



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

**Meeting date:** 10 July 2024

**Title:** Chief Officer Assurance Report

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

**Report Author:** Pamela Cremin, Chief Officer

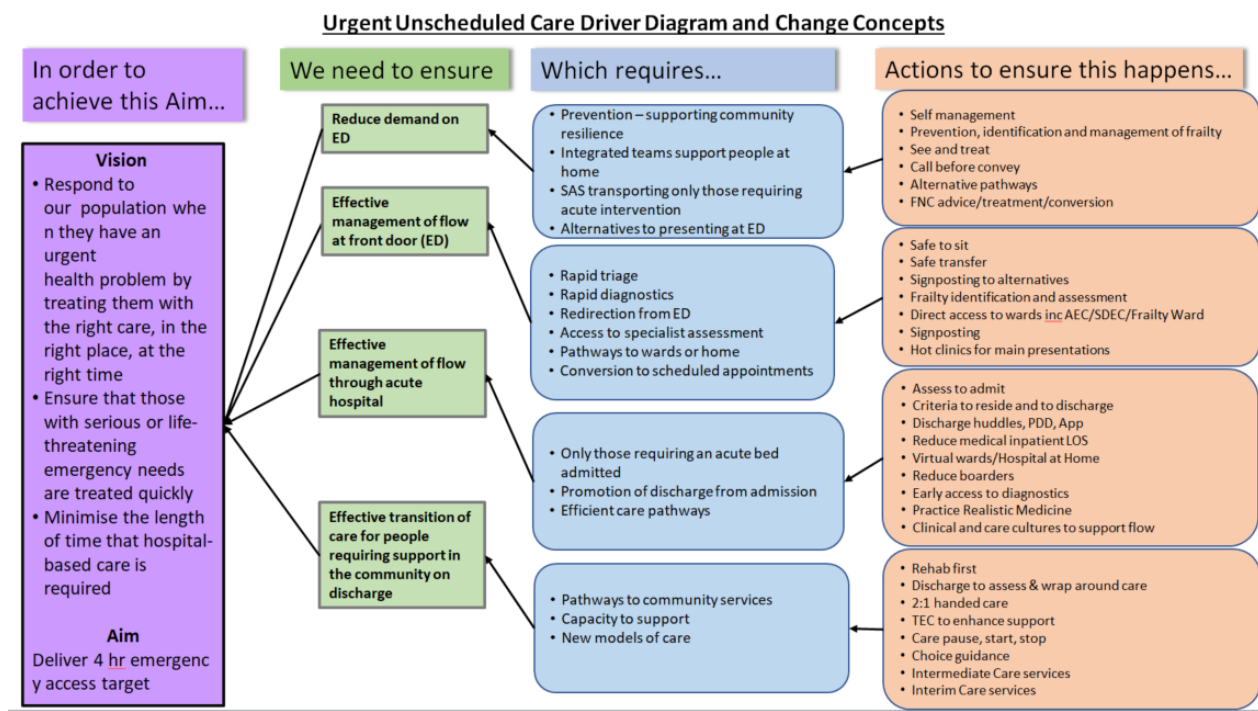
<p><b>1. Purpose</b></p> <p>To provide assurance and updates on key areas of Adult Health and Social Care in Highland.</p>
<p><b>2. Ross Memorial Hospital Redesign</b></p> <p>The fire upgrade and in patient ward and out patient redesign plan has been agreed for Ross Memorial Hospital in Dingwall and work is due to start in the autumn.</p>
<p><b>3. National Focus on Discharge Without Delay</b></p> <p>A national Collaborative Response and Assurance Group (CRAG) has been set up weekly with oversight of the Cabinet Secretary for NHS Recovery, Health and Social Care to take forward intensive, focussed activity with the aim to achieve material and sustained reduction in people in delay to discharge.</p> <p>Each integration authority is required to reduce people in delay to at least 34.6 delays per 100,000 population ahead of the winter period and anticipated winter pressures. This will be challenging for Highland to achieve with almost 100 delays per 100,000 population at the moment.</p> <p>Highland has <b>consistently</b> had the <b>highest rates</b> of delay for the past 6 months. Highland has 4% of the adult population in Scotland, but accounts for 10% of all delays. This will be a significant undertaking for NHS Highland given ongoing recruitment and retention challenges across all sectors due to the availability of workforce and ongoing reduction of people of working age in our remote and rural communities; independent care sector turbulence; financial sustainability of services under the current national care home contract rate; and the availability of care at home services for people delayed in hospital. There are significant waits for people with incapacity across acute and mental health and learning disability services and decreasing uptake of care home placement for people who have complex needs – underpinned by cost and workforce recruitment and retention.</p>

There is national learning and shared improvement work across Scotland and the CRAG is meeting weekly with Chief Officer attendance. In addition the Minister for Social Care, Mental Wellbeing and Sport is meeting with Highland monthly to seek assurance of action plans to achieve sustained improvement. The most recent meeting was held on 1<sup>st</sup> July 2024.

There exists a specific Delayed Discharge and Reduced Length of Stay Action Plan as part of a suite of plans being progressed under the Urgent and Unscheduled Care Programme Charter.

Charter: Urgent & Unscheduled Care		Exec Lead	Pam Cremin
Ensure that our services are responsive to our population's needs by adopting a "home is best" approach. We will:		Author	Gillian Gunn/Hazel Smith/Sue Menzies
<ul style="list-style-type: none"> <li>Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time</li> <li>Ensure that those with serious or life-threatening emergency needs are treated quickly</li> <li>Work to minimise the length of time that hospital-based care is required</li> </ul>		Board/Group:	Urgent & Unscheduled Care Programme Board Chair – Claire Copeland
Scope			
All areas of urgent and unscheduled care, including Primary Care, Secondary Care and Mental Health services, across the Highland Health and Social Care Partnership area.			
Problem Statement/Challenge		Impact	
Urgent and unscheduled care can be accessed in several ways across healthcare services including, emergency departments, minor injuries units, GP practices, out of hours services and pharmacies. To ensure the most effective responses to our population we need to facilitate a cross system approach. We will do this by delivering the national programmes, Community Urgent Response, Flow Navigation, Hospital at Home, Acute Front Door and Optimising Flow We will also deliver our local priorities to improve our response to people with frailty and to those with acute mental health needs.		<ul style="list-style-type: none"> <li>Delivery of services as close to where people live as possible</li> <li>Home is best ethos embedded in practice</li> <li>Reduce time to wait for urgent and unscheduled care services, including ED, Care at Home</li> <li>Support people to access the right part of our system to meet their care needs</li> <li>Develop evidence base for Urgent Care Service and Hospital at Home to ensure effective decision making on potential areas of financial risk, efficiency and savings</li> <li>Recognition of persistent challenges with capacity in Care at Home services resulting in wider programme to enable responsiveness to people waiting for services by standardising processes and utilising technology</li> </ul>	
Aims & Objectives			
<b>Urgent Response</b> <ul style="list-style-type: none"> <li>Development of Urgent Care Service to ensure right care at the right time in the right place and result in efficiencies</li> <li>Understand and standardise Care at Home capacity management and processes</li> <li>Technology Enabled Care at Home to support people to stay at home for longer, maximising independence</li> <li>OOH Service Delivery Model</li> </ul> <b>Hospital at Home</b> - Monitor outcomes of pilot projects in Skye, Caithness and Oban to understand value and inform future service model <b>Acute Front Door</b> <ul style="list-style-type: none"> <li>Safe transfer to hospital to support improved turnaround times for ambulances</li> <li>Access to Ambulatory Emergency Care from ED and FNC to improve flow and times to be seen within ED</li> </ul>		<b>Optimising Flow</b> <ul style="list-style-type: none"> <li>System wide response to high OPEL levels to reduce escalation status</li> <li>Embedded and effective discharge huddles and PDD processes, supported by discharge app, to ensure improved communication developing an ethos of "pull" from hospitals to community services</li> <li>Improve discharge responsiveness and reduce variation with criteria led discharge, improving 7 day discharge and utilising discharge lounge services</li> <li>Implementation of choice guidance to support conversations with people and their families about care homes</li> </ul> <b>Frailty</b> - Focus on Community and Acute identification of and response to individuals affected by frailty <b>Winter Plan</b> - Embed learning from 23/24 into future planning for seasonal surge responses to facilitate step up of services as required and not just for Winter <b>Mental Health</b> <ul style="list-style-type: none"> <li>Develop a pathway for urgent and unscheduled mental health care</li> <li>Develop pathways to reduce demand on secondary care mental health beds</li> </ul>	
Deliverables / Targets / Timeline			
<ul style="list-style-type: none"> <li>% of A&amp;E patients waiting times less than 4 hours – 85% by Q4 24/25</li> <li>% of Flow Group 1 (minors) spending less than 4 hours in A&amp;E – 90% by Q4 24/25</li> <li>% of A&amp;E patients waiting more than 12 hours – 0% by Q4 24/25</li> <li>% Ambulance handover times under 60 minutes – 100% by Q4 24/25</li> <li>Reduce emergency admissions – 4,550 per quarter by Q4 24/25</li> <li>Acute hospital occupancy – 95% by Q4 24/25</li> </ul>		<ul style="list-style-type: none"> <li>Delayed Discharges – 60 by Q4 24/25</li> <li>Emergency length of stay – 2 days by Q4 24/25</li> <li>Increase number of patients 16-64 discharged with LOS of 1-2 days – 545 per month by Sep26</li> <li>Increase number of patients over 65 discharged within 72 hours – 737 per month by Sep26</li> <li>Increase number of patients 16-64 discharged with LOS 3-7 days – 193 per month by Sep26</li> <li>Increase number of patients over 65 discharged with LOS 4-14 days – 364 per month by Sep26</li> </ul>	

Focussed plans to meet the trajectory are in development and an Urgent and Unscheduled Care Programme Driver Diagram and Change Concepts have been developed.



and informed by the recent Internal Audit Report, Adult Social Care Services i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems, specifically in relation to Discharge without Delay App training plan and implementation. Data improvement in recording Planned Date of Discharge. Further work is required to improve whole system delivery

There is also a regular NHS Highland Performance and Improvement Bi-monthly Call led by Scottish Government which undertakes review of progress against Urgent and Unscheduled Work Streams and Centre for Sustainable Delivery Priorities.

A specific overview visit will take place in Person on Friday 17<sup>th</sup> August led by Scottish Government and COSLA officials to seek assurance from NHS Highland to Collaborative Response and Assurance Group (CRAG).

4. An internal audit has been undertaken of **Adult Social Care Services i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems**. The audit findings were disappointing and found confusion from staff about their role in discharge planning and a lack of standard work / SOPs or training; and a lack of clarity about decision making and additional hand offs added to the discharge planning process which staff felt were causing more delay. Urgent improvement is to be undertaken across the following six areas:

1. Clear processes within districts to ensure the MDTs are working alongside staff within Acute to ensure discharge planning is taking place in a joined-up way.
2. Effective interface between Community MDTs and discharge support teams / discharge planning teams in Acute.
3. Clear escalation processes in place where differences of opinion arise over where patients should continue to receive treatment.
4. Clear policies and procedures regarding the monitoring and review of care at home packages and that Care at Home packages are being reviewed in line with requirements (5) and services adjusted as and when necessary; with regular reporting (6) on the reviews taking place to management and the governance structure with data outputs and trend analysis.

There has also been undertaken an audit of **Younger Adults Complex Care Packages Governance Arrangements** with improvement recommendations in the following three areas:

1. Clear policies and procedures in place for the development and approval of complex care packages which are being adhered to in practice.
2. Package development to include an analysis of need and availability of resource and there is appropriate oversight of all packages to ensure they are considered in the context of the entire service model, priority and sustainability of service provision.
3. Ongoing monitoring and reporting on the packages in place to management and the governance structure with any issues being escalated in a timely manner.

Both Audit Reports and their Improvement Plans will be submitted to the next HHSC Committee Meeting in September.

**5. Vaccination Services**

A weekly NHS Highland Vaccine Improvement Group has been set up to determine the most appropriate future delivery model for vaccination to ensure Highland citizens have access to safe high quality immunisation services within their local community.

As part of this process, senior GPs and the Board have agreed that a Short Life Working Group (SLWG) which will report to the Vaccine Improvement Group, will compile general practice options appraisal assessment informed by population vaccination uptake and delivery rates; vaccine accessibility; quality and patient safety; and capacity and workforce. The assessment will be undertaken at a general practice population level and will also consider the different vaccination programmes.

The development of a co-produced questionnaire to survey of GP practices will be the first stage in assessing general practice ability to input to the vaccination programmes.

The Short Life Working Group will hold its first meeting on 4<sup>th</sup> July.

**6. Feedback from Joint Monitoring Committee**

The following agenda items were presented to JMC:

- Collaborative Care Homes and outcomes for people (the report that was presented to the previous HHSCC)
- Integrated Childrens Services Annual Report
- Adult Services Update Report
- NHS Highland and Highland Council Finance Reports
- Joint Risk Register

Future agenda setting and development sessions are being identified for JMC to ensure that there is promotion of the activities from HHSCC and THC Health, Social Care and Wellbeing Committee.

**7. Enhanced Services**

5 new contracts for Enhanced Services have been developed and are in the final stages of negotiation with Highland LMC; with a further 4 being progressed.

**8. Joint Strategic Plan**

Inaugural District Planning meetings have taken place for every district. A meeting of the Strategic Planning Group took place on Thursday 20<sup>th</sup> June.

**9. National Care Service Bill: proposed amendments**

The National Care Service (NCS) Bill is at stage 2 in progressing through the Scottish Parliament. The [draft amendments](#) were published by the Scottish Government on 24<sup>th</sup> June 2024.

[NCS Stage 2 list of draft amendments](#)

Letter from the Minister for Social Care, Mental Wellbeing and Sport to the HSCS Convener concerning the draft Stage 2 amendments for the National Care Service (Scotland) Bill [www.parliament.scot](http://www.parliament.scot)

It is anticipated that the new arrangements will not come into force for at least another 18-24 months, providing time for the legal and other implications to be worked through. The Highland Council and NHS Highland will work closely with the Scottish Government to assess what assistance may be required to deliver transition to the new model.

The Health and Social Care Committee may wish to consider a more detailed paper or hold a development session on the proposed arrangements for the NCS amendments and any implications for health and social care delivery going forward.