

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 06 November 2024 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, Committee Chair, Non-Executive (from 1.50pm)
 Philip Macrae, Vice Chair and Non-Executive (until 2.30pm)
 Tim Allison, Director of Public Health
 Ann Clark, Non-Executive Director and NHS Board Vice Chair (from 1.30pm)
 Cllr Muriel Cockburn, Non-Executive (until 3.30pm)
 Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director
 Joanne McCoy, Non-Executive (from 1.45pm)
 Kaye Oliver, Staffside Representative
 Simon Steer, Director of Adult Social Care
 Diane van Ruitenbeek, Public/Patient Representative
 Pamela Stott, Chief Officer
 Neil Wright, Lead Doctor (GP)
 Elaine Ward, Deputy Director of Finance
 Mhairi Wylie, Third Sector Representative (until 2.40pm)

In Attendance:

Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
 Ruth Daly, Board Secretary (item 3.7)
 Fiona Duncan, Chief Social Work Officer (until 2.40pm)
 Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS
 Ian Kyle, Head of Integrated Children's Services (until 3.50pm)
 Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
 Bryan McKellar, Whole System Transformation Manager
 Stephen Chase, Committee Administrator

Apologies:

Cllr Ron Gunn, Cllr Christopher Birt, Cllr David Fraser.

Items were taken in the following order: 1, 3.7, 3.5, 3.1, 2.1, 3.2, 3.3, 3.4, 3.6, 4 and 5.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Vice Chair welcomed the attendees and noted that he would chair the meeting on behalf of G O'Brien who he advised would join the committee later from a meeting with the Cabinet Secretary. He advised the committee that the meeting was being recorded and would be publicly available to view for 12 months on the NHS website.

The meeting was quorate and no declarations of interest were made.

1.2 Assurance Report from Meeting held on 4 September 2024 and Work Plan

The draft minute from the meeting of the Committee held on 4 September 2024 was approved by the Committee as an accurate record.

The following items from the Rolling Action Plan were approved for closure:

- Action 1: the Chair would liaise with the Chief Officer to ensure the satisfactory closure of the Care Governance item. The Chief Officer agreed to produce a closing report detailing progress to the January 2025 meeting;
- Action 3: The committee had appraised the Board of the risks around TEC.

The Committee

- **APPROVED** the Assurance Report, and
- **APPROVED** the closure of the items noted from the Action Plan, and
- **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

There were none.



3.7 BLUEPRINT FOR GOOD GOVERNANCE IMPROVEMENT PLAN UPDATE

The Board Secretary provided an overview of the report and noted that the Board had received its first full year progress report on the Blueprint improvement plan in July. There were now only a few remaining items on the plan to be attended to. Informal oversight was still being given to outstanding actions and the report provided an overview of progress on the work being undertaken on developing the Board’s approach to quality of care. Feedback from a joint session between the Area Clinical Forum and the Board in April this year had helped shape the workstream. Work was underway to review how the organisation was working prior to introducing a quality framework through a measured and planned approach. Patient feedback and experience would be included in the framework dataset and the work would be benchmarked against the approaches other Boards have taken. It was noted that further work would be needed on both elements and it would take time to mature.

Moderate assurance was offered to provide confidence that the actions were all being actively pursued and to reflect that on-going activity would be required to fully meet the objectives. A further self-assessment against the Blueprint would take place at some future juncture.

In discussion,

It was suggested that patient experience feedback form a part of the reporting on good governance. The Chief Officer welcomed the suggestion and noted that it would help to inform development sessions and engagement work to implement the Joint Strategic Plan.

The Committee:

- **NOTED** the report, and
- **ACCEPTED** moderate assurance.

3.5 CHIEF SOCIAL WORK OFFICER REPORT

The Chief Social Work Officer (CSWO) introduced the report and covering paper and noted that it fulfilled a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work and social care services within the HHSCP. The report provided Members with information as to the range of activities that had been carried out during the past year to meet statutory duties and responsibilities and highlighted the opportunities and financial and service challenges ahead. It was commented that staffing had been one of the biggest challenges faced by the service but that there had been progress with the ‘grow your own’ approach to training staff and Scottish Government had

shown positive interest in this model. Members were invited to contact the CSWO to discuss any further information pertaining to the report.

In discussion,

- The issue of staff vacancies was noted as was the potential solution of examining the staffing model to see what elements of the unfilled roles could be safely addressed by other staff to support the qualified professional staff in order to build a sustainable workforce.
- The health needs of unaccompanied young people were discussed. It was noted that the interviews commissioned from The Promise had led to the development of a 10-year strategy which emphasised a need for flexibility with the aim of keeping children with families where it was viable and bringing children back into the Highland area for support.
- The learnings from bringing unaccompanied young people back within area were considered in terms of the transformation agenda for the partnership. It was commented that the process was similar for ASC with the aim of having an early intervention and prevention agenda which relies on a methodical and whole system approach to recognise the impact of different areas of the system upon one another and the importance of working with partners in the Third Sector. The important role of Third Sector organisations was commented on in relation to coordinating community support for families alongside support from statutory services especially for asylum seeking children.
- A Clark noted, as chair of Clinical Governance Committee, that she would be keen to explore with the Chief Officer's team this work with young people to help ensure that services were as accessible for these young people as they would be for any other young person in Highland.

The Committee:

- **NOTED** the report.

3.1 MENTAL HEALTH ASSURANCE REPORT

The Head of Service provided an overview of the paper which noted that work had continued to develop the Mental Health & Learning Disability Services Strategy, and a workplan (or Plan on a Page) had been created to detail future plans. The service continued to experience risks, particularly in relation to increasing demand and recruitment.

During 2024 focus had been given to the foundations of the services and work was near to completion on a significant workstream to align the many workforce and data systems in NHSH to the current service design and organisation. The aim of this alignment was to enable more accurate reporting on projections and to inform work on Integrated Service Planning.

The committee was asked to: note the ongoing work in relation to the delivery of the North Highland Mental Health & Learning Disability Services Strategy and Integrated Service Planning, continue to support the ongoing developments in the delivery of mental health care as described in the "Plan on a Page", and note the risks and associated impacts in relation to New Craigs bed occupancy, Consultant Psychiatry recruitment and supplementary staffing usage

In discussion,

- The Chair noted that as Chair of the Endowment Fund Committee he was keen to take up the offer to its members to visit the renovated Dementia Ward at New Craigs and would like the offer to be extended in a managed way to the present committee. J McCoy as another member of the Endowment Fund Committee had been impressed by a recent visit.
- It was noted that of the 23 beds at the Birchwood Centre, six beds were block purchased for step-up and set-down (up to 12 weeks occupancy) but that the remaining beds were reserved for patients on a longer recovery trajectory.
- Regarding known vacancies at consultant level, it was noted that the number of qualified consultant psychiatrists was expected to improve in around five years based on numbers undergoing training. In the meantime, work was in underway to assess what aspects of the role could be safely assigned to other staff, such as having review work conducted by community nursing teams in remote areas where specialist recruitment was especially difficult. Work was also underway with Third Sector partners to consider what aspects of 'wellbeing' based work could be conducted by the sector as opposed to clinical services. Work was also underway with the Mental Health Delivery Group and Public Health to clarify and assign appropriate pathways for individuals in distress and unscheduled times and suitable roles to staff who could assist.
- The opportunities afforded by current technological solutions were under consideration, such as self-managed therapy conducted online thereby freeing up the work of specialists for more complex support cases. It was commented that those members of the populace who were not digitally enabled or had more need for guided management would be accounted for via a matrix approach.
- An opportunity was noted for stronger governance and consistency of practice by bringing Learning Disability and Mental Health into a single division and reducing extended pathways of referral.
- Regarding Delayed Discharges, it was noted that 25% of beds were classified as in delay. A number of workstreams were in place to address unscheduled care to improve flow such as the use of step-up/step down approach to beds, and a tenancy-based model for individuals requiring more support. An OPEL system had been implemented for Mental Health to better understand capacity.

The Committee:

- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance from the report.

2 FINANCE

2.1 Financial Position at Month 6 and the Financial Year Ahead

The Deputy Director of Finance presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 6 with further detail presented on the HHSCP position.

- A forecast year-end deficit of £52.0m was presented if additional action to deliver a breakeven ASC position was taken. This would leave the partnership £23.6m adrift from its brokerage limit and £1.4m adrift from the target agreed with Board in May 2024.
- At the end of month 6 the position was summarised to show an overspend of £42.418m, with the overspend forecast to increase to £51.980m by the end of the financial year – assuming further action delivered a breakeven ASC position. The forecast had deteriorated by £2.283m from Month 5 due to notification of a reduced allocation with

respect to multidisciplinary teams – discussions were ongoing with SG in relation to this. It was noted that at this point it was forecast that only those cost reductions/improvements identified through value and efficiency workstreams would be achieved. The forecast was £23.580m worse than the brokerage limit set by Scottish Government and £1.376m worse than the target agreed with the Board in May 2024.

- Overall funding had increased by £4.509m in Month 6, and funding had recently been received for the pay award and the allocation would be shown in month 7 reporting. The key risks to the partnership were outlined as were the mitigating actions.
- Year to date overspend of £14.792m reported within the HHSCP. It was forecast that this would decrease to £5.474m by the financial year end based on the assumption that further action would enable delivery of a breakeven ASC position. Prescribing & Drugs continued to be a pressure with £3.096m overspend built into the forecast. Supplementary staffing costs continued to drive an overspend position with £2.749m of pressure within the forecast. £1.500m had been built into the forecast with respect to out of area placements
- Mental Health Services reported a year to date overspend of £0.291m which was forecast to increase to £1.339m by financial year end. Health was the main driver of the overspend position through the use of agency nursing and medical locums. A significant piece of work was underway to reduce these costs and improvements to the position were beginning to be seen. Drug costs had accounted for a further pressure of £0.249m. A forecast of £1.500m had been built-in for out of area costs and negotiations were ongoing with the provider to bring these costs down.
- A forecast overspend of £15.238m was reported in Adult Social Care (ASC). It was assumed that additional activity would enable delivery of a breakeven position at financial year end. £15.325m of additional cost reductions/improvements would be required when ASC-related property costs were included. Additional funding of £6.472m had been identified to reduce the gap to £16.780m. A deterioration in operational spending of £0.864m had been identified and further action was required to deliver an ASC breakeven position for the financial year end. A £5.7m V&E target was identified and forecast delivery of £2.319m. Delivery had been impacted by ongoing system pressures with a push to increase Care Home capacity and additional support requested by providers.
- Pressures had continued within all expenditure categories with the most significant overspends seen within clinical non pay. Pay was overspent by £0.428m as a result of supplementary staffing spend (partly mitigated by vacancies) and provision of social care from the independent sector. Drugs and prescribing expenditure was currently overspent by £1.743m (split £0.280m within hospital drugs and £1.463m in primary care prescribing).

During discussion,

- The level of confidence in the partnership to deliver on projections was examined and it was noted that following discussions with SG to address the non-routine allocation of pay award funding for ASC an allocation had just been made and the detail was in the process of being worked through. It was commented that this allocation had the potential to make the position worse or to improve it and details would be clearer from month 7 reporting. It was also noted that plans in place to address Delayed Discharges did not have costings built in and therefore presented as a risk, but discussions were also underway with SG to see if additional funding would be made available for the project.
- It was noted that there was confidence that the forecast savings of £2.3m would be delivered.

- It was clarified that in terms of the overall Board position that costs pertaining to ASC would be covered elsewhere in the organisation but that it was not possible to transfer budgets between service areas to show this.
- The rising number of people with complex residential support needs in Mental Health Services was considered in terms of the strategy to counter the associated rising costs. It was commented that models of care involving technology and more efficient use of current resources was under review. The rise in the number of people with complex support needs was noted as a case of changing demographics and having more individuals and families expressing a preference for independent living arrangements.

The Committee:

- **NOTED** from the report the financial position at month 6 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

The Committee took a comfort break from 2.40pm to 2.50pm.

3.2 VACCINATION IMPROVEMENT UPDATE

The Director of Public Health provided an overview of the report which outlined the continuing focus on current vaccination delivery and proposals to move to a GP-led model. It was noted that the charts within the paper showed performance to be at less than desirable levels however the report gave assurance of increased monitoring and understanding of the issues.

- It was thought that poorer performance for respiratory pathways was due to the use of prompting people to arrange appointments due to capacity rather than fixing appointments.
- Childhood immunisation had not performed well but it had been found that where children were taking up the vaccinations the process had been quicker.
- A short life working group led by C Copeland and J Mitchell had worked on the options appraisal to request flexibility from SG for the Board to work with GPs on vaccination delivery. Permission from the SG was awaited to put the options appraisal into effect.
- The Chief Officer added that in terms of the Board's escalation to level 2 performance, SG had provided feedback on the vaccine improvement plan and a data framework with which to provide SG assurance. Meetings with SG would continue in order to move out of escalation.

During discussion, the following areas were explored,

- Regarding staff vaccination, the peer-to-peer programme was in place and data would be included in the next Chief Officer's report.
- It was hoped that the implementation of vaccinations for Tetanus would be resolved in the next few months.
- It was noted that the options appraisal would have a number of issues to work through in terms of job descriptions, an appointment system and Board and GP alignment.
- Confidence was expressed regarding NHSH's ability to move out from the level 2 escalation.
- Primary Care had recommended that childhood vaccinations be delivered by GPs, were as the process for adults would be a mix of GP and Board-led delivery.

- N Wright noted that the vast majority of GPs were keen to take the responsibility for vaccinations back and that the options appraisal flexibility should ideally apply to all cases urban and rural.
- It was clarified that the route map out of level 2 escalation and the options appraisal were two distinct items of work.

The Committee:

- **NOTED** the report and recommendations.
- **ACCEPTED** limited assurance from the report.

3.3 DELAYED DISCHARGES POSITION PAPER

The Chief Officer provided an overview of the report which noted current activity and progress for Urgent and Unscheduled Care with a particular focus on reducing the level of delayed hospital discharges across the HHSCP area. NHS Highland continued to develop its response to Urgent and Unscheduled Care to ensure health and social care needs of its communities were met by the right people, in the right place, at the right time, as close to home as possible. Delayed discharges were a matter of national concern and the Collaborative Response and Assurance Group (CRAG) led by SG, HSCP Chief Officers and NHS Chief Executives, had set a maximum level for delayed discharges of 34.6 per 100,000 adults. The report noted the challenge the target presented for NHSH. An interim aim was submitted as part of NHSH's Urgent and Unscheduled Care funding return to Scottish Government of an initial reduction of 30% of people affected by standard delays in hospital. Further targets had been set in relation to length of stay and emergency department performance. The Permanent Secretary had asked NHSH to develop and deliver a 90-day recovery plan for Urgent and Unscheduled Care with the focus on reducing the number of people in delay.

- Much focus had been on “front door” services. It was now recognised that whilst improvements had been made, work had been constrained by onward discharge processes and capacity. NHSH had continued to improve its discharge processes and was now setting planned discharge dates for all inpatients but this required timely review. A multi-disciplinary process and the development of a discharge app had improved communications.
- Significant turbulence within the independent sector care home market had resulted in issues of capacity within the social care sector in North Highland.
- A refreshed governance structure for North Highland with direct accountability to the Chief Executive had been established. In previous years NHS Highland had developed a separate plan for winter, but as pressure across the system had increased, it had been necessary to develop plans to support year-round capacity management and response to pressure. NHS Highland had responded to a request from SG to complete a Winter Readiness check list. Most of the checklist was either fully or partially in place. Areas not yet implemented requiring additional support will be considered for inclusion in the next 90 Day Plan.

During discussion, the following areas were considered,

- The Chair noted that at a meeting earlier in the afternoon, the Cabinet Secretary had stated an aim to lower delayed discharges to pre-pandemic levels but with the recognition that this would be a journey of whole system improvement.
- In terms of staff recruitment and retention, it was noted that there had been a recent collaborative event with representatives from the independent care sector to discuss areas of commonality. A recruitment lead had been appointed for the independent sector

so that solutions could be co-produced to create a sustainable workforce responsive to issues such as transport and peripatetic working.

- The market facilitation plan and commissioning framework for care homes was discussed and it was noted that a care home strategy was in development through the Care Programme Board. The market facilitation plan was expected for January 2025 and sequence planning was underway.
- S Steer noted that the Community Response Team (CRT) was a peripatetic team employed on a permanent basis created in response to COVID, however this was now somewhat in conflict with other areas of staffing strategy especially in terms of bank working. Plans were currently being worked through to address the issues which had arisen from the arrangement. S Steer offered to provide further detail outwith the meeting to anyone interested.
- The Chair noted that the paper was missing an assurance level and noted that all future updates should include one.

The Committee:

- **NOTED** the report, and that future iterations would include a recommended assurance level.

3.4 IPQR for HHSCP

B McKellar provided an overview of the report and noted how the HHSCP IPQR was on an evolving journey in terms of content and structure based upon feedback from the committee meetings. The report provided a link to deliverables of the Annual Delivery Plan, context to current performance, and plans and mitigations in place to progress transformation, change and improvement work. A number of the papers at the present meeting related to the report findings. It was noted that the format now provided a performance rating section (in the right hand corner). Data in the report around Adult Social Care showed increasing demand for care home and care at home packages. Improvements in the waiting lists and access to services for Psychological Therapies were noted.

The discussion noted that the rise in more than week waits for DARs support noted at the September meeting was due in part to an issue around data collection, and vacancies and staff sickness within the team. The latter issue had not yet been fully resolved and it was expected that figures would only come down after the next three months once recruitment had been completed.

- It was suggested that non-reportable waits (e.g. for Learning Disability services) be addressed either via other reports at the same meeting of the committee or by taking specific data and aligning it to strategic objectives.

The Committee:

- **NOTED** the report.
- **ACCEPTED** limited assurance from the report.

3.6 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted that,

- The Sir Lewis Ritchie Steering Group had met on 30th October and continued to focus on Urgent Care. Work to conclude the 15 Recommendations will be delivered in line with organisation structures and community engagement with Skye Lochalsh and West Ross citizens via the District Planning Group Process.

- Refurbishment work had now been completed at the Dementia Unit (Ruthven) in New Craigs.
- Nine new contracts for Enhanced Services were agreed by NHS Highland and Highland LMC and subsequently issued to Practices in North Highland with the majority choosing to sign up to the new contracts. Practices will begin to embed services as per the new contract between 1st October to 1st December 2024.
- Work was near completion to refresh Enhanced Service for Diabetes Care in North Highland in collaboration with Specialist colleagues in Secondary Care, GP Sub Committee, Public Health and the Primary Care Team via a Short Life Working Group.
- There had been significant political change since the previous Chief Officer's update on the National Care Service (NCS). After a call for views in relation to Stage 2 of the NCS Bill, a number of key agencies, trade unions and Political parties have withdrawn their support of the proposed National Care Service. SG were keen to progress elements of the Bill. The key issue in relation to the NCS model for the HSCP remained regarding the uniformity of the integration model in relation to its unique Lead Agency Model. Further advice will be made available in due course, once the position becomes clearer.
- The retirements were noted of Gavin Sell, Area Manager for Skye Lochalsh and West Ross and Anne MacLeod, Integrated Team Lead for Skye Lochalsh and West Ross also celebrates her retirement.
- It was noted that Chelsey Main, Support Worker in the Forensic Team within Mental Health services had been shortlisted in in the Support Worker category at the forthcoming Scotland's Health Awards.
In discussion, it was noted that the business case for the North Coast Redesign was at stage 3 and that the EDG were due to view current progress and consider internal approval after which it would move to the Programme Board for progress to stage 4.

The Committee:

- **NOTED** the report.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 15th January 2024** at **1pm** on a virtual basis.

The Chair noted that a development session for the committee on the theme of Quality (across the service) was scheduled to be held on **Wednesday 27 November** at **1pm** on a virtual basis.

The Meeting closed at 4.04 pm



Meeting: Highland Health & Social Care Committee

Meeting date: 15 January 2025

Title: Finance Report – Month 7 2024/2025

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer

Report Author: Elaine Ward, Deputy Director of Finance

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Annual Operation 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		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	X	Progress well		All Well Themes			

2 Report summary

2.1 Situation

This report is presented to enable discussion on the summary NHS Highland financial position at Month 7 (October) 2024/2025 with further detail presented on the HHSCP position.

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2024/2025 financial year in March 2023. This plan presented an initial budget

gap of £112.491m. With a brokerage cap of £28.400m this meant cost reductions/ improvements of £84.091m were required. The Board received feedback on the draft Financial Plan 2024-27 on the 4 April 2024 which recognised that “the development of the implementation plans to support the above savings options is still ongoing” and therefore the plan was still considered to be draft at this point. The feedback also acknowledged “the significant progress that has been made in identifying savings options and establishing the appropriate oversight and governance arrangements”.

Since the submission and feedback from the draft Financial Plan confirmation has been received that the cost of CAR-T, included within the pressures, will be funded nationally.

There has also been a notification of an additional allocation of £50m nationally on a recurring basis, specifically to protect planned care performance. The NHS Highland share on an NRAC basis is £3.3 million. This funding will enable NHS Highland to maintain the current planned care performance whilst reducing the distance from the brokerage limit in 2024/25.

Additionally, Argyll & Bute IJB had confirmed its ability to deliver financial balance through the use of reserves.

A paper was taken to the NHS Highland Board on 28 February recommending that the Board agree a proposed budget with a £22.204m gap from the brokerage limit of £28.400m – this was agreed and will be reflected in monitoring reports presented to the Finance, Resources & Performance Committee and the NHS Highland Board.

2.3 Assessment

For the period to end October 2024 (Month 7) an overspend of £49.619m is reported with this forecast to increase to £49.697m by the end of the financial year. The current forecast assumes that further action will be taken to deliver a breakeven ASC position. This forecast is £21.297m worse than the brokerage limit set by Scottish Government.

The HHSCP is reporting a year to date overspend of £17.710m with this forecast to reduce to £4.841m by the end of the financial year based on the assumption that further actions will enable delivery of a breakeven position within ASC. This position assumes delivery of £2.319m of costs reductions/ improvements within Adult Social Care Value and Efficiency schemes.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

x

Moderate
None

Comment on the level of assurance

It is only possible to give limited assurance at this time due to current progress on cost reduction/ improvement 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 at pace with oversight and support from Scottish Government in line with their “tailored support”.

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

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 QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2024/2025 and beyond and are continuing to provide additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland continues to be escalated at level 3 in respect of finance.

3.4 Risk Assessment/Management

There is a risk associated with the delivery of the Value & Efficiency programme. The Board are developing further plans to generate cost reductions/ improvements

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
- FRPC
- Value & Efficiency Assurance Group
- Monthly 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.

- EDG
- HHSCP SLT

4 Recommendation

Discussion – Examine and consider the implications of the matter.

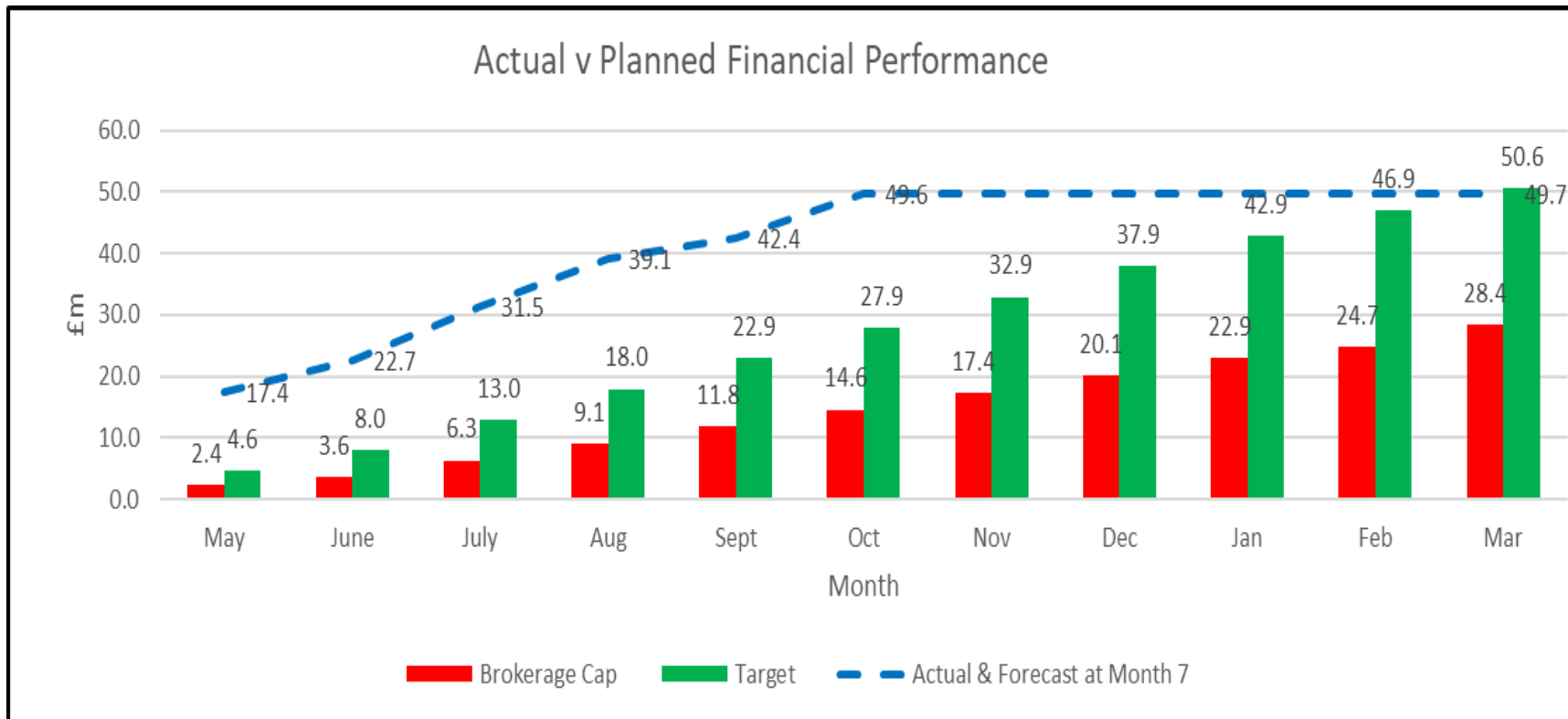
4.1 List of appendices

No appendices accompany this report.

Finance Report – 2024/2025 Month 7 (October 2024)

HHSCP 15 January 2025

MONTH 7 2024/2025 – OCTOBER 2024

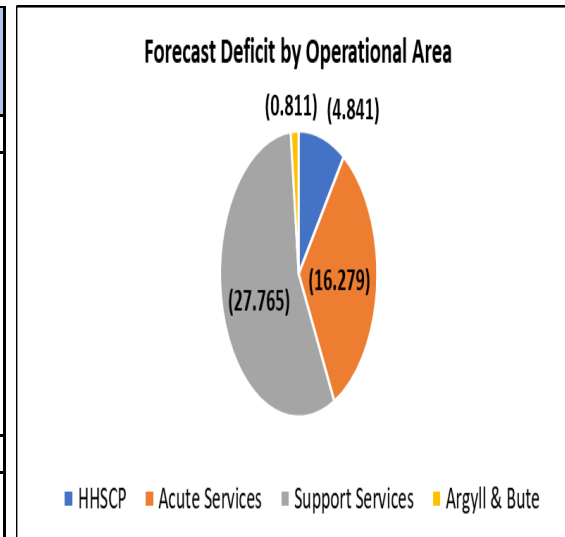


Target	YTD £m	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	39.1	49.7
Delivery against Brokerage Cap DEFICIT/ SURPLUS	30.0	21.3
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	21.1	0.9

- Forecast year end deficit £49.7m – assuming additional action is taken to deliver breakeven ASC position
- £21.3m adrift from brokerage limit
- £0.9m better than target agreed with Board May 2024

MONTH 7 2024/2025 – OCTOBER 2024

Current Plan £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m	Forecast Outturn £m	Forecast Variance £m
1,226.750	Total Funding	659.360	659.360	-	1,226.750	-
	Expenditure					
470.622	HHSCP	267.086	284.796	(17.710)	492.156	(21.533)
	ASC Position to breakeven				(16.692)	16.692
	Revised HHSCP				475.464	(4.841)
316.791	Acute Services	179.982	189.386	(9.404)	333.070	(16.279)
161.859	Support Services	60.405	82.314	(21.909)	189.624	(27.765)
949.272	Sub Total	507.473	556.497	(49.024)	998.158	(48.886)
277.477	Argyll & Bute	151.887	152.482	(0.595)	278.288	(0.811)
1,226.750	Total Expenditure	659.360	708.979	(49.619)	1,276.446	(49.697)



MONTH 7 2024/2025 SUMMARY

- Overspend of £49.619m reported at end of Month 7
- Overspend forecast to increase to £49.697m by the end of the financial year – assuming further action will deliver a breakeven ASC position and that recovery plan actions presented at Month 6 deliver as planned
- The forecast has improved by £2.283m from Month 6 due to reinstatement of MDT funding following discussion with SG
- Forecast is £21.297m worse than the brokerage limit set by Scottish Government and £0.900m better than the target agreed with the Board in May 2024

MONTH 7 2024/2025 – OCTOBER 2024



Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	890.474
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	43.743
Non Core Funding	-
Total Confirmed SGHSCD Funding	1,013.458
Anticipated funding	
Non Core allocations	77.914
Core allocations	8.659
Total Anticipated Allocations	86.573
Total SGHSCD RRL Funding	1,100.031
Integrated Care Funding	
Adult Services Quantum from THC	137.701
Childrens Services Quantum to THC	(10.983)
Total Integrated care	126.718
Total NHS Highland Funding	1,226.750

FUNDING

- Overall funding has increased by £31.003m in Month 7
- Funding received for AfC pay award and New Medicines makes up bulk of increase

KEY RISKS



- ASC– no plan in place to deliver breakeven
- Supplementary staffing – potential that spend could increase over winter period
- Prescribing & drugs costs – increases in both volume and cost
- Increasing ASC pressures – suppliers continuing to face sustainability challenges
- Health & Care staffing
- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets
- AfC non pay impact – uncertainty around costs in 2024/2025 and ongoing funding position
- Availability of capital funding for backlog maintenance
- SLA Uplift
- Allocations less than anticipated

MITIGATIONS



- Adult Social Care funding from SG confirmed as higher than anticipated
- Development of robust governance structures around agency nursing utilisation
- Additional New Medicines funding
- Financial flexibility / balance sheet adjustments
- MDT funding reinstated following positive discussion with SG

MONTH 7 2024/2025 – OCTOBER 2024



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
273.812	NH Communities	155.536	160.205	(4.669)	283.167	(9.355)
57.053	Mental Health Services	32.360	33.412	(1.052)	58.342	(1.290)
158.071	Primary Care	91.723	94.142	(2.419)	161.514	(3.443)
(18.313)	ASC Other includes ASC Income	(12.533)	(2.962)	(9.570)	(10.867)	(7.446)
470.622	Total HHSCP	267.086	284.796	(17.710)	492.156	(21.533)
	HHSCP					
294.494	Health	168.319	172.109	(3.790)	299.469	(4.975)
176.129	Social Care	98.766	112.687	(13.921)	192.687	(16.558)
470.622	Total HHSCP	267.086	284.796	(17.710)	492.156	(21.533)
	Delivering ASC to Breakeven				(16.692)	16.692
470.622	Revised Total HHSCP	267.086	284.796	(17.710)	475.464	(4.841)

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	586	3,721
Agency (Nursing)	271	1,838
Bank	832	5,703
Agency (exclu Med & Nurs)	221	1,075
Total	1,910	12,338

HHSCP

- Year to date overspend of £17.710m reported
- Forecast that this will decrease to £4.841m by FYE based on the assumption that further action will enable delivery of a breakeven ASC position
- Prescribing & Drugs continuing to be a pressure with £2.791m overspend built into forecast.
- Assuming delivery of £2.319m of ASC V&E cost reductions/ improvements in forecast – high risk
- Supplementary staffing costs continue to drive an overspend position – £2.750m pressure within the forecast
- £1.500m has been built into the forecast in respect of out of area placements

NORTH HIGHLAND COMMUNITIES - MONTH 7 2024/2025 – OCTOBER 2024



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Var from Curr Plan £m
79.318	Inverness & Nairn	45.901	47.889	(1.988)	83.935	(4.617)
57.304	Ross-shire & B&S	32.960	35.166	(2.206)	60.738	(3.434)
49.723	Caithness & Sutherland	28.799	29.198	(0.400)	51.358	(1.634)
60.214	Lochaber, SL & WR	32.842	33.293	(0.452)	61.232	(1.018)
12.242	Management	6.632	6.429	0.203	11.249	0.993
7.780	Community Other AHP	4.264	3.830	0.433	6.974	0.806
7.231	Hosted Services	4.139	4.399	(0.259)	7.681	(0.450)
273.812	Total NH Communities	155.536	160.205	(4.669)	283.167	(9.355)

93.017	Health	52.133	51.726	0.407	91.939	1.078
180.796	ASC	103.403	108.478	(5.075)	191.228	(10.432)

NORTH HIGHLAND COMMUNITIES

- £4.669m ytd overspend reported which is forecast to increase to £9.355m by the end of the financial year
- Within Health ongoing vacancies, particularly within Community AHPs, are mitigating cost pressures within Enhanced Community Services, Chronic Pain, community equipment and agency staffing
- Within ASC the main pressure areas are within independent sector provision particularly in Inverness & Nairn and Ross-shire & Caithness & Sutherland
- The year end forecast assumes delivery of ASC Value & Efficiency Cost Reductions/ Improvements of £2.319m

MENTAL HEALTH SERVICES - MONTH 7 2024/2025 – OCTOBER 2024



Current Plan £m's	Summary Funding & Expenditure	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
	Mental Health Services					
43.598	Adult Mental Health	24.764	25.034	(0.270)	43.559	0.039
8.305	CMHT	4.801	4.679	0.122	8.153	0.152
2.362	LD	1.168	2.102	(0.934)	3.677	(1.316)
2.789	D&A	1.626	1.597	0.029	2.952	(0.164)
57.053	Total Mental Health Services	32.360	33.412	(1.052)	58.342	(1.290)
43.406	Health	24.463	26.241	(1.777)	46.016	(2.610)
13.647	ASC	7.896	7.172	0.726	12.327	1.320

MENTAL HEALTH SERVICES

- £1.052mm overspend reported ytd with this forecast to increase to £1.290m by financial year end
- Within this service area Health is the driver of the overspend position
- The main drivers for the overspend continue to be agency nursing and medical locums – although a significant piece of work is ongoing to reduce these costs with the position beginning to look more positive
- Buvidal and Clozapine drug costs account for a further pressure of £0.249m
- A forecast of £1.500m has been built in for out of area costs with negotiations ongoing with the provider to bring these costs down and identify suitable local care provision.

PRIMARY CARE - MONTH 7 2024/2025 – OCTOBER 2024



Current Plan £m's	Detail	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
	Primary Care					
55.831	GMS	32.524	34.164	(1.640)	57.610	(1.780)
67.583	GPS	39.725	41.535	(1.809)	70.587	(3.005)
25.022	GDS	14.630	13.531	1.098	23.631	1.391
5.659	GOS	3.346	3.354	(0.009)	5.667	(0.009)
3.977	PC Management	1.498	1.558	(0.060)	4.018	(0.042)
158.071	Total Primary Care	91.723	94.142	(2.419)	161.514	(3.443)

PRIMARY CARE

- £2.419m overspend reported ytd with this forecast to increase to £3.443m by financial year end
- £3.005m overspend of prescribing has been built into the year end forecast – both cost and volume are contributing to this position
- £1.780m has been built in to the forecast in respect of locums in 2C practices –
- Vacancies in primary care management and GDS are mitigating overspends in other areas

MONTH 7 2024/2025 – ADULT SOCIAL CARE



Services Category (HHSCP - less ASC Estates)	Annual	YTD	YTD	YTD	Outturn	YE
	Budget	Budget	Actual	Variance		Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Total Older People - Residential/Non Residential Care	59,756	34,699	33,192	1,507	57,555	2,201
Total Older People - Care at Home	38,128	21,663	23,975	(2,311)	41,358	(3,230)
Total People with a Learning Disability	50,071	29,261	31,790	(2,529)	56,065	(5,994)
Total People with a Mental Illness	10,222	5,965	5,631	334	9,551	672
Total People with a Physical Disability	9,343	5,475	6,057	(582)	10,394	(1,051)
Total Other Community Care	13,202	7,451	7,731	(280)	13,716	(514)
Total Support Services	(4,593)	(5,748)	3,431	(9,179)	2,940	(7,533)
Care Home Support/Sustainability Payments	-	-	881	(881)	1,108	(1,108)
Total Adult Social Care Services	176,129	98,766	112,687	(13,921)	192,687	(16,558)

NHSH Care Homes Supplementary Staffing

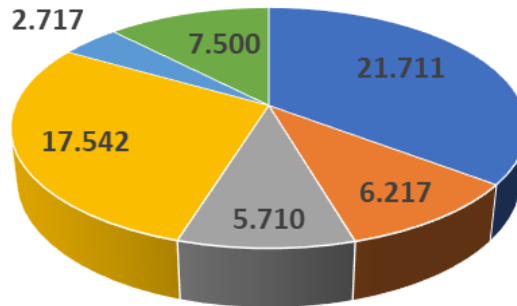
Care Home	Month 7		
	Bank	Agency	Total YTD
	£000's	£000's	£000's
Ach an Eas	31	1	129
An Acarsaid	10	-	64
Bayview House	19	-	121
Caladh Sona	-	-	8
Dail Mhor House			1
Grant House	20	-	127
Home Farm	15	117	748
Invernevis	9		75
Lochbroom	10		116
Mackintosh Centre			2
Mains House	3	45	379
Melvich	6		39
Pulteney	22		174
Seaforth	26		163
Strathburn	1		70
Telford	10		21
Wade Centre	6		54
Total	188	163	2,292

ADULT SOCIAL CARE

- A forecast overspend of £16.558m is reported. At this stage it is assumed that additional activity will enable delivery of a breakeven position at FYE.
- Further action is required to close the ASC gap of £16.692m (when ASC related property costs are included) and deliver a breakeven position with ASC at financial year end
- Assuming delivery £2.319m of cost reductions/ improvements against the target of £5.710m
- £2.292m of supplementary staffing costs within in-house care homes are included within the year to date position

MONTH 7 2024/2025 – OCTOBER 2024

Cost Reduction/ Improvement Target (£m)



■ NH Value & Efficiency
 ■ A&B Value & Efficiency
 ■ ASC Value & Efficiency
■ ASC Transformation
 ■ A&B Choices
 ■ Financial Flexibility

COST REDUCTON/ IMPROVEMENT

- At the NHS Highland Board Meeting on 28 May the Board agreed to a proposed budget with a £22.204m gap from the brokerage cap
- Current forecasts suggest that year end out-turn will be £0.907m better than previously presented
- It should be noted that there is a high risk around delivery of this position as plans continue to be developed to support delivery of V&E targets
- In addition there is an assumption that further activity will enable delivery of a breakeven position within ASC

Board agreed plan	
	Target £000s
Opening Gap	112.001
Closing the Gap	
NH Value & Efficiency	21.711
A&B Value & Efficiency	6.217
ASC Value & Efficiency	5.710
ASC Transformation	17.542
A&B Choices	2.717
Financial Flexibility	7.500
GAP after improvement activity	50.604
GAP from Brokerage limit	22.204

MONTH 7 2024/2025 – OCTOBER 2024



Value & Efficiency Planned Savings as at 14/11/2024

Planned Value of 24-25 Efficiency of **£22.352** (31/10/2024 £22.301m), is the value of the schemes currently listed on the Savings Tracker and is part of the total savings goal for the NH and A&B of **£51.180m**

	14/11/2024	31/10/2024
Target:	£51.180m	£51,180m
Currently achieved:	£18.003m	(£10.585m)
Forecast still to be delivered:	£2.987m	(£10.097m)
Total achieved & forecasted :	£20.990m	£20.682m
GAP:	£30.190m	(£30.497m)

Reduction Programmes	V&E Plan			V&E Current Plan Fy 2024-25			Next Year
	2024-25 Original Target (£'000)	Total Achieved & Forecasted	GAP	2024-25 Current Target/Plan (£'000)	2024-25 Plan Achieved (£'000)	2024-25 Plan Forecasted (£'000)	2025-26 Plan Achieved (£'000)
Value & Efficiency - North Highland	21,711	6,824	-14,887	8,051	6,065	759	3,441
Value & Efficiency - Argyll & Bute	6,217	5,535	-682	5,670	5,316	219	0
Total Value & Efficiency	27,928	12,359	-15,569	13,721	11,381	978	3,441
Value & Efficiency - ASC	23,252	8,631	-14,621	8,631	6,622	2,009	6,622
Total Value & Efficiency incl ASC	51,180	20,990	-30,190	22,352	18,003	2,987	10,063

MONTH 7 2024/2025 – October 2024



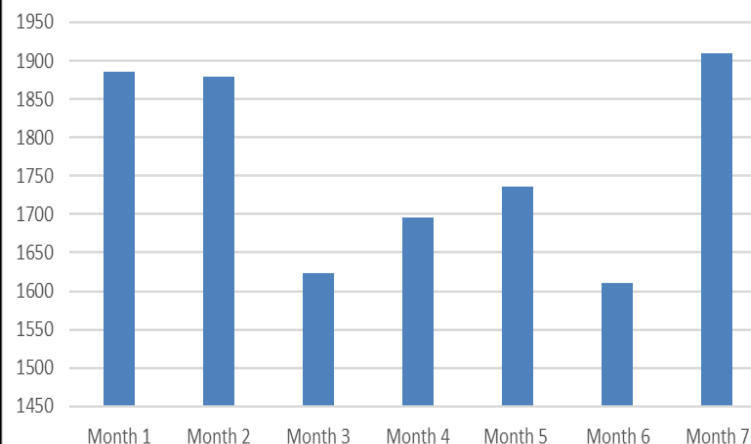
	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	12,338	14,512	(2,174)

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
26.792	Medical & Dental	14.974	15.609	(0.635)
4.417	Medical & Dental Support	2.461	2.475	(0.014)
69.185	Nursing & Midwifery	38.310	38.169	0.141
17.287	Allied Health Professionals	9.662	8.905	0.757
0.074	Healthcare Sciences	0.041	0.029	0.012
9.189	Other Therapeutic	5.177	5.455	(0.278)
6.947	Support Services	3.878	3.587	0.291
22.195	Admin & Clerical	11.884	12.075	(0.191)
0.389	Senior Managers	0.227	0.082	0.145
54.114	Social Care	30.138	28.322	1.816
0.424	Ambulance Services	0.237	0.287	(0.050)
(2.857)	Vacancy factor/pay savings	(1.690)	0.000	(1.690)
208.156	Total Pay	115.299	114.994	0.305

SUPPLEMENTARY STAFFING

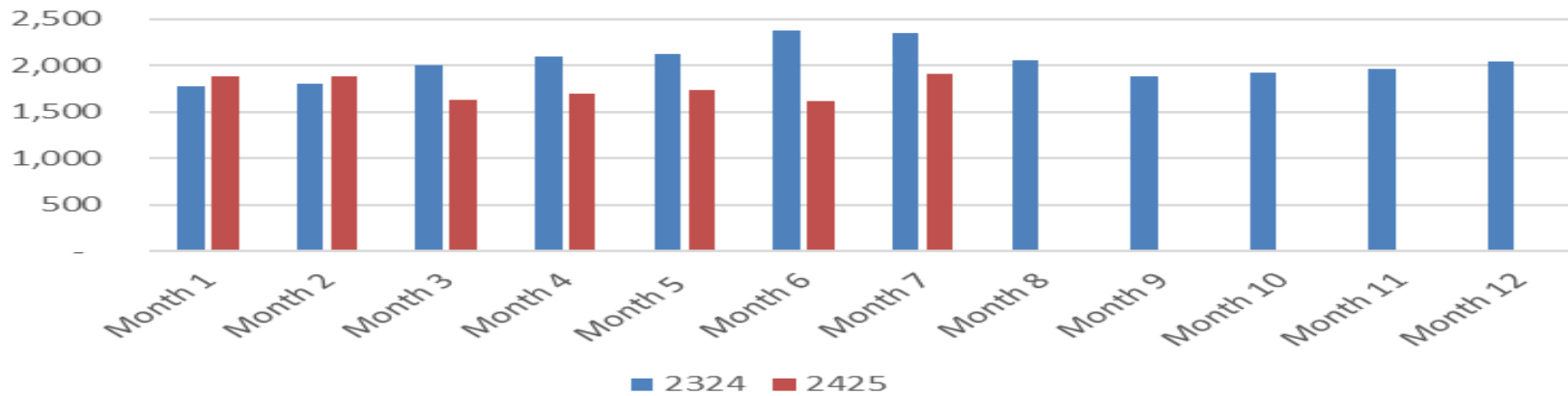
- Total spend on Supplementary Staffing at end of Month 7 is £2.174m lower than at the same point in 2023/2024.
- There is an underpend of £0.305m on pay related costs at the end of Month 7

HHSCP - TOTAL SUPPLEMENTARY SPEND 2024/2025

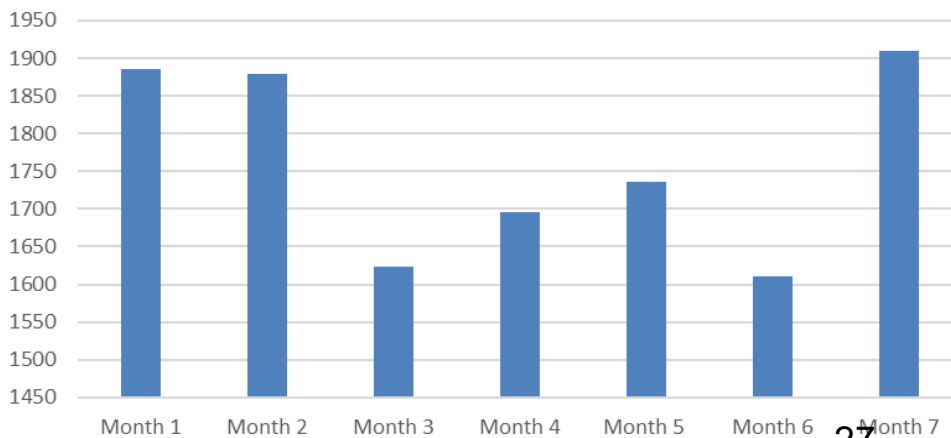


MONTH 7 2024/2025 – OCTOBER 2024

HHSCP - SUPPLEMENTARY STAFFING - MONTHLY RUN RATE



HHSCP - TOTAL SUPPLEMENTARY SPEND 2024/2025



- Month 7 spend is £0.298m higher than month 6
- YTD Reduction of £2.174m compared to 2023/2024

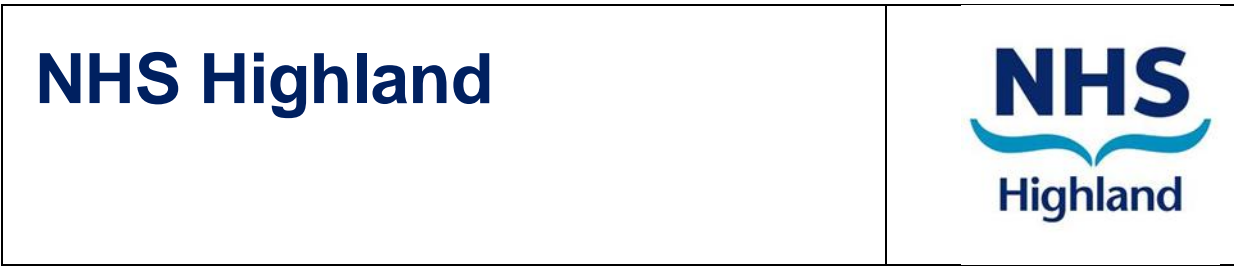
MONTH 7 2024/2025 – OCTOBER 2024



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
208.156	Expenditure by Subjective spend			
	Pay	115.300	114.994	0.305
57.284	Drugs and prescribing	33.397	35.499	(2.102)
2.543	Property Costs	1.523	1.905	(0.382)
20.399	General Non Pay	8.670	7.802	0.868
5.405	Clinical Non pay	3.102	4.303	(1.201)
6.989	Health care - SLA and out of area	4.120	4.250	(0.130)
134.013	Social Care ISC	78.676	85.340	(6.664)
79.737	FHS	48.240	47.228	1.012
	Allocations/commitments			
(25.822)	Operational income	(15.052)	(16.525)	1.473
(18.082)	Savings	(10.890)	0.000	(10.890)
470.622	Total	267.086	284.796	(17.710)

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- The most significant overspends are within clinical non pay
- Pay is underspent by £0.305m – with the main driver being vacancies across the districts
- Drugs and prescribing expenditure is currently overspent by £2.102m - this is split £0.410m within hospital drugs and £1.691m in primary care prescribing – this is a significant area within the Board’s Value and Efficiency programme



Meeting: Highland Health & Social Care Committee

Meeting date: 15 January 2025

Title: Engagement Framework update

Responsible Executive/Non-Executive: Gareth Adkins, Director of People and Culture

Report Author: Marie McIlwraith, Community Engagement Manager

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Legal requirement

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

2 Report summary

2.1 Situation

Over the last 12 months, we have completed the ambitions within the Communications and Engagement Strategy 2021-24, specifically relating to the

creation and implementation of the Engagement Framework and have started to action the aims listed within the 2024-27 strategy.

2.2 Background

NHS Highland has a statutory duty to involve and engage people in decisions and outcomes that affect them.

<https://www.legislation.gov.uk/ukpga/1978/29/contents>

The [2024-27 Communications and Engagement Strategy](#) set out a three-year plan for NHS Highland, including the following aims for Engagement;

- *‘Community contacts network maintained, signposting services to relevant interest groups*
- *Customer Management System in place to help services manage and report engagement*
- *Highland 100 Panel supported*
- *Training, guides, and templates available*
- *Focus on training and upskilling workstream leads for service redesign’*

2.3 Assessment

This report provides an overview of the progress made over the last 12 months, against the engagement aims above. It highlights:

- Progress of embedding the [Engagement Framework](#) and Highland 100 panel
- Progress with the development of the Customer Management System
- Training, signposting and support available
- Next steps and future focus

Progress of embedding the Engagement Framework,

2.3.1 The engagement framework continues to be embedded within NHS Highland’s processes and cultures. We have seen an increase in awareness of our engagement duties in various departments within the organisation and an increase in request for support within our team. The update of Planning with People [guidance](#) provided a useful springboard to raise awareness of our statutory duties and the NHS Highland Engagement Framework.

The refreshed guidance provided multiple opportunities to:

- access and signpost colleagues to external briefings sessions regarding the changes to the statutory guidance

- share examples of good practice, methods, and research, relating to engagement and co-designing change
- provide networking opportunities with other professionals and clinical leads that are planning or delivering meaningful engagement to support plans and transformational change across the country, for example, through the [HIS Engagement Practitioners Network](#)

2.3.2 The NHS Highland Engagement Framework has been adopted by key departments within NHS Highland, including the Strategy and Transformation Team. The Team have incorporated communications and engagement planning and Equality Impact Assessments (EQIA) within their project planning template. This ensures relative impacts and proportionate engagements with relevant stakeholders are considered and form an integral part of their process. Their approach supports the ethos of meaningful engagement within our work at all levels, and underpins the value-based approach to improvement and development within our projects, in a business-as-usual manner across the organisation.

We are currently working with the team to develop workshops to improve colleague skills, confidence, and experience in applying the Planning with People guidance and the Engagement Framework into their practice. The sessions will focus on our duties relating to non-major service change and developing and appraising options and future solutions in line with the guidance. We expect these to take place early in 2025.

2.3.3 The use of Care Opinion as an option to receive feedback to inform improvements is a further example of the Engagement Framework being used in practice. In March 2024, the ongoing support and management of Care Opinion returned to the Feedback and Complaints Team, following the successful trials with Sexual Health Services and the Radiology Team, who were supported by the Engagement Team in 2022/23.

2.3.4 In January 2024 the Highland 100 Panel completed a survey to gauge people's experience and perception of NHS Highland as well as to establish how people would like to engage with us (see Appendix 2). This feedback was used to start the development of the Engagement Hub and will provide a baseline for perceptions of the organisation.

Additional engagement opportunities were shared with panel members who had indicated they would like to take part in wider topics.

The work and main functions of the panel have recently transferred to the Engagement Hub. Rather than a 'panel' that individuals formally join, the Hub is available for all stakeholders to engage with NHS Highland as and when they choose, on topics of their choosing. It also allows them to sign up to receive notifications. Information and signposting to the Engagement Hub is on the NHS Highland [website](#).

Progress of Developing a Customer Management System

2.3.4 In June 2024 NHS Highland procured an engagement platform, through Engagement HQ, for the term of three years. The platform will host the majority of our online engagement and will support the management of our contacts database.

A stakeholder group, made up of senior managers and team or project leads with input from service users, lay committee members and partners, supported early plans and the initial development of the platform. Members are currently developing plans to launch engagement opportunities to support and inform work taking place within their areas. The group’s membership and remit will be reviewed and widened at its next meeting. The role of the group will be to oversee the development of the platform and end results of engagement that has taken place to inform projects.

The approved DIPA and [EQIA](#) will be reviewed and updated, as plans develop, and the use of this platform evolves.

2.3.5 The [NHSH Engagement Hub](#) was launched on 28 November 2024, on a phased basis, starting with two of our established groups, The Listening and Learning Panel (now the NHSH Colleague Hub) and The Highland 100 Panel (now the NHSH Engagement Hub). We invited people to try out some of the functions on the platform, and share ideas and suggestions for how these can be used in the future. A staggered approach to awareness raising and distribution of the platform continues to take place, both internally via our internal staff newsletter, and with partners and wider community contacts through email and other channels.

Initial live projects on the site include:

Public opportunities

- NHS Highland Employability Strategy
- NHS Highland Equality Outcomes Strategy 2025-29
- Shaping our Digital Engagement and Online Communities consultation

Colleague (internal) opportunities

- Shaping our colleague online engagement and community
- Equality, Diversity, and Inclusion Workforce Strategy

We expect the structure of the platform to evolve over time and will use the feedback from the initial engagement projects, [Shaping our digital engagement and online communities](#) and [Shaping our digital engagement and online colleague communities](#) to inform the development of the different spaces and future use.

2.3.6 Protocols to access the platform, suitability criteria and accompanying guidance, will be drafted and reviewed by the stakeholder group, in early 2025.

New projects will be planned, scheduled, and launched in small groups, to help manage workloads and create a steady stream of engagement opportunities for people who choose to engage with us through the platform.

A measurement plan will be formed using the data collected on the use and membership of the platform. The benchmark created over the initial testing period will be used to develop measurement targets.

2.3.7 We will continue to work with partners and communities to reach those who may experience difficulties in engaging with us online and aim to host a focus group in early 2025 to further develop our engagement approaches both online and in other ways.

This will build on the information that is regularly collected through engaging with different groups. For example, we engaged with members who attend the Isobel Rhind Centre, to understand people’s preference and challenges with giving feedback to the services they use and with engaging with us in general (see appendix 3). This feedback shows the importance of continuing offline engagement, such as written, supported and face to face opportunities.

2.3.8 As part of the continued implementation of the Engagement Framework, we provide a range of tools and templates for colleagues to use on the [staff intranet page](#). We also provide bespoke meetings and briefing sessions, supporting colleagues to plan meaningful engagement as part of their project plans, change process or service delivery.

Next steps and future focus

2.3.9 As highlighted in this report there are many examples of where the ethos of the Engagement Framework has been embedded within everyday practice. We aim to progress this wider, at scale, through the introduction and rollout of the Engagement Platform. The supporting infrastructure around the development and ongoing oversight of these plans are in early development. The anticipated structural changes to the current Health and Social Care model will be factored into future plans.

2.3.10 A number of major programmes are underway, including the Lochaber Service Redesign (incorporating the replacement Belford Hospital), Skye Service Redesign, Primary Care Strategy and Programme Initial Agreement and Business Continuity Plan (PIA).

While the 2024-27 Communications and Engagement Strategy sets out that the corporate team has no resource to supply operational support to specific engagement,

there is an increasing demand for this type of support. A mapping exercise will take place in January and February 2025, to understand the current landscape, routes and governance of NHS Highland’s engagement channels and to identify any gaps.

2.3.11 A review of the Engagement Framework will take place during 2025, to ensure it remains relevant and in step with current guidance and good practice.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The adoption and implementation of the Engagement Framework can be demonstrated on several levels and plans to progress these further are well underway. Nevertheless, the substantial transformation required to develop sustainable services in NHS Highland and for the NHS Reform programme more widely will require high levels of engagement, and more work is required to quantify and support this.

The mapping exercise will increase our knowledge and understanding of our current engagement structures of NHS Highland, and potentially the A & B and North Highland HSCPs, and will inform the development of future plans and highlight resources required to fulfil these.

3 Impact Analysis

3.1 Quality/ Patient Care

Best practice engagement promotes the health and wellbeing of staff, patients and the wider community.

3.2 Workforce

This work supports the Staff Governance Standard, specifically

- Well informed
- Involved in decisions

The development of colleague communication and engagement channels supports a workforce that is informed and involved in important decisions. It also encourages engagement and for colleagues to suggest areas of interest and lead discussions on topics of their choice.

3.3 Financial

A reoccurring budget of £20,000 has been allocated to support Community Engagement. We expect an annual spend in the region of £17,500, for Engagement HQ platform.

3.4 Risk Assessment/Management

Engagement is no longer seen as a corporate risk, due to the production of the Engagement Framework and its progressive implementation. The procurement of the Engagement HQ platform will support ‘citizen’ engagement that will better inform our plans, strategies, and services. It will help us to reach groups who are less likely to engage by other means, at a time and method that are best suited to their personal and lifestyle needs.

The platform will also provide us with ways to oversee, manage and measure the impact of engagement plans and activities across the organisation and help us to identify gaps and groups that need tailored and personalised engagement.

The development of the governance structure will ensure that we are meeting our statutory duties relating to engagement, with particular focus on health and societal inequalities. Once fully operational, it will help provide assurance of the quality and standards of engagement taking place.

3.5 Data Protection

Information provided within this report has been taken from a range of sources, including reports, assessments, surveys, and shared feedback.

Where appropriate, consent was sought for data to be used to inform our practice and reporting.

3.6 Equality and Diversity, including health inequalities

The Engagement Framework was created in partnership with others and is based on what is considered to be ‘good practice’ and ethical approaches. Significant emphasis is placed on engaging with groups highlighted within the Equality 2010 Act and Fairer Duty Scotland.

Valuing lived experience and considering the impacts for those most affected by decisions, plans and developments is at the centre of the models within, as is engaging with people in ways best suited to their needs and wishes.

3.7 Other impacts

An EQIA and DPIA have informed development of the Engagement Hub and will be reviewed on an ongoing basis.

3.8 Communication, involvement, engagement, and consultation

The information in this report has been taken from various engagement and information sources, including;

- [EQIA](#) for the online engagement platform
- The NHS Highland [Engagement Hub](#)
- Care Opinion Website
- Highland 100 survey, 6th January - 12th February 2024
- What Matters to you, Isobel Rhine Centre Engagement Report
- Request for Support data, via MS Forms

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.

- n/a

4 Number of Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1: Assurance Report
- Appendix 2: Highland 100 feedback summary report 2024
- Appendix 3: What Matters to You, Isobel Rhind Centre Engagement Report

Engagement Framework Assurance Report



23 December 2024

Strategic Area	Communications and Engagement	SRO	Gareth Adkins
Programme Manager	Ruth Fry	Professional Leads	Marie McIlwraith



Action	BRAG	Comment on progress to date	Focus for next period	Risks and issues	Challenges for escalation	Measures of success
Manage community contacts and citizens panel	Green	Number of Highland 100 members: 32 Number of Listening and Learning members: 33 Total number of new contacts joining via EHQ since 28/11/24: 65, of which 22 are NHS Highland employees	Increase membership of Engagement Hub with community and NHS Highland employee members. Communications plan to increase sign up to EHQ by 200%			Increase in sign ups to EHQ. Comparison with baseline perception questions.
Increase oversight of engagement via Engagement HQ	Green	2 services using EHQ. 5 projects live on EHQ. 5 Services expressing an interest.	Double services using EHQ and live projects.	Risk that services will see EHQ as a box to tick rather than genuine engagement. Mitigation: assurance reports of how feedback has been incorporated. Risk that too many projects could overwhelm small team. Mitigation: managed release of projects.		Increase in services and projects.
Support training	Green	2 x bespoke Admin Training sessions offered since 14/10/24 10 people attended	Continue to provide training and signpost services to opportunities. Training to include Planning With People and support to use EHQ. Start collecting feedback from trainees.	Colleagues may not have time to attend training.		Steady numbers attending and feedback.
Provide assurance of engagement being used to support change	Yellow	As projects close on EHQ, they will be required to report how engagement has changed practice or informed changes.	Support services to incorporate engagement into service planning and report how it has made a difference. Signpost to planning and comms and engagement templates.			Reports from closed projects.
Support offline engagement	Yellow	Further work is required to ensure we meet the needs of stakeholders who prefer not to engage online.	Focus group to develop alternative approaches.			Focus group held, alternatives approaches embedded.
Operational support to specific engagement projects	Red	Currently no corporate resource. Services are provided with training, advice, templates and access to corporate communications and engagement channels.	Mapping exercise to be carried out.	Risk that projects may lack operational support to engage effectively.		TBC

Highland 100 feedback survey summary

Sharing your views and experiences to improve services

In February 2024 we asked the 32 people, who have signed up to be members of the Highland 100 Panel, to share their views and experiences of NHS Highland and the services it provides.

The information below is a summary of the responses from the 29 people who took part.

The survey is the first one that the panel have been asked to complete and the information collected will help us understand people's perceptions and experience of NHS Highland. Including how well we involve people in their own care and treatment, as well as in planning and delivery of services.

The information will be used to inform our plans for 2024 and will help us measure improvements within the areas listed below, in the future.

Preference information collected from the same survey will be used to inform how we share information with you and support you during any engagement activity that you choose to take part in.

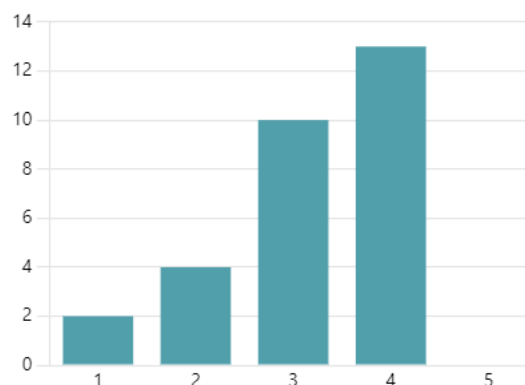
You can change your preferences anytime by emailing us at nhsh.engage@nhs.scot

Summary of your views and experiences



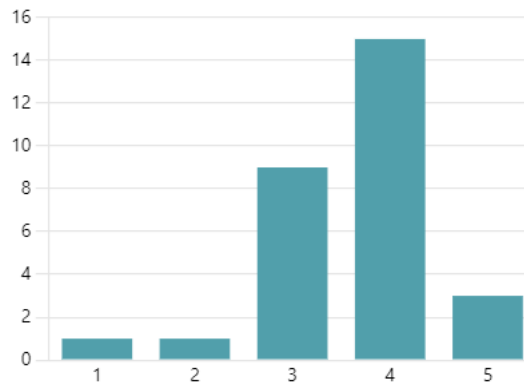
What is your overall opinion of NHS Highland?

3.17
Average Rating



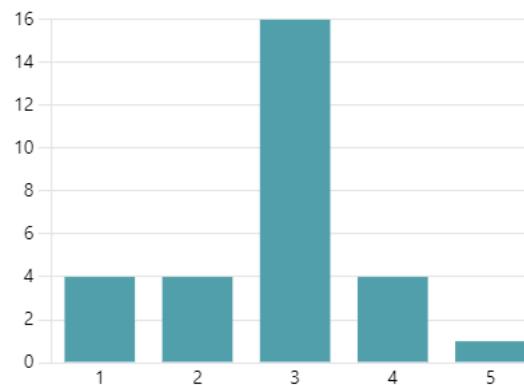
How happy would you be for your friends and family to receive health or care services from NHS Highland?

3.62
Average Rating



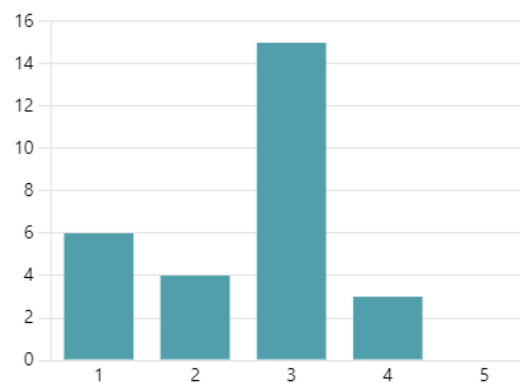
How good is NHS Highland at Involving people in their individual care?

2.79
Average Rating



How good is NHS Highland at involving communities in designing and delivering care?

2.54
Average Rating



Main themes from what you told us.

	<p>NHS Nurses and Staff are greatly valued. Work pressures and culture can impact upon good treatment, care and relationships with those we care for. Some people experienced 'superb' care and treatment from members of staff, and the same people experienced poor care and treatment from staff members on other occasions.</p>
	<p>Consistently being listened too and respected, by those providing care and services is vital to receiving good care and for people's long term recovery.</p>
	<p>There is a perceived lack of change following meetings with senior managers and officials. Feeling that more people on the ground could be involved with decisions, particularly in remote and rural areas. Making sure the impacts from decisions are understood and considered.</p>
	<p>Better engagement within Mental Health Services. Recognising and supporting peer support opportunities, to enable people with lived experience to support each other.</p>
	<p>Patient experience is a huge untapped resource that can be used to improve services and peoples experience. Most people want to use a negative experience to create a positive outcome.</p>
	<p>Lack of face to face appointments for GPs can be off putting for some people. Feeling that person centred care can take 2nd place over pathways and procedures.</p>



What Matters to You and what keeps you feeling good

Isobel Rhind Centre 12th December 2023

This report shows



The main things that you us told about, during our talk on the 12 of December 2023, at the Isobel Rhind centre.



The main ways you said you would like to talk to NHS Highland in the future.



The main things you said are important to you and keep you feeling good, from the leaflet.



What NHS Highland will do with what you have told us.



The ways you can share your experience with us in the future.



On the 12th of December 2023, Marie McIlwraith, from the NHS Highland Engagement Team came to the Isobel Rhind Centre to talk to people who were at the Day Centre.



We talked about ways to share our experience of health and care services. Like when we visit the Doctor, Dentist or Isobel Rhind Centre. An experience is how we feel and what we think about something that has happened to us.



We learned that sharing our experience can let people know when things are not good for us and can help to make things better for us and other people, in the future.



We talked about the different ways that people can tell NHS Highland about their experience of an appointment or visit to a health or medical service.

People told us the ways they would like to use, to tell NHS Highland about their experience.

See page 3 to find out more.



Marie left leaflets for people to tell us what is important to them, and what keeps them feeling good.

People agreed to complete the leaflets with help from Isobel Rhind Centre Staff.

Page 5 and 6 shows the main things from what you told us.

The main ways you said you would like tell us your experience of a health appointment or visit

Meeting in a group



Most people said they liked to talk as part of the group, at the Isobel Rhind Centre.

People said they felt happiest sharing things with people they know and trust.

Talking to someone



Most people said that they liked to talk to someone in person about how they feel or what they think.

This could be a trusted person at the Isobel Rhind Centre or somewhere else.

A Short Survey



Some people said they liked to answer questions on a survey.

Most said they would like to do this by using a pen and paper, with help from someone they trusted.

One person said they would like to do this on the internet, on a computer or smart phone.



In February 2024, 17 people from the Isobel Rhind Centre, completed a leaflet that had been left. They told us what was important to them about their health. Below is a summary of the top 5 things that people said was important.



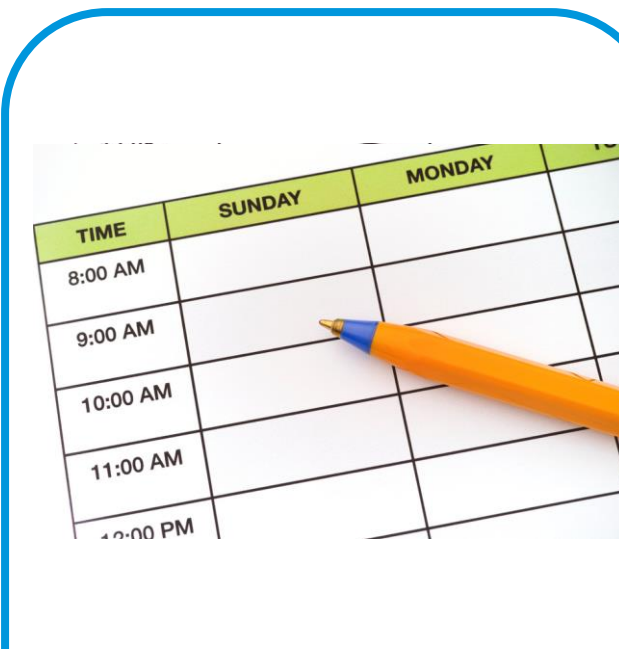
Regularly seeing a Doctor, Dentist or other health or care professional.



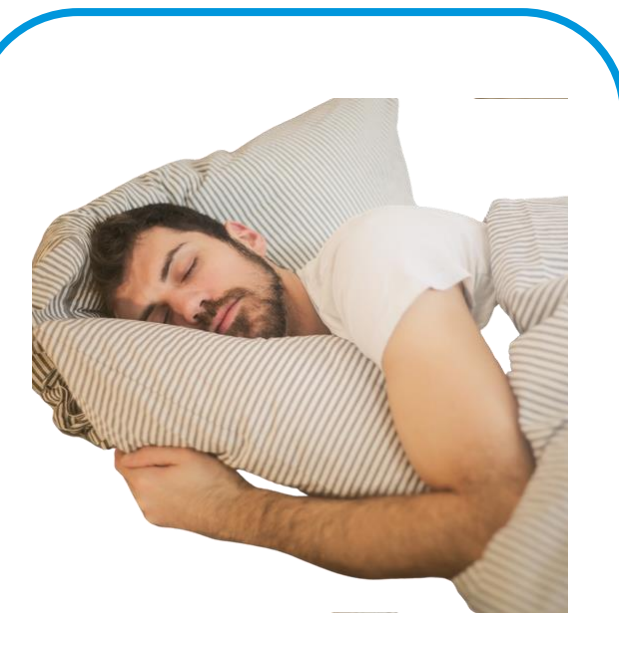
Taking medicines, having vaccinations and managing health conditions like asthma and epilepsy.



Having the right support. This included the support people get from the Isobel Rhind Centre.



Knowing plans in advance and not being overwhelmed.



Getting enough sleep and being healthy. This included eating healthy food, exercising and being at a healthy weight.



The 17 people who completed the leaflet, also told us what keeps them feeling good. Below is a summary of the top 5 things that people said keep them feeling good.



Seeing or being with friends and family. Including family pets.



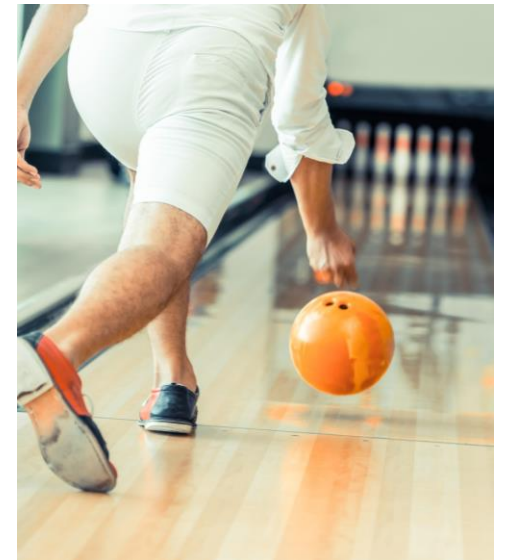
Taking care of yourself. By eating healthy food, keeping clean and exercising.



Looking and feeling good. Like visiting the hair salon and having nice clothes and nails.



Hobbies like gardening, walking, cooking, woodwork and watching TV, including sport.



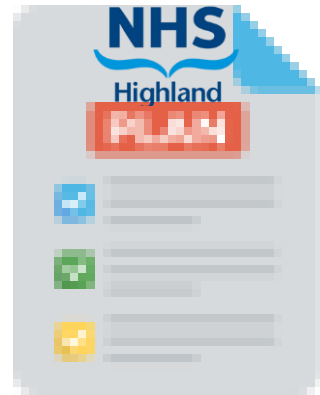
Holidays and social outings. Like, going bowling, out to the cinema, bingo and eating out.

What NHS Highland will do with the things you have told us

Help make plans at the Isobel Rhind Centre



What you told us will help us to make plans within the centre that fit in with the things you have said are important to you.



Help inform NHS Highlands Plans

What you have told us will help us understand what is important to people from across the Highlands. This will help us to make plans that best suit what people need.

Help us to better communicate and engage



You told us about the ways you like to communicate and engage with us, and the things that make it difficult for you. We will use this information to help us get better at talking to you and listening to how you feel and your ideas.

Help us to teach other people to communicate and engage better



We will share what you have told us with other members of staff and will work with them to help them get better at listening to people and involving them in decisions about things that are important to them.

NHS Highland wants to hear about how you feel about your health and care services, appointments and visits.



Hearing people's stories and how they feel about their service or appointment, helps us to make things better in the future.

It also helps us to make plans that suit the things that people feel are important or need most.



There are different ways that you can tell us how you feel about a health or care appointment or visit to a service. This could be when you visit the Dentist, Doctor, Hospital or Isobel Rhind Centre.

Page 8 and 9 will tell you about some of these ways.

Ways you can tell us how you feel about an appointment, service or visit.



You can phone the Feedback Team at NHS Highland at **01463 705997** and speak to someone on the telephone.



You can send an email to the Feedback Team at NHS Highland:
nhshighland.feedback@nhs.scot



You can write to:

Feedback Team NHS Highland, PO Box 5713, Inverness, IV1 9AQ



You can become a member of the Highland 100 panel. Find out more by emailing **nhshengage@nhs.scot** or visiting our website at

www.nhshighland.scot.nhs.uk/contact-us/highland-100-panel



You can tell NHS Highland how you feel about a health or care appointment or visit, through Care Opinion.

Care Opinion is an independent website. They make it safe and simple for people to share honest feedback about their care.



You can do this on the Care Opinion Website at **www.careopinion.org.uk**, using a computer, tablet or smartphone.



You can phone Care Opinion on **0800 122 3135** and speak to someone on the telephone:

Thank You!



Highland Health and Social Care Committee

Date: 15th January 2025

Report Title: Integrated children's services annual report

Report By: Chair of the integrated children's services planning board

1. Purpose/Executive Summary

- 1.1 The purpose of this annual report is to provide assurance on the progress being made to deliver the outcomes outlined within the children's services planning partnerships integrated children's services plan 2023 – 2026 [here](#)
- 1.2 The annual report is at appendix 1 and the Integrated Children's services Boards performance management framework is at Appendix 2.

2. Recommendations

- 2.1 Members are asked to:
 - i. Note and comment on the work undertaken by the children's services planning partnership over the last few months in delivering the Highland Integrated Children's Services Plan 2023 - 2026.
 - ii. Note and comment on the Integrated Children's Services Boards Performance management framework.

3. Integrated Children's Service planning

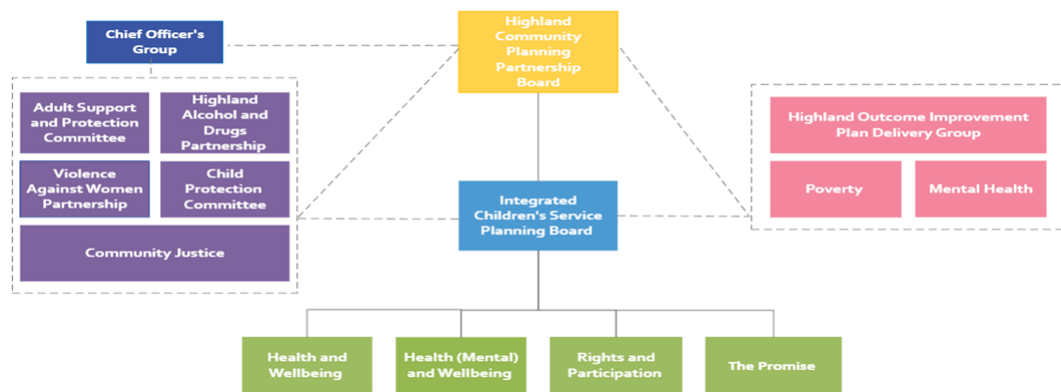
- 3.1 The Children and Young People (Scotland) Act 2014 (Part 3), outlines the need to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated 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
- Poverty
- Children’s rights and participation
- Child protection
- Corporate parenting
- Drugs and Alcohol

4. Governance

4.1 The Integrated Children’s Services Planning Board provides oversight to the on-going work of the plan. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, and Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council, NHS Highland Board and the Joint Monitoring Committee.



5. Performance management

5.1 The Integrated Children’s Service Planning Board has responsibility for monitoring progress towards achieving the outcomes outlined within the Integrated Children’s Services Plan and utilises a fully developed Performance Framework to achieve this.

5.2 Within our planning processes lead officers from partner organisations have been identified for each themed group along with a lead officer for each of the improvement priorities. Partners work together and take responsibility for co-ordinating performance reporting on a regular basis. In addition, our performance is measured through listening to the voices of children, young people and their families, learning from self-evaluation, analysing intelligence and scrutinising an agreed set of qualitative and quantitative improvement measures. These measures are attached at appendix 2 of this report.

6 Progress with the plan

- 6.1 Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26.
- 6.2 The Plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed, responsive and preventative support to children and families.
- 6.3 The priorities articulated within the plan were underpinned by the findings of the Joint Strategic Needs Assessment undertaken during 2023. [here](#)
- 6.4 In responding to the need for pace and urgency within the workstreams required to meet our priorities, the frequency of Board meetings has increased from quarterly to two monthly into 2024.

7 Recent Progress

- 7.1 This annual report highlights the progress that had been made up until June 2024. The following provides some detail of the work that has been undertaken since then.

8 Planet Youth

- 8.1 Planet Youth, the Icelandic Prevention Model, is a primary prevention process designed to have a long-term impact in communities on reducing youth substance use. This is achieved through creating a healthy built environment and viewing society as the patient. It is in its infancy in Scotland but is based upon over 20 years of success in Iceland, when the country's communities came together to improve the lives of young people.
- 8.2 At the time Iceland was struggling with their teenagers excessive use of alcohol, smoking, and other 'risky behaviours'. Scotland has been struggling with similar challenges to Iceland with young people engaging in significant levels of risky behaviours and increasing levels of mental health concerns. A similar downward trajectory of these activities can be achieved by adapting the Icelandic model to fit the Scottish context. The Highland model determines that we must consider the protective and risk factors that affect our communities, to build a happier and healthier country.
- 8.3 Planet Youth aims to address youth substance use, complement the wider policy landscape, be considerate of health inequalities and community needs, by identifying needs and building trusted relationships and shared decision making to improve the mental, emotional and physical health of young people. The Planet Youth approach puts the best interests of the child at the heart of decision making and works towards positive and sustainable improvements to the health of the young people in our communities.
- 8.4 Highland are piloting the [Planet Youth](#) model as part of a national pilot. There are five Highland secondary schools involved: Thurso High School, Wick High School, Golspie High School, Dornoch Academy and Tain Royal Academy. Further detail and the Planet Youth Highland Report 2023 can be found [here](#)

9 UNICEF - baby friendly standards assessment

- 9.1 [Baby Friendly Community Standards](#) provide a roadmap for services to improve care. Through a staged accreditation programme, health professionals are enabled to support all families with feeding and developing close and loving relationships with their babies. The achieving sustainability (GOLD) standards are for organisations who have maintained UNICEF BFI accreditation and are able to provide a substantive portfolio of evidence to reflect:
- A leadership structure that promotes BFI standards
 - Fosters and organisational culture that protects the BFI standards
 - Constructs robust monitoring processes to support the BFI standards
 - Continues to develop the service to sustain BFI standards
- 9.2 These globally developed standards are designed by WHO and UNICEF to create a supportive environment for mothers to successfully breastfeed. It is well documented that this leads to significant health and wellbeing outcomes for infants and mothers. Highland Children's and Young People's Needs Assessment (2023) stated that action to improve the uptake of breastfeeding is one of the most effective preventative health measures for both children and mothers, with short- term and long-term benefits.
- 9.3 Highland achieved UNICEF BFI accreditation in July 2012 and had successful re-accreditations in 2015, 2019 and 2023. Following re-accreditation in 2023 an application was made for achieving sustainability and the assessment for this took place in August 2024. Findings from the assessment went to the UNICEF BFI multi-disciplinary designation committee and are in the final stages for achieving GOLD accreditation:

10 GIRFEC (Getting it Right for Every Child)

- 10.1 A multi-agency GIRFEC Strategic group has been established to have oversight of GIRFEC arrangements to support a joined-up whole system approach. This group will provide a focus on continuous improvement and implementation of action plans, continue to ensure consistency of the GIRFEC framework and the shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. This group will drive forward the work, in partnership, to meet the Scottish Government's commitment for [Getting it Right For Every Child \(GIRFEC\)](#) and provide all children, young people and their families with the right support at the right time, so that every child and young person can reach their full potential.
- 10.2 The new GIRFEC and Child Protection Guidance is now live [here](#). The period of live review is now coming to an end and any final changes are being made from feedback. An APP has been developed containing the full guidance and a launch will take place in December 2024 followed by wider communication and promotion across services.

11 Children and Young People Participation Strategy

- 11.1 The Children and Young people's participation strategy was approved at the Community Planning Partnership Board on the 4th of December 2024. The Children and Young People Participation Strategy can be found [here](#)
- 11.2 The strategy has a vision of a Highland in which all children and young people feel that they can meaningfully participate in decision making processes and influence change in their own lives and in wider society. This strategy is supported by the Children's Rights and Participation Improvement Group, which is one of six strategic improvement groups that support the Integrated Children's Services Planning Board to deliver the Integrated Highland Children's Service Plan 2023 - 2026.
- 11.3 As a Highland-wide partnership the strategy outlines a strong commitment to improving the participation of children and young people through:
- Keeping the Promise.
 - Aligning practice with the values and principles of Getting It Right for Every Child.
 - Developing and embedding holistic whole family support
 - Incorporating the UNCRC (Incorporation) (Scotland) Act 2024 across all our statutory and commissioned services. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), states that children and young people have the right to be listened to and taken seriously.
 - The commitment to upholding the Voice of the Infant Pledge.
- 11.4 The participation strategy was commissioned by the Highland Integrated Children's Services Board (ICSB) in January 2023. A steering group was created with both adult and young people representatives from a range of statutory and third sector services and organisations and from across a wide spectrum of operational and strategic roles.
- 11.5 There was a commitment from steering group members that our children and young people's participation strategy could not be developed without the participation of children and young people and the steering group established an engagement plan to ensure the strategy was codesigned with children and young people from across Highland. In total, over 800 children and young people between the ages of 4 and 26, from all nine of the Community Partnership areas in Highland.
- 11.6 The Children and Young People Participation strategy, in line with the Equality Act 2010 has been developed to address inequality and support practitioners to consider how to reach every child or young person. Research relating to the conceptualisation of Article 12, has a focus on the 'agency' of children and young people. "All voices matter, we have a right to be heard, disabled and queer voices are often ignored so we have to fight harder to be heard; it would be nice to not fight so hard for once" It was essential to include the 'voices' of babies and infants and to understand how best to do this. Further considering the factors around 'agency' and how best we support this requires us to consider the voice of babies and young children. This strategy has been developed to bring an awareness of existing valuable resources such as the Voice of the Infant: Best Practice Guidelines and Infant Pledge and the Consulting our

- 11.7 Youngest Children Toolkit to an increasing number of professionals from all backgrounds across the partnership in Highland.
- 11.8 The key themes of this engagement are detailed below. Six key themes were identified through the thematic analysis of the data collected from the survey and engagement sessions. Each of these themes has sub-themes which will also support the recommendations laid out in this strategy.
- Theme 1 - Ask us to be involved
 Theme 2 - Value and respect our views
 Theme 3 - Develop our confidence and skills
 Theme 4 - Provide support and safety,
 Theme 5 - We have lots of views about our futures
 Theme 6 - Together we can ALL make change
- 11.9 Having developed the participation strategy, the Rights and Participation improvement group are now entering the implementation phase of this work. The implementation of this strategy will create structures and processes through which professionals can access support and guidance around positively supporting meaningful participation.
- 11.10 The participation of children and young people may not be viewed as a core element of professional practice across all areas of work. This strategy views all children and young people as citizens and community members with a right to have agency in all areas of life which affect them.
- 11.11 As evidenced by what children and young people have told us, they are keen to play a part in decision making across our systems. Across our partnership in Highland, we require to have a clear understanding of how to enable the meaningful participation of children and young people within practice.
- 11.12 Implementation of this strategy will be achieved through innovation utilising existing resource within the partnership with greater collaboration and 'joining up' of the work of professionals across all sectors.
- 11.13 The Rights and Participation Improvement Group have oversight of the Implementation of the Strategy. A Rights and Participation Website has been developed and provides the opportunity for children and young people to have their voice heard within a designated area of the site. here
- 11.14 Further implementation activity includes.
- Ongoing roll out, promotion and support of the Strategy
 - Involving Children and Young people in all areas of ongoing implementation
 - Developing additional accessible versions of the CYP Participation Strategy
 - Development of a Children and Young People Forum
 - Creation of a 'Participation Plan on a Page'.
 - Planning for and implementing 'Community of Practice' sessions
 - Development of support tools and training.

Designation: Chair, Integrated children's services planning board

Date: January 2025



Highland
Community
Planning
Partnership



Com-pàirteachas
Dealbhadh
Coimhearsnachd
na Gàidhealtachd

Highland Children's Service Plan 2023 – 2026.

Plana Sheirbheisean Chloinne Amalaichte na Gàidhealtachd 2023 -2026

Annual Report 2023/24



Integrated Children's Service Planning Board

Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26. [here](#)

The Plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed, responsive and preventative support to children and families.

The priorities articulated within the plan were underpinned by the findings or the Joint Strategic Needs Assessment undertaken during 2023. [here](#)

In responding to the need for pace and urgency within the workstreams required to meet our priorities, the frequency of Board meetings has increased from quarterly to two monthly into 2024.

This annual report highlights the progress that has been made. It should be noted that the new delivery infrastructure has only been in place for five months and consequently many of the priorities and change ideas are only recently developed. This work has been strengthened through strong partnership across services and in all sectors.

Partnership



In August 2023, the Highland partnership of children's services came together to formally launch the Highland Children's Plan 2023-26 at our **Vision 26** event. The success of the event was attended by over 500 people with 76 local services and community groups coming together to highlight the range of support on offer to children and families across Highland. All partners and services demonstrated a strong shared vision to provide better outcomes for children and families across Highland. This was an opportunity to build on our partnership working and through feedback from attendees, future events are planned to ensure effective delivery of the commitments and priorities outlined within the plan.



Our Commitment



Keeping the Promise

We will ensure that all Highland's Children and Young People are Safe, Healthy, Achieving, Nurtured, Loved, Respected and Included.



We will support Highland's families with respect, care and compassion, ensuring their voices are integral to all we do.



We will enable and empower families to thrive and to stay together wherever possible



We will tackle poverty and inequalities and will support and enable families to live and thrive together in their communities



Our partnership will reflect our commitment in our:

- Physical settings
- Policies and procedures
- Contact with people who access our services
- Activities and interventions
- Workforce experience

Our partnership is committed to developing a trauma informed and responsive approach to supporting children, young people and their families.

We will develop services that are informed and shaped by people with lived experience and place the voice of infants, children, young people and families at the heart of service improvement.

Our Partnership is committed to upholding the rights of infants, children and young people in ensuring they are protected from prejudice and that every child has the opportunity to grow up to maximise their full potential.

We will strive to uphold the United Nations Convention on the Rights of the Child (UNCRC). This is the global “gold standard” for children’s rights. It sets out the rights that all children have to help them to “be all they can be”. They include rights relating to health, education, leisure, play, fair and equal treatment, protection from exploitation and the right to be heard. This is strengthened by The UNCRC (Incorporation) (Scotland) Bill was unanimously passed in Scottish Parliament on the 7th of December 2023

GIRFEC – Getting it Right for Every Child

In reviewing the latest National GIRFEC and Child Protection procedures and practice guidance, we have completed the alignment of local procedures and guidance. From April 2024 the ICSP board will deliver a series of local workshop sessions to launch the updated guidance and begin the process of engaging with partners across Highland.

GIRFEC Implementation Flowchart



Whole Family Wellbeing Programme

Following the recruitment process and setting up of the Whole Family Wellbeing Programme Team between May 2023 and September 2023, the Programme entered the Evaluation Phase on 30th September 2023. This phase is designed to ensure that the framework of the Programme remains within the above four Programme Pillars, and that it remains evidence-based and needs-led, at a locality level. To ensure this, the following approach has been developed.

Data Gathering

Recognising that no single source of data will be sufficient to provide robust evidence of need, a mix of evidence from a range of sources is being gathered, namely;

- **Performance Data** in the form of the Integrated Children’s Services Planning Board Performance Management Framework and the Highland Joint Strategic Needs Assessment.
- **Stakeholder Views in the form of:**
 - **Practitioner Participation Sessions**, providing the voice of practitioners within Statutory and Third Sector organisations in Highland, who deliver support services to families. Gathered between October 2023 - January 2024. A summary of which can be seen here
 - **Children and Families Participation**, providing the voice of families from across Highland about support provision and access to support – utilising the Integrated Children’s Service Board Participation Strategy and gathering wider community-based consultation data. This will be commencing in March 2024.
- **Whole Family Wellbeing Funding** - National Self-Assessment Toolkit to be undertaken by Statutory and Third Sector organisations in Highland, who deliver support services to families. This will commence in March 2024.
- **Service Provision Scope/Mapping** which will be incorporated into the Whole Family Wellbeing Funding - National Self-Assessment Toolkit process. Commencing February 2024 to March 2024.

The gathering and analysis of this data set will ascertain predicated need around each of the nine Community Partnership localities and will further allow for the process of funding applications to commence.

4 Pillars



768 comments
inspired by Pillar 1
Children & Families at the Centre of Service Design



966 comments
inspired by Pillar 2
Availability & Access



942 comments
inspired by Pillar 3
Whole system approach

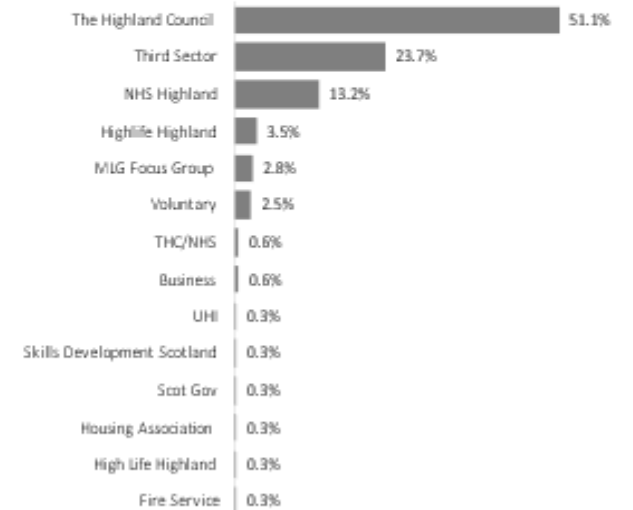


776 comments
inspired by Pillar 4
Leadership, Workforce & Culture

Participant Headlines



Summary of attendance by Organisation



Integrated Planning Our Themes



Poverty



Child Protection



Corporate Parenting



Rights and Participation



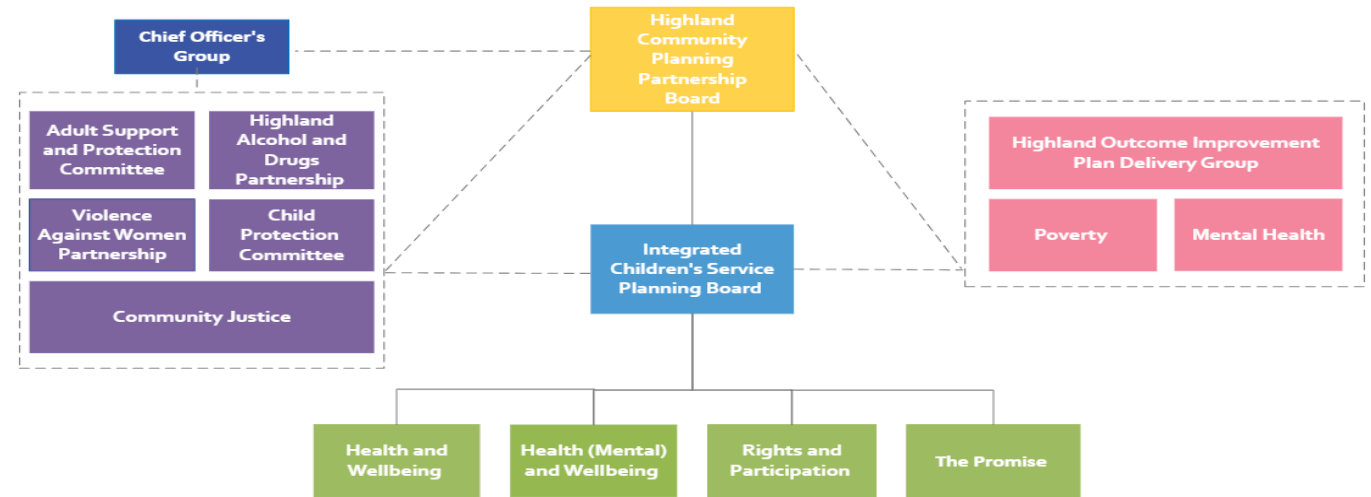
Health and Wellbeing



Drugs and Alcohol

The plan takes a thematic approach to improving outcomes for infants, children, young people and families. These themes have been identified through listening to children, young people and their families and analysis of the data and evidence within The Joint Strategic Needs Assessment (2023).

The planning theme strategic oversight boards, are accountable for delivery of the priorities and plans using the life course approach. These are;



Performance and Outcome Management:

All outcomes within the Highland Children's service plan are linked to Highland's Outcome Improve Plan Performance, measured through the Integrated Children's Service Performance Management Framework and monitored by Highland Integrated Children's Service Planning Board. The plan continues to evolve to align to the work and outcome priorities along with the dynamic Joint Strategic Needs Assessment (2023) to ensure this is parallel to the needs of children and families as these change. This Board has measured these outcomes against the Performance Management Framework and the priorities of the delivery groups to produce this annual report.



ICSB PARTICIPATION STRATEGY

1000 children and young people will actively have taken part in the process. The strategy can also be informed by the views of over **700** professionals in Highland on the topic of children and young people's participation



63

Promise Café Attendees

150

Staff engaged in promise awareness sessions

18

Promise Ambassadors have been recruited over the last year



PROJECTS

The Promise / CPC - Language Guide

DETAILS

The production of a 'Language Guide', in the form of an online 'microbite' which was developed through engagement with children and young people with experience of care and professionals

CPC - Bairns Hoose

£63000 funding secured from national Bairns Hoose fund to improve premises used for interviewing and supporting children and young people

ADP - Planet Youth - Prevention Model

Progress through the ten steps. Second round of bi-annual surveys completed by S4's in 5 pilot schools with data being processed via Planet Youth in Iceland



#Keep The Promise Highland

WHOLE FAMILY WELLBEING PROGRAMME

317

Participation Session Attendees

3000

Comments from Practitioners

37

Different sectors engagement

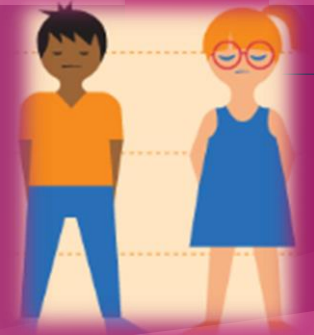
"Whole Family Wellbeing, The Promise and Families First work in harmony"

"There was lots of exchange of realistic, positive and creative thinking from the participants. I really hope the spirit of that and the realisation will continue"

"Really supportive session, I have high hopes that our input is being listened to and used!"

Key Highlights

Poverty Update



The Poverty Reduction Delivery Group has undertaken a mapping exercise to identify areas for action going forward. The mapping took the form of two strands; considering what is happening and being delivered and alongside this, where the gaps and opportunities are for shared partnership action. A survey of third sector groups supported this exercise, followed by a review and reflection session.

A summary of the emerging priorities identified are outlined below and work has commenced to develop core actions through the delivery plan.

Information and Awareness Raising

- Supporting Practitioner Learning – developing the approach to poverty related practice. Building on existing learning packages to create a suite of materials to support practitioner learning.
- Shared partnership resources targeted to support people experiencing poverty. Resources to support individuals access the advice and services required. Developing routes for sharing and referral routes (building on learning from health visitor pathway)
- Addressing Stigma – building an approach into practitioner learning and shared resources

Community Based Approaches

- Collective practitioner support - providing support and advice where individuals are coming together e.g. parent and toddler groups/community growing spaces/community cafes/tenants
- Lived experience - developing our approach to understanding lived experience and using this to identify areas for development

Specific Strands of Work

- Developing the approach to period poverty in schools
- Roll out of cost of the school day toolkit
- Developing flexible models of childcare in rural areas

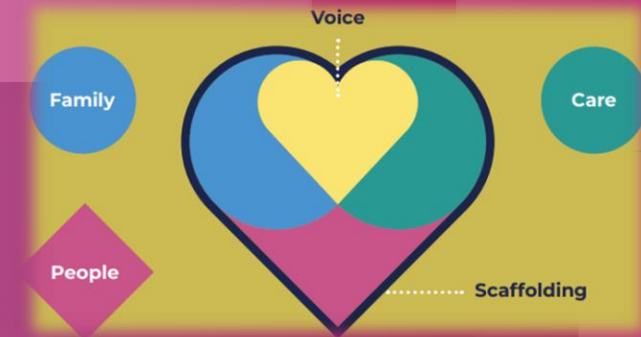
Child Protection Update



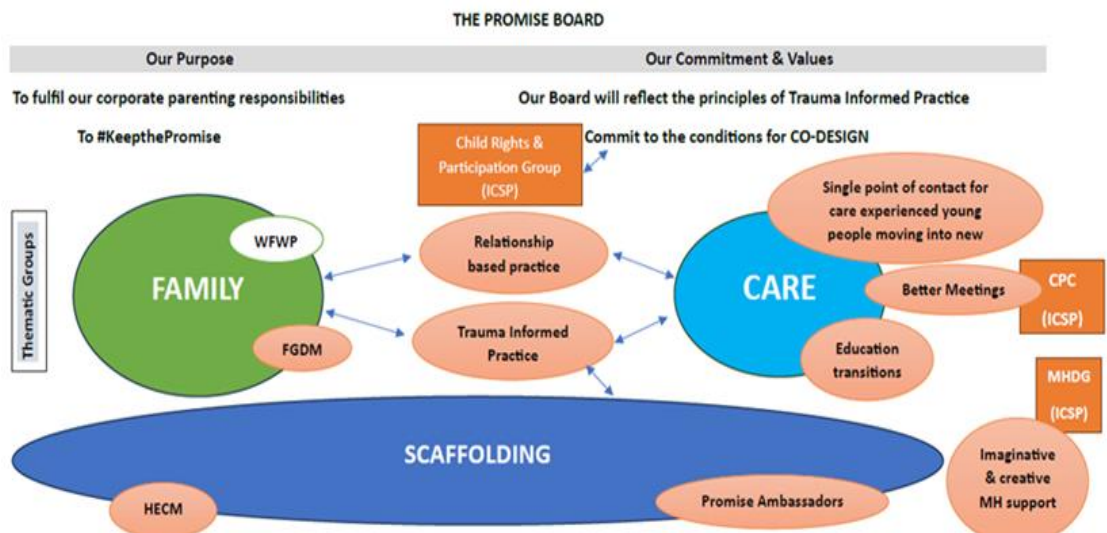
Following feedback from Highland’s inspection for children at risk of harm, and a review of current priorities, the Child Protection Committee have been progressing key issues to deliver change ideas to support children, young people and families. Highlights include:

- GIRFEC and Child Protection Procedures reviewed and updated in line with national guidance with accompanying e-learning resources
- Implementation of the Scottish Child Interview Model (SCIM) in September 2023
- Highland invited to be an affiliate in the National Bairns’ Hoose programme
- £63000 funding secured from national Bairns’ Hoose fund to improve premises used for interviewing and supporting children and young people in Caithness and Inverness initially
- Work with Children and Young Peoples Centre for Justice and Action for Children in relation to re-imagining youth justice underway
- Exploitation Partnership Steering Group established to oversee CORRA project and development of RISE service and the Anchor project.
- £200,000 funding secured from The Promise CORRA fund to support young people affected by criminal and sexual exploitation
- Highland evaluation completed by the National Missing People project and recommendations to improve responses to missing young people now being progressed
- Increased focus on Quality Assurance of child protection processes including roll out of Interagency Referral Discussion audit work and implementation and analysis of the new National Minimum Dataset
- Development of language guide in partnership with The Promise Highland team

Promise Board Update



The Promise Board (previously known as the Corporate Parenting Board) underwent a period of reflection and development between January and May 23. The result was a newly formed Promise Board, with new membership and new priorities, reflected in the ICSP. In development is a delivery plan in line with the 5 foundations of The Promise with 2 key thematic delivery groups: FAMILY and CARE (See Graphic below)



Family

‘Empower families through Family Group Decision Making’

Empowering families to build safety for children and young people is central to the Promise and Highland’s commitment to delivering the Promise. Family Group Decision Making (FGDM) is currently being rolled out as a pilot across 3 family teams in the Inverness areas.

78 Children identified for possible FDGM. Focus in 2024-25 will be on tracking outcomes and learning from the pilot

Voice

The production of a ‘Language Guide’, in the form of an online ‘microbite’ developed through engagement with children and young people with experience of care will be launched early 2024. Training from Each & Every Child on their framing recommendations (evidence based framing recommendations to change the public perception of care experience) was delivered to Highland’s Child Protection Committee and Promise Board.

Care Experienced young people of Highland produced a [video](#) for Corporate Parents on what they wanted from Board members, which was shared as part of training sessions to The Promise Board.

The *Better Meetings Practitioner Guides* were launched in 2022. These guides emphasised good practice before, during and after meetings and hearings to ensure that the voice and views of young people are at the heart of everything we do. They are currently being evaluated, with the views of children and young people central to the findings.

Care

Your Voice Matters gathered the views of young people who experienced residential care in Highland from Jan 2020 – July 22. A striking finding was the significance of relationships. Improvements are underway with ~~68~~ data being collated. 2023 inspections in residential care homes have begun to evidence improvement and progress (inspections: *good, very good and excellent*)

People

‘*develop relationships*’ Promotion and engagement of The Promise continues across Highland. To date 9 sessions to over 150 staff, and 4 Promise Café have been held with 63 attendees. There has been 4 *Keeping the Promise* newsletters produced and circulated across the partnership. Data from pre & post measures indicate an increase in staff knowledge, they feel more informed and have more ideas about how to #Keepthepromise.

‘*Promise Ambassadors*’ 18 Promise Ambassadors have been recruited, across Health, Social Care and Education. The ambassadors have met 4 times over the last year. This initiative is expanding with opportunity to extend beyond The Council.

Rights and Participation Update



The Rights and Participation Delivery Group have been working to implement the delivery plan. Royal Assent was received for the UNCRC Incorporation on 16 January with significant implications for both statutory and non-statutory bodies. Positive work is progressing across many workstreams;

Play improvement group established to start a dialogue as one workstream and to share information across partnerships.

Baseline data and information established relating to the rights of children and young people.

Work to support embedding Children's Rights and Wellbeing Impact Assessment into Integrated Impact Assessment process. Training module created as part of the mandatory training, including information on the incorporation of the UNCRC into Scots Law for all managers.

Work on the Children's Charter and the Participation Strategy underway.

Survey sent to all 3rd sector groups in Highland including questions on supports they provide to further children's rights.

Cawdor Primary School are used as an example on Education Scotland's Play Pedagogy Toolkit:

<https://www.thinglink.com/card/1609461484272746499>

Primary aged section of a Book Creator resource has been drafted by children from Raigmore Primary School with graphics and recorded voices embedded in the virtual book. Draft shared with other groups to gather their views and additions before being finalised and shared more widely with families.

Discussion with the Youth Convener about how to take the work so far on the Charter graphic and move forward with some meaningful dialogue regarding children and young people's views being considered by elected members on decisions that impact them.

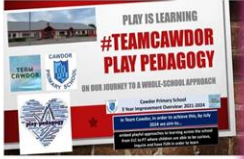
Committee paper presented to elected members on the work undertaken thus far in embedding Children's Rights.


Thematic analysis completed on feedback from 148 nursery children in relation to their use of playparks. The Play Park strategy was completed in November 2023.


Executive summary and a child friendly version included in the report created from over 1200 responses to the consultation, many from pre-5s.


Self-Evaluation for Self-Improvement Case Study
Play Pedagogy at Cawdor Primary & ELC

Cawdor Primary & ELC share their approaches to developing Play Pedagogy "across the school from ELC to P7 where children are able to be curious, inquire and have FUN in order to learn." James shares how the school has engaged with national practice guidance Realising the Ambition with a specific focus on the child-centred pedagogy in practice cycle.



Click here to listen to Headteacher James Cook describe the approach at Cawdor Primary & ELC. → 

Click here for presentation slides and more information about play pedagogy at Cawdor Primary & ELC → 

 Education Scotland
Practice Idea

Health and Wellbeing Update



The Health and Wellbeing (Mental Health) forms a subgroup of the Mental Health Delivery Group Structure and reports into the MHDG co-ordination group and the Integrated Children’s Service Board. The delivery group has a delivery plan taken from the priorities that are identified within the Integrated Children’s Service Plan.



- Inspiring Young Voices provided an opportunity for those aged 18-26 in Highland to take part in an online focus group to voice their opinions on topics including:
 - Existing mental health support and resources
 - Accessibility and barriers to accessing mental health support
 - What resources or support do you want to be made available?
 A report of findings is currently being produced.
- Mikeysline recruiting for Bee the Change champions, destigmatise mental health and suicide prevention this is extended across communities including schools
- Continued support from the partnership for Kooth who attended Mental Health Delivery Group and shared a presentation detailing information and data of their work.

Drug and Alcohol Update



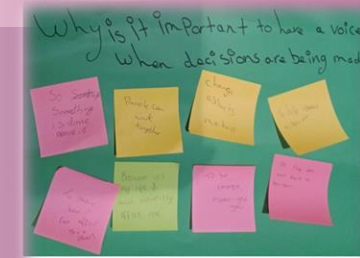
- Foetal Alcohol Spectrum Disorder Awareness Training dates set for community midwives, “Pregnancy Alcohol and Drugs Advice and Support Sessions” attended by midwives supporting women and families who are affected by continued drugs or alcohol use during pregnancy.
- Pre-conception Information Support Preparation and adaptation of Alcohol Brief Interventions learning package for community midwives. Resources updated and developed for midwives
- Support for Antenatal Care Networking with Third Sector to support improved signposting by midwives, Improved liaison and collaboration with Drug and Alcohol Recovery Service (DARS).
- Planet Youth – Prevention Model Continue to progress through the ten steps. Second round of bi-annual surveys completed in 5 pilot schools with data being processed via Planet Youth in Iceland. Data will be further analysed and collated into a Highland report. Planet youth Strategic Group now providing leadership for the programme
- Culture Change/Whole Family Activities Collaboration with Highlife Highland partners to increase positive activities in targeted areas. This includes, supervised family gym blocks which are free of charge and aim to embed family involvement in sport and physical activity.
- Discussing Drugs and Alcohol with Young People resource including Pre-course eLearning via TURAS in development.
- Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT as a test of change underway. Regular review of content via google analytic with promotion through community events
- Advanced Nurse Practitioner Specialist alcohol and drugs role being developed for schools to strengthen knowledge, skills and confidence of school nurses to deliver substance related priorities.
- Treatment and Support Planning underway to respond to UK Clinical Guidelines for Alcohol Treatment - Consultation young people sections, Participation via Health improvement partners in development of national prevention strategy Planning for second Scottish Government self-assessment exercise on the Whole Family Framework - Drugs and Alcohol to be followed by a local improvement plan.
- Assertive outreach teams active in Inverness (to extend to Mid and East Ross) and Caithness providing support to those at higher risk of harm and death from 16 and over that are not currently in school Inverness team includes a social worker post. Harm prevention police officer post collaborating with assertive outreach teams.

The Voice and Participation of Children and Young People

Participation Strategy



One of the young leaders with 'Barbra Bearstrand', participation expert, who worked alongside a group of Rainbows, aged 4.



Some views from care experienced young people, captured during Care Day 2024.



Development of a Children and Young People's Participation Strategy for Highland

In January 2023, the decision was made by the Integrated Children's Services Board to develop a Children and young people's participation strategy for Highland. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have a right to participate (to speak up, to be listened to and taken seriously) when decisions are being made. In recent years, examples of excellent participation practice have emerged across all sectors Highland and the strategy aims to build on these to make children and young people's participation the norm across our partnership.

Exemplifying participation in the development of the strategy - The CYP Participation Strategy Steering Group, formed in January 2023, undertook to develop the strategy with meaningful participation of children and young people at its core, exemplifying the participatory approach we hope to see across Highland in the future.

Engagement - In March and April 2023, a number of focus groups were run alongside children and young people already involved in participation and collective advocacy activities with the aim of determining the questions to be asked across Highland as part of the strategy development process.

During extensive engagement with children and young people and stakeholders, key questions asked were;

- What does participation mean to you?
- Why is it important to have a voice (when decisions are being made)?
- What helps you to speak out and have a voice?
- What gets in the way of you having a voice?
- If you knew the right people were listening, what issues would you like to speak up about?
- How can we make sure everybody's voice is heard and everyone gets a chance to participate

Engagement has been ongoing since May 2023. Where possible, this has been led by paid young facilitators. This phase will conclude at the end of March 2024, by which time it is expected that more than 1000 children and young people will actively have taken part in the process. Through the work of the Whole Family Wellbeing Programme in Highland, the strategy has also been informed by the views of over 700 professionals in Highland on the topic of children and young people's participation – aspirations, barriers, existing expertise, practicalities – which is key to successful implementation.

Governance

The Integrated Children's Service Planning Partnership Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. The Board is directly accountable to the Community Planning Partnership Board.

In order to ensure a robust partnership approach to governance, assurance and performance management, the Integrated Children's Service Board provides additional reporting to:

❖ The Highland Council, and the NHS Highland Board through The NHS Highland Health and Social Care Committee and The Highland Council Health, Social Care and Wellbeing Committee.

❖ The Public Protection Chief Officer Group, who undertake their statutory responsibility ensuring that appropriate assurance on the development and progress of the plan is received.

❖ Highland Child Protection Committee and Highland's Joint Monitoring Committee.

Membership of Highland Integrated Children's Service Board :

- Director of Public Health, NHS Highland
- Board Nurse Director, NHS Highland
- Head of Health Improvement, NHS Highland
- Head of Education, The Highland Council
- Head of Children's Social work, The Highland Council
- Executive Chief Officer Health and Social Care & Chief Social Work Officer, The Highland Council
- Child Health Lead, The Highland Council
- Head of Operations, Women and Children's Directorate, NHS Highland
- Head of community support and engagement, The Highland Council
- Police Scotland, Partnership Superintendent
- Child Health Commissioner – NHS Highland
- Chief Executive, Care and Learning Alliance (Third sector)
- Director of Children and Families (Aberlour Trust) Third sector
- Principal Educational Psychologist, The Highland Council
- Lead Officer, Highland Child Protection Committee
- Youth Work Manager, Youth Highland (Third Sector)



**Integrated children's services
planning board Performance
Management Framework
2023-2026**



Data Overview -

Baseline Data – This was established between 2012-2016 to provide a longer-term measurement of progress

Education and Learning – Data from Lifestyle Survey collected every 2 years last completed in 2023

Health and Social Care & NHS - This data is collected quarterly

HSC – CP Minimum Dataset – This data is collected quarterly

HSC - Scottish Government Annual Return – Annually collected, Information to be available November 24

↑ ↓ → - Arrows indicate an increase or decrease in figure since last reporting, these are colour coded to denote movements are positive, negative or no movement. Some child protection figures are not colour coded as these cannot always be attributed to either positive or negative movements.

Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of households with children in temporary accommodation will reduce.	160	200	↑180	Housing
ANALYSIS				
This data is collected quarterly. The baseline was established in 2015.				

Indicator #2 (NHS CYP14)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	↑87%	Child Health
ANALYSIS				
There was a slight increase in the number of infants at 27 months with NO developmental concerns. The data is consistent with the national picture and has remained fairly stable over the 12-year period since first report on the integrated performance framework.				

Indicator #3 (NHS CYP16)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	95%	85%	↑ 97.8%	Child Health
ANALYSIS				

This data is reported Annually. Body Mass continues to be measured as part of the Child Health Surveillance Programme at the P1 Screening visit within School Nursing. Additional support, by way of follow up continues to be available through the Child Health Weight Programme. Full data can be found at <https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/>

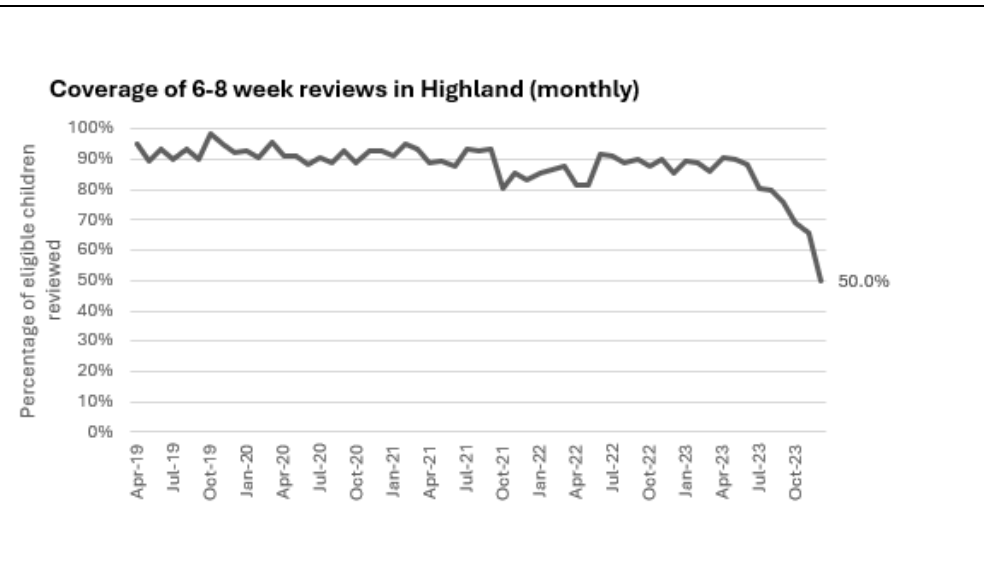
Indicator #4 (NHS CYP03)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	80%	↑ 61%	Child Health

ANALYSIS

Note last data from NHS Dashboard is Dec 2023

It has become clear that there is an issue in processing the paperwork across the system as a small snapshot audit of this contact locally has found that 91% of the contacts had been completed. Further investigation evidenced that the paper documentation supporting the recording of this data has multiple points of input across the system (NHS, to THC onto GP's and then to NHS). Work is underway to tighten up the transfer of paperwork ensuring the Child Health System (NHS) can more accurately record correct data.

[Child Health Pre-School Review Coverage Statistics 2022/23 \(publichealthscotland.scot\)](https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/)



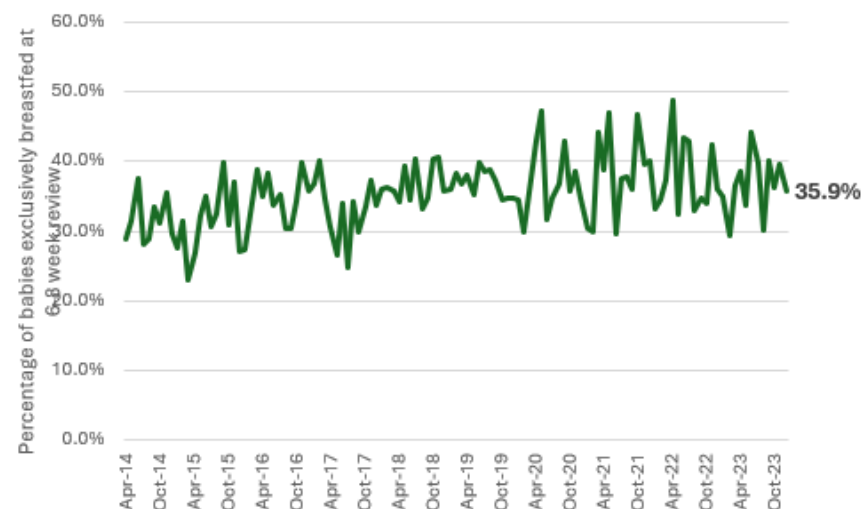
Indicator #5 (NHS CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	36%	30%	↑ 37%	Child Health

ANALYSIS

Note: Graph outlines the data until end of 2023.

March 2024 data demonstrates an increase to 37.2% with an average across 23/24 of 36.5%.

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. An improvement plan continues to be implemented to ensure a partnership approach, between NHSH and THC, is rolled out to support breast feeding particularly in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland. Highland are going through the re-accreditation process for the UNICEF Gold award.



Indicator #6 (NHS CYP15)	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	↓94%	NHS Highland

ANALYSIS

Latest data from NHS slight reduction by 1%

Full data can be found at <https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/>

Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%	↓62%	Health and Social Care

ANALYSIS

Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015. In line with a number of boards in Scotland, Highland have recently adopted a trauma informed approach to the initial health assessment. This approach recognises the need for a relationship-based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed and an improvement project has been initiated by nursing leadership.. It is projected that the change will have a positive impact the quality of the assessment, the performance data, and skill of the workforce however this will take some time to embed.

Indicator #8 (NHS CYP24_A)	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 18RTT METHODOLOGY	90%	85%	↑79%	Health and Social Care
ANALYSIS				
Child health physiotherapy met the target for May/June 2023, but since that time staff vacancies have led to significant waiting times for first appointments. One whole time equivalent post was filled in July 2024 and a second has just been recruited to. (Whole time equivalent staffing has been at 80%) The successful recruitment drive will ensure improvement in waiting times by next quarter. In the meantime, all requests for assistance are triaged and prioritised				

Indicator #9 (NHS CYP24_A)	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%	↑ 52%	Health and Social Care
ANALYSIS				

The downward trend this quarter is due to sickness and vacancy within the team leading to longer waits for first appointment. Absence of any kind has a significant impact on capacity within a small team. An action plan is in place and all requests for assistance are triaged and prioritised. It should also be noted that all requests are contacted and receive a 'First Conversation' consultation. Monitoring waiting time to first appointment as per the 18RTT methodology does not reflect this. Interestingly, several families waiting did not respond to invitations for first appointments over the summer holidays. The team is soon to be fully staffed following a successful recruitment process and this should lead to an improvement next quarter.

Indicator #10 (NHS CYP24_A)	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%	↑ 79%	Health and Social Care
ANALYSIS				
There is an upward trend in Dietetics towards the target due to the team currently being fully staffed since August 2023. Dietetics use Near Me to ensure responsive care for their patients and families. In December 2023 a support practitioner joined the team, funded with waiting times money (0.4wte). This additionality has resulted in continuing progress towards our target.				

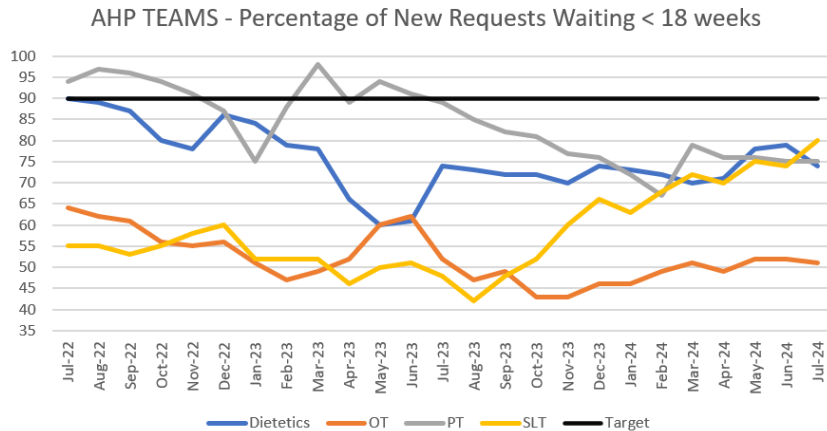
Indicator #11 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%		↑ 74%	Health and Social Care
ANALYSIS				
The upward trend in response to this indicator is due to service redesign and the team are to be congratulated on their efforts.				

Indicator #12 (NHS CYP24_A)	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%	↑ 71%	Health and Social Care

ANALYSIS

Nationally, no other IJB/NHS Board collates/reports on paediatric AHP waiting times, rather they focus on either “response”, “experiential” or “outcomes” to measure performance. AHP performance measures are therefore currently under review.

Due to staffing issues, the physiotherapy and occupational therapy teams have struggled to meet demand this quarter and therefore the AHP overall percentage of children and young people seen within 18 weeks has seen no change. Trends over time are demonstrated below.



Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel listened to in their school	Improve from Baseline	40%	↓36%	Education and Learning

ANALYSIS

Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils current data is based on average of 3 age groups surveyed.

Do you feel listened to in your school?					
	2015	2017	2019	2021	2023
Yes - very much so (P7)	65.6%	64.6%	57.6%	56.9%	50.4%
Yes - very much so (S2)	43.2%	38.4%	34.8%	38.9%	29.9%
Yes - very much so (S4)	32.0%	31.9%	20.8%	32.6%	26.8%

Indicator #14	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 2023 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				

Indicator #15	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	Improve from Baseline	20%	↑ 4.3%	Education and Learning
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Data taken as an average of all 3 age groups. P7 – 0.61%, S2 – 3.32%, S4 – 9.26% Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools				

Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in P7 who report that they use drugs at least once per week	Improve from Baseline	1.80%	↑ 0.25%	Education and Learning
ANALYSIS				
Most recent data from the 2023 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				

Indicator #17	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%	↑ 0.53%	Education and Learning
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils				

Indicator #18	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				
<p>Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils</p> <p>Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT being tested in a high school. Regular review of content via google analytic Promotion via community events e.g. Vision 2026 launch, Delivery of H-SAT awareness and use of lesson plans to guidance staff Support to schools to develop substance aware policy Substance awareness education being delivered to education and associated staff Collaboration with Drug and Alcohol Recovery Service in development of naloxone policy for children's homes</p>				

Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%	↑ 93	Education and Learning
ANALYSIS				
This data is reported annually.				

Indicator #20	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	↑ 9.4	Health & Social Care
ANALYSIS				
This data is collected, scrutinised and reported quarterly. Mitigating action plan is in place.				

Indicator #21	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	↑ 17	Health & Social Care
ANALYSIS				
This data is reported monthly as part of the data collection for the Home to Highland programme. The numbers of placements outwith Highland were at the lowest level ever recorded at 9 placements in Oct 2023 but have since increased again to 17, 2 placements above the target. This is a result of several larger families coming into spot purchased residential care and a number of young people with needs and behaviour that required specialist placements outwith Highland. Work is continually targeted through the Home to Highland Programme to reduce the number of children in residential placements outwith Highland. The team are currently working on returning 12 children over the next 12 months.				

Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people in secure care will decrease	3	8	↑4	Health & Social Care
ANALYSIS				
New regulations came into force on 28 August and as of that date, there will be no new admissions of children under 18 to YOIs this is likely to affect this figure to rise				

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	N/A	26	↓ 27	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. This gives an indication of numbers of vulnerable children and young people (in terms of risk of harm). Increases in numbers may be positive as it can evidence good practice in assessing and responding to risk. It can also evidence increasing risk within communities and support the design and delivery of services. The number of children subject to initial and pre-birth case conferences in Highland has decreased in the last 4 quarter. After 4 quarters of this increasing. Further work is underway to examine the data in more detail.				

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences	N/A	19	↓ 13	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. The number of case conferences can indicate family groups where the figure is lower than the number of children subject to initial and pre-birth child protection case conferences. Data can be benchmarked by converting numbers of children or Planning Meetings into a rate per 1,000 total children aged 0-17 (which can be found at National Records of Scotland Mid-Year Population Estimates). The rate per 1,000 can then be compared with other areas to assess the number of cases progressing to Initial or Pre-Birth Child Protection Planning Meeting.				

Indicator #25	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%	↑100	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q4 2023/24 = 86% A high conversion rate indicates that risk is being assessed appropriately, progressing to child protection case conferences where required. This figure has remained consistently above 85% since Q2 2019/20.				

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period	N/A	112	↓ 83	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q4 2023/24 = 116

The number of children on the child protection register has increased quarterly since Q2 2022/23. The Child Protection Committee Quality Assurance Group is currently undertaking an analysis of data to establish the reasons for the increases. This may be a positive move in terms of risk assessment and planning, it could also have been influenced by the impact of the Children’s Services Inspection for children at risk of harm. However, it could also indicate increasing risk within communities, or because of the current financial climate, However after a period of increases this quarter has seen a reduction in Q1 2024/25 Further work is underway to examine the data in more detail.

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	N/A	34	↑ 60	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q4 2023/24 = 51

Indicator #31 can provide information as to how well risks are being reduced for the most vulnerable children and how well Child's Plans are working. However, this analysis must be supported by quality assurance processes to ensure children are de-registered at an appropriate time to avoid any escalation of risk and ensure ongoing support. This will be considered as part of the multi-agency case file audit in May 2024.

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	N/A	58	↓73	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q4 2023/24 = **114 (change in concern description for data set 2.)**

The majority of concerns recorded relate to vulnerability factors including Domestic Abuse (12), Parental Alcohol Use (13), Parental Drug Use (20), Child Affected by Parental Mental Health (18). In terms of Impact and Abuse Emotional Abuse (13) and Neglect (19) are the largest concerns recorded. Criminal Exploitation, Services Finding it Hard to Engage, Child Experiencing Mental Health Problems and Physical Abuse feature but as numbers are lower than 5, individual figures are not provided to protect the identity of children. There are an increasing number of concerns being recorded in registration which could suggest increasing complexities with families experiencing more than one risk/vulnerability factor. This has implications for service design and delivery, and learning and development provision to ensure staff have the right knowledge, skills and tools to support their work with families.

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	95%	TBC	↑ 82%	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q4 2023/24 = **80%**

Percentage of Initial and Pre-birth Child Protection Planning Meetings where at least one person who usually has care of the child attends (e.g. a parent or carer). This indicator highlights the level of parental involvement in decision making and planning around the child and will be reinforced by audit activity into the quality of their involvement (e.g. level of active participation as well as attendance). This figure has remained consistently high over the past 2 years and has never fallen below 80%. The quality of child/family involvement will be considered in the multi-agency audit in May 2024.

Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children’s Reporter on non-offence grounds	Reduction from Baseline	TBC	↓ 137	HSC – SCRA Quarterly Reports

ANALYSIS

Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) grounds. Non-offence referrals constitute referrals that have grounds other than section 67 of the 2011 Act. These are also referred to as Care and Protection referrals by some agencies. Work has been undertaken through the Quality Assurance Sub-Group to look at SCRA referrals by type and by age due to an increase in referrals in relation to lack of parental care. Work has also been undertaken to look at older young people being referred in to SCRA and discovered that where there has been an uplift in referrals during any one quarter, these tend to refer to a small cohort of young people with a large number of referrals. Latest data from Q4 2023/24 =**169**

Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children’s Reporter on offence grounds	Reduction from Baseline	TBC	↓ 28	HSC-SCRA Quarterly Reports
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q4 2023/24 = 43</p> <p>An increase in previous figures could reflect the increasing focus on responding to young people in conflict with the law through the Children’s Hearing System rather than within an adult criminal justice system. It is too early to determine if this is the case but will be a key focus over the next few years. We are seeing a decrease this quarter however, figures are relatively small so increases and decreases in the data need to be considered over a longer period.</p>				

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	Increase from Baseline	112	↑ 110	HSC - Scottish Government Annual Return
ANALYSIS				
<p>Preliminary figures awaiting Scottish Government validation</p> <p>Figure 2023/23 - 94</p> <p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p>				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	Increase from Baseline	100	↑ 81	HSC - Scottish Government Annual Return
ANALYSIS				
<p>Preliminary figures awaiting Scottish Government validation</p> <p>Figure 2022/23 – 75</p> <p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p>				

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	Increase from Baseline	121	97	HSC - Scottish Government Annual Return
ANALYSIS				
Preliminary figures awaiting Scottish Government validation				
Figure 2022/23 - 104 This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	Increase from Baseline	12	15	HSC - Scottish Government Annual Return
ANALYSIS				
Preliminary figures awaiting Scottish Government validation				
Figure 2022/23 - This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people within a local authority provided house	Reduction from Baseline	81	↑57	HSC - Scottish Government Annual Return
ANALYSIS				

Preliminary figures awaiting Scottish Government validation

Figure 2022/23 - 52

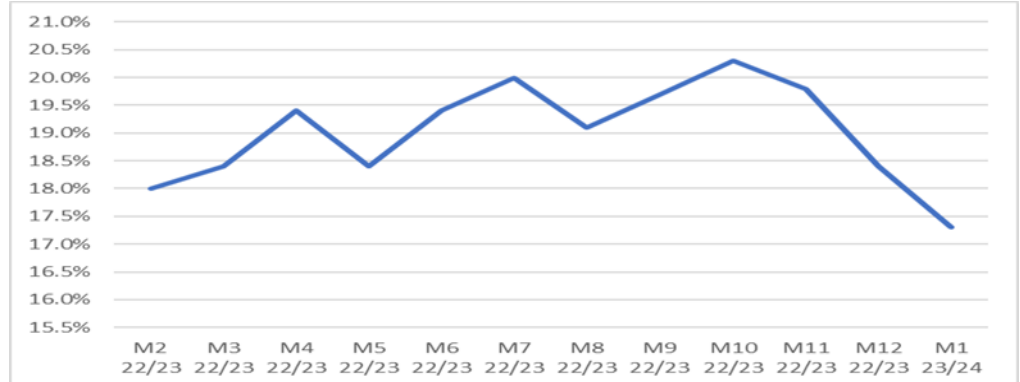
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The number of in-Highland residential beds has decreased by 7 in the last year due to a number of provisions in the north closing.

Indicator #37	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%	19.4%	Health & Social Care

ANALYSIS

This data is reported monthly on PRMS,

There has been a slight increase in the monthly figure, with the current figure sitting slightly below the target but above the baseline figure.



Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	82	72	137	Health & Social Care

ANALYSIS

Highland Health and Social Care Partnership



Meeting: Health and Social Care Committee
Meeting date: 15th January 2025
Title: Joint Strategic Plan Implementation
Responsible Executive/Non-Executive: Pamela Stott, Chief Officer
Report Author: Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP.

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:

- 3 year Strategy – Joint Strategic Plan 2024 -2027

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

Safe, Effective and Person Centred

This report relates to the following NHS Highland 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	All Well Themes	x	

2 Report summary

2.1 Situation

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a **Strategic Plan** which sets out the arrangements for the carrying out of the integration functions for the area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.

This report provides an update on the progress of implementation of the Joint Strategic Plan 2024-2027 through District Planning Groups in the nine districts in Highland Health and Social Care Partnership and describes the areas of improvement and strategic work being taken forward through various partnership and NHS Highland governance structures.

2.2 Background

The Joint Strategic Plan aims to make a difference to the experience and delivery of Health and Social Care Services in the following ways:

<p>Home – First and Last</p> <p>You will receive the care and support that you need to remain at home for as long as possible. You will be informed about the options available to you including intermediate care and supported housing options which make care accessible and sustainable. Informal and community supports will be prioritised before considering paid support. We will promote realistic expectations, choice and control using self directed support and maximising the use of technology.</p>	<p>Communities Working Together</p> <p>We will work with you, your family, informal support networks, a local organisations to help you get the support you need using the assets and resources within the community. We will focus on building local resilience and access to good quality support or services when you need them. We will work as partners to support change to reduce the inequalities in and across our communities.</p>
<p>Independence and living an ordinary life</p> <p>We will work with you to enable you to be as independent as possible and to help you reach your goals and desires. We will support communities to ensure they are accessible and open to all, creating opportunities for innovative and creative support options to grow and develop</p>	<p>Health and Wellbeing</p> <p>We will ensure that support for your health and wellbeing is available in the right place at the right time. You will be supported to be as healthy and well as you can be. You will be signposted to any health and social care services/agencies that can meet your need by the first professional that you see.</p>
<p>Supporting Carers</p> <p>Unpaid carers will be supported to look after their own health and wellbeing. A range of options will be available including day care support, planned short breaks, respite and palliative care. Day Care will be enhanced and planned short break services will be available with a clear pathway for access. Respite and palliative care options will make more use of local resources. We will work with carers organisations to ensure they can also provide support to unpaid carers</p>	<p>Residential and Nursing Care Homes</p> <p>It may be that your care needs in the future are best met in a care home setting. This specialist care will be suitable for individual needs and available in Highland. We will work with you to plan a move to a care home. Care homes that provide nursing care may not always be located in all areas.</p>

It was designed to effect a transformation in integrated health and social care, away from institutional based care towards more community based care at home solutions, with a greater emphasis on family support, early access and self-directed care and capacity building within communities.

Following approval and publication of the Joint Strategic Plan in early 2024, District Planning Groups (DPGs) were established in April 2024 and had their initial meetings during April and May. The Strategic Planning Group seeks assurance from the District Planning Groups that progress is being made and will advise on issues raised by the District Planning Groups. District Planning Groups are the main engagement vehicle with

local communities and ensure that we work together and listen to people in communities to develop local implementation plans.

Elements of the implementation of the plan are being delivered within NHS Highland programmes, being overseen by the relevant programme boards.

Additionally, to ensure that there was effective support for the social care aspects of the plan, key aspects were included in the Highland Council's Delivery Plan in May 2024, following the three year budget settlement agreed by Council in February 2024. As part of that, there is a programme of work ongoing with associated investment funding from the Council of £20m over 3 years targeted at supporting the implementation of the Joint Strategic Plan and the necessary associated transformational change. This programme of work is referred to below as the Transformation Programme.

2.3 Assessment

District Planning Groups

The District Planning groups have been supported by a standard Terms of Reference, Agenda, Action Plan and Action Note format. Meetings have been held for every District as per the following schedule:

District	Date 1 st Meeting	Date 2 nd Meeting	Date 3 rd Meeting
Caithness	08/04/2024	23/08/2024	06/11/2024
Nairn	16/04/2024	27/08/2024	05/11/2024
Mid Ross	16/04/2024	13/08/2024	08/11/2024
Sutherland	26/04/2024	10/12/2024	
Lochaber	29/04/2024	01/08/2024	04/11/2024
Skye, Lochalsh, Wester Ross	01/05/2024	12/09/2024	13/12/2024
East Ross	09/05/2024	30/07/2024 (People Thematic Group)	05/11/2024
Badenoch and Strathspey	13/05/2024	28/08/2024	11/11/2024
Inverness	14/05/2024	22/08/2024	05/11/2024

Groups are now discussing the detail of their plans and how they fit with the wider health and social care environment.

Key priority areas emerging from the development of plans are diverse and include:

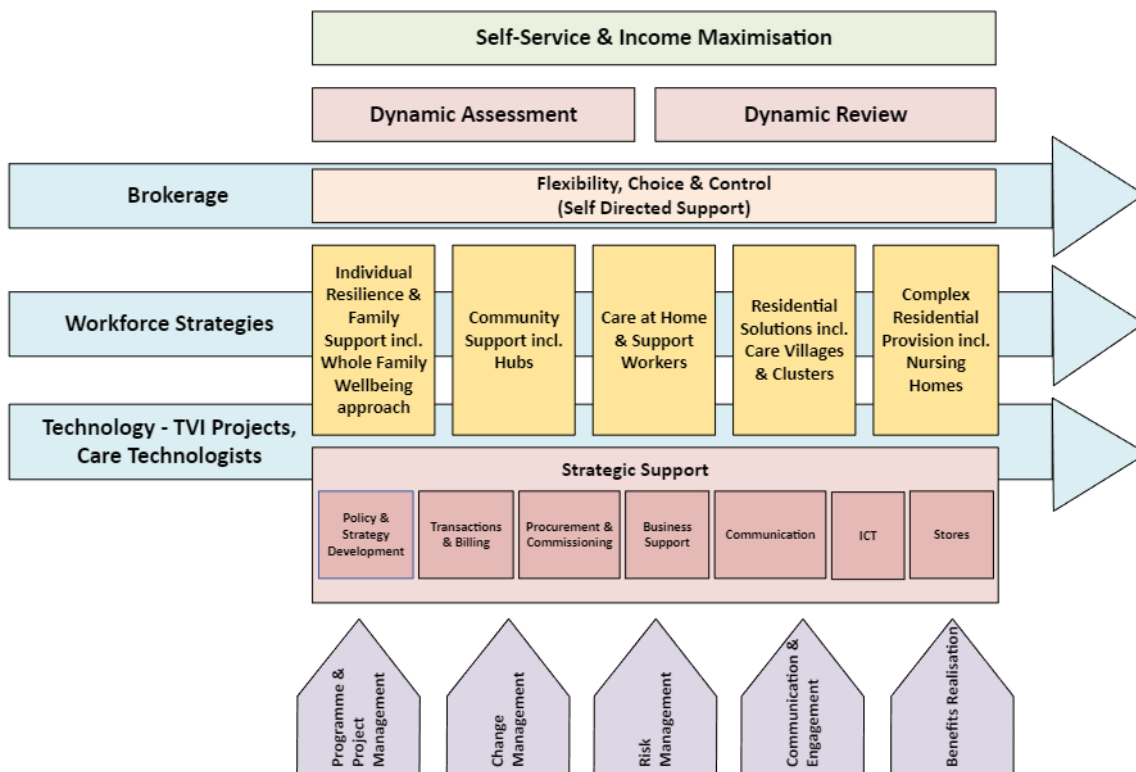
- Workforce challenges
- Housing adaptations

- Integrating care provision.
- Prevention-focused work streams
- Expanding membership
- Establishing the defined role of the group within community and strategic planning
- Care at Home and Care Home provision
- Mental Health and DARS demand and capacity
- Addressing Delayed Discharges
- Frailty Management
- Opportunities to work differently with the communities to share plans and work together across the age ranges from cradle to grave
- Addressing geographic barrier's, giving people access to their locality services
- Suicide prevention

Transformation Programme and Adult Social Care

The Transformation Programme is being managed via the council’s Person Centred Solutions Portfolio Board. Both the Chief Officer and the Director of Adult Social Care for NHS Highland sit on the Portfolio Board.

The following Target Operating Model (TOM) has been developed:-



Note: This Model applies to Transitions and Younger Adults as well as for Older Adults.

The five orange boxes in the TOM represent the key pillars of future care delivery, illustrating how services will be structured to support individuals to remain at home longer and reduce reliance on residential care. The intention is for these changes to be underpinned by relevant technology, community brokerage for SDS, and workforce strategies designed to ensure the sustainability of the model over time. The Strategic Support and triangles at the base of the model depict the essential infrastructure needed to facilitate this transformation and to ensure successful implementation of the new operating model.

The TOM is intended to outline the strategic vision, structure, processes, and technology needed to deliver high-quality, person-centred services; to show how care should be integrated across different settings — such as home care, residential services, and community-based support; to reflect and support the individual needs of service users; and be, as far as possible, equitable and affordable.

Work is being taken forward on the Transformation Programme by a dedicated project management team and in conjunction with members of the NHS Highland Adult Social Care Professional Leadership Team

The team’s focus is particularly on:-

- Care at Home and Support Workers
- Residential Solutions including care villages and clusters
- Complex residential provision including nursing homes

A business case has also been developed to support a model for care, building on relationships with the third sector to support increased use of SDS Option 1 and 2.

There is also ongoing work in relation to the “self-service and income maximisation” element of the model. This requires the partnership to consider how service users access a social care service and indeed if they require to do so. The intention is that the partnership adopt a “one front door type approach” such that the first contact should not necessarily be a request for an assessment. This element of the model will also include work with the Council’s Welfare Team to ensure that all approaches for service are considered in terms of benefits entitlement.

This work is supported by the following work being led by Adult Social Care Professional Leadership:

- A practice and service model which promotes worker autonomy and underpins professional standards and frameworks
- A Workforce Plan
- A Supporting Unpaid Carers plan

Collaborative work is ongoing with our independent partners in care delivery in both the Care Home and Care at Home sectors to coproduce the future shape of service provision in Highland to ensure the aims of care closer to home and maximising independence are met. Coproduced Care at Home improvement proposals are being implemented with the sector and a commissioning strategy is being developed to be informed by a Joint Strategic Needs Assessment, which is in current production.

Annual Service Planning

Integrated Health and Social Care Services are participating in NHS Highland Annual Service Planning. The process is in it’s early stages and will enable us to plan services to the future model outlined by the Joint Strategic Plan through modelling which includes workforce, finance and performance impacts.

The process will entail annual service reviews identifying key drivers, such as the Joint Strategic Plan, and will involve scenario planning and modelling.

Strategic Accountability Transformation Group (STAG)

Additional oversight and accountability will be given to additional strategic elements of the implementation of the plan including HSCP Strategic Transformation, Mental Health and Learning Difficulties Strategic Transformation and Primary Care Strategy. Full commissions for these are being developed for STAG agreement at the time of writing.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The report provides moderate assurance that the Joint Strategic Plan is being implemented through the District Planning Groups. Transformation programmes are in early stages.

3 Impact Analysis

3.1 Quality/ Patient Care

The plan seeks to improve quality and the experience of care.

3.2 Workforce

The plan recognises that the workforce is key to delivering quality and sustainable person centred services. The plan seeks to develop the workforce and enable flexibility and adaptability.

3.3 Financial

There are no specific resource issues arising from this report. It is expected that the Joint Strategic Plan will be implemented within resource envelope and that any associated resource risks and issues are escalated to the HSCP and advised to the Strategic Planning Group. It is accepted that in general there are

significant resource issues in terms of the on-going and future affordability of adult social care and resource issues such as sustainability of the independent care home sector and the availability of care at home services which are underpinned by recruitment challenges across a number of workforce groups and professions, both in Highland and wider across Scotland and the UK.

3.4 Risk Assessment/Management

Highland Health and Social Care Partnership has agreed a partnership risk register to enable an overall understanding of the risks that require to be considered in terms of planning and service delivery and sustainability forward.

3.5 Data Protection

There are no data protection implications.

3.6 Equality and Diversity, including health inequalities

The Joint Strategic Plan is supported by an Equalities Impact Assessment.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

The Joint Strategic Plan was developed by a stakeholder group and included a public consultation.

3.9 Route to the Meeting

Various elements of this report have been shared in various forums in both NHS Highland and the Highland Council however the report has been prepared specifically for the Health and Social Care Committee

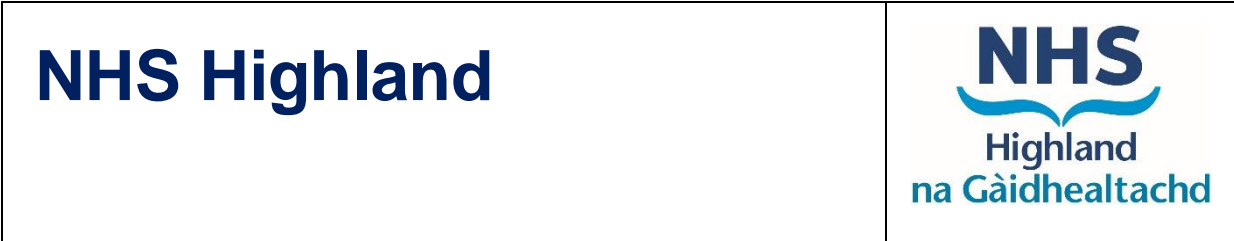
4 Recommendation

The report is presented to the Health and Social Care Committee for:

- **Assurance** that implementation of the Joint Strategic Plan is being progressed.
- **Discussion** regarding further detail required for future meetings prompted by this high level overview report of the implementation of the Joint Strategic Plan.

OFFICIAL

OFFICIAL



Meeting: Health and Social Care Committee
Meeting date: 15 January 2024
Title: HSCP Risk Register
Responsible Executive/Non-Executive: Pamela Cremin, Chief Officer
Report Author: Rhiannon Boydell, Head of Integration, Strategy and Transformation HSCP

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy and Legislation
- 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		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

A summary of risks held on the level 2 Health and Social Care Partnership (HSCP) risk register across adult health and care services is brought to the committee for assurance of action and mitigation being taken.

2.2 Background

The HSCP holds risk registers across the following operational areas:

- Community services
- Primary care services (including independent health contractors - Optometry, Community Pharmacy, Dentistry)
- Out of Hours primary care services
- Mental health and learning disabilities services
- Adult care services

A HSCP Risk Register Monitoring Meeting is held monthly to monitor all risks and ensure mitigation action is recorded and that risks are reviewed and updated.

A summary of Community Directorate Risks is brought to the committee for assurance of action and mitigation being taken.

Exception reporting is part of the governance of the meeting with escalation as necessary to HSCP Senior Leadership Team Meeting, Clinical & Care Governance Committee, Health and Safety Committee and this Committee.

Highland Health and Social Care Committee is asked to consider the report and identify any matters that require further assurance or escalation to NHS Highland Board. A full report of Board Level 1 risks are articulated for various Board Committees.

2.3 Assessment

There are 9 Level 3 Risk Registers at Directorate level relating to Primary Care, Mental Health and Community Services which inform the Level 2 HSCP Risk register. This risk register identifies risks across the HSCP and consists of:

Two Very High Risks related to:

1 Workforce - Potential interruption to commissioned services related to staffing challenges in salaried general practice services

2 Workforce - Access to NHS dental care

Eight High Risks related to:

1 Workforce
Risk to service delivery due to challenges in recruitment

2 Workforce

Risk to achieving required levels of Statutory and Mandatory training due to difficulties in releasing staff and availability of some training.

3 Information Technology

Risk of inconsistent care due to the lack of electronic records.

4 Compliance

Risk of non-compliance of 2C practices with local and national standards due to insufficient support capacity.

5 Service delivery

Risk of not being able to achieve redesign within financial parameters.

6 Reputational

Risk of Adult Social Care contracts not being fully in place and monitored due to insufficient resource.

7 Service Delivery

Risk of multiple care home closures occurring at the same time leading to loss of overall capacity, moves for residents, additional workload for community staff.

8 Equipment

Risk of dental equipment failure resulting in reduced activity.

Two Medium Risks related to:

1 Engagement

Risk to service redesign due to lack of standardised community engagement

2 Reputational

Risk of vulnerability/harm to staff, services and public due to lack of clear governance arrangements in Social Work.

One low risk related to:

1 Risk of medical clinical leadership associated with long absences and delays in recruitment.

A summary of the main risk themes and mitigating actions being taken include:

Workforce availability

There are a series of mitigation plans in place to address this risk. Local recruitment initiatives and role redesign are linking with organisational initiatives in recruitment, careers, equality and health and wellbeing of staff. The risks highlight an impact on support capacity too, in ASC contracts as an example, where work is prioritised and the SLT agree the measures taken.

Financial risks HSCP SLT has oversight of all initiatives involving a financial impact. The HSCP has worked to improve it’s financial governance structure and hierarchy with formalised Chief Officer overseen budget meetings and reviews

and finance taking a regular place on the performance agenda for SLT meetings.

Sustainability of care homes – Regular assessment of care home sustainability is overseen via the care home oversight group and escalation of emerging issues to Joint Officer Group. The Care Programme Board continues to report to the Joint Officer Group. A collaborative approach to commissioning and sustainability is being taken with an initial meeting with sector representatives in the autumn.

Information Technology

An HSCP Digital group has been established to identify and agree priorities across the HSCP for technological and digital solutions and work with eHealth to implement them. This provides oversight and governance to the decision making process and utilises risk as a factor in decision making.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Moderate assurance is provided in line with the actions being taken to record, review and escalate risks to care and service delivery.

3 Impact Analysis

3.1 Quality/ Patient Care

The risks identify an inconsistent workforce and potential gaps in service delivery. Some skills are not available in the workforce and some professions are difficult to recruit to leading to longer waiting times for specialist services or access to specialists.

3.2 Workforce

Difficulties sustaining the workforce means staff in post are more likely to experience stress and overload and have a poor experience of work.

3.3 Financial

The risks identify that it will be difficult to achieve financial targets.

3.4 Risk Assessment/Management

As outlined above at 2.3.



Meeting: Highland Health & Social Care Committee

Meeting date: 15 January 2025

Title: Chief Officer Assurance Report

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer

Report Author: Pamela Stott, Chief Officer

<p>1. Purpose</p> <p>To provide assurance and updates on key areas of Adult Health and Social Care in Highland.</p>
<p>2. Service Delivery Updates</p> <p>Vaccination Options Appraisal</p> <p>Options Appraisal process was undertaken in Autumn of 2024 and submitted to Scottish Government for discussion with National GMS Oversight Group in December 2024. Feedback is expected mid-January which will inform the nature of the future model of service delivery with GP flexibility introduced as part of our hybrid delivery</p> <p>Primary Care Enhanced Services</p> <p>All nine new Enhanced Service have been implemented. Work continues to finalise a new Enhanced Service for Diabetes Care and Care Homes with a view to implementation from 1 April 2025.</p> <p>Meridian</p> <p>Meridian Productivity are reaching completion of the implementation of productivity tools in integrated teams across the Health and Social Care Partnership. Meridian have developed a set of tools with the teams to identify expected activity levels related to direct care or treatment, and teams are completing information sheets daily. Team leads, operational and professional managers are analysing the data outputs to manage their workload and demand. While most teams are now completing the data requirements, some Teams have only recently begun, and some tools have had recent adjustments.</p> <p>Meridian presented their initial data to the HSCP SLT on Friday 10th January. Meridian have produced a benefits realisation road map to assist with analysis of the data and action planning.</p>

Meridian’s presence ends at the end of January 2025 and a transition process is underway for the 107 teams using the tools. The workstream will continue as STAG B workstream “Time to Care” to realise the benefit and opportunity.

North Coast Redesign

The programme board met in October and received the (RIBA) Stage 3 submission from the Design Team. With the help of the Stakeholders, Project Team and Technical reviewers we’ve carried out our assessment of the submission and it is the recommendation of the programme board that we move to Stage 4 – Technical design. This recommendation will be considered by Executive Directors Group in due course.

The three partner meetings (NHS Highland, Highland Council and Wildland) continue to take place monthly. Progress is being made with regards the final model for the lease arrangements.

At an operational level work is ongoing around the workforce plan. The workforce plan includes community services as well as the care hub.

Lochaber Care Model

Mackintosh Centre reopened successfully in November following a successful recruitment process.

Moss Park transition on going and should complete before the end of the financial year.

Lochaber Redesign continues with ongoing community engagement following the capital funding announcement by Scottish Government for Belford Hospital.

Early discussions have been held in the district planning group on the Lochaber Care Model for the future.

Dail Mor Respite Centre is still at recruitment stage which will inform future opening arrangements.

3. Update on Internal Audit Actions

Adult Care

An audit of the 9 districts Decision Making Team (DMT) meetings was completed during December 2024.

The purpose of the audit was to gain learning points from each district’s DMT’s and to ensure that the agreed Standard Operation Procedure (SOP) was being followed. The Audit demonstrated that while the SOP was being followed across the districts there remained challenges with accurate Planned Date of Discharge setting and full application of the discharge App. Discharge app analysis complete and upgrades to the App planned. This is being addressed in urgent and unscheduled care strategic and operational plans.

Trail of Care Home allocation process in Inverness as beginning of campus approach and with a view to rolling out Highland wide.

Delayed Hospital Discharge coding reviewed and confirmed as being largely correct. Guidance and training for staff in relation to use of codes for multi factorial situations in progress.

CM2000 project. Work to standardise system and produce accurate reporting and auditing – complete. Ongoing maintenance of system use is still a requirement.

The improvements identified by the audit are being addressed in urgent and unscheduled care strategic and operational plans and monitored in senior leadership team, weekly.

Primary Care

The audit recommendations for primary care are in delivery and within timescale and are monitored through the Primary Care team governance structure. No variance or escalations are noted.

Complex Care Packages.

The Dynamic Support Register is now fully operational. Other actions are being progressed.

4. Staff awards and recognition / retirements

Paul Rusk - Senior Charge Nurse in Police Custody Healthcare - was selected earlier this year to take part in a nine-month development programme run by The Queen's Nursing Institute Scotland (QNIS). After completing the programme successfully, Paul was awarded the Queen's Nurse title along with 20 other community nurses at a ceremony staged on Thursday 28 November at the Grassmarket Community Project in Edinburgh.

The strong track record of nursing leadership in mental health services in Highland has again been recognised by QNIS with Lesley Campbell – Advanced Practitioner in Caithness drug and alcohol services – having been shortlisted for the 2025 QNIS development programme.

The Royal College of Nursing Scotland was one of the sponsors of Scotland's Health Awards held earlier in November 2024. As part of their sponsorship, the nursing related nominations were shared with RCN Scotland and recognising the calibre of the original nomination of Faith Wilson (Autism Diagnostician), her nomination was accepted for the RCN Scotland Nurse of the Year Awards 2025.

Kerri-Anne Roberts, Vaccination Nurse was selected to undertake the 9-month Queens Nursing Institute Scotland prestigious development programme for 2024. Kerri-Anne successfully completed and was awarded the Queens Nurse title at a ceremony on the 28 November 2024 at the Sheraton Hotel, Edinburgh.

Stacey Evans-Charles, Lead Nurse Tissue Viability, has been shortlisted for the 2025 Queens Nursing Institute Scotland, Development Programme.

5. National Care Service (NCS)

There continues to be consideration within SG regarding the progress to be clarified with the National Care Service.

A workshop for Joint Monitoring Committee (JMC) was held on Friday 15th November to develop the role of the committee. The discussion subsequently focussed on the key issue in relation to the National Care Service position and the position for The Highland Council and NHS Highland regarding the uniformity of the integration model in relation to its unique Lead Agency Model.

The discussion led to a paper brought to JMC on 15th December 2024, to propose that a steering group is set up to take this work forward. This Highland Council have endorsed this approach and the next step is for this to be considered by the NHS Board on paper will be considered by the NHS Board on 28th January 2025.

Communications have been articulated jointly by both agencies in this regard to inform staff across both organisations; and the public.

NHS Highland



Meeting: Highland Health & Social Care Committee

Meeting date: 15 January 2025

Title: Annual Review of Terms of Reference

Responsible Executive/Non-Executive: Gareth Adkins, Director of People and Culture

Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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	
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 invites consideration and confirmation of the Committee's Terms of Reference.

2.2 Background

The Committee last considered its Terms of Reference in January 2024. The last revision included clarification of the role of the Committee viz a viz the role of the Joint Monitoring Committee. The current version has been in operation since it was agreed at NHS Highland Board in March 2024.

2.3 Assessment

There are no further changes proposed to the Committee's Terms of Reference. Therefore, the Committee is asked to confirm the existing ToR as shown in Appendix 1 to this report for onward agreement by the Audit Committee and approval at the Board in March 2025.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The outcome of the review of the Committee Terms of Reference will be communicated to the Board and wider organisation as appropriate following their agreement.

3.9 Route to the Meeting

The existing Terms of Reference for the Committee have been reviewed by the Chief Officer HHSCP, and the Board Secretary.

4 Recommendation

The Committee is invited to:

- (a) **Agree** the Terms of Reference as shown in the appendix to this report, and
- (b) **Note** this version will be submitted to the Audit Committee and the Board for approval in March 2025 and included in the updated Code of Corporate Governance thereafter.

4.1 List of appendices

The following appendices are included with this report:

The following appendices are included with this report:

- Appendix 1 ToR Highland Health & Social Care Committee



HIGHLAND HEALTH & SOCIAL CARE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Committee agreement – 15 January 2025

Audit Committee approval – 11 March 2025

Board approval – 25 March 2025

1. PURPOSE

- 1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

2. JOINT MONITORING COMMITTEE

- 2.1 In line with section 15(3) of the Public Bodies (Joint Working) (Scotland) Act 2014, The Highland Council and NHS Highland have established an Integration Joint Monitoring Committee (known as “The Highland Partnership Joint Monitoring Committee”), which has oversight of both integrated Adult Services and Integrated Children’s services and monitors the carrying out of integrated functions (both delegated and conjoined).
- 2.2 In terms of section 29(1) of the Act, each Partner is responsible for the planning of the integrated and conjunction services for which it is the Lead Agency. This means that NHS Highland must lead on producing an Integrated Adult Services Strategic Plan and The Highland Council must lead on producing an Integrated Children’s Services Strategic Plan with both plans taking account of the other and together being monitored by the Joint Monitoring Committee.
- 2.3 Within NHS Highland, governance of Integrated Adult Services and services delegated to The Highland Council and assurance of service delivery is provided at the Health & Social Care Committee through arrangements put in place and overseen directly by the NHS Highland Board.

3. COMPOSITION

- 3.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board

5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Chief Finance Officer, Medical Director and Nurse Director

3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)

Public/Patient Member representative (2)

Carer Representative (1)

3rd Sector Representative (1)

Lead Doctor (GP)

Medical Practitioner (not a GP)

2 representatives from the Area Clinical Forum

Public Health representative

Highland Council Executive Chief Officer for Health and Social Care

Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

3.2 Ex Officio

Board Chair

The Committee Chair is appointed by the NHS Highland Board.

4. QUORUM

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

5. MEETINGS

5.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

5.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

5.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

- 5.4 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.
- 5.5 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.
- 5.6 The Agenda format for meetings will be as follows:
- Apologies
 - Declaration of Interests
 - Minutes
 - Last Meeting
 - Formal Sub Committees
 - Formal Working Groups
 - Strategic Planning and Commissioning
 - Finance
 - Performance Management
 - Community Planning and Engagement
 - Operational Unit Exception Reports

6. REMIT

- 6.1 The remit of the Highland Health and Social Care Committee is to:
- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
 - Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
 - Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
 - Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
 - Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
 - Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets
 - Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
 - Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee

- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements.
- 6.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.
- 6.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.
- 6.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

7. AUTHORITY

- 7.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 7.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 7.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

8. REPORTING ARRANGEMENTS

- 8.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.
- 8.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.
- 8.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.
- 8.4 Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 15th January 2025

Title: Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer, HHSCP (Highland Health and Social Care Partnership)

Report Author: Sammy Clark, Performance Manager, Strategy & Transformation

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns 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	
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well					

2 Report summary

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

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

2.1 Situation

To standardise the production and interpretation, a common format is presented to committee which has been aligned to the Clinical and Care Governance Committee and the Finance, Resources and Performance Committee. Within this version the HHSCP IPQR has been updated to include some additional metrics and narrative aligned to the Annual Delivery Plan summarising current performance position, plans, and mitigations to improve/sustain performance and the anticipated impact these plans will have on performance once achieved. It is acknowledged that further work is required on targets and trajectories within some of the key areas.

It is intended for this developing report to be more inclusive of the wider Health 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.

The health and wellbeing indicators will be included at appropriate times along with consideration of the approved joint strategic plan indicators.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and 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	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

Given the ongoing challenges with the access to social care, delayed discharges and access for our population limited assurance is offered today.

3 Impact Analysis

3.1 Quality / Patient Care

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

3.2 Workforce

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

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

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 considered at the HHSCP previously and is now a standing agenda item.

4 Recommendation

The Health and Social Care Committee and committee are asked to:

- Consider and review the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, January 2025**

Highland Health and Social Care Integrated Performance and Quality Report

Assuring the HHSCP Committee on the delivery of the well
outcome themes aligned to the Annual Delivery Plan



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HHSCP Integrated Performance and Quality Report

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available.
- For this IPQR the format and detail has been modified to bring together the measurable progress aligned to the actions within NHS Highland's Annual Delivery Plan that will be reviewed by Finance, Resources and Performance Committee and the Clinical and Care Governance Committee. Where relevant, progress against these deliverables is referenced in the HHSCP IPQR.
- In addition, a narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements and what the anticipated impact of these improvements will be.
- We will continue to develop this report to include further metrics as described on the following pages and to provide assurance of progress on the annual delivery plan deliverables.
- A performance rating has been assigned in each area to provide an indication of the current level of performance in each area based on available information including national benchmarking.

Executive Summary of Performance Indicators

Well Theme (Slide Number)	Area	Performance Rating
Stay Well (4)	Vaccinations (Children's)	Below national averages
Stay Well (5)	Drug & Alcohol Waiting Times	Waiting times performance decreasing vs. national target
Stay Well (6)	Alcohol Brief Interventions	Above activity (ADP) targets
Care Well (7-8)	Self Directed Support – Option 1	Increasing
Care Well (9)	Self Directed Support – Option 2	Increasing
Care Well (10)	Adult Protection	n/a
Care Well (11-13)	Care at Home	n/a
Care Well (14-15)	Care Homes	Decreasing number of placements
Care Well (16-17)	Delayed Discharges	Below performance improvement trajectory
Care Well (17-18)	Community Hospital's Length of Stay	n/a
Treat Well (19)	Psychological Therapies Waiting Times	Below national target but performance consistently improved
Live Well (20)	Community Mental Health	n/a
Treat Well (21)	Chronic Pain	Improving vs. 18-week performance
Treat Well (22)	Overview of HSCP waiting lists	n/a - this data is a snapshot of activity

Guide to Performance Rating

-  Meeting Target / Trajectory
-  Improving / increasing
-  Stable / decreasing
-  Target / trajectory not met

Note: where performance ratings are N/A, this is because there is no target or performance trajectory agreed for this area and performance is provided as information.



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Exec Lead
Dr. Tim Allison, Director
of Public Health

Vaccinations (Children's)

ADP Deliverables

Progress as at End of Q2 2024/25

Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.

October 2024

Medium-Term Plan priority:
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.

March 2027

Insights to Current Performance

Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination.

The Winter COVID vaccination programme has been undertaken for people aged 65+ and those more vulnerable. Other adult and child programmes also continue.

There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations.

Plans and Mitigations

Scottish Government is working with Highland HSCP in level 2 of its performance framework.

Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented.

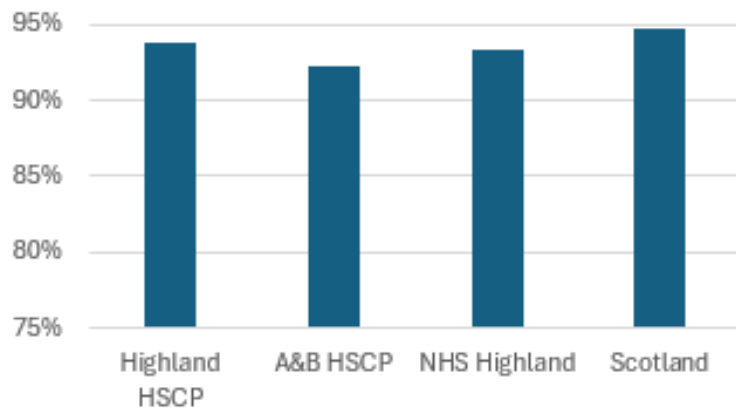
Options are being considered for delivery models in Highland HSCP.

The Vaccination Improvement Group has a detailed action plan for service improvement

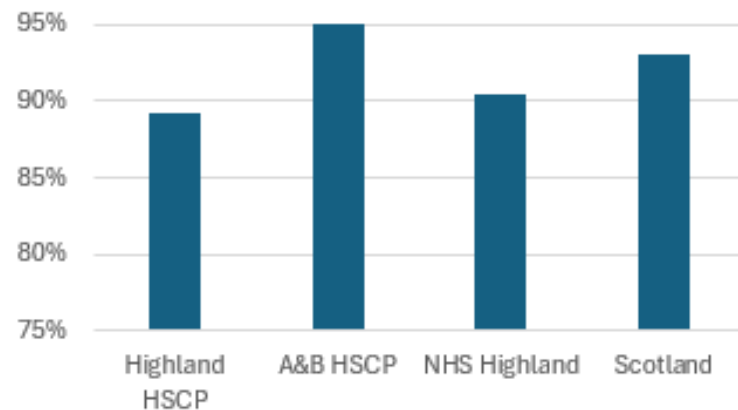
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating	Below averages
Latest Performance	Range of 83-94%
National Benchmarking	Below national average
National Target	95%
National Target Achievement	n/a
Position	n/a

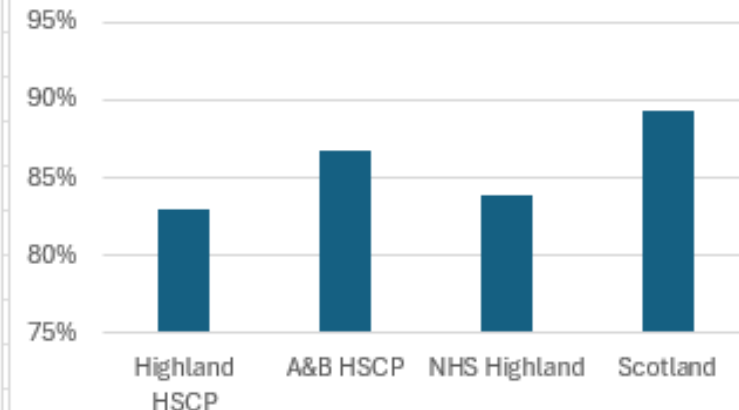
6 in 1 @ 12 months (2024/25 Q3)



MMR 1 at 24 months (2024/25 Q3)



MMR 2 at 5 years (2024/25 Q3)





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Exec Lead
Pamela Stott
Chief Officer, HHSCP

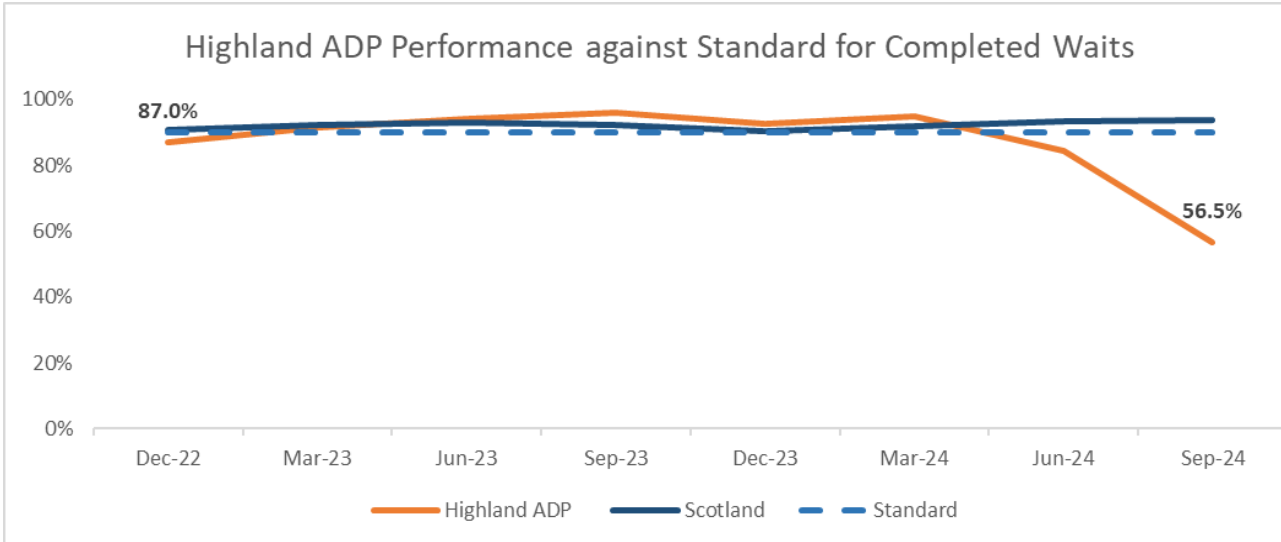
HHSCP Drug & Alcohol Waiting Times

Less than 3 weeks from referral to start of treatment

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

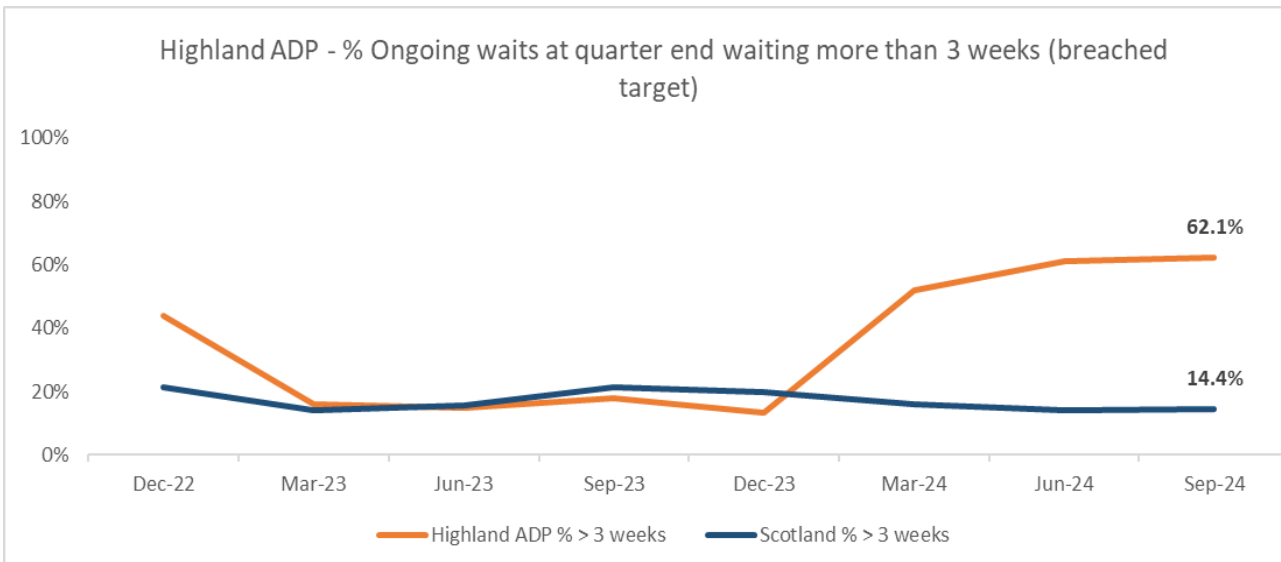
Performance Rating

Waiting times performance
decreasing vs. target



HHSCP - Highland ADP only

No. of referrals to community based services completed in quarter end 30/09/2024	Highland ADP	Scotland
Alcohol	148	
Drug	91	
Co-dependency	26	
Total	265	
% of referrals to community based services completed within target in quarter end	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	53.3%	92.6%
% completed <= 3 weeks - Drug	53.4%	95.6%
% completed <= 3 weeks - Co-dependency	83.3%	92.2%
% completed <= 3 weeks - All	56.5%	93.6%
TARGET	90%	90%
> 3 weeks	43.5%	6.4%



Ongoing referrals to community based services at quarter end 30/09/2024	Highland ADP	Scotland
Alcohol	92	
Drug	35	
Co-dependency	13	
Total ongoing	140	
<= 3 weeks	53	
> 3 weeks	87	
% breached ongoing waits as at quarter end 30/09/2024	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	62.0%	14.7%
% ongoing > 3 weeks - Drug	60.0%	16.9%
% ongoing > 3 weeks - Co-dependency	69.2%	8.5%
% ongoing > 3 weeks - All	62.1%	14.4%



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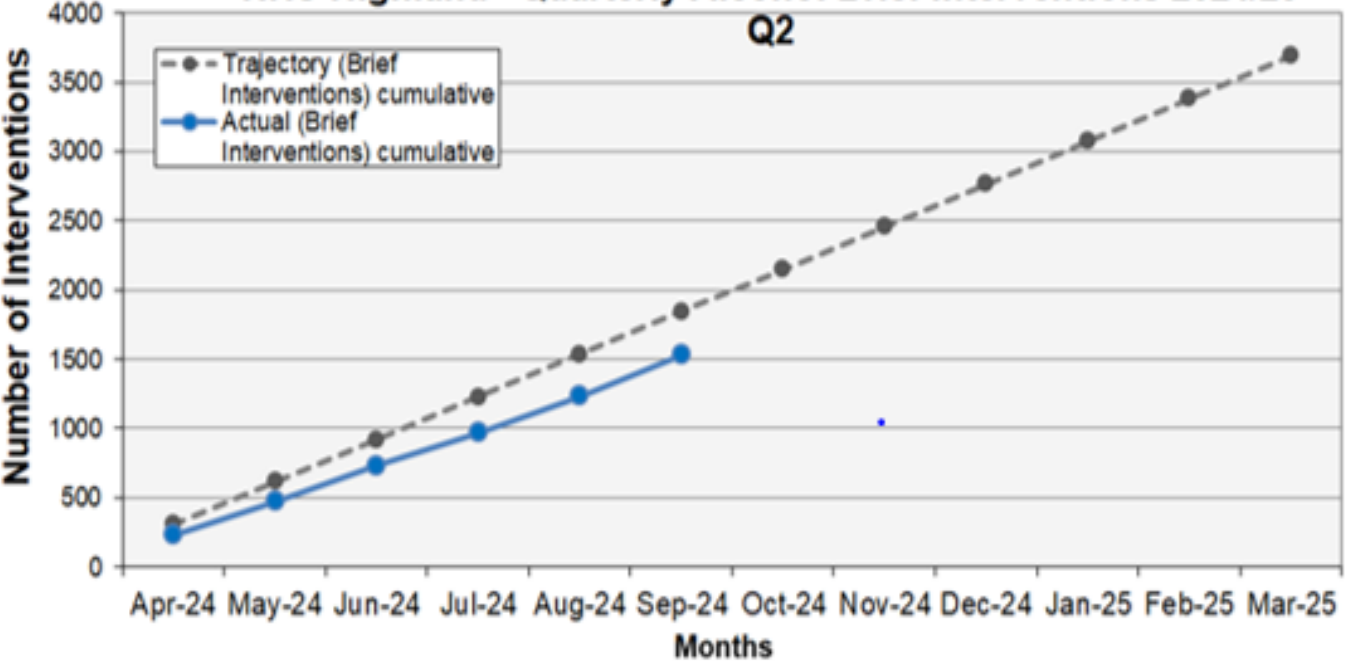
Exec Lead
Dr. Tim Allison, Director of Public Health

Alcohol Brief Interventions (ABIs)

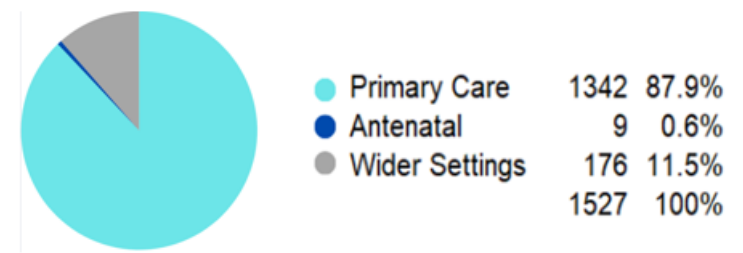
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	<ul style="list-style-type: none"> ABI delivery remains below target trajectory in each month for NHS Highland. 86% of delivery in NHS Highland is due to delivery in GP settings. ABI delivery remains very slightly below trajectory for Highland H&SCP area. A small number of ABI's have been recorded in Argyll & Bute in wider settings, which is why this is reflected as being below trajectory for NHS Highland. 	<ul style="list-style-type: none"> Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement has been agreed for Highland H&SCP area. New contract will begin in Oct/Nov 24. Argyll and Bute plan to increase ABI across wider workforce and third sector, with no current plans to reinstate GP LES. ABI meeting/training held in Sept to enhance whole Highland approach to Abi training. Plan to meet quarterly. National ABI Strategy and Performance review due to be published 29th October 2024.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	Above trajectory for Highland HSCP
Latest Performance	1389 actual vs. 1330 planned in Highland HSCP
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a

NHS Highland - Quarterly Alcohol Brief Interventions 2024/25



Setting Contribution in 24/25 Q1 & Q2



Area	Q2 Trajectory	Q2 Delivery
NHS Highland	1,585	1,527
Highland HSCP	1,330	1,389
A&B HSCP	255	138



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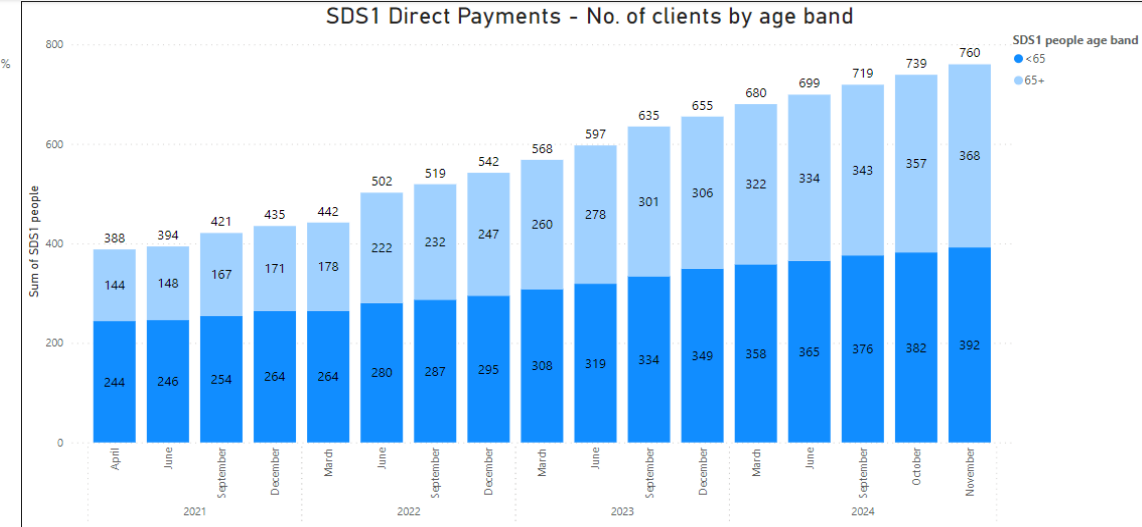
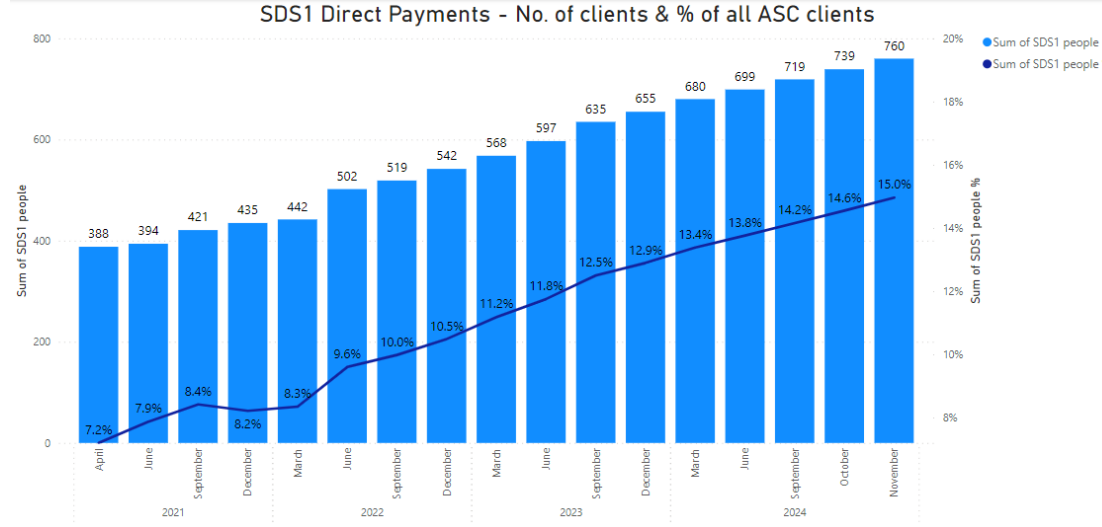
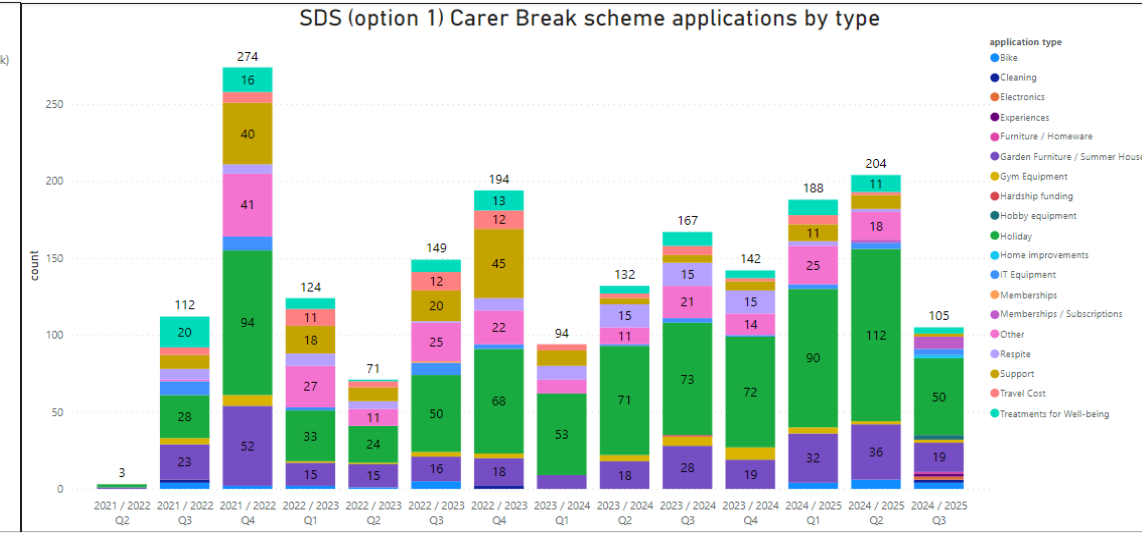
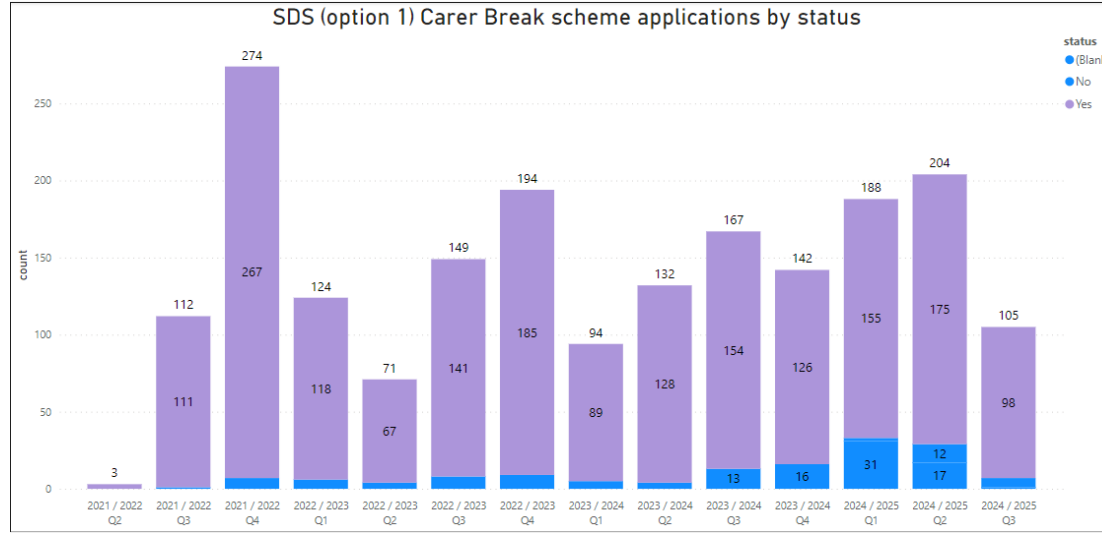
Exec Lead
Pamela Stott
Chief Officer, HHSC

HHSC Adult Social Care

Self Directed Support

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating **Increasing**





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Exec Lead
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Chief Officer, HHSCP

HHSCP Adult Social Care

Self Directed Support

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>SDS Option 1 (Carer Well-being fund) We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.</p> <p>SDS Option 1 (Direct Payments) We have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas. Option 1's account for 11% of all commissioned spend for this flexible and popular personalised care option.</p> <p>These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggest a market shift in Adult Social Care service provision.</p> <p>We are also aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery.</p> <p>Work is well underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people. This work is being complemented by an initiative to increase Independent Support across specific geographies</p>	<p>Unpaid Carers Our Carers Services Development Officer is established in post and is prioritising our arrangements with our range of unpaid carers services seeking to ensure we have a strong collaborative basis to build upon going forward.</p> <p>A new Project Support Officer has recently been recruited to increase the engagement of unpaid carers to ensure their perspectives help shape the supports available to them.</p> <p>Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). The fund reopened to new applicants in April 2024.</p> <p>In addition to implementing financial ceilings, those applying for the first time will receive priority status for funds, ensuring that as many carers as possible benefit from the scheme</p> <p>However, based on what we've heard from unpaid carers to date, we are currently exploring the potential to increase the provision of home-based respite across Highland</p> <p>Direct Payments Option 1 recipients in 24-25 all received an above inflationary increase due to the significant investment from NHS to level up the previous low baseline hourly rate.</p>	<p>Improved access for SDS option 1 (wellbeing fund) in future aligned to what matters to people approach</p> <p>Protection of adult carer funding for short breaks</p> <p>Exploration of how to increase availability of home-based replacement care (respite)</p> <p>NHS is committed to increasing the level of independent support across all service delivery options but due to the current financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support by reinvesting any unused funds to strengthen our independent support.</p> <p>Work is progressing in this area and committee will be updated as plans progress.</p>



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Pamela Stott
Chief Officer, HHSCP**

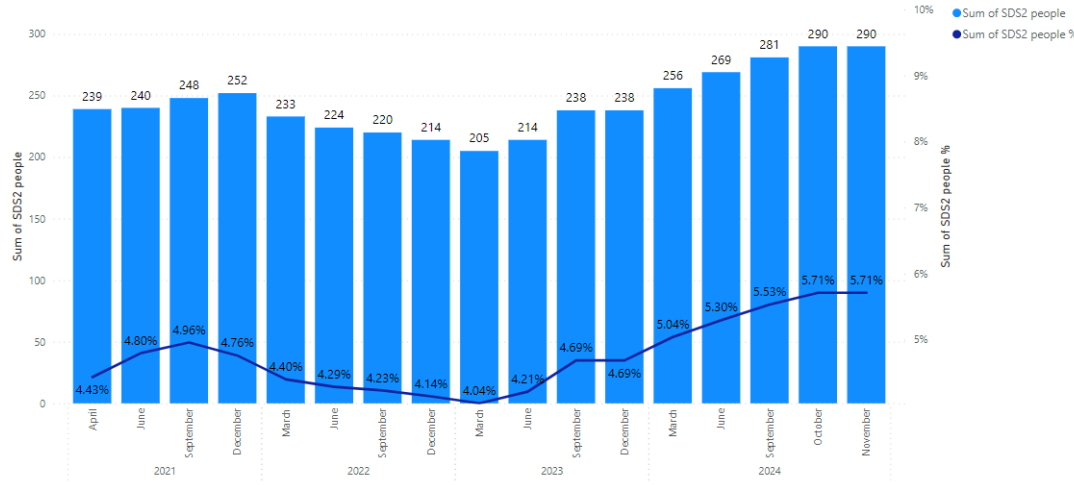
HHSCP Adult Social Care

Self Directed Support – Option 2 (Individual Service Funds)

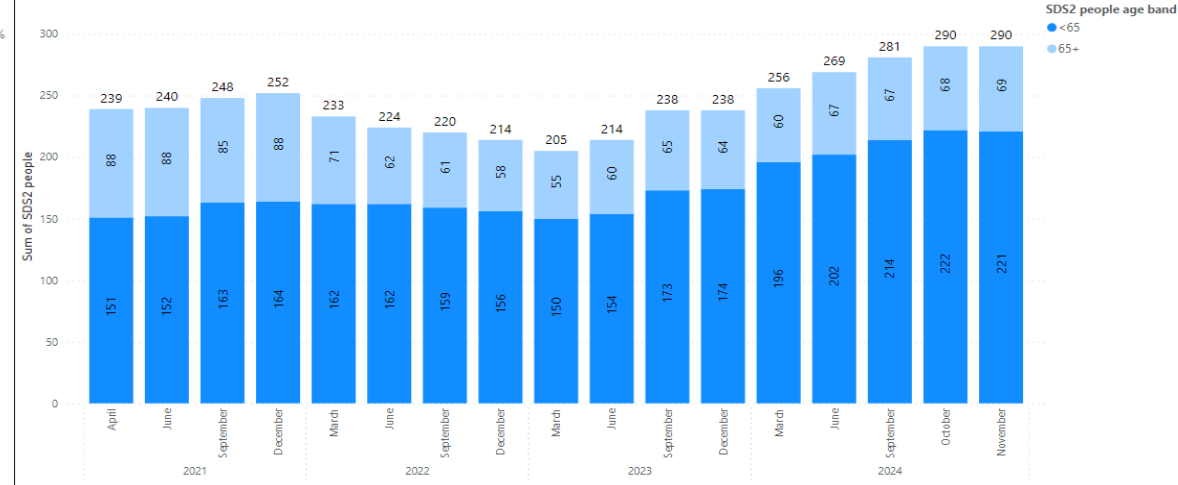
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating Increasing

SDS2 ISFs - No. of clients & % of all ASC clients



SDS2 ISFs - No. of clients by age band



Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>ISFs reduced during 2022 although we have seen a welcome and sustained increase in commissioned service provision continuing in 2024.</p> <p>Current numbers of ISFs are now exceeding pre pandemic levels of the 2021 peak.</p> <p>Our current number of active service users is 290 with a projected annual 2024-25 cost of £7.9m.</p> <p>Graph 2 - Overall number of ISFs split by age band, noting 76% of our current service provision is provided under this commissioning option to younger adults.</p>	<p>After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of 'providers' who can offer an ISF within an overall programme for Promoting choice, flexibility and control.</p>	<p>As per plan and mitigation</p> <p>To sustain and to grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers</p>



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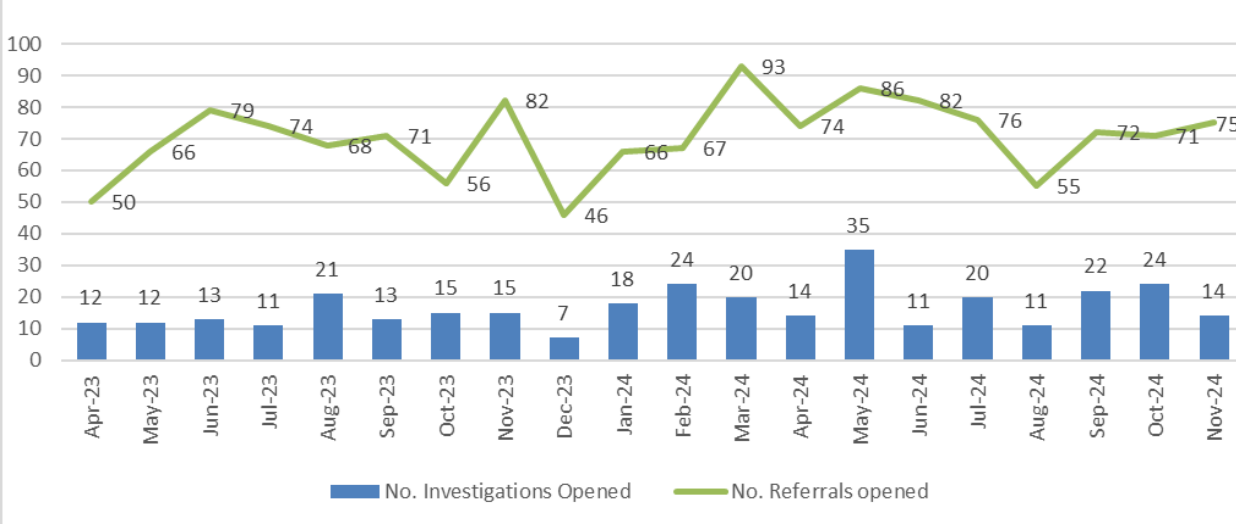
Highland HSCP Adult Protection

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

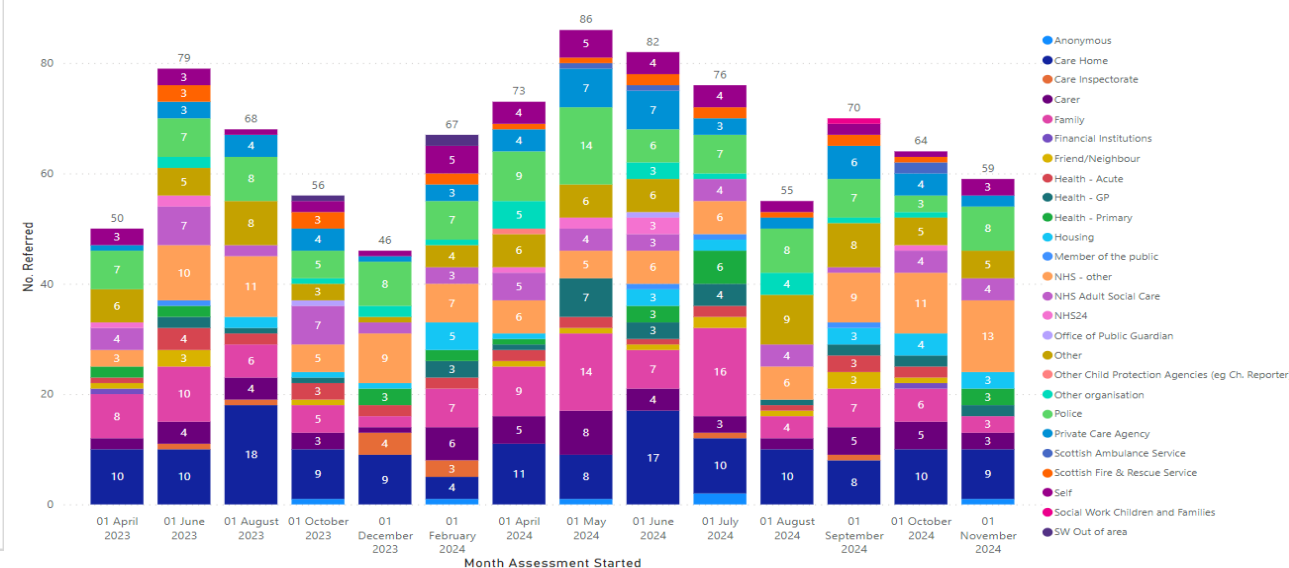
Performance Rating n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>The definitions of Referrals, Inquiries (with or without the use of Investigatory powers), Case Conferences and Protection Plans have been consolidated and agreed across Scotland. Benchmarked data (across the 32 Local Authorities) is expected from Q2 or Q3 2024. The ability to greater analyse referrals in respect of type and location of harm is already being utilised to give a clear picture of harm in our communities. A peak of 93 referrals was recorded in March 2024.</p> <p>Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart.</p>	<p>Highland's Adult Protection arrangements across Health, Social Work and Police were the subject of a recent Joint Inspection. The Inspection concluded that Highland had effective Adult Protection processes, with some areas for improvement</p> <p>An update report on the inspection and associated improvement plan was considered at the last committee meeting.</p>	<p>To implement the agreed action plan and improvement actions from the recent inspection as reported to committee.</p>

No. of referrals received v's no. inquiries using investigatory powers opened



Completed Adult Protection Referrals by Source





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Chief Officer, HHSCP

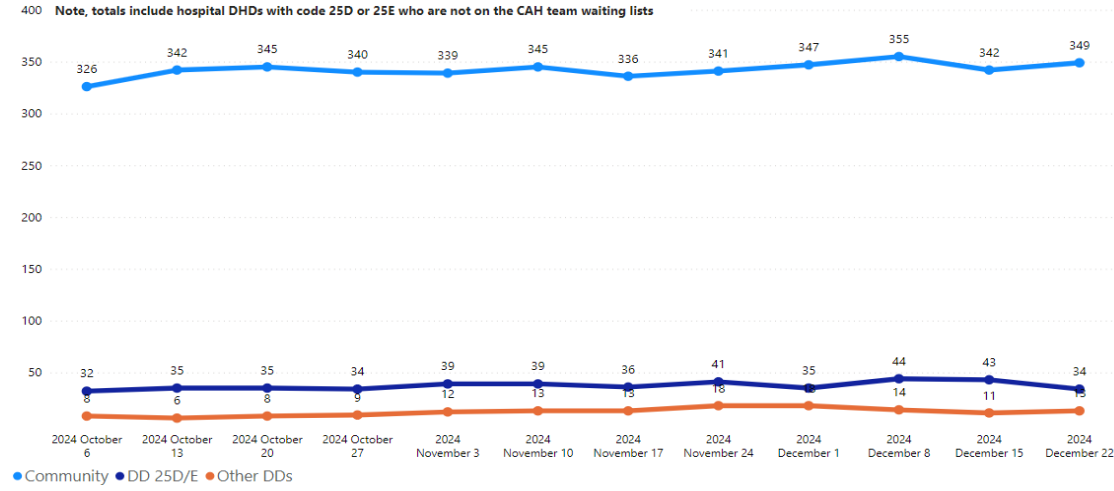
Highland HSCP Care At Home

Slide 1 of 3

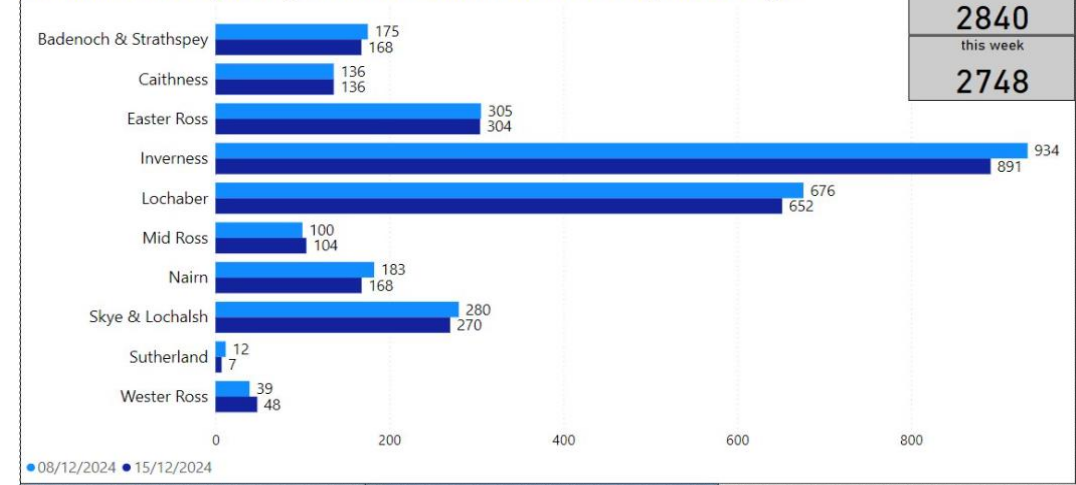
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating N/A

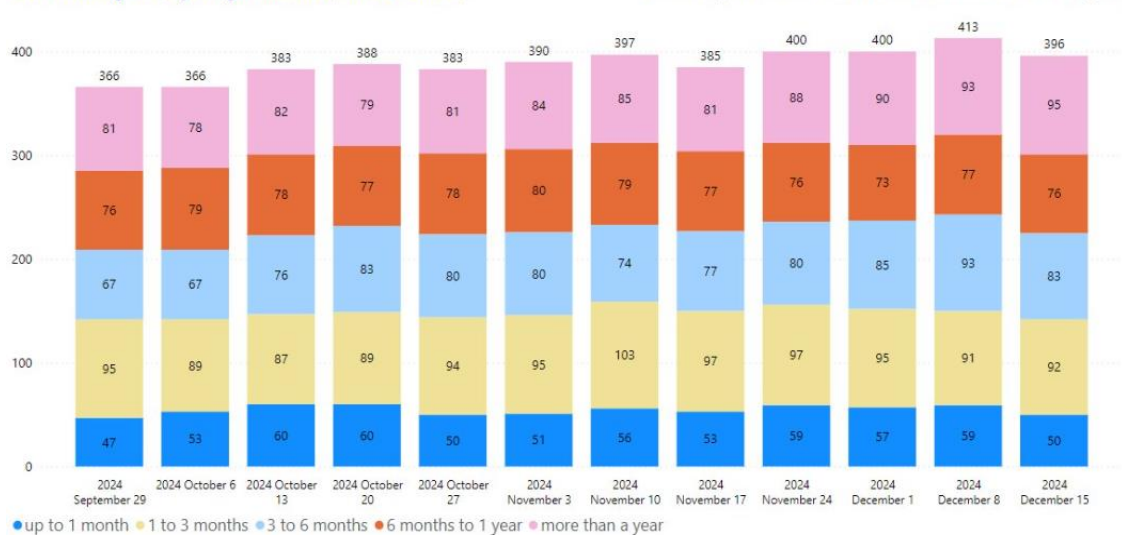
Total number of people assessed and awaiting a new package of care (Community and DHDs) (last 12 weeks)



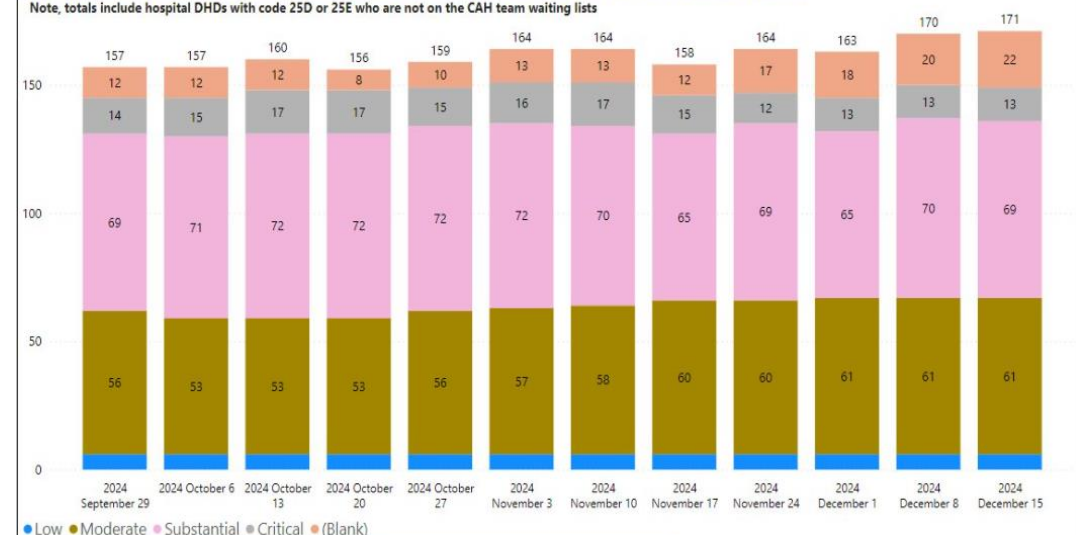
Unmet need hours by locality, this includes all unmet need hours regardless of type



CAH waiting list, by length of wait (last 12 weeks)



CAH waiting list for new service (those waiting 6 months and over), by level of need (last 12 weeks)





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Exec Lead
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Chief Officer, HHSCP

Highland HSCP Care At Home

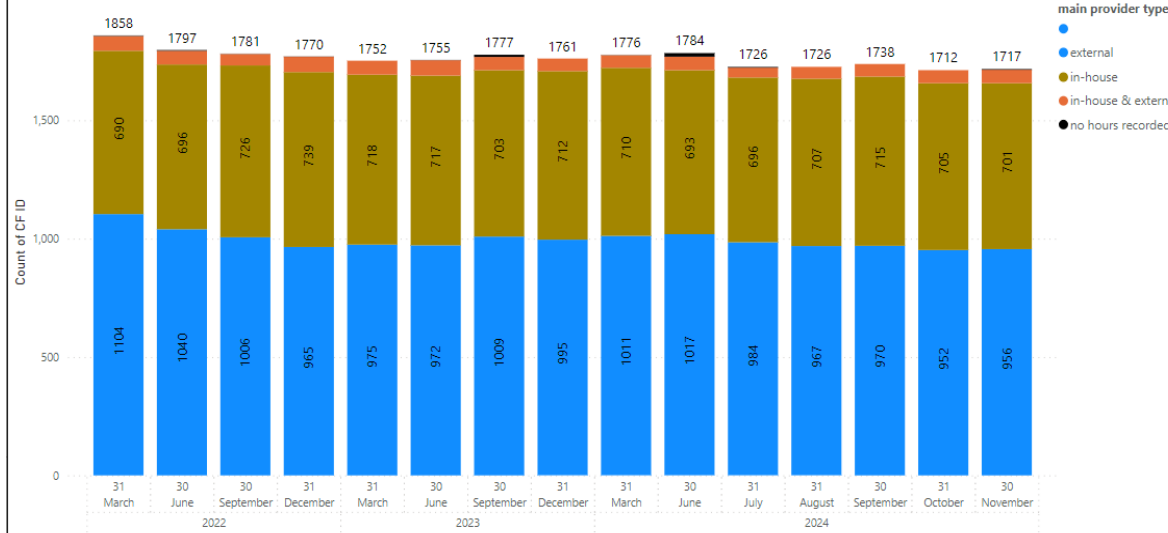
Slide 2 of 3

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

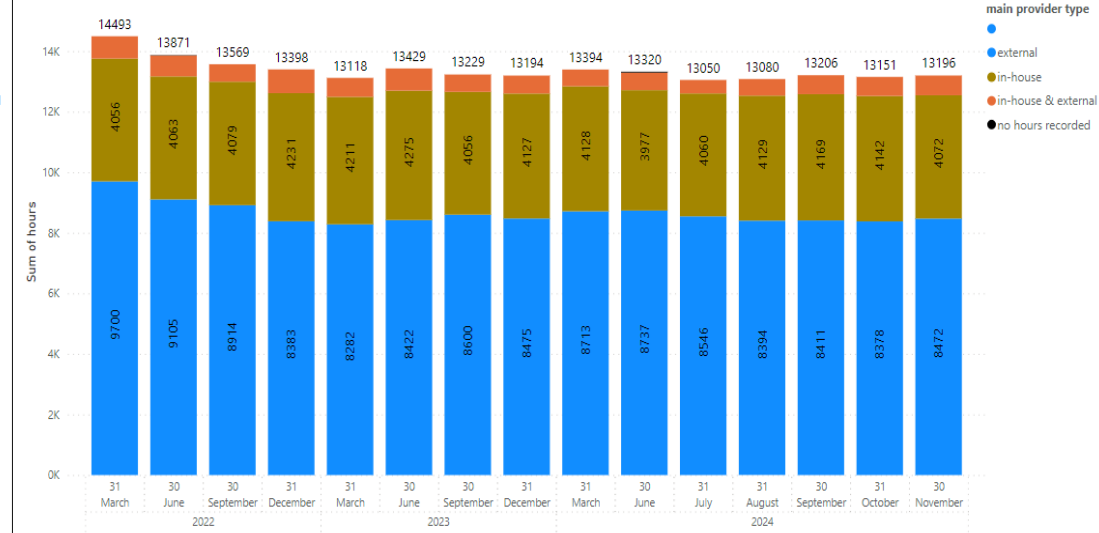
Performance Rating

N/a

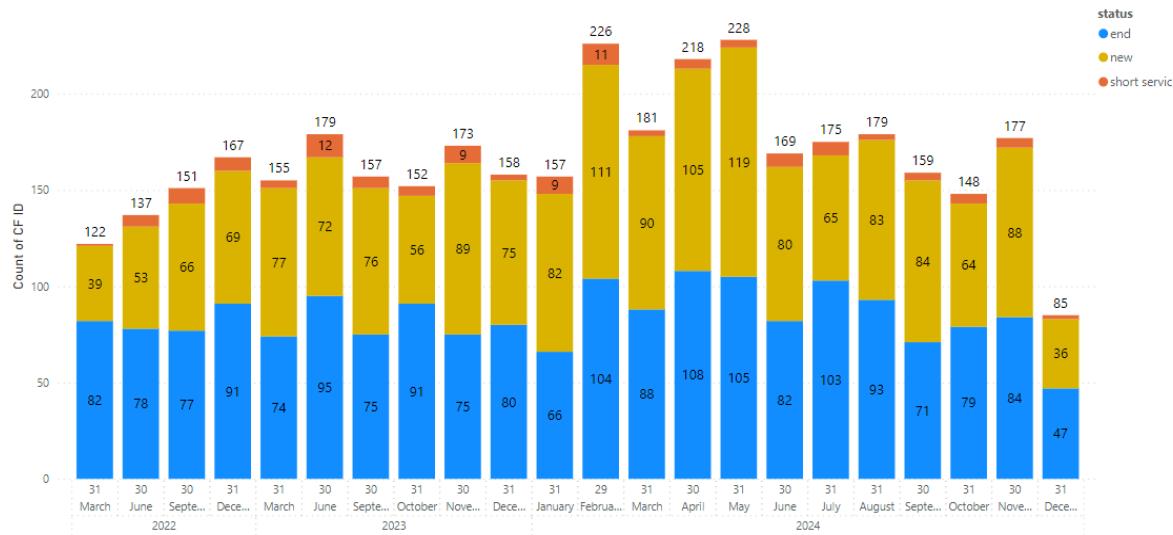
Care at Home - count of clients by provider type



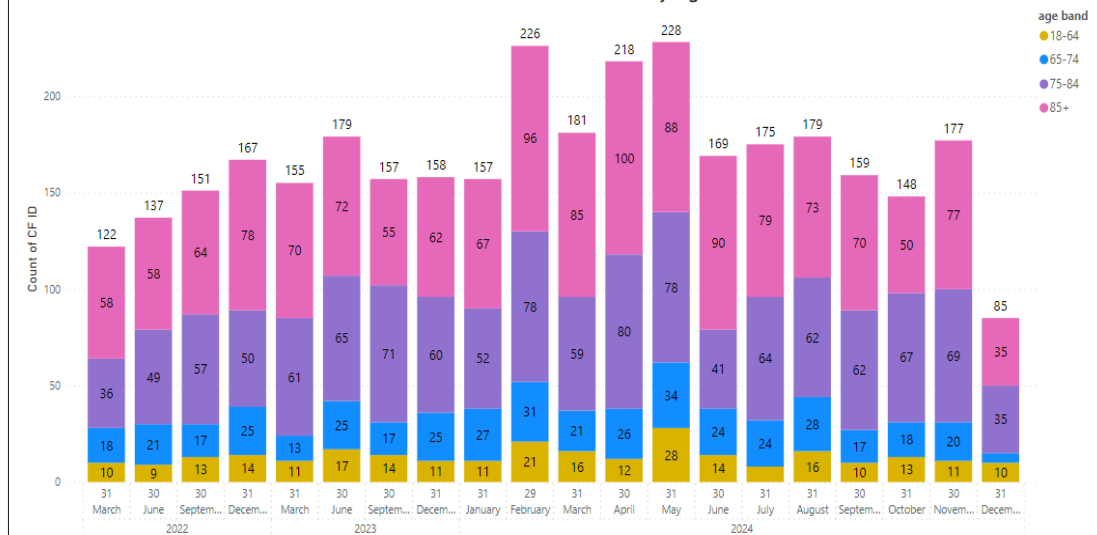
Care at Home - sum of weekly hours by provider type



Care at Home - new & closed clients



Care at Home - new clients by age band





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Exec Lead
Pamela Stott
Chief Officer, HHSCP

Insights for Current Performance	Plan and Mitigation	Expected Impact
<p>All HHSCP delayed hospital discharges (DHD's) are included which show those assessed as requiring CAH in either a hospital, or at home.</p> <p>Our current level of unmet need is:</p> <ul style="list-style-type: none"> • Community – 349 awaiting a CAH service, an increase of 22 from September • DHDs – 34 awaiting a CAH service, an increase of 2 from September. • Despite ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2748 planned hours per week. <p>The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.</p> <p>There remains sustainable pressures in the market and since Dec 23, 4 providers have exited the market with the hours picked up by the sector and NHS Highland.</p> <p>Operational colleagues and our partner providers have worked tirelessly to avoid any service disruption during contracted notice period.</p>	<p>Through the System Capacity group, we are focusing on Inverness services and support to refocus activity and criteria to enable a reduction in unmet need.</p> <p>There is a wider understanding of Care at Home services across our system and a current drive to support:</p> <ul style="list-style-type: none"> • Sustained in-house recruitment • Rebalancing of services to ensure prevention/rehabilitation is at the forefront <p>Initiatives such as frailty identification and AHPs at the front door of Raigmore should also support improvement management of Care at Home resources.</p> <p>Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector.</p> <p>A multi-disciplinary and sector implementation group was initiated to take forward co-produced proposals with the sector. These are:</p> <p>Improving Access and Processes</p> <ul style="list-style-type: none"> • Clear pathway • Information quality • Zones/runs/flexibility • Outcome commissioning/interactive commissioning tool <p>Valuing Staff</p> <ul style="list-style-type: none"> • Tariff implementation – new payment tariff including increased carer mileage costs was introduced October 24 • Joint training/locality shared staff • Collaboration event 	<p>Expected impact and trajectories for improvement have been developed for overall delayed discharges.</p> <p>Sustaining current service delivery levels for care at home.</p> <p>Targets and any future realistic growth trajectories are to be developed at a district level through the System Capacity Group.</p>



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Chief Officer, HHSCP**

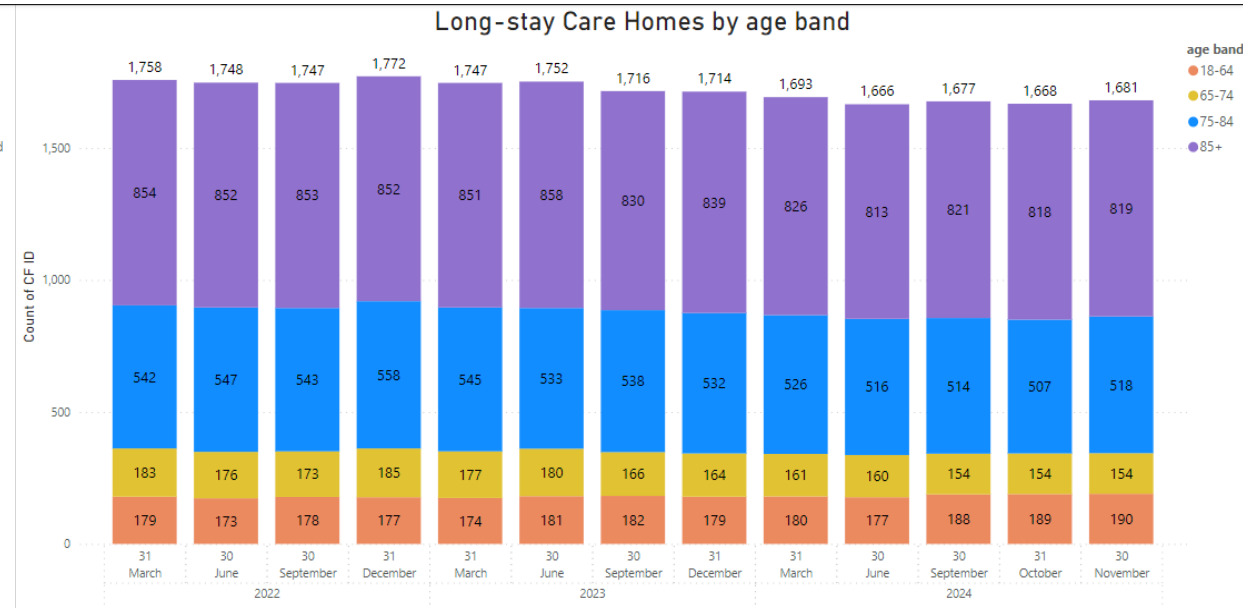
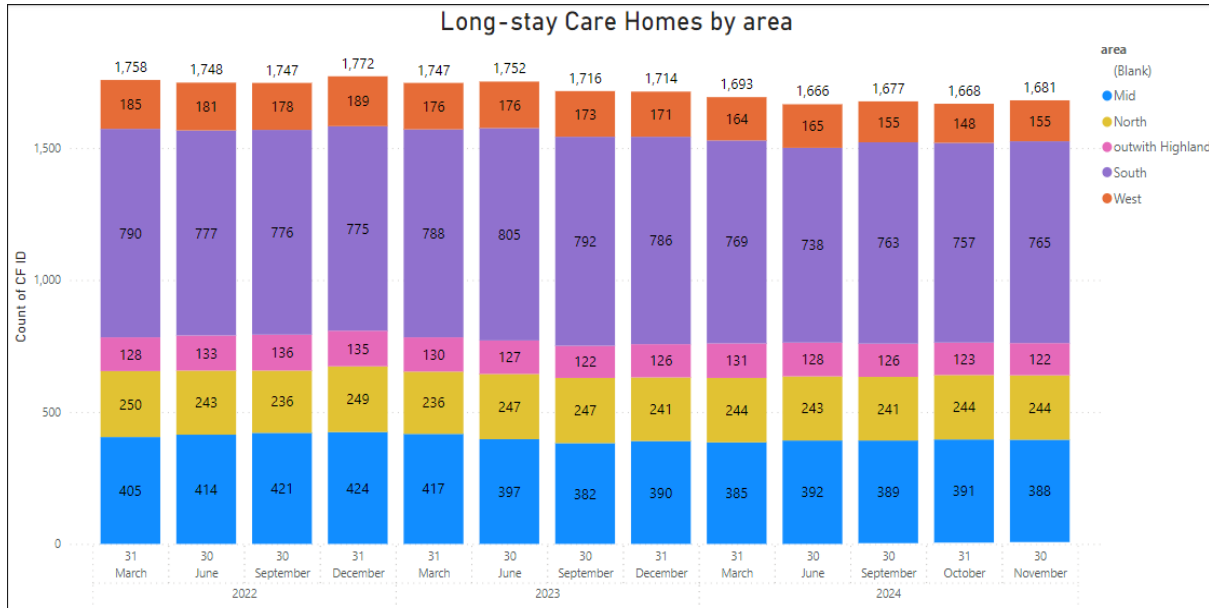
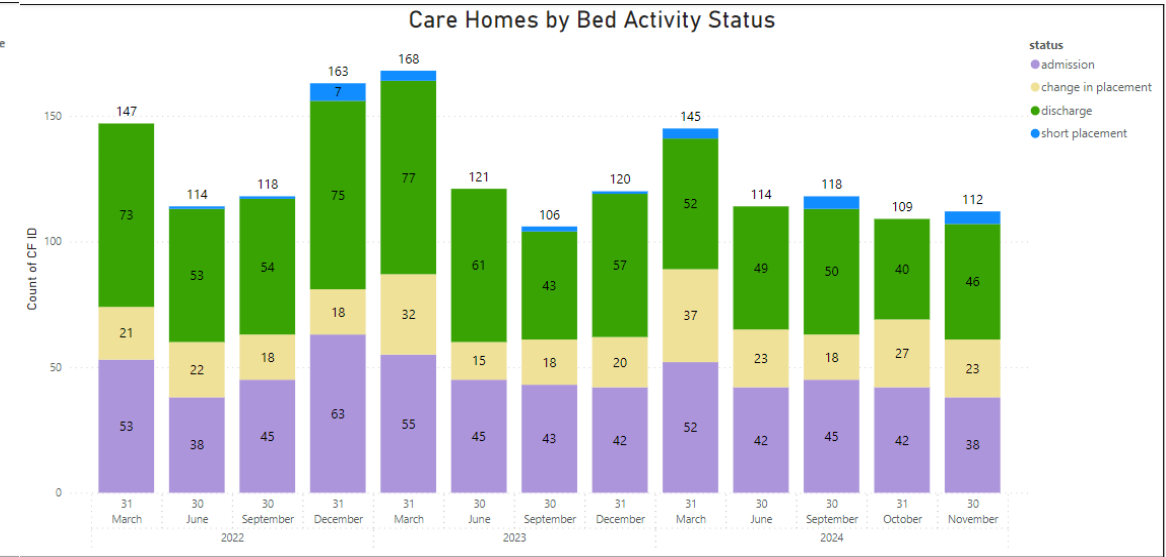
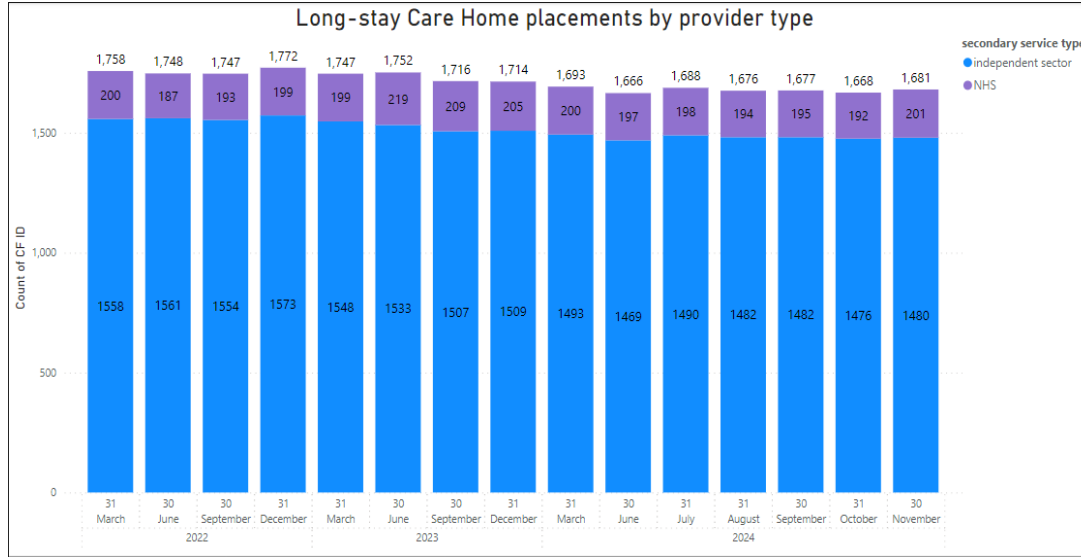
Highland HSCP Care Homes

Slide 1 of 2

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating

Decreasing





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Exec Lead
Pamela Stott
Chief Officer, HHSCP

Reasons for current Performance	Plan and Mitigation	Expected Impact
<p>Demand for a care home placement remains our most common reason for delayed hospital discharges. At the end of December there were 80 people delayed in hospital waiting for a Care Home placement which is an increase of 6 from last reported period.</p> <p>There continues to be turbulence in the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation.</p> <p>A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 7 of the 46 independent sector care homes are over this size.</p> <p>Since March 2022, 6 independent sector care homes have closed, and the partnership is in the process of seeking to acquire Moss Park in Lochaber to prevent closure and a further loss of bed provision. Supplementary staff costs for care and nursing staff is significantly higher in the recently acquired NHHH care homes.</p> <p>Strathburn remains temporarily closed, however reopening is intended for February 2025. Mackintosh Centre is fully open, and a recruitment process is underway with the intention to re-open Dail Mhor as a respite centre. Recent temporary care home closures were all in small rural and remote communities specifically due to acute staffing shortages.</p> <p>Reduced overall bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.</p>	<p>Through our System Capacity group, we have identified potential capacity which could positively impact our delayed hospital discharges. However, this is based on improving our recruitment and retention within our internal provision and securing external funding to enable further use of our independent sector.</p> <p>There is a need for a Care Home Commissioning Strategy and Market Facilitation Plan to be developed. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations.</p> <p>High level commissioning intentions are agreed.</p> <p>A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board.</p> <p>A Care Programme Board has been established to oversee:</p> <ul style="list-style-type: none"> • Acquisitions, closures and sustainability • Forward Planning and Strategy 	<ul style="list-style-type: none"> • Exploring additional internal provision based on available workforce availability, being led by the System Capacity Group • These measures will be impacted if there are any more Care Home closures or reductions in capacity • Sustainability of existing care home provision • Future market intentions stated



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**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

Highland HSCP Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.

Oct 2024

Insights to Current Performance

At the census point of 28^h November, the number of standard delays has increased to 195, split as 169 for Highland HSCP and 26 in Argyll & Bute.

Availability of Care at Home and Care Home capacity have key impacts on the current number of Delayed Discharges. Workforce availability is an ongoing challenge.

Plans and Mitigations

Initial 90 Day Urgent & Unscheduled Care recovery plan is complete with consolidating and new actions brought forward into a revised UUSC Improvement Plan.

Our System Capacity Group has made progress in discovery work which has led to the development of initiatives to reduce DHDs.

- Increased Care Home placements
- Increased Care Home placements
- Increased Community Hospital capacity
- Surge capacity identified in Acute services
- Specific focus and plans in Inverness
- AHP at the front door in Raigmore
- Development and delivery of SOPs to support discharge without delay

The planned development of our Frailty programme will support longer term transformational change in how we reduce delayed hospital discharges. Mental Health pathways also to be developed.

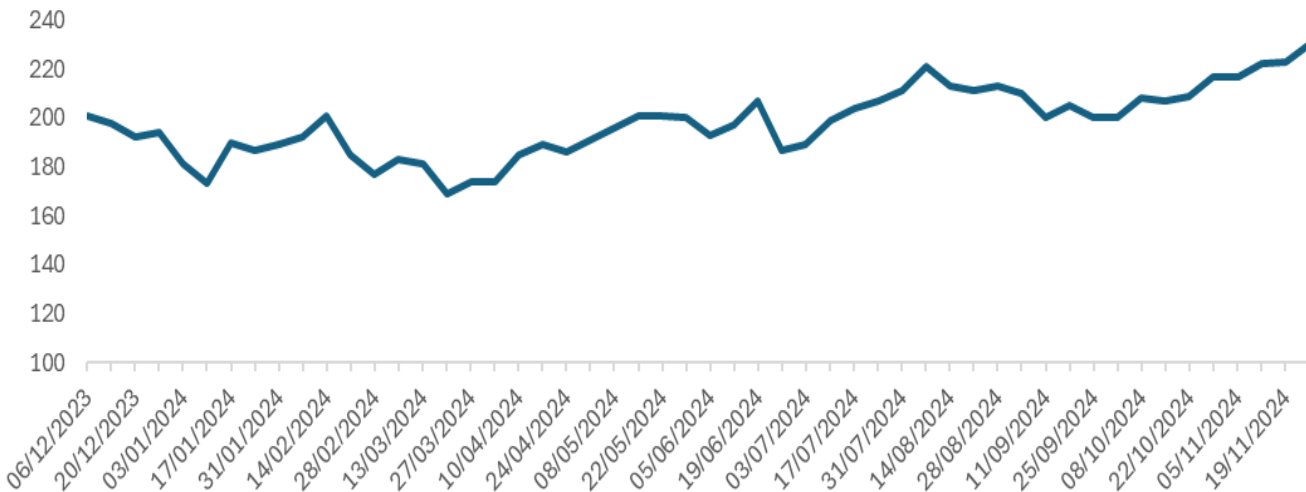
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory
Latest Performance	225 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14 / 14 Boards

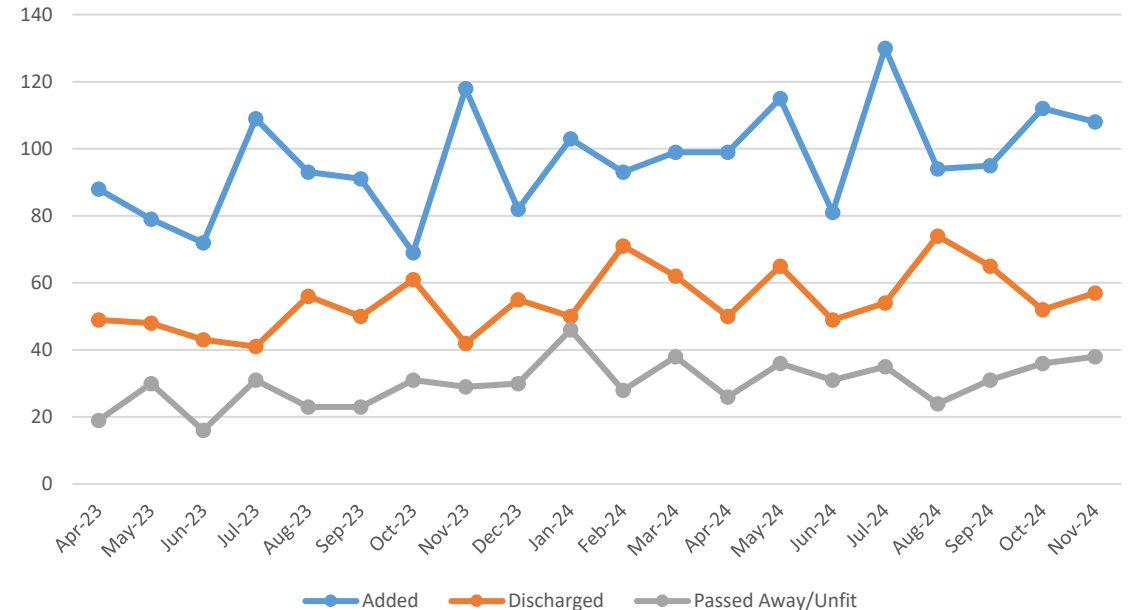
HHSCP Delays

Dec'23 - Nov'24

Source: TrakCarePMS



HHSCP Delayed Discharges – Patients Added VS Patients Discharged





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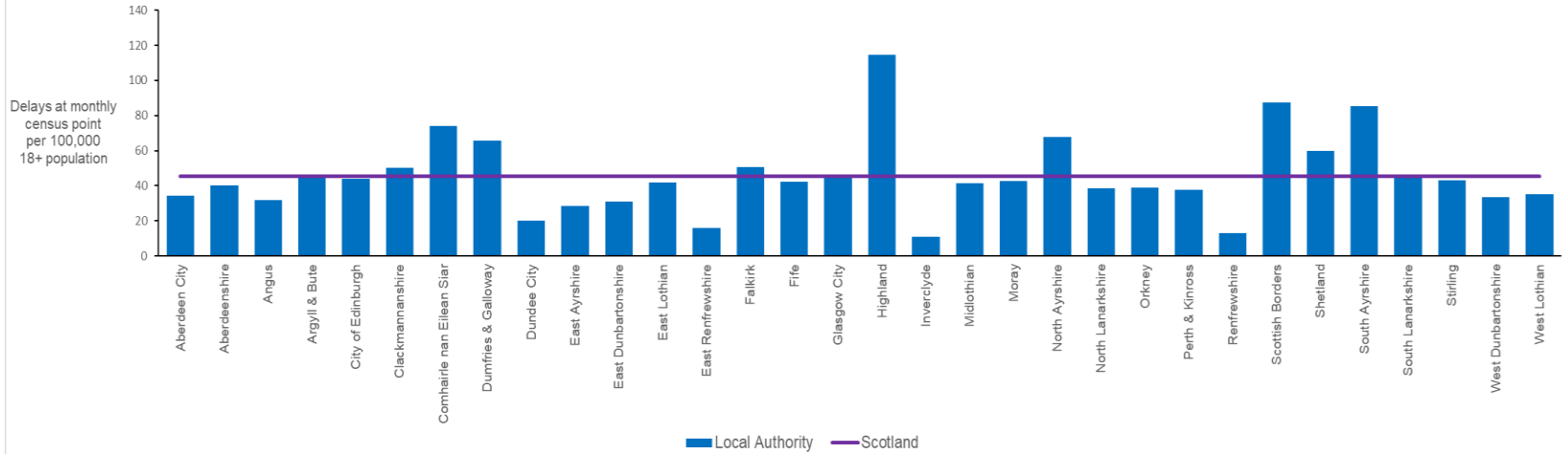


**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

Highland HSCP Delayed Discharges

Slide 2 of 2

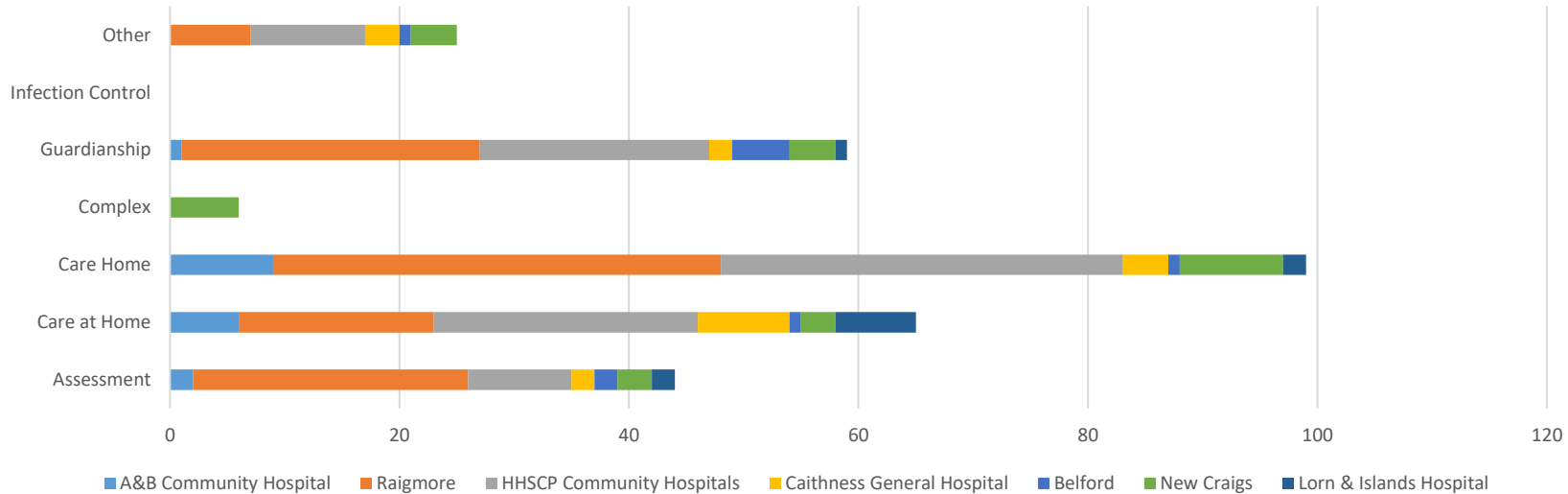
Chart 4 - Delays at monthly census point per 100,000 18+ population¹, by Local Authority, October 2024



PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory
Latest Performance	225 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays by 31/10/24
National Target Achievement	Not Met
Position	14 / 14 Boards

Delayed Discharge – Location and Code





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**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

Community Hospital's Length of Stay

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.

Oct 2024

Insights to Current Performance

Community Hospital LOS this is compounded by the current capacity within care homes & Care at Home and the increase DHDs that we are experiencing some of the mitigation for these will also impact on the LOS of those not in delay.

Plans and Mitigations

Plans

- Daily huddles ensuring that there is input from AHPs with a focus on Daily Dynamic Discharge
- Working with families and implementation of the choice guidance with a greater emphasis on home is best
- Ensuring that PDDs are updated and accurate.
- Further development of home to assess models

Mitigation

Long LOS are being experienced by those in delay, not those who are not in delay.

Expected Impact

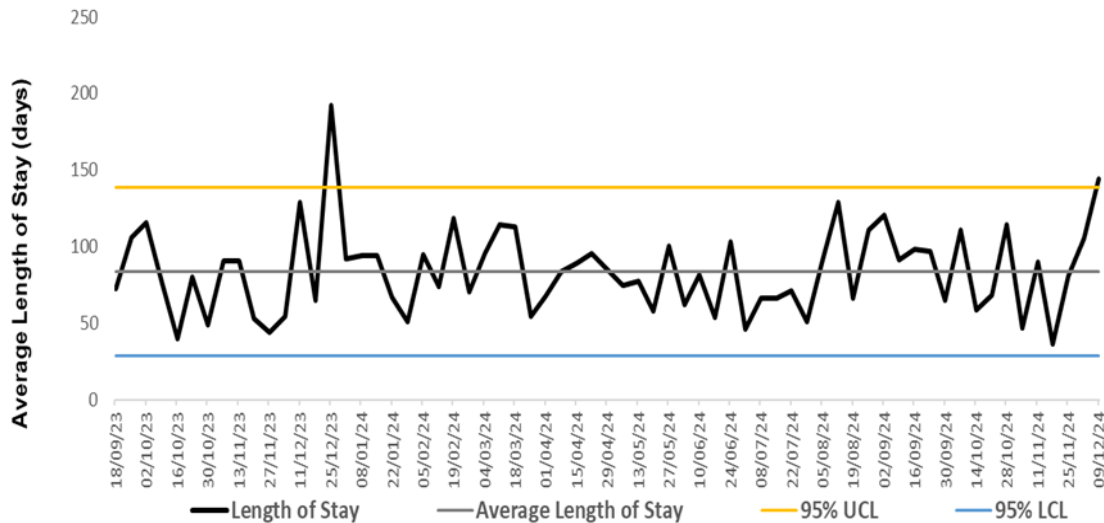
- Reduced LOS for DHDs possibly slight reduction for the non DHDs

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	N/a
Latest Performance	
National Benchmarking	Engagement through national CRAG group
National Target	Reduce LOS > 14 days by 5% by end of October 2024
National Target Achievement	Not Met
Position	14 / 14 Boards

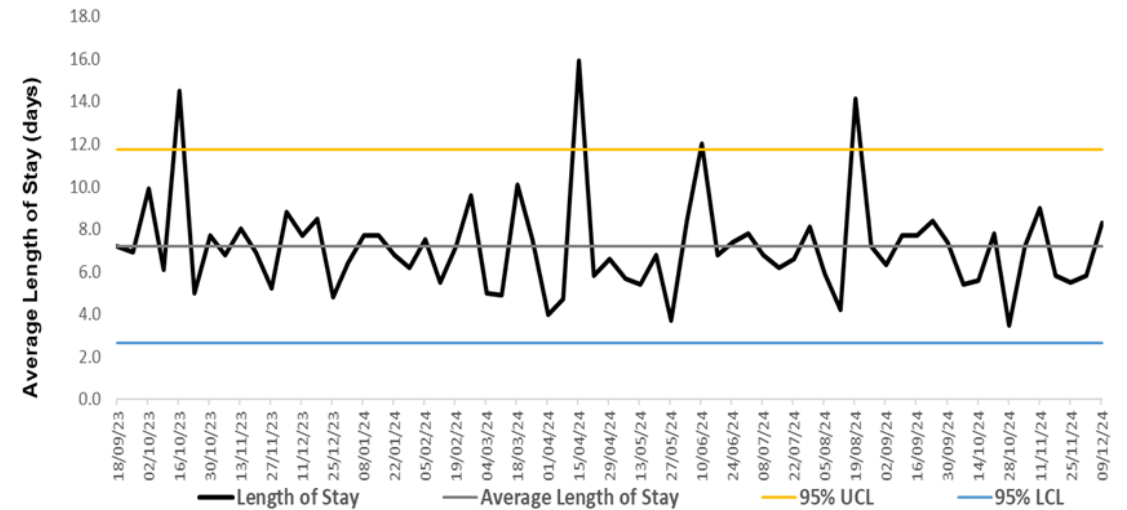
Community Hospital LOS (Delayed Discharges) by week

Source : Trak Care



Community Hospital LOS (non Delayed Discharges) by week

Source : Trak Care





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Pamela Stott Chief
Officer, HHSCP

Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25

Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations

Mar 25

Insights to Current Performance

Scottish Government response to PT Improvement Plan submission confirmed that NHS PT no longer require enhanced support from SG due to the recent performance improvement in 2024.

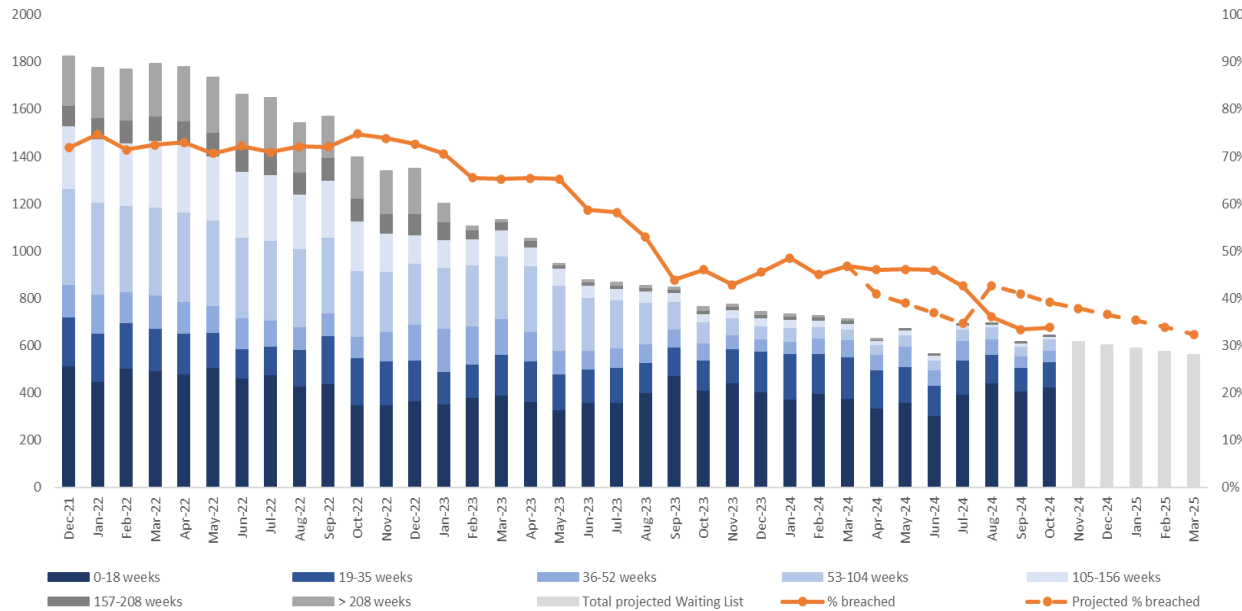
Plan and Mitigations

- Recruited x2 new Clinical Psychologists in Adult Mental Health Psychology.
- The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification
- Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government.
- The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.

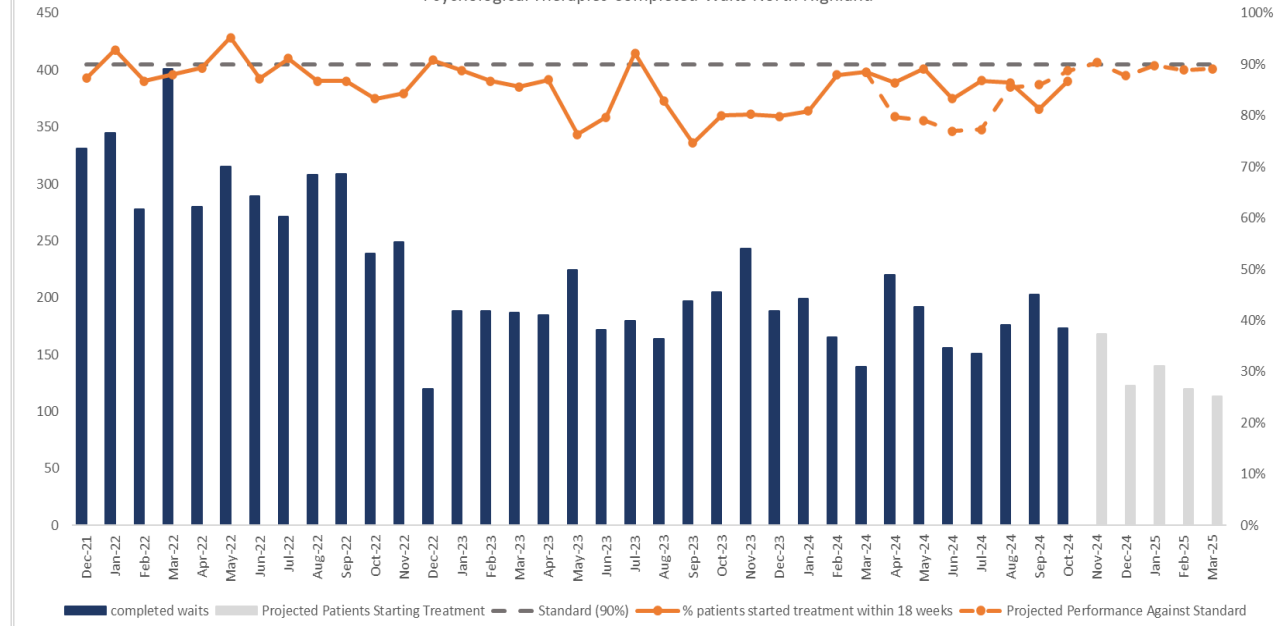
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance consistently improved
Latest Performance	86.7%
National Benchmarking	81.0% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards 3rd out of Mainland Boards

Psychological Therapies Waitlist North Highland



Psychological Therapies Completed Waits North Highland





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Exec Lead
Pamela Stott Chief
Officer, HHSC

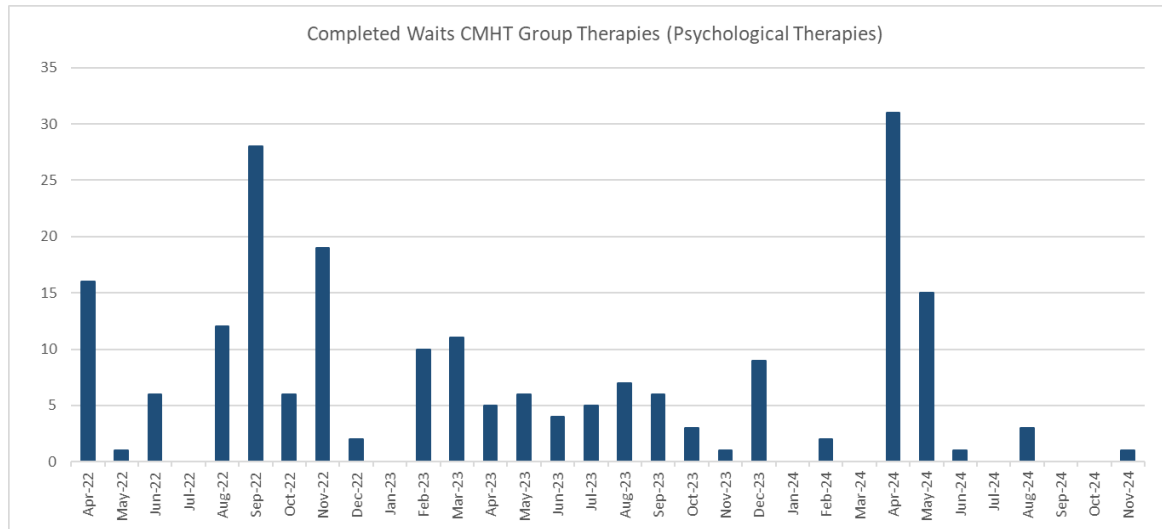
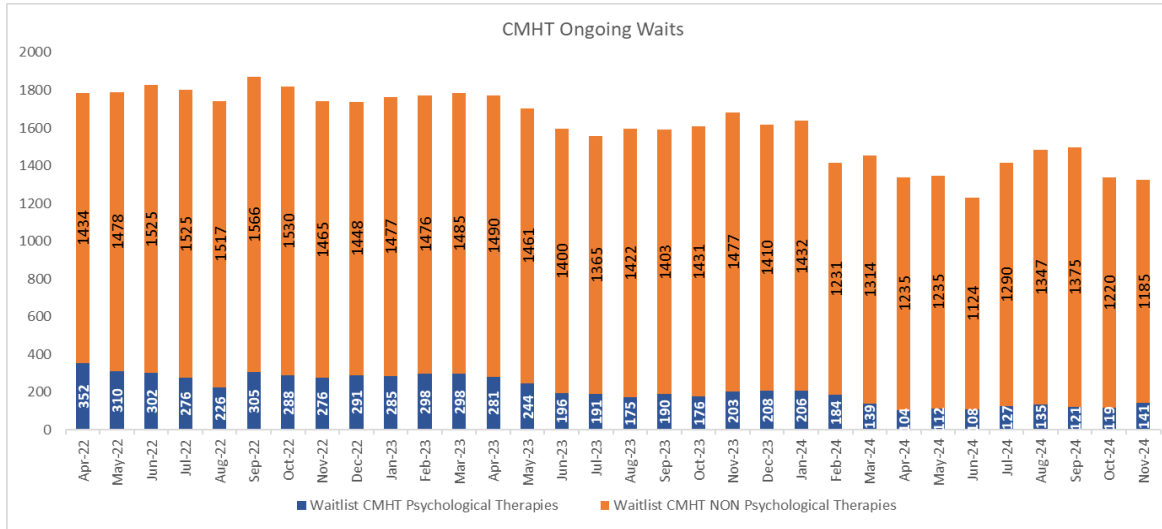
HHSC Community Mental Health Teams

Completed and Ongoing Waits

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Live Well

Performance Rating

N/a



Reasons for Current Performance

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as Group Therapies (STEPPS/IPT/Mindfulness).

The delivery of Group Therapies were suspended during Covid pandemic and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24, and this has continued into 2024/25, although there has been a small increase in ongoing waits over the summer period.

The apparent waits for CMHT Non-Psychological Therapies are **unvalidated** and there is high confidence that once validation is complete, the number of waits for this category will be significantly lower than that reported.

Plan and mitigation

Validation work is ongoing around the CMHT Non-Psychological Therapies waitlist as has happened within Psychological Therapies. Early validation has identified a number of duplicate wait list entries, and waits that have been completed.

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.

Expected Impact

Continuing reduction in the ongoing waits for CMHT Group Therapies

Number of waits for CMHT Non Psychological Therapies will be significantly lower than that reported.



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Exec Lead
Pamela Stott Chief
Officer, HHSCP

HHSCP Chronic Pain

Insights to Current Performance: NHS Highland performance is the 4th Highest mainland board and while the target was not met, we remain above the Scotland average for the <18 week referral to treatment standard.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

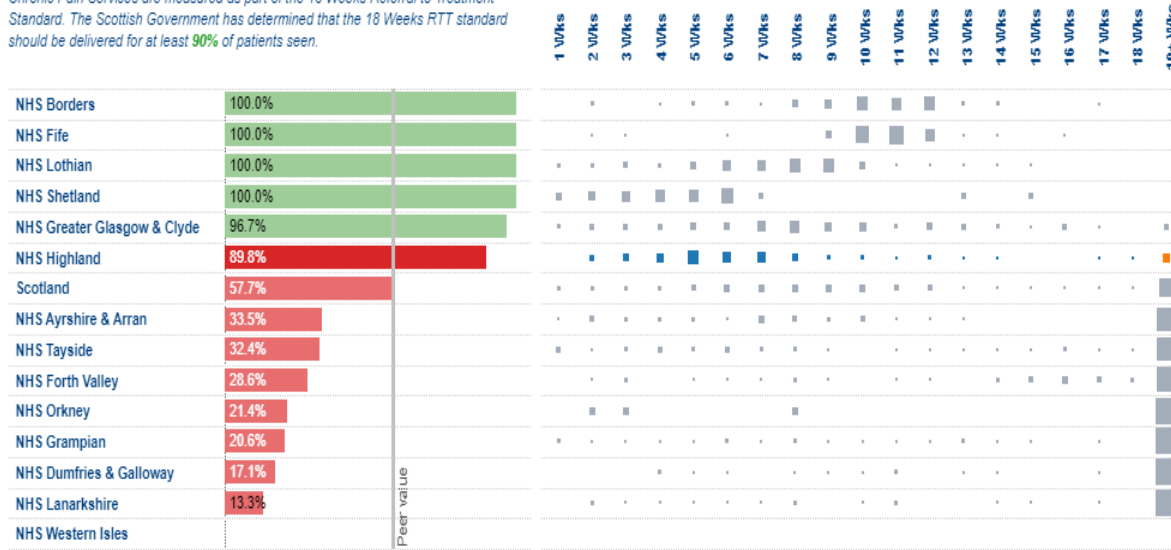
Performance Rating

Improving

Health Board: NHS Highland
Indicator: Chronic Pain : Pain Clinic

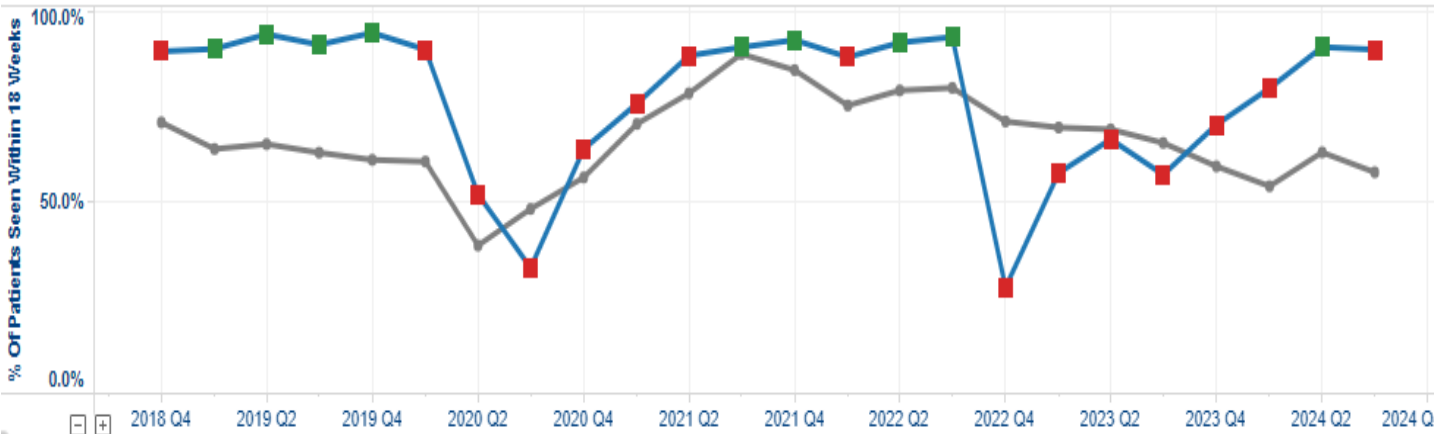
Chronic Pain Services are measured as part of the 18 Weeks Referral to Treatment Standard. The Scottish Government has determined that the 18 Weeks RTT standard should be delivered for at least 90% of patients seen.

Patients Seen By Week



Time trend: NHS Highland

(Trend displays the full range of dates for which data is available)



Reasons for Current Performance

All patients are offered ability to attend online group introduction to pain management session which can be delivered within the 18 week referral to treatment standard. This approach is standard across NHS Scotland pain services and is aimed at ensuring patients are committed to a self management approach and provides sign posting to aid with waiting well.

Those not able to attend, due communication or language barriers, lack of suitable technology or triaged as not appropriate for groups, are not able to be seen individually within the 18 week period due to ongoing demand and capacity issues.

Highland Team is currently still covering Argyll and Bute, without financial or staffing input from A&B, holdover from remobilisation funding.

Plan and mitigation

Argyll and Bute service provision SBAR produced recommending increased staffing and financial contribution in order to continue accessing NHS Highland Service.

Increased MDT initial assessment provision as pilot has demonstrated reduced time to full assessment and increased flow out of the service.

Planned initial assessment weeks to deal with backlog waiting to see physiotherapist as < 0.7wte physio in team.

Expected Impact

Increased staffing, increased discharges, reduction in backlog of patients waiting to be assessed.



Together We Care
with you, for you



Exec Lead
Pamela Stott Chief
Officer, HHSCP

Overview of Other HHSCP Waiting Lists

Data provided to 4th December 2024

Insights to Current Performance: 8750 on waiting list, an increase from last report.

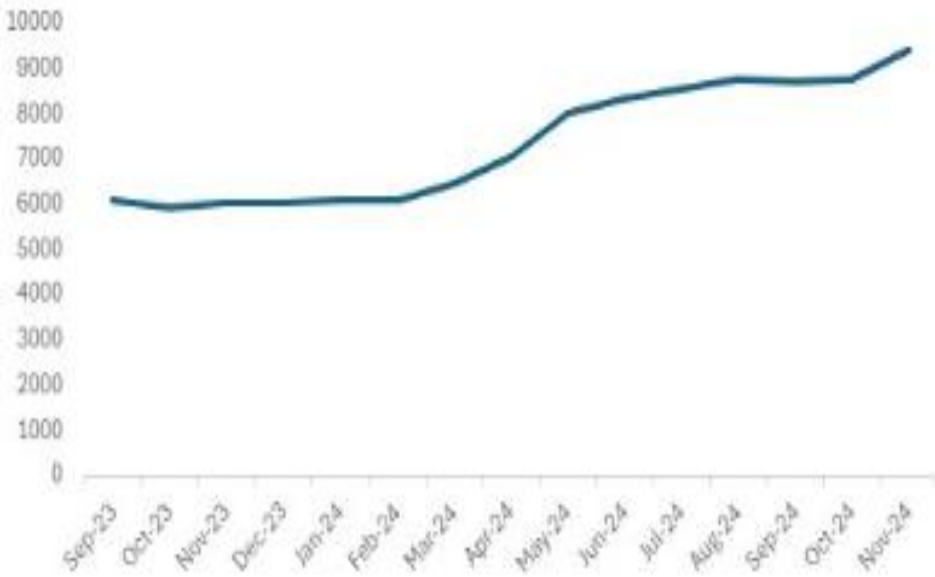
Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Increasing

Total Non MMI Out Patient Ongoing Waits per Month



Count of CHI									
MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130-312 wks	Total
Chiropody	430	489	231	31	0	0	0	0	1181
Community Dental	9	3	3	1	0	1	0	0	17
Dietetics	141	267	237	142	32	10	5	3	837
Dietetics Paediatrics	0	0	1	0	0	0	0	0	1
Obstetrics Antenatal	8	1	1	0	0	0	0	0	10
Occupational Therapy	12	6	1	0	0	0	0	2	21
Psychotherapy	1	0	0	1	0	1	1	0	4
General Psychiatry	208	229	193	347	364	136	26	6	1509
Learning Disability	6	14	90	1072	113	78	83	135	1591
Learning Disability Nursing	0	4	41	81	0	0	0	0	126
Psychiatry of Old Age	102	77	38	13	5	1	1	0	237
Physiotherapy	664	644	703	640	272	72	2	7	3004
GP Acute	80	64	99	81	2	0	0	0	326
Investigations and Treatment Room	5	1	0	0	3	2	1	1	13
Psychological Services	108	146	147	71	44	7	2	5	530
Social Work	0	0	0	0	0	0	1	0	4
Total	1774	1945	1785	2480	835	308	122	162	9411