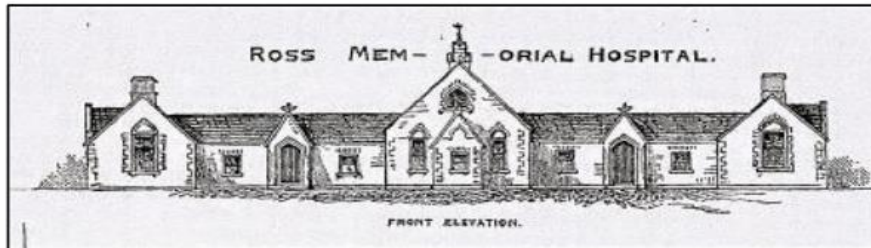


District Profile



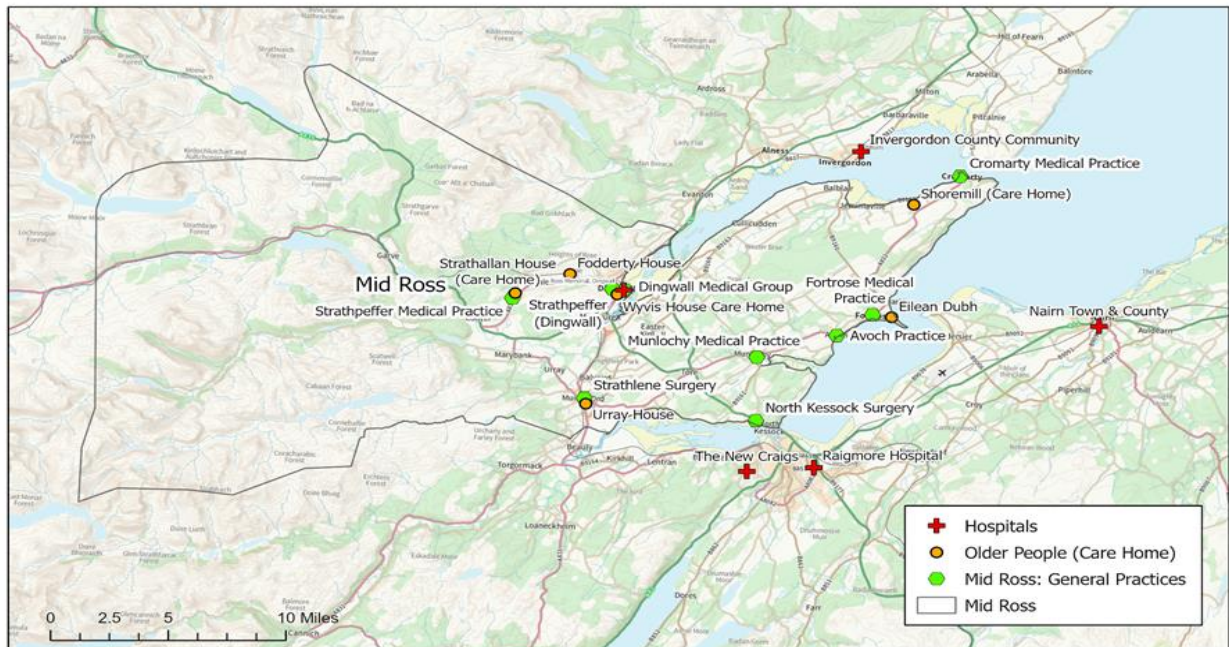
Original Front Elevation⁸⁸

District: Mid Ross District

Manager: Kenny Rodgers

Locality Demographics

Mid Ross District serves the geographical area of Dingwall, Seaforth and the Black Isle.



Mid Ross Health and Social Care Services

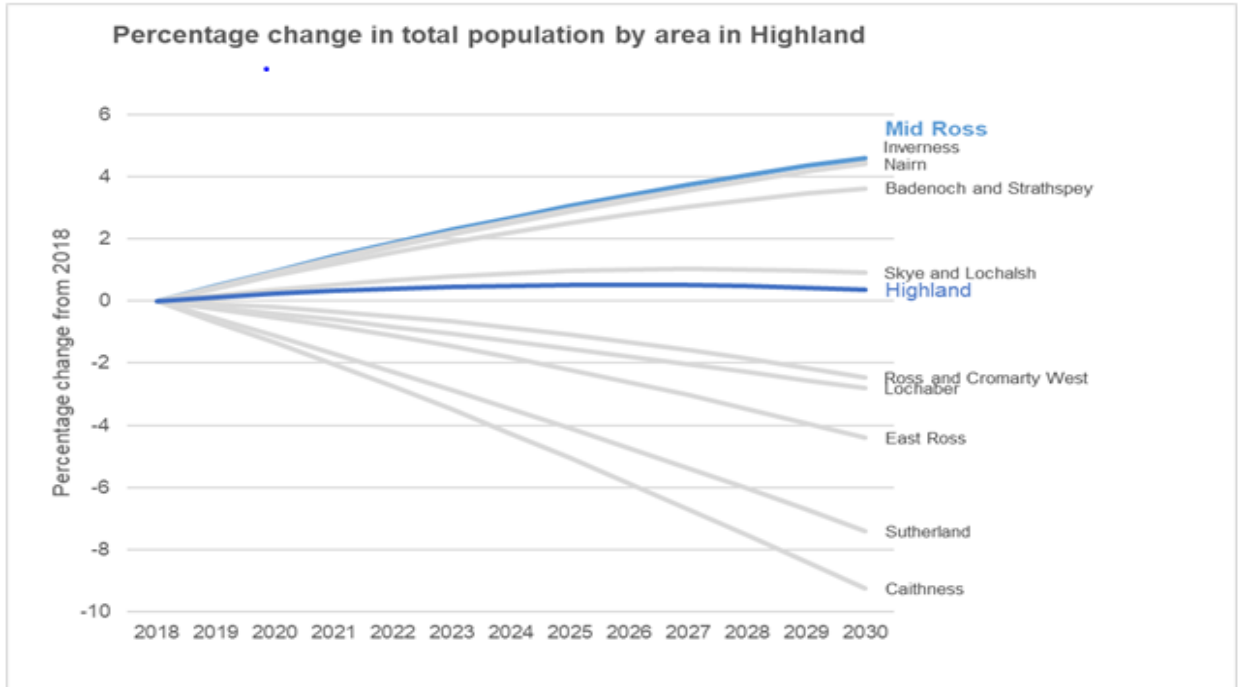
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Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness

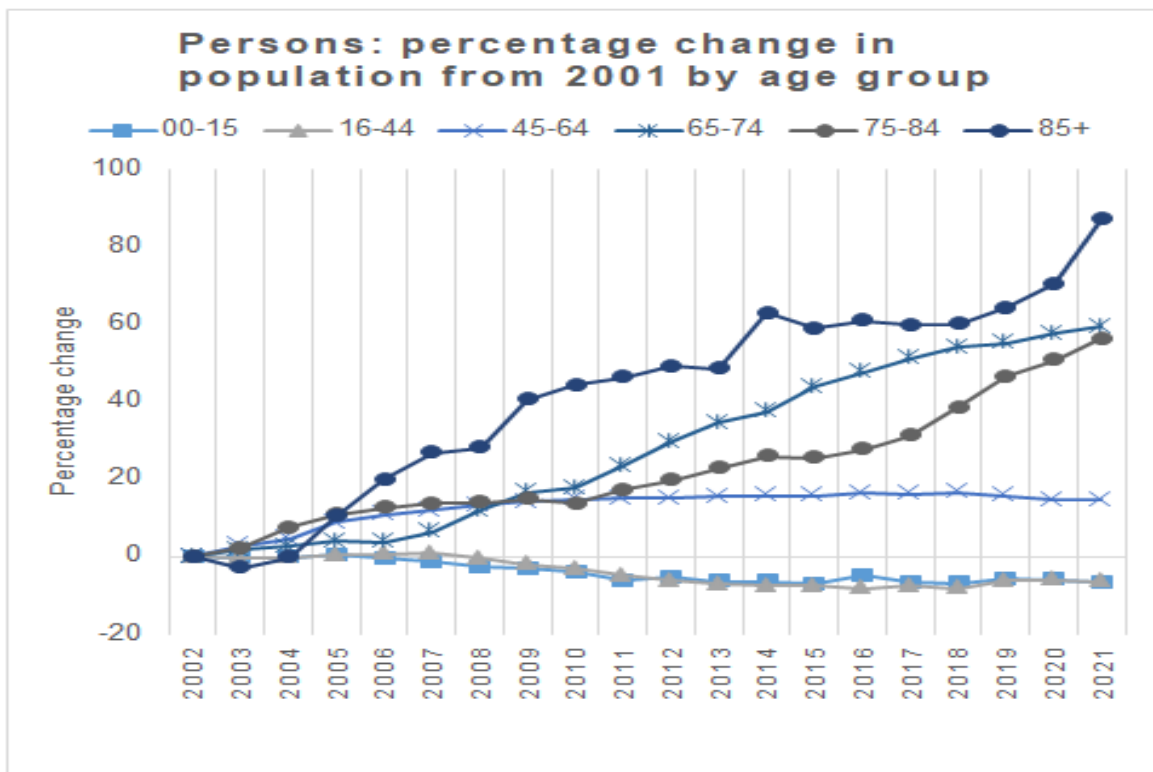


Date:

The population is just under 25,000 people with the main population centred in the county town of Dingwall. Other key population centres are Strathpeffer, Muir of Ord, Munloch, Fortrose, Cromarty and Culbokie. There are significant rural populations around Strathconon, Garve, Leanaig and the Black Isle.



The population is the highest projected change in population growth in Highland in the main due to inward migration from increases in housing in Muir of Ord, Dingwall, Munloch, Fortrose and Avoch.



The population is increasingly elderly with an increasing demographic in the over 85 age group since 2018.

The over 65 population has increased from 17% of the population in 1998 to 25% in 2021 and is forecast to be 31% in 2030.

The increase in the over 65 population and in particular the over 85 population increases the demand for older people care services as more people are living longer with increased frailty, dementia and co-morbidities.

Services provided and current workforce

Mid Ross district provides health and social care services from the base at Ross Memorial Hospital in Dingwall.

These services encompass the community hospital, District Nursing, Enablement, Community Rehabilitation Physiotherapy, Occupational Therapy and Social Work. The district also oversees the services provided by the independent sector care homes (x6) and care at home services (x6). Services to the district are accessed via a single point of access.

Community Teams provide care across a wide geographical area and provide vital services to support people in their own homes. The increased number of older people with co-morbidities is a particular challenge as are the increasing complexity of care needs that can be provided in the home. Insulin administration is a particular problem for District Nurses where the numbers of patients has increased significantly leading to challenges in delivering safe care at the right time. An increase in demand for supporting end of life care at home has had a significant impact on our district nurses and enablement care at home provision.

Occupational Therapy and Physiotherapy provide key services such as inpatient, community, neurological rheumatology, pulmonary and cardiac rehabilitation and also significantly support the Enablement / Assess at Home service in preventing hospital admission and early supported discharge home.

Mainstream Care at Home is provided by the independent sector and is a key service to ensure that people can remain at home with the support they require following a period of assessment and rehabilitation. These services are vital in ensuring care is delivered to people in the right way, at the right time. Unfortunately, due to recruitment and retention challenges, the capacity of this service is continually reducing whilst demands for care are increasing due to people living longer with more complex conditions and the desire of people to continue living in their own home. The largest provider in Mid Ross has in the last 9 months handed back 300 hours per week of care on the Black Isle which has presented significant challenges in sustaining care for existing clients and has negatively impacted on support available for those who do not have the care they require.. Mid Ross District works closely with the 6 providers and local communities to encourage and grow a pool of care staff that are local to the area and ensure that these providers have long term sustainability. Independent sector providers strive to grow their staff capacity to meet the unmet need in the community, but in reality maintaining existing services is a challenge in itself.

The Enablement Service is our in house care at home service that supports assessment and care over a short term period. The focus of this team is ensuring that robust assessment of needs takes place and that care is delivered with rehabilitation focused approach to maximise independence of those living at home and ensuring that ongoing care delivered by the independent sector is tailored to patient need. The Assess at Home service has been developed from within the enablement service and primarily focuses on a

functionally based assessment which a rehabilitation first approach to support people to be discharged home from hospital with the right care at the right time or to prevent the need for admission to hospital.

The recently redesigned Highland Rheumatology Unit (HRU) provides a Highland-wide service for Rheumatology patients and includes 5 inpatient beds, consultant and specialist nurse outpatient clinics, specialist inpatient and outpatient Occupational Therapy and Physiotherapy services and an infusion service. All Rheumatology care now takes place in Dingwall reducing pressure on Raigmore and improving holistic access to services in one location for patients. The unit works closely with the Puffin Pool on the hospital site and patients access the pool as part of their care during an inpatient stay or as an outpatient.

The general ward has 9 beds and forms part of the Mid Ross community care model. Patients belonging to Mid Ross are 'pulled' from Raigmore to the ward for rehabilitation, end of life care or complex discharge planning. The community teams work with inpatients and families to support early discharge home with the right care in place supporting an independence approach.

The outpatient department accommodates a wide range of services including dental, musculoskeletal outpatient physiotherapy, ENT, Orthopaedics, Audiology, Care of Elderly, Cardiology, Scotcap, X-Ray and Bone Density scanning. There is significant demand for outpatient accommodation at Ross Memorial and there are not enough rooms to meet demand. Additional spaces have been opened up to provide additional outpatient rooms however these rooms are not bespoke and are in poor condition. Ross Memorial is popular with visiting services that provide regional services as it is a central location with easy access away from the Raigmore site.

The biggest challenge in Mid Ross District is the age and condition of Ross Memorial Hospital. The hospital is the oldest in the NHS Highland estate and celebrates 150 years of service to the community in 2023.

There are significant issues in respect of backlog maintenance, fire compliance, infection control and accessibility for disabled people. The floors on the ward slope through years of subsidence on old foundations on a tidal plane.

A development plan is required to ensure that fire compliance is met in the parts of the hospital building that can be operational going forward.

HAI (Hospital Acquired Infection) audits have highlighted an increasing number of essential works over the last few years such as compliant wash hand basins and internal maintenance / decoration that require to be addressed for compliance with infection control standards.

A series of high profile visits over the last year have recognised that Ross Memorial provides a high standard of innovative care with well-established and trained staff but the overall picture is an outdated facility of poor condition that does not meet modern hospital standards. These visits have been well received by staff who have been recognised for their hard work and dedication to quality improvement and innovation in order to ensure a high standard of innovative care is provided to the people of Mid Ross.

There continues to be a strong demand for clinical accommodation at Ross Memorial however there are not enough clinical rooms to meet demand, there is ongoing work to develop a plan for the future of the Ross Memorial Hospital.

The hospital is highly valued by local communities, and local authority members and community councils who are engaged in the development plans for the future of Ross Memorial with senior leaders in NHS Highland.

Finance & Performance

The total budget for the District is £16.5m and in 2020-21, underspent by £78k.

£13.4m of the budget relates to Adult Social Care services with £6m spent on Care Home services and £1m spent on Care at Home services.

£2.8m of the budget relates to community health services with £1m spent on District Nursing, £1.5m on hospital services and £800k on AHP services.

Care at Home capacity is now a significant challenge to support people in their own homes and facilitate timely hospital discharge.

The challenge of an increasing elderly population, living longer with increased co-morbidities and frailty set against a reducing number of home carers to deliver care is a 'wicked' problem that is a national and societal issue as well as a local challenge. The district currently has 264 hours per week of unmet need with the main pressure areas being Dingwall, Conon and Muir of Ord.

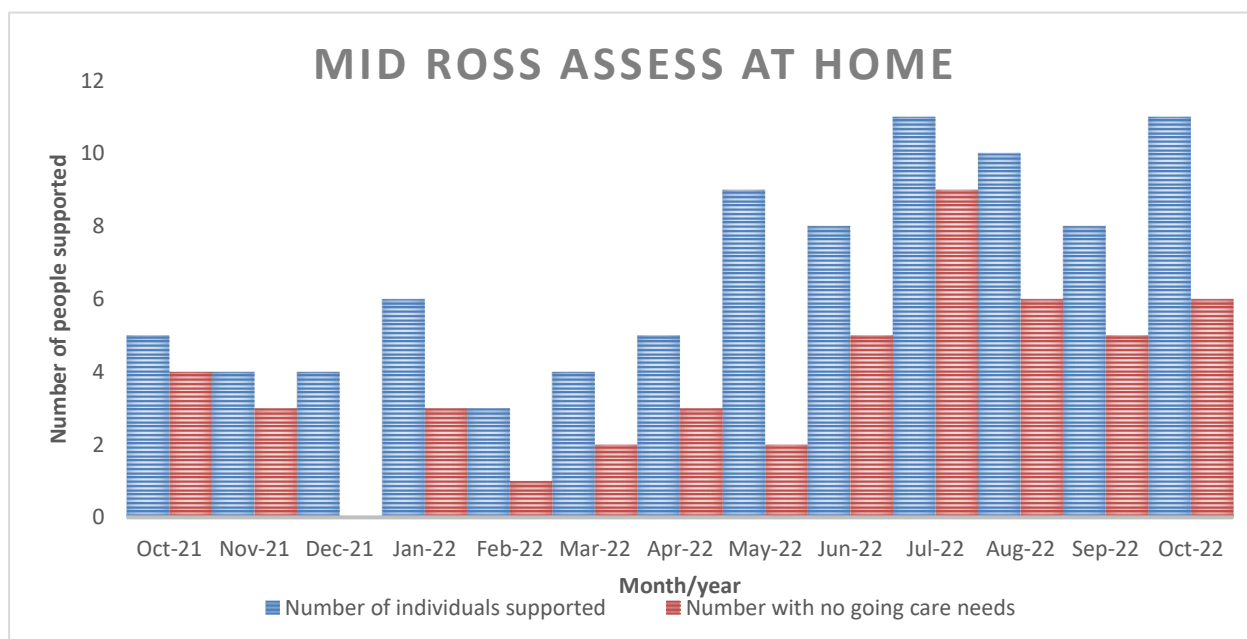
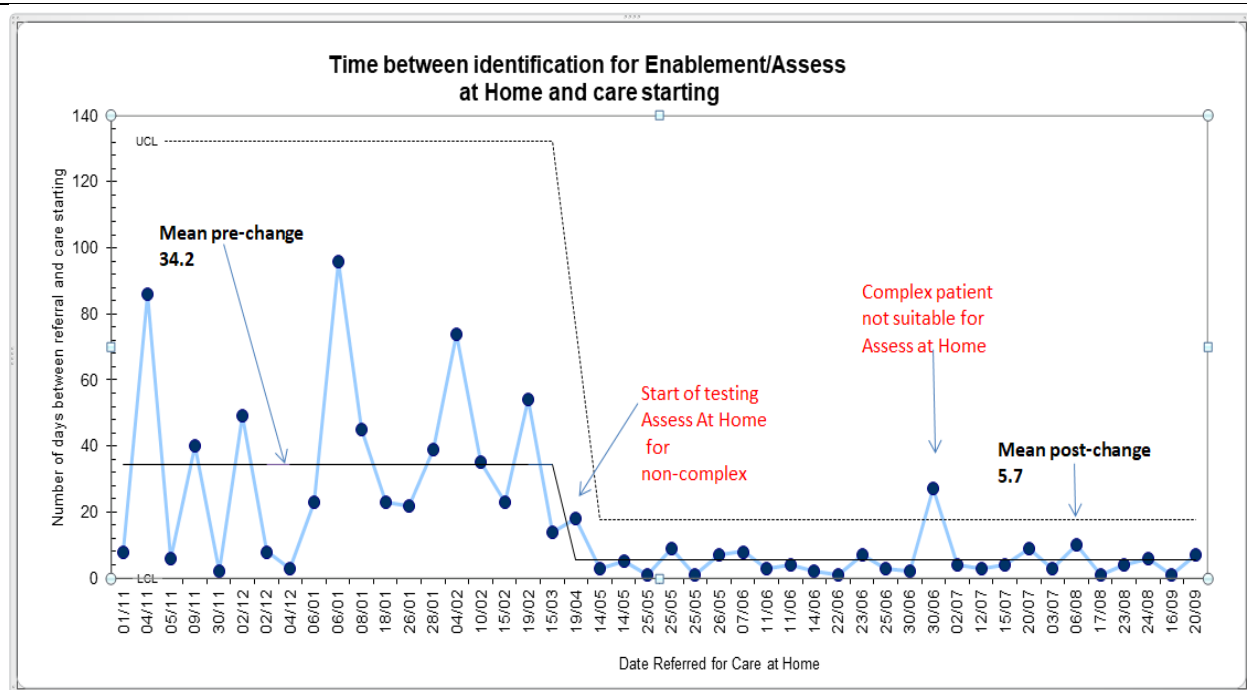
We are fortunate in Mid Ross to commission care at home services from 6 providers, all covering different geographical areas. We have a good working relationship with these providers and we work together to manage the existing care capacity to ensure that capacity is maximised and travel time minimised.

We have been working with our local communities and care providers to identify ways of increasing care provision using local people encouraged by their communities to enter the care profession. This approach is working well with Eilean Dubh Homecare on the north Black Isle and Top Care on the south Black Isle.

Opportunities and Developments

Mid Ross District has developed an Assess at Home service using the Rehabilitation framework which seeks to support early discharge from acute care with a functionally based assessment and delivery of rehabilitation focused care. This avoids the wait for care capacity following assessment which prevents the historical delay between assessment and care being available. The model seeks to promote a home based assessment of need as opposed to a hospital based assessment with a focus on regaining / promoting independence. This means that we can provide the right care in the right place at the right time for our patients. 54% of the individuals supported by assess at home were discharged with no ongoing care needs which has had a huge impact on our ability to manage the shrinking independent sector care at home capacity.

The Assess at Home service has been developed using non-recurring funds from within the District budget. Whilst recurring funding was allocated by NHS Highland for this service and staff recruited on permanent contracts, the future of this service is in doubt due to financial constraints on NHS Highland's budget.

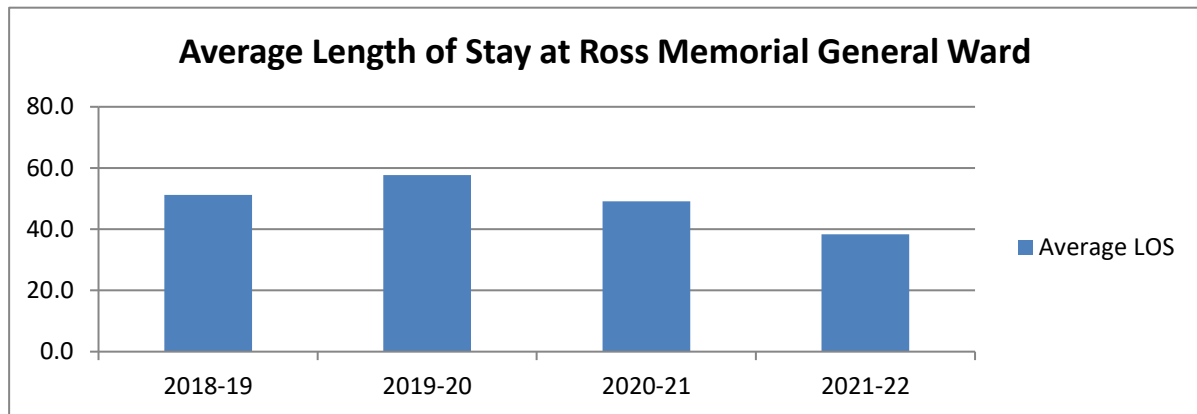


Mid Ross District has been developing a Discharge without Delay model that identifies and ‘pulls’ patients from the acute hospital into community services and seeks to plan care early in the acute phase of an individual’s admission to minimise delay of assessment and discharge. Through use of community services, care homes, care at home, assess at home and community hospital, the District Team is able to forward plan early assessment and identification of care capacity to reduce length of stay in hospital and provide the appropriate care improving outcomes for patients.

The use of the inpatient general ward beds at the Ross Memorial has been a key driver in improving patient flow and supports the integrated team to rehabilitate patients prior to returning home with an appropriate discharge plan. It also allows comprehensive multi-disciplinary team working to ensure complex discharges are well planned. Activity shows that generally, Mid Ross has 9 patients in Ross Memorial and 5 patients

in County Community Hospital Invergordon at any given time indicating that the bed capacity best fit is around 14 beds.

Through the use of the community pull model, early assessment and discharge planning, the average length of stay in the general ward has reduced from 57 days to 38 days and the number of discharges has increased from 66 to 80 per annum. This means that more patients receive care in the ward and their stay is shorter. It has also meant that Mid Ross patients are cared for closer to home which is really important for people.



Community Engagement

The District Manager has recently embarked on a series of engagement sessions with the 15 community councils in Mid Ross District, local GP Practices, Local Authority Members and local interest groups.

These sessions have focused on the public view on ‘what works well’ and ‘what works not so well’ in the District and these sessions have been lively and productive with lots of contribution from local communities.

Whilst this work has not yet been concluded, (10/15 community councils visited), common themes have emerged as follows:

What Works Well

- Wide range of outpatient services at Ross Memorial
- Preference to receive care locally in Dingwall rather than Raigmore or Invergordon due to accessibility
- Value the services at Ross Memorial especially the care on the ward
- Strong support for District Nursing service in the community
- Good access to Physiotherapy services in Ross Memorial and community
- Strong sense of Ross Memorial being part of the community

Ongoing Challenges

- Local demands for the reopening of the Minor Injury Unit
- Strong concern about the condition of the Ross Memorial Hospital and fear of possible reduction in services.
- Access to GP services

- Availability of home care to meet current and future care needs – demographic and recruitment issues.
- Would like more access to outpatient services locally at Ross Memorial

Generally, there is significant support within the community for the services delivered by Mid Ross District. We openly share the challenges with communities and elected members and they have been constructive and mature in their dialogue with us.

Communities are well positioned for future discussions on the future of health and social care in the District, in particular the future of Ross Memorial.

This relationship should form the platform for discussing the way forward for the Ross Memorial Hospital and organisationally NHS Highland are asked to support the development of a strategy of care in the District including replacement buildings on the Ross Memorial Campus.

Afterward

Finally, A quote from The History of Ross-shire Hospitals:

In 1938, there was a survey of all Scottish hospitals and this coincided with visits to the Ross Memorial by personnel from the Department of Health. Their joint visit of the hospital was not encouraging for its future. It was considered by 'no means an up to date hospital and could never be so'. There were said to be drainage problems due to its low altitude so that the drains apparently backed up at high tide. The main building was overcrowded and its 'but and ben arrangement and bitty organisation made it difficult to operate.

Plus ça change – 84 years later, Ross Memorial still provides a high standard of care to patients despite the challenges with the hospital estate.

Source: History of Ross-shire Hospitals
JC Leslie and SJ Leslie