

Meeting: Highland Health & Social Care Committee
Meeting date: 11th January 2023
Title: Chief Officer Assurance Report
Responsible Executive/Non-Executive: Louise Bussell, Chief Officer
Report Author: Louise Bussell, 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

Service Workshops in Lochaber are ongoing with a final cross-check workshop planned for early February 2023. This will mark the culmination of what has been a very intensive process for the staff involved and will allow us to finalise the Clinical Output Specification. This key document will describe the services to be provided in the new Belford Hospital and describe the accommodation required, forming a key part of the brief for the new building.

The appointment process for the Principle Supply Chain Partner, who will both design and build the new facility, is underway and expected to complete in March 2023, with design work commencing thereafter.

Caithness

The focus of the redesign remains on the development of the service model in sufficient detail to inform workforce and accommodation requirements. This is being progressed through a series of intensive service stakeholder workshops for acute (Caithness General) and community (Wick and Thurso Community Hubs), which will run until early March 2023. These will produce a service operational brief for each of the three building projects, for issue to the respective design teams when they are appointed at the end March 2023.

A technical appraisal of shortlisted sites for the Wick Community Hub & Care Village has been undertaken, and a recommendation on the most suitable option will be made to the Programme Board in January 2023.

A successful test of change for an overnight care service in East Caithness is now complete.

This was shown to facilitate discharge, reduce admissions, and provide greater choice in location of end of life care. Any continuation or extension of this service is dependent on funding. Construction work to create two step up beds at Pulteney House care home is set

to complete in January 2023, which will enable another test of change of the new service model.

North Coast services

North Coast Care Hub

The Project Team are focusing efforts to close out RIBA Stage 2; it will allow the Design Team to progress with RIBA stage 3 work. The Planning Application forming stage 3 will be submitted this week, the intention of it being formally registered by The Highland Council before the Christmas break. Stage 3 will develop and refine technical aspects of the design; the Project Team will be front and centre through the process, our input is required to develop and review proposals at key stages alongside the Design Team.

The local team are working on the business case, financial model and workforce plan. Efforts are focused on moving this through the formal governance routes (Project Team and thereafter Programme Board) for approval. The next programme board is 13th January.

3. Care Home Pressures

- There have been significant pressures on independent sector care home provision across Highland over recent years (Covid-19 and ongoing staffing challenges) and during 2022, the sector has experienced unprecedented increased cost pressures around utility, food and staff / agency costs, and subsequent financial instability.
- There have been 3 care home closures in Highland since January 2022 (Cromarty, Grantown and Portree), with a loss of 85 registered beds.
- There are sustainability issues concerning a number other care homes, in relation to which ongoing discussions are taking place and further sector instability in early 2023.
- The pressing areas in Highland relate to staffing availability, availability of accommodation for staff and the direct and indirect agency costs associated with being unable to recruit and retain staff.
- In addition, there are increased costs across all aspects of service delivery (eg utilities, food, supplies etc), which is compounded in the more remote and rural areas of Highland and in key tourism locations where there is lack of available and affordable housing.
- The size and scale of care home provision and care home provider in Highland poses specific sustainability challenges to the Partnership and has been in dialogue with the Scottish Government in relation to these issues.
- The Scottish Government have initiated wider oversight arrangements to better understand the scale of sustainability issues across Scotland and it is noted that other parts of the country are now starting to experience provider instability issues.
- NHSH have been considering the necessary strategic and operational actions necessary to manage this area of activity.

- A Joint Monitoring Committee development session was held in November 2022 to discuss the current sector fragility and to develop a direction for the future of care home provision in Highland.
- Progress was made in the forward direction of travel to deliver sustainably staffed and affordable models of provision into the future. This information is being included within the Partnership's strategic plan, which will be available for consultation in draft form in early 2023.
- Whilst progress on forward direction is being made, there are inevitably time sensitive situations arising which require immediate operational actions, which may not necessarily be aligned to the preferred direction of travel due to the individual circumstances.
- Where such situations do occur, these are to be managed through a decision making framework, with assurance reporting thereafter to this Committee.
- In the event of a care home closure decision or necessitated action by a commercial provider, NHH has a comprehensive standard operating procedure for such a situation, which is understood will be made more widely available by the Scottish Government as a best practice tool.

4. AIness & Invergordon GP Practice

We continue our commitment to the turnaround and development of this practice which is a long-term process to rebuild and regain patient confidence in services provided.

Following TUPE transfer of staff, we have set a staffing budget for the practice and will be embarking upon an organisational change process in January. This will harmonise staff onto NHS terms and conditions and to match staff into roles within the structure. All vacant posts will be advertised in early 2023 including a campaign to recruit into key clinical leadership roles.

We continue to operate with locum GPs many of whom have been able to provide regular cover which has assisted with continuity of care. We use a mix of locums working remotely and also on-site.

We have seen a reduction in the number of complaints over the last few months and continue to monitor the type of complaints coming in. We established a Patient Participation Group for the practice in Summer 2022 and continue to support and develop a group of interested patients into this role. The PPG are keen to support with the recruitment campaign in early 2023.

A recent staff meeting, the staff expressed the desire to change the name and rebrand the practice.

We will be commencing several quality improvement projects in January/February 2023 with an initial focus on diabetes and asthma.

5. Winter pressures oversight and urgent care

Winter Ready Action Plan

This year's Winter Ready Action Plan (WRAP) has been formulated within the context of a continuing increase in demand for Emergency Care. It reflects collaborative action between the North Highland Health and Social Care Partnership (HSCPs) and the Acute Sector, building on the lessons learnt from last winter.

The Board's performance against the 4 hour Emergency access standard has been challenging over the summer period although we continue to perform well against other Boards in Scotland.

However, there are continuing high levels of demand and we need to be able to respond to:

- A continuing challenge with the numbers of delayed discharges within our system due to acute care demand, capacity within care homes and care at home
- Sustaining our trajectories for planned care to meet the National SG Targets
- The continuing financial challenge.

The aim of this work is to translate a strategic blueprint into service delivery that includes the development of the OPEL (Operational Pressures Escalation Levels) framework to help assist us with decision making.

This Winter Ready Action Plan represents a series of actions to develop and improve our services, whilst providing reassurance and mitigation plans to respond to the seasonal challenges.

Urgent Care

Continuous service improvement and change, led by the Urgent & Unscheduled Care Programme Board are underpinned by WRAP over the winter period; and we have been supported by additional financial award from the Scottish Government to add extra capacity.

We are currently adding additional workforce to community hospitals to make the most use of available beds; we are scoping a hospital at home model in partnership with Acute Directorate and locality planning groups; we are providing the public with signposting information via a targeted media campaign; and we are redesigning our services in line with the high impact changes set out by Scottish Government.

Redesign of Urgent Care is a key workstream and we are refocussing our overall approach to out of hours service coordination and delivery. This encompasses better scheduling of unscheduled care into next day scheduled services.

All of this work is also being aligned with the NHS Highland's strategy "Together We Care", of which Care and Respond Well are the key work streams that this relates to.

6. Fees discussion update

The Committee will recall that fee and contract recommendations for 2022/2023 were discussed at the meeting on 27 March 2022 and each of the fee and contract recommendations at appendices 2 and 3 in the report was agreed.

The report also requested an addition to the Adult Social Care Fees - Commissioning, Briefing and Instruction Group (Fees Group) mandate, this being to: apply fee rate increases requested in respect of bespoke, non-standard or other similar arrangements, where such increases have been fully considered by the Fees Group, are aligned to Scottish

Government direction and contained within the Scottish Government stated percentage uplift.

The Committee endorsed this on the basis that this mandate applies to issues arising between meetings of the HHSCC.

The Fees Group, which has responsibility for the oversight of fees for adult social care services in North Highland, has continued to meet with an interim role and remit which has enabled the group to make recommendations to the Chief Officer, Highland Community and the Director of Finance. The Chief Officer, Highland Community and Director of Finance then determine whether to approve, defer for further information or reject the recommendations.

Moving forward, work is on-going with the new Director of Finance to consider future governance arrangements to provide an appropriate solution which allows decisions related to fees to be made timeously. An update on this work will be available shortly.

7. MAT Standard Improvement Plan

Current Progress of MAT Standards 1-10 including challenges, improvement areas and good practice

MAT1: All people accessing services have the option to start MAT from the same day of presentation

The Central Treatment Service in NHS Highland (Osprey House, Inverness) is offering MAT 1 as per standard with data being collected. Pathways linking Inverness Community team to Osprey House are in final draft. In other areas there has been challenge offering same day MAT with a lack of non-medical prescribers, lack of accommodation, and general challenge in rural locations. There is a need to recruit to a full-time permanent community pharmacist post. Rural teams have adapted MAT 1 to offer MAT within 7 days with a view to reducing this timeframe as staff complete non-medical prescribing course. Job descriptions have been completed for ANP roles with rural teams hoping to go to advert soon. Analysis for need for ANP role still to be completed for Inverness teams as they have medical representation resident. The MIST resource will support Advanced Nurse Practitioner (ANP) training and then uplift from Band 6 to Band 7 on completion of studies. Improvement work has started with Mid and East Ross Team with the creation of their quality improvement board with aims to reduce their waiting list and waiting times. Associated PDSA's include starting drop-in and appointment clinics week beginning 12th December 22.

MAT 2: All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose

Central Treatment Service in NHS Highland (Osprey House, Inverness) is delivering MAT 2. Community protocol final draft is completed and we hope this will be ratified at the next policy, procedures and guidelines meeting for use in all areas.

MAT 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT

The Integrated (DARS, CJSW) non-fatal overdose immediate response team established in Inverness have commenced reaching out to NFOD (social worker joins in Jan 23). Rapid response pathway for NFOD discussions have started in all areas. A pathway meeting has taken place with Caithness and partners including Inverness team. It is likely

that Inverness will be the central point of contact who will liaise with rural teams who will then provide the outreach. Mid and East Ross quality improvement board provides a weekly count of NFOD and those outreached which will identify any local trends. It is hoped to commission a Third Sector Highland wide drug and alcohol (non-medical) support service that provides alternative as well as complimentary support to people/families affected by drug use. A draft service specification has been circulated to the Project Team for discussion/development. Justice teams will be included in tests of change to meet this standard.

MAT 4: All people are offered evidence-based harm reduction at the point of MAT delivery

Training programme developed with dates disseminated by Harm Reduction Service (HADASS) to locality teams. SOP in final draft approval. It has been identified not all team members are confident at delivering all evidence-based harm reduction therefore as part of quality improvement some teams are introducing as a test of change 'module of the month' to not only increase the capacity to deliver harm reduction but also improve the uptake.

MAT 5: All people will receive support to remain in treatment for as long as requested

A SOP is to be developed for no unplanned discharges and safe exit from treatment across all locality teams. We are currently exploring examples of good practice in other areas via MATS-IN Teams channel. Team capacity to meet this standard was highlighted as a challenge so a 2 week capacity exercise has been completed within some teams. This has identified areas for improvement using lean methodology and the method for improvement to release capacity for direct care within the team to allow people to remain in treatment.

MAT 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks

Our service has a 'core skills' standard training expectation Matrix which is mandatory for all new staff. As an area of improvement some teams are hoping to improve the percentage of their staff trained in low intensity psychosocial interventions and the percentage of staff then delivering. Uptake of supervision is low and is also being monitored with a view to improve.

MAT 7: All people have the option of MAT shared with Primary Care

Although there is awareness of MAT across GP practices there is little engagement from our primary care partners. This standard has many challenges. We are reviewing materials to be distributed and will attempt to engage our GP colleagues. Primary care pharmacy will be represented in our oversight group. A meeting is arranged with primary care to review the NHH Local Enhanced Service (LES) contract for Drug Use Treatment to include MAT Standards. Recruiting to the GP/Associated Specialist post will help deliver a shared care model.

MAT 8: All people have access to independent advocacy and support for housing, welfare and income needs

There is evidence for all, that independent advocacy is offered at assessment however the uptake is low. Some teams are completing analysis around why uptake is low as a quality improvement exercise. There is a joint funding proposal from Highland Advocacy and Partners in Advocacy being considered by HADP of which a decision will be made in

December 2022. A commissioning project team is established and draft service specification includes links to advocacy support. We are also developing a lived experience panel to improve access to family and carer support.

MAT 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery

Meeting set for Monday 12th December 22 with leads to discuss clear priority referral pathways, governance structures and joint protocols between the Drug and Alcohol Recovery Service and Mental Health Service for those with co-occurring drug use and mental health difficulties.

MAT 10: All people receive trauma informed care

It will be raised at the MAT oversight group the requirement to have secure executive level management and estates support to increase trauma sensitive accommodation/the clinical space required in most areas to improve access to treatment. A CBT therapist has been recruited to HMP Inverness and will commence post early in 2023. CBT therapist vacancy will be advertised in December 2022 for DARS.

MAT Implementation in HMP Inverness

There is good appetite for MAT in HMP Inverness and Highland are the first site to include justice settings and community in data collection. Preliminary work to provide MAT has just started. A shadowing visit happened in November to commence the initial self-mapping assessment and the MIST team are arranging QI workshops to scope out improved pathways with the assertive outreach team inclusive of justice partners.

NEXT STEPS

For all MAT Standards a strategic oversight team group has been established, including Argyll and Bute colleagues to oversee the MAT standards development and implementation.

8. Vaccination Update

By Public Health Scotland calculations –

68.1% of eligible individuals have received a covid -19 booster (70.3% in Scotland)

60.1 of eligible individuals have received a flu vaccine (62%) in Scotland

Local data indicates - 84% of eligible people were appointed and offered a vaccination opportunity (with 15.9% DNA rate)

We outperform the national average in the following cohorts:

Older adult care homes (flu and covid)

Frontline health and social care workers (flu and covid)

We remain within a few percentage points of the national average for all other cohorts (details attached)

Vaccination clinics remain available until the 19th December with some continuing in the run up to Christmas and then they will all recommence after the new year.

Several clinics have had to be cancelled with late notice due to the adverse weather conditions.

9. Public Health

Following discussions about the importance of ensuring the committee has a focus on population health and health improvement, a meeting was held on 16 December to explore the how to approach this. At the meeting it was highlighted that understanding population health needs is an important and integral part of the process of service development and improving outcomes. It was agreed that Tim Allison, Director of Public health would consider what the best route would be for public health reporting into the various committees and what would sit best within the HHSCC. In addition, report writers would be asked to consider public health information within their submissions.