

## 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 04 September 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  
 Philip Macrae, Vice Chair and Non-Executive  
 Tim Allison, Director of Public Health  
 Cllr Christopher Birt, Highland Council  
 Ann Clark, Non-Executive Director and NHS Board Vice Chair  
 Cllr Muriel Cockburn, Non-Executive  
 Claire Copeland, Deputy Medical Director (from 1.30pm)  
 Pam Cremin, Chief Officer  
 Cllr David Fraser, Highland Council (until 3.48pm)  
 Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director  
 Joanne McCoy, Non-Executive  
 Kara McNaught, Area Clinical Forum Representative  
 Kaye Oliver, Staffside Representative  
 Simon Steer, Director of Adult Social Care  
 Diane van Ruitenbeek, Public/Patient Representative  
 Neil Wright, Lead Doctor (GP)  
 Elaine Ward, Deputy Director of Finance 3pm  
 Mhairi Wylie, Third Sector Representative

#### In Attendance:

Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP  
 Louise Bussell, Nurse Director  
 Lorraine Cowie, Head of Strategy & Transformation, NHS (item 3.4)  
 Teresa Green, Service Manager DARS (item 3.2)  
 Arlene Johnstone, Head of Service, Health and Social Care  
 Michelle Johnstone, Head of Service, Community Services  
 Stephen Chase, Committee Administrator

#### Apologies:

Julie Gilmore, Ruth Daly, Fiona Duncan, Fiona Malcolm, Jill Mitchell.

## 1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them 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.

The Chair noted that item 3.5 would be discussed in relation to the other relevant items as a thematic thread.

## 1.2 Assurance Report from Meeting held on 10 July 2024 and Work Plan

The draft minute from the meeting of the Committee held on 10 July 2024 was approved by the Committee as an accurate record following the addition of C Birt's apologies.

### The Committee

- **APPROVED** the Assurance Report pending the amendment noted, and
- **NOTED** the Work Plan.

## 1.3 Matters Arising From Last Meeting

The Chair drew attention to the actions arising from the July meeting.

- An update on Learning Disability spend for 2023/24 and its expected movement into 2024/25 had been requested. The Assistant Director of Finance noted that her team were currently working on a larger piece of work around governance and approval routes and that more detail would be available for the November meeting. It was agreed that a response would be factored in to the Finance update during the meeting.
- An update on the number of health checks carried out for people living with a learning disability had been requested. The Head of Service noted that her team were working through the Learning Disability plan and the projection of the plan to the end of the current year. It was agreed that as soon as the information was available it would be circulated to the committee via the Committee Administrator.

## 2 FINANCE

### 2.1 Financial Position at Month 4 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 3 with further detail presented on the HHSCP position.

- At the end of month 3 an overspend of £22.659m had been reported with the overspend forecast to increase to £49.697m by the end of the financial year (assuming support to deliver a breakeven ASC position). The forecast is £21.296m worse than the brokerage limit set by Scottish Government but £0.904m better than the target agreed with the Board in May 2024.
- A year to date overspend of £6.973m was reported for the HHSCP and it was forecast to increase to £7.293m by financial year end (assuming ASC supported).
- Prescribing was emerging as a significant pressure with £3.200m overspend built into the forecast. Supplementary staffing costs were also continuing to drive an overspend position with £2.900m of pressure within the forecast.
- A forecast overspend of £16.802m is reported within ASC (adjusted within the overall Board report to assume breakeven with a funding source to be identified).
- A reliance on agency staff in NHS run care homes continued to present a financial risk.
- The 2024/2025 quantum was formally agreed at the start of month 4 and would be reflected in the next report iteration.
- Drugs and prescribing expenditure was overspent by £1.003m, but was included as a significant area within the Board's Value and Efficiency programme

During discussion, the following areas were addressed,

- The Head of Service confirmed that information was being consolidated arising from the audit report detailed in the reports for item 3.5 and the need to achieve financial balance for the Learning Disability spend. Work was underway to determine the relevant work streams in partnership with the independent sector due to the fact that most of the spend was commissioned rather than 'in house' work in contrast to the care home and care at home sector workstreams which were more focussed on 'in house' provision. Contract monitoring and a review of processes for the different care packages was underway with a focus on community support in addition to paid care. The Chief Officer confirmed that work was also underway to ensure that robust financial governance and service plans were better aligned as part of the response to the audit reports.
- Regarding facility costs, it was noted that capital costs for estates were covered by Highland Council, however there was some significant work required to bring estates such as Home Farm up to acceptable standards and day-to-day costs to be factored in to the partnership spend.
- It was clarified that brokerage was the standard means for audit purposes used by the partnership to achieve financial balance and that this was repayable in due course to Scottish Government. However, the impact of spend in excess of the brokerage cap was a concern for the period 2025-26 and beyond.
- It was noted that the deterioration in the month 4 position for Adult Social Care was due to factors such as an increase in the cost of some packages within Learning Disability and an increase in payments for Care At Home due to some provision returning 'in house' and no corresponding reduction in costs for external providers. The spend was being tracked to identify increases but it was thought that the increases were due in part to a move to 'in house' provision and sustainability payments to suppliers.
- It was confirmed that the quantum with Highland Council for NHSH was agreed at the start of month 4 and that therefore only the figures presented for month 4 reflected the quantum. It was felt that the agreement had improved the position slightly but not as much as had been expected.
- It was requested that, given the assumptions made around the Adult Social Care budget being able to achieve balance and the deterioration in the position, that more detail would be useful in terms of transparency of governance and managing the risk involved. The Chair noted that he would discuss with the Assistant Director of Finance and the Chief Officer a suitable way to address these issues for the next iteration of reporting. The Chief Officer noted the need for alignment with reporting requirements for the Finance, Resources and Performance Committee and Audit Committee. The Chair noted the current challenging financial position and the increasing challenges faced by the partnership and for future allocations from Scottish Government.
- Regarding supplementary staffing costs, the Chief Officer noted the challenges for recruitment for the sector and the region. A number of mitigating actions of governance had been implemented to ensure that agreed agencies were used by preference in order to manage the costs. Value and efficiency work had been carried out to ensure that bank staff were utilised ahead of agency staffing, which included adding nurses in training to the bank in order to make best use of the available people and also develop the workforce. The Head of Service for Learning Disability noted that a number of measures had been implemented to reduce the reliance on supplementary staffing such as changing observation practices within the hospital to require fewer staff and use them

more effectively. New Craigs staff had been holding daily meetings to consider and implement measures to work with existing hospital resources first before requesting additional agency staffing.

**The Committee:**

- **NOTED** from the report the financial position at month 3 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

### 3.1 PRIMARY CARE IMPROVEMENT PLAN

The Chief Officer provided an overview of the paper in place of the Head of Primary Care. The Deputy Medical Director added that an options appraisal for CTAC (Community Treatment and Care) had been taken to address the needs of General Practices, and that planning was at an early stage for the Primary Care strategy and the next phase of improvement work.

In discussion,

- A typographical error was noted in paragraph 22 of the report, and it was clarified that the reference to “non expert medical generalist workload” should refer to “expert medical generalist workload”. This would be amended in the report and future iterations.
- CTAC was explained in brief for the committee by the Lead Doctor as work currently carried out by practise nurses and healthcare assistants in General Practises such as taking bloods phlebotomy thereby freeing up time for the GP to discuss, analyse and diagnose, and focus on areas of planning. It was felt within Highland that, especially outside of urban areas, that this work be kept within General Practices to reduce patient travel and use General Practices more like hubs for this activity. The Deputy Medical Director noted that conversations with Scottish Government around CTAC and the requirements of Highland’s geographically dispersed population had been positive, and that a needs assessment would be carried out in collaboration with Public Health colleagues regarding population need. Further details would be brought to the committee as they develop.
- The Deputy Medical Director agreed to provide a fuller update in due course on the matter of sustainability of General Medical Services in line with a planned update for the Clinical Governance Committee.
- It was agreed that the Committee Administrator would circulate an email update to the committee on a glossary of useful acronyms.

**The Committee:**

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

### 3.2 HIGHLAND DRUG & ALCOHOL RECOVERY SERVICE (DARS)

The Service Manager for DARS provided an overview of the report which outlined the continuing focus on delivering Medication Assisted Treatment Standards (MAT). Alcohol had

continued to be the prominent reason for referral into the DARS specialist service. This had occasionally led to competing priorities such as balancing the requirements of MAT alongside individuals also at high risk of harm due to alcohol dependency. It had been a challenging year with progress and Referral to Treatment (RTT) compliance variable due to a number of internal and external factors impacting on performance. To manage demand, the service had continued to evolve and develop new ways of working to enable a timely response to those most at risk. Relevant connections between the report and the Annual Development Plan (ADP) were noted with a particular emphasis on the wider approach to harm from alcohol and drugs and a need to look at a societal level.

During discussion, the following areas were explored,

- M Wylie noted that feedback from Third Sector services was that these services were now creating their own waiting lists due to the delays elsewhere in the system which had slowed down referral times and that they lacked appropriate resources to deal appropriately with the situation.
- It was clarified that naloxone kits were distributed in a targeted way to known users of opiates and those who requested support. There was an expiration date for usage which entailed an element of wastage however the targeted harm reduction approach was felt to outweigh the wastage.
- A soft marketing exercise had been carried out with Third Sector colleagues around the commissioned service for non-dependent use to address parity across the region. Financial support from Scottish Government had only recently been confirmed which had delayed some of this work but the tendering process was now underway with relevant associated timescales. The Lead Doctor noted the need for diagnostic clarity. The tendering process will score interested parties on certain criteria and their ability to provide a Highland-specific service.
- Regarding the opening of a new prison in Inverness, it was confirmed that a prison and healthcare working group was examining some of the challenges of increased need and preparing with a target operating model for prison healthcare.

**The Committee:**

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

*The Committee took a comfort break from 2.45pm to 2.55pm.*

### **3.3 VACCINATION IMPROVEMENT PLAN**

The Director of Public Health provided an overview of the report which noted that there had been three main approaches for improvement within Highland HSCP: 1.) Response to the escalation to level 2 of Scottish Government's performance framework; 2.) Peer review from Public Health Scotland for NHS Highland, acting as a 'critical friend'; and 3.) Development of a new delivery model within Highland HSCP with the potential for a more local service including the potential for general practice delivery. In addition to this, a serious adverse event review was carried out in connection with pertussis (whooping cough) and vaccination. Following recognition of the incident, an incident management team was established which

addressed immediate concerns and risks. This has now been stood down with continuing actions taken.

- A Public Health Scotland Peer Review took place during June and several Public Health Scotland staff including the head of vaccinations spent the week in Inverness. The review was undertaken as a 'critical friend', and comprised a review of documents and confidential discussion with staff and other stakeholders. The reviewers visited vaccination clinics in Inverness and Dornoch and PHS staff also supported pertussis incident management work.
- A Vaccination Improvement Group had been established reporting to the Executive Directors Group (EDG) tasked with developing and implementing an action plan to improve performance and quality and ensure a safe, effective and efficient vaccination service. Its remit includes implementation of the recommendations from the peer review, management of performance escalation from Scottish Government and oversight of the assessment of the best delivery models for Highland HSCP.
- Monthly performance meetings with Scottish Government were underway to consider an agreed set of performance metrics including childhood and adult vaccination uptake, access to tetanus vaccination, complaints and progress with consideration of new models of delivery. There are also separate monthly informal meetings with Scottish Government.
- Childhood vaccination rates had shown some improvement especially in terms of the reduction in delay between the time when the vaccine is due and when it is delivered.

The Chief Officer added that the Vaccination Improvement Group which she chairs had made significant progress with the 28 improvements that had been identified across the seven areas of governance and leadership around workforce, access and public experience of vaccine provision. There were significant digital and data issues identified in order to bring the work forward in addition to matters of finance and discussions around CTAC as mentioned above.

The Chair noted that the committee had hoped to have a discussion about the challenges faced by the improvement plan and the mitigating actions taken moving towards the winter period. The Chair expressed concern that the report did not provide a timeline for delivery.

During discussion, the following areas were considered,

- The Director of Public Health noted that there were two aspects to a lower-than-expected vaccination uptake which included national trends and local issues, the latter of which was the significant change from GP delivery to Board delivery in line with other health boards. It was noted that there had been a loss of confidence in the vaccinations system which would take a while to address satisfactorily. This was due in part to a sense of fatigue around the messaging for vaccinations, and the fact that there are side-effects to vaccinations that can sometimes be painful or impact a person for a day or more. Regarding local issues, it was felt that the planned options appraisal would be one way of correcting the trend but also by conducting a specific review of children who had not received the MMR vaccination in order to uncover the reasons why and offer alternative options for delivery. A qualitative workplan was in development to understand why some parents were not bringing their children for vaccination which was likely to reveal several factors including issues around ease of access requiring a more locally based delivery

system. It was felt that Scottish Government were perhaps more open now to considering mixed models of vaccination delivery and that this would help this process, although it was noted that these discussions were at an early stage.

- The Chief Officer added there was work to be done to align the relevant formal processes with local delivery based upon the district model and addressing the resources of local workforce and community needs. It was also noted that vaccination status is not always available for people who have recently moved to the area, especially regarding newborn children.
- It was commented by J McCoy that there was a loss of confidence around vaccines from people with long-term health conditions due to the associated wider impacts on day-to-day living such as the difficulty of visiting public places and receiving more than one vaccination at a time.
- The Director of Public Health noted that antibody therapies were available through the Flow Navigation Centre and that GPs, the NHS Inform site and the Board's contact pages would be able to assist with this.

The Chair in summarising, noted that it was unlikely that anything would be implemented from the options appraisal ahead of the next committee meeting in November due to the need for it to pass through the relevant governance routes before feedback is received from Scottish Government. The Chair noted that he would discuss with the Chief Officer bringing a substantial action-led report to the November meeting.

**The Committee:**

- **NOTED** the report,
- **AGREED** that a more substantive report be brought to the November meeting, and
- **ACCEPTED** limited assurance from the report.

### 3.4 IPQR for HHSCP

The Head of Strategy and Transformation spoke to the report and noted that some additional metrics and a narrative section had been added following discussion with the Chair and the Chief Officer to provide a more rounded picture of reporting for the committee. All relevant teams for the areas under consideration had provided reasoning for current performance with mitigating actions and expected impacts.

- The Head of Strategy and Transformation noted that an exercise was underway with the HHSCP to determine appropriate trajectories for performance for areas of community services similar for planned care.
- The Chief Officer noted with regard to the 90-day programme, that the System Capacity Group had been stood up to address governance oversight and to understand capacity across the system in terms of available beds with real-time information to assess trajectories for delayed discharge data and ensure that patients were in the right place at the right time in their hospital stay.
- A refocused structure for the delivery of urgent and unscheduled care in the 90-day programme had been seen by the Permanent Secretary and the Director of Adult Social Care from the Scottish Government. Meetings had also been held with the Minister for Social Care, Mental Health, Well-being and Sport, in addition to bespoke meetings with

cabinet representatives around self-directed support as part of a larger strategic piece of work.

- The Chief Officer noted that there would be no specific Winter Plan for the 2024-25 but instead the 90-day plan which presented a robust improvement programme to improve flow and increase capacity.

In discussion,

- It was noted that the 90-days would focus on use of services and how to better support redirection to appropriate services and to break down the elements of capacity and process in terms of KPIs or measurements of success.
- The Chair noted that it would be useful to have part of the IPQR focus on the 90-day plan due to the attention it will receive from Scottish Government.
- It was commented that the report was difficult to read for some due to the use of colours and the copying and pasting of some items of data which had blurred some content.
- The difficulty of achieving consistent data was noted in terms of some data being available only once a year in contrast to a more rolling data collection approach in other areas. Work was underway to better align the different areas of data recording and analysis.
- It was confirmed that the 90-day period would cover August through to the end of October.

**The Committee:**

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

### 3.5 INTERNAL AUDIT REPORTS

The Adult Social Care Services i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems and Younger Adults Complex Care Governance Arrangements audit reports were considered by the NHSH Audit Committee in May 2024. The recommendations and associated management actions arising from the audits were due for completion by October 2024.

The purpose of the Adult Social Care Audit Report was to ensure NHSH delegated services (on behalf of the HHSCP) can deliver a service with a consistent and integrated approach involving both the Community and Acute services, and further, that NHSH has a sufficient understanding of what services are being delivered to individuals and that these remain the services required at a point in time.

The Younger Adults Complex Care Packages Governance Arrangements Audit Report was carried out in order to ensure appropriate arrangements are in place to develop, review, and approve packages for younger adults which are over a value of £100k. The review considered how these packages are reviewed and approved in the context of wider service delivery and the sustainability of the packages for the future.



The Chair noted that it was felt important to present the Internal Audit reports to the committee to understand the requested actions ahead of a September update to the Audit Committee.

The themes of the reports were considered in relation to the other committee items during the meeting.

**The Committee:**

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

### 3.6 HHSCP ANNUAL REPORT 2023/24

The Chief Officer introduced the report which was in draft format and provided an overview of performance at both HHSCP and Scotland level to address assessment of performance in relation to the 9 National Health and Wellbeing Outcomes, assessment of performance in relation to the integration delivery principles, comparison between the reporting year and previous reporting years, up to a maximum of 5 years, Financial performance and Best Value, and included examples of key achievements during the year.

The Chief Officer noted that the report would be presented to the Executive Directors Group (EDG) and the report would return to the committee in a more robust revised format and invited feedback for the next iteration of the report.

**The Committee:**

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

### 3.7 Chief Officer's Report

The Chief Officer provided an overview of the report and drew the Committee's attention to the ongoing focus given to NHSH's service redesigns. A further meeting of the Sir Lewis Ritchie Steering Group had been held at the end of August on Skye, from which there had been some positive outcomes which would be addressed with the move of some of the service redesign into the District Planning Group. The district planning groups had been stood up in all districts using the Planning for People guidance to provide further engagement about service delivery and models of care as outlined in the partnership's Joint Strategic plan, and there had been more national communication around the Engaging with People Strategy. Members of the local community had attended the Sir Lewis Ritchie meeting with representatives from NHS24, the Scottish Ambulance Service and local councillors.

- Regarding the national focus on Discharge Without Delay. It was noted that the community urgent care response was very important to ensure that people were managed in the right place in order to make a smooth transition from urgent care into scheduled care and that the relevant points of contact were clear to patients and public.

- A wider piece of work concerning the Frailty Strategy led by the Deputy Medical Director was underway as part of the Primary Care strategy.
- The Winter Plan had been addressed by the Joint Monitoring Committee (JMC) during a recent development session and there would be a further consideration given to the plan at the JMC's meeting on 25 September.
- There had been progress with a significant piece of work around Enhanced Services with 9 new contracts in development and in an offer position. The next stage would be for the LMC (Local Medical Committee) to agree the contracts.
- An in person listening and learning collaboration event with the care home sector had been held with the title 'Homes making a difference' chaired by the Board's Nurse director and it was felt that there had been good attendance and engagement across the sector. The purpose of the event had been to enable more collaborative work concerning the challenges of capacity. Further details arising from the event would be brought to the committee in future.
- The NHS Board held a development session for its members on the National Care Service. A fact sheet on the National Care Service was included with the Chief Officer report.

The Chair commented that the committee would discuss the National Care Service once plans from Scottish Government were clearer and at a more fixed stage during its progress through the Parliament.

**The Committee:**

- **NOTED** the report.

### 3.8 COMMITTEE MEETING DATES 2025-26 and 2026-27

The Committee was asked to agree the proposed meeting dates which will be submitted to the September Board Meeting for final approval.

**2025-26**

15 January 2025  
 5 March 2025  
 7 May 2025  
 2 July 2025  
 3 September 2025  
 5 November 2025  
 14 January 2026  
 4 March 2026

**2026-27**

6 May 2026  
 1 July 2026  
 2 September 2026  
 4 November 2026  
 13 January 2027  
 3 March 2027

(All Wednesdays at 1pm.)

**The Committee:**

- **AGREED** the dates.

**4 AOCB**

There was none.

**5 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 6th November 2024** at **1pm** on a virtual basis.

**The Meeting closed at 3.58 pm**

DRAFT



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

**Meeting date:** 6 November 2024

**Title:** Finance Report – Month 6 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 3 (June) 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 has 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**

The NHS Highland position for the period to end September 2024 (Month 6) is an overspend of £42.418m with this forecast to increase to £51.980m by the end of the financial year. The current forecast assumes that those cost reductions/ improvements identified through value and efficiency workstreams will be achieved and that further cost reduction/ improvement activity will enable the delivery of a balanced ASC position at the end of the FY. This forecast is £23.580m worse than the brokerage limit set by Scottish Government.

The HHSCP is reporting a year to date overspend of £14.792m with this forecast to decrease to £5.474m by the end of the financial year – this forecast is based on the assumption that further actions will close the £15.325m gap identified and deliver a breakeven financial position by FYE. This position currently only 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 | <input type="checkbox"/>            | Moderate | <input type="checkbox"/> |
| Limited     | <input checked="" type="checkbox"/> | None     | <input type="checkbox"/> |

### 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.



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

**Meeting date:** October 2024

**Title:** Mental Health Services

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

**Report Author:** Arlene Johnstone, Head of Mental Health, Learning Disability and DARS

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive
- Local policy
- 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     | x | Respond Well |  | Treat Well  |  |
| Journey Well | Age Well      |   | End Well     |  | Value Well  |  |
| Perform well | Progress well |   |              |  |             |  |



## 2 Report summary

### 2.1 Situation

This paper follows on from previous Mental Health reports presented to the Highland Health and Social Care Committee. The most recent paper presented our Mental Health & Learning Disability Services Strategy, and we have continued to develop this and created a workplan (or Plan on a Page) that details our plans for the future (see Appendix 2).

As described in previous papers we continue to experience risks, particularly in relation to increasing demand and recruitment.

During 2024 we have focused on the foundations of our services and are near to completing a significant workstream that aligns the many workforce and data systems in NHSH to our current service design and organisation. This will enable us to report more accurately on projections and inform the work on Integrated Service Planning.

The committee is 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”.
- Note the risks and associated impacts in relation to New Craigs bed occupancy, Consultant Psychiatry recruitment and supplementary staffing usage.

### 2.3 Assessment

#### STRATEGY DEVELOPMENTS & ACTION PLANS

2.3.1 In 2023 the Scottish Government published their strategy to improve mental health for everyone in Scotland: **Mental Health & Wellbeing Strategy 2023** ([Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](http://www.gov.scot) ). They set out a clear vision to improve overall mental wellbeing and reduce health inequalities in Scottish citizens. To achieve the outcomes, they have committed to **promoting** positive mental health and wellbeing, improving understanding and tackling stigma. **Prevent** mental health issues occurring or escalating and **provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

The role as a **provider** of Mental Health Services within the HHSCC partnership is the area of the strategy that our secondary mental health services are responsible for delivering.

2.3.2 The Scottish Government has now followed up their strategy with sets of standards to progress the outcomes described in the strategy. **The Core**

**Mental Health Quality Standards** ([Core Mental Health Quality Standards \(www.gov.scot\)](http://www.gov.scot) ) were published in September 2023. These standards specifically relate to secondary mental health care services, including community mental health teams (CMHT’s) and adult in-patient mental health wards.

The aims of the standards for adult secondary services are:

- To let individuals, their families and carers know what they can expect from a secondary mental health service.
- To ensure that mental health services are trauma-informed and person-centred
- To improve the experience and outcomes for people using these services
- To make sure everyone who needs care receives a high standard of service, wherever they live in Scotland
- To support services to improve the care they provide
- To enable services to measure the quality of their care

NHS Highland’s Mental Health Service has been working with the Scottish Government and Health Improvement Scotland as a pilot site for the self-assessment tool. The Community Mental Health Teams are currently creating CMHT Guidelines, and the Core Mental Health standards are a integral framework for this work.

**2.3.3 The North Highland Mental Health & Learning Disability Service Strategy** was agreed at the end of 2024 but delays have been experienced in creating a final published version and an easy read version. These have now been resolved and it is anticipated that there will be a formal launch of the strategy in December 2024.

Work to deliver the strategy has, however, been ongoing and the Strategic Partnership forum has met on 4 different occasions to discuss next steps, improvement ideas and performance measures. It is positive to see that the 5 commitments in the Highland strategy align with the Core Mental Health Standards.

A strong working relationship with Spirit Advocacy has evolved and a partnership approach to ensuring involvement of people with lived experience in the delivery of the 5 commitments (Figure 1) as described in the strategy is well underway (a larger version of the pictures below is in Appendix 1).



**Compassionately**  
by creating relationships based on empathy, respect and dignity

**Consistently**  
by providing high quality services in a fair and equitable way

**Collaboratively**  
by working meaningfully with everyone involved in care equally



Figure 1: 5 Commitments, MH&LD Strategy

**2.3.4 Service Delivery and Transformation Plans**

The North Highland Mental Health & Learning Disability Strategy is a service design strategy that is relevant to all 5 services within the Mental Health & Learning Disability division. To provide context for key service transformations, strategic targets and to demonstrate the wide range of work streams currently underway the “Page on a Plan” was created (Figure 2). (A larger version is provided in Appendix 2).

| MENTAL HEALTH & LEARNING DISABILITY SERVICES PLAN ON A PAGE 2024 -2025  |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| AMBITION - IN PARTNERSHIP : Create value by working collaboratively to transform the way we deliver health and care |   |   |   |   |   |   |
| NATIONAL STRATEGIC DRIVERS  |   |   |   |   |   |   |
| Mental Health & Wellbeing Strategy 2023<br>Dementia Strategy: Everyone's Story 2023                                 | Core Mental Health Standards 2024<br>Coming Home Implementation Report 2022   | National Drugs Mission Plan: 2022   | Creating Hope Together: suicide prevention strategy 2022                                |   |   |   |
| Mental Health & Learning Disability Service STRATEGY - TOGETHER STRONGER COMMITMENTS                                |   |   |   |   |   |   |
| 1. Our services will be easy to find and contact  | 2. Our services will be clear about what you can expect from us, and we will be clear about what we expect from you | 3. Our services will work together with you   | 4. Our services will enable our staff to provide safe, high-quality care and support    | 5. Our services will evolve in response to changing need and we will explain why decisions are made |   |   |
| PLANNING FOR SUCCESS - STRATEGIC TARGETS  |   |   |   |   |   |   |
| Ensure 7 day access to services across MH & LD services   | Increase access to unscheduled / crisis support   | Increase availability and choice of community social care support options in Highland   | Ensure all interventions, care and support are delivered through a trauma informed lens | Establish accurate recording systems to support performance   | Decrease numbers of times OPEL status is at levels 3 +  | Follow up EVERY patient on discharge within 72 hrs. |
| Area  | What do we want to do?  | What priority 1 actions will we take?   |   |   | How will we know we have achieved?  |   |
| Unscheduled Care  | Respond quickly to support our population across our system who are vulnerable or in crisis                         | Admission and discharge patient pathways / criteria // To review bed configuration // Alternative options for in-patient care / care for individuals with complex needs where community options are not available // Review all patients over 100 days // commission community-based solutions for complex needs // Prioritise activity to prevent admission and enable discharge // Prioritise caseloads towards crisis and critical support |   |   | Reduced Delayed Discharges<br>Reduction in incidents of self-harm within 7 days of discharge<br>People are discharged from services |   |
| Models of Practice  | Provide evidence-based care and support models to people as close to home as possible.                              | Implement 7 day working // Review & Implement CMHT Guidelines // Review role of Consultant Psychiatrist to ensure sustainability // Role out refreshed Psychiatric Emergency Plan // Implement support and stabilisation plan in partnership with support providers // Roll out Learning Disability Health Checks // Roll out Dynamic Support Register // Trauma Informed Approaches  |   |   | Contact with community teams will be available 7 days.<br>Partners aware of PEP<br>Reduced OOA placements                           |   |
| Strategy & Standards  | Ensure influence of strategic drivers and implement national standards  | Continue to implement MH & LD Strategy // Core Mental Health Standards // MAT Standards // PT Specification   |   |   | Achieved all national targets   |   |
| Quality of Care   | Provide exceptional care and support to citizens  | Clinical & Care Governance review // Learning from incidents and events   |   |   | MWC feedback  |   |
| Finance   | Ensure financial balance  | Supplementary Staffing // Medical Locums // FME Rota // SAS agreement re patient transport // SLA's   |   |   | Achieve financial balance   |   |
| Information, Intelligence & Infrastructure  | Ensure all activity is planned and undertaken within organised administrative systems                               | Operational Structure // Electronic Patient Record // IPQR Measures // ISP // PFI hand back // Partnership working with Third Sector – e.g. Spirit Advocacy   |   |   | Single Operational structure<br>Clear agreed measures used consistently   |   |

Figure 2: Plan on a Page 2024-2025

**2.3.5 Integrated Service Planning**

It has been agreed that Mental Health & Learning Disability Services will create Integrated Service Plans to inform future decision making and provide consistent assurance of performance. To create these plans we have spent significant time working on the foundations of service systems and realigning systems to reflect our current services. Completed steps include:

- Clarifying the service structure
- Aligning EeSS with staff line management structures
- Re-aligning budgets (reduction from 110 budget codes)

The next steps are to ensure TRAK systems align to enable performance monitoring.

Community Older Adult, General Adult and Learning Disability services have been participating in the work by the external consultancy firm, Meridian to create more time to care through a consistent agreed approach to planning activities. This work will inform our Integrated Service Plans.

**2.3.6 Finances**

The up-to-date finance report is available in other papers. Work is ongoing within Mental Health service to achieve financial balance. Significant areas of concern relate to increasing costs of medication and use of supplementary staffing.

The SG have revised their process of funding allocations and the different funding streams are now “bundled” into one allocation: Enhanced Mental Health Outcomes. It is now our responsibility to agree the distribution of this allocation to meet the SG expected outcomes (that align to previous distributed funding streams).

Nursing supplementary staffing is mostly confined to New Craigs and a number of actions have been taken to reduce the costs associated with use of bank and agency staff:

- Participated in International Nurse Recruitment
- Co-ordinated Newly Qualified Nurse Scheme to ensure vacancies filled
- Recurrent advert to promote and increase availability of MH nurses on Staff bank
- Monthly roster Confirm and Support meetings
- Daily staffing scrutiny and use of MHLD Real Time Staffing Tool
- Implementation of Increased Observation Policy

This workstream is on target to achieve the cost reduction agreed.

The use of Medical Locums has been reported as a risk for a number of years within MH services. Recent actions to reduce both costs and governance risks include:

- Weekly Locum huddle established for scrutiny and oversight
- SLWG Locum Governance & Assurance established
- Medical Staffing plans under review
- Review of role of Consultant Psychiatrist

The graph below (Figure 3) shows the positive impact of the work that has been undertaken (in comparison to last years spend).

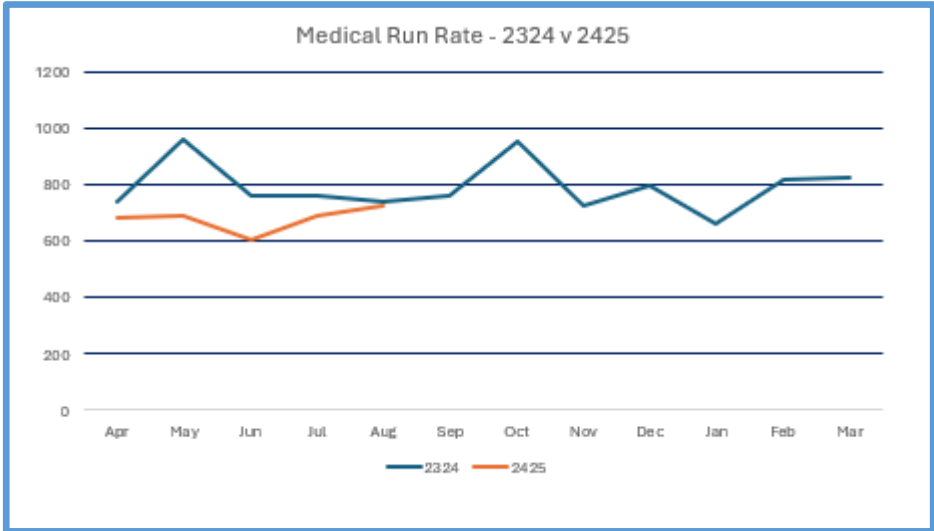


Figure 3: Medical Staffing Spend 23/24 & 24/25

**2.3.7 People**

The total number of staff employed within Mental Health services has shown a steady increase over recent years due to specific funding streams from Scottish Government (e.g, Action 15, Primary Care, Peri-natal service, Mental Health Outcome funding). Further growth is not anticipated due to the reduction in this year's funding allocation.

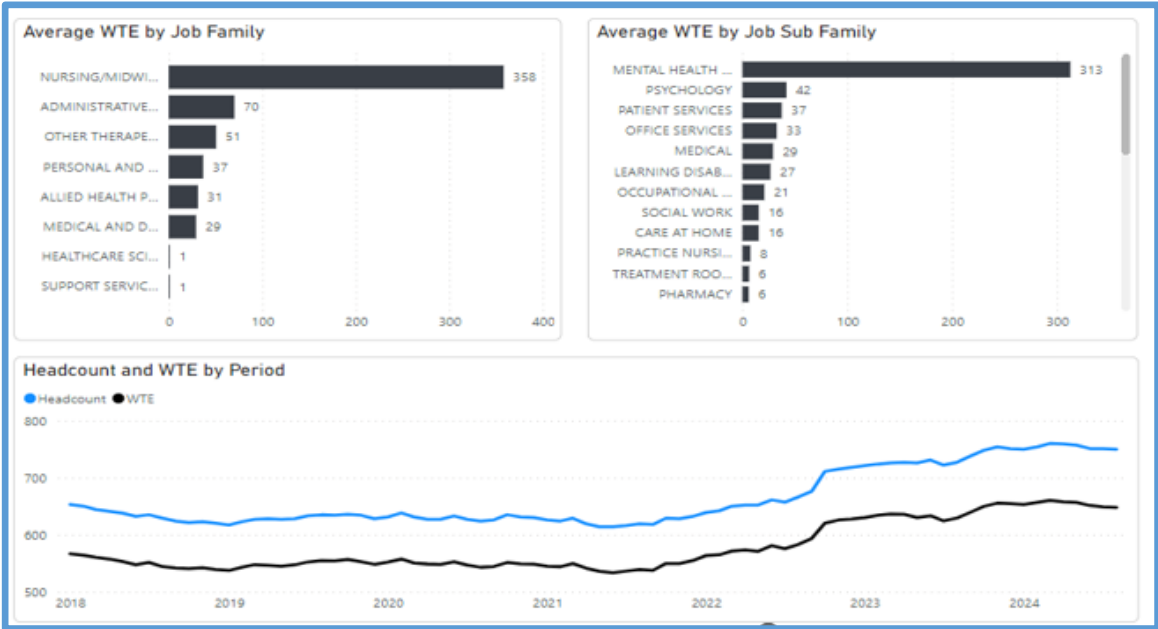
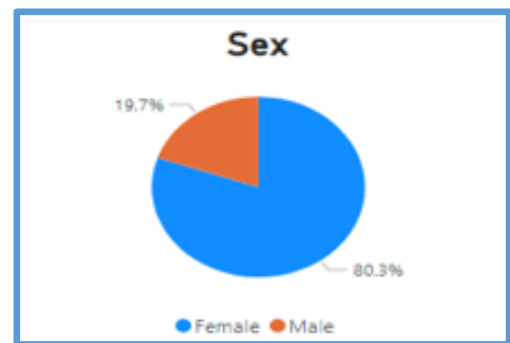
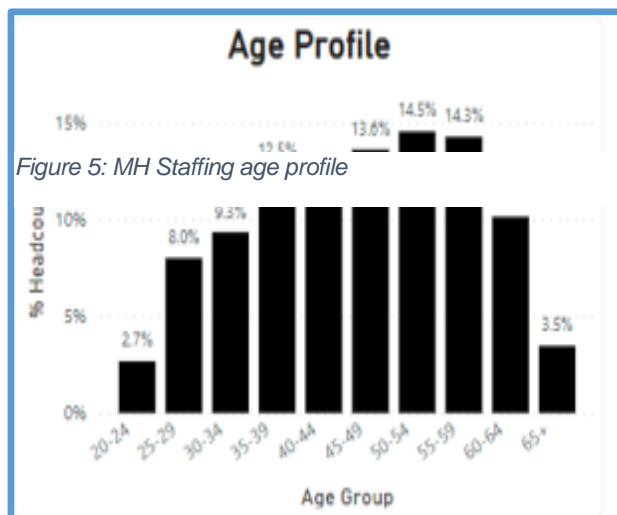


Figure 4: Mental Health Staffing



## SERVICE DEVELOPMENTS & KEY ACTIONS

### 2.3.8 Psychiatric Emergency Plan / Escorts / Ligature Reduction Work

- The Psychiatric Emergency Plan is now complete and awaiting sign off from COG, it has however been shared widely with partners and has regular review.
- SAS support during transfers of care is agreed and the contractual aspects are complete. A new lease vehicle for transfers of care is underway, this vehicle will be an “everyday” vehicle thus reducing stigma during transfer.
- Significant work in relation to reducing risks from ligatures has been achieved during 2024. A new Ligature Reduction management cycle, including assessment, clinical tools and training is in its final stage of testing and will be presented to Health & Safety Committee for ratification in the next few months.

### 2.3.9 New Craigs

- Two previous HSE inspections instructed improvement works in relation to the design of the dementia unit (Ruthven) and potential ligature points in the adult acute admission ward (Morar).  
Work in the Dementia Unit (Ruthven) is now complete, and patients will move back into the ward on the 31<sup>st</sup> October 2024.  
An extension for work in the Acute Admission Unit (Morar) has been requested from HSE and work will commence in November 2024,
- The New Craigs site is a PFI with a contract until 2025. NHS Highland Estates are fully sited on the end of the current contract and have appointed a Project Manager to oversee the ending of the contract. A New Craigs Master Plan to inform the future use of the site is complete and staff Listening Exercises have

been undertaken. The completion of the PFI work will enable access to another building on the campus. It is intended that a new outpatient dept will be created and desk-based work will shift to the newly acquired building.

- Improvements to manage flow are underway. These include the use of the Real Time Staffing Tool (RTS), implementation of Planned Dates of Discharge (PDD) and the operational role out of Operational Pressures Escalation Levels (OPEL). All of these tools assist with the management of flow, providing consistent data to enable decision-making.
- Bed capacity within New Craigs continues to be a risk. Guidance from the Royal College of Psychiatrists advises that occupancy within an Acute Mental Health hospital should ideally be 80%. New Craigs has consistently operated at 100% (Figure 6, below).

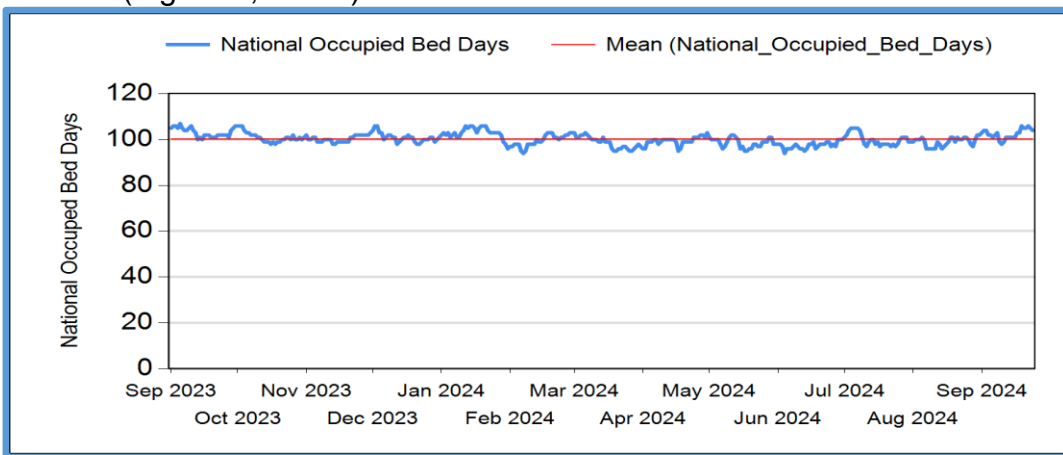


Figure 6: Daily Occupied Bed Statistics

- Length of stay data indicates a shorter length of stay compared to other regions of Scotland with the exception of those 85+, this is linked to the lack of capacity in Highland Care Homes.

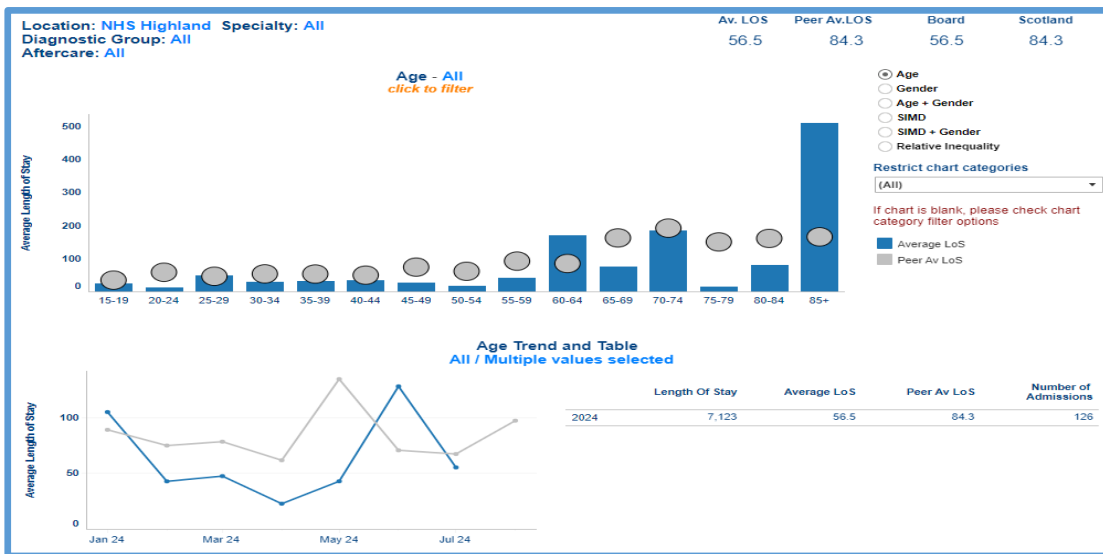


Figure 7: Length of Stay Data: New Craigs

**2.3.10 Electronic Patient Record.** As highlighted in the previous report, NHS Highland Mental Health services continue to rely on paper records. We have now agreed MORSE to be the EPR for all community-based services. A pilot is currently underway in Caithness CMHT and a roll out plan being developed for the rest of Highland.

**2.3.11 Operational and Professional Structures in Mental Health Services.** The planned shift to a single operational structure has not yet been achieved. This work is ongoing and will dovetail with other operational structural work within the HHSCP.

**2.3.12 Commissioned Community Support:**

We have completed the work with **Centred** to review and renew their contract in the Recovery Centre (a care home model). This has resulted in a shift from a block contract to a partial block and spot purchase agreement. The “block beds” will provide “step up / step down” care for individuals to prevent admission to New Craigs and enable rapid discharge.

A new contract with **Gateway** to provide support to individuals in a tenancy model in Inverness has also been established. This model enables people to live and be supported in a housing model whilst their recovery is ongoing.

## 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

There are significant developments across Mental Health services that will be underpinned by both national and local strategy.

Moderate assurance is provided that these developments are progressing as required, however the risks relating to recruitment are significant and will impact on our ability to both transform and to deliver mental health interventions to the people of Highland.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

- ✓ The inclusion of people with lived experience in the strategy development has been very warmly welcomed by stakeholders.



- ✘ The changing Locum consultant psychiatry workforce leads to a poor patient experience and inability to build relationships.

**3.2 Workforce**

- ✓ Recruitment of student nurses and international nurses
- ✘ High demand impacts on staff experience and resilience

**3.3 Financial**

- ✓ Recruitment of student nurses and international nurses
- ✘ Locum Consultant Psychiatrists costings
- ✘ Instability from SG funding allocations

**3.4 Risk Assessment/Management**

All Mental Health Risks are included on the Communities Risk Register.

**3.5 Data Protection**

N/A

**3.6 Equality and Diversity, including health inequalities**

**3.7 Other impacts**

**3.8 Communication, involvement, engagement and consultation**

**3.9 Route to the Meeting**

**4 Recommendation**

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

- 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”.
- Note the risks and associated impacts in relation to New Craigs bed occupancy, Consultant Psychiatry recruitment and supplementary staffing usage.

APPENDIX 1:

Five Commitments: Mental Health & Learning Disability Strategy



**Compassionately**

by creating relationships based on empathy, respect and dignity

**Consistently**

by providing high quality services in a fair and equitable way

**Collaboratively**

by working meaningfully with everyone involved in care equally



## MENTAL HEALTH & LEARNING DISABILITY SERVICES PLAN ON A PAGE 2024 -2025

**AMBITION - IN PARTNERSHIP** : Create value by working collaboratively to transform the way we deliver health and care

### NATIONAL STRATEGIC DRIVERS

Mental Health & Wellbeing Strategy 2023  
Dementia Strategy: Everyone's Story 2023

Core Mental Health Standards 2024  
Coming Home Implementation Report 2022

National Drugs Mission Plan: 2022

Creating Hope Together: suicide prevention strategy 2022

### Mental Health & Learning Disability Service STRATEGY - TOGETHER STRONGER COMMITMENTS

1. Our services will be easy to find and contact

2. Our services will be clear about what you can expect from us, and we will be clear about what we expect from you

3. Our services will work together with you

4. Our services will enable our staff to provide safe, high-quality care and support

5. Our services will evolve in response to changing need and we will explain why decisions are made

### PLANNING FOR SUCCESS - STRATEGIC TARGETS

Ensure 7 day access to services across MH & LD services

Increase access to unscheduled / crisis support

Increase availability and choice of community social care support options in Highland

Ensure all interventions, care and support are delivered through a trauma informed lens

Establish accurate recording systems to support performance

Decrease numbers of times OPEL status is at levels 3 +

Follow up **EVERY** patient on discharge within 72 hrs.

| Area                                       | What do we want to do?  | What priority 1 actions will we take?   | How will we know we have achieved?  |
|--|---|---|---|
| Unscheduled Care                           | Respond quickly to support our population across our system who are vulnerable or in crisis | Admission and discharge patient pathways / criteria // To review bed configuration // Alternative options for in-patient care / care for individuals with complex needs where community options are not available // Review all patients over 100 days // commission community-based solutions for complex needs // Prioritise activity to prevent admission and enable discharge // Prioritise caseloads towards crisis and critical support | Reduced Delayed Discharges<br>Reduction in incidents of self-harm within 7 days of discharge<br>People are discharged from services |
| Models of Practice                         | Provide evidence-based care and support models to people as close to home as possible.      | Implement 7 day working // Review & Implement CMHT Guidelines // Review role of Consultant Psychiatrist to ensure sustainability // Role out refreshed Psychiatric Emergency Plan // Implement support and stabilisation plan in partnership with support providers // Roll out Learning Disability Health Checks // Roll out Dynamic Support Register // Trauma Informed Approaches  | Contact with community teams will be available 7 days.<br>Partners aware of PEP<br>Reduced OOA placements                           |
| Strategy & Standards                       | Ensure influence of strategic drivers and implement national standards                      | Continue to implement MH & LD Strategy // Core Mental Health Standards // MAT Standards // PT Specification   | Achieved all national targets   |
| Quality of Care                            | Provide exceptional care and support to citizens  | Clinical & Care Governance review // Learning from incidents and events   | MWC feedback  |
| Finance                                    | Ensure financial balance  | Supplementary Staffing // Medical Locums // FME Rota // SAS agreement re patient transport // SLA's   | Achieve financial balance   |
| Information, Intelligence & Infrastructure | Ensure all activity is planned and undertaken within organised administrative systems       | Operational Structure // Electronic Patient Record // IPQR Measures // ISP // PFI hand back // Partnership working with Third Sector – e.g. Spirit Advocacy   | Single Operational structure<br>Clear agreed measures used consistently   |



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

**Meeting date:** 6 November 2024

**Title:** Vaccination Improvement

**Responsible Executive/Non-Executive:** Tim Allison, Director of Public Health & Policy  
 Pamela Stott, Chief Officer HHSCP

**Report Author:** Tim Allison, Director of Public Health & Policy

**1 Purpose**

**This is presented to the Committee for:**

- Awareness

**This report relates to a:**

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive

**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   | X | Thrive Well   | X | Stay Well    |  | Anchor Well |  |
| Grow Well    |   | Listen Well   |   | Nurture Well |  | Plan Well   |  |
| Care Well    |   | Live Well     |   | Respond Well |  | Treat Well  |  |
| Journey Well |   | Age Well      | X | End Well     |  | Value Well  |  |
| Perform well | X | Progress well |   |              |  |             |  |

**2 Report summary**

**2.1 Situation**

A report on vaccination was submitted to the committee in September 2024. Members requested further details about the programmes, performance and development of the model for delivery including the options appraisal for delivery of vaccination within general practice. This paper is intended to provide an update and further information.

## **2.2 Background**

There have been three main approaches for improvement within Highland HSCP:

- Response to the peer review from Public Health Scotland for NHS Highland, acting as a critical friend, together with response to the serious adverse event
- Response to the escalation to level 2 of Scottish Government's performance framework
- Development of a new delivery model within Highland HSCP with the potential for a more local service including the potential for general practice delivery

## **2.3 Assessment**

### **2.3.1 Vaccination Improvement Group**

Following the peer review from Public Health Scotland and the Incident Management Team set up in connection with the serious adverse event, a Vaccination Improvement Group was convened. It now meets fortnightly chaired by Pamela Stott and reports to the Executive Directors Group. A detailed action plan has been drawn up with the support of Planning and Performance and this is reviewed at each meeting. In addition, individual meetings have been held with each of the main action leads to review performance.

Implementation of the action plan is progressing well in most areas, although some actions relating to appointment systems are on hold and need to wait for a decision to be made on the delivery model, since different systems would be in use with board delivery or practice delivery. In addition, there is one action that remains red rated, although some progress is being made:

Action 1.10: Appropriate access for tetanus delivered in general practice.

### **2.3.2 Scottish Government Escalation**

Vaccination Performance was escalated to level 2 of the Scottish Government framework from November 2023. There have been monthly formal meetings and more frequent informal meetings, and a performance plan has been implemented.

There has been positive progress with the overall approach to performance and the number of complaints has decreased. Some issues which are also highlighted elsewhere still require improvement including MMR vaccination uptake and arrangements for tetanus. A pathway for de-escalation of performance has been set out.

### 2.3.3 Delivery Model and Options Appraisal

Considerable work has been undertaken to develop an options appraisal for the most effective delivery of vaccination within the Highland HSCP area. A short life working group was convened, and general practices were surveyed to gather information on their position on delivering vaccination. A population survey was undertaken, and current board delivery was reviewed. A paper was taken to Executive Directors Group on 28 October and recommendations have been developed for submission to Scottish Government. An indicative timetable for implementation is shown below, but this is subject to change.

|               |   |
|---------------|---|
| October 2024  | <ul style="list-style-type: none"> <li>• Vaccination Programme – GP Flexibility (October 2024) paper presented to EDG meeting 28 October 2024</li> </ul>  |
| November 2024 | <ul style="list-style-type: none"> <li>• Paper submitted to Scottish Government Primary Care Division for discussion at GMS Oversight Group in December 2024 (date to be confirmed)</li> <li>• Draft implementation plan to be developed</li> </ul> |
| December 2024 | <ul style="list-style-type: none"> <li>• GMS Oversight Group feedback received</li> <li>• EDG confirmation of direction of travel and sign-off of implementation plan</li> </ul>  |
| January 2025  | <ul style="list-style-type: none"> <li>• Childhood Vaccination implementation to commence</li> <li>• Organisational change plan developed for oversight group detailing any proposed staffing changes</li> </ul>                                    |
| February 2025 | <ul style="list-style-type: none"> <li>• Adult vaccination implementation plan to be developed for phased implementation from April 2025 and full implementation by Winter 2025</li> </ul>  |
| April 2025    | <ul style="list-style-type: none"> <li>• Phased implementation of adult vaccination programme</li> </ul>  |

### 2.3.4 Current Performance

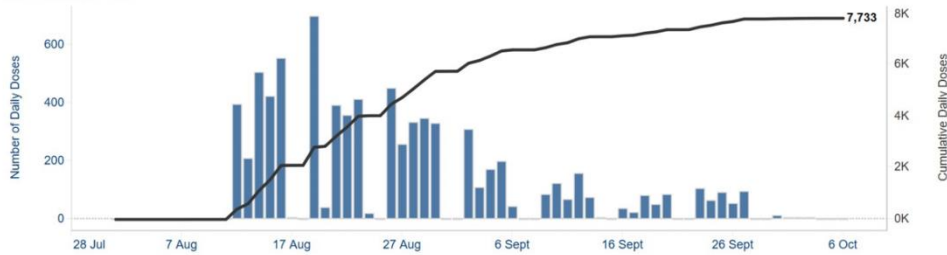
Charts showing recent vaccination performance are presented below both as a means of reporting on performance and to give assurance of the level of reporting that is being fed into the Vaccination Improvement Group and Vaccination Strategy Group. Childhood vaccination figures remain a cause for concern and uptake for Respiratory Syncytial Virus vaccine was lower than for the rest of Scotland. However, early performance for COVID and Influenza vaccination is

more positive and changes in the programme as a result of the improvement plan should result in improved performance.

**Discovery Level 1 SVIP Respiratory Syncytial Virus (RSV) Programme**  
 Summary  
 Latest Data: 06/10/2024

Health Board:  HSCP Location: Highland  
 Trend: Total / JCVI Group Administered (Eligible) JCVI Priority Group Total  
 Daily Doses Cumulative Daily Doses

Cumulative & Daily Number of Vaccinations 01 August 2024 to 06 October 2024: Highland  
 JCVI Group: Total

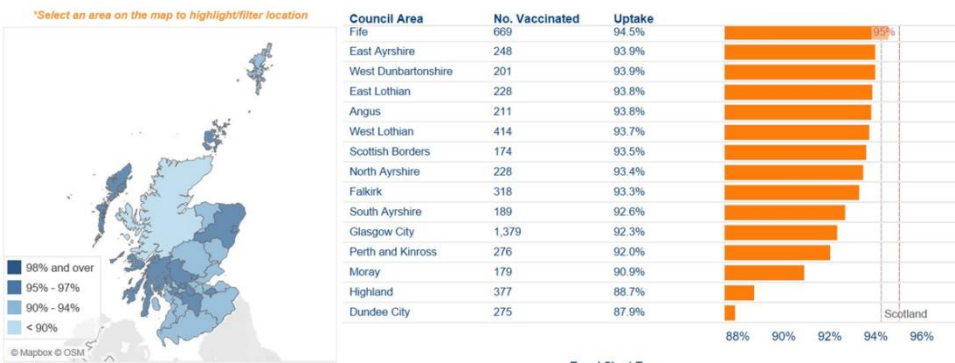


| Uptake from 1st August 2024 by HSCP |       | Show Care Home Residents |  | Uptake from 1st August 2024 by JCVI Group |              |                     |          |
|-------------------------------------|-------|--------------------------|--|---|--------------|---------------------|----------|
| All Patients                        |       | All Patients             |  | Highland: All Patients                    |              |                     |          |
| File                                | 66.8% |                          |  | JCVI Priority Group                       | Vaccinations | Eligible Population | % Uptake |
| Aberdeen City                       | 65.4% |                          |  | Total                                     | 7,733        | 15,970              | 48.4%    |
| Dundee City                         | 64.3% |                          |  | Older Adults Total                        | 7,557        | 15,283              | 49.4%    |
| East Ayrshire                       | 63.4% |                          |  | Aged 75 to 79                             | 6,230        | 12,497              | 49.9%    |
| North Ayrshire                      | 63.3% |                          |  | Turning Age 75                            | 1,327        | 2,786               | 47.6%    |
| South Lanarkshire                   | 60.7% |                          |  | Pregnancy                                 | 176          | 687                 | 25.6%    |
| Western Isles                       | 60.7% |                          |  | Pregnancy - 28+                           | 77           | 477                 | 16.1%    |
| Glasgow City                        | 59.1% |                          |  |   |              |                     |          |
| North Lanarkshire                   | 54.9% |                          |  |   |              |                     |          |
| Scottish Borders                    | 49.7% |                          |  |   |              |                     |          |
| Argyll and Bute                     | 48.4% |                          |  |   |              |                     |          |
| Highland                            | 48.4% |                          |  |   |              |                     |          |

**Discovery Level 1 Childhood Immunisations**  
 Immunisation Uptake by Health Board/Local Authority of Residence by Quarter

Geography: Local Authority Date From: Quarter ending Jun 24 Date To: Quarter ending Jun 24 Age: 12 months Immunisation: 6 in 1  
 \*Data only available from June 2022

Immunisation Uptake for 6 in 1 vaccine for children aged 12 months between dates Quarter ending Jun 24 & Quarter ending Jun 24 by Local Authority





# Vaccination Assurance Process (HHSCP)

| Quarter:                                       | Q3 2023-24 (Baseline) | Q4 2023-34 (Jan-Mar) | Q4 Relative to Baseline | Q1 2024-25 (Apr-Jun) | Q1 Relative to Baseline | Q2 2024-25 (Jul only) | Q2 Relative to Baseline |
|--|-----------------------|----------------------|-------------------------|----------------------|-------------------------|-----------------------|-------------------------|
| Data available:                                | End May 2024          | End May 2024         | End May 2024            | End Aug 2024         | End Aug 2024            | End Nov 2024          | End Nov 2024            |
| 6-in-1 doses administered by 12 weeks          | 84.4%                 | 85.5%                | 1.1%                    | 92.6%                | 8.2%                    | 89.8%                 | 5.4%                    |
| 6-in-1 doses administered by 24 weeks          | 95.5%                 | 96.5%                | 1.0%                    | 95.5%                | 0.0%                    | 94.2%                 | -1.3%                   |
| MMR 1st doses administered by 13 months        | 52.2%                 | 57.7%                | 5.5%                    | 67.9%                | 15.7%                   | 73.4%                 | 21.2%                   |
| MMR 1st doses administered by 16 months        | 76.9%                 | 84.6%                | 7.7%                    | 82.9%                | 6.0%                    | 82.5%                 | 5.6%                    |
| MMR 2nd doses administered by 3 years 5 months | 37.4%                 | 41.3%                | 4.0%                    | 51.0%                | 13.6%                   | 53.2%                 | 15.8%                   |
| MMR 2nd doses administered by 3 years 8 months | 72.2%                 | 76.9%                | 4.6%                    | 68.2%                | -4.0%                   | 72.1%                 | -0.1%                   |

| Area (Please note these figures are based on Jul 2024) | 6in1 24w | MMR 1 16m | MMR2 3y8m |
|--|----------|-----------|-----------|
| HHCSF Badenoch and Strathspey                          | 80%      | 92%       | 75%       |
| HHCSF Caithness  | 100%     | 90%       | 64%       |
| HHCSF East Ross  | 100%     | 64%       | 79%       |
| HHCSF Inverness  | 92%      | 84%       | 71%       |
| HHCSF Lochaber   | 100%     | 50%       | 78%       |
| HHCSF Mid Ross   | 90%      | 78%       | 63%       |
| HHCSF Nairn  | 100%     | 100%      | 60%       |
| HHCSF SLWR   | 88%      | 90%       | 92%       |
| HHCSF Sutherland                                       | 100%     | 100%      | 80%       |
| HHCSF Total  | 94%      | 82%       | 72%       |



Discovery Level 1 SVIP COVID-19 & Flu Programme  
Uptake: Winter 2024  
Latest Data: 06-Oct-2024

Season Winter 2024

Programme COVID-19



Programme: COVID-19  
Selected Location: Highland  
Priority Group: Total  
Methodology: Performance  
View: Health & Social Care Partnership

View Health & Social Care Partnership

JCVI Priority Group Total

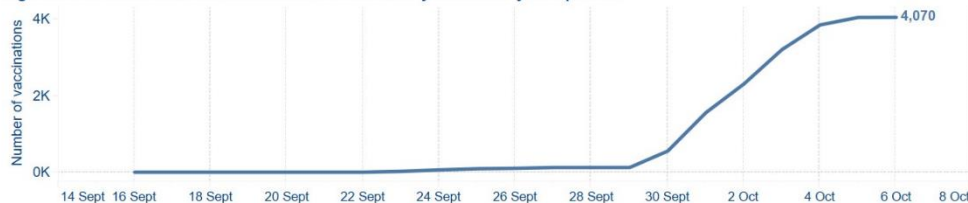
Methodology Performance

Percentage Uptake by Health & Social Care Partnership  
[Click to filter](#)



|          | Vaccinated | Eligible Population | % Uptake | % of Future Appointments | Percentage unvaccinated with no future appointment |                        |
|----------|------------|---------------------|----------|--------------------------|--|------------------------|
|          |            |                     |          |                          | Never had an Appointment                           | Incomplete Appointment |
| Scotland | 93,144     | 2,240,299           | 4.2%     | 46.2%                    | 47.6%  | 2.0%                   |
| Highland | 4,070      | 104,252             | 3.9%     | 47.5%                    | 46.0%  | 2.7%                   |

Highland: Cumulative Number of COVID-19 vaccinations by JCVI Priority Group: Total



**Notes**

For seasonal methodology and cohort sources please see the [supporting metadata](#). Vaccination data are extracted from the National Clinical Data Store (NCDS). Vaccination uptake is based on the current living Scottish population. Health Board breakdowns are based on the individual's residential address, not where the vaccination was delivered. The denominator is based on the eligible populations that Public Health Scotland hold accurate data for. For some populations such as unpaid carers there is no national data source available. Therefore, the denominator used in estimating uptake % will not match the overall total administered vaccines.

## 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"/> |

### Comment on the level of assurance

There remains a need to ensure that a robust model for vaccination delivery is in place. While progress is being made, there will need to be further assurance that the level of performance is improving before moderate assurance can be reached.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

Delivering a good quality and accessible vaccination service is important. Patient and public experience and feedback needs to be a major driver of the improved service.

### 3.2 Workforce

Recruitment and retention of staff is continuing to be a challenge especially in Highland and further plans for delivery models need to address this, engaging with staff. It is also important to have good measures of staff satisfaction.

### 3.3 Financial

Financial considerations were undertaken as part of the options appraisal process but delivering existing and new vaccination programmes within the current budget is challenging.

### 3.4 Risk Assessment/Management

The main risks for delivery of the programme relate have been identified through consideration of the recommendations of the peer review and include risks relating to leadership, workforce, systems and service model.

### 3.5 Data Protection

There are no new data protection issues connected with this work.

### 3.6 Equality and Diversity, including health inequalities

The work to implement vaccination programmes has sought to address issues of isolation and to provide an equitable service across NHS Highland. Further work will be needed to promote uptake and reduce inequalities.

### **3.7 Other impacts**

None

### **3.8 Communication, involvement, engagement and consultation**


Discussions have been undertaken with various stakeholders since the start of delivery of vaccination programmes and there is active communication with Scottish Government, GPs and with politicians

### **3.9 Route to the Meeting**

This paper is based on discussions with NHS Highland staff, Public Health Scotland staff and Scottish Government escalation meetings.

## **4 Recommendation**

Members are asked to consider and discuss the issues raised in this paper.

|              |   |
|--------------|---|
| NHS Highland |  |
|--------------|---|

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

**Meeting date:** 6 November 2024

**Title:** Position Paper – Delayed Discharges

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

**Report Authors:** Gillian Gunn, Rhiannon Boydell

## 1 Purpose

**This is presented to the Group for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**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    | X | Live Well     |  | Respond Well | X | Treat Well  |  |
| Journey Well |   | Age Well      |  | End Well     |   | Value Well  |  |
| Perform well |   | Progress well |  |              |   |             |  |

## 2 Report summary

This report primarily applies to North Highland, the Highland Health and Social Care Partnership area. It is a briefing of our current activity and progress for Urgent and Unscheduled Care with a particular focus on reducing the level of delayed hospital discharges across the Highland Health and Social Care Partnership area.

## 2.1 Situation

NHS Highland continues to develop its response to Urgent and Unscheduled Care to ensure our communities health and social care needs are met by the right people, in the right place, at the right time, as close to home as possible.

Delayed discharges are a national concern and the Collaborative Response and Assurance Group (CRAG), which is a government led group of Health and Social Care Partnership's Chief Officers and NHS Chief Executives, has set a maximum level of delayed discharges of 34.6 per 100,000 adults. In practice, for the North Highland area to achieve this, a reduction of 65% in our delayed discharge total would be required. This is a challenging target for NHS Highland. Our interim aim, as submitted as part of our Urgent and Unscheduled Care funding return to Scottish Government is an initial reduction of 30% of people affected by standard delays in hospital. Further targets have also been set in relation to length of stay and emergency department performance. These are summarised in Appendix 1.

The Permanent Secretary asked NHS Highland 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. This plan is shown in Appendix 2.

## 2.2 Background

NHS Highland's Urgent and Unscheduled Care Programme has undergone several changes in leadership, structure and Scottish Government direction in recent years. The key areas of focus remain, generally, unchanged. These are:

- Management of urgent care needs in the community
- Development of alternative ways to manage urgent care needs which are unlikely to result in admission to hospital
- Conversion of unscheduled presentations to scheduled appointments/admissions

Much of the focus has been at the "front door" of our services. It is now recognised that whilst improvements have been made, we are constrained by our onward discharge processes and capacity.

NHS Highland has continued to improve its discharge processes and is now setting planned discharge dates for all inpatients. However, these are often breached which indicates issues with timely review. Communication about discharges which will or may require social care has improved with the introduction of multi-disciplinary processes and the development of a discharge app to replace paper-based systems. However, these processes are still bedding-in and performance monitoring of implementation is in development.

A further constraint is the capacity within our social care sector in North Highland. From March 2022 to date, there has been significant turbulence within the independent sector care home market related to operating on a smaller scale, and the challenges associated with rural operation including recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

Between March 2022 and April 2024, 5 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

In 23/24, 3 in house care homes have also closed although two are closed on a temporary basis. The closures are in small rural and remote communities with closure due to acute staffing shortages.

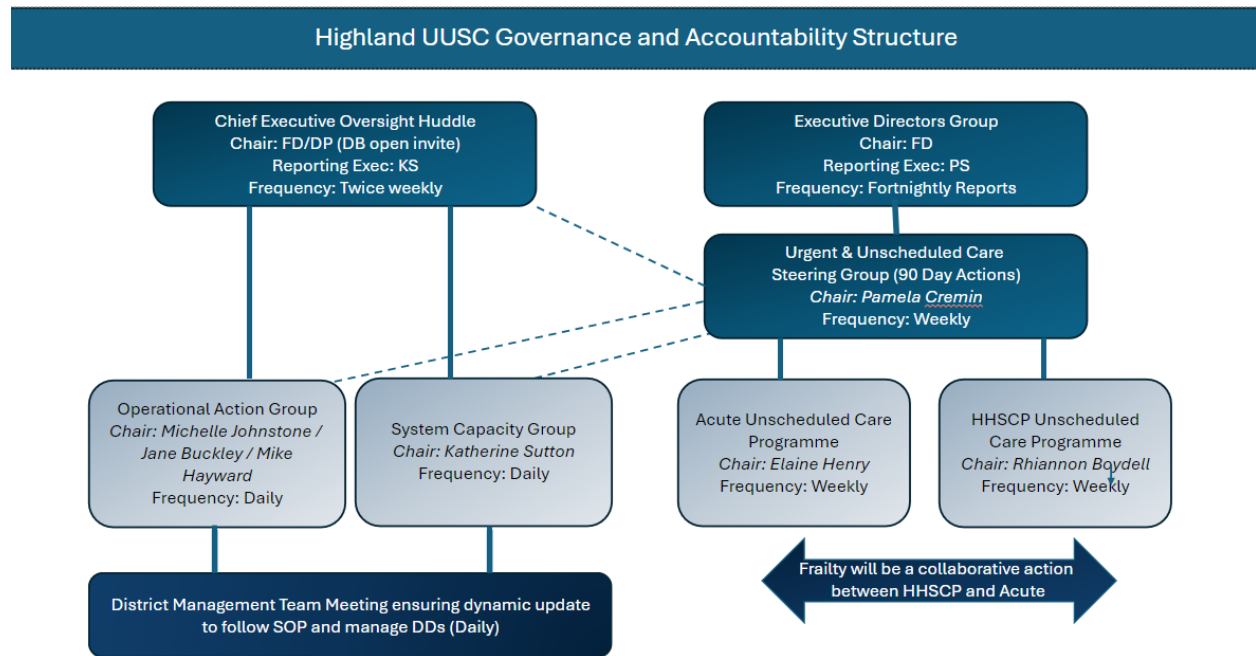
In total NHS Highland has lost 161 care home placements due to these 8 care home closures. This reduced care home bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital.

In addition to a reduction in Care Home capacity, there are also fewer available Care at Home hours available to be allocated to individuals. At the end of April 2022 we were able to provide 14,497 hours of care each week between in house and external providers. This had reduced to 13,423 by the end of February 2024.

## **2.3 Assessment**

Whilst there are capacity constraints within our system to respond to urgent and unscheduled care, and reduce people who experience delay in discharge from hospital, progress is being made.

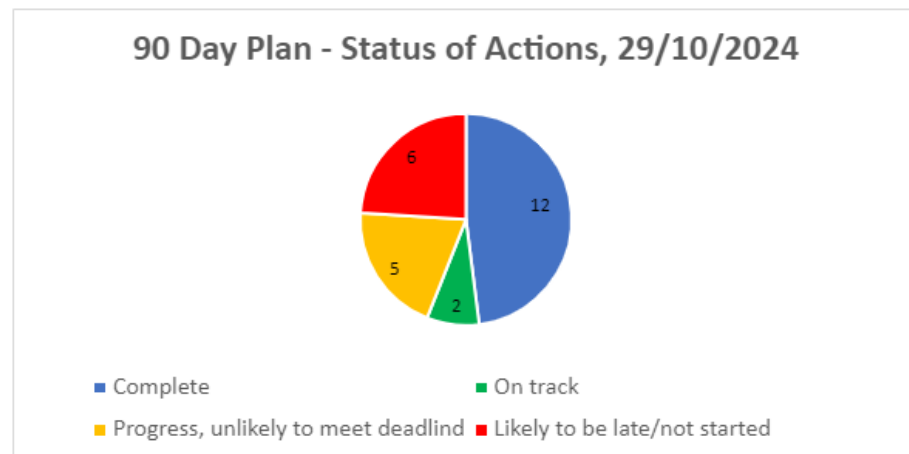
A refreshed governance structure for North Highland with direct accountability to the Chief Executive has been established as outlined in the image below.



### Urgent and Unscheduled Care Steering Group

The Urgent and Unscheduled Care Steering Group is responsible for the oversight of the delivery of the 90 Day Plan in Appendix 2. The majority of actions are driven through the Acute and HSCP groups and reported into the Steering Group by the chairs for assurance.

Our initial 90 day plan in Appendix 2 is undergoing review. As of the 28<sup>th</sup> October, progress of actions can be summarised as follows:



| Action BRAG Status                        | Reporting Group |                |                  | Total     |
|---|-----------------|----------------|------------------|-----------|
|   | Acute UUC Group | HSCP UUC Group | Enabling Actions |           |
| B - Complete                              | 2               | 5              | 5                | 12        |
| G - On track                              |                 | 1              | 1                | 2         |
| A - Progress, deadline unlikely to be met | 1               | 3              | 1                | 5         |
| R - Likely to be late/not started         | 4               | 1              | 1                | 6         |
| <b>Total</b>                              | <b>7</b>        | <b>10</b>      | <b>8</b>         | <b>25</b> |

This progress against the data set gathered is being scrutinised by the Urgent and Unscheduled Care Steering Group with a view to being able to report on the action impact the plan has had.

Whilst this review is being undertaken, plans for the development of the next 90 day plan to support the recovery of Urgent and Unscheduled Care are underway. This is being managed through our Acute and HSCP Groups, reporting to the Steering Group. The focus is next step actions for the ones we have completed, roll over of actions not yet complete and the start of new actions. The focus is ensuring a positive position for winter where there is likely to be increased pressure in our system.

### Winter Readiness

In previous years NHS Highland has developed a separate plan for winter, but as pressure across the system has increased, it has been necessary to develop plans which support year-round capacity management and response to pressure. NHS Highland has responded to the Scottish Government request to complete a Winter Readiness check list.

The checklist is made up of 4 sections. What these cover and the status for North Highland are detailed below:

- Section 1 Overall Status – Yes/Partially
  - General preparedness and resilience,
  - Communications
  - Step up step down
- Section 2 –Overall Status Yes/Partially
  - Urgent and Unscheduled Care
  - Planned Care



- Section 3 – Overall Status – Yes/Partially
  - Primary Care – including Adult Social Care, Primary Care, community Care Prisons
- Section 4 – Overall Status Yes/Partially
  - Infection Control and Prevention (including vaccination programme, and outbreak management),
  - Workforce,

A number of operational colleagues have been approached to provide the information to complete the checklist.

Most of the checklist is either fully in place or partially in place. Areas not yet or partially implemented requiring additional support will be considered for inclusion in the next 90 Day Plan (see previous section):

- Staff protection and outbreak resourcing
- Deployment of/additional volunteers to support capacity during winter

#### *Outbreak resourcing*

Despite best efforts, the ideal model of peer vaccination for staff is proving challenging. This model is preferred as staff can be vaccinated at their place of work which is likely to increase uptake.

A number of community clinics for the public are at risk of cancellation due to the need to divert staff to community clinics, adding more pressure.

#### *Volunteers*

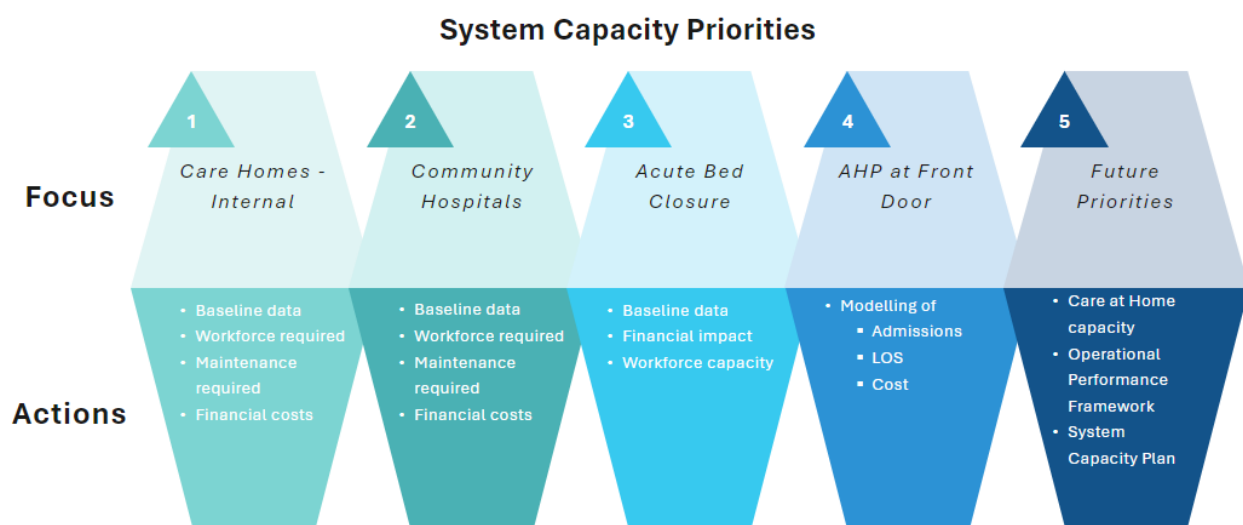
The Volunteer Co-ordinator is focused on supporting capacity within Acute services. Last year we were supported by the (paid) adult social care reserves. This capacity is no longer in place with the majority recruited now with permanent roles and the co-ordination capacity not available within the team.

#### **Daily Operational Group**

The Daily Operational Group was established in late August and is chaired by Operational managers from Acute and the HSCP. Districts attend weekly and present their delayed discharge position. The group provides a point of escalation for decision making and ensures best practice for discharge planning and that processes are followed at a district level.

## System Capacity Group

The purpose of the system capacity group is to identify and action opportunities to optimise system capacity and ensure a shared understanding of capacity across our whole system at any time. The priorities of the group are shown in the image below.



The group is developing and using capacity information across the independent and in-house sectors for Care Homes and Care at Homes and Community Hospitals to understand whole system capacity. In Care Homes, the group has identified potential for an additional 22 In House Care Home beds and approximately 10 self-funding beds if funding is allocated, and also efficiency, equity and quality benefits by centralising the care home bed allocation process. In Care at Home, the group has identified that changes to the way we commission Care at Home and improvements made to the CM2000 scheduling and Care at Home management tool, could produce similarly efficiency, equity and quality benefits.

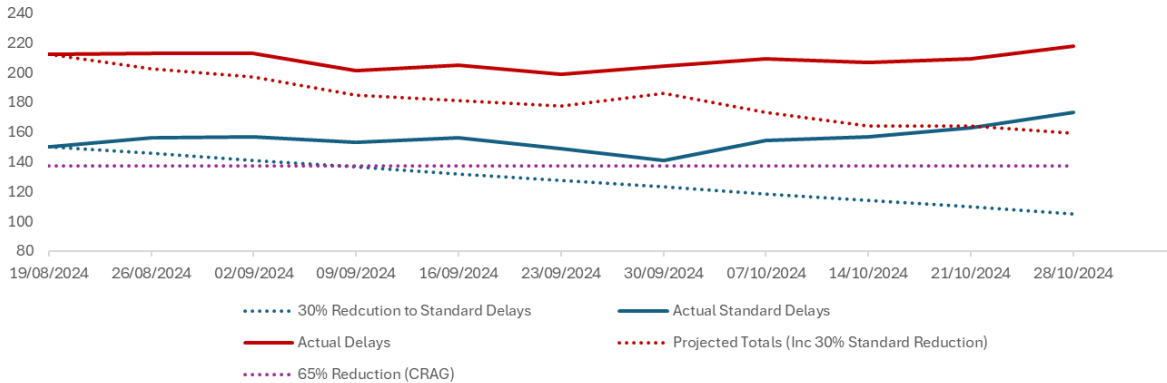
## Impact on Delayed Hospital Discharges

The current performance trajectories for Delayed Hospital Discharges have been embedded within internal reporting and there is a focus on trajectories. While there has been some progress in reducing the total numbers, actions are still to come to fruition within the 90-day UUC plans to achieve this.

The Delayed Hospital Discharges are subject to natural fluctuation. As of 28<sup>th</sup> October, our total number of Delayed Hospital Discharges for the Highland area only was 218 as shown in the graph below.

**Standard Delays Vs 3 Month Target of 30% Reduction (HHSCP only)**

Source: TrakCare PMS Weekly Snapshots



As mentioned previously, the SG performance trajectory is to reduce standard delays by 30%. This excludes code 9 delays, which are defined as complex patients who may require guardianship or may be delayed due to infection control.

It is anticipated that the actions outlined through the System Capacity Group to secure additional capacity within the Care Home and Care at Home services will help to move closer to the agreed trajectory and the 30% reduction. Our current performance is outlined below.

**Urgent & Unscheduled Care Trajectories**

| Measure  | Aim*      | Target* | Base line | Split Baseline                        | TRAJECTORY TARGETS |       |       | PREVIOUS RESULTS |                                       | CURRENT RESULTS |                                       |
|--|-----------|---------|-----------|---------------------------------------|--------------------|-------|-------|------------------|---------------------------------------|-----------------|---------------------------------------|
|  |           |         |           |                                       | AUG                | SEP   | OCT   | Aug-24           | Split Results (Aug-2024)              | Sep-24          | Split Results (Sep-2024)              |
| A&E attendances completed within 4 hours: Percentage (%) of 'unplanned' attends at Emergency Departments that are admitted, discharged or transferred within 4 hours.              | Maximise  | 78.5%   | 74.8%     | 74.8% NHS<br>72.0% HHSCP<br>93.3% A&B | 76.0%              | 77.3% | 78.5% | 75.3%            | 75.3% NHS<br>72.2% HHSCP<br>95.5% A&B | 74.9%           | 74.9% NHS<br>72.4% HHSCP<br>89.5% A&B |
| Total A&E attendances lasting more than 12 hours: Total of 'unplanned' ED attends that are admitted, discharged or transferred more than 12 hours after arrival in ED.             | Minimise  | 24      | 106       | 106 NHS<br>105 HHSCP<br>1 A&B         | 104                | 102   | 101   | 179              | 179 NHS<br>178 HHSCP<br>1 A&B         | 145             | 145 NHS<br>144 HHSCP<br>1 A&B         |
| Reduce the number of patients in Acute & Community Hospital beds with a LOS >14 day by 5% by end Oct-24 #  | Minimise* | 443     | 349       | 332 NHS<br>294 HHSCP<br>40 A&B        | 343                | 337   | 332   | 329              | 329 NHS<br>276 HHSCP<br>53 A&B        | 339             | 339 NHS<br>299 HHSCP<br>40 A&B        |
| Reduce the number of non-delayed patients in Acute & Community Hospital beds with a LOS >14 days by 5% by end Oct-24 #   | Minimise* | 292     | 182       | 182 NHS<br>158 HHSCP<br>24 A&B        | 179                | 176   | 173   | 167              | 167 NHS<br>129 HHSCP<br>38 A&B        | 195             | 195 NHS<br>169 HHSCP<br>26 A&B        |
| Reduce the number of patients in Acute & Community Hospital beds affected by standard delays by 30% by end Oct-24 #  | Minimise* | 176     | 167       | 167 NHS<br>151 HHSCP<br>16 A&B        | 150                | 134   | 117   | 162              | 162 NHS<br>147 HHSCP<br>15 A&B        | 144             | 144 NHS<br>130 HHSCP<br>14 A&B        |
| Reduce the average LOS in ED for patients that get Admitted to Hospital after arriving between the hours of 5.00pm to 5.00am (Overnight) by 5% by end Oct-24. Reported in minutes. | Minimise* | 352     | 409       | 409 NHS<br>388 HHSCP<br>220 A&B       | 403                | 396   | 389   | 405              | 405 NHS<br>449 HHSCP<br>168 A&B       | 379             | 379 NHS<br>410 HHSCP<br>210 A&B       |
| Reduce the average LOS in the ED for patients that get Admitted to Hospital after arriving between the hours of 5.00am to 5.00pm (Day Time) by 5% by end Oct-24. In mins.          | Minimise* | 329     | 390       | 390 NHS<br>360 HHSCP<br>223 A&B       | 383                | 377   | 370   | 362              | 362 NHS<br>393 HHSCP<br>195 A&B       | 344             | 344 NHS<br>362 HHSCP<br>232 A&B       |

Baseline is Mar-2024 apart from # which is Mon 03-Jun-2024

\* Target set by Centre for Sustainable Delivery (CFSD)

The table above shows the August and September positions against the measures which have been submitted to Scottish Government as part of the Urgent and Unscheduled Care funding submission for 24-25. Additional measures include the

Emergency Department 4 hours performance and number of breaches over 12 hours. These measures are based on the improvement areas identified by the Centre for Sustainable Delivery (CfSD) for NHS Highland. Baselines are set as March 2024, except the delayed discharge figures which are based on patient totals on Monday 3 June 2024.

At 30<sup>th</sup> September, the number of standard delays was 144, which is below the 30% reduction trajectory number of 147 (see next section). This demonstrates some progress however caution needs to be given as to whether this was natural seasonal variation. Data updates are pending on whether performance against this trajectory at the end of October is on track to meet the required downward trajectory.

Continued engagement through EDG and CRAG will further develop NHS Highland's plans to respond to the current U&UC mission to reduce Delayed Hospital Discharges, while considering the longer-term strategic models required to transform services.

### **3 Impact Analysis**

#### **3.1 Quality/ Patient Care**

Performance measures are indicators of quality and patient care and therefore, engagement to deliver the plan and improve our position is required. However, there are wider systemic issues across the health and care services nationally that make this challenging. This includes available resources, especially workforce.

There is increased risk of experiencing adverse harm if remaining in hospital longer than is required. This is why tackling delayed hospital discharges is a priority.

#### **3.2 Workforce**

Continued pressure on staff resulting in issues with engagement and progress. The impact of recruitment and retention of staff across the health and care sector also results in unsustainable services with both Care Home and Care at Home capacity reducing considerably in the last two years.

#### **3.3 Financial**

NHS Highland is awarded Urgent and Unscheduled Care funding each year. In 24/25, the funding of £2.117m is expected to improve our position against the trajectories in Appendix 1. Funding has been allocated in North Highland to:

- AHPs at the front door in ED (Raigmore) to support turnaround home/reduce length of stay
- Discharge lounge to improve hospital flow (Raigmore)

- Further development of our discharge app (whole system)
- Discharge co-ordination (Belford & Caithness General)
- Community capacity – MacKenzie Centre
- Rehab services – Badenoch & Strathspey
- Community Respiratory Nursing to support care for people in their own homes

The remaining NRAC share is in the process of being allocated within Argyll & Bute.

### **3.4 Risk Assessment/Management**

Risks are being identified by senior responsible officers and managed by the Urgent and Unscheduled Care Steering Group. Operational risks are identified and managed through local risk processes.

### **3.5 Data Protection**

N/A

### **3.6 Equality and Diversity, including health inequalities**

Older people are disproportionate users of urgent and unscheduled care health and wider social care services, so failures of these services have a disproportionate impact on this group.

### **3.7 Other impacts**

N/A

### **3.8 Communication, involvement, engagement and consultation**

Communications priorities have been identified as part of the 90 Day plan. Development of these plans is being led by the Communications team.

### **3.9 Route to the Meeting**

Update presented at Executive Directors Group.

## **4 Recommendations**

Paper for awareness only.

### **List of appendices**

Appendix 1 – UUC Trajectories

Appendix 2 – UUC 90 Day Plan

## Appendix 1 – UUC Trajectories

The trajectories connected to the funding award are:

- Reduce the number of patients in Acute & Community hospital beds with a LOS >14 day by 5% by end October
- Reduce the number of non-delayed patients in Acute & Community hospital beds with a LOS >14 days by 5% by end October
- Reduce the number of patients in acute and community hospital beds affected by standard delays by 30% by end October
- Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm to 5am (Overnight) by 5% by end October
- Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am to 5pm (Day Time) by 5% by end October

Additional trajectories required by Scottish Government are:

- Improve the percentage of attendances within 4-hours by 5% by end October
- Number of attendances lasting more than 12-hours by 5% by end October

## Appendix 2 – UUC 90 Day Plan

| 21/08/24 – 90 Day Plan on a Page - Urgent & Unscheduled Care (August – October 2024)  |  |   |   |   |   |  |  |   |
|---|--|---|---|---|---|--|--|---|
| AMBITION – IN PARTNERSHIP   |  |   |   |   |   |  |  |   |
| Create value by working collaboratively to transform the way we deliver health and care   |  |   |   |   |   |  |  |   |
| STRATEGIC OUTCOMES  |  |   |   |   |   |  |  |   |
| <b>Care Well</b><br>Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart |  |   |   |   | <b>Respond Well</b><br>Ensure that our services are responsive to our populations needs by adopting a “home is best” approach |  |  |   |
| PLANNING FOR SUCCESS - STRATEGIC TARGETS  |  |   |   |   |   |  |  |   |
| Reduce standard DDs by 30% by end October 2024  | Increase A&E attendances complete within 4 hours by 5% by end October 2024                           | Reduce A&E attendances lasting more than 12 hours by 5% by end October 2024   | Reduce the time spent in A&E for people admitted to hospital - day time and overnight by 5% by end October 2024 | Reduce LOS for delayed and non-delayed people by 5% by end October 2024 | Increase the amount of people discharged on their PDD date  | Reduce Social Care waiting lists and C@H unmet needs hours   | Decrease numbers of times OPEL status is at levels 4/5 | Reduce inappropriate occupancy for our population |
| Area  | What do we want to do?   | What priority 1 actions will we take?   |   |   |   | How will we know we have achieved?   |  |   |
| <b>Respond</b>  | Respond quickly to support our population across our system who are vulnerable or in crisis          | <ul style="list-style-type: none"> <li>•Implement sector agreed proposals to stabilise provision and increase C@H capacity</li> <li>•Ensure consistent application of standard work for AWI</li> <li>•Develop community urgent response to crisis from ED</li> <li>•Maximise capacity of In reach social work team to Raigmore</li> <li>•Care Home Capacity and resilience</li> </ul> |   |   |   | <ol style="list-style-type: none"> <li>1.Reduced delayed discharges</li> <li>2.Equitable access to hours of care at home</li> <li>3.Increased flow of assessment</li> <li>4.Reduction in &lt;1 day admissions</li> </ol> |  |   |
| <b>Rapid</b>  | Facilitate rapid discharge and support to embed the “home is best” approach                          | <ul style="list-style-type: none"> <li>•Implement PDD improvement and compliance plan</li> <li>•Review length of stay for all non delayed discharges. Targeted conditions</li> <li>•Whole system OPEL</li> <li>•Community hospital specification and agreed pathways</li> <li>•TEC solutions to enable social care assessment at home</li> <li>•Pre-noon discharge plan</li> </ul>    |   |   |   | <ol style="list-style-type: none"> <li>1.PDD compliant discharges</li> <li>2.Reduction in length of stay to peers</li> <li>3.Increased flow through community hospitals</li> <li>4.Reduced black status</li> </ol>       |  |   |
| <b>Reduce</b>   | Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively | <ul style="list-style-type: none"> <li>•Hospital at Home Framework</li> <li>•Implement frailty standards and pathway</li> <li>•Root cause analysis of ED performance</li> <li>•Review all MIU pathways</li> <li>•Review higher volume medical admission pathways</li> </ul>   |   |   |   | <ol style="list-style-type: none"> <li>1.Hospital at Home Framework</li> <li>2.Reduced admissions in &gt;65 years</li> <li>3.Increased ED performance</li> <li>4.Increased hospital at home activity</li> </ol>          |  |   |
| <b>Redirect</b>   | Redirect inappropriate attendance to suitable services so emergencies are seen quickly               | <ul style="list-style-type: none"> <li>•Scope opportunity to develop our Community Urgent Care Response</li> <li>•Choice guidance utilisation monitoring</li> <li>•Research current impact and causes of inappropriate attendances at A&amp;E and develop a campaign to reduce them.</li> <li>•Pilot a campaign to increase use of Pharmacy First</li> </ul>                          |   |   |   | <ol style="list-style-type: none"> <li>1.FNC utilisation</li> <li>2.Call before you convey</li> <li>3.Choice guidance applications</li> </ol>  |  |   |





# NHS Highland



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

**Meeting date:** 6 November 2024

**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, November 2024**

|             |     |
|-------------|-----|
| Agenda Item | 3.5 |
| Report No   | -   |

## NHS Highland

**Committee:** Highland Health and Social Care Committee

**Date:** 6 November 2024

**Report Title:** Chief Social Work Officer Report: 2023/24

**Report By:** Fiona Duncan, Chief Social Work Officer

### 1. Purpose/Executive Summary

- 1.1 This report introduces the Annual Report by the Chief Social Work Officer, for 2023/24. The report is attached at Appendix 1. This report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work and social care services.
- 1.2 The report provides Members with information as to the range of activities that have been carried out during the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

### 2. Recommendations

- 2.1 Members are asked to:
  - i. Note and comment on the issues raised in the annual report and the implications for social work and social care services within Highland Council and NHS Highland.

### 3. Implications

- 3.1 There are no particular Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk or Gaelic implications to highlight. However, it does refer to the financial and service challenges that the services will face in future years.

### 4. Impacts

- 4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children’s Rights

and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is an update report and therefore an impact assessment is not required.

## **5. Background**

5.1 The report highlights the delivery of services across all social work services (children's, justice, and adult social work services and social care). It provides an overview of the professional activity across Highland via the delivery of statutory functions and responsibilities held by the Chief Social Work Officer.

5.2 The challenges and opportunities are articulated within the report. Staffing vacancies continue to be a significant issue although various trainee and 'grow your own' schemes are now well established within Highland.

5.3 Aligning national policy with local activity and delivery is proving challenging due to the Highland's geography and demographic variances. This is particularly true within adult social care. Different models of delivery are required to enable service delivery to be more effective and affordable.

5.4 Children's Services have responded to expectations of The Promise by designing and implementing the Families First Strategy. This is a long-term strategy that will enable children and families to have more control over their lives in terms of the help and support they require.

5.5 The National Care Service will have implications for both the social work profession, and how services are delivered. We await clarity on what this will mean for Highland particularly due to the Lead Agency Model in place.

5.6 The report, attached as Appendix 1, covers the broad period 2023/24. However, given the volume and range of current developmental activities in Social Work and Social Care in Highland, the start and end dates of the year are not always rigidly applied.

Designation: Chief Social Work Officer

Date: 4 October 2024

Author: Fiona Duncan, Chief Social Work Officer

Background Papers: Chief Social Work Officer Report 2023/24 attached at Appendix 1

# Appendix 1 - Chief Social Work Officer Annual Report 2023/24

Aithisg Bhliadhnail 2023/24  
Prìomh Oifigear  
Obrach-Sòisealta



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# Introduction and Reflections

## Ro-ràdh agus meòrachaidhean

Social Work and Social Care services have faced considerable challenges during 2023/24 in terms of national policy, legislation, budget restrictions and increasing demand and complexity. There is also a staffing crisis across Scotland and the UK with record number of vacancies due to social workers leaving the profession. Further, the ongoing consultation around the National Care Service and subsequent uncertainty this brings, has resulted in unease within social work due to possible significant change for staff.

Highland has, however, remained focussed on delivering services within this very challenging environment. Whilst there have been budget efficiencies and savings, Highland Council has invested in children's services by increasing foster care allowances as well as putting investment into the Family First strategy to ensure The Promise is being met.

Inspections and subsequent improvement plans are helping to focus on areas needing developed. Working across teams and services which strive to achieve better outcomes through more collaborative working with partners is key. Strategies such as the Whole Family Wellbeing Programme have re-iterated the importance of support to all and encouraged us to design services that are responsive to need.

This report describes how statutory social work and social care services are being delivered in the Highlands. There have been major achievements during 2023/24 as well as challenges faced. This will continue in the coming years.

In September 2023, the first post pandemic Social Work Forum took place at The Barn Church, Inverness. Over 70 staff from Highland Council and NHS Highland attended to listen to guest speakers. The overwhelming success and positive feedback from this event, underlined the importance of continued learning as well as the opportunity to engage and network with colleagues.

# Highland Profile

## Profaidhl na Gàidhealtachd

The Highland Council serves a third of the land area of Scotland, including the most remote and sparsely populated parts of the United Kingdom. The Highlands have the 7th highest population of the 32 authorities in Scotland (235,540) while having the lowest population density at 8 persons per square kilometre.

The total land area including all islands at low water is 26,484 square kilometres. This is 33 per cent the land area of Scotland and 11.4 per cent of Great Britain. It is 10 times larger than Luxembourg, 20 per cent larger than Wales, and nearly the size of Belgium.

65% of people in Highland live in remote rural, accessible rural areas or remote small towns

8,795 children live in low-income households:  
67% in working households,  
33% not in working households.

1 in 5 children are affected by poverty

Employment rate for people aged 16 to 64 is 76.0%.

Minimum income required in remote rural areas is between 10-30% higher than elsewhere in the UK

Projected 15% reduction in 0-15yr olds in next 22 yrs

Projected 70% increase in 75+ in next 22 years

By 2034, projected 9% fall in working age population in Highland - 30% fall Sutherland, 27% fall Caithness, 20% fall Ross and Cromarty and Wester Ross

# Governance, Accountability and Statutory Functions

## Riaghlachas, cunntachalachd, is dreuchdan reachdail

### Role of the Chief Social Work Officer

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO). The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions.

Social Work services are delivered through a number of statutory duties and powers imposed on the local authority, with the CSWO ensuring professional oversight of social work practice and service delivery. This includes professional governance, leadership and accountability for the delivery of social work and social care services whether provided by the local authority, the health board, or purchased through the third sector or independent sector.

Some duties and decisions which relate to public protection and the restriction of an individual's freedom, must - by law - be made by the CSWO. Whilst the CSWO can delegate authority for some tasks to a professionally qualified and registered social worker, the CSWO remains accountable for all social work functions.

In compliance with their statutory functions, the CSWO has a requirement to produce an Annual Report based on a template agreed with the Office of the Chief Social Work Adviser.

### Overview of governance arrangements

Within The Highland Council (THC), the CSWO position currently sits with the Executive Chief Officer of Health and Social Care. This directorate includes Children's Social Work Services; Child Health; Justice Services; Mental Health Officer Service; and Emergency Social Work Services (out of hours).

The CSWO retains overall professional accountabilities for all social work and social care provision. As a statutory officer of the Council, she reports directly to the Chief Executive of Highland Council on these matters.

In addition, the CSWO works closely with stakeholders and has delegated authority to make direct reports to the Chief Executive, Elected Members, and the Joint Monitoring Committee within the partnership.

The CSWO is a member of the Corporate Management Team within THC and is a member on many strategic committees and boards. These include:

- Health and Social Care Committee (Highland Council)
- Highland Public Protection Chief Officers Group
- Integrated Children's Services Board
- Child Protection & Adult Protection Committees
- Community Planning Partnership Board
- Joint Monitoring Committee
- Highland Health and Social Care Committee (NHS Highland)

Formal – but separate meetings – are held with the Chairs and Lead Officers of the Adult Protection Committee and the Child Protection Committee. Focus includes future reports being presented in committee; learning reviews; and any pertinent guidance or legislation impacting on practice.

In 2012, THC and the National Health Service Highland (NHS) used existing community care legislation to take forward the integration of health and social care through a Lead Agency model. As such, THC acts as the lead agency for delegated functions relating to children and families, whilst NHS have delegated functions relating to adults thus delivering an integrated health and social care function. This model was formalised as a result of specific legislation in 2014 and continues to date.

THC as lead agency for Children's Services has delegated functions for Child Health Services including Health Visitors, School Nurses, Specialist Nurses and Allied Health Professionals. It also retains the functions of Justice Services and the Mental Health Officer Service.

The partnership is managed by the Joint Monitoring Committee (JMC) – which in other integration authority areas would be the Integration Joint Board (IJB). This Committee is chaired by THC and NHS on an annual rotation basis. The CSWO is a member of this committee.

The CSWO meets with senior social work managers within NHS Highland on a monthly basis. Whilst those working in Adult Social Care are now on NHS terms and conditions (Agenda for Change), the CSWO retains statutory responsibility for the duties being carried out, as well as oversight of the workforce.

In terms of the partnership, the CSWO meets with the Chief Executives of both NHS Highland and THC jointly to enable governance and assurance issues to be discussed in detail. This helps inform the national challenges that are presented, as well as local ones.

With regard to the oversight of the Multi-Agency Public Protection Arrangements (MAPPA), the responsible authorities within the Highland and Islands are:

- ❖ Highland Council & NHS Highland
- ❖ Orkney Islands Council & NHS Orkney
- ❖ Western Isles Council & NHS Eilean Siar
- ❖ Shetland Islands Council & NHS Shetland
- ❖ Police Scotland
- ❖ The State Hospital for Scotland
- ❖ Scottish Prison Service

The operation of MAPPA is directed and overseen by the Highlands & Islands Strategic Oversight Group (HIMSOG). This Group consists of senior representatives from each of the Responsible Authorities. Within Highland, this group then reports into the Highland Public Protection Chief Officers Group and the Community Planning Partnership Board. The CSWO is a member of both of these groups.

In February 2023, the Chief Executive of THC left post. This post was covered on an interim basis until the newly appointed Chief Executive joined in September 2023. Further, the Chief Executive of NHS Highland retired in March 2024, with the new leader joining on the 1<sup>st</sup> April 2024. These changes come on the back of a number of changes within strategic leadership posts across many of the partner organisations in Highland during the past 2-3 years.

The CSWO has regular meetings with the Care Inspectorate Link Inspector for Highland to discuss statutory duties and performance in more detail. However, there has been significant disruption with regard to the inspector role with 4 personnel changes in as many years.

Whilst there are governance structures and assurance reporting in place, the Lead Agency Model does present some challenges particularly around delegated services. To improve understanding and clarify what processes are required and by whom, a senior manager has been tasked to meet with professional leads and articulate the different asks that are required. Further, development sessions within the strategic committees are helping improve members' understanding of their role and function.

# Service Quality and Performance

## Càileachd is Coileanadh Seirbheise

### Children and Families

#### Families First Strategy

The Promise has a clear vision that:

*Where children are safe in their families and feel loved they must stay – and families must be given support together, to nurture that love and overcome the difficulties which get in the way.*

From the above, Highland developed its Families First Strategy, with its vision:

**to safely ensure that children and young people remain with their families within their Highland communities.**

Underpinning this overarching strategy is a set of principles of family support, which are outcome focused in preserving, protecting and upholding the rights of children within their families in the Highlands. Families First sits within a broader national and local strategic policy and legislative landscape. The strategy is underpinned by GIRFEC, UNCRC and The Promise. This is not a quick fix, but a strategy for the next five years and beyond that aligns Highland's aspirations with national policy drivers.

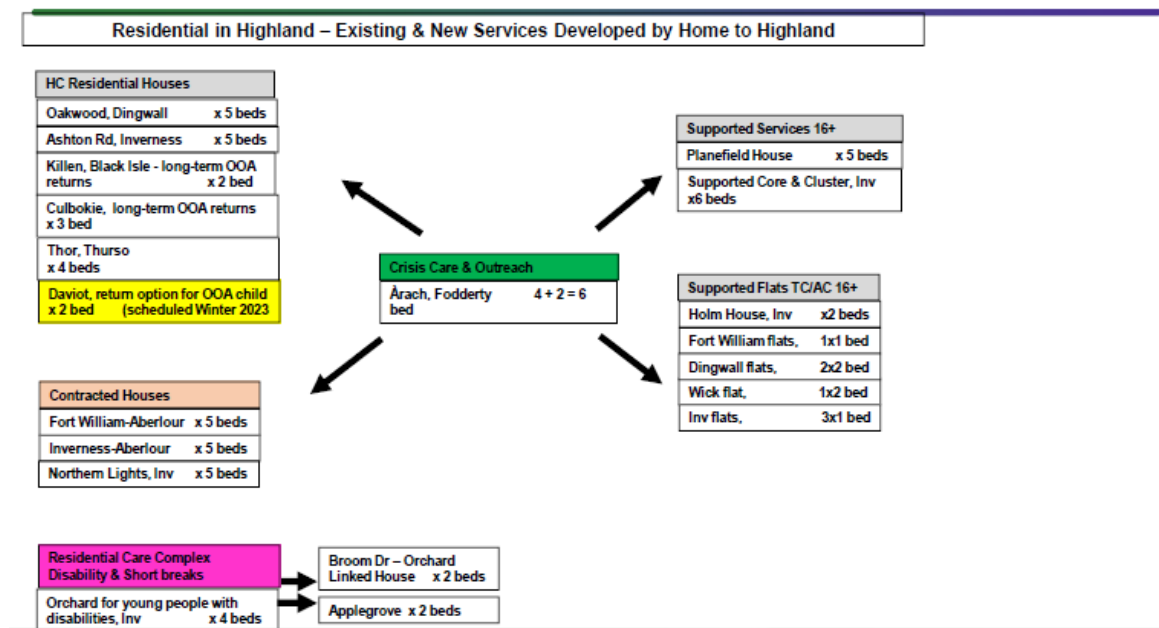
Highland shall focus on the concept of Follow the Money, interlinked with the Human and Economic Cost Modelling (HECM) of working as a partnership to shift the balance of spend further upstream (i.e. at an earlier stage) and thus that will lead to greater investment in early intervention and prevention. Crisis and acute service provision (for example out of area residential and secure care services) shall gradually contract and shift for the critical few with the most complex needs.

The investment in Families First, has the power to have a lasting positive impact that could achieve tangible positive wellbeing outcomes for children and families throughout the Highlands.

Prior to the Families First Strategy, the Home to Highland strategy was to return care experienced children and young people to the Highland area. This would enable them to live and learn in their home area. The progress made is shown in the table on p30. However, bringing Home to Highland into the Families First Strategy, has enabled us to not only return care experienced young people to the Highlands from out of authority (OOA) residential placements, but also, is helping us develop community resources and improved practice to prevent young people requiring to move out of authority in the first place.

## Highland Homes

Highland has 9 small residential homes for children and young people. Six are Highland Council provision (25 beds) and 3 are commissioned from the 3<sup>rd</sup> Sector (15 beds). Arach House is at the centre of all provision.



### Arach House

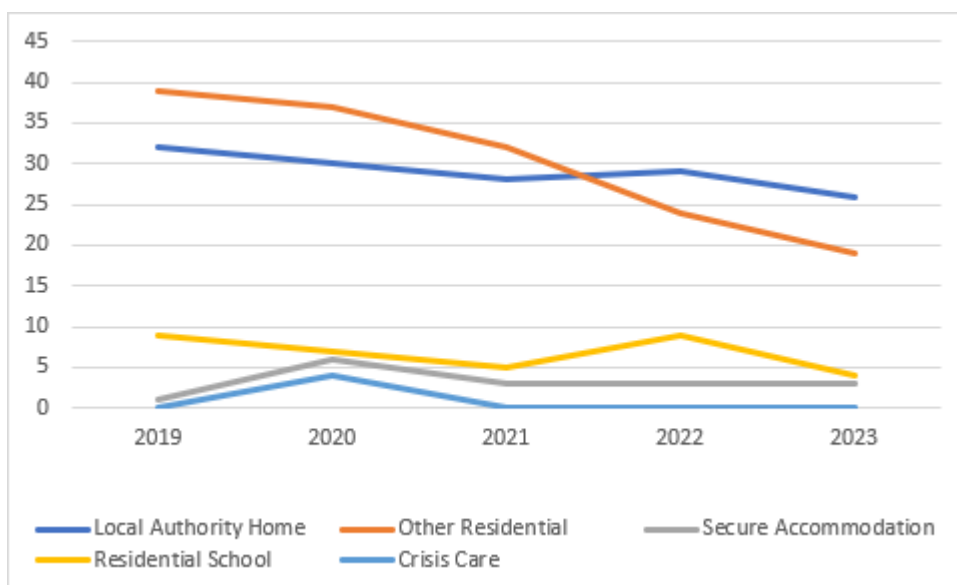
The model of residential care has been developed in 2022/23 as part of the Families 1st Strategy to build more intensive community support into the system. Arach is at the centre of our residential care system. The model offers a combination of residential emergency care and community-based outreach to families in need.

Community outreach is through our newly forming HOST Team (Highland Outreach Support Team) which shall provide intensive wrap around care, including evenings and weekends, to ensure families get help when they need it most. In addition, some support staff have been redeployed thus leading the way, innovatively testing a community model that is producing promising results.

The aim of Arach is to prevent the need for residential care, or to provide brief crisis residential care to support a safe return home with immediate or extended family; or if this is not appropriate, to carefully match young people into one of our Highland Homes. Of the 10 admissions to Arach in 2023, 4 returned to live with their families, 1 moved into foster care and 2 transitioned to our Highland Homes.

Highland Council and the 3<sup>rd</sup> sector partnership have formed an Alliance to enhance the services they provide and to bring additional resource and funding to the Highlands. These developments mean community supports, including intensive family support models, have

a reach across Highland. These services have been developed within the existing financial envelope as part of our Families 1<sup>st</sup> Strategy seeking to transform the way we deliver, and fund crucial services, strongly aligned to Keeping the Promise, keeping children safe, and keeping them within their Highland communities.



The total number of children in residential care has dropped by 35% since 2019. The highest number of children are in local authority accommodation.

Services to retain children at home with families whilst reducing the use of in-Highland residential care are being prioritised in line with expectations of the Promise. It is intended that once fully in place, these outreach services will reduce the demand for residential spaces as families will be supported to retain their children in the family home when safe to do so. It is acknowledged that it may take some years for these new supports to fully impact on the numbers of residential placements required.

### **Child Protection (Additional Information - Appendix 1: CP Minimum Dataset 2)**

Following publication of the Children’s Service Inspection report in December 2022, and in consultation with partners, Highland began a significant improvement journey. Therefore, much of the work relating to child protection in 2023/24 has been in response to the Inspection findings.

The Inspection report highlighted that there was a variance in the understanding of GIRFEC and a shared language across the partnership. GIRFEC guidance and Child Protection



procedures have been collated into a single set of documents to ensure clarity of processes, language and connections across universal and targeted services.

One of the most significant areas of improvement work has been in response to older children and young people and the Service has had a specific focus on young people at risk of harm to themselves, and others, including those at risk from community harm(s).

The Service have been working with the Children and Young People's Centre for Justice (CYCJ) using the Scottish Approach to Service Design to look at ways of improving approaches to young people in conflict with the law. To date, this work has involved engagement with frontline practitioners and managers to identify priority areas of work. This is now being followed up with engagement sessions with children and young people in order to co-design our approaches moving forward. We are also working with CYCJ in relation to Places of Safety.

The Service has also been supported by Missing People Scotland to review our responses to missing children and young people, particularly young people missing from residential care. Whilst there were a number of strengths identified including partnership working and set procedures in place, there were key recommendations in relation to the development of multi-agency protocols, training for staff who may undertake return discussions, and information about Missing People for services and communities to be publicised more widely. These recommendations have been accepted and a short life working group established to progress the development of multi-agency protocols.

Exploitation remains one of the key areas of concern in Highland, with increasing numbers of young people being identified as being criminally and/or sexually exploited, or at risk. The PLACE (child exploitation) process to identify young people at risk of harm and disrupt perpetrators is now running across Highland. In addition, Barnardo's RISE Service has been expanded to directly support children and families affected by child sexual exploitation, and further embed the PLACE process.

Care and Risk Management (CARM) processes have been reviewed and updated to reflect the UNCRC and The Promise, with an increased focus on the 'Care' elements alongside Risk Management. Continued use of CARM in Highland will be considered as part of the wider Re-imagining Youth Justice project. Further work has been undertaken on the Harmful Sexual Behaviour self-evaluation and training for staff across the partnership is planned.

The Inspection report highlighted one of the most significant areas of improvement required was in relation to participation and voice. Whilst the report highlighted examples of good practice, this was not found to be embedded across the partnership. Consequently, Inspiring Young Voices, supported by the Integrated Children's Service Planning Board have been working with children and young people to develop a Participation Strategy for Highland, with its planned launch being in mid-2024. Exploration

around Mind of My Own for gathering the views of individual children in child protection processes is also progressing.

Following the announcement of Bairns Hoose funding in the Autumn of 2023, Highland became an Affiliate member of the national programme. The funding to date has been used to improve properties in Wick and Inverness in order to provide a safe and warm environment for the interviewing of children and young people in line with the Bairns Hoose standards. A formal launch of these new premises is planned for May 2024

In line with the updated National Child Protection Guidance (2023), a joint Sub-Group of the Adult and Child Protection Committees has been established to take forward work in relation to young adults (16+) at risk of harm. This includes those transitioning from children to adult services and those who might find themselves at risk of harm at crisis points.

### Family Group Decision Making

As part of Highland's Family First Strategy, Family Group Decision Making (FGDM) was introduced in Highland in June 2023 as part of a 12-month pilot. FGDM is a rights based, solution focused approach that encourages and supports families to develop their own solutions for supporting a child. Three FGDM co-ordinators were appointed to deliver the service and since the pilot commenced in the south of the Highlands, over 96 children (61 families) have been identified as considerations for the service. The team have supported 33 children and their families to develop family plans or contribute to the child's plan and are currently supporting 18 children and families to build safety for the child.

An evaluation of the service is underway but Highland Council have committed to maintaining and expanding the service across Highland.

### Scottish Child Interview Model (SCIM)

SCIM is a joint investigative interview model that is trauma informed and designed to minimise the risk of further traumatisation of a child/young person when being interviewed by Police and Social Work.

The Highland training programme for SCIM commenced in April 2023 with the interview model planned to roll out locally from September 2023. SCIM went live in September with a compliment of 2 Police interviewers and 2 Social Work Interviewers, 2 police managers and 1 social work manager. By November, a further Police office and social worker completed their training to bring the compliment to 6 and there have also been 7 Social Work managers who have attended the manager and evaluation training in 2023-24. The commitment was to learn from the pilot and to plan further roll out of the model from an informed and tested place. To date, 23 SCIM interviews have been carried out or

planned and the pilot has identified a number of learning points for wider roll out, namely that dedicated social work posts will be required for a full implementation as we transition from our current blended approach of SCIM and the 5-day Joint investigative interview model that still undertakes the majority of child interviews.

## Inspections

### Family Base Care

The 2024 Family Based Care (FBC) Inspection took place between February and March 2024. Whilst FBC services is one service in Highland, they are inspected as 3 distinct services – Fostering, Adoption and Continuing Care which is part of Care Inspectorate registration requirements. The report was published in April 2024.

#### 2024 Inspection Grades across all quality indicators and overall evaluation

| Key Question   | 2022       | 2024             | 2024            | 2024          |
|--|------------|------------------|-----------------|---------------|
| <b>How well do we support people's wellbeing?</b>  |            | <b>Fostering</b> | <b>Adoption</b> | <b>Adults</b> |
| 1.1 Children, young people, adults and their caregiver families experience compassion, dignity, and respect.                             | 4 Good     | 5 Very Good      | 5 Very Good     | 5 Very Good   |
| 1.2 Children, young people and adults get the most out of life.  | 2 Weak     | 4 Good           | 4 Good          | 4 Good        |
| 1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience.                          | 3 Adequate | 5 Very Good      | 5 Very Good     | 5 Very Good   |
| 1.4 Children, young people, adults, and their caregiver families get the service that is right for them.                                 | 2 Weak     | 3 Adequate       | 3 Adequate      | 2 Weak        |
| <b>How good is our leadership?</b>   |            |                  |                 |               |
| 2.2 Quality assurance and improvement are led well.  | 2 Weak     | 3 Adequate       | 3 Adequate      | 3 Adequate    |
| <b>How good is our staff team?</b>   |            |                  |                 |               |
| 3.2 Staff have the right knowledge, competence, and development to support children, young people, adults, and their caregiver families. | 4 Good     | 5 Very Good      | 5 Very Good     | 5 Very Good   |
| <b>How well is our care and support planned?</b>   |            |                  |                 |               |
| 5.1 Assessment and care planning reflects the outcomes and wishes of children, young people, and adults.                                 | 2 Weak     | 4 Good           | 4 Good          | 2 Weak        |
| <b>Overall Evaluation</b>  |            | <b>Adequate</b>  | <b>Adequate</b> | <b>Weak</b>   |

The above table provides evidence there has been improvement across all quality indicators of FBC services. We have shifted from Weak in two key areas to Adequate. However, further significant improvement is required in respect of continuing care, (Adult Care Service), which overall remains evaluated as Weak. While disappointing, it should be noted there are significant positive shifts in 5 out of 7 quality indicators in total.

**(Note:** Within the CI evaluation ratings, the overall evaluation is given based on the lowest grade. So, for example, in the Adults Service, grades received = V Good x3; Good x1; Adequate x1, and Weak x2 (1.4. and 5.1). The overall evaluation was, as a result of this, given as Weak.)

The inspectors' verbal feedback acknowledged that it would have been difficult for the service to achieve significant improvement across all three services, at the same time, within the timescales. As stated, systems and processes, supporting continuing care arrangements, must be an area of significant improvement focus in 2024/25 to ensure our improvement is consistent across all FBC services.

A revised FBC Inspection Improvement Plan for 2024/25 has been developed, will be tracked and monitored to ensure that the service builds on its continuous improvement activity, supporting high quality of care for children, young people, and young adults in continuing care across Highland.

### Residential Care

During 2023/24, three children's houses were inspected by the Care Inspectorate – Mainstay; the Orchard; and Oakwood.

**Mainstay House** saw a positive shift from Adequate to Good. The inspectors stated that staff had worked hard to support young people and keep them safe. Their understanding of risk had given young people confidence in the community and to undertake new experiences. Staff had a passion and drive to ensure young people's rights were upheld. There was a strong commitment to embed trauma informed approaches to care and there were strong relationships between staff and young people. There are excellent opportunities for young people to develop relationships with their families.

**Oakwood House** saw a positive shift from Good to Very Good. The inspector commented on the amount of work and development since the last inspection, particularly around care plans and learning and development. It was noted that care plans were well written, personalised, and included contributions from young people; they were regularly reviewed and updated. Young people were encouraged to take part in community activities and sports and their achievements were supported and recognised.

### 2023/24 Inspection Grades across all quality indicator valuation

| Quality Indicator   | House           | Grading                | Grading            |
|---|-----------------|------------------------|--------------------|
| <b>Mainstay</b>   | <b>Mainstay</b> | April 2022             | <b>Sept 2023</b>   |
| 7.1 – Young people are safe, feel loved and get the most out of life                            |                 | 5 Very Good            | <b>4 Good</b>      |
| 7.2 – Leaders and staff have capacity and resources to champion young people’s needs and rights |                 | 3 Adequate             | <b>4 Good</b>      |
| <b>Overall Evaluation</b>   |                 | 3 Adequate             | <b>4 Good</b>      |
| <b>Orchard</b>  | <b>Orchard</b>  | Oct 2019               | <b>Dec 2023</b>    |
| 7.1 – Young people are safe, feel loved and get the most out of life                            |                 | 5 Very Good (support)  | <b>3 Adequate</b>  |
| 7.2 – Leaders and staff have capacity and resources to champion young people’s needs and rights |                 | 5 Very Good (planning) | <b>2 Weak</b>      |
| <b>Overall Evaluation 2023</b>  |                 | 5 Very Good            | <b>2 Weak</b>      |
| <b>Oakwood</b>  | <b>Oakwood</b>  | Feb 2023               | <b>March 2024</b>  |
| 7.1 – Young people are safe, feel loved and get the most out of life                            |                 | 4 Good                 | <b>5 Very Good</b> |
| <b>Overall Evaluation 2023</b>  |                 | 4 Good                 | <b>Very Good</b>   |

**The Orchard** saw a temporary closure of the respite (short breaks) service for a considerable time during 2023. This was due to a small group of young adults – with highly complex needs – unable to transition to Adult Care Services due to no community resource being available. The impact on families and staff was significant. When inspected, the evaluation went from Very Good (2019) to Weak (2023). Whilst there were very specific issues with regard the Orchard, the inspection grading is not acceptable. We have put a detailed improvement plan in place to make said improvements.

### Kinship

A review of Highlands kinship provision was undertaken in September 2023. Three key areas of priority were identified from this review, namely:

- Need to increase the number of family members identified to be kinship carers to be in alignment with the national average.
- Development of the assessment of kinship carers, with a particular focus on the supports they may need to care for a family member.
- Development of support offered to kinship carers as they take on the responsibility to care for a child/young person.

The review recommended that consideration be given to create and develop a dedicated kinship team across Highland. Consequently, proposals are currently being considered for the staffing and funding of a kinship service in Highland.

## **Child Health Professionals**

There are 240 registered health professionals and additional clinical support staff working to a social and public health model to reduce inequalities and improve outcomes for Highland's families within the Health and Social Care directorate. During 2023/24, delegated Child Health Services worked within Health and Social Care as part of the whole system of support for families to provide early prevention, targeted and system support from pre-birth through to adulthood. This includes:

### Pre-birth to Early Years Universal Prevention

Midwifery development officers improve the design and delivery of maternity and early years services across Highland. The midwifery officers have a key role in the development, implementation and review of policy relating to health inequalities that affect pregnancy and early years. Partnership funding is enabling midwives to target the impact of drug and alcohol use at pre to birth stage.

Fifty-nine FTE Health Visitors and thirty FTE Community Early Years Practitioners (CEYP) work as part of the Integrated Family Teams delivering early preventative support. This prevention starts pre-birth through till five years, as part of the universal health visiting pathway, with the offer of around 22,000 developmental reviews and home visits each year. Support focusses on enabling and empowering families to become resilient and resourceful, supporting the development of positive family relationships and mental health and wellbeing.

### Child Health and the School Years

The role of School Nursing continues to be transformed in Highland to focus on providing targeted support to families affected by inequalities and poverty, with a specific remit on mental health and wellbeing. The partnership strategic group is providing oversight to this change ensuring the role dovetails across the whole system of support for families in Highland.

### Children with Additional Support Needs

Allied Health Professionals provide support to infants who have additional needs, from birth to eighteen years. During the past 18 months, need for support from families has continued to rise.

Occupational therapy, physiotherapy and dietetics work across Highland, albeit in small teams. This brings a fragility to service delivery as increased demand or staff absence can impact. However, teams are currently full staffed.

Four FTE community children's learning disability nurses provide support within the integrated family team structure with NHS Highland providing cradle to grave support in North and West Highland.

### **Unaccompanied Asylum-Seeking Children (UASC)**

Highland have now transferred 46 young people to our UASC project, which we have named Comraich, meaning sanctuary in Gaelic, a name chosen in collaboration with the young people arriving in Highland. Whilst we have recently welcomed females into the project, most are males. From this cohort, Comraich supports 32 young people, with the remainder supported by either Springboard, our After Care Service, or foster care placements.

We operate a partnership approach headed by Aberlour, with partners including The Highland Council, Barnardo's, and Right There. Each Month, a core group of partners meet to agree on direction and to network. These partners include Education, Housing, Police, Guardianship Service, The Family Firm, UHI, Highlife Highland and the Homeless Trust. We also work closely with the Police and NHS.

We have built up a portfolio of supported accommodation throughout Inverness and the mid area of Highland and operate a comprehensive three-stage process. The first stage focuses on feeling safe and settling in, the second on support and integration, and the third on throughcare and aftercare. Initially, intensive support is offered, and each young person has a key worker. There is an orientation phase where culture and religion are explored, as well as health and well-being needs. Social workers are involved in formulating a child plan and arranging a review, assessing any risks and age assessment issues. Support needs are consistent with opportunities explored through activities and education, helping young people achieve independence and supporting them through the legal processes with the help of the Guardian service. Often, we find that young people do not want to move on after they have 'leave to remain' status, and Springboard is involved with Pathway planning and helping with community group workshops and one-to-one as required.

Our challenges include housing stock; the everchanging landscape from the Home Office; risk management and exploitation; and general health issues, especially the mental health of our young people. We have experienced some negative attitudes in the community but are working with members regarding ways of addressing this.

Through the multi-agency team and communities in Highland, we are providing a humanitarian response, welcoming many young people to the Highlands, where they may choose to settle and thrive. However, resourcing of this is increasingly difficult and we are monitoring this closely.

## Highland Whole Family Wellbeing Programme

Highland has been allocated a total of £5.5m through multi-year Scottish Government Whole Family Wellbeing funding, up to Financial Year 2025-2026. The Whole Family Wellbeing Programme (WFWP) Team initiated this work in 2023.

Through a locality focussed evidence-based and needs-led approach, the Programme is delivering innovative change, in line with the model agreed by the Integrated Children's Services Planning Board and the Highland Community Planning Partnership Board.

Networking across Highland has been a crucial investment of time to understand the whole system, to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions to identify clear improvement aims and creates the environment for the development of meaningful theories and ideas for change.

Launching the Highland Whole Family Wellbeing Funding Strategy allows for the commencement of the release of funds across our nine Community Partnership localities in a structured, data and needs led way.

- a) **Element 1:** Locality Community Based Activity Small Grant Fund provides grants up to £10K to fund local community-based activities, addressing family wellbeing and is prioritised to tackle Poverty based inequality.
- b) **Elements 2 and 3:** provide for a Collaborative Partnership Fund and a Transformational Commissioning Fund. This enables the Programme to identify tests of concept for potential scale-up and consideration of commissioning.

Governance of this process will be provided through a multi-agency strategic Change Leadership Group. This group will have oversight of transformational commissioning elements, building in planning for the ending of the Whole Family Wellbeing Programme Fund to ensure long term sustainability of the changes supported.

As we move forward, the Family First Strategy will broaden out to include family support/early intervention and prevention. The WFWP will be key to this as we aim to work in communities and offer support to children and parents when they need it.

## Adult Social Work (NHS Highland)

Adult Social Care is delegated to NHS Highland as part of the Lead Agency Model.

### Care Homes

There are a total of 62 (April 2024) care homes across North Highland, 46 of which are operated by independent sector care home providers and 16 of which are in house care



homes operated by NHS. Annual spend is a total of £54m pa (£35.7m pa commissioned and £18.9m pa in house delivery).

In terms of size of care homes, 15% (7) independent sector care homes have 50 beds or over, with 3 of these being over 80 beds. The majority of care homes however, this being 85% (39 care homes), are under 50 beds, with 48% (22 care homes) operating with 30 beds or less.

Whilst the smaller scale provision reflects Highland's geography and population, it presents increased financial instability and vulnerability risks. The National Care Home Contract is calculated on the basis of a 50-bed care home operating at 100% capacity. As highlighted above, 85% of our care homes are not in this category.

There are currently around 1,850 care home beds commissioned or delivered, with around 86% of beds commissioned from independent providers.

Highland relies heavily on the capacity, availability and quality of independent sector care home provision as part of the wider health and social care system, and crucially, to enable flow within this system.

There have been continued concerns regarding independent sector viability over the last 12 months, mainly around the ongoing operational and financial sector pressures relating to small scale, remote and rural provision and the challenges associated with attracting and retaining staff, and the financial impact of high agency use. The sector continues to raise these issues, which are not abating.

### Care Home Closures

The fragility of the care home market within Highland is articulated in the table below. I have expanded the date range in this from March 2022 until April 2024 due to the significant impact these have had, and are continuing, to have.

| Name of Care Home  | Location    | Registered Beds | Date of Closure | Provider           |
|--|-------------|-----------------|-----------------|--------------------|
| Shoremill  | Cromarty    | 13              | March 2022      | Independent sector |
| Grandview  | Grantown    | 45              | May 2022        | Independent sector |
| Budhmor  | Portree     | 27              | August 2022     | Independent sector |
| Dail Mhor Respite Centre<br><i>Temporarily suspended</i> | Strontian   | 6               | December 2022   | In house           |
| Mo Dhachaidh   | Ullapool    | 19              | March 2023      | Independent sector |
| Castle Gardens   | Invergordon | 37              | June 2023       | Independent sector |
| Caladh Sona  | Talmine     | 6               | May 2023        | In house           |
| Mackintosh Centre<br><i>Temporarily suspended</i>        | Mallaig     | 8               | August 2023     | In house           |
| Cradlehall   | Inverness   | 50              | April 2024      | Independent sector |
| Strathburn<br><i>Temporarily suspended</i>               | Gairloch    | 7               | July 2024       | In house           |
| <b>Total</b>   |             | <b>218</b>      |                 |                    |

Staff availability, recruitment and retention, arising agency costs, subsequent financial impacts, small size of care home and small scale of operator, have all been contributing factors to closure/suspension, and in one case, quality of care was the key factor leading to closure.

The Partnership's strategic direction around care homes is as set out in the Joint Strategic Plan and describes the need for viable and affordable care homes in identified strategic locations, where they can be sustainably staffed.

Due to the significant financial and capacity pressures described above, the good work and practice that is going on in our care homes can often be overlooked. The Care Home Collaborative Support Team continues to work in partnership with care homes to improve the health and wellbeing of people living there.

## **Care at Home**

NHS Highland (NHS) and commissioned care providers continue to operate in a pressured environment. A consequence of an insufficient supply of care at home services is that there is a significant number of people delayed in hospital awaiting discharge, who are medically fit to be discharged and should be in the safer and more comfortable environment of their own home.

We have not seen the expected growth in commissioned care at home. Low levels of recruitment and the loss of experienced care staff to NHS continue to be the primary concern expressed by providers in our frequent and open discussions.

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.

Due to the above, pressures, at the end of January 2024, there were a total of 400 people assessed and waiting for a package of care. Of these, 42 are within a hospital setting and 358 within the wider community. This equates to a total of 2568 hours of unmet Care at Home need.

Whilst the capacity and staffing issues are impacting on availability of care at home, the quality of care being delivered continues to be of a high standard. Reported in February 2024, 90% of Independent Sector Registered Providers (19 of the 21) were evaluated as grade 4 (Good).

## Guardianship Orders (Adult Social Care)

Adult Social Care monitors and supervises Guardianship Orders. Between March 2023 end to March 2024 end, there was an increase of 2.9% in private orders but a decrease of 7.8% in Local Authority orders granted, with a 41.6% decrease in new orders.

Number of Guardianship orders and new Guardianship orders in Highland per quarter.

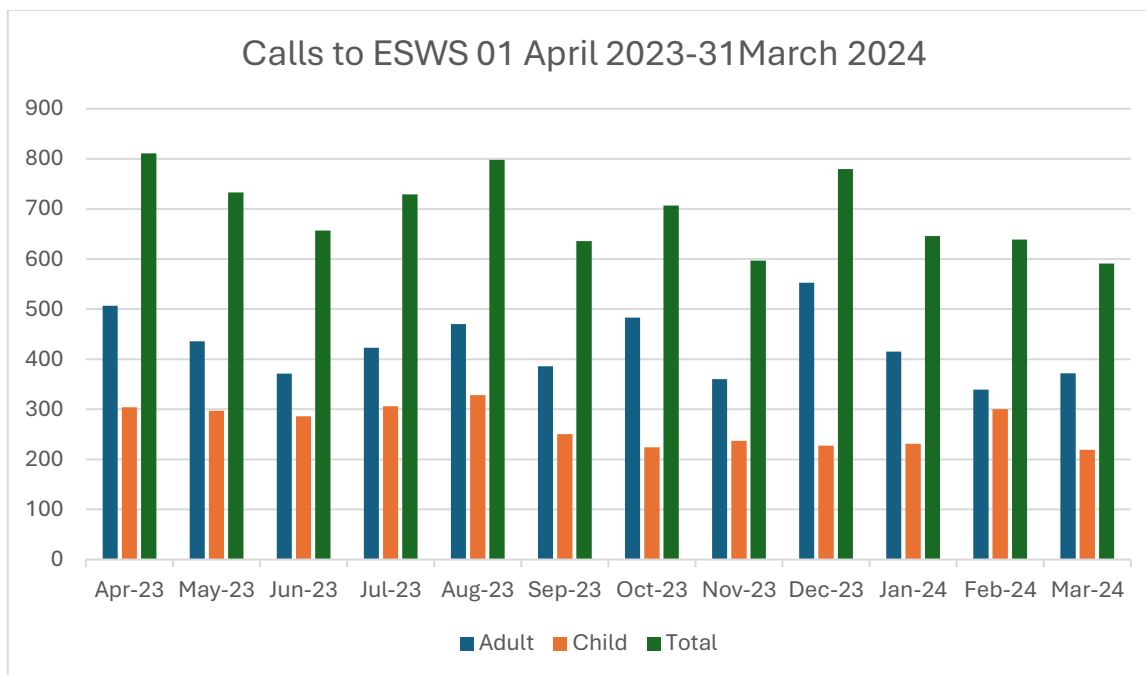
|            | Jan -<br>Mar 23 | Apr -<br>Jun 23 | Jul -<br>Sep 23 | Oct -<br>Dec 23 | Jan -<br>Mar 24 |
|------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| PWG        | 634             | 625             | 629             | 648             | 653             |
| LAWG       | 295             | 285             | 293             | 292             | 272             |
| New Orders | 48              | 20              | 49              | 36              | 28              |
| Total      | 929             | 910             | 922             | 940             | 925             |

Between March 2023 and March 2024, 121 PWG orders had the need for supervision dispensed with, and 61.73% of orders were reviewed in time at the end of March 24. Greater understanding and training of the statutory supervisory role will increase awareness of measures that can be taken to reduce the number of private guardianship reviews, where this is no longer required. This will support social work staff to focus on the areas of greatest risk and need.

**(Additional information: Appendix 2 - Adult Social Care Data Slides)**

## Emergency Social Work Service

The Emergency Social Work Service is a crucial part of service delivery throughout Highland, providing an out of hours emergency service to both THC and Adult Social Care within NHS Highland. In 2023/24, total calls received were 8307, of which 5115 related to adults and 3192 to children. A breakdown of these figures are detailed below:



Of note, calls to the service have increased 33% in the past year. Work is currently underway to examine these figures in more detail. This information will then be fed back to the relevant teams and services as this sharp rise would suggest that there are some underlying issues within service delivery that need to be addressed.

## Mental Health Officer Service (THC)

Mental Health Officers (MHOs) operate across these four pieces of legislation:

- The Mental Health (Care and Treatment) (Scotland) Act 2003
- The Mental Health Act 2015
- The Adults with Incapacity (Scotland) Act 2000
- The Criminal Procedure (Scotland) Act 1995 (as amended by the 2003 Act)

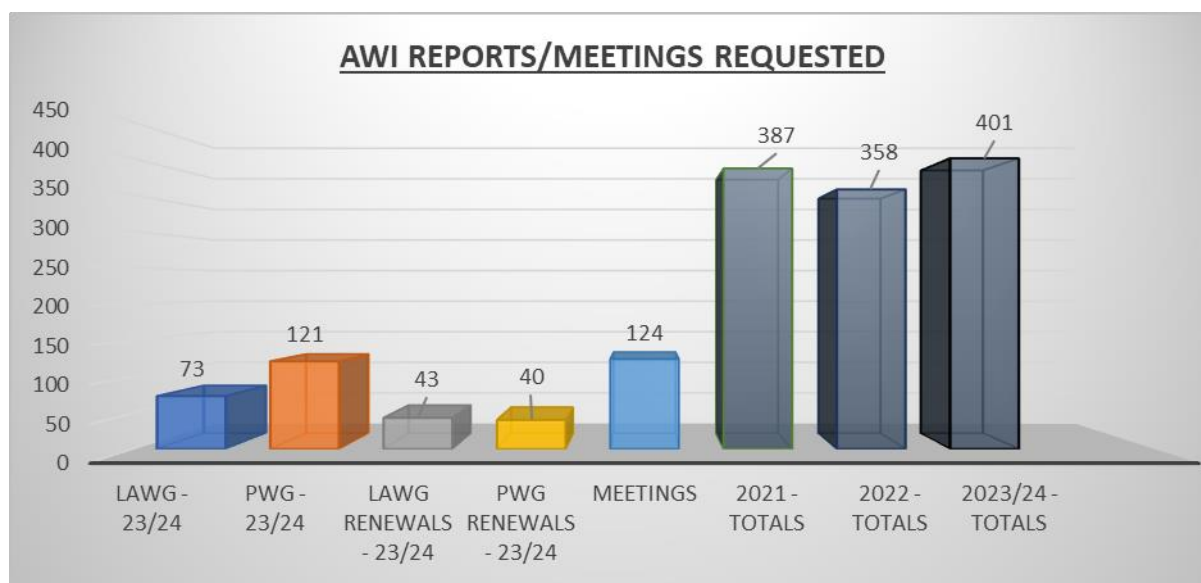
The MHO role and responsibility involves them working at the interface between the state and individual liberty, making decisions that require a careful balance between rights, needs and risks, both of, and to, the individual and the wider community. The MHO retains full accountability for their recommendations and are scrutinised by the Mental Health Tribunal and the Court. For this reason, it is essential that an appropriate balance is struck between managing risk and encouraging self-determination. The autonomous role of the MHO as a practitioner, independent from the health service, is considered a fundamental protection built into the legislation, for individuals who require this service.

## Adults with Incapacity Act (Scotland) 2000: The 2000 Act

The bulk of statutory Adults With Incapacity (AWI) work undertaken by MHOs is in the form of reports in respect of Local Authority and Private Welfare Guardianship applications. In many cases, a family member will apply. The local authority has a duty to supervise the family member guardian in their use of powers. Where an order appears to be necessary, and there is no person able or willing to apply, the Local Authority has a responsibility to do so. In such cases, the CSWO becomes the legal guardian.

Advice, support, guidance, and information is provided in a wide range of mediums to members of the public, individuals in need of a service, and other professionals. Some examples of this advice contacts include advising and supporting people to implement Welfare and Financial Power of Attorney; supported decision making, and deprivation of liberty matters.

AWI has seen increases in reports; meetings; and orders granted. There has also been an increasing demand for MHO reports from solicitors instructed by private applicants. Priorities are given to vulnerable adults in the community and individuals awaiting hospital discharge.



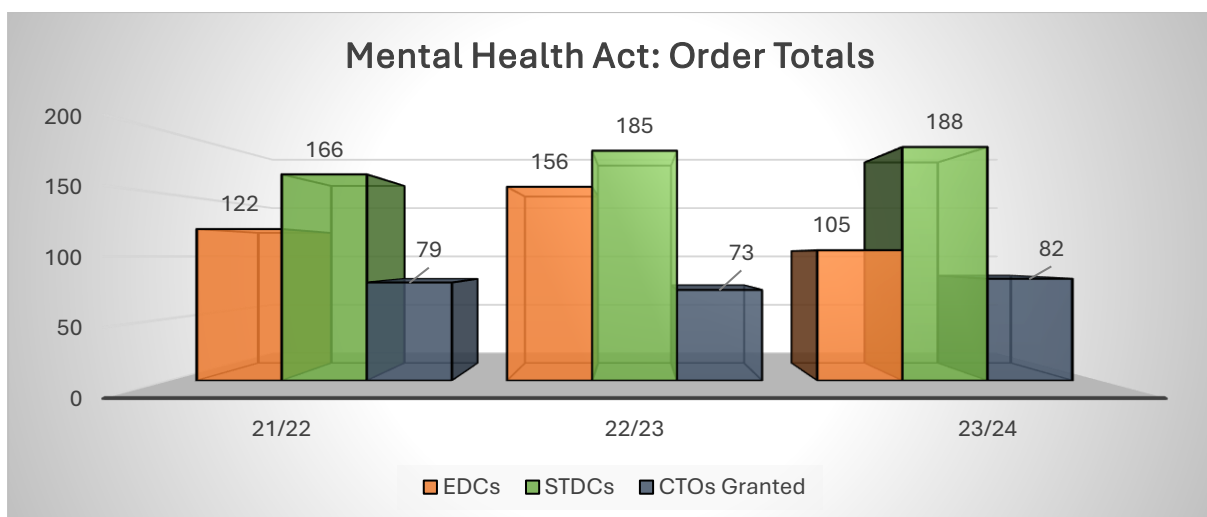
To cope with demand, the service has recruited to a new AWI Practice Lead post. Whilst this post is for 6 months only, we are looking to assess how we can secure permanent funding as AWI work is forecast to continue to increase due to the sharp rise in our aging population.

## The Mental Health (Care & Treatment) (Scotland) Act 2003: The 2003 Act

This Act involves MHO consideration of compulsory detention for the purpose of providing mental health care and treatment. Specific tasks include providing or withholding consent to detention and providing applications to the Mental Health Tribunal. A substantial part of work under the 2003 Act is unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention.

The demand for Mental Health Act work has remained persistently high since 2021. Of note is the increased number of individuals presenting to mental health services for the first time. It appears presentations have been influenced by a multitude of social stressors including, the lasting impact of the COVID-19 pandemic on mental health, the cost-of-living crisis, and the availability of mental health resources, including psychiatric beds. The unavailability of psychiatric beds in Highland, for significant periods in the past 12 months, is a concern.

There has been a reduction of Emergency Detention Certificates (EDC) in favour of an increased number Short Term Detention Certificates (STDC) this year. This is regarded as good practice as the imposition of an STDC affords the right to appeal against the order where the EDC does not.



## Forensic MHO Service

Forensic MHO practice requires an understanding of the relationship between mental disorder and crime. The overarching consideration is public protection.

MHOs work with inpatients within low, medium, and high secure hospital settings, and with outpatients in the community, who are subject to statutory mental health legislation.

Completion and application of advanced forensic risk assessment and management procedures are undertaken.

Contact, particularly with community-based forensic patients, is pivotally important as a means of continually monitoring mental state and managing risk. Monthly assessment evidence is generally required by the Scottish Government, often requiring a weekly visiting schedule. The significant time and attention afforded to supporting forensic patients in the community is not captured in graph data.

One area of concern relates to the lack of available Section 22 Approved Medical Practitioners who assess and complete the required report to accompany Guardianship and Intervention Order applications. Unless both documents are prepared within stated timescales, applications cannot proceed. This has been raised with NHS Highland as an urgent matter.

## Justice Services

Justice Services in Highland deliver a range of services, including statutory support and supervision to those involved in the Court and/or prison system. Justice staff are also located in HMP Inverness.

Quarterly and annual reports that detail performance across a range of quantitative and qualitative measures are produced. These reports (highlighted in table 1 below), show how the Justice Service contributes to the 3 key outcomes in National Outcomes & Standards for Social Work Services in the Justice System – reducing offending, public protection and promoting social inclusion.

**Table 1- Reports & Assessments 2022/23 & 2023/24**

|           | Caledonian Assessment | CJSWR | CJSWR with RLO | Diversion Suitability Report | DTTO Assessment | DTTO Court Review | HDC report | Home Background Report (HBR) | MF:MC Assessment | Prison Parole | RLO Assessment | TARL  |
|-----------|-----------------------|-------|----------------|------------------------------|-----------------|-------------------|------------|------------------------------|------------------|---------------|----------------|-------|
| 2022-2023 | 34                    | 959   | 283            | 158                          | 74              | 273               | 18         | 55                           | 49               | 7             | 14             | 3     |
| 2023-2024 | 38                    | 931   | 210            | 356                          | 73              | 212               | 26         | 37                           | 69               | 8             | 4              | 45    |
| % Differs | 12%                   | 3%    | 26%            | 125%                         | 1.4%            | 22.3%             | 44%        | 33.9%                        | 41%              | 14%           | 71%            | 1400% |

Whilst the table illustrates the variations from the previous year, some increases have considerable impact on the service. For example:

- **Caledonian Assessments** - Caledonian groupwork programmes provide an integrated approach to address domestic abuse perpetrated by men towards a female partner or ex-partner. An increase in assessments brings additional demand

on the report writer at both pre-sentence stage and then at sentence if placed on a statutory order.

- **MF:MC** (Moving Forward Making Changes) – is an accredited programme focussed on males convicted of sexual offences. Again, increases in assessments and subsequent orders impacts as more risk assessments and risk management plans require to be done, monitored and reviewed.
- **Prison Parole** – those released from prison having served a long-term sentence, are placed on statutory licences supervised by social workers. This includes risk assessments; reviews; home visits; offence focussed work; and general support and assistance to re-integrate back into society.

Throughcare Assessment for Release on Licence (TARL) reports have been introduced to encourage collaborative working between Prison Based Social Workers and Community Based Social Workers. TARL reports are composite reports written by both PBSW and CBSW, with one report being produced for the Parole Board rather than two. The intention is for this report to lead to stronger communication and consensus between the workers particularly around the core elements of risk assessment and risk of serious harm.

This change in report for the Parole Board helps explain the significant changes in figures detailed in the above table with regard Home Background Reports (reduction of 33.9%) and TARL (1400% increase).

### Bail Supervision Scheme

Since April 2023, Highland has been fully involved with the Bail Supervision Scheme. Initially introduced in 2022, we were unable to join this scheme due to significant recruitment issues. However, we now have several Criminal Justice Officers in posts as well as a Social Worker covering the work produced by Highland's five Sheriff Courts. Demand for assessments continue to rise which again, is presenting us with capacity issues.

### Electronically Monitored Bail

At the same time as Bail Supervision was extended, the Government introduced Electronically Monitored Bail. This new strategy involves tagging an individual to an address where they could spend a maximum of 12 hours per day within its confines. To date, the uptake has not been significant in Highland. However, there is an expectation that numbers will increase.

### HMP Inverness

A small Justice Team works within HMP Inverness. Work is continuing with regard the building of the new prison with an opening date being 2026. The new prison capacity is expected to double to 200 with a small unit for Young Persons or female prisoners on overnight stays. Contract negotiations will be required moving forward as additional staff will be needed due to the increased prisoner numbers.



## **Multi-Agency Public Protection Arrangements (MAPPA)**

MAPPA remains well established across the Highlands & Islands area with the reporting year seeing continued refinement of the operation of MAPPA. This includes ongoing review of practice and process both locally and nationally.

Transfer requests from both cross border and from other areas in Scotland to have offenders supervised in our area are managed carefully. Multi-agency discussions and meetings are held so that collaboratively, an informed decision is made. However, it is noticeable that the Highlands & Islands continue to see increased numbers of offenders travelling to our area from England & Wales once their legislative orders/licences have been completed. MAPPA services and partners are alive to this issue particularly the impact on additional services such as housing, health and support organisations. We work closely with partners outwith our area to manage these increases.

- There has been a 14% increase in the Registered Sex Offender population within the Highlands & Islands. This impacts on resourcing and budget constraints.
- The Highlands & Islands have an ageing MAPPA offender demographic and are alive to the impacts this may have on community services and adult care services.
- Of note, the level of serious re-offending rates remains below the national average.

The HIMSOG appointed an independent chair at the end of 2023. They will oversee strategic matters along with the implementation an operational group to monitor and evaluate the delivery of MAPPA.

## **Community Justice**

Within Highland, the Community Justice Partnership is hosted by the Highland Third Sector Interface. Highland's new Community Justice Outcomes Improvement Plan (CJOIP) 2024 - 29 was implemented in March 2024. The priorities for the new plan have been identified as:

- Diversion and Early Intervention
- Mental Health and Wellbeing
- Employment, Employability, and Unpaid Work
- Policy, Partnership and Engagement
- Victims
- Housing
- Bail

The three primary areas of focus will include keeping me safe; supporting me to avoid offending; and helping me to realise my potential. The seven priorities mentioned above will be incorporated into these three areas of focus.

# Challenges and Improvements

## Dùbhlain is leasachaidhean

### Integrated Children's Services Plan 2023 – 2026

The Integrated Children's Service Plan 2023-26, outlines Highland's priorities for improvement to ensure that services are integrated for service users including children, young people and their families; that we make the best use of resources; and are meeting our aims to safeguard, support and promote wellbeing, early intervention and prevention.

The plan was developed to ensure it reflected the National Performance Framework Outcomes and incorporated a comprehensive evidence-based joint strategic needs assessment. This assessment includes analysis of quantitative and qualitative evidence and data relating to both service performance and child wellbeing.

The plan is supported by a performance management framework which determines clear indicators for monitoring and evaluating the effectiveness of outcomes in responding to and addressing children's wellbeing needs.

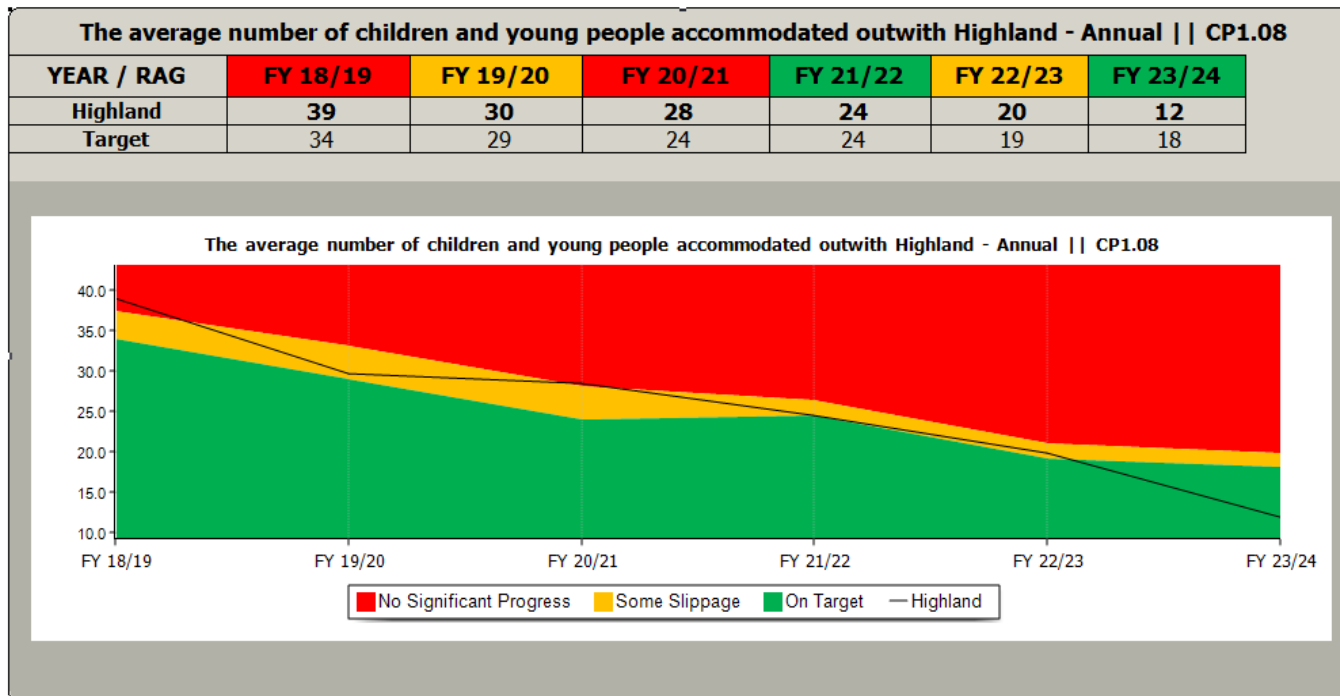
The plan has been developed through a lens of embedding children's rights articulated within the United Nations Convention on the Rights of the Child and reflects the values and principles of Getting it right for every child. It also reaffirms our commitment to 'Keeping the Promise'. **(Additional Information - Appendix 3: The Promise Activity)**

Our objective is to improve outcomes for Highland's Infants, Children and Young People through local delivery of services and provide support by considering the needs of their families across a life course from pre-birth to young adulthood. In taking a life course approach we can more readily identify opportunities to minimise risk and enhance the protective factors through evidence-based interventions.

A significant feature of this plan is our aspiration to develop community scaffolding for our supports through our community-based whole family wellbeing approach. This programme aims to reduce inequalities and improve the health and wellbeing outcomes of the Highland Population through improving cohesion, co-ordination and collaboration of whole family support within Highland's Communities. Working to the founding principles of this plan, communities will be supported by a partnership programme team lead by a programme manager and supported by locality coordinators.

## Home to Highland Evaluation

The review of the Home to Highland programme was undertaken in November and December 2023.



The number of children placed in residential placements OOA has reduced from 48 in June 2018 to 12 in Dec 2023 after achieving the lowest number ever (at 9) in Oct 2023.

Whilst the original focus of Home to Highland was to bring children back to Highland, the Family First Strategy has enabled us to also focus on practice improvements alongside increased community resources, so that children no longer need to move outwith the area. As a consequence, the significant progress being made should now be considered in this context.

**In summary:**

### Success & Achievements

- Care Inspection findings getting stronger with Good, Very Good and **Excellent!**
- Reduction of 12 beds + 4 3<sup>rd</sup> Sector with resources shifting to the community.
- Lowest numbers in Residential.
- Lowest numbers in high cost external provision
- Lowest numbers in Secure Care
- Lowest numbers of Looked After Children

## Quality Assurance and Reviewing Team

The Quality Assurance and Reviewing Team (QAROs) are key in ensuring practice is both appropriate and effective, but also improving. The review process for every child who is Looked After at home or in residential, secure, foster care or who has a Child Protection Plan continues to be chaired by a QARO or a manager who is independent of the responsible operational team.

The QARO team continue to have regular meetings with the Additional Supports Needs Officer and Senior Lead Manager Specialist Support Services and Who Cares? Scotland. They have representation in the following groups:

- All about me and my story
- Better hearings implementation
- Securing futures
- Securing futures for children and young people
- Comraich (our Unaccompanied Asylum-Seeking Children project)
- The Promise language subgroup

The QARO team are developing information leaflets for children, young people and their families and carers around Child's Plan Meetings and Child Protection Planning Meetings. They also give individual input to health and social work colleagues when requested on Child Protection processes and expectations in meetings. Initial input on the role of Scottish Guardians was well received and further training is planned to aid process knowledge, the legislative base and trauma informed practice with Highland's Unaccompanied Asylum-Seeking children and young people.

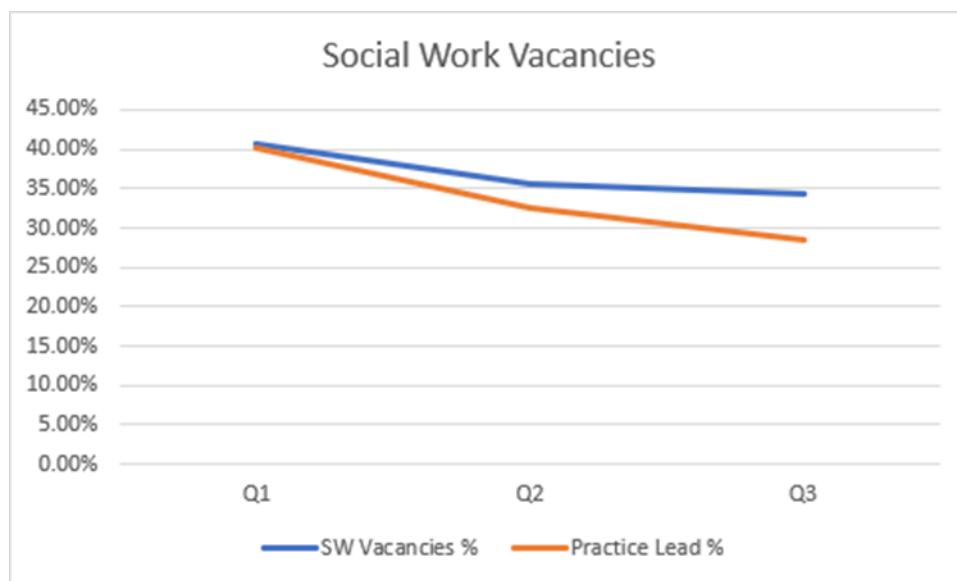
### Use of Data and Audits

The Children's Service has made use of the data available to understand the issues affecting children and young people in Highland. Examples of this include a review of re-registration data, referrals to the Scottish Children's Reporters Administration and the group are currently conducting a review of child protection registrations which have increased significantly in the past year. We have reviewed gaps in data provision and are currently addressing these whilst updating to Version 2 of the national minimum dataset.

Audits in relation to Interagency Referral Discussions (IRDs) are taking place bi-monthly with feedback to practitioners. Training for audit purposes is planned for April 2024 to increase capacity for single and multi-agency audits across the partnership. As part of our improvement journey, a full multi-agency case file audit will take place in May 2024 to establish the quality of assessment and planning processes for child protection, and progress made since the Inspection took place.

## Workforce Vacancies

Workforce vacancies are a major challenge for all services across Highland. However, the most acute vacancies are being experienced in Children’s Social Work. The following graph – whilst demonstrating progress being made – needs to be taken in context. Quite simply, vacancy levels remain so high, they are articulated as a key risk on the Corporate Risk Register.



Whilst we have been able to recruit workers, many are newly qualified. This brings additional pressure around supervision requirements. Further, newly qualified staff cannot take on complex cases so capacity within teams is reduced even though staff numbers have increased.

The vacancy rate for social workers in Justice is **19%**. Historically, Justice Services have a stable and full workforce. However, they are also seeing vacancies emerge alongside a reducing pool of social workers to recruit from.

Within the MHO Team, the increasing volume of work (particularly in relation to Adults With Incapacity) has led to demand often exceeding service capacity. Due to an aging population, this is expected to continue on an upward trajectory. It is acknowledged that this is a national issue not just a Highland one.

Front line team managers are responsible for ensuring workload prioritisation and allocation of work across locality teams. Our managers are carefully screening and prioritising requests for assistance, where there are concerns, predominantly from partner agencies in Police, Health and Education into our Family Teams. All protection work remains our highest priority.

Due to capacity issues, we have to prioritise according to risk. Consequently, other parts of service delivery may receive a reduced focus (eg. early help from services in Family Teams or focus on permanency work). To compensate, universal services in Child Health and Education are now having to deal with increasing complexity of need.

Care at home and care homes are experiencing significant recruitment challenges. NHS is well aware of its own staffing challenges, and these are being similarly, and arguably, more acutely, experienced by independent sector providers, whose terms and conditions are generally lower than those offered by NHS.

In Highland, the unemployment rate is 2.7%, which is significantly lower than the Scottish average of 3.2%. This means there is a comparatively lower pool of potential employees within the marketplace in Highland from which to recruit. Within Highland, there are further particularly challenged areas around tourism and seasonal economies, increasing the level of difficulty recruiting and retaining staff.

## **Highland Health and Social Care Partnership Strategic Plan Adult Services 2024 – 2027**

The Joint Adult Strategic Plan was approved by the Joint Monitoring Committee in December 2023 and will govern the delivery of integrated health and social care services for adults in Highland over the next 3 years.

The Plan articulates how partnership working with third sector partners and communities across Highland will improve outcomes. It is a pan-Highland plan and recognises that the development of Locality Improvement Plans are required – and essential – to enable these improvements to happen.

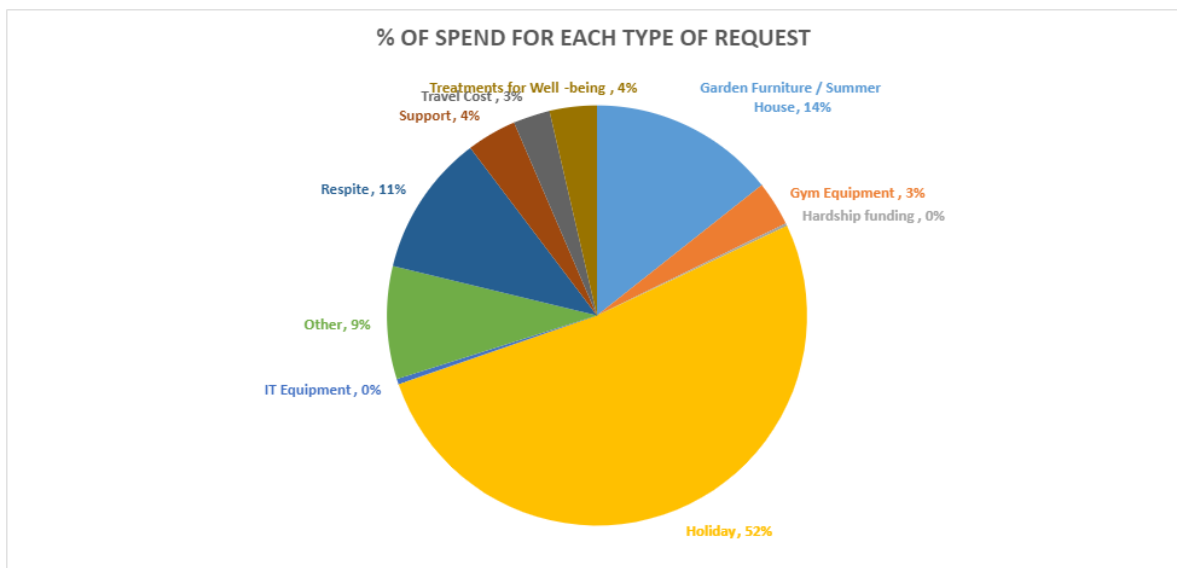
The stated aims are:

- We will co-produce and co-deliver services in partnership with communities and individuals to reduce inequalities, ill health and dependence.
- We will enable more care and support to be delivered closer to or at home.
- We will ensure we put the person at the centre.
- We will value the workforce that deliver care to our population.

## **Unpaid Carers Services**

During 2023, a successful Carers Roadshow took place throughout Highland to offer support and information and gather information to inform our Carers Strategy which is being updated into 2024.

We continue to operate an Option 1 Short Breaks scheme in Highland now known as the Wellbeing Fund. Over the course of 2023/24, 494 applications were approved which enabled those applying the opportunity to create unique and personalised breaks.



We are also working to increase the availability of independent support for unpaid carers in respect of accessing SDS for themselves and those they care for. The availability of place-based respite declined dramatically during and post the Covid-19 Pandemic and have never fully recovered. However, through 2023/2024 alongside person centred initiatives there is a steady increase to establish residential care availability to offer short breaks.

### Self-Directed Support Self-Evaluation and Improvement

The development of a new SDS Strategy for Highland was predicated on the understanding that much of the ethos of choice, flexibility and control had not been fully realised across the operation of our social care system.

An opportunity arose (as part of the National SDS Improvement plan) to carry out a Self-Evaluation exercise - supported and guided by partners in Social Work Scotland and the iHub (Healthcare Improvement Scotland) – against the SDS Framework of Standards (Social care - self-directed support: framework of standards - gov.scot ([www.gov.scot](http://www.gov.scot))).

We used independent facilitation to run a defined set of "Appreciative Inquiry" sessions. With 40 participating professional staff across three sites, the exercise included: Children's Services and staff from NHS Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners etc. Staff involved were front-line workers and their immediate managers.

From this, a small set of focused improvement actions (experiments) have emerged. These ideas were co-designed by participants from their shared understanding of the system they worked within. The areas identified for piloting by identified Teams are:

- 1) Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making
- 2) Trialling a different model of "Eligibility": the role of Teams should be to provide appropriate advice, guidance and assistance within their communities
- 3) Exploring new approaches to place-based commissioning to meet local need across a defined geography

Planning is well underway, and we aim to run these pilots across the calendar year. Progress will be monitored and supported by a Programme Board. Additional activity is also going on in relation to Personal Assistant events and support, independent support and place-based commissioning.

## **Adult Support and Protection Inspection**

The Care Inspectorate, alongside its partners in Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, carried out an inspection of Adult Support and Protection in Highland between December 2023 and March 2024. The subsequent report was published in May 2024.

In summary the Inspectorate identified the Partnership's Strengths as follows:

- Initial inquiries were carried out in line with legislative principles and supported by good communication and information sharing.
- All investigations were conducted by a council officer. They were of a good quality and supported by comprehensive risk assessments and protection plans. The partnership was transitioning toward the new codes of practice.
- Case conferences were multi-agency and attended by relevant Practitioners. They were well chaired, demonstrated a person-centred approach and produced accessibly written minutes, including protection plans.
- The development of both the teleconference model and nominated officer role were impactful. These initiatives supported good information sharing and collaboration between and across organisations.
- The partnership's commitment to joint improvement recognised the need for a senior health manager to hold an adult support and protection remit.
- Effective leadership and governance of adult support and protection as strengthened through good working relationships between the chief officers' group and the adult protection committee. Strategic oversight of initiatives supported strategic and operational improvement.



Priority areas for improvement were:

- The partnership should continue the work it was undertaking to improve the quality and consistency of chronologies.
- Most service users were informed they were the subject of an inquiry. Where they were not, the reasons why needed to be more clearly recorded.
- An effective communication plan was needed to share and promote the strategic mission and good work of the adult protection committee with staff.
- The partnership's multi-agency self-evaluation framework was not in place due to a significant delay in developing an information sharing agreement. This was in the final stage of being addressed and should be implemented at the earliest opportunity.

Taken together the Inspectorate reported that the Partnership's Key Processes and Strategic Leadership were effective with areas for improvement. An Improvement Plan has been developed and will report into the Adult Protection Committee so that progress can be monitored and scrutinised.

# Resources

## Goireasan

### Budget and Investment

Funding for social work services in Highland amounts to just over £238m. Of this:

- £179m = Adult Social Care (see table below)
- £4.2m = Justice Services
- £55m = Children's Services  
(including £11.5m from NHS for Child Health Services)

Investment was also given to Children's Services as detailed in 'Our Future Highland Budget Strategy 2023-24'. The Service's vision articulated in the newly created Family First Strategy - firmly based around The Promise and the principles of GIRFEC (Getting It Right For Every Child)) - was recognised and endorsed by THC with two investment funds made available. Firstly, recognising the vital role undertaken by foster carers, kinship carers and adoptive parents, the Council invested £1.306m which increased allowances and enhanced support and training to carers.

The second investment of £1m in the Family First Strategy was required if we were to achieve our vision of safely maintaining as many children and young people at home within their family group. Consequently, this investment enabled us to create three new teams with specific remits:

- Family Group Decision Making
- Rights, Advocacy and Participation
- Scottish Child Interview Model (SCIM)

Justice Social Work is specifically funded by a Scottish Government ring-fenced grant administered in accordance with Section 27 of the Social Work (Scotland) Act 1968, as amended. In 2023/24, the grant allocation for Highland Justice Service was £4,207,838.

This budget is under considerable pressure as no increase in line with inflation has been received over many years. As a result, any pay awards or increasing costs in respect of vehicles, fuel, equipment, etc to carry out the various tasks and demands, have to be found from within the allocation given.

Health and Social Care were given savings targets of £3m for 2023/24. Whilst full savings have not been met for the Service in-year, a balanced budget has been achieved due to the significant number of staff vacancies. The unachieved savings of £1.6m will be carried forward and added to the savings target agreed for 2024/25.

Positive trends are being shown in Looked After Children, with the relevant forecast showing that the number of children in out of authority residential provision is consistently at the lowest level it had been at for some years. The Home to Highland initiative, which forms part of the broader Families First Strategy, continues. Positively, the year-end figures show savings of £1m in terms of the looked after children element of the budget (historically, these lines have shown significant overspends). Although there do remain challenges in terms of the Looked After Children spend – principally in terms of the in-house residential provision – there is significant ongoing work and a level of confidence that those figures which have improved over the course of 2023/24 will continue to do so.

Alongside the above stated savings, we can now articulate progress with regard shifting the balance of spend in relation to looked after children. The full budget was originally all spent outside of Highland but in 2023/24, it is estimated that 70% (of the now £12.9m budget) is currently spent on in-area services for Care Experienced Young People. This has enabled the development of over £8 million in-area services detailed earlier in this report, which help stop children going OOA as well as serving as places for children to return to.

Looking at 2024/25, savings identified will be presented in the new Council Delivery Plan with workstreams and projects developed. Whilst this will enable close monitoring of savings targets, it will also assist in identifying pressures within service delivery.

### NHS Highland

Adult Social Care has an annual budget of £179m. At the end of year, a balanced position was delivered following receipt of allocations and the use of reserves held by Highland Council (£9.8m).

| Services Category  | Annual Budget<br>£000's | FY Actual<br>£000's | FY Variance<br>£000's |
|--|-------------------------|---------------------|-----------------------|
| <b>Total Older People - Residential/Non Residential Care</b> | <b>58,359</b>           | <b>57,375</b>       | <b>984</b>            |
| <b>Total Older People - Care at Home</b>                     | <b>34,674</b>           | <b>36,843</b>       | <b>(2,168)</b>        |
| <b>Total People with a Learning Disability</b>               | <b>41,778</b>           | <b>45,446</b>       | <b>(3,668)</b>        |
| <b>Total People with a Mental Illness</b>                    | <b>8,276</b>            | <b>8,373</b>        | <b>(97)</b>           |
| <b>Total People with a Physical Disability</b>               | <b>8,334</b>            | <b>8,650</b>        | <b>(316)</b>          |
| <b>Total Other Community Care</b>                            | <b>18,441</b>           | <b>18,247</b>       | <b>194</b>            |
| <b>Total Support Services</b>                                | <b>9,150</b>            | <b>4,733</b>        | <b>4,417</b>          |
| <b>Care Home Support/Sustainability Payments</b>             | <b>-</b>                | <b>(655)</b>        | <b>655</b>            |
| <b>Total Adult Social Care Services</b>                      | <b>179,011</b>          | <b>179,011</b>      | <b>-</b>              |

Due to the significant pressures within ASC, alongside a model that is not financially viable when forecasting future spend, an ASC Cost Reduction Plan has been identified. Further, Highland Council have put aside a £20m transformational fund to identify and enable change to service delivery models within ASC, consistent with the agreed Strategic Plan.

Programme activity in terms of the transformational fund, will be monitored within THC's Delivery Plan.

### **Agency Spend**

Within social work services in THC, we spend - on average - £1m on agency staff per year. Whilst we want to reduce the use of agency staff and replace with permanent staff, we continue to face significant recruitment challenges (see workforce section). Consequently, the cost of agency workers has to be offset against the need to maintain service delivery.

Staff costs within Adult Social Care have also seen excessive spend on agency and bank staff. Staff shortages across all areas of service delivery has resulted in the need to access these high-cost options to ensure needs are being met in the community – whether it be care at home or care homes.

# Workforce

## Feachd-obrach

Staff vacancies in Highland's social work and social care services continue to be significant. In February 2024, the Health and Social Care Workforce Plan Annual Progress Report was submitted to the Health, Social Care and Wellbeing Committee. The report was submitted to inform members of the progress made during 2023/24. This report included:

### 1. Recruitment and Retention:

- Social worker vacancies reduced from 41% to 34%. Whilst a positive shift, having such a high vacancy figure impacts significantly on service delivery, meeting statutory duties and managing risk. There is also significant impact on staff and client wellbeing.
- Critical key posts have been identified for succession planning.
- The rolling trainee programme successfully delivered 6 newly qualified social workers in 2023. The programme purposely recruit the trainees from the areas with the highest number of difficult to recruit posts. By recruiting staff who are already living and working in the local communities we are improving the probability of retaining and developing these staff in our workforce. We will continue with this successful programme.
- In addition to our current Practice Support officer post we have created and recruited to a Learning & Development Social Worker role to provide additional support to our newly qualified Social Workers and to prepare the service for the SSSC new Supported Year requirement.
- Job descriptions of most difficult posts have been refreshed to make them more attractive for recruitment.
- A video has been recorded and is now used to support recruitment on My Job Scotland.
- More administrative support has been created to enable front line managers to focus on service delivery.
- An analysis of exit interviews has shown that lack of development opportunities is a key reason for people leaving.
- A working group to review the induction programme has been formed.

### 2. Staff Wellbeing and Performance

- In order to reduce sickness absence, an attendance management e-learning module for managers was launched at the end of 2023, to enable managers to provide employees with appropriate support. In addition, employees can access the employee assistance programme 24/7. Furthermore, the Attendance Support Officer continues to provide managers and employees with support, guidance and advice.

- A Staff Wellbeing survey was conducted in December 2023 which 24% of the Health & Social Care staff responded. The responses highlighted that H&SC staff feel well supported by their colleagues and line managers. 70% of staff know where to seek support when dealing with mental health, managing stress and or bullying and harassment issues. This is a significantly higher score than seven of the eight other services within the Council.
  - The survey identified some areas of improvement specifically workloads and working relationships with other services in the Council. A corporate action plan is currently in development and the Council and the Service will continue to survey staff on a regular basis.
3. Other Key Staffing & Workforce Issues:
- 41% of the H&SC workforce is older than 50 years
  - The turnover rate for Health & Social Care staff was 14.7% which is a significant number, mainly impacted by the aging workforce. This is also in line with “The Big Resignation” which is an international issue across all workforces.
  - The Service has identified many difficult to recruit vacancies. This is a national problem enhanced in rural areas of Highland Region. Especially in the North and the West areas. Housing is a particular issue in the West due to the lack of available and affordable housing, which is highly impacted by the tourist industry.

Whilst mitigation actions have and continue to be taken to address recruitment and retention issues, it is acknowledged that all current vacant posts will not be filled.

Consequently, we have had to focus on:

- a recruitment and retention strategy with significant activity around trainee social workers and ‘growing our own’
- a staffing model that focusses on both speciality roles and teams to target specific areas (ie Family Group Decision Making), whilst also developing support worker roles to focus on early intervention and prevention across services – with help and support being offered on a whole system approach

## **Trainee Schemes Activity**

### Trainee Social Worker Scheme

As part of workforce planning, and the focus of recruitment and retention, a scheme was developed based on a previously successful initiative which recruits suitable candidates from within internal staffing across the Council including Highlife Highland and NHS Highland colleagues. The Higher Education Institute (HEI) is the Open University, chosen for their high standard undergraduate and postgraduate courses. Vivality, they have significant experience and success regarding remote learning, which, given Highland’s geography, is a significant and necessary consideration.

2023 saw 4 Trainees graduate and another 7 Trainees appointed bringing the total number to 9 in THC. 2023 saw the scheme extended into a Youth Action Team and Justice Services. THC utilised a Scottish Government Grant of £8516 which was used to increase numbers from 5 to 7 in 2023. Highland's trainee model scheme is being acknowledged nationally with several Local Authorities requesting details from us to assist them setting up their own Traineeship/ Grow your Own schemes. This scheme will run approximately every two years with plans to extend the scheme into Child Health and Disability/Transition Teams.

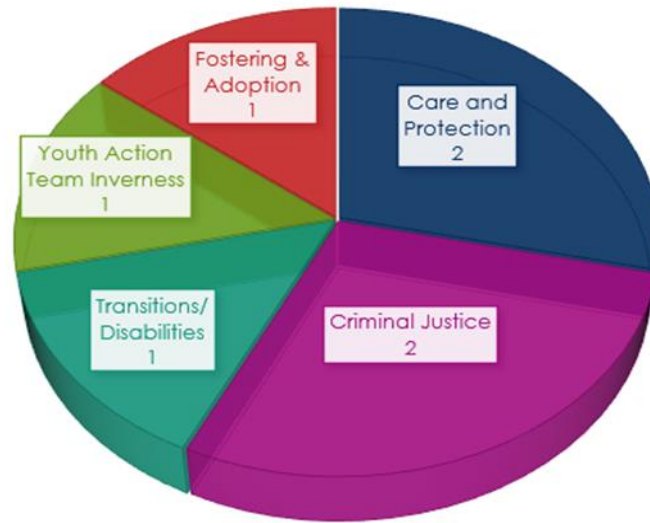
The appointment of a Practice Educator- Social Work post in September 2023 increased our capacity to provide statutory placements within Children's Services. Currently the Practice Educator is practice teaching 4 Trainee Social Workers on placement (2 THC Trainees and 2 from NHS Highland). The Practice Educator runs bi-monthly Trainee group sessions promoting networking and focussing on specific Trainee developmental needs. The Practice Educator also supports Trainees on an individual and group basis and co-facilitates the Newly Qualified Social Workers forums. The Practice Educator is currently liaising with HEI's regarding student placement requests from August 2024 onwards.

#### Graduate Apprenticeships in Social Work

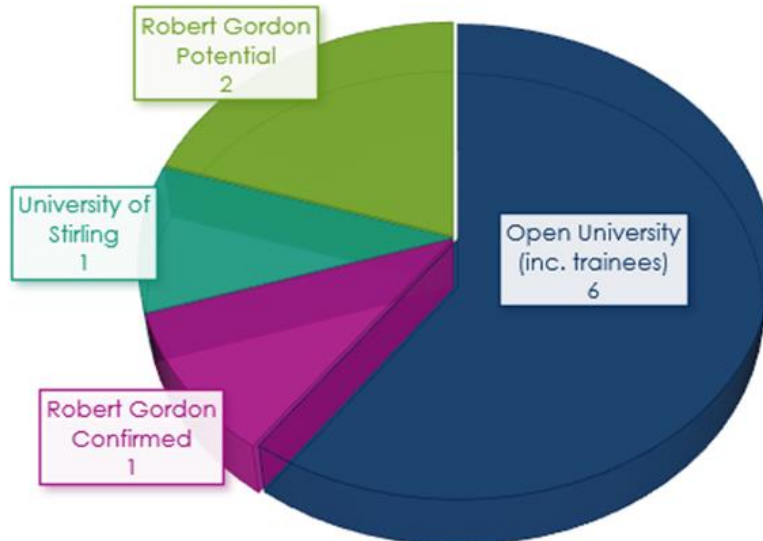
The Principal Officer, Social Work, continues to chair the steering group for the Open University and represented THC in the short-term Scottish Government Agile Working group on Graduate Apprenticeships in Social Work. The Scottish Government presented a business case to Skills Development Scotland to consider extending the Graduate Apprenticeship Scheme to Social Work in Scotland. It is important to note that while there is national interest in this scheme, conservative estimates suggest there is a 2 year lead-in time. THC have noted their commitment to the scheme alongside other Local Authorities.

THC and NHSH met with colleagues in the University of Highland and Islands for preliminary discussions around developing a Graduate Apprenticeship Scheme in Social Work.

### HIGHLAND COUNCIL PLACEMENTS 2024



### PREDICTED NEW PLACEMENTS 2024



#### Adult Social Care Trainee Scheme

The trainee Social Worker scheme is now well established and there are currently 5 Social Workers in training across our Adult Social Work teams. The trainee Social Work scheme has been invaluable to our workforce planning, particularly in our remote and rural teams. The aim is to continue to develop this scheme and plan this in parallel with our learning and development of experienced Social Workers which includes supporting the Post Graduate certificate in Social Work practice education.



### Postgraduate Certificate Mental Health Officer (MHO) Award

The MHO Team have aligned with Robert Gordon University with regard the postgraduate MHO Award. Since becoming operant in Summer 2022, the service has successfully recruited 7 Trainee MHOs, thus avoiding a recruitment crisis. A further 2 members of staff are due to complete their Award in September 2024. (Note: it takes approximately 12 months to gain this Award).

The Highland MHO Team received national recognition by winning the Scottish Association of Social Work (SASW) MHO Practice Award 2023. This award, developed and implemented in-house by the team, is ground-breaking in national terms and looks to “grow our own” MHOs. A number of local authorities have contacted the team for advice on this initiative and plan to take this forward in their own areas. The whole team supports this scheme, offering mentorship and training opportunities through shadowing and general support.

Whilst many MHO Teams across Scotland are experiencing considerable staffing challenges, the Highland team, along with senior managers, have been focused on succession planning (particularly around retirement) for several years. Consequently, adapting to market challenges – and developing the ‘grow your own’ scheme – has kept staff vacancies to a minimal.

### Child Health Professionals

Through implementing the five pillars of the national workforce strategy (Plan, Attract, Train, Employ and Nurture) and through working with Higher Education and implementing a successful advanced nurse training programme for health visitors and school nurses, the mean vacancy rate for Health Visitors and School Nurses has fallen from 30% in 2019 to 8% in 2023. However, pressures continue to be evident across small specialist nursing and Allied Health Professional Teams, where there is national shortage of staff with the specific specialist core health qualification. In 2023, the vacancy rate rose to around a mean of 10% which in small teams, has a noticeable effect.

### Adult Social Care

A two-year Careers and Attraction Officer is now in post and is dedicated to innovative approaches to support the adult social care workforce and this post holder works collaboratively with an independent lead.

In response to limited availability for urgent social care community staffing needs, inhouse services developed the Reserves Team in 2022. This team fostered a nurturing, value-based leadership approach which shaped a team who brought a variety of skills but not necessarily social care experience. Through a robust learning framework and strong

leadership, this team evidenced the ability to successfully recruit and deliver high quality care across a wide range of roles and services. This service works across all in house services including care at home and day services as well as care homes.

There is inhouse service delivery of Care at Home and enablement across the 9 District areas of Highland. These services are individually registered and designed to support local need. Given the overall demands across the social care sector continuous improvement through use of systems in practice is ongoing to ensure that resources are being used in the most efficient way.

# Training, Learning and Development

## Trèanadh, ionnsachadh is leasachadh

Core training and learning and development opportunities remain key components for our workforce. Staff surveys and exit questionnaires for those leaving the organisation have highlighted the importance of these activities within the job.

Due to the changing make up of our workforce, we have had to develop and invest in this area. Ensuring workers continue to learn and train thus achieving compliance with SSSC registration requirements is key. However, we have also needed to build in additional support and learning for our newly qualified workers as well as those who have taken on promoted roles.

Within Children’s Social Work, the Learning and Development Strategy has been updated to reflect needs identified within the staff survey and through Inspection. Three additional members of staff have been trained to deliver the Graded Care Profile training, a strengths-based tool to support families affected by neglect. Additional training has been provided for staff and managers in relation to exploitation and trafficking. The CPC Training Officer has worked with partners to develop a range of e-modules and update training programmes.

Training statistics for 2023/24:

| Course Title                                | Total courses held | Total Attendees |
|---|--------------------|-----------------|
| Assessment and Analysis in Child Protection | 9                  | 179             |
| High Life Highland R&R                      | 36                 | 475             |
| Recognition & Response                      | 106                | 2811            |
| Understanding Child Protection Processes    | 8                  | 169             |
| Vulnerable Pregnancy                        | 4                  | 53              |
| Trauma Informed Practice                    | 9                  | 156             |
| Childhood Adversity & Trauma Pt1            | 3                  | 47              |
| Childhood Adversity & Trauma Pt2            | 3                  | 44              |
| Promise Conversation cafe                   | 4                  | 68              |
| Harmful Parent Child Interactions           | 5                  | 59              |
| Graded Care Profile                         | 2                  | 25              |
|   | <b>189</b>         | <b>4086</b>     |

The Promise Programme Manager and CPC Learning and Development Officer have been delivering Promise Conversation Cafes for staff and developed a Preferred Language Guide which is due to be launched in May 2024 at a ‘Mind your Ps and Qs’ Language Academy event. The Training Calendar has also been extended to include relevant training from

partners in statutory and third sector agencies in order that all staff have improved access to training opportunities.

### Child Protection Training

THC annually purchase places on the PG Certificate Course Child Welfare and Protection, and the Practice Learning Qualifications (Social Services) award. In 2023, 3 Social Workers and 1 Training and Development Officer started the PG Certificate Course in Child Welfare and Protection- all are due to complete in July 2024. We currently have 2 Practice Learning students- both currently have Trainees on placement (1 from the THC and 1 from NHH). We plan to recruit to both courses in the latter end of 2024, recognising the importance of staff development on competence and confidence; direct practice; service delivery; and the positive impact student and Trainee placements have on Social Work recruitment.

The Principal Officer- Social Care remains an agency stakeholder in the postgraduate courses in the University of Stirling and a member of the Course Management Team for the Practice Learning Course at Robert Gordon University.

### Joint Investigative Interview Training (5-day model)

Joint Investigation Interview Training (JII) was delivered in April 2023 and March 2024 with another course planned in September 2024. THC co-delivers this training with Police Scotland- training Social Workers and Police Officers in Highland, Shetland and Orkney. While THC continue with a blended Scottish Child Interview Model and Joint Investigative Interview (5-day model) delivery of these courses have aided the JII trained cadre numbers across Highland, Shetland and Orkney.

### Newly Qualified Social Worker (NQS) supported year in practice early implementation scheme

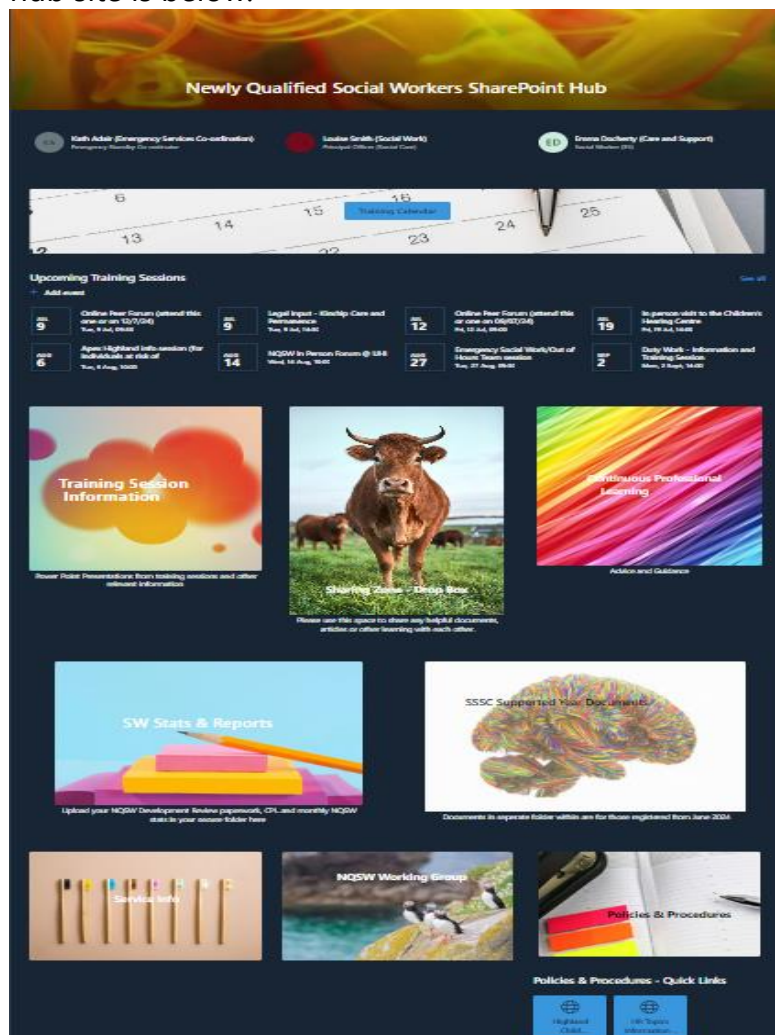
NQS Supported Year is a national approach based on a best practice model to support newly qualified social workers transition into the workforce ensuring an increasingly confident and competent workforce. Highland, along with Moray, Eilean Siar, Argyll and Bute, Orkney, and Shetland LAs, (referred to as the North Partnership) were successful in securing funding to be one of the early implementation sites. THC used this grant funding to recruit a part time post to provide enhanced support and development for NQS (from April 2023-May 2024).

As the NQS supported year in practice becomes mandatory in October 2024 all future NQS will be registered on the supported year in practice. Acknowledging the significant numbers of NQS in recruitment and associated development needs of this group, a full

time post - Social Worker (Learning and Development) - has been developed with recruitment planned for June 2024. This post marks a significant investment in NQSW. An implementation group was established in early 2024, comprising senior leaders, Practice Leads and NQSW from across Justice and Children's Services. This group progresses full implementation of the supported year and is currently focusing on each employer support in turn. The Social Worker (Learning and Development) continues to attend the NQSW national bi-monthly meet organised by the SSSC.

THC have 22 NQSW in post with the majority on the supported year early implementation pathway. In the past year, 5 NQSW have successfully completed the supported year whilst 2 resigned before completion.

The development of a NQSW SharePoint site has been a welcome addition for staff. It again illustrates the importance of enabling and supporting communication and engagement with and between peers, particularly when working across such a large geographical area. This hub site is below:



## Post-qualifying training

Thematic training courses based on Social Work specific needs including supervision, is planned to be delivered to Practice Leads and Residential Managers (1 full day and 2 half days) in April and May 2024. This is being commissioned acknowledging the need for supervision training including being trauma informed, working with colleagues with neurodiversity, NQSW needs and the impact of moral injury. A key aim of this is to increase confidence of managers in delivering developmental supervision.

## **Adult Social Work**

This year there is continual growth in demand for Adult Social Work assessment and intervention across our Highland communities. Throughout 2023/24, focus has been on supporting our Social Workers to practice in a supportive service including their individual learning and development. We are also undertaking a full review of the Social Work learning and development framework.

Several learning and development initiatives have been developed with a focus on practice improvement, supporting shared learning and peer support:

- Online development sessions on Case Recording, Risk Assessment and Chronologies. These rolling sessions build on key areas of practice improvement and are designed to be smaller sessions with opportunity for reflective practice and shared learning across teams.
- Social Work and Social Work Assistant Forums – Held quarterly, these forums enable practitioners to meet with peers for support and to bring key areas for discussion and learning.
- Supervision training for all Principal Officers, Senior Social Workers and Social Work managers. This training recognises the importance of supporting workers with the role of supervising Social Work staff to develop this area of their own learning and development. We recognise the importance of good supervision in promoting good practice, workload management and staff wellbeing.
- Newly Qualified Social Worker Development Sessions to support NQSW across the service to come together for peer support to share experiences and be supported in their early career development.

The trainee Social Worker scheme is now well established and there are currently 5 Social Workers in training across our Adult Social Work teams. The trainee Social Work scheme has been invaluable to our workforce planning, particularly in our remote and rural teams. Our aim is to continue to develop this scheme and plan this in parallel with our learning and development of experienced Social Workers which includes supporting the Post Graduate certificate in Social Work practice education.

## Looking Ahead

### A' coimhead air adhart

The improvement journey which stemmed from inspections within Children's and Adult Protection Services, will continue in 2024/25. Children's Services will look to embed family support and the whole family wellbeing programme into the Family First Strategy. This will be across services and teams and involve numerous partners. Our vision is to get help, support and advice to those that need it, when they need it, and within the community.

Inspection activity will continue during 2024/25. A national thematic inspection with regard Social Work Governance and Assurance is planned alongside a self-evaluation within Justice Services. The biggest challenge will be balancing the 'asks' of the inspections/self-evaluation work alongside the delivery of improvement plans in both children's and adult services, whilst maintaining service delivery with the workforce challenges we have.

There is no doubt that the staffing vacancies impact on Highland on a much greater scale than the rest of Scotland. However, all organisations are working together to identify options available. Further, we will continue to grow and develop our various trainee schemes as well as our learning and development opportunities. These are key to attracting and retaining staff.

We will continue to liaise with the Scottish Government around innovative work solutions. For example, the area of retirement and return. Within NHS, this is now an accepted practice. Consideration should be given to this within the social work profession – albeit government funding for this would be required.

Within adult social care, the current model is not sustainable. We need to move from crisis and introduce different working models as well as alternative commissioning arrangements. A funding stream has been made available from THC and can help with this (£20m over 3 years). Workstreams will be identified and triggered to help transform service delivery.

A significant focus in 2024 onwards will relate to the National Care Service developments. As stated previously, Highland has a lead agency model – the only one in Scotland. Any change to the model will require considerable activity to fully appreciate the impact that changes will have, as well as actions required to transfer service delivery from one model to another. Highland also has the additional issue of social work staff in Adult Social Care being employed by NHS Highland on Agenda for Change terms and conditions. These terms and conditions differ from those workers employed by THC and a solution will have to be found to address any disparities that exist.

# Conclusion

## Co-dhùnadh

This report highlights the significant challenges social work and social care have and will continue to face. However, it also articulates the continuing professionalism of staff across all services who remain committed to delivering services to clients and their families. To help staff reach their full potential, Highland Council and NHS Highland remain committed to workforce training and development programmes as we want to retain staff as well as attract.

The Highlands presents unique challenges due to its geography and workforce pressures. However, it also offers opportunities to do things differently – in our communities - and with all partners playing a role. Whilst increasing demands and complexities will continue to be placed on us, being committed to supporting, enabling and protecting people will remain at the heart of what we do.



# Appendix

## Eàrr-ràdh

|   |          |
|---|----------|
| Appendix 1 Child Protection Minimum Dataset 2 | pp 52-62 |
| Appendix 2 Adult Social Care Data Slides      | pp 63-67 |
| Appendix 3 The Promise Activity               | pp 68-72 |

## Appendix 1 - Child Protection Minimum Dataset 2 Report

### Child Protection Register – Numbers & Rates

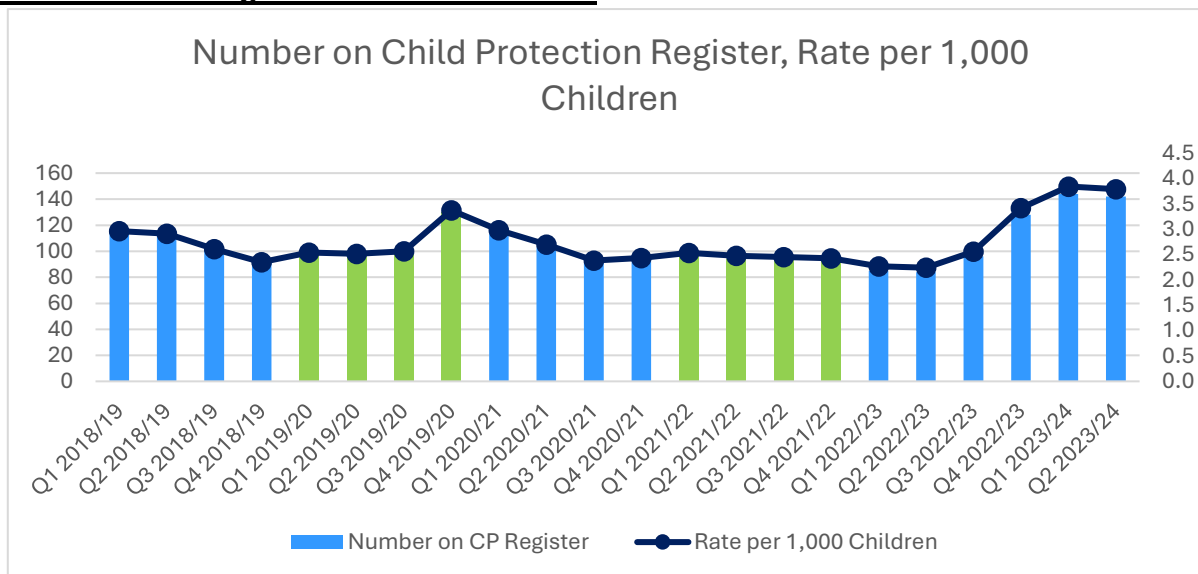


Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered

The overall trend since Q4 2019/20 has been of a downward trajectory; however, the previous 3 quarters are showing a notable increase which is higher than the 130 recorded in Q4 2019/20. The Service should note that the 130 occurred during the initial phases of the pandemic, where practitioners were likely to have been more reluctant to deregister children with increased isolation and less support available to them. Large sibling groups being registered or de-registered can also impact on overall figures.

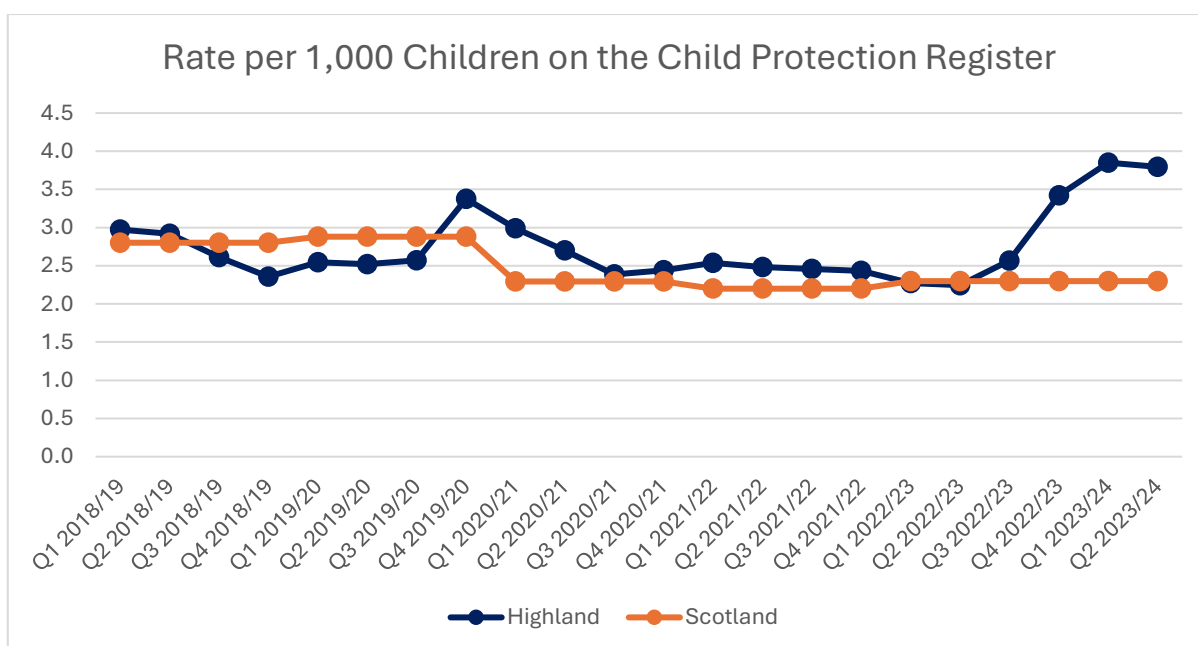


Chart 2: Rate per 1,000 Children on the Child Protection Register – Highland Council v Scotland

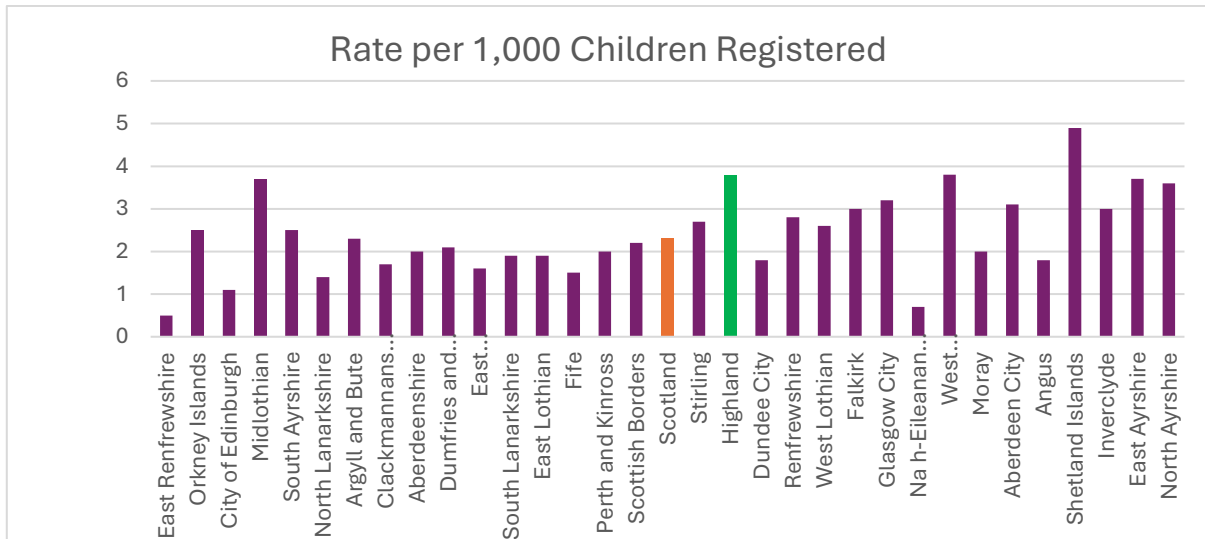


Chart 3: Rate per 1,000 Children on the Child Protection Register – Highland Council in comparison with other Local Authorities

The Scottish Government have published their 2022-2023 Social Work Statistics which shows the national Rate per 1,000 Children Registered in Scotland has risen slightly from 2.2 to 2.3 – seen in Chart 2 above.

In Highland, in Q2 2022/23 the Rate per 1,000 Children Registered was at 2.2 – slightly below the current national average. However, with the higher number of children registered in Q2, Highland now sits at 3.8 slightly lower than 3.9 in the previous quarter.

Chart 3 shows the Rate per 1,000 Children Registered on the Child Protection Register across all Local Authorities with the last updated data. For Highland Council, that will be Q2 2023/24, for all other Councils this will be Q4 2022/23.

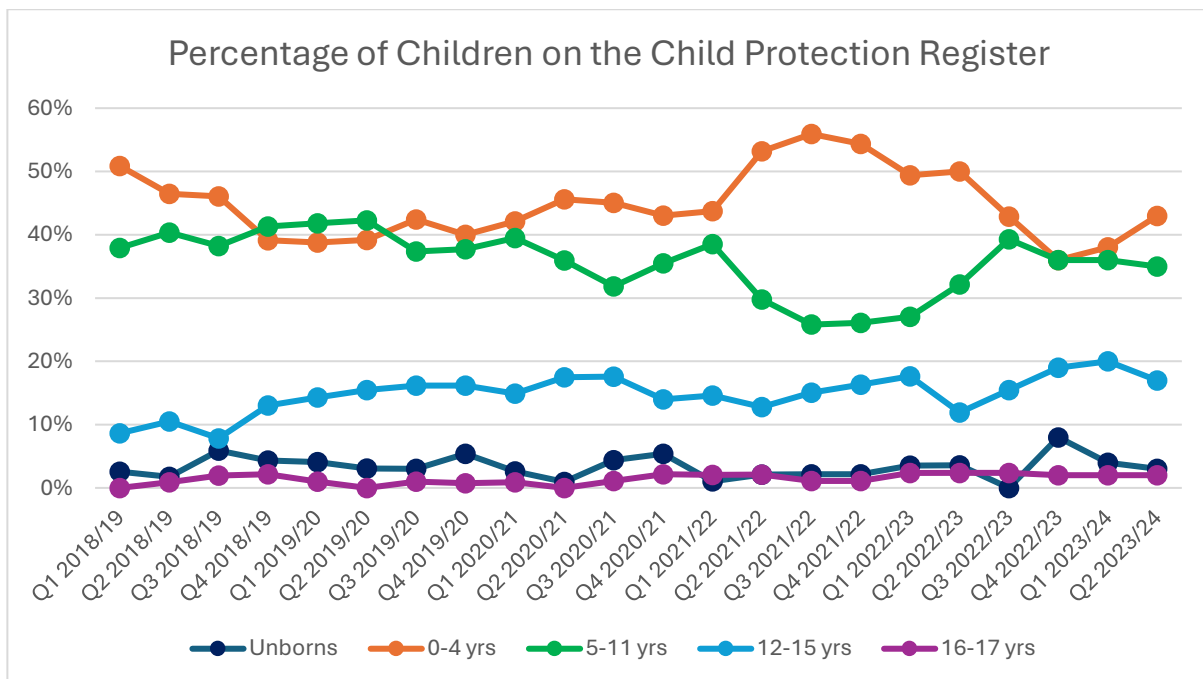


Chart 4: Percentage of Children in Age Bracket on the Child Protection Register

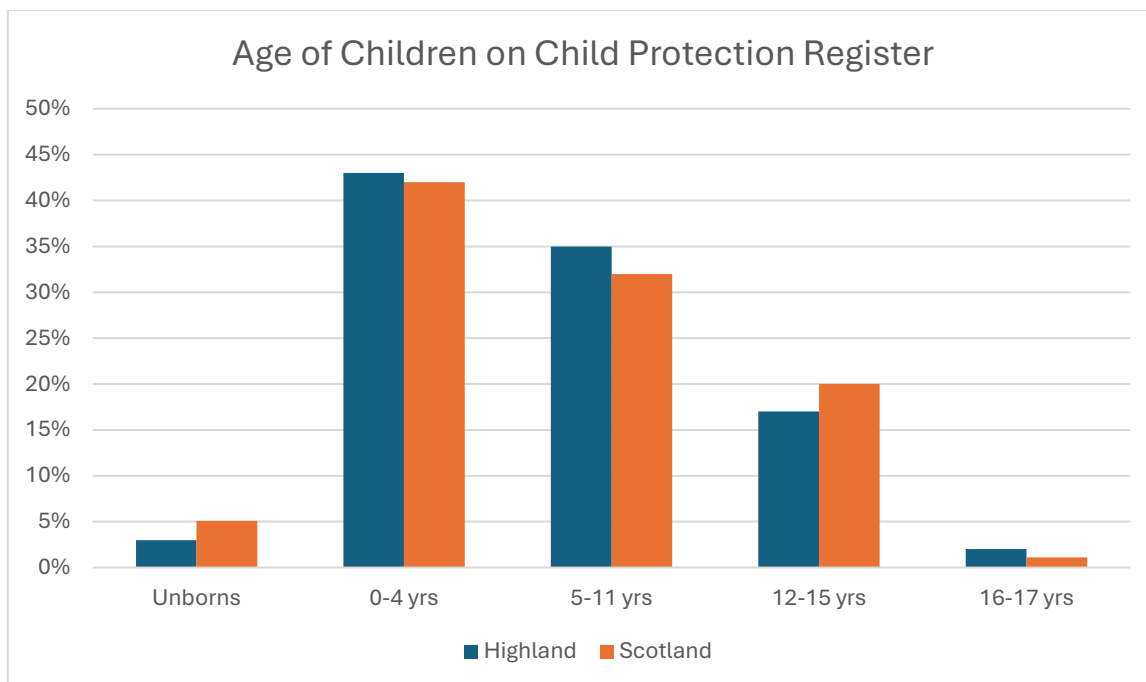


Chart 5: Percentage of Children in Age Bracket on the Child Protection Register

Chart 4 above shows the proportion of children registered on the Child Protection Register at the end of each quarter by age. As can be seen, 0–4- & 5–11-year-olds make up the highest proportion of those registered since Q3 2019/20. There has been a change in recent months that shows slightly more children aged 12-15 are currently on the Child Protection Register although there is a reduction this quarter. This trend will be monitored.

Chart 5 above shows the age of the children currently on the Child Protection Register compared to the national figures, as released in the 2022-23 Social Work Statistics publication. While there has been a levelling of the figures in Q3 2022/23, this is a recent development, as Chart 4 illustrates the change. More detail given below in *Child Protection Register – Registrations & De-Registrations* section.

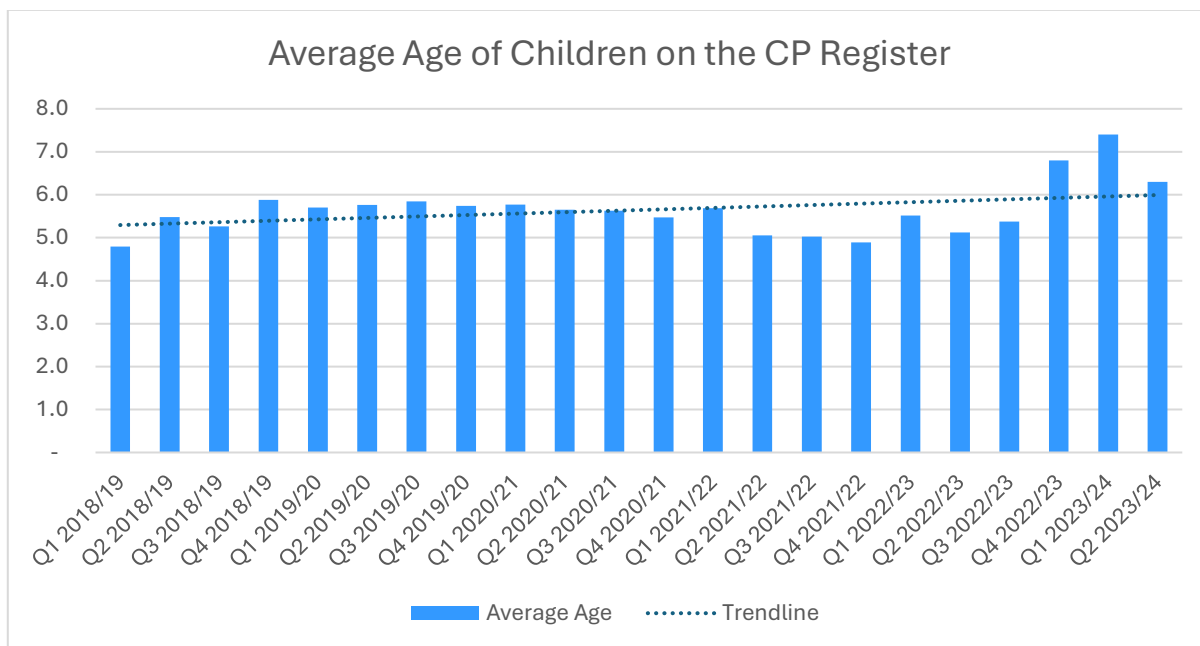


Chart 6: Average Age of Children Registered on the Child Protection Register

Chart 6 above shows the average age of all children registered on the Child Protection Register – including those unborn. There had been a gradual decline in the age of children that are registered since Q4 2018/19 to Q3 2022/23. Although the previous 2 quarters show an increase, the Q2 average age decreases from 7.4 to 6.3.

**Child Protection Register – Registrations & De-Registrations**

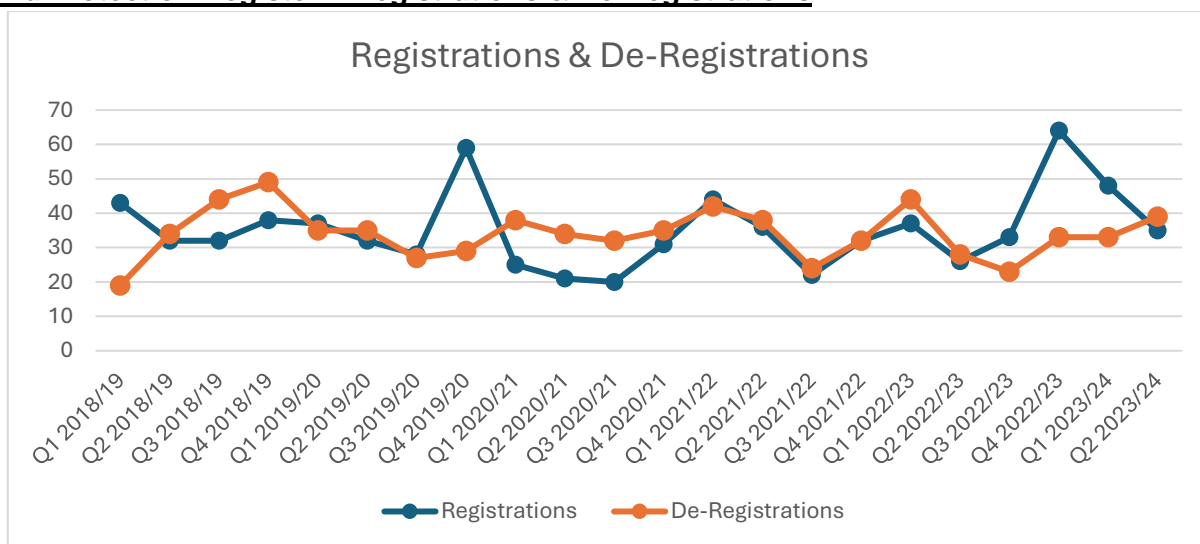


Chart 7: Registrations & De-Registrations of Children on the Child Protection Register

Chart 7 above shows the number of quarterly registrations and de-registrations from the Child Protection Register in the period. Historically overall numbers tend to follow each other closely. However, in the most recent quarter the number of de-registrations has levelled, while registrations have decreased. Q2 2023/24 has again seen quite a high number of registrations – with 35 more registrations (although 13 less than Q1). Again, it should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

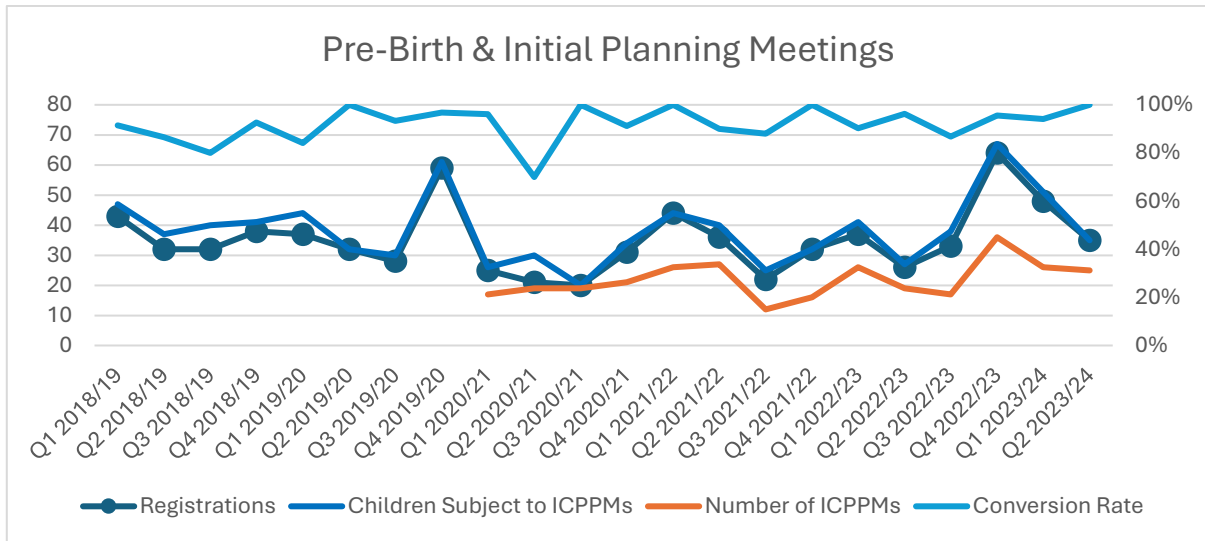


Chart 8: Pre-Birth & Initial ICPPM Conversion Rates

Chart 8 shows the number of children subject to an Initial Child Protection Planning Meeting (ICPPM), the total number of ICPPMs, and the conversion rate of ICPPM for each quarter. Please note, these meetings were previously referred to as Child Protection Case Conferences (CPCCs). This data provides an indicator of the type or level of cases being taken forward to ICPPM. A low percentage (conversion rate) potentially indicates that greater focus ought to be placed on the Investigation, Assessment, and Interagency Referral Discussion stages. The conversion rate in Highland averages 94% over the period, which is being negatively affected by Q2 2020/21, where there was only a 70% conversion (during the pandemic period). The conversion rate has not fallen below 90% since Q3 2021/22. This suggests that thresholds for proceeding to ICPPM in Highland are good

There has been a decrease in the number of children subject to ICPPMs in Q1 2023/24, lowering to 35 from 51 in the previous quarter. The conversion rate for the quarter has increased to 100% from 94% in the previous quarter. This would be expected with the high number of children registered in the period

Notably, there were also less children per ICPPM in the quarter than had previously been seen, with an average of 1.4 children being the subject of each Planning Meeting. This is a lower average than the previous quarter, and the 2nd lowest since Q1 2020/21 where the value started to be tracked.

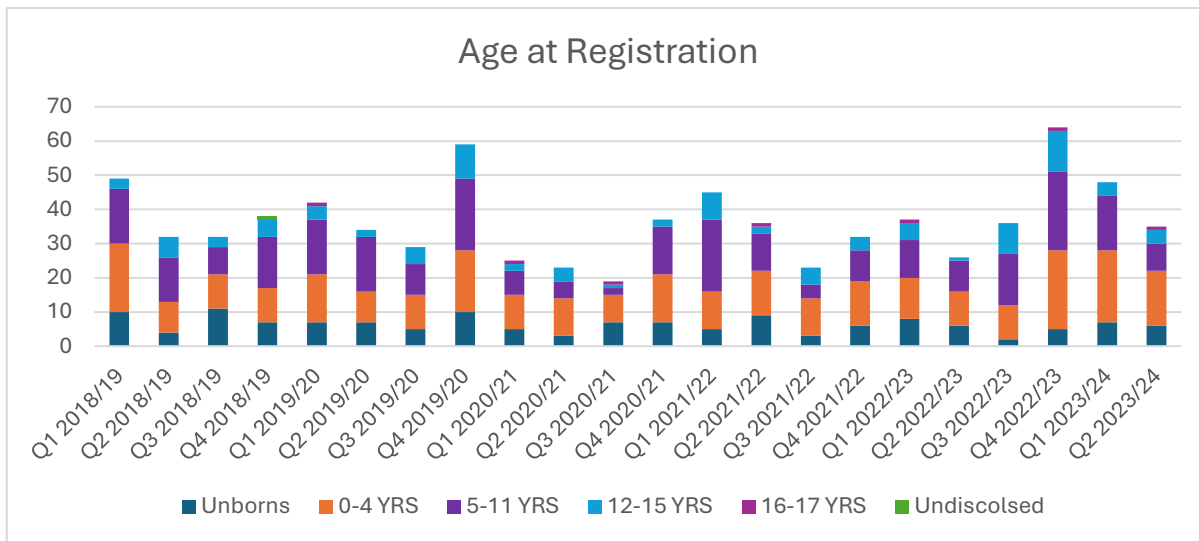


Chart 9: Age of Child at Registration

Chart 9 above shows the trend in the age of children registered on the Child Protection Register in that quarter. While there is variation in the overall figure, it would appear to indicate a trend in an increase in the number of 0–4-year-olds & 5–11-year-olds; this ties in with Chart 4 showing the percentage of children in each age bracket on the Child Protection Register.

In Q2 2023/24, the increase in the proportion of 0–4-year-olds continues, while there is a sizeable drop in the proportion of 5–11-year-olds registered in the quarter. Six unborn children were registered in the period, a rise from prior quarters, sixteen 0-4-year-olds, eight 5-11-year-olds, and four 12-15-year-olds were registered in the period.

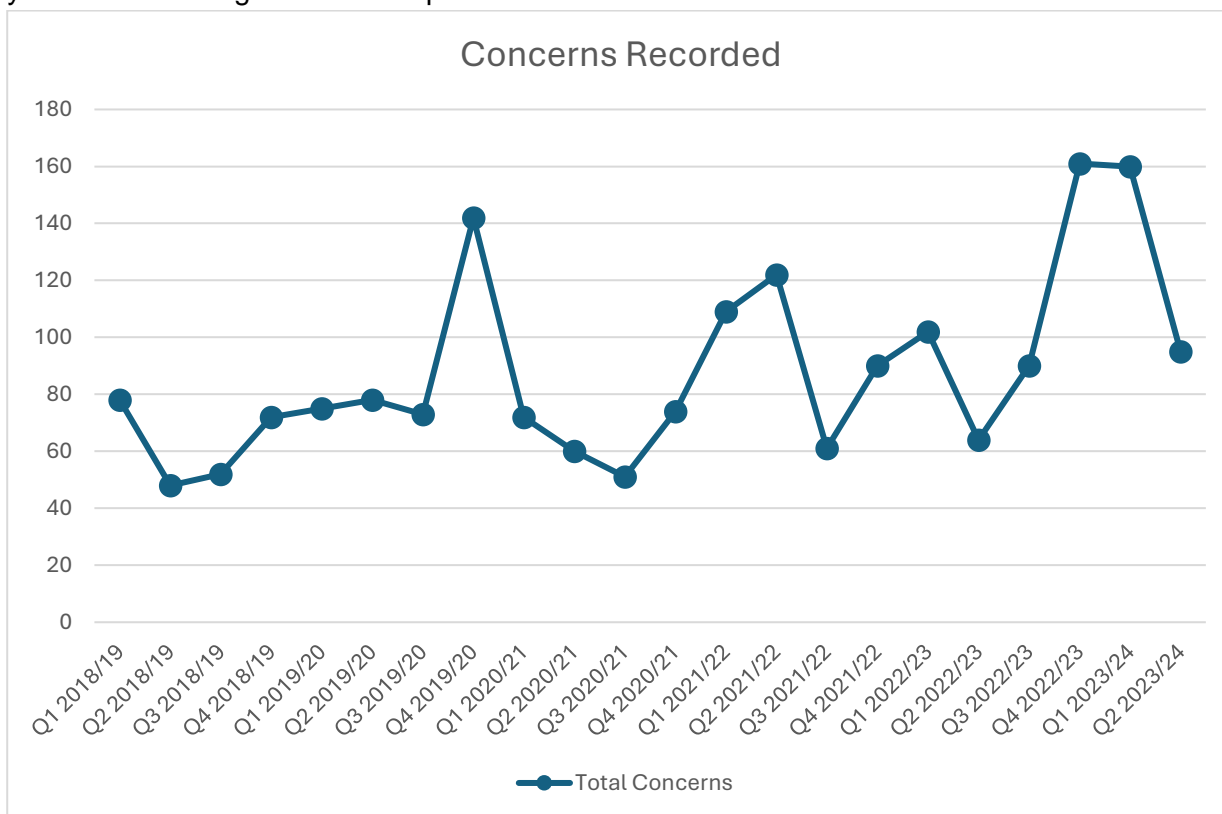


Chart 10: Concerns Recorded Children Registered on the Child Protection Register

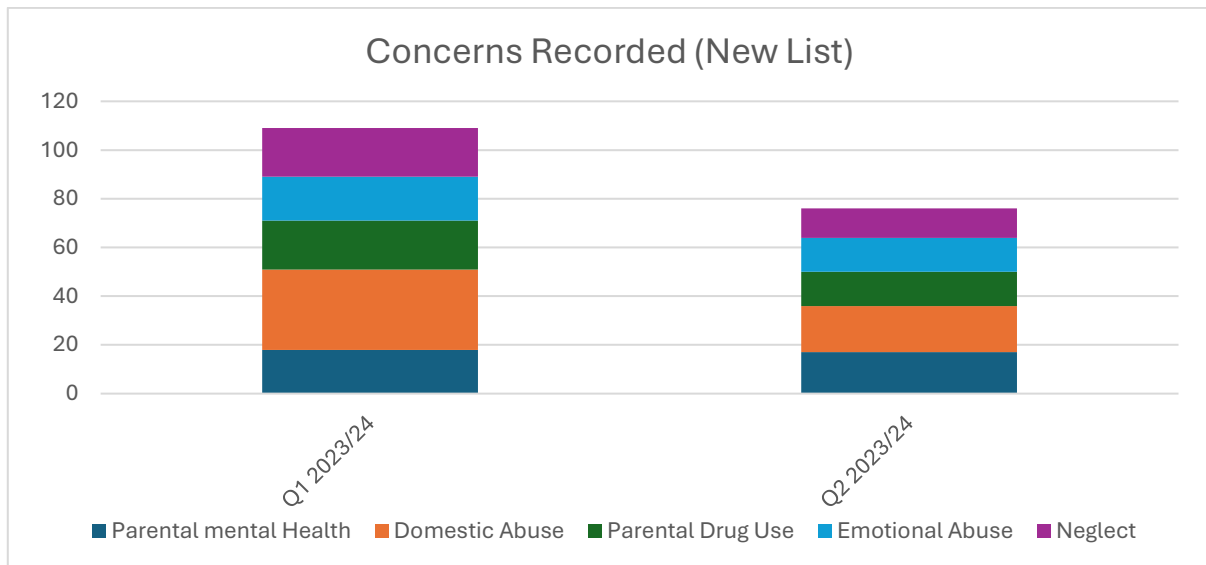


Chart 11: Top 5 Concerns Recorded at ICPPM

Chart 10 highlights all concerns (includes old & new list of national risks and vulnerabilities) that have been recorded for children registered on the Child Protection Register. In Q2 2023/24, there were 95 concerns recorded and showed a large decrease from 160 in the prior quarter. Domestic Abuse was the most common concern recorded across Highland in the Quarter, followed by Parental Mental Health, while Neglect continues to feature in the top 4 in the quarter.

Chart 11 shows the breakdown in the five most common concerns over the time period. While the overall number of children registered has remained high in the time period, the number of concerns has dropped in proportion. This would suggest the complexity of cases has increased with families experiencing a number of risks and vulnerabilities. The five largest concerns registered in descending order for Q2 2023/24 are: Domestic Abuse, Parental Mental Health Problems Neglect, Parental Drug Misuse, Neglect and Emotional Abuse, (as seen in Chart 11). This is useful data in terms of service planning and development and working with partners within the Alcohol and Drugs/Violence Against Women Partnerships. However, it is important to note that other types of abuse can have significantly higher risks for a smaller number of children (e.g. criminal exploitation).

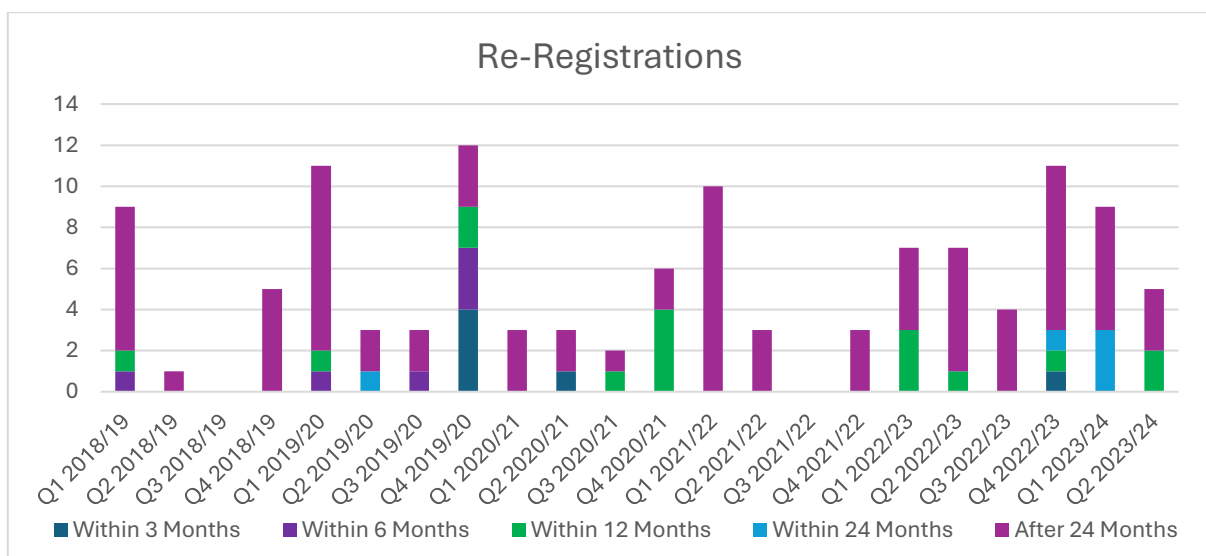


Chart 12: Re-Registrations



Chart 12 above shows the number of re-registrations of children on the Child Protection Register in each quarter. Re-registrations can provide an indicator of the quality of assessment, decision making and planning for children. For example, if there were a high number of children re-registered within 3-6 months, planning and decision making in relation to de-registration may be questioned. Where risk may have been reduced significantly and families are receiving support, children may be de-registered from the child protection register. However, at a later stage the family may experience further crises which puts a child/children at risk of harm. This is particularly the case where substance use, domestic abuse and/or parental mental health is a vulnerability. Re-registrations provide an indication The Quality Assurance Sub-Committee will consider re-registrations within the Audit Cycle and findings reported to the Child Protection Committee.

The absolute numbers tend to remain around 10 for each quarter since Q1 2018/19. There have been 2 re-registrations of children on the Child Protection Register within 12 months in Q2 2023/24.

**Child Protection Register – SCRA**

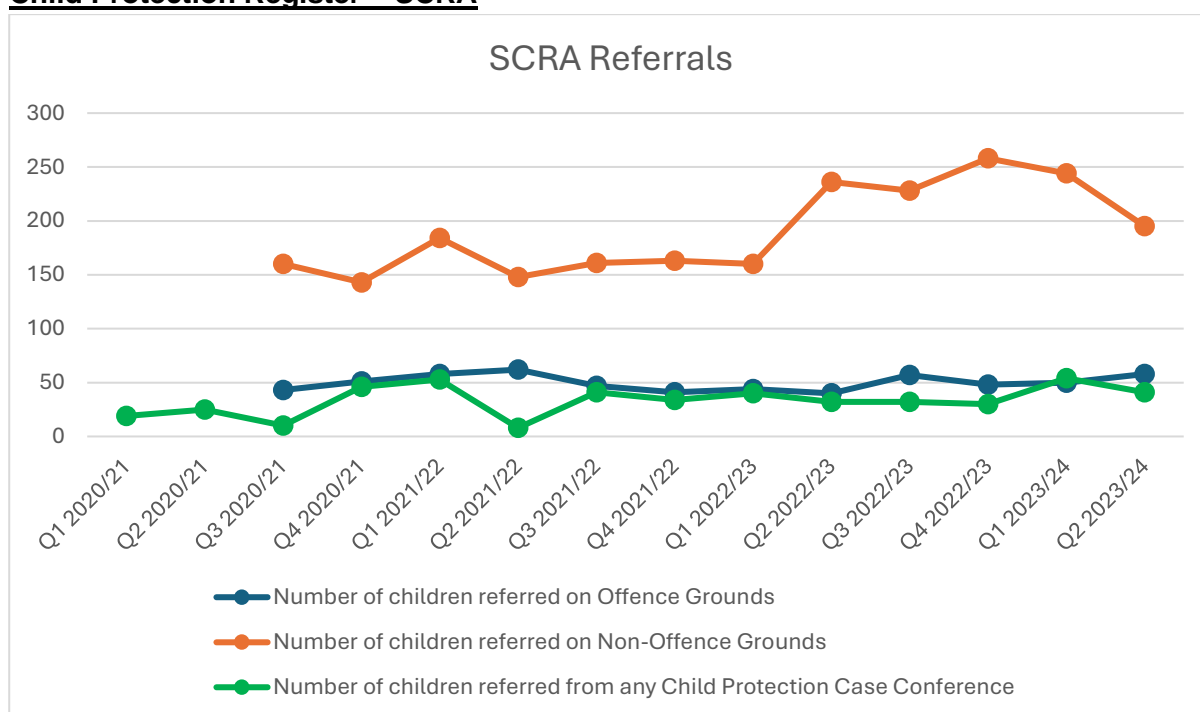


Chart 13: SCRA Quarterly Referrals

Chart 13 shows the number of children referred to the Children’s Reporter on Offence Grounds, Non-Offence Grounds and from any CPPM. The quarterly figures are primarily available from Q3 2020/21. As can be seen, there tended to be little variation in the figures until quarter Q2 2022/23, where the number of children referred on Non-Offence Grounds increased significantly, it remained at a high level up until this quarter where there has been a drop.

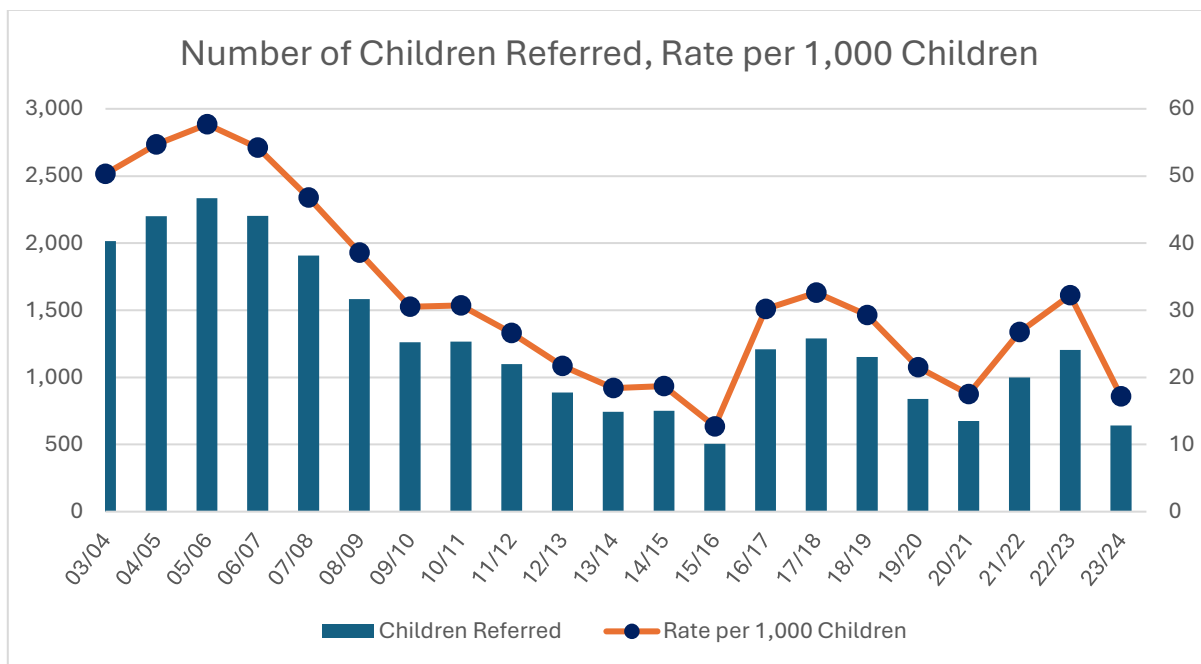


Chart 14: SCRA Annual Referrals

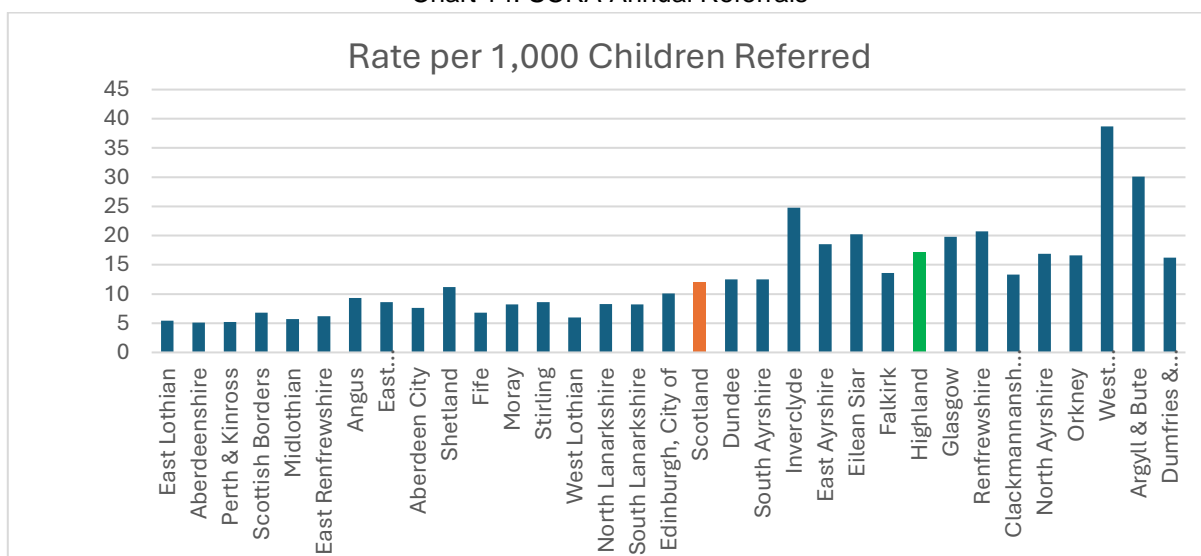


Chart 15: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 14 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There had been a significant drop in the number being referred, although the current 23/24 figure of 642 children, or 17.2 children per 1,000 children, is above the 15/16 figure of 506 children, or 12.7 children per 1,000 children. Progress however is being made and there is a general trend of decreasing numbers despite the sharp increase in the previous quarter.

Chart 15 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 22/23. Highland Council's position of 24<sup>th</sup> out of 32 can be seen in green, with a rate of 17.2 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 12 Children Referred per 1,000 Children.

It should be noted that these charts do not take account of the increase in referrals on non-offence grounds as detailed above. Should there be a continued increase in referrals, we should expect Highland to be having a higher rate than 2017/18.

**Child Protection Planning Meetings – Initial Timescales & Attendance**

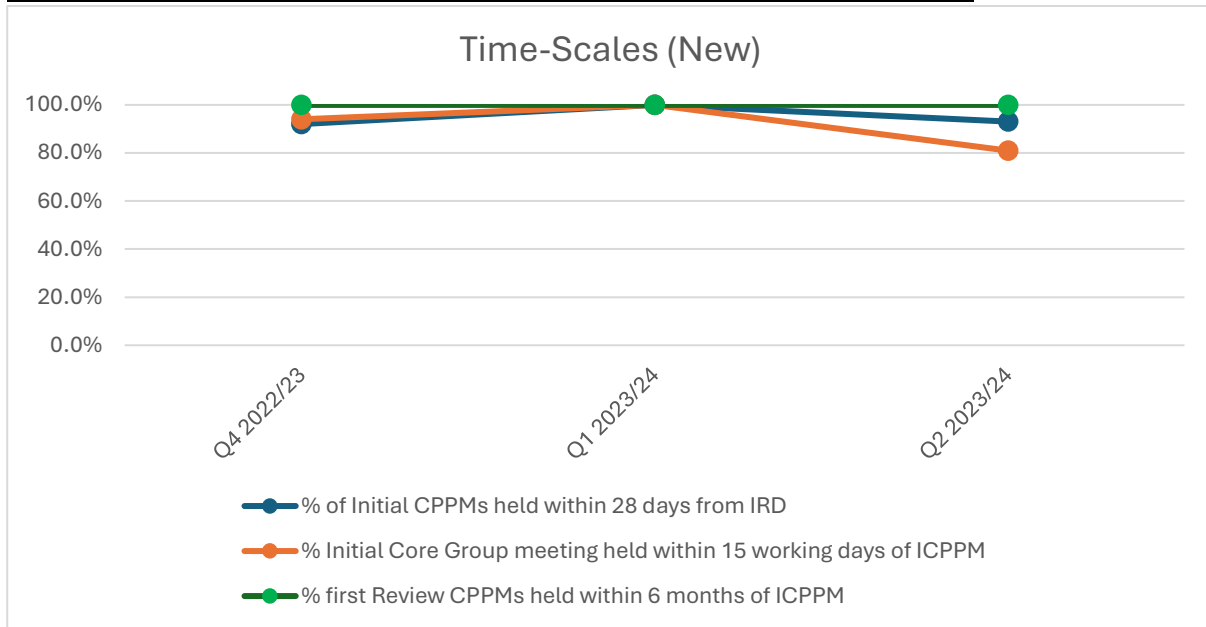


Chart 16: Percentage of Meetings held within timescales

Chart 16 above shows the ‘**New**’ timescales for Initial Child Protection Planning Meetings being held from notification of concern, followed by the Initial Core Group and Review dates. This figure tends to remain relatively high and consistent.

The CPC will monitor timescales closely and raise any concerns regarding trends in this area with appropriate agencies. Please note, timescales in Highland are currently tighter than those outlined nationally. In line with the National Child Protection Guidance, from September 2023 Highland will be moving to national timescales.

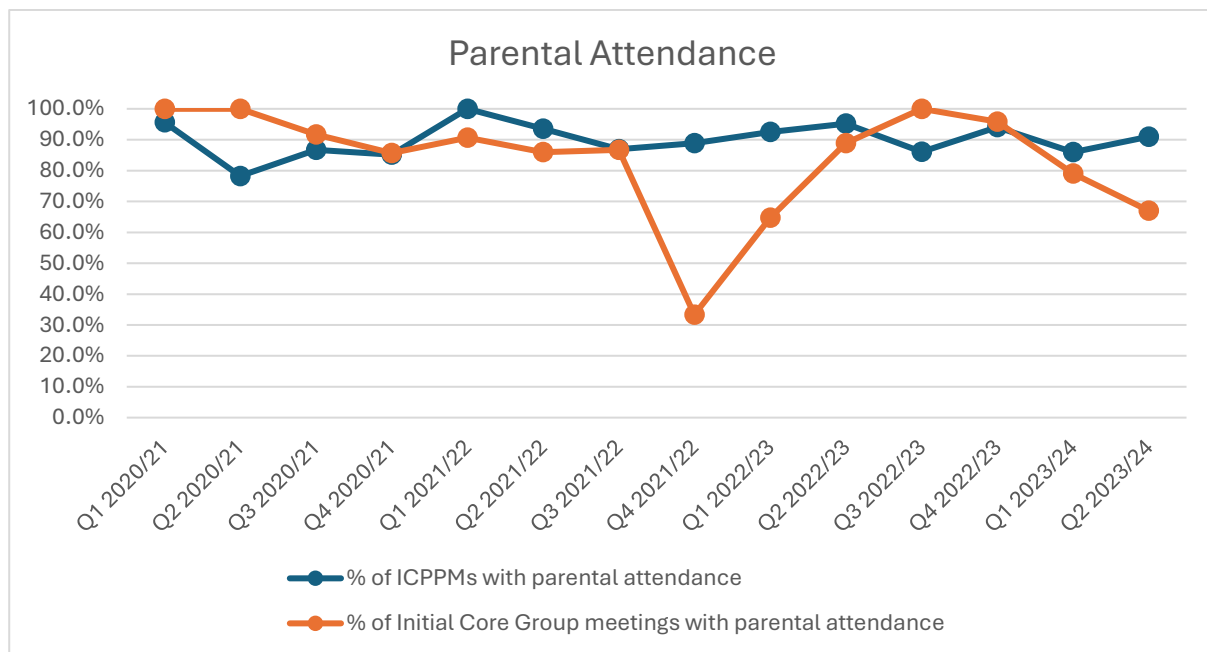


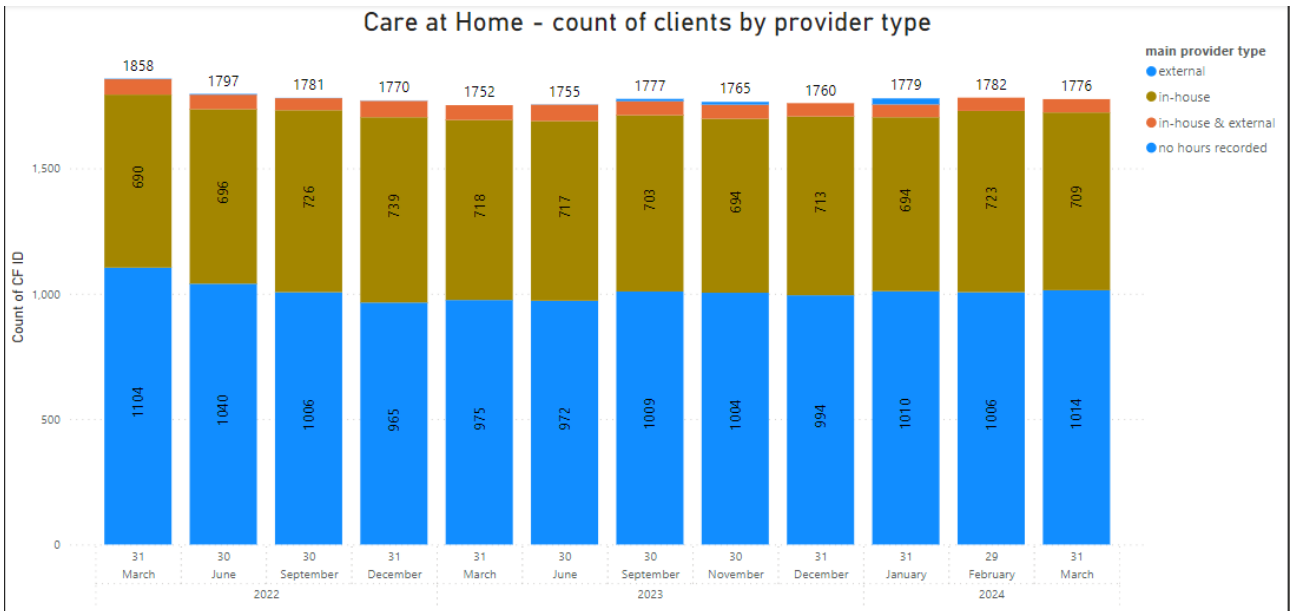
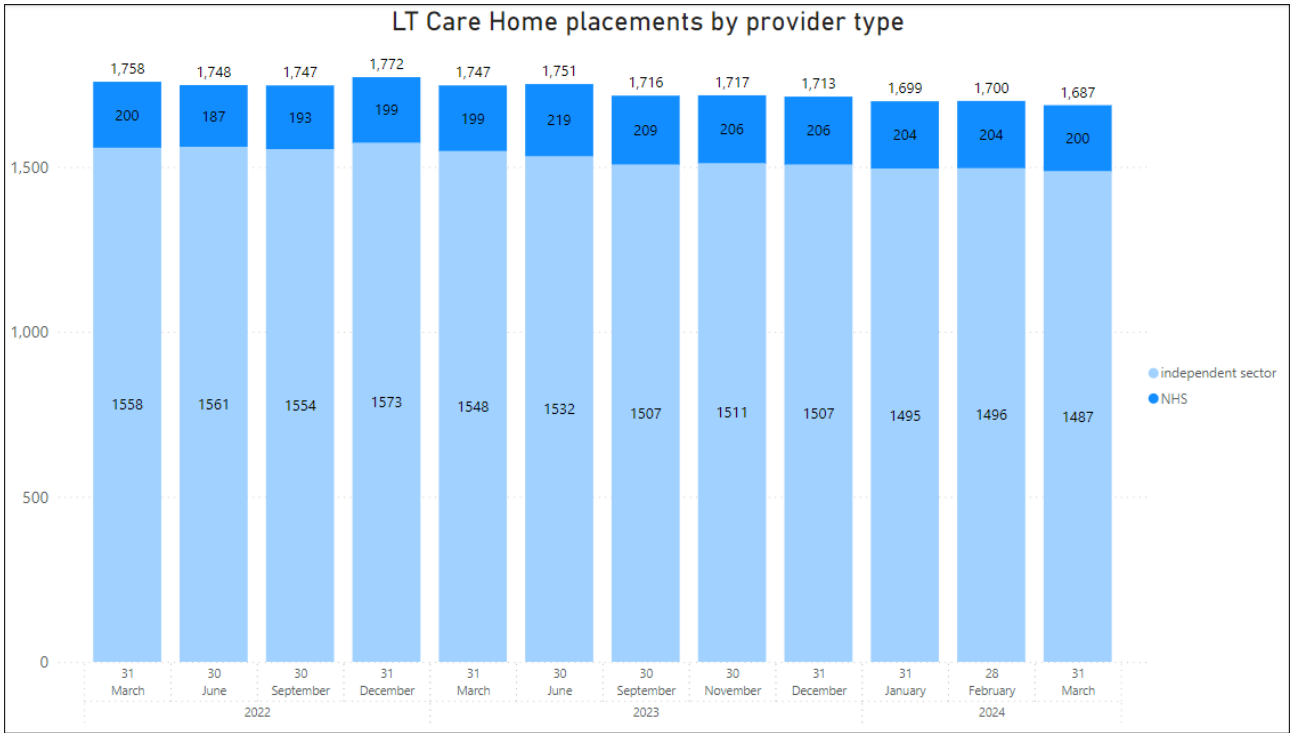
Chart 16: Percentage of Initial Child Protection Planning Meetings where at least one person who usually has care of the child attends

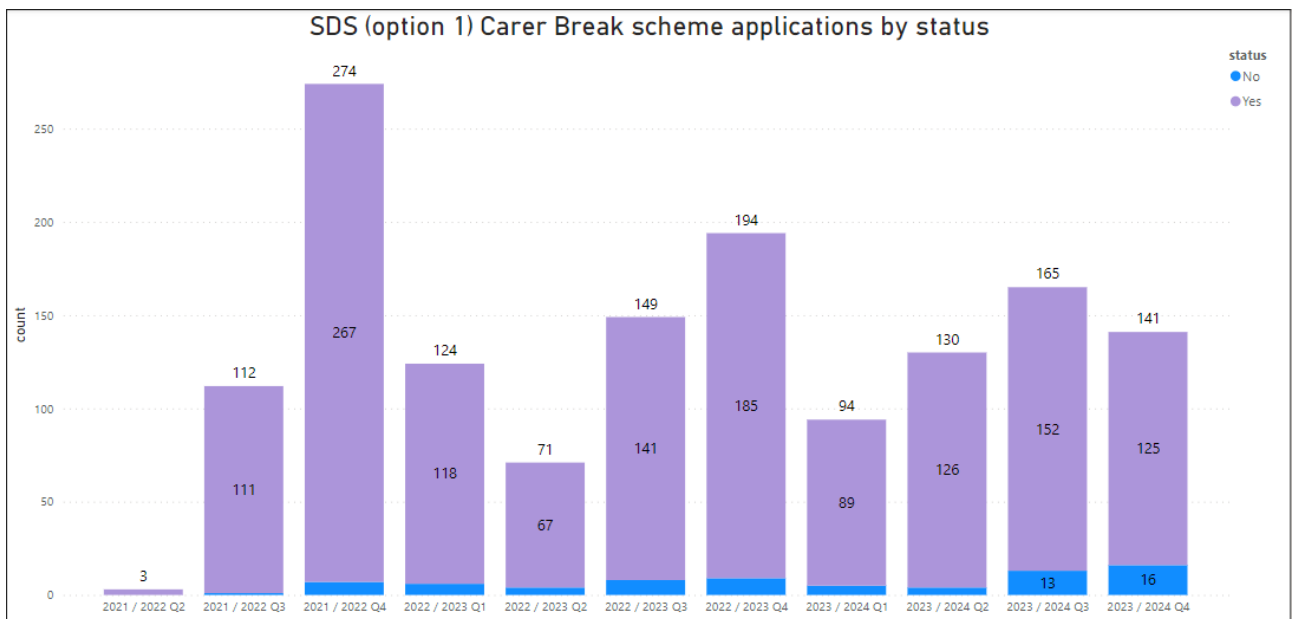
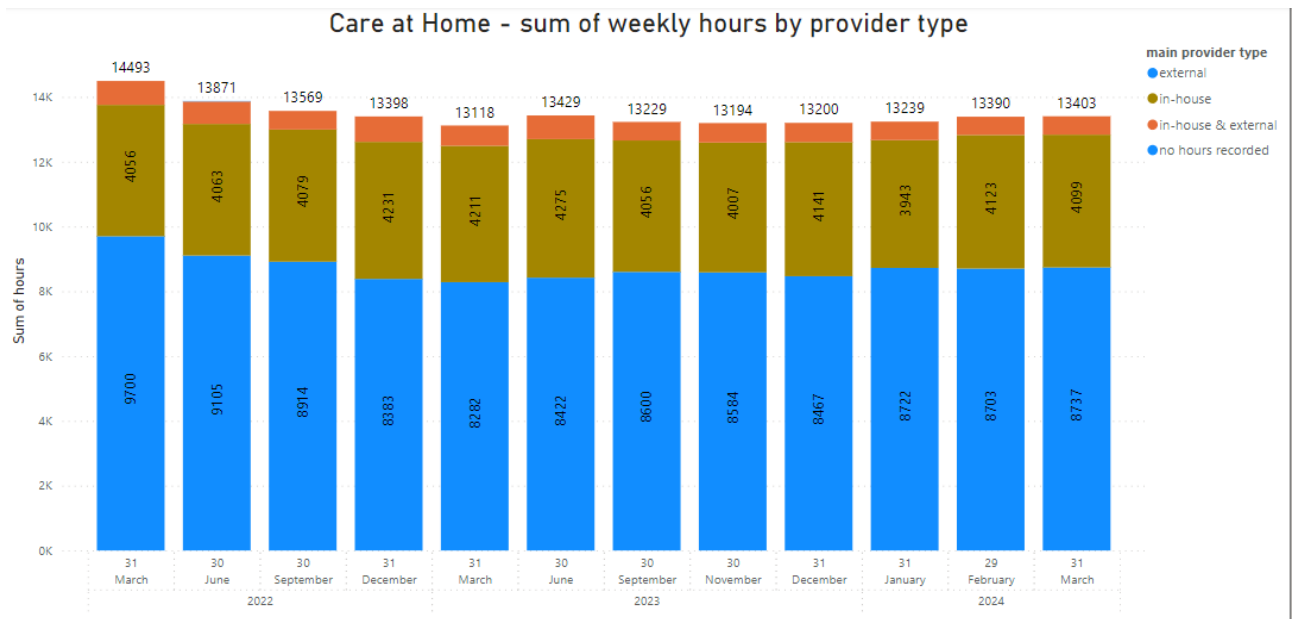
Chart 16 above shows the percentage of attendance from parents at an Initial Child Protection Planning Meetings and the percentage of attendance from parents at an Initial Core Group Meeting.

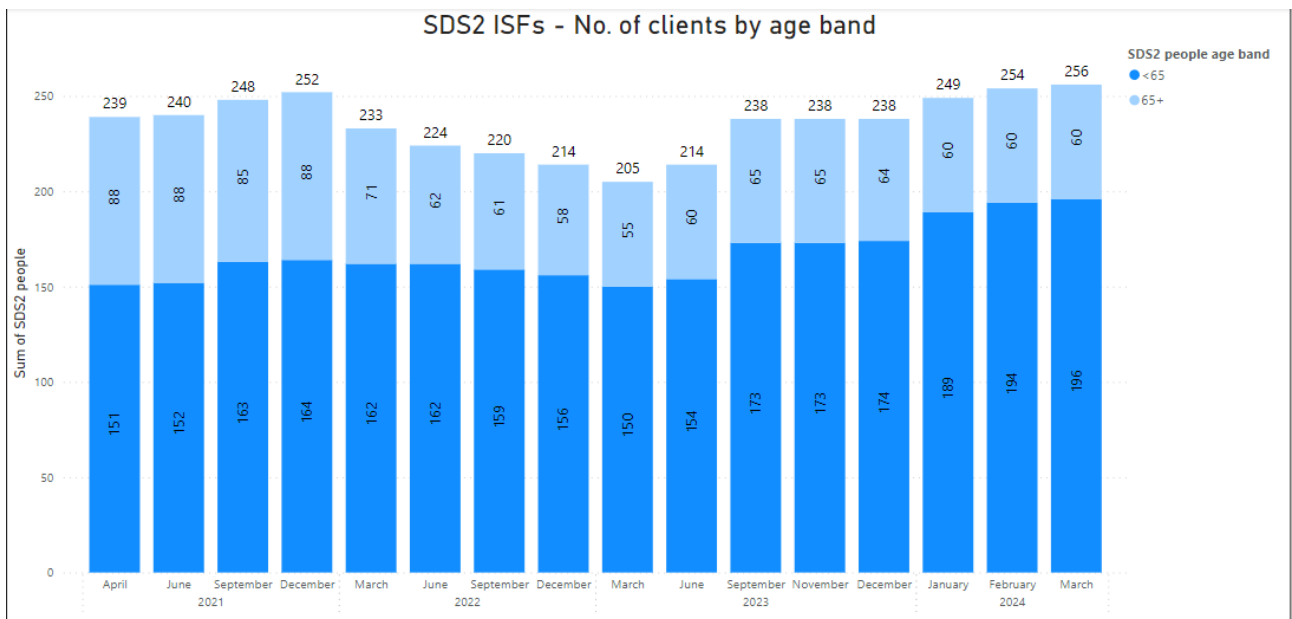
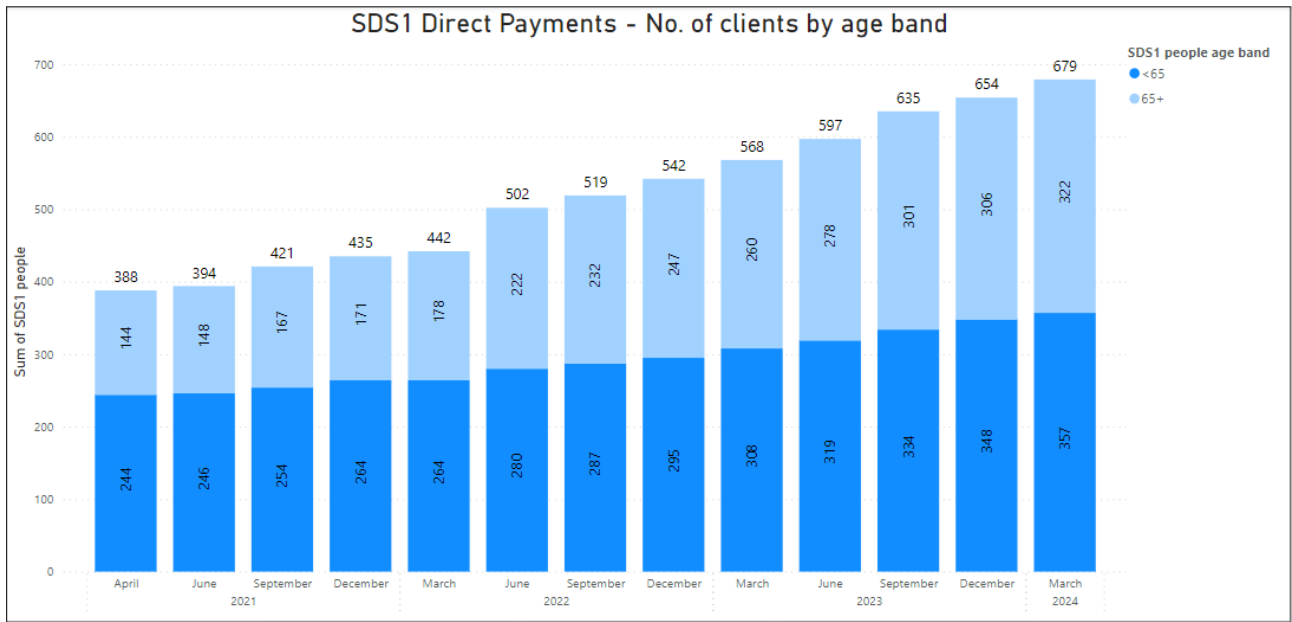
The figures for both tend to be consistently high across the periods although there is a drop at Initial Core Group Meeting attendance this quarter, which will be monitored.

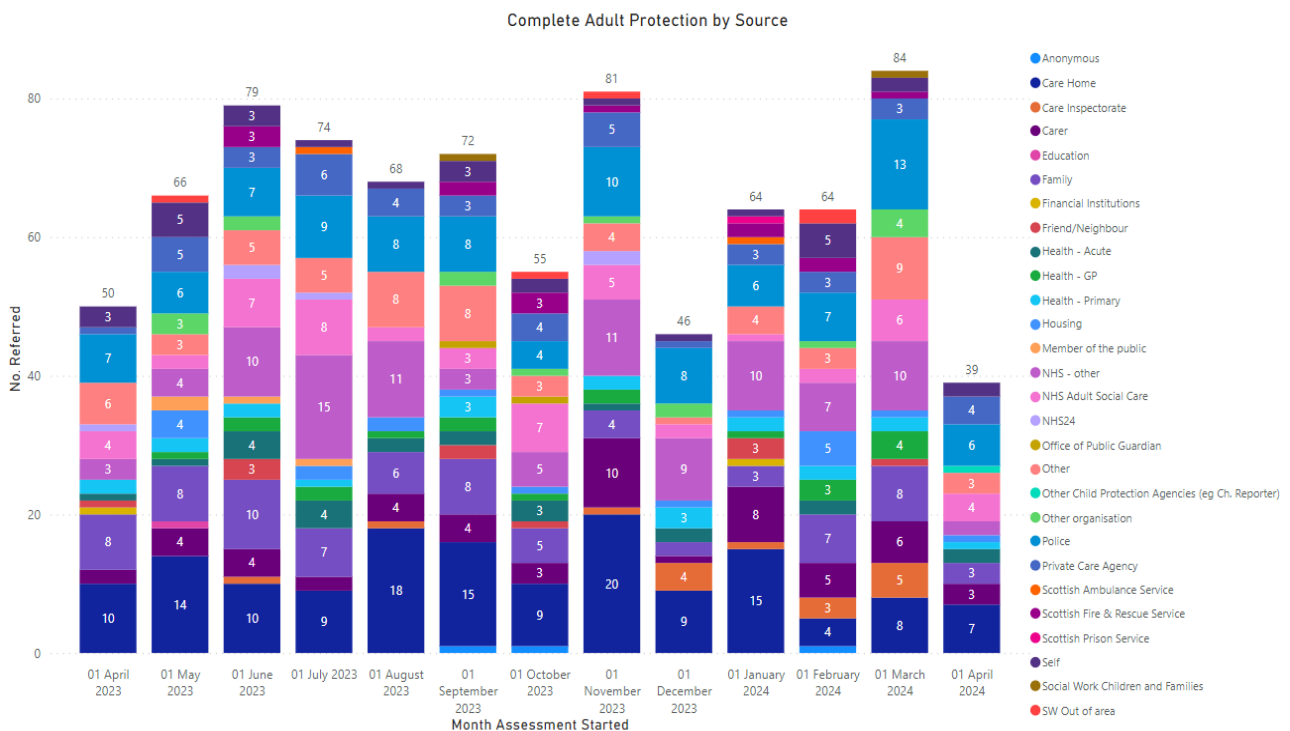
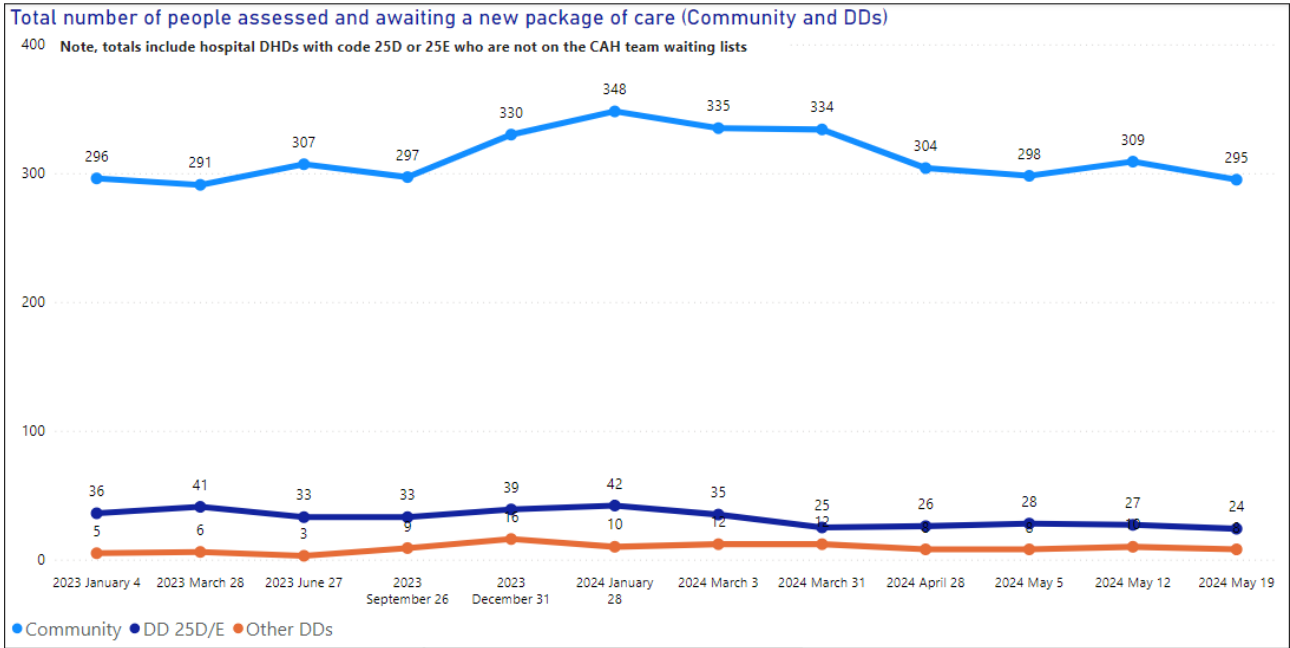
Please note that the large drop in Q4 2021/22 in the percentage of parental attendance at Initial Core Group Meetings appears to be an anomaly and the figures have since returned to expected levels.

## Appendix 2 - Adult Social Care Data Slides

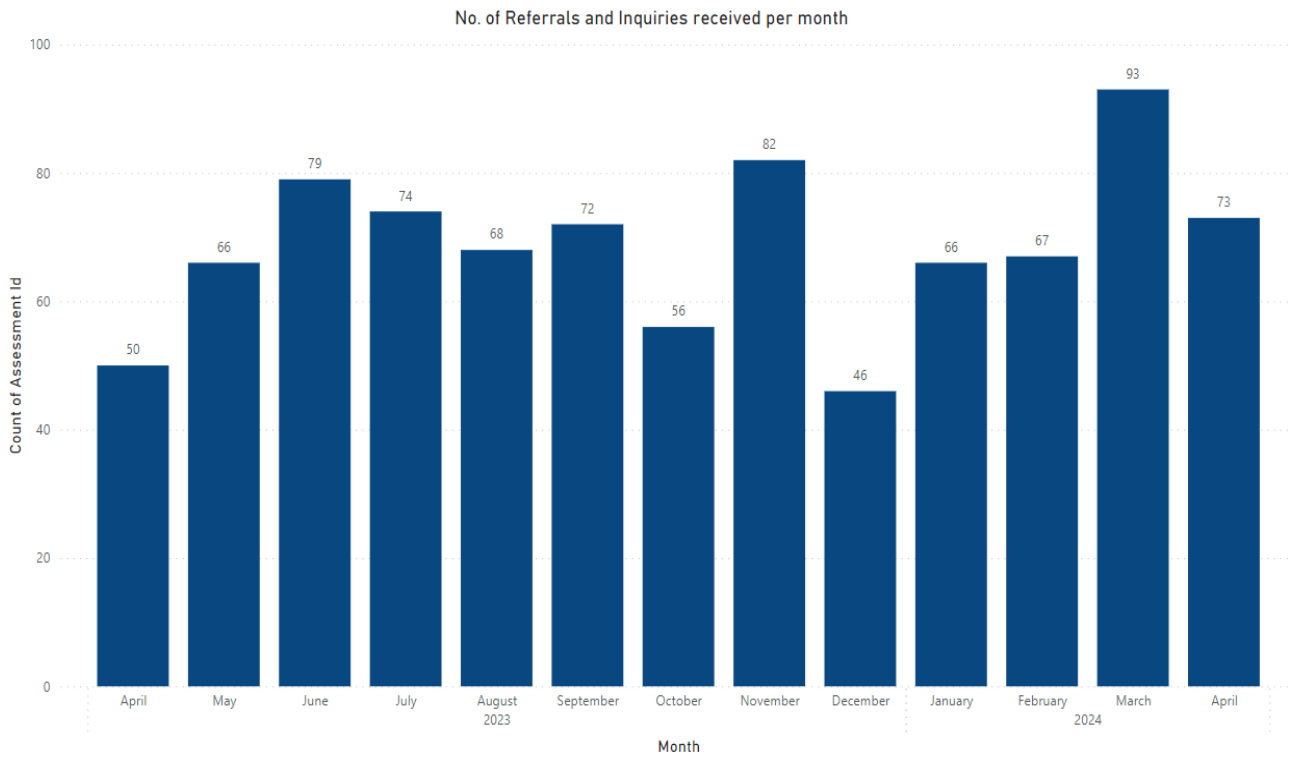












## Appendix 3 - The Promise Activity

### Activity on the Promise in Highland – a follow on from 2023

#### *Promotion & Engagement*

Work continues to engage the workforce in areas of activity related to KeepingThePromise.

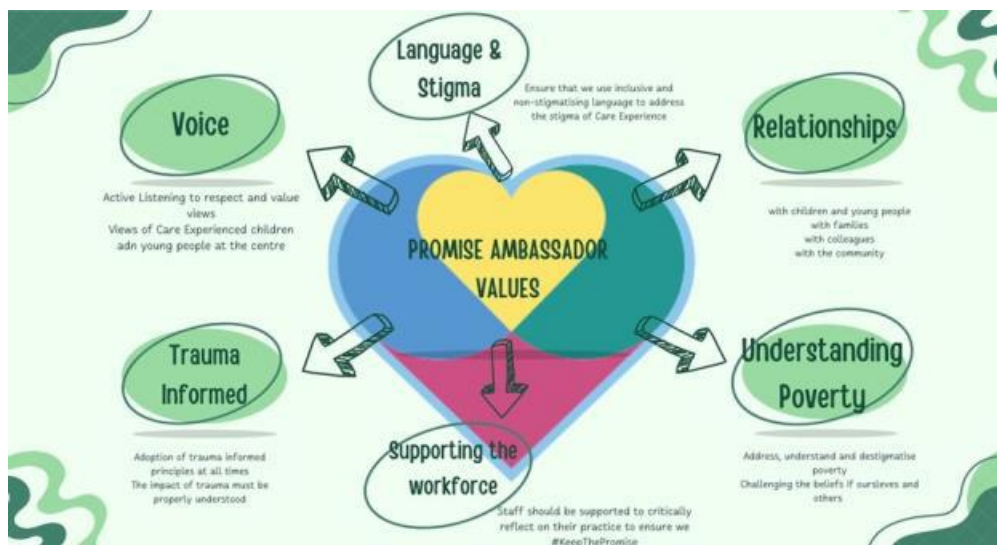
From January 23 to March 24 there has been 4 Promise Conversation Cafés with over 63 attendees. These online, partnership engagement sessions remain open to all who are interested in sharing how Highland is #KeepingthePromise. The ambition of the Café is to create a safe, trauma informed, collaborative space for all partners and ensures voice is given to the workforce across all sectors, through an accessible setting.

Findings and themes from engagement activities identified the need to develop 'induction' sessions on The Promise for all staff working in the Highlands. To avoid perpetuating the myth that #KeepingthePromise is the responsibility of Social Care, it was agreed to develop a multi-agency '**Raising Awareness of The Promise in Highland**'. This multi-agency induction package is currently being developed by a short-term working group with the support of our Promise Scotland Delivery Partner and our Child Protection Committee

The **Promise Ambassadors** initiative continues to grow with 18 Ambassadors recruited across Highland Council, and now includes representation from Education. There are current plans in progress to expand this initiative to Highlife Highland, with the support of Highlands Promise Delivery Partner.

The ambassadors have met 4 times since Jan 23 and agreed collaboratively their remit:

- To act as ambassadors for The Promise in Highland
- To support Highland Council's pledge to #KeepthePromise
- To champion The Promise and its calls to action in their local areas, within their professional networks and with their communities
  - o through promoting the ambitions of the Promise
  - o Through modelling the core values and ethos of The Promise as a whole
- To ensure The Promise is at the forefront of service delivery
- To reflect the core values of an Ambassador (see below)



Graphic 1: Highland Promise Ambassador values

Promise Ambassadors are key to supporting delivery of the Promise, ensuring connection to the communities of Highland whilst recognising the vast and varied geography.

### Language

To respond to calls to action in The Promise and in recognition of improvement needed in the area of Language, Highland Council and Partners set up a small working group with the ambition that: **'we will be able to demonstrate destigmatising language and practices across the way we work by the end of plan 24.'**

Several activities were undertaken, or are in progress:

- 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 working with children services through a 'Language Bin'. This guide is accessible to all partners.
- two small tests of change with two residential homes within Highland, in collaboration with Each & Every Child. These projects have adapted their language in terms of daily notes, and care planning aiming to create more trauma informed records.
- With the support of a secure care experienced young person living in Highland, producing a letter from the Chief Social Work Officer for any child or young person going into secure care. This also includes a letter from a young person, based on their experience and what they felt would be supportive and helpful for any young person entering secure care from Highland.
- A multi-agency 'Master Class' on Language was delivered in May 2023 through the Child Protection Committee) with partnership collaboration from Each & Every Child and the 'Write Right About Me' Aberdeen City Partnership.

### **Highland's Promise (Corporate Parenting) Board**

Following significant reflective development to reach a collaborative and shared sense of Highland's priorities, the Promise Board continues to develop (see appendix 1 for high level graphic mapping of subgroups) to achieve its priorities and reports to the Integrated Children Service Board. The Board underwent training for Corporate Parents to support their knowledge and understanding of their responsibilities as a Board which included a video produced by care experienced children in Highland where they shares 'What a Corporate Parent should be' [You can watch the video here](#)



### **My Promise Board member - Highland Council**

Graphic 3: Screen grab of video produced by Highland's care experienced young people

### **Rights, Participation & Co-production**

#### **My Journey Journal**

Through part of the Highland Strategic Partnership's 'Moving On' Subgroup, a partnership with third sector organisations including Aberlour, Barnardo's, Action for Children and Inspiring Young Voices and Highland Council, My Journey Journal was produced – an example of co-production, driven by the voice of children with lived experience of care.

The My Journey Journal was co-designed and written by Care Experience young people in the Highlands. Through consultation they shared their voices and experiences of their care experience journey, sharing what they felt was good and what could be even better. They voiced that sometimes they felt unclear with what was happening around them and they didn't feel in control of decisions being made. They wanted to change this for other young people to empower them to have a voice and feel in control and this was why 'My Journey' was created.



*Graphic 2: My Journey Journal, a partnership co-designed booklet for care-experienced children*

## **Participation**

Highland Council alongside partners and with the support of the Integrated Children's Service Board has produced a Participation Strategy (June 24). The implementation of this strategy will be fundamental to Highland's ambition to develop co-designed services with those with lived experience.

Supporting this and under the Families 1<sup>st</sup> Strategy is the development of a Child's Rights & Participation Service consisting of 3 x officers. These officers have now been recruited and will support and improve the quality of how children are listened to, heard and included in their planning as well as enhance how the council systematically gathers children and young people's views to influence wider service planning.

## ***A Trauma Informed Workforce***

Supporting the workforce to deliver Trauma Informed practice remains a priority in terms of Highland's ambition to Keep The Promise. The Programme Manager continues to drive this work through her Trauma Champion role: a position others hold across the partnership and where governance sits within the Mental Health Delivery Group. The development of a Trauma Lead officer to progress and lead on this work has been approved following funding from the Scottish Government, demonstrating partnership support for this national agenda, National work and evidence emphasises the focus on supporting the workforce cannot solely focus on training the workforce. Practitioners cannot demonstrate a Trauma Informed approach if they sit under systems and processes that are not. Therefore as a collective group within the Trauma Champion network, energies have focused on promoting trauma informed leadership. The work undertaken to date has been recognised nationally, with the Programme Manager presenting at

the National Trauma Champion workshop and most recently, at the Scottish Trauma Informed Leadership Training programme as part of the leadership section (along with a colleague in Highland Council's Housing service). A Trauma Summit is planned for September 2024 targeting all senior chief officers and leaders with the aim of providing a foundation to planning and implementing more extensive training, awareness raising and improvement activity in the wider workforce.

# NHS Highland



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

**Meeting date:** 6 November 2024

**Title:** Implementing the Blueprint for Good Governance Self-Assessment Findings

**Responsible Executive:** Chief Officer, Highland HSCP

**Report Author:** Ruth Daly, Board Secretary

## 1 Purpose

This is presented to Clinical Governance Committee for:

- Assurance

This report relates to a:

- Board Decision

This aligns to the following NHSScotland quality ambition(s):

- Effective

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   | X |
| Care Well    |   | Live Well     |   | Respond Well | X | Treat Well  |   |
| Journey Well |   | Age Well      |   | End Well     |   | Value Well  |   |
| Perform well | X | Progress well | X |              |   |             |   |

## 2 Report summary

### 2.1 Situation

This report provides an update on the delivery of longer-term outstanding actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan that are of relevance to the Highland Health and Social Care Committee.

### 2.2 Background

The Board approved its Blueprint Improvement Plan on 25 July 2023 and agreed that Governance Committees should provide informal oversight of progress and delivery of elements relevant to their functions.

The Board receives a six-monthly assurance report on progress against the elements of the Blueprint Improvement Plan and received its first full year review in July 2024.

## 2.3 Assessment

The Board's Blueprint for Good Governance Improvement Plan contains 17 actions of which nine have been completed and closed. Remaining actions have longer-term completion dates and have an organisation-wide focus.

The outstanding actions relating to this Committee's remit focus on quality of care. Feedback from a joint ACF and Board session in April 2024 has helped shape this workstream. Work is now underway to review how the organisation is working prior to introducing a quality framework through a measured and planned approach. Patient feedback and experience will be included in the framework dataset and the work is being benchmarked against the approaches other Boards have taken.

The appendix to this report details the progress that has been made for Committee members' information and oversight.

## 2.4 Proposed level of Assurance

Formal assurance reporting on delivery of the Blueprint for Good Governance Improvement Plan will be provided to the Board on a bi-annual basis. Board-level Assurance will be based on delivery against the whole plan. This report is being presented to the Committee for oversight purposes only and indicates the following level of assurance at this stage:

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

### Comment on the level of assurance

Moderate assurance is offered to provide confidence that the actions are all being actively pursued and to reflect that on-going activity will be required to fully meet the objectives.

## 3. Impact Analysis

### 3.1 Quality/ Patient Care

### 3.2 Workforce

### 3.3 Financial

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

N/A

### 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 proposals in the recommendation have been agreed by the Board on 25 July 2023 and discussed with all Board members.

**3.9 Route to the Meeting**

The subject of this report has been agreed by the Board in July 2023 with an annual review against progress considered at the Board in July 2024.

**4 Recommendation**

The Committee is asked to take assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions that relate specifically to this Committee's remit.

**4.1 List of appendices**

- Appendix 1 Extract Blueprint for Good Governance Improvement Plan 2023 actions relating to this Committee's Terms of Reference as at November 2024.

| DATE of MEETING  | Exec Lead   | Objective   | Specific Action   | Status Update - July 2024  | Update November 2024  |
|--|---|---|---|--|---|
| <p><u>Clinical Governance Cttee 7 Nov 2024</u></p> <p><u>HHSCC 6 November 2024</u></p> | <p><b>Nurse Director</b></p> <p><b>Medical Director</b></p> | <p>Establish and agree a plan to implement a Quality Framework arising from recent work undertaken with Amanda Croft.</p>                   | <p>Establish a clear definition, understanding and organisational prioritisation of quality that is underpinned by patient and colleague experience, and National Guidelines.</p> | <p><b>Boyd Peters 25/06/2024</b> - following the Board &amp; ACF session, a summary note was created and the MD &amp; ND will work with the professional leadership group (DMDs Assoc NDs AHPS etc) and also with the Exec Director Group to determine next steps. Sessions planned to occur through the summer months. The aim will be to embed quality in everything rather than to create a quality silo. Also to bear in mind the overlap between clinical governance and quality</p> <p><b>Louise Bussell and Boyd Peters 27.06.24</b> - The quality work to date and a proposed quality framework were presented and explored at the joint ACF and Board in April. The feedback from the session has helped shape the direction of our quality work. We have since had a session in May with clinical leaders in relation to this work and its relationship to clinical governance. We are now reviewing how we are already working across the Board prior to introducing the framework to ensure we are in a position to do this in a planned and measured way.</p> <p>The quality framework will be closely related to this work as patient feedback and experience is part of the rounded picture captured within the framework dataset. We have commenced a mapping exercise to understand where we are capturing patient experience effectively already, where we need to do more and where we do not have a route for feedback other than through formal processes such as complaints. This includes our position in relation to patient opinion. We are also exploring what approaches other Boards have taken.</p> | <p><b>Boyd Peters 23/10/2024:</b></p> <p>The Quality framework has been formulated into a paper which has gone to EDG and now will be shared with the professional leadership and ACF in October, and will come to Board members before taking out further to pilot in services.</p>    |
| <p><u>Clinical Governance Cttee 7 Nov 2024</u></p> <p><u>HHSCC 6 November 2024</u></p> | <p><b>Nurse Director</b></p> <p><b>Medical Director</b></p> | <p>Ensure that patient feedback is consistently collected, effectively shared, responded to and utilised across all areas of the Board.</p> | <p>Ensure systems and processes are developed to improve in the collection, reporting and use of patient experience feedback across the Board</p>                                 |  | <p><b>Boyd Peters 23/10/2024:</b> We have further explored the expanded opportunities to use Care Opinion across the board area, and QR code feedback mechanisms as piloted in one department in acute with success. Further work will be needed and this will take time to mature.</p> |

# NHS Highland



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

**Meeting date:** 06 November 2024

**Title:** Chief Officer Assurance Report

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

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

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| <p><b>1. Purpose</b></p> <p>To provide assurance and updates on key areas of Adult Health and Social Care in Highland.</p>  |
| <p><b>2. Service Redesign</b></p> <p>A meeting of the Sir Lewis Ritchie Steering Group took place on 30<sup>th</sup> October. The Steering Group will continue to focus on Urgent Care going forward and the work to conclude the 15 Recommendations will be delivered going forward in line with organisation structures and community engagement with Skye Lochalsh and West Ross citizens via the District Planning Group Process that will deliver the ongoing redesign and the local implementation of the Joint Strategic Plan.</p> <p><b>Service Improvement</b></p> <p>Work has now been completed in the Specialist Dementia Unit (Ruthven) in New Craigs. The team, led by Estates and supported by Endowments, have worked together to design and deliver an environment that meets the challenging brief of being both dementia friendly and meets ligature compliance requirements. Highly specialised furniture and fittings have been sourced and the ward design has been changed to enable better lighting and improved sight lines.</p> <p>The decorative improvements provide the biggest impact and the unit now boasts fantastic murals depicting local scenes and a colour scheme that is both low arousal and homely.</p> <p>The team are very proud of their achievements and look forward to welcoming patients into their new environment from the beginning of November.</p> |

**3. Staff awards and recognition / retirements**

Gavin Sell, Area Manager for Skye Lochalsh and West Ross retired on 30<sup>th</sup> September. Gavin held a number of posts in Highland HSCP and made a significant contribution to Care Homes and ongoing service delivery during the Covid 19 Pandemic and remobilisation of services.

Anne MacLeod, Integrated Team Lead for Skye Lochalsh and West Ross also celebrates her retirement.

Chelsey Main, Support Worker in the Forensic Team within Mental Health services has been shortlisted in in the Support Worker category at the forthcoming Scotland's Health Awards being held on 7<sup>th</sup> November.

**4. Enhanced Services**

9 new contracts for Enhanced Services were agreed by NHS Highland and Highland LMC. These were subsequently issued to Practices in North Highland with the majority choosing to sign up to the new contracts. There is a process ongoing between 1<sup>st</sup> October to 1<sup>st</sup> December 2024 where Practices will begin to deliver services as per the new contract.

Work is also near completion which will refresh the Enhanced Service for Diabetes Care in North Highland. This has been a collaborative process with Specialist colleagues in Secondary Care, GP Sub Committee, Public Health and the Primary Care Team via a Short Life Working Group (SLWG) The outputs of the SLWG were then taken into discussions between Highland LMC and NHS Highland in preparation for final negotiations in November 2024.

The Care Home Enhanced Service is the final one to be reviewed and refreshed in the New Year. The current contract being 'rolled over' to April 2025 for now.

**5. National Care Service (NCS)**

There has been significant political change since the previous Chief Officer's update.

The position is that, after the 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.

Scottish Government are keen to progress elements of the Bill, for example Anne's Law.

The key issue in relation to the National Care Service model for the HSCP remains 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 this position becomes clearer.