

HEALTH AND SOCIAL CARE QUESTIONS

Summary Question

Given current financial and workforce challenges, what is NHS Highland doing to improve health and social care services and to make sure all services are joined up?

NHS Highland has two Health and Social Care Partnerships, one in Highland and one in Argyll and Bute both of which share the same principles and values in terms of providing integrated health and care to make life better for our population. We develop a joint strategic plan which shows how we target our activity to improve the lives of our population. We use all the data available to us and we marry this with our engagement with communities, councils, third sector organisations and staff. We ask people how well we have performed and what they would like to see. We carry out annual performance reports to show what we are doing, what we have succeeded at and where we need to make improvements. We strengthen this coordination by working collectively with our community planning partners so that all our efforts align. These ongoing conversations need to be predicated on the reality of our workforce challenges. The Board-wide 'Together We Care' strategy is an enabling strategy that works alongside all other joint strategic plans. We work at making improvements within a framework of collaboration, network and trust.

DENTAL SERVICES

Summary Question

Could you please provide an outline of current dental provision in Caithness and what your plans are to reform the service in general?

There are 3 General Dental Practices in Thurso. Currently 4 General Dental Practitioners are listed with NHS Highland to provide NHS General Dental Services in Thurso. Approximately 11000 patients are registered for NHS dental care at these Practices. Two of the Dental Practices currently have vacancies for Dentists. When fully staffed the Dental Practices in Thurso in the past, met the demand for both routine and emergency NHS dental care.

Recruitment of Dentists committing to provide NHS dental care remains a considerable challenge for NHS Dental Practices in this area and across Scotland. NHS Highland continue to monitor NHS dental access availability in the Thurso area and liaise with Dental Practices, regarding capacity to deliver NHS dental services.

The NHS Highland Public Dental Service based at the Lochshell Dental Clinic, Wick and Caithness General Hospital, provide access to dental advice and care for priority group patients, access to emergency dental services in-hours and out-of-hours and deliver oral health improvement programmes. Successful recruitment to Public Dental Service posts has been limited, comparable to limited Dentist recruitment in General Dental Practice.

There has been successful recruitment of Dental Therapists in the Caithness area recently, to both General Dental Practice and the Public Dental Service. Dental Therapists provide a wide range of NHS dental treatments.

Very few Dental Practices in the NHS Highland area are currently accepting new patients for NHS dental registration and access to routine dental care for registered dental patients may be delayed, as Dental Practices prioritise dental care for those with greatest need. Workforce vacancies, particularly Dentist vacancies, is the main reason for the ongoing limited access to NHS dental services.

Implementation of the initial stage of reform of Scottish NHS General Dental Services, is planned from 1st November 2023. The initial stage focuses on payment reforms. It has yet to be determined if this significant reform, will improve current workforce challenges and improve access to NHS dental services.

REMOTE/RURAL SERVICES

Summary Question

What are you doing to reduce the need for patients to travel long distances for acute care, including clinics and scans?

NHS Highland has a huge landmass, and we want to provide care for people as locally as possible. Already we are providing acute and community services on a day-to-day basis in peoples' homes and in our community hospitals. Our workforce challenges impact on our ability to provide care at a local level and this is an ongoing matter. As part of our service redesign in Caithness and Lochaber we aim to understand what works best in the local area and consider what we can and can't achieve both now and in the future. We learn from the different services that are delivered in different localities e.g. eye services are available in Caithness but not in Fort William at the moment. We are exploring how effective models can be expanded from one area to another. We are also looking at what kinds of surgery can be done safely within our acute hospitals in Highland. There is proactive work carried out in Argyll and Bute to improve the pathways with NHS Glasgow and Clyde so we can retain as many services as possible in Argyll and Bute.

Within our future redesigns for Caithness and Fort William we are ensuring we have facilities for mobile scanners. We are also putting in additional outpatient rooms into the Lochaber facility and we want to make more use of the rooms we already have in Caithness. We explore all options to make the most of how we deliver services locally in acute hospitals, community hospitals and primary care facilities and community bases. It must be acknowledged though that from an economy of scale or safety perspective, some services need to be provided from an NHS Highland, regional, or national level.

MATERNITY SERVICES/REMOTE RURAL AREAS

Summary Question

What are you doing to make sure more women, particularly in Caithness, can give birth closer to home?

We have recently built a new midwifery-led unit in Caithness, and we are continuing to invest in services for midwifery-led care in Caithness and have a comprehensive antenatal scanning service in Caithness.

We are looking at the workforce for the future and considering new ways of training midwives and work with NHS NES to consider alternative pathways into the career. we need to recognise that pregnancy is a lengthy process and so the time from pre-conception to post-natal services is important and the service in Caithness supports women throughout the whole of this period. We also look at investing in women's health in Caithness so that as many babies can be delivered in Caithness through low-risk births. Some women choose to give birth in Raigmore hospital, sometimes for clinical reasons this is necessary, and we enable this to take place and for those women to return home as soon as possible. We also support home births where this is chosen. These approaches are mirrored across the whole of NHS Highland.

Post meeting addendum

The response given at the annual review public meeting was referring to ladies that fall under midwifery-led care who have their choices discussed with them as a part of planning for birth and following birth. We recognise the choices, together with the distances, do mean there are limitations and as such the discussion around choice is based on the parameters of what is possible and what the mother wishes to choose. We are sorry for any suggestion that we were in any way diminishing the very real challenge of remote living and the level of services we are currently able to provide.

A patient travelled to Inverness for an appointment at the new National Treatment Centre and highlighted several issues for clarification. These issues related to: the size of the door to the accessible toilet, challenges for people with vision problems with the waiting area colours, and the length and colour of the path from the parking area.

NHS Highland was asked explain.

The door widths are compliant with current NHS Scotland and Scottish building regulations. The building has been inspected by Highland Council building control and issued with a certificate of compliance.

The design of the waiting area is compliant with current guidance and incorporates a range of materials and colours designed to assist as many of the intended users as possible.

The building has a drop off point as close as possible to the main entrance and disabled parking is provided at the closest spaces to the entrance. Location of car park is as close to the building as it can be with incorporation of a drop off point at the door. The path is covered in a resin bond material that distinguishes it from the rest of the ground area.

It is now more than 15 years since Argyll & Bute joined NHS Highland. Please could you provide an update upon integration between the two parts and what is envisaged for the future?

The HSCP is constantly seeking to improve all aspects of the services it offers. It listens to all feedback, evaluates, and reflects on its performance and has an extensive programme of community engagement to inform its strategic and operational planning processes.

It is acknowledged that there are significant financial and staffing challenges facing Health and Social Care Services and the partners we work with. It is also acknowledged that the most vulnerable in the communities we support have also been severely impacted by the cost-of-living crisis and the impact of covid.

Our recent priorities have been to invest in mental health services, improve adult social care provision, develop new ways of working with partners in respect commissioning of care at home services and ensure continuity of service at our community hospitals. The expansion of services provided throughout our primary care network is another example of where we are trying to ensure services are delivered in locations that are convenient for those that rely on them where possible. We are also looking to modernise and secure investment in our infrastructure over the longer term. A further recent highlight for the HSCP was the purchase of the Kintyre Care Centre which secured that the long-term future of nursing care provision in Campbeltown which is expanded at **appendix 1** where we have provided supporting examples.

The HSCP has continued to develop its locality based integrated management models, this helps ensure that services are genuinely integrated through co-location and integrated management structures. The relatively strong performance of the HSCP in managing delayed discharges is one example of where the integrated approach has worked well.

The HSCP has a strong financial approach, and the transformation programme supports the financial management infrastructure of the HSCP. This provides increased oversight on key activities which are priorities and ensures we are focusing spend where it is needed in line with the strategic plan, accountable to the IJB.

Challenges and risks are identified and in the public domain through the IJB with mitigating actions and activity monitored to support improvements in the provision of health & social care services.

A best value approach is taken with a focus on care experience both in our hospitals, communities, and unpaid carers in all our care groups. Culturally we benefit from staff who live and work in their communities who are transforming and enhancing our services by linking these changes to specific measurable outcomes e.g., reduced waiting times, reduction in delayed discharge and the introduction of Hospital at Home.

Argyll and Bute Health and Social Care Partnership (HSCP), it is one of only two Partnerships in Scotland to have delegated all health and social care functions permissible under the *Public Bodies (Joint Working) (Scotland) Act 2014*. This, coupled with other factors, has prompted the partner organisations to work innovatively and strategically in a joined-up fashion, and has produced numerous benefits to the people of Argyll and Bute which are provided as example in appendix 1.

Argyll & Bute has a strong approach to governance ensuring a well-represented, informed and responsible Integrated Joint Board as the locus of strategic decision making. The IJB is well appraised of their public duties, incoming policy, guidance, and directives alongside opportunities for reflection and improvement. Argyll & Bute has a reasonable national profile with the ability to highlight the needs of the area including urban, island and remote mainland and delivery of services across multiple board areas.

As an independent public body that delivers via the employees of partner organisations, commissioned services, and partners in an area with limited working age population and professional resource, integration has been key to maximising opportunities for innovation and baseline effective delivery due to the dependency on the wider infrastructure required. As such Integration is greater than the two parts of the partnership, involves the wider community planning partners and beyond to support the sustainability of service provision in the local area and maintenance of population.

The IJB has a robust Strategic Plan which is driven by data and local identified need and locality focus. This is a continually evolving process as we continue to improve our understanding and ability to respond to need.

Future of Integration- building on successes

Several examples of successes achieved by the HSPC are provided below working across a breadth of regulated services, and the positive outcomes it has generated for people in Argyll and Bute.

This is partly down to the fact that Argyll and Bute has fully integrated services in terms of the *Public Bodies (Joint Working) (Scotland) Act 2014*.

However, consideration given to a whole system strategic approach based on common planning and needs, going further than clinical and care services, could present a further opportunity to build on these successes. As reflected in the introductory response it could further strengthen the resource and capacity to influence and deliver national policy with a consolidated rural approach.

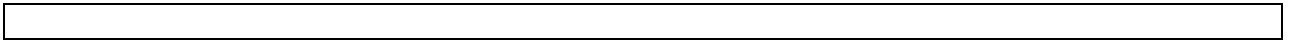
Innovative work in regard to prevention and early intervention is already progressing, necessitated by the drivers already outlined in this paper in regard of remote and rural delivery. However greater flexibility in regards of joint working between public sector bodies could allow greater scope, innovation and realisation of Christie Commission intentions to support hyper local place-based planning.

Most GP practices no longer participate in out-of-hours. Please give an update on those which do or have recently changed and what contingency plans exist for any remaining areas/practices.

Gairloch and Lochinver GP practices continue to deliver out-of-hours services (Mon-Th). There are also out-of-hours contracts in place with Nairn and with the Golspie/Sutherland Consortium.

In Argyll & Bute there are out-of-hours contracts in place with practices in Coll, Colonsay and Tiree. Furthermore, there are contracts in place which cover out-of-hours, A&E and inpatients in Mid Argyll, Campbeltown, Islay, Mull and Bute.

These contracts are managed and renewed/reviewed through appropriate contract management processes with no plans to change any currently.



Examples of Effective partnership approach.

Adult and Older Adult Social Care Design and Delivery

The HSCP is currently developing an Older Adults Strategy alongside a Housing for Older People Strategy. The aim behind both is to design a future model of care for older people to ensure that residents of Argyll and Bute can live longer, healthier, and independent lives.

To deliver that aim, co-location of multi-agency services in both health and social care premises was an early partnership decision and is the norm in all four localities. It provides an effective model in the daily review of care needs and supports discharges of patients from hospital back to their homes. Innovative models of care, such as this, support the attraction and retention of the workforce which is a key priority for Argyll and Bute.

In relation to care at home services, the HSCP continues to work collaboratively to commission flexible models of care which address different needs in different localities, and ones which connect with hospital pathways to secure the best outcomes for individuals, families, and unpaid carers.

The delivery of effective palliative and end of life care is another ongoing joint process between social care, district nursing and community hospitals within Argyll and Bute to secure consistent approaches across the area, build capacity, and support those receiving those services.

The purchase of Kintyre Care Centre in Campbeltown by the Council, on behalf of the HSCP, is a recent example of positive joint decision making, strategic joint working, and an exercise which is generating positive wellbeing outcomes and securing longer term care for people in Kintyre.

The continued development of Technology Enabled Care, through a Joint Digital Modernisation Strategy, is a key strategic aim of the HSCP and a service which has been developed in cognisance of Argyll and Bute's unique and diverse geography.

Partnership in Planning with People

The [Coll Health and Social Care Needs Assessment](#) replicated the Argyll and Bute wide Joint Strategic Needs Assessment at a hyper-local scale. This community-based partnership approach aimed to deliver four overall priorities for the residents on Coll:

- Choice, control, and innovation.
- Prevention, early intervention, and enablement.
- Living well and active citizenship.
- Community co-production.

The approach taken in relation to this piece of work has contributed to the basis for the HSCP's Island Strategy development, and co-production approaches being implemented to the current Jura Out of Hours Care development.

In 2023, the Improvement Service supported place-based assessments for the HSCP, the Council and Community Planning – initially with a focus on Dunoon. The outputs of these assessments will support the collaborative approach to the delivery of the Joint Strategic Plan, and will consolidate approaches to Islands Community Empowerment, Wellbeing, Prevention and Early Intervention. It will further support delivering a human rights-based approach to service design and delivery within the HSCP. Such a place-based approach has also supported the development and delivery of services through the Alcohol and Drugs Partnership, identifying gaps in wider services, and working together to deliver the national standards.

Argyll and Bute has a long term local strategy of prevention and early intervention which supports the public sector approach to alleviating inequalities in the social determinants of

health. These are acutely visible post-pandemic, and the HSCP are working in partnership with Live Argyll to promote public health messaging and tackle frailty.

Partnership in #KEEPINGTHEPROMISE

Children's health and social care services in Argyll and Bute can offer a fully integrated approach to care delivery from pre-conception to transition – working closely with the Council's Education Service and jointly delivering on Child Poverty Action Planning, the Children's Service Plan, and the implementation of the *UN Convention on the Rights of the Child*.

Partnership in Service Design and Sustainability of service

A strategic approach to Housing and Estate is being adopted by partners. This involves undertaking place-based reviews in each of our main towns to consider how assets can be better utilised in an integrated manner, building on the co-location arrangements already in place in some areas, and looking at the future use of unoccupied buildings/land. The Council, HSCP and local Housing Associations have also been working together to tackle the current housing issues in Argyll and Bute, including for key workers.