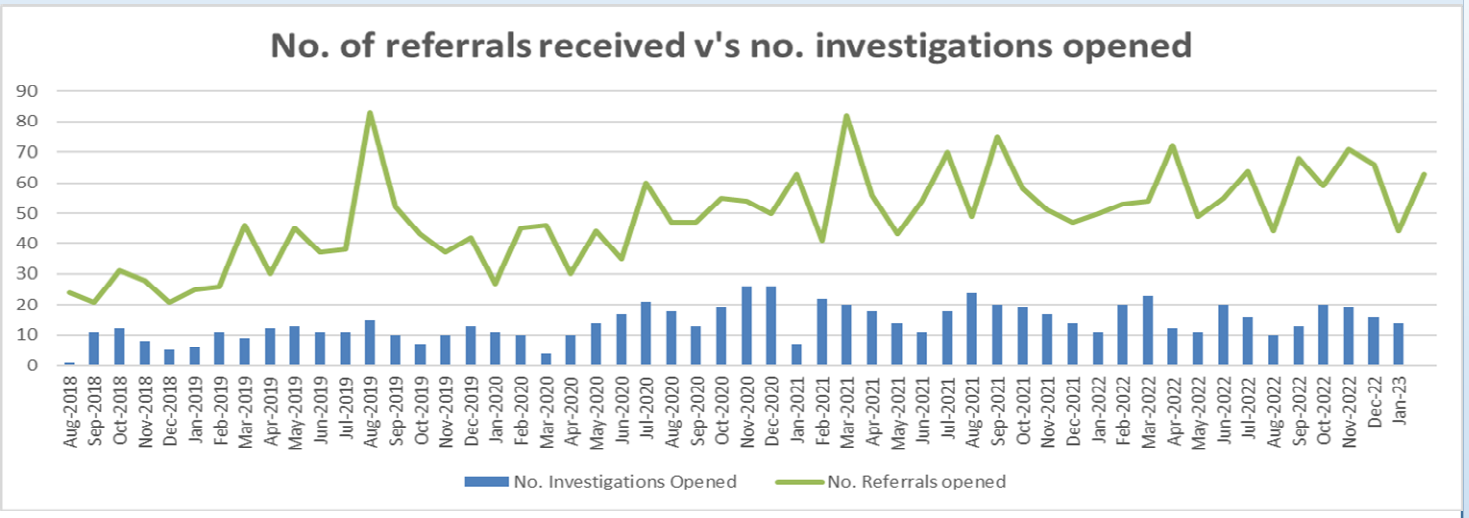
As part of our Self Directed Support Strategy, work will continue in partnership with In Control Scotland as a participating site (there are 6 other partner agency sites across Scotland) to work together to better understand and resolve any process barriers to growing ISFs.

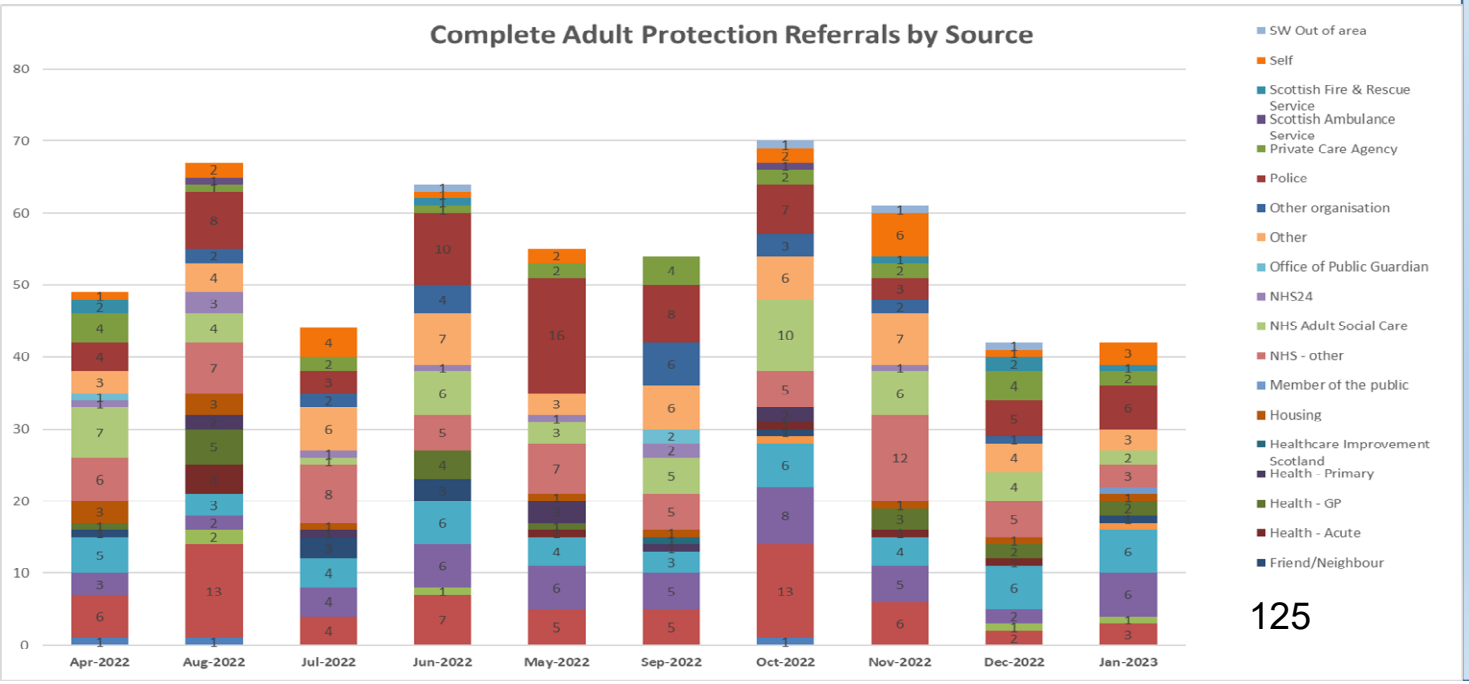
3 successful workshops were held during September and November 2022 with a number of actions agreed and progressing across NHS Highland in partnership with other stakeholders.

Update 06/02/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Adult Protection





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Adult Protection

The recent development session confirmed information on Adult Protection should be included.

Currently Adult Protection information is provided as part of an Annual Adult Protection return to PHS. A new National dataset is currently being introduced with guidelines expected in January 2023. This will require an amendment to quarterly reporting.

The number of initial referrals and inquiries received are assessed by Community Care teams as to whether or not they meet the 3 point test and should progress to an investigation. Referrals come from multiple sources as shown on the graph, previously the main source was the police however as people have become more aware of Adult Protection the numbers of referrals have increased from other sources.

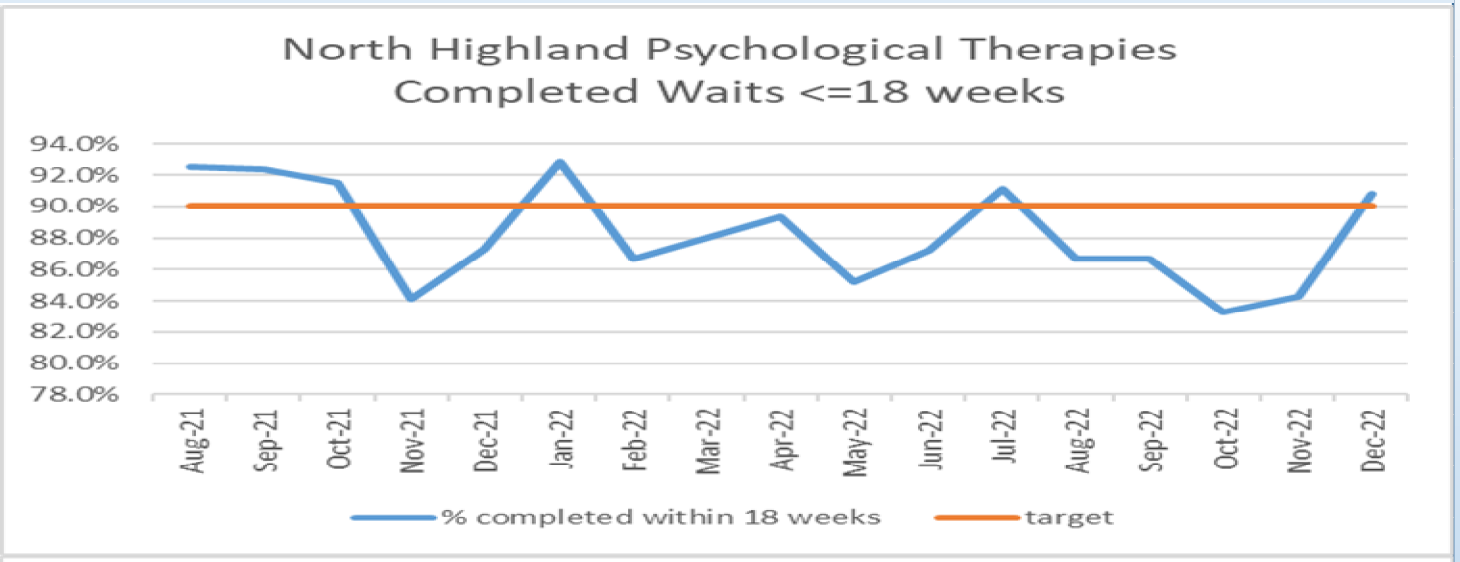
The number of referrals that progress to a full investigation following the initial inquiry is approximately 23%.

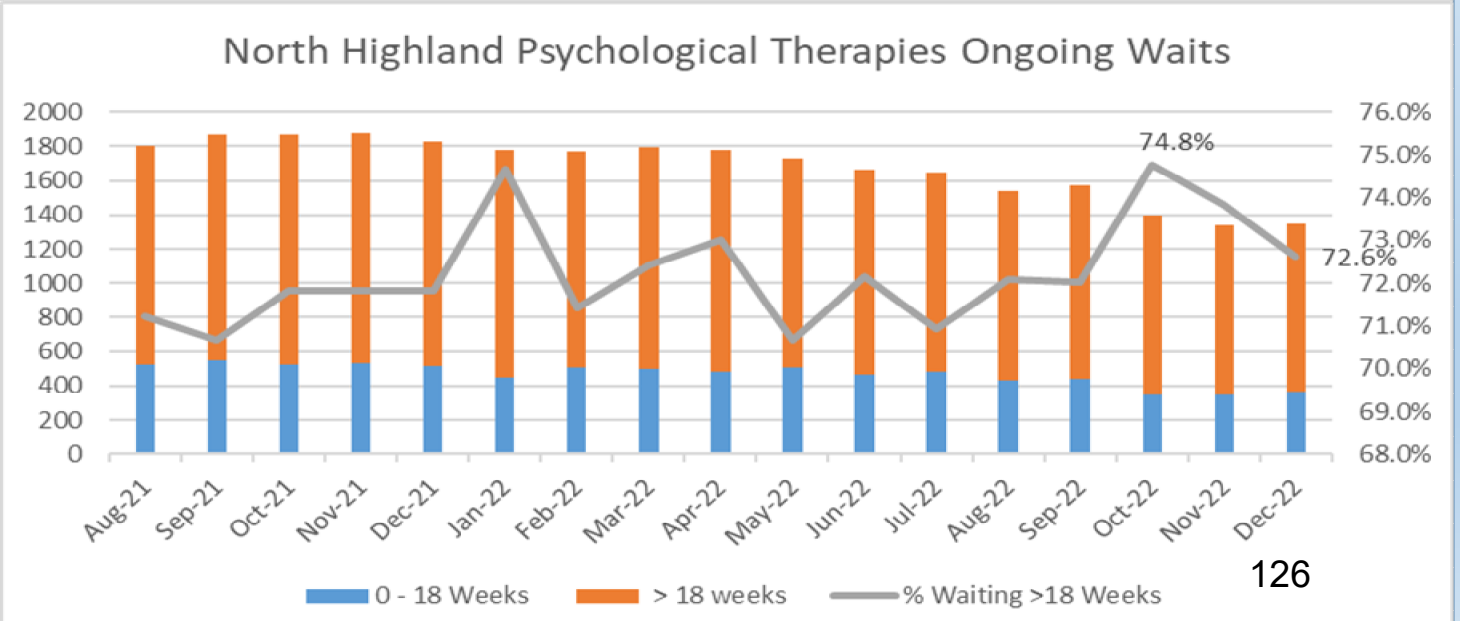
Update 07/02/2023

Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - En*sure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Psychological Therapies North Highland 86.7% August Performance





Psychological Therapies Performance Overview - North Highland

The national target:

90% of people commence psychological therapy based treatment within 18 weeks of referral. December 2022: Current performance 90.8%

AS at December 22:

- *1347 of our population waiting to access PT services in North Highland.*
- *978 patients are waiting >18 weeks (72.6% breached target) of which 656 have been waiting >1year.*
- *Of the 656 waiting >1 year, 307 of those are waiting for North Highland Neuropsychology services*

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. It is anticipated that 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.

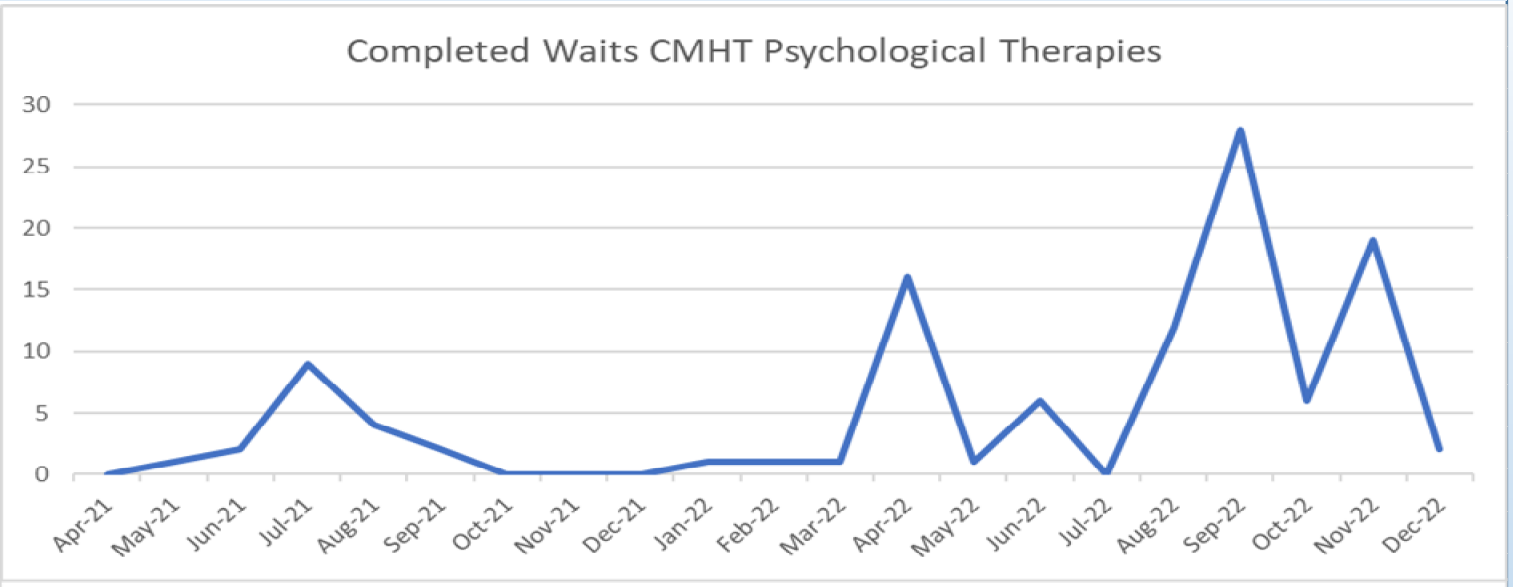
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however there has been some success to date and in particular we are developing our neuropsychology service which forms the majority of out current extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

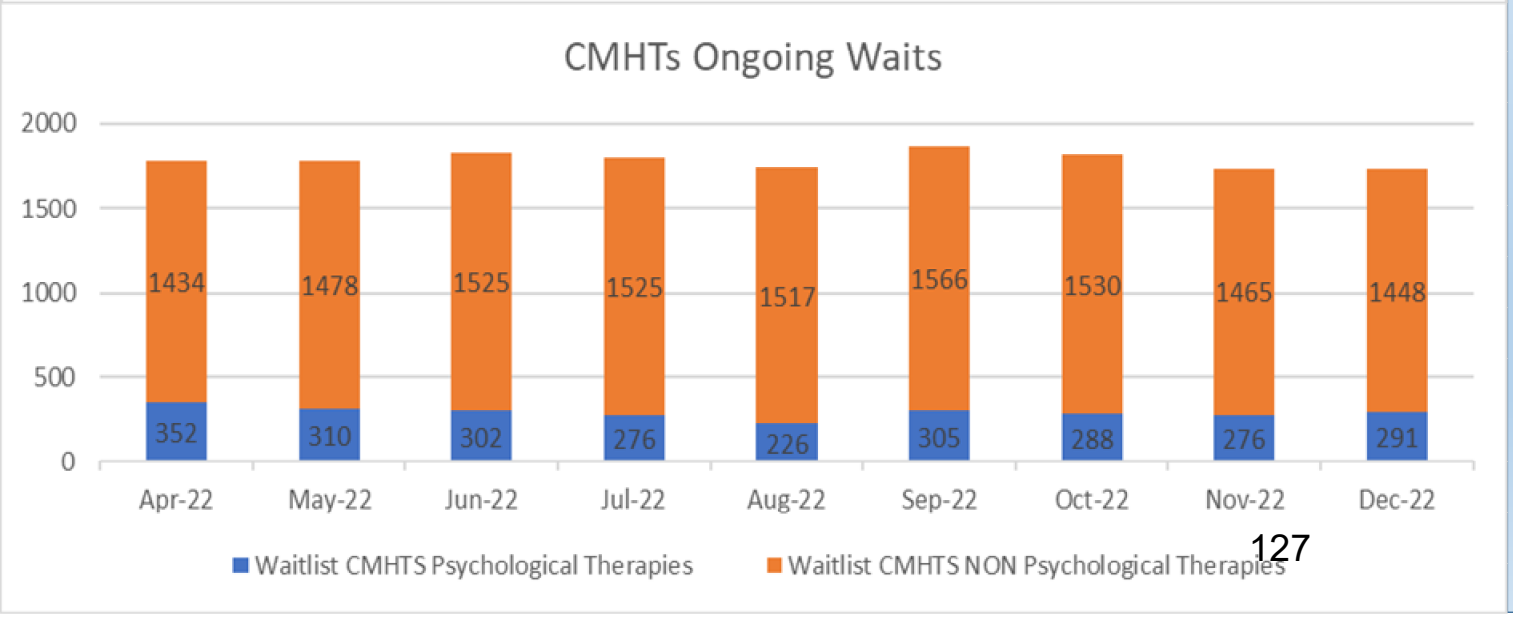
Allyson Turnbull-Jukes Date 06/02/2023

Strategic Objective 3 Outcome 10 – Live Well

Priority 10A,10B,10C - En*sure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Community Mental Health Teams





Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. 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.
There are now 2 completed groups.
2 groups starting in parallel on 2nd November.

Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.

Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

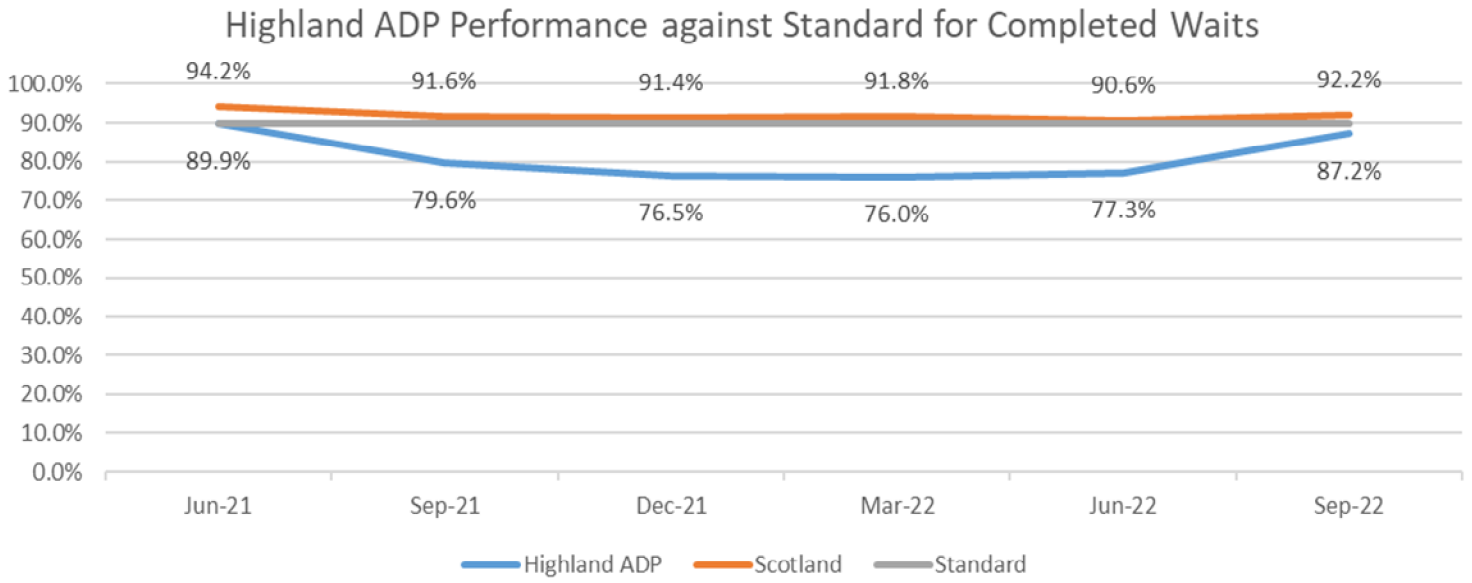
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is required around this waitlist as has happened within PT.

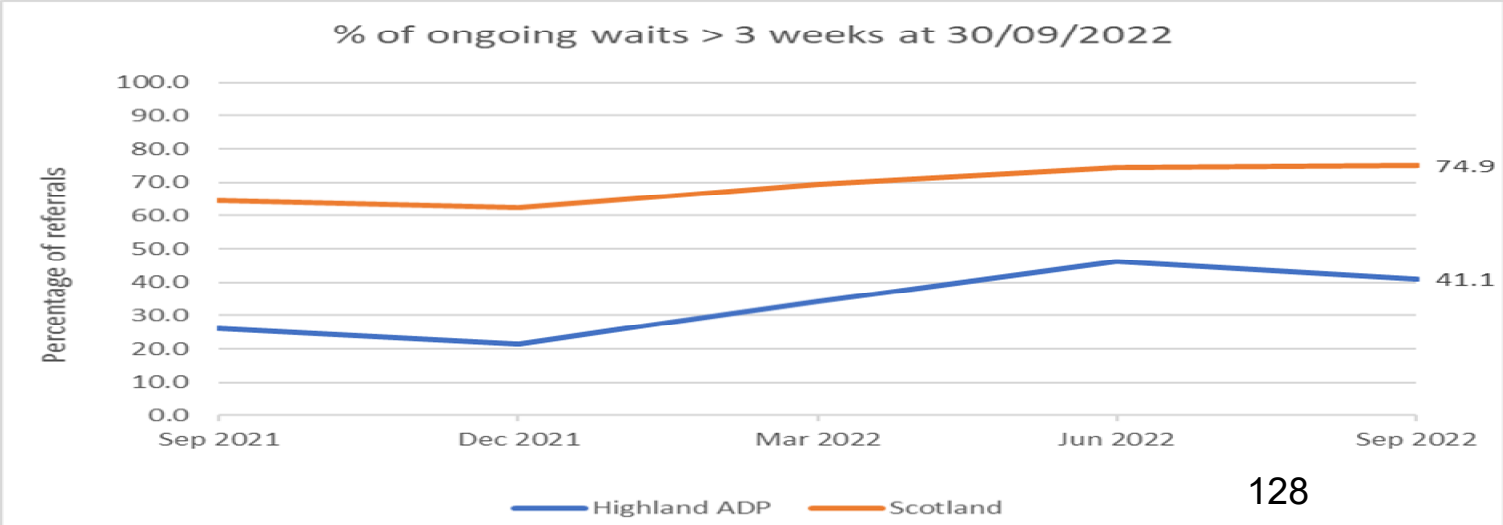
Update 06/02/2023

Strategic Objective 1 Outcome 3 – Our Population

Priority 3b – No patient will wait longer than 3 weeks for commencement of treatment

Highland Drug & Alcohol Recovery Services





North Highland Drug & Alcohol Recovery Services Update PHS Publication September 2022 (next publication 28 March 2023)

North Highland Drug & Alcohol Recovery Service 87.2%, Scotland 92.2%

Main points completed Waits

- Of the 219 referrals to community-based specialist drug and alcohol treatment services completed in this quarter, 87% (191) involved a wait of three weeks or less.

- Of the treatment referrals completed in this quarter,
  136 (62%) were for people seeking help for problematic use of alcohol,
  71 (32%) for problematic use of drugs, and
  12 (5%) for problematic use of both alcohol and drugs (co-dependency).

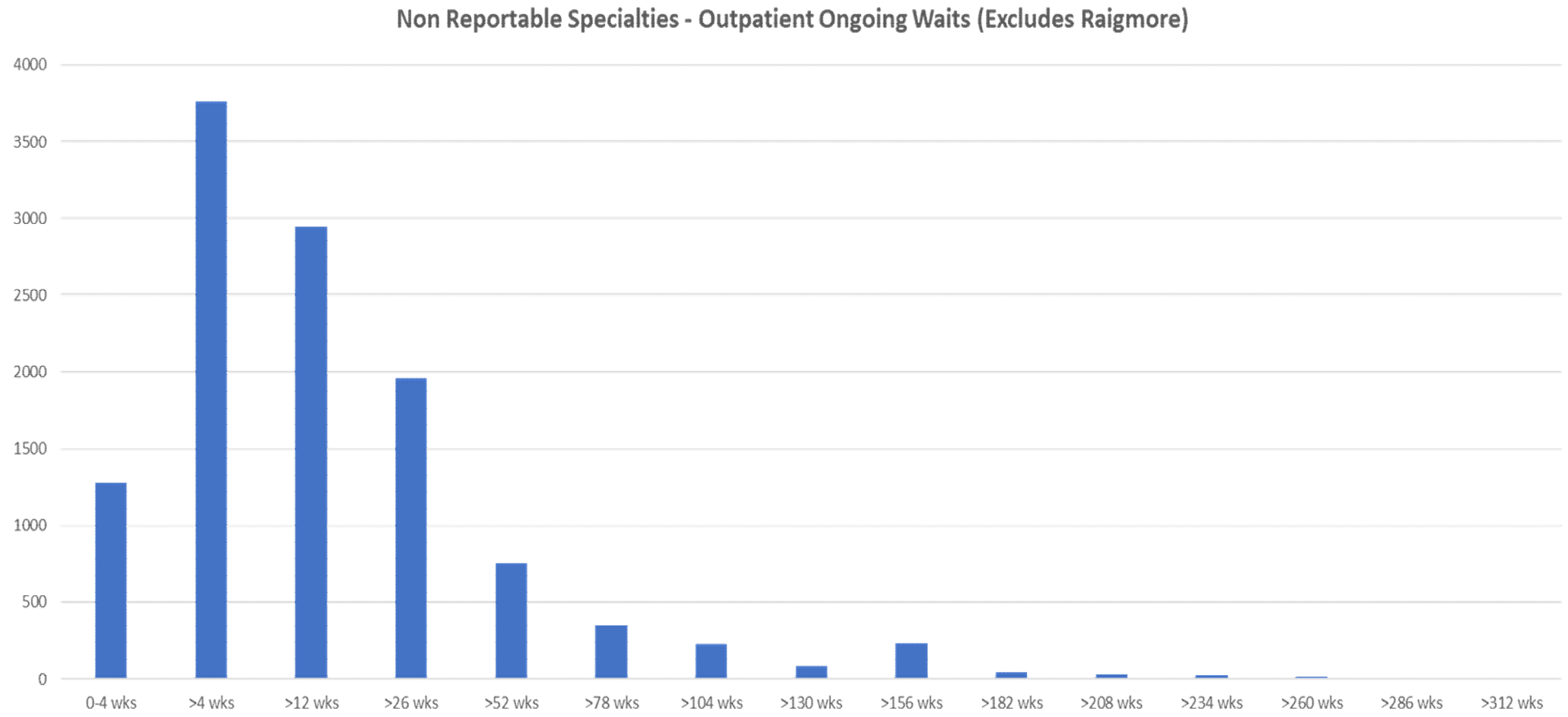
Main points ongoing waits

- At the end of the quarter, 90 treatment referrals had ongoing waits and from these, 37 or 41% of referrals had been waiting more than three weeks.

Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.

Update: Bev Fraser 06/02/2023

Non Reportable Specialties – Ongoing Waits 14/12/2022



Total Waiting List – 11,705
Longest Wait > 329 weeks

This is new data to the service so requires further consideration of what it is showing. We need closer scrutiny in each of the areas in relation to data cleansing, waiting list management, waiting time targets and forward service planning.

All areas will have a level of waiting times and we need to understand what is reasonable and where the service is outside of this what are our options to reduce waiting times.

14/12/2022

Current Overview of Community Waitlists

NHS HIGHLAND NON REPORTABLE SPECIALTIES - OUTPATIENT ONGOING WAITS (Excludes Raigmore)

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	Total
Aviemore CMHS	9	18	22	30	14	2	5		15							115
Caithness CMHS	18	33	42	48	72	25	13	10	15	14	14	14	10	1	1	330
Child and Adolescent Psychiatry	9	46	29	9	10											103
Chiropody	209	580	212	30		1										1032
Dietetics	94	369	251	120	30	17	6	3	1	1		1				893
Clinical Psychology	2	11	21	43	50	31	13									171
Community Child Health			1													1
Community Dental	3	1	1	1				1								7
Community Paediatrics	7	46	51	43	1											148
East Ross CMHS	13	58	80	52	9				5							217
Electrocardiography	56	166	301	274	107	4		3								911
General Psychiatry	59	326	157	112	67	28	8	2								759
GP Acute	40	117	124	38	2	2										323
Highland Community Mental Health Team	19	45	52	70	25	17	5	8	2	5	1	1	1			251
Inverness CMHS	8	7	1													16
Investigations and Treatment Room			1	2			1				1					5
Learning Disability		14	42	77	31	23	22	17	15	20	16	12	1		2	292
Lochaber CMHS	9	40	43	58	43	30	54	1	73							351
Mental Health Nursing MHN	15	32	31	40	26	11	3	2	1	1						162
Mid Ross CMHS	11	42	43	42	8		1		5							152
Nairn CMHS	9	9	25	38	16	14	23		44							178
Obstetric	6	7	12													25
Obstetrics Antenatal	3	4	3	1												11
Occupational Therapy	19	47	25	4	4	3		1								103
Optometry	2	2	14													18
Orthoptics	5	39	19	1												64
Orthotics	17	91	114	73	2											297
Physiotherapy	524	1317	927	464	80	21	6	14					1			3354
Psychiatry of Old Age	67	127	62	57	10			1								324
Psychological Services	36	141	165	172	115	106	59	18	3	1	1					817
Psychotherapy						2	1									3
Skye and West Ross CMHS	14	27	69	57	30	13	3	1	52							266
Social Work			1			1		2								4
Sonography		1			1											2
Total	**1283**	**3763**	**2941**	**1956**	**753**	**351**	**223**	**84**	**231**	**42**	**33**	**28**	**13**	**1**	**3**	**11705**

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**01 March 2023**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Pamela Cremin, Chief Officer**

1. Purpose

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

2. Project Updates – Lochaber, North Coast and Caithness

Lochaber Redesign

Timescale is at risk following cancellation of a number of workshops in early January due to extraordinary pressure on services, leading the crosscheck workshop to be postponed from 8th Feb to (at best) end of March and potentially mid April. This would mean service model finalised in April which impacts the PSCP starting design work – they will be appointed in March.

Work stream leads are now working on Target Operating Models and an assessment of workforce requirements following this, output on workforce expected mid-April which will allow us to identify any increase in staffing costs.

The Partnership is engaged in modelling for community services to underpin finalised bed numbers.

Caithness General Service Model

As with the Lochaber Redesign, the project is now running 2-3 months behind on the Caithness General elements following workshop cancellations in late Dec / early Jan due to extraordinary pressure on services and significant staffing gaps at senior charge nurse / hospital lead level.

Workshops have been rescheduled to February and March, working with acute colleagues to ensure the right level of representation, to allow the future model for each service to be finalised and accommodation brief agreed.

- We have yet to set a date for the crosscheck workshop (some workshop dates still being rescheduled). This this is likely to be end April at best, with final brief ready for approval sometime in May. This would mean service model finalised in April with final operational brief issued to the design team in May (was scheduled for end March /

early April).

Community Hubs

- There has been some issues with workshop attendance, but not as significant as CGH, and we are still aiming for the cross-check event on 10th March (Chief Executive and Chief Officer attending.
- Following a full desktop appraisal, the Programme Board ratified the Noss site (greenfield site in northern edge of Wick adjacent to Noss Primary School / Wick industrial estate / Wick airport) as the preferred site for the Wick Community Hub. Media release should be going out on this soon.
- Scenario modelling work ongoing and project board engaged and had training - scenarios will be costed in advance of April Programme Board and looking for decision on planning assumptions for the built elements.
- Project manager working with hub North on a proposal for appointment of key members of the design team for the Community Hubs in Wick and Thurso (Dunbar Hospital site), and to agree the programme for a formal New Project Agreement with them to produce a stage 1 proposal for Outline Business Case.

3. Care Home Services

There are a total of 66 care homes across north Highland, 50 of which (February 2023) are operated by independent sector care home providers (offering around 1,700 beds) and 16 of which are in house care homes operated by NHSH (delivering around 240 beds).

- Over the course of 2022 / 2023 there has been significant financial sustainability related turbulence within the independent sector care home market within north Highland.

- These financial concerns relate to operating on a smaller scale, and also the challenges associated with more rural operation, particularly the difficulties of recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

The specific sustainability context and issues are as noted below:

- There have been 3 x concluded care home closures since March 2022, these being Shoremill in Cromarty (13 beds, March 2022), Grandview in Grantown (45 beds, May 2022), Budhmor in Portree, (27 beds, August 2022), with a combined loss of 85 beds and relocation of 61 residents.

- There is 1 x care home closure in progress, this being Mo Dhachaidh in Ullapool (19 beds, 14 residents) which is expected to close in April 2023, following relocation of all residents.

- Main's House, Newtonmore: 31 bed care home which went into Administration along with Grandview in March 2022. Following consideration in summer 2022, the Highland Partnership is progressing to purchase (THC) / take on operational responsibility (NHSH), for which terms were agreed in February 2023 and an intended transition taking place in April 2023. The decision to acquire Main's House care home follows a collaborative review by The Highland Council and NHS Highland of available options, including consideration of the facility, regulatory

requirements and the locality's specific circumstances. In terms of governance, the decision to progress with the direction of travel was endorsed by the Joint Monitoring Commission, Joint Officers Group and Chief Executives of NHS Highland and The Highland Council, following which NHS Highland's Senior Leadership Team and Executive Directors Group agreed to proceed to enter into contract to operation Main's House, and is being brought to H&SCC for homologation.

- There are further developing situations of concern, with more anticipated.

- The Highland Partnership has been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is strategic work in progress which will be set out within the Partnership's Strategic Plan.

- However, there has been and continues to be, immediate and operational challenges from arising care home closures which require to be addressed.

- Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered, out of necessity.

- Each arising care home sustainability issue / rescue situation has potential financial implications for the Partnership, which are unbudgeted. There is insufficient available funding to address the magnitude of the current and evolving situation.

- The role and position of the Care Inspectorate is critical when considering available and affordable solutions. Senior discussions with the Care Inspectorate (and SG) are ongoing to continue to seek the necessary assurance and to inform the appropriate available course of action.

- In addition to the noted financial vulnerability, Provider feedback on the level of staff burnout, particularly relating to the Care Home Manager role, is significant and attributed to the actual or perceived level of regulation, scrutiny and oversight, and ongoing demands of this critical role. NHSH is engaging with providers to determine further and positively impactful, assistive supports.

-

4. Care at Home Services

There are 20 independent sector care at home providers, who collectively deliver 9,000 hours of care at home provision per week. NHSH also operates a care at home service, delivering 4,600 hours per week. There are also 308 DP / ISF service users receiving a care at home service.

- The key objectives around commissioned care at home activity, are to achieve stable, resilient and assured provision and capacity release / growth.

- Since August 2021, NHSH has been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as:

- High attrition and unsuccessful recruitment, impacted by: role pressures; (perception of) sector / role inequity; and fuel costs
- Staff wellbeing issues
- Specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

- Over the course of 2022-2023, there has however been a significant reduction of available commissioned services (1,300 hours pw), despite the measures put in place by NHSH to seek to stabilise provision, and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.

- The reduced capacity is due to the challenges noted above and have therefore impacted on the inability of providers to deliver to agreed baseline activity levels and in some instances, resulted in service "hand back" to NHSH.

- Most recently there has been a slight improvement in the delivery picture but these challenges are ongoing and the open dialogue with providers continues to seek longer term sustainability.

- Going forward and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership's Strategic Plan.

5. Dental Services

There has been recent concerns about dental services at Kyle. The practice is closing and Kyle registered patients have been transferred to Portree since the 17th February.

Access to emergency care at Portree will be available as will routine services once we have additional facilities available there. It is appreciated that registration in Portree will require additional travel for patients which is clearly not what we would want and will be a real challenge for some. At this time it will at the very least, provide patients with registration and access to emergency care in the short term with routine care becoming available as the Portree practice establishes an additional surgery within its premises. At present the situation is unavoidable and for the reasons that are given below.

Unfortunately, the Scotland wide shortage of NHS Dentists has significantly reduced access to NHS dental services in many Health Board areas. Within NHS Highland many practices have been unable to recruit to vacancies for Dentists and this issue has intensified post covid. This has resulted in many patients having access to only emergency care whilst their practice continues to make efforts to recruit replacement Dentists. The areas impacted include Inverness, Wick, Thurso, Kyle, Campbeltown, Tarbert, Lochgilphead and Helensburgh. At this time there are no practices within the NHS Highland area that are accepting new adult patients and only one practice accepting children.

Rural localities such as Kyle have always faced challenges with recruitment and the current national shortage has increased this challenge. The remaining Dental practice in Kyle is facing this challenge and has been unsuccessful in recruiting to fill the vacancy

following a Dentist retiring in October 2022.

The Scottish Government has made available Recruitment & Retention Allowances to incentivise Dentists to take up positions within areas such as Highland. Dependant on the Dentist's circumstances an allowance is available. The eligibility criteria for this allowance means that a very small number of Dentists are eligible and NHSH has previously flagged this up to the Scottish Government.

The same challenges apply equally to the salaried Public Dental Service. As stated at the beginning NHS Highland is advertising a vacancy for a full time PDS Dentist to work between Kyle and Dunvegan and this will take account of existing staff reducing their hours plus additional capacity. It is relevant to note that the PDS provides referral services and domiciliary services as well as access to emergency care for unregistered patients.

Going forward NHS Highland understands that the Scottish Government are looking to review recruitment to rural and remote areas with the intention of improving outcomes. At the same time the General Dental Council are reviewing the process for overseas dentists seeking GDC registration with the aim of streamlining this process to address the current bottle neck of applications. Within the PDS in Highland it would be the intention to maximise the use of Dental Therapists with the aim of increasing access through increased skill mix.

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:

- 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		Moderate	
Limited		None	X

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:

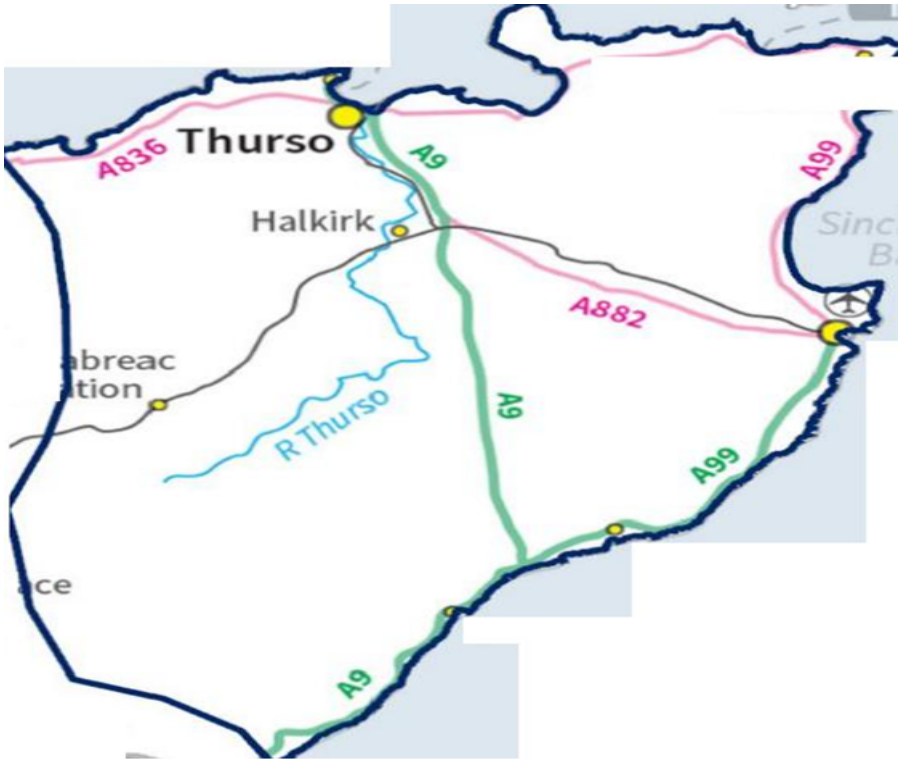
- Caithness District Profile
- Sutherland District Profile

NHS HIGHLAND Community Directorate

District Profile

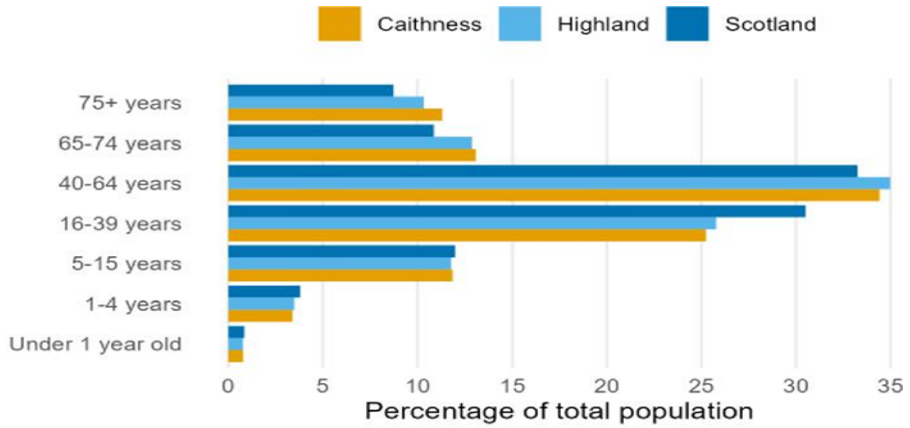
District: Caithness

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 o There was a 42% increase in the 65+ age group between 2002 and 2021. o 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. o The working-age population (16-64 years) has decreased by 7.0%, contrasting with

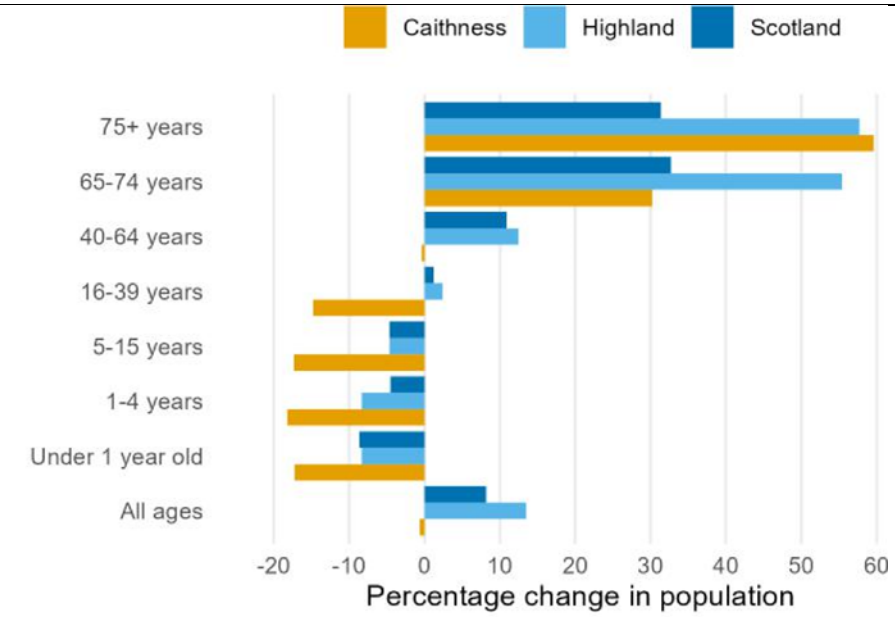
Highland overall, where this age group increased by 8.0%.

- 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



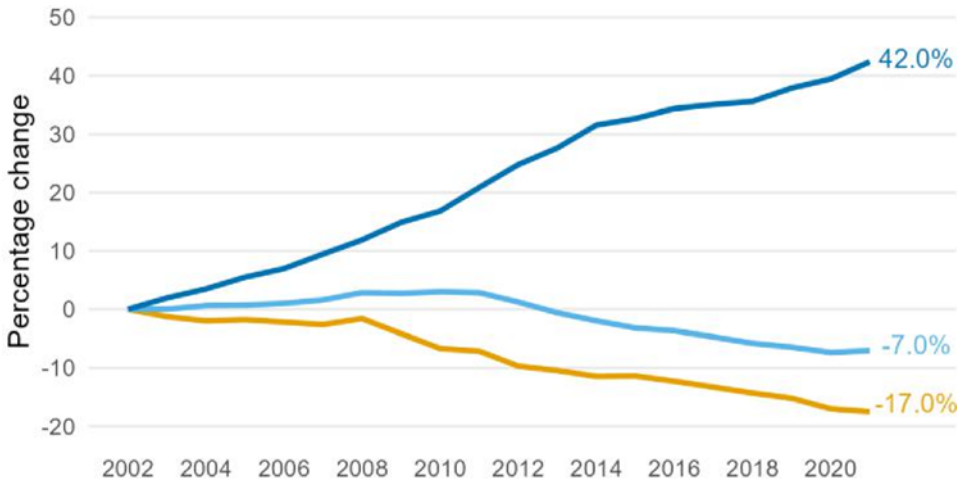
Source: National Records of Scotland, Small Area Population Estimates 2021

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

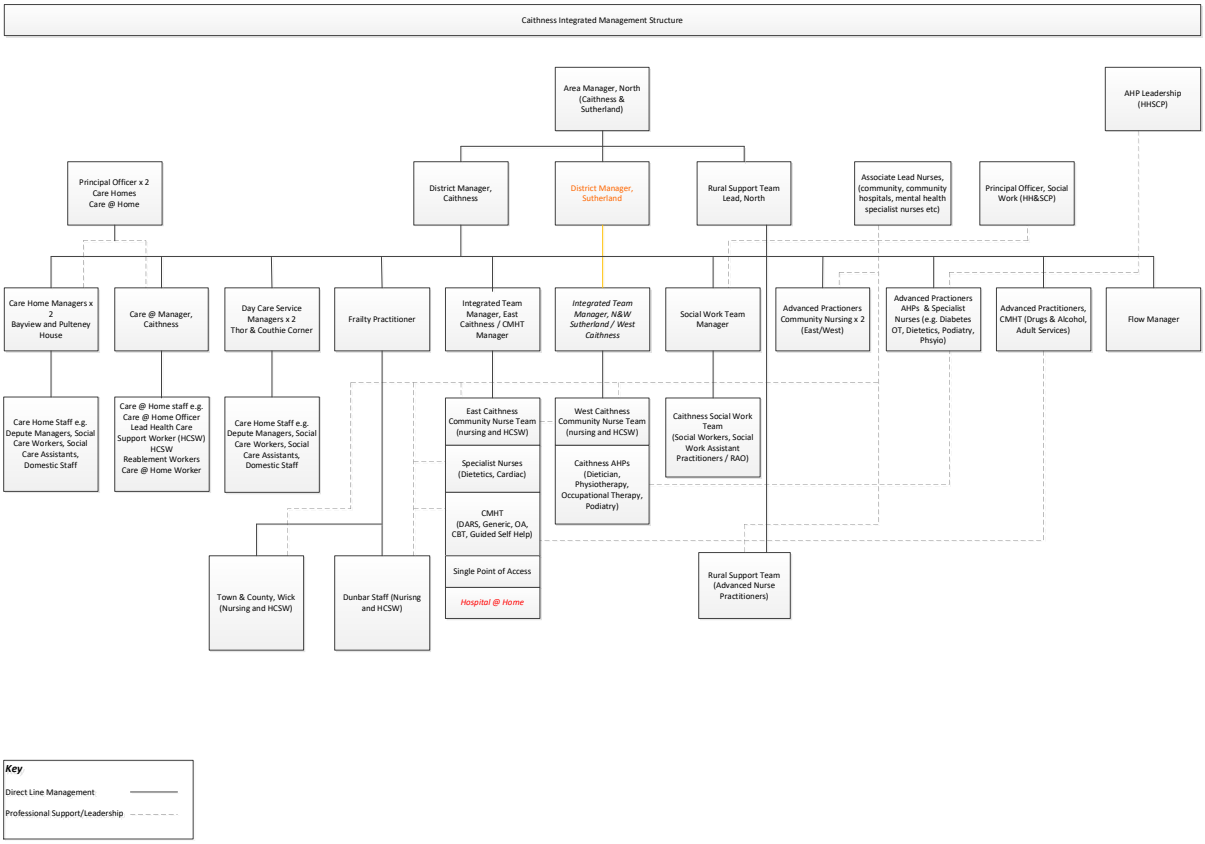
Caithness: Percentage change in the population by broad age group

Services provided and current workforce

Services managed within Caithness District as at 21/02/23 are:
o AHP Services
  o Dietetics
  o Occupational Therapy
  o Physiotherapy
  o Podiatry
o Care at Home / Reablement
o Care Homes
  o Bayview House, Thurso
  o Pulteney House, Wick
o Community Hospitals
  o Dunbar, Thurso
  o 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 shred 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 NHSH 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 form 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 NHSH 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 Analysis of Position	YTD £000s	Forecast £000s	Anticipated Spend 23/24	Comments
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 Analysis of Position	YTD Variance £000s	Forecast Var £000s	Anticipated Sp £000s	Comments
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 form 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 3 Months	2023-24 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 fist 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.

Completed by: Christian Nicolson Date: 21/02/2023

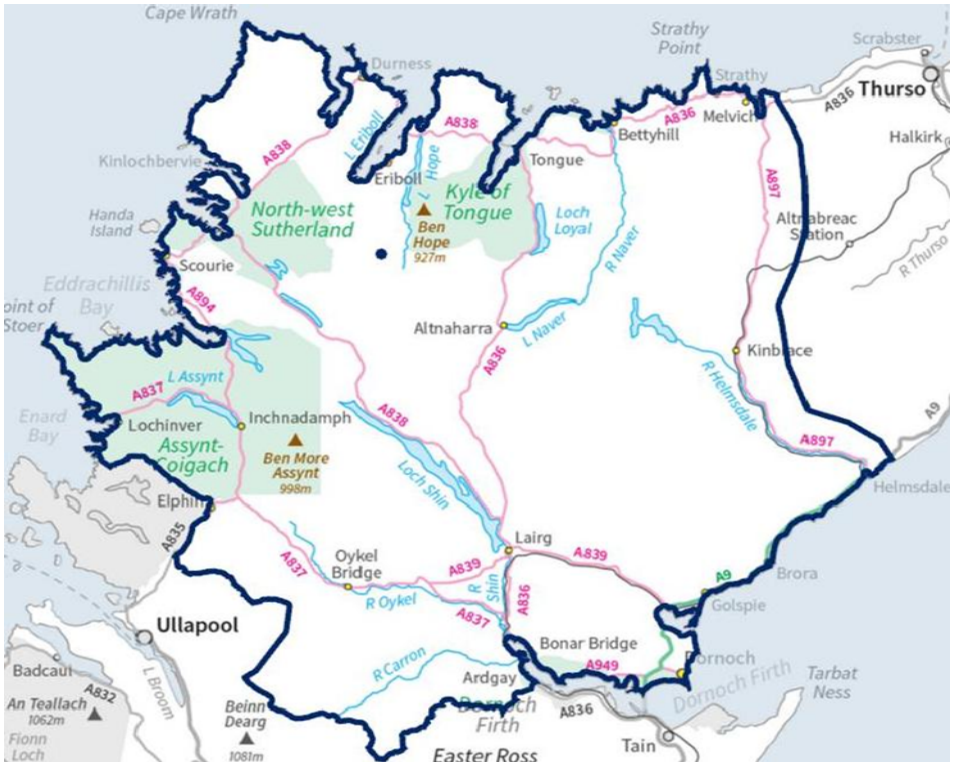
District Profile

District: Sutherland

Manager: Kate Kenmure

Locality Demographics

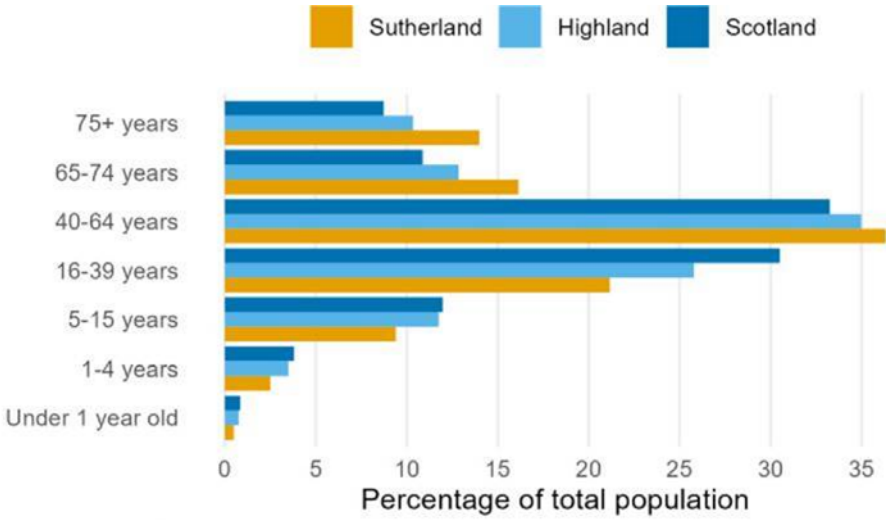
For information: The latest estimates are based upon the 2011 census, with an adjustment made annually for births , deaths and migration. Future estimates will be rebased on the 2022 census when the results become available. The population projections used in this report were produced by the Improvement 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.

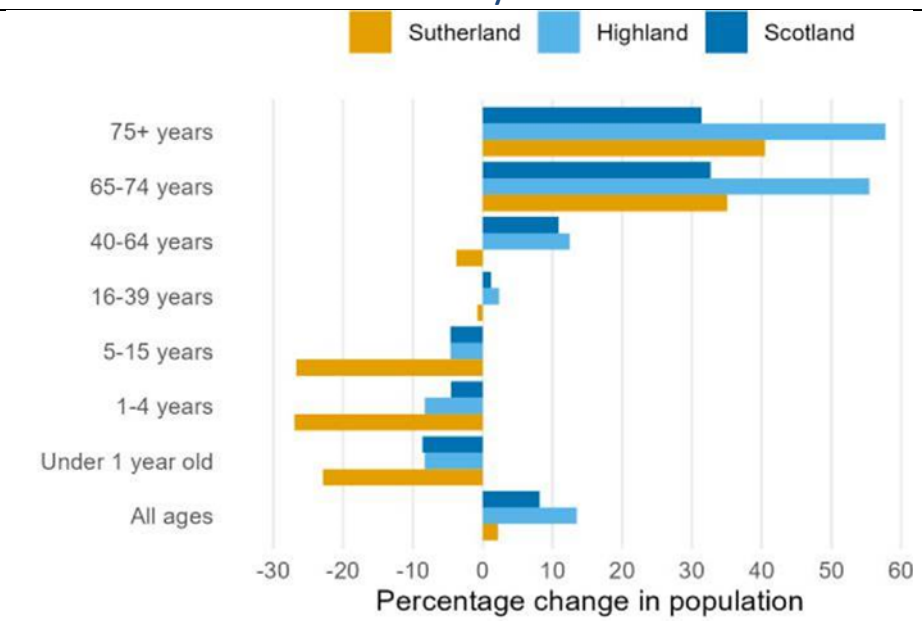


Source: National Records of Scotland, Small Area Population Estimates 2021

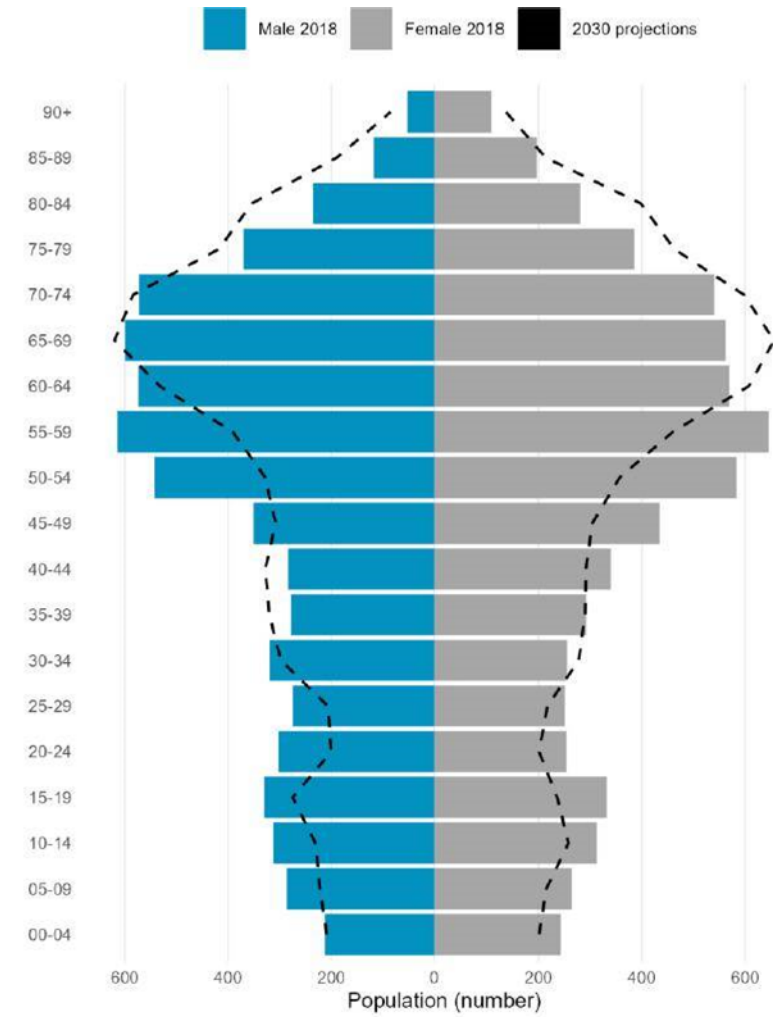
- There were 60 live births to Sutherland residents in 2020.
- The birth rate has decreased over the last decade in Sutherland and Highland.

- 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 stalled[6]. 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.



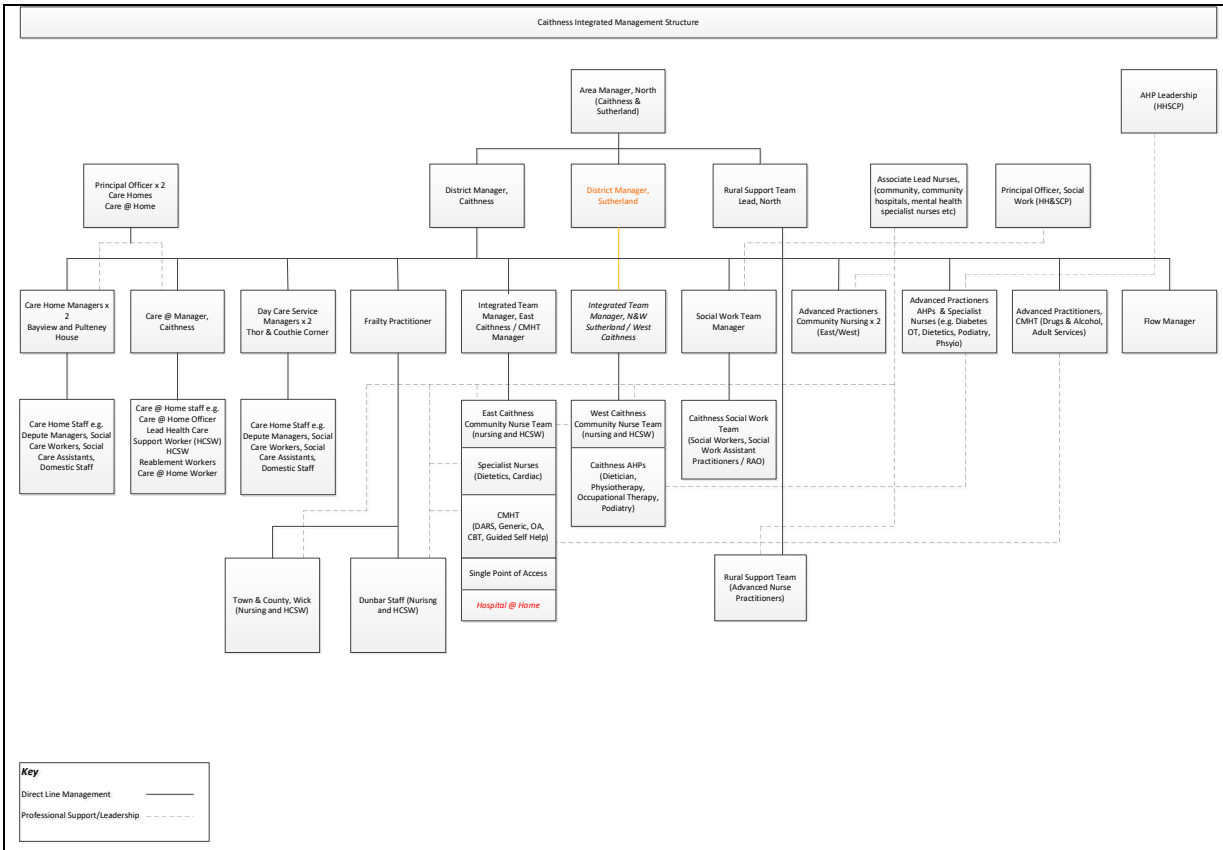
Source: National Records of Scotland, Small Area Population Estimates 2021



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.

Services provided and current workforce
Services managed within Sutherland District as at 21/02/23 are: o AHP Services o Dietetics o Occupational Therapy o Physiotherapy o Podiatry o Care at Home / Reablement o Care Homes o Seaforth House, Golspie o Melvich Care Home, Melvich o Caladh Sona Care Home, Talamine o Community Hospitals o Migdale Hospital o Cambusavie Unit, Lawson Memorial Hospital, Golspie o Community Mental Health Services. o Cognitive Behavioural Therapy (Sutherland & Caithness) o Drugs & Alcohol o Adult Generic o Guided Self-Help o Learning Disabilities Nursing o Older Adult o Community Nursing o East Sutherland o West Sutherland o North Sutherland o Day Services o Health and Wellbeing Hubs in Brora, Helmsdale, Kinlochbervie, Bonnar Bridge, Lochinver o Specialist Nursing services e.g., o Cardiac/Heart Failure, o Diabetes o Social Work Services o 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 shred 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 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 attatched 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 YTD £000	Actual YTD £000	Variance YTD £000	F'cast Outturn £000	F/cast 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 Analysis of Position	YTD Variance £000s	Forecast Variance £000s	Anticipated Spend £000s	Comments
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	Vaccancies 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 Analysis of Position	YTD Variance £000s	Forecast Variance £000s	Anticipated Spend 23/24 £000s	Comments
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 .

Completed by: Kate Kenmure Date: 21/2/2023

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN TO 31 March 2024

Standing Items for every HHSCC meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Risk (Level 1 Risks)
- Performance and Delivery (IPQR: Dashboard and Chief Officer's Report)
- Health Improvement
- Committee Function and Administration
- Date of next meeting

01 MARCH 2023	
• District reports (x2)	Caithness Sutherland (Rhiannon Boydell)
• Children and Young People Performance Reporting	(NHS: Tracey Gervaise; Highland Council: Ian Kyle)
• Adult Social Care Fees and Charges Report	(Gillian Grant)
• Mental Health Services Assurance Report	(Arlene Johnstone)
• Third Sector Mental Health Funding	(Mhairi Wylie)
• Joint Strategic Plan	(Lorraine Cowie)
• Committee 2022/23 Annual Assurance Report	(Chair and Chief Officer)
• Committee Annual Workplan 2023/2024	(Chair)
19 APRIL: Development Session (Public Health Annual Report)	

26 APRIL 2023	
• District Reports (x2)	(Rhiannon Boydell)
• Annual Report of Care Home Oversight Board	(Gillian Grant)
• Chief Social Officer Worker's Annual Report	(Fiona Duncan/Simon Steer)
• Adults with Incapacity (Mental Welfare) Report	(Arlene Johnstone)
• Adult Protection Committee Annual Report	(Simon Steer)
• Highland Drug and Alcohol Recovery Services Delivery Plans	(Pam Cremin)
• Integrated Joint Plan	(Lorraine Cowie)
• Learning Disability Services Assurance Report	(Arlene Johnstone)
• Mental Health Strategy	(Arlene Johnstone)
24 MAY: Development Session (TBC)	
28 JUNE 2023	
• District Reports (x2)	(Rhiannon Boydell)
• Care At Home Assurance Report	(Ian Thomson)
• Commissioning Strategy for Integrated Health and Social Care Services	(Gillian Grant)
• Community Risk Registers Assurance Report	(Pam Cremin)
• Public Bodies Annual Report	(Pam Cremin)
30 AUGUST 2023	
• District Reports (x1)	(Rhiannon Boydell)
• Primary Care Improvement Plan Assurance Report	(Jill Mitchell)
• FHS Delivery Overview Report	All four workstreams to provide a system wide overview, Primary Care, Pharmacy,Dental and Ophthalmic

• Children and Young People Services – mid year review	(NHS: Tracey Gervaise; Highland Council: Ian Kyle)
• Community Services overview	(Pam Cremin)
• Technology Enabled Care Overview	(Iain Ross)
• Committee Terms of Reference	For Review (Ruth Daly)
20 SEPTEMBER: Development Session (TBC)	
1 NOVEMBER 2023	
• District Reports (x2)	(Rhiannon Boydell)
• Engagement Framework Assurance Report	(Ruth Fry)
• Together We Care Implementation	(Lorraine Cowie)
• Preparation for Winter	(Chief Officer)
29 NOVEMBER: Development Session (TBC)	
JANUARY 2024	
• District Reports (x2)	(Rhiannon Boydell)
• SDS Strategy Assurance Report	(Ian Thomson)
• Community Services Risk Registers Assurance Report	(Pam Cremin)
• Carers Strategy Update	(Ian Thomson)
MARCH 2024	
• District Reports (x2)	(Rhiannon Boydell)
• Children and Young People Services Performance Report	(Tracey Gervaise Ian)
• Mental Health Services Assurance Report	(Arlene Johnstone)

• Adult Social Care Fees and Charges 24/25	(Gillian Grant, Simon Steer)
• Committee Annual Assurance Report 23/24	(Chair and Chief Officer)
• Committee Workplan 24/25	(Chair)

Highland Health and Social Care Committee

01 March 2023

Item 5.2

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2022/23

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2022 to March 2023

The Highland Health and Social Care Committee met on six occasions during 22/23. The Board agreed to extend revised governance arrangements introduced in November 2021 into the first quarter of the year. This involved pausing Development Sessions and prioritising Committee business. Development sessions were reintroduced in July with a second session in September. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below. Membership and Attendance from 02 March 2022 to 31 March 2023

MEMBER (Voting)	02/03/22	27/04/22	29/06/22	31/08/22	01/11/22	11/01/23	01/03/23
Ann Clark, Chair 2022	✓·	✓·	✓·	✓·	✓·	✓·	
Gerry O'Brien, Chair 2023	✓·	X	✓·	✓·	X	✓·	
Deirdre McKay, VC 2022	✓·	X	n/a	n/a	n/a	n/a	
Philip Macrae, VC 2023	✓·	✓·	X	✓·	✓·	X	
Joanne McCoy	✓·	✓·	✓·	✓·	✓·	✓·	
Muriel Cockburn	n/a	n/a	✓·	✓·	✓·	✓·	
Louise Bussell, CO	✓·	✓·	✓·	✓·	✓·	✓·	
Tim Allison, Dir of Public Health	✓·	✓·	✓·	✓·	✓·	✓·	
Cllr Linda Munro	✓·	X	n/a	n/a	n/a	n/a	
Cllr Isabelle Campbell	✓·	X	n/a	n/a	n/a	n/a	
Denise Macfarlane, Medical Lead 2022	X	X	X	X	X	n/a	
Claire Copeland, Medical Lead 2023	n/a	n/a	n/a	n/a	n/a	✓·	
Cllr David Fraser	✓·	X	X	X	✓·	✓·	
Cllr Chris Birt	n/a	n/a	✓·	✓·	✓·	✓·	
Cllr Ron Gunn	n/a	n/a	✓·	✓·	✓·	✓·	

Simon Steer, Dir of Adult Social Care	X	X	✓·	✓·	✓·	✓·	
Elaine Ward, Deputy Dir of Finance	✓·	✓·	✓·	✓·	✓·	F Gordon	
Nurse Lead (rotational: Julie Petch & Sara Sears)	J Petch	J Petch	J Petch	X	X	X	
IN ATTENDANCE (Stakeholders)							
Michael Simpson, Public/Patient	✓·	✓·	✓·	✓·	✓·	✓·	
Michele Stevenson, Public/Patient	✓·	✓·	✓·	✓·	✓·	✓·	
Wendy Smith, Carer	✓·	X	✓·	✓·	✓·	✓·	
Catriona Sinclair, ACF	X	X	X	X		X	
Ian Thomson, ACF 2022	✓·	X	✓·	P Hannan	n/a	n/a	
Neil Wright on behalf of Iain Kennedy, Lead Doctor (GP)	✓·	✓·	✓·	✓·	✓·	✓·	
Mhairi Wylie, Third Sector	✓·	✓·	✓·	✓·	✓·	X	
Kate Dumigan, Staffside	n/a	✓·	X	X	X	X	
Anne Campbell, Staffside	n/a	X	X	X	X	X	

During the period covered by this report the Committee Chair was Ann Clark from 01 April 2022 to 31 December 2022. Gerry O'Brien assumed the role of Chair on 1 January 2023. Deirdre Mackay was Vice Chair from 01 April 2022 to 27 April 2022. Philip Macrae assumed the role of vice-chair from 02 November 2022. The committee enjoyed the benefit arising from the filling of the lay member places in 2021/2022. Efforts continue to fill the vacant staff side memberships and establish regular and consistent medical and nursing representation.

2.1 The Pandemic

The pandemic continued to impact on the business of the Committee with reports regularly received on progress of the pandemic, the impact on business-as-usual services and the implications of measures to control the virus. These reports also included progress reports on the vaccination programme. The Committee heard moving testimony directly from a number of staff involved in supporting services impacted by the pandemic, particularly care homes and care at home services. The continued willingness of all staff to go 'above and beyond' despite the relentless professional and personal challenges of the pandemic has been recognised by the Committee at every meeting. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across North Highland including: Commissioned Care at Home services, Care at Home Oversight Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self Directed Support services for adult social care. Common themes across all of these reports were the impact of the cost-

of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Integrated Joint Strategy in early 2023/204 it is essential that commissioning arrangements are reviewed and revised within that strategic context. The implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

It has been difficult for the Committee to gain a comprehensive overview of performance across all areas of its remit. The Committee has received assurance reports on particular areas of service pressure including mental health services, children's services and adult social care. The assurance provided on Children's and Young People's services is necessarily limited to that obtained from the discussion that was undertaken at the March 2023 meeting. For 2023/2024 it is intended that the requirements of the Integration Agreement will be met with two reports being presented to the committee for discussion and subsequent assurance. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit remains unresolved despite being outstanding for a considerable period of time; resolution in the early part of 2023/2024 must be achieved. At each meeting the Committee received an exception report from the Chief Officer focusing on risks and mitigations associated with the pandemic and remobilisation of business-as-usual services.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. Due to uncertainty over support for COVID related costs and additional pressures in adult social care, inflationary pressures and the complexity of the 2021/2022 year end in relation to carried forward reserves there was continued uncertainty throughout the year about the overall financial position of the partnership. During the year it became apparent that the £9m target for recurring savings from transformational redesign of services and efficiencies would not be achieved. Forecast savings sit at £3m for the full year, the majority of the savings identified in year are non-recurring. Pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Integrated Joint Strategy and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The Committee implemented revised Terms of Reference, following the approval of a revised Integration Agreement with the Highland Council. The significant change was the removal of acute services from the Committee's remit. The Committee retains an interest in some aspects of hospital services as community services have a significant part to play in the on-going challenge of reducing delayed discharges and maintaining flow throughout our hospitals. No other significant changes have been made to the Terms of Reference.

4 External Reviews

None

5 Key Performance Indicators

Whilst the Committee continued to meet throughout the year, the severe workforce pressures experienced as a result of the effects of the pandemic meant the NHS Highland Board agreed to operate in 'governance light' mode for several months. This has limited the scope to progress aspects of the Committee's workplan as far as we would have wished, most notably a revised approach to Public Health, Health Improvement and an improved format for the partnership's Annual Performance Report. Following on from a successful development session in September we have been able to make good progress on the introduction of a Highland Health and Social Care IPQR in the final months of the year. Currently this concentrates primarily on adult social care indicators but the information provided is already beginning to influence discussion and scrutiny at the committee. Further development work is required in areas such as mental health, primary care and community services.

A report on performance for the 22/23 year will be published in July 2023. The 21/22 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

Performance in relation to Children's Acute Mental Health services are of particular concern and NHS Highland has agreed a recovery plan with support from Scottish Government.

6 Emerging issues for 2023/24

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of the pandemic, service recovery and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service and the extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. Following positive discussions involving committee members and the Director of Public Health the committee will seek to establish a revised methodology for ensuring that key health improvement and preventative messages are fully captured in service design and delivery. This will be aided by a move towards locality reporting during the year whereby we will seek to understand the performance of the entire health and care system at a local level.

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE