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 8 May 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, Non-Executive, Committee Vice Chair
Tim Allison, Director of Public Health (until 3pm)
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH (until 3pm)
Cllr, Muriel Cockburn, Non-Executive
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Cllr, David Fraser, Highland Council
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Julie Gilmore, Nurse Lead (shared role)
Michelle Stevenson, Public/Patient Representative
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Jo McBain, (on behalf of Nurse Director)
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Arlene Johnstone, Head of Service, Health and Social Care
Fiona Malcolm, Executive Chief Officer for Health and Social Care, Highland Council
Stephen Chase, Committee Administrator
Amanda Johnstone, member of the public

Apologies:
None.

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 NHSH website.

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

1.2 Assurance Report from Meeting held on 6 March 2024 and Work Plan

The draft minute from the meeting of the Committee held on 6 March 2024 was approved by the Committee as an accurate record.

The Committee
- **APPROVED** the Assurance Report
- **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

It was clarified that the Quantum referred to in item 2.1 of the minutes was the monies held by the Highland Council for NHS Highland.

The Committee: – **NOTED** the updates.

The Committee agreed to receive item 4.1 at this juncture before continuing with the order of the agenda.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Blueprint for Good Governance Improvement Plan - Update

The Board Secretary spoke to the paper which provided an update on the delivery of actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Clinical Governance and Health and Social Care Committees. The Board's Blueprint for Good Governance Improvement Plan contained 17 specific actions, three of which related directly to the remit of both the Clinical Governance and Highland Health and Social Care Committees, and oversight of progress on the three specific actions would therefore be reported to both groups.

The Board Secretary noted that the appendix was an earlier iteration and would be replaced in the Committee's Teams channel with the latest version for reference.
It was noted that good progress had been made against the three items, which included embedding patient and community representation and feedback into the Board's performance framework, establishing a plan to implement a quality framework, and to ensure that patient feedback is responded to and that it is fed back into improving services.
A full report spanning all 17 actions would go to the Board at the end of July.

D van Reutenbeek as Patient/Public Representative commented that progress in these areas was very welcome.

The Committee – **NOTED** the report, and – **AGREED** to accept **moderate** assurance.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The Chair apologised that there had not been a paper issued for the item and that this was due to the process of agreeing the close off of the 2023/24 financial year with Scottish Government.

E Ward gave a slide presentation outlining the current position for the HHSCP and noted the caveat that figures were still subject to final adjustments in audit scrutiny.

- Significant additional funding from Scottish Government was received and the end of year position was significantly better than that presented within the financial plan submission to Scottish Government in March 2023.
- The cost improvement programme had a target of £29.5m with slippage against that of £15.9m.
- Contributions to national initiatives had also come in slightly lower than expected.
- Financial flexibility allowed the release of £2m to support the financial position. Short term cost reductions and allocation slippage of £18m – including vacancies – also contributed to the improved position.
- The partnership reported an overspend of £10.6m with Acute Services reporting an overspend of £20.3m. The current position within Support Services is an underspend of £1.7m – this reflected the additional funding received.

- Argyll and Bute HSCP had delivered a break even position.

In discussion, the following areas were raised,

- E Ward agreed to have the presentation slides circulated to the Committee for reference with the caveat that the figures were subject to conclusion of the year end audit.
- The Chair noted that the partnership finished the year in a position which was better than had been anticipated but that this could be characterised as an unexpected position and that therefore there was a piece of work to be done between the Chair, the Chief Officer and E Ward to understand the position and how it was achieved. However, it was noted that the benefits achieved in quarters 3 and 4 were non-recurrent and still left the partnership with significant issues ahead in areas of spend and the impact on services.
- It was clarified that a formal request for brokerage to cover the shortfall for 2023/24 was in the process of being sent to Scottish Government. This was expected to be received in an allocation later.
- Concern was noted in discussion about the unexpected revenue additionality which would not be available in the 2024/25 period. It was noted that once the budget had been approved by Scottish Government it would be possible to bring further detail back to the meeting of costs and mitigating actions.

2024/25

E Ward presented slides to introduce the estimated Adult Social Care position for 2024/25. The slides were circulated to the members after the meeting. The estimated expenditure was £188m against funding of £164m, leaving a gap of £23.4m.

- Scottish Government had confirmed that it was prepared to give brokerage up to a maximum of £20.4m. It was noted that almost all of the territorial boards were in a position of requesting brokerage from SG as opposed to only two or three boards in previous years. This left the Board with £84m to identify areas to balance the budget.
- Value and efficiency workstreams have been initiated to support delivery of 3% recurring savings. Further transformational projects are in development to deliver the balance of the cost reduction/improvement ask.
- Argyll and Bute had been challenged to deliver a balanced position and was looking at having to identify cost reductions and improvements of £6.2m.

During discussion,

- Cllr Fraser commented that funding for support services such as Handy Person had been reinstated to 2015 levels which did not take into account subsequent levels of inflation. The Chief Officer confirmed that she and the Chief Executive had met with the company and would shortly provide a response to assist with their financial planning. Work was underway with Highland Council to procure a new Handy Person service and find a more equitable financial balance. An update would be circulated to the Committee outwith the meeting.
- The longer term ability of the HHSCP to support, invest in and develop areas such as Community Services in a way that supported the partnership's strategic aims in the face of the financial challenges was noted.
- It was confirmed that the £23m in the emerging gap for the 2024/25 estimate included the £7m from the quantum held by Highland Council.

2.2 Adult Social Care Update

The Chief Officer provided additional context to the Finance Update and noted that,

- Engagement in value and efficiency work was underway in areas such as prescribing and reducing reliance on agency and locum staff with across medical and nursing and midwifery and pharmacotherapy. The cost of packages for out of area referrals

was also being examined in terms of if it was more efficient to bring these back to Highland.

- It was noted that there was a lot of work to be done around engagement with district planning groups and Community Planning Partnerships concerning service provision.
- An overarching commissioning strategy was also planned.
- Adult Social Care cost improvements had been drafted to identify areas of cost improvement and inefficiency and Chief Executives were working to agree priorities and sequencing of work to achieve cost improvement and transformation work.
- There had been much information gathering with in house services, working with partners in the independent and Third Sector and from this data analysis around service costs and the ways in which services are received with the aim of disinvesting from in house provision to a more partnership way of working.
- Actions to reduce length of hospital stay with the joint strategic plan, 'Home is Best' was underway to prevent and reduce the time that people are delayed in hospital.

During discussion,

- Technology Enabled Care (TEC) was discussed in terms of progress and roll out. It was noted by the Chief Officer that a new suite of TEC products was now available and would form part of value and efficiency work in terms of providing families with choices to enable those who require support at home to access these supports. Costings were in the process of being considered and would be articulated through the joint strategic plan through areas such as the strategy for housing. The Chief Officer suggested it would be beneficial for a more detailed report to come to the Committee outlining these areas of work.
- The issue of the forthcoming Analogue Switch Off was raised in terms of the introduction of new TEC and the associated risks around digital solutions. The Chief Officer noted some of the challenges experienced over the Winter period and that while services had been tested there was broadly good resilience, however it was an area for further learning.
- Regarding the challenges of recruitment, it was noted that there was a need to create more sustainability in the Third Sector and independent sector due to the attrition from staff moving from those sectors to the NHS. No definitive plans to address this were in place due to the need to sustain in house NHS services but there was the intention to jointly co-produce a plan for partners to sign up to achieve sustainable commissioning aims. The Engagement Framework would assist the progress of such work to ensure community and partner involvement and transparency throughout. The discussion also noted that this process was less about slowing down NHS recruitment and more about transferring provision of some in house services to other sectors to support wider sustainability.
- The process of decision making to respond to short term situations as against the longer term strategy of the partnership was discussed during which it was noted that the setting up of a Care Board with good governance procedures had enabled some faster and more responsive decision making based on systems developed for longer term planning.

The Committee:

- **NOTED** the report and the savings plan, and that work was underway to confirm the plan which would be brought to the July meeting.
- **ACCEPTED limited** assurance in light of the ongoing financial challenges and ongoing work with Scottish Government to approve the financial position.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Self-Directed Support Annual Report

I Thomson spoke to the paper which presented an overview of the paper which detailed the process of implementation of the SDS strategy which had followed significant consultation with

service users in order to address a change of culture from the ground up and take some practical improvement steps.

During discussion, the following areas were addressed,

- I Thomson commented that a number of organisations such as Connecting Carers and In Control Scotland had provided useful advice about how to consult with service users on a more direct basis.
- It was explained that the reference to testing a different model of eligibility in the report was about bringing a better triage model into being in order to provide faster assessments and to make better use of social work intelligence in providing service users and their supporters with the assistance and information they need.
- The need to complement the work of care workers with other kinds of support was noted especially when addressing service users who need differing levels of support and thereby better match support roles to users such as personal care on the one hand and roles such as befriending and more community-based help on the other hand.
- The Chair noted that at this stage there was no level of assurance to recommend to the Committee but that this should be considered for when the item returns and that a future report could also consider what barriers there are to SDS and how they could be resolved. R MacDonald suggested that based on the current level and direction of work with its grassroots focus that moderate assurance could be offered to the Committee, however she also noted the challenge of offering assurance in isolation from the broader conversation considered by the Committee. The Chair noted that he would discuss with the Chief Officer how the topic could be brought back to the Committee.

The Committee:

- **NOTED** the report.

3.2 Care Home Collaborative Annual Report

G Grant spoke to the circulated report which noted the two related but separate aspects of independent sector care. The report provided a general market overview and an update on the collaborative funding received from Scottish Government and also the focus and direction of that funding.

In addition to the information contained in the report it was noted that the quality of provision had been good overall with a notable exception of Cradle Hall, which closed on 17th April. This had led to the relocation of 41 residents over three weeks and had provided a significant challenge to residents and their families, and staff.

It was noted that the requirements of the National Care Home Contract was a difficult match for Highland but that proactive actions were in progress and under consideration such as investing in recruitment to independent sector care homes and that this latter area was starting to see some benefit.

During discussion, the following areas were raised,

- Cllr Fraser requested an update outwith the meeting regarding the temporarily closed homes at Dail Mhor and the Mackintosh Centre.
- The Chair requested that the update when provided be circulated to the Committee.
- J McBain noted that Occupational Therapies be added to the report along with Podiatry.
- Thanks were expressed to the team involved in dealing with the closure of Cradle Hall under very pressurised circumstances.
- The discussion of what lessons had been learned from the Cradle Hall closure it was noted that an evolving Standard Operating Procedure had been built from the experience of dealing with previous closures, however the circumstances and timeline had been very different in the case of Cradle Hall. It was commented that a number of issues were

under scrutiny, which included the process of relocation and matching residents to locations, the response from the sector from the appeal to all providers in Highland for innovative assistance and to prioritise placements (which had been a very positive response). G Grant was due to co-chair a meeting with the Scottish Care independent sector lead on lessons learned for providers.

- Regarding the strategic direction and market facilitation plan it was noted that this was crucial and would need a 5 to 10 year forward plan to support more reactive planning responses.

The Committee:
- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report.
- **AGREED** that an update on Dail Mhor and the Mackintosh Centre be circulated to the Committee.

3.3 Children and Young People Services Annual Performance Report

J Park noted that the report provided an overview of ongoing actions taken to the Community Planning Partnership Board for ratification in March, and also to the Joint Monitoring Committee. She recognised that there may need to be further discussion about the what the correct sequencing should be in terms of which committees should see the report when and noted that she would discuss the options with the Chair of the Integrated Children's Service Board. The report took a life course approach which acknowledged that to support and protect children and young people a shift of thinking to whole family support and whole Community support was required. This also meant that the report was aligned to the Highland Council's Education Plan and the NHS Highland plan. It was noted that delivery of the plan required good working partnerships across service areas such as mental health and well-being, the Poverty Group, the Job Protect Committee and the Drug and Alcohol Partnership.

In discussion, the Chair noted that he would raise the issue at the meeting of the Chairs of NHS Highland Governance Committees to agree a suitable governance route for the delegated services.

The Committee:
- **NOTED** the report.

[The Committee took a break from 2.50pm to 3pm]

3.4 Adult Social Care Fees and Charges

C Stewart provided a brief overview of the report which had been circulated in advance of the meeting.

The Chair noted that the uplift to £12 an hour was progress but that it was still very low.

The Committee:
- **NOTED** the report.

3.5 IPQR for HHSCP

J Bain spoke to the report and highlighted the key metrics in a slide presentation and noted the challenges and the connections between different areas of performance such as a slight reduction in people assessed for Care At Home but who were waiting for packages and that this was connected to Delayed Hospital Discharges.

It was noted that the Commissioning and Transaction team had worked hard to make sure that the increased rates of pay had been passed on to providers to enable them to pay the minimum £12 per hour as funded by the Scottish Government. It was noted that there were 8 commissioning proposals which would be part of a separate paper that would come to the Committee.
In terms of overall care placements, it was noted that 16,187 people had been placed within 2023/24 as opposed to 750 in the previous year which illustrated the levels of pressure across the sector.
It was noted that more recent activity such as the Cradle Hall closure due to regulatory actions was not reflected in the data presented.
It was noted that the scheme for unpaid carer breaks reopened in quarter four and that there had been 141 applicants with 125 were approved.
A significant growth in Option 1 direct payments was noted and J Bain suggested that the next iteration of the report could include quarterly data points for ease of reading.

In discussion,

- It was noted that the Chair and Chief Officer intended to consider with the Head of Strategy and Transformation how the IPQR reporting could better support the work of the Committee in understanding the levels of impact of interventions and actions given that the data had reached a stable or static level of activity. It was suggested in the discussion, for example that further break down of data between North Highland and Argyll and Bute HSCPs could be useful for comparison and help to highlight the differing issues faced by remote and rural areas.
- It was acknowledged that further work was underway to address the balance of service level delivery data and indicators that would better show the pressures and impact of mitigating actions, taking the example of the work done around Option 1s.

The Chair noted that the Committee and the Board was committed to addressing these issues and tie them to the strategic direction of the organisation and that this would be noted in the Committee's Action log.

The Chair also noted the good work undertaken by the Drug and Alcohol team in its application of MAT Standards and addressing response times.

The Committee:

- **NOTED** the report, and
- **AGREED** to accept **limited** assurance.
- **AGREED** that the Action Log note the Committee's commitment to addressing the issues raised by the IPQR and to find an approach tied to the strategic direction of the organisation.

3.6 Chief Officer's Report

The Chief Officer provided an overview of her report and noted that,

- The joint inspection of Adult Support and Protection for the HHSCP area had concluded and had received a feedback report on the findings. R MacDonald noted that the report was now live on the Care Inspectorate website for public access and addressed health, social work, social care, but also police services. It was commented that sessions had been arranged for the HHSCP to hear the feedback and the areas for improvement. It was felt that it had been a positive inspection and an update would be brought to the Committee.
- In terms of the Vaccinations Programme, it was noted that the Board was working through its performance with Scottish Government and Public Health Scotland to create strategies to improve citizen experience and access to vaccinations. There were areas of work around childhood vaccination and robust pathways for post-exposure prophylaxis vaccinations, and Public Health Scotland was providing good support as a critical friend in assessing processes.

- The DadPad app had been launched by NHS Highland by the Perinatal and Infant Mental Health team and was available across Highland and Argyll and Bute providing fathers with guidance on how to support their child and seek help when they when they become a parent.
- It was noted that numbers of referrals to the Community link worker service to the end of February 2024 was 1,782. It was thought that the main reasons for referral were related to mental health, social isolation, financial issues, heating costs, bereavement, housing and essential needs. A validated well-being score tool had been developed to measure people's outcomes.
- Regarding Enhanced Services, it was noted that negotiations with the LMC were progressing at a fast pace and had reached a detailed stage of agreeing 5 specifications, and it was hoped that this work could be taken forward soon to stabilise and implement new Enhanced Service contracts.
- It was noted that Cllr Fraser had reached the end of his tenure as Chair of the JMC and that the NHS Highland Board Chair, Sarah Compton Bishop would take up the Chair for 12 months from 1st April.

During discussion the following points were addressed,

- It was noted that the escalation of NHS Highland's Vaccination Programme to special measures was intended to be a supportive experience working with Scottish Government and Public Health Scotland to learn from other models across Scotland and better develop and demonstrate trajectories of delivery. The aim is to align vaccination types to local delivery and more local oversight with better use of staffing working across a multidisciplinary team, and to use the options appraisal to identify through public and stakeholder engagement where the model is being delivered well and where there is good uptake. It was hoped that the options appraisal would be ready for engagement rollout by mid-May. It was not known if any other Scottish health board vaccination programmes were also operating under special measures.
- It was commented that there had been a lot of analytical work undertaken to address issues around patient experience, distances travelled to clinics and accessible clinics, and there had been quality improvement work undertaken with the National Booking service to reduce some of the issues experienced in previous iterations of the vaccination programme.
- The Chair recommended to the Committee that the Vaccination Programme remain on the agenda for the July and September meetings in order to be provided with progress updates on the consultation engagement process and a timeline for deliverables.
- The Chief Officer offered to produce a paper in collaboration with the Director of Public Health about public health messaging to encourage better uptake of vaccinations.
- D van Ruitenbeek requested an update outwith the meeting regarding current concerns on North Skye about service delivery of urgent care and staffing. It was agreed that the Chief Officer would produce an update that could be circulated to the Committee for assurance.

The Chair commented that he welcomed the extension of Community Link workers to all GP practises and looked forward over the coming years to learning of the benefits brought to the system.

The Committee:

- **NOTED** the report, and
- **AGREED** an update be circulated to the members outwith the meeting regarding current concerns on North Skye about service delivery.
- **AGREED** that the Vaccination Programme remain on the agenda for the July and September meetings to provide progress updates.

5 AOCB

The Chair expressed thanks on behalf of the Committee to Michelle Stevenson and Wendy Smith for their service and contributions as Independent Lay members and noted that their tenure would end in June. M Stevenson commented that she had enjoyed her time on the Committee and may join meetings on occasion as a member of the public.

The Chair noted that the positions had been advertised and it was hoped that the recruitment process would be completed soon.

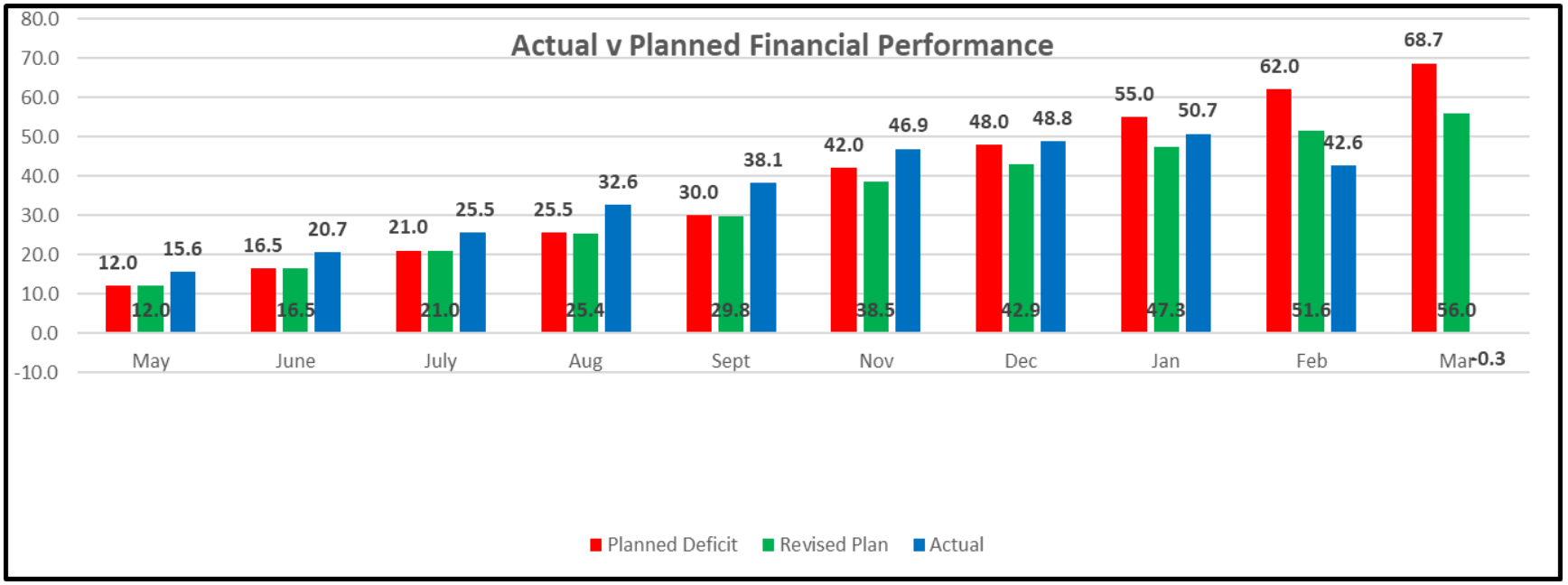
6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 10th July 2024** at **1pm** on a virtual basis.

The Meeting closed at 3.48 pm

Finance Report – 2023/2024 Year End
Originally presented to FRPC 14 June 2024

2023/2024 YEAR END



Target	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	0.3
Delivery against Financial Plan DEFICIT/ SURPLUS	68.9
Deliver against Cost Improvement target DEFICIT/ SURPLUS	15.9

- Year end surplus of £0.3m
- Slippage against CIP £15.9m
- Brokerage received of £29.5m
- Underlying deficit of £29.2m

2023/2024 YEAR END

	£m	£m
Financial Plan submission to Scottish Government - initial gap		**98.172**
Cost Reductions/ Cost Improvements achieved in year		13.572
Additional Funding		
Sustainability funding - June 2023	8.030	
ASC Pay Award - June 2023	3.883	
New Medicines Fund - June 2023	6.590	
Supplementary Pay	6.088	
Return of 2022/2023 Year End Surplus - March 2024	0.383	
Health Consequentials/ Sustainability Funding - March 2024	9.885	
		34.859
Reduction in top slices for national costs		0.390
Financial Flexibility		2.050
Short term cost reductions & allocation slippage		18.070
Brokerage		29.500
Year End Outturn - Surplus		**0.265**

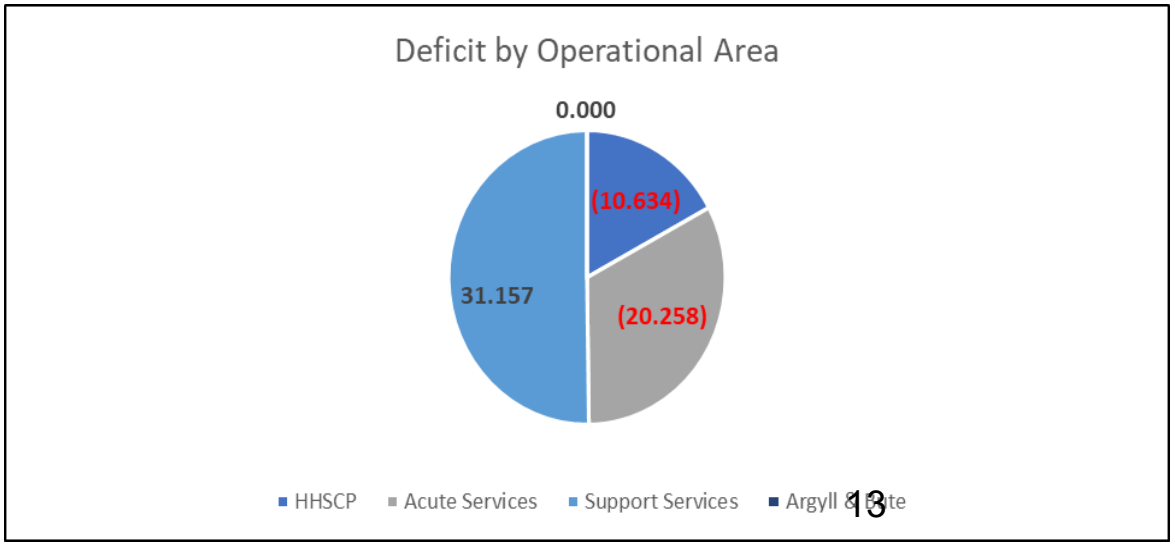
- Financial Plan submitted to SG in March 2023 had an initial gap of £98.172m
- A cost reduction/ improvement target of £29.500m brought this gap down to £68.672 – savings of £13.572m were achieved against this target.
- Additional allocations, a reduction in top-sliced costs, use of financial flexibility and an element of slippage on allocations together with short term cost reductions mainly due to recruitment difficulties has brought this initial gap down to £29.235m by financial year end
- Brokerage of £29.500m was received which enable delivery of an underspend of £0.265m at financial year end

2023/2024 YEAR END

Current Plan £m	Current Budget £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m
1,220.267	1,220.267	**Total Funding**	1,220.267	1,220.267	-
		Expenditure			
450.867	460.205	HHSCP	460.205	470.839	(10.634)
310.154	296.594	Acute Services	296.594	316.852	(20.258)
214.031	202.642	Support Services	202.642	171.485	31.157
975.052	**959.441**	**Sub Total**	**959.441**	**959.176**	**0.265**
263.375	**260.826**	Argyll & Bute	**260.826**	**260.826**	-
1,238.426	**1,220.267**	**Total Expenditure**	**1,220.267**	**1,220.002**	**0.265**
(68.672)	-	**Planned Deficit**	-	-	-
1,220.267		**Total Expenditure**			

2023/2024 YEAR END

- Underspend of £0.265m reported – delivery supported through receipt of £29.500m of brokerage from SG
- Position includes slippage against the CIP of £15.928m
- Cost improvements of £13.572m included within operational position



2023/2024 YEAR END

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	836.126
FHS GMS Allocation	79.970
Supplemental Allocations	96.640
Non Core Funding	71.327
Total SGHSCD Funding	**1,084.063**
Integrated Care Funding	
Adult Services Quantum from THC	148.424
Childrens Services Quantum to THC	(12.220)
Total Integrated care	136.203
Total NHS Highland Funding	**1,220.267**

FUNDING

- Full year funding £1,220.267m
- Includes brokerage of £29.500m
- 2023/2024 saw a significant level of allocations being received towards the latter part of the financial year. Whilst this had a beneficial impact on the final financial position it creates difficulties in service planning. This is being reviewed by SG as we go into 2024/2025

2023/2024 YEAR END

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	HHSCP			
254.114	NH Communities	254.114	262.988	(8.874)
51.864	Mental Health Services	51.864	58.163	(6.299)
155.000	Primary Care	155.000	156.926	(1.926)
(0.773)	ASC Other includes ASC Income	(0.773)	(7.238)	6.465
460.205	**Total HHSCP**	**460.205**	**470.839**	**(10.634)**
	HHSCP			
281.717	Health	281.717	292.540	(10.823)
178.488	Social Care	178.488	178.299	0.188
460.205	**Total HHSCP**	**460.205**	**470.839**	**(10.634)**

	In Month £'000	YTD £'000
Locum	705	8,407
Agency	516	6,685
Bank	820	9,287
Total	**2,042**	**24,378**

HHSCP

- Overspend of £10.634m reported
- Slippage of £7.175mm against the CIP reported
- Most significant pressures during the year have been agency nursing, medical locums and prescribing
- There are still a number of services which require to realign service provision with the available funding envelope
- Additional allocations in respect of ASC costs and application of reserves has enabled delivery of a balanced ASC position, excluding estates costs

HHSCP 2023/2024 YEAR END

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

Care Home	Full Year Actuals £000's
Ach-an-eas	31
Bayview House	31
Caladh Sona	13
Grant House	91
Home Farm Portree	920
Invernevis House	36
Lochbroom	28
Mackintosh Centre	3
Mains House Care Hor	422
Melvich Centre	4
Pulteney House	13
Strathburn House	79
Telford Centre	17
Wade	83
Total	**1,770**

ADULT SOCIAL CARE

- A balanced position has been delivered within ASC following receipt of allocations which had been assumed to be non-recurring and the use of reserves held by Highland Council on behalf of NHS Highland.
- Additional payments to providers have been £0.500m less than anticipated and there has been an additional benefit from funding received in earlier years.
- Early work on agreeing the 2024/2025 quantum may result in some movement in the opening position for 2024/2025

2023/2024 YEAR END

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000
79.347	Medical Division	79.347	88.618	(9.271)
21.875	Cancer Services	21.875	22.889	(1.014)
66.192	Surgical Specialties	66.192	69.749	(3.557)
36.141	Woman and Child	36.141	34.173	1.968
44.491	Clinical Support Division	44.491	42.988	1.503
(4.823)	Raigmore Senior Mgt & Central Cost	(4.823)	5.499	(10.322)
23.501	NTC Highland	23.501	21.955	1.545
266.724	**Sub Total - Raigmore**	**266.724**	**285.872**	**(19.148)**
14.415	Belford	14.415	14.704	(0.289)
15.455	CGH	15.455	16.276	(0.821)
296.594	**Total for Acute**	**296.594**	**316.852**	**(20.258)**

	In Month £'000	YTD £'000
Locum	1,180	11,448
Agency	490	9,392
Bank	600	7,027
Total	**2,270**	**27,867**

ACUTE

- £20.258m overspend reported
- £6.186m slippage against CIP reported
- Position includes approx £11.908m of costs incurred as a result of patients not being within the correct care setting
- In addition to above drivers for overspend are agency nursing, medical locums, drugs and ongoing service pressures
- Work is required to align services within the available funding envelope

2023/2024 YEAR END

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Support Services			
28.300	Central Services	28.300	28.080	0.219
31.621	Central Reserves	31.621	-	31.621
49.396	Corporate Services	49.396	46.329	3.067
50.779	Estates Facilities & Capital Planning	50.779	52.651	(1.872)
16.476	eHealth	16.476	16.279	0.197
26.070	Tertiary	26.070	28.146	(2.075)
202.642	**Total**	**202.642**	**171.485**	**31.157**

	In Month £'000	YTD £'000
Locum	1	76
Agency	70	836
Bank	525	2,643
Total	**596**	**3,554**

SUPPORT SERVICES

- £31.157 underspend reported – this position reflects brokerage received from SG
- Vacancies within a number of teams within Corporate Services and additional Medical Education funding have driven the underspend in this area
- Previously identified pressures relating to the SLA uplift and specific issues relating to cardiac, forensic psychiatry, rheumatology drugs and non-contracted activity outwith Scotland account for the overspend within Tertiary – this is an area of review within the 2024/2025 cost reduction/ improvement work
- Above inflation increases in utility & food costs, additional maintenance, additional pay costs at New Craigs due to facilities staff being aligned to Agenda for Change uplifts and increased cleaning across a number of sites have driven the overspend within Estates

2023/2024 YEAR END

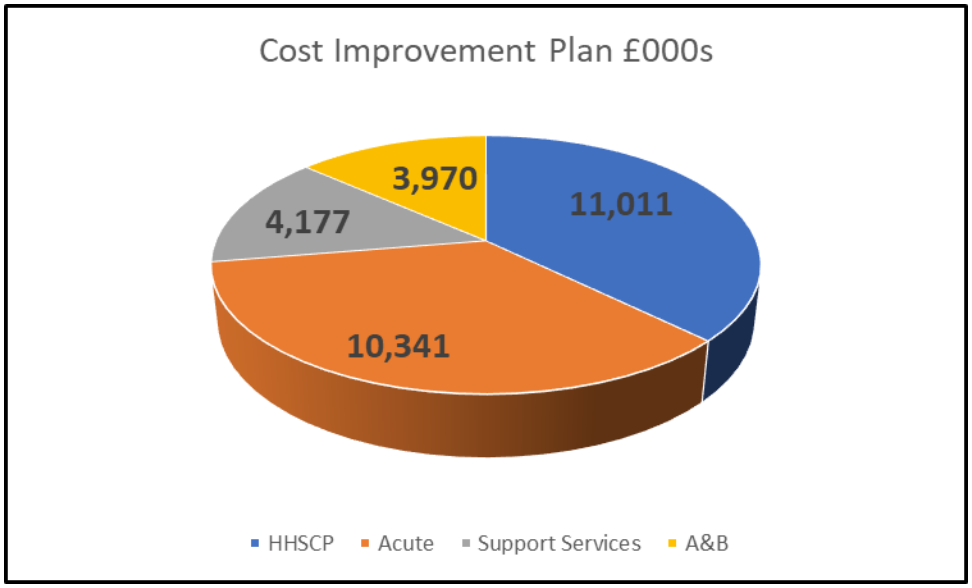
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Argyll & Bute - Health			
128.926	Hospital & Community Services	128.926	128.057	0.869
39.519	Acute & Complex Care	39.519	40.328	(0.809)
10.324	Children & Families	10.324	10.265	0.059
39.747	Primary Care inc NCL	39.747	39.532	0.214
22.918	Prescribing	22.918	24.084	(1.166)
10.953	Estates	10.953	11.346	(0.393)
6.708	Management Services	6.708	6.620	0.088
1.732	Central/Public health	1.732	0.593	1.138
-	Management Actions	-	-	-
260.826	**Total Argyll & Bute**	**260.826**	**260.826**	**-**

	In Month £'000	YTD £'000
Locum	696	6,497
Agency	275	3,977
Bank	228	2,664
Total	**1,199**	**13,139**

ARGYLL & BUTE

- A breakeven position is reported at year end with the IJB making use of reserve flexibility
- Slippage against the CIP of £1.034m was recorded but underspends across a number of operational areas balanced the position

2023/2024 YEAR END



	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	11,011	3,836	(7,175)
Acute	10,341	4,156	(6,186)
Support Services	4,177	2,644	(1,533)
A&B	3,970	2,936	(1,034)
Total Forecast Savings	**29,500**	**13,572**	**(15,928)**

COST IMPROVEMENT

- £29.500m CIP programme was planned
- At the end of the financial year slippage of £15.928m against the CIP is reported
- Cost improvements of £13.572m contributed to the year end position

2023/2024 YEAR END

NHS Highland

Assurance of Progress 2023-24 Year End Position					
HORIZON 1	Target	Savings Delivered	% of Target Achieved	Total	Year End Gap
Acute					
Medical	2,607	794	30%	794	-1,813
Surgical	2,164	1,237	57%	1,237	-927
Women & Child	1,112	651	59%	651	-461
Rural General Hospitals	960	230	24%	230	-730
Clinical Support	1,464	369	25%	369	-1,095
NTC	860	643	75%	643	-217
Cancer	688	-	0%	0	-688
Acute Central	240	233	97%	233	-7
Acute Sub-Total	**10,341**	**4,156**	**40%**	**4,156**	**-6,185**
HHSCP					
Mental Health	930	350	38%	350	-580
N. Highland Community Services & Primary Care	5,617	2,091	37%	2,091	-3,526
HHSCP-Health Unallocated	352	0	0%	0	-352
Adult social care	4,113	1,395	34%	1,395	-2,718
Unit-wide					
HHSCP Sub-Total	**11,012**	**3,836**	**35%**	**3,836**	**-7,176**
Support Services					
Corporate Services - Deputy Chief Exec	0	0	0%	0	0
Corporate Services - People & Culture	178	131	73%	131	-47
Corporate Services - Public Health	207	16	8%	16	-191
Corporate Services - Finance	137	407	297%	407	270
Corporate Services - Medical	43	0	0%	0	-43
Corporate Services - Nursing	60	0	0%	0	-60
Corporate Services - Other	0	0	0%	0	0
Corporate Services - Strategy & Transformation	92	84	91%	84	-8
Tertiary	1,454	0	0%	0	-1,454
Estates and Facilities	1,027	1,027	100%	1,027	0
E-Health	185	185	100%	185	0
Central	794	794	100%	794	0
Support Services Sub-Total	**4,177**	**2,644**	**63%**	**2,644**	**-1,533**
A&B IJB	3,970	2,936	74%	2,936	-1,034
A&B IJB Sub-Total	**3,970**	**2,936**	**74%**	**2,936**	**-1,034**
Grand Total	**29,500**	**13,572**	**46%**	**13,572**	**-15,928**

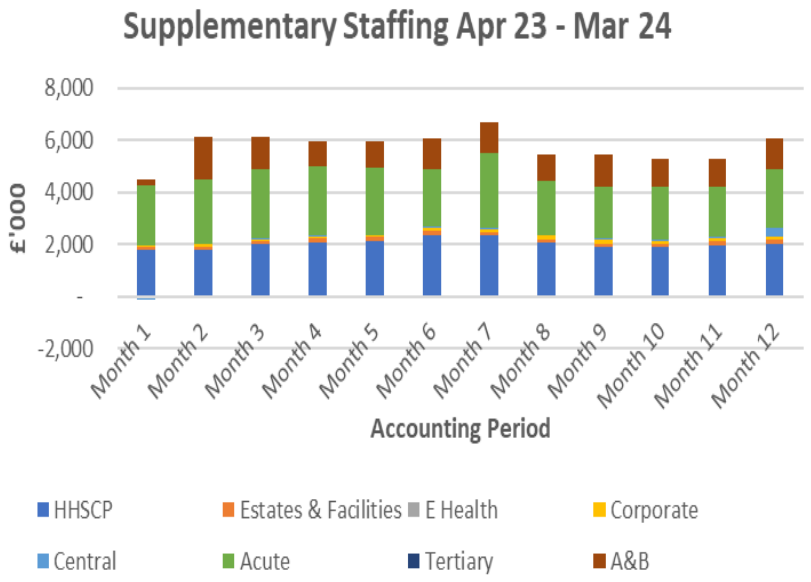
2023/2024 YEAR END

	2023/2024 YTD £'000	2022/2023 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	24,378	19,563	4,815
Estates & Facilities	1,680	1,568	112
E Health	14	17.45	(4)
Corporate	1,275	1,318	(43)
Central	584	580	3
Acute	27,867	26,852	1,015
Tertiary	1	3	-
Argyll & Bute	13,139	11,269	1,869
TOTAL	**68,939**	**61,172**	**7,769**

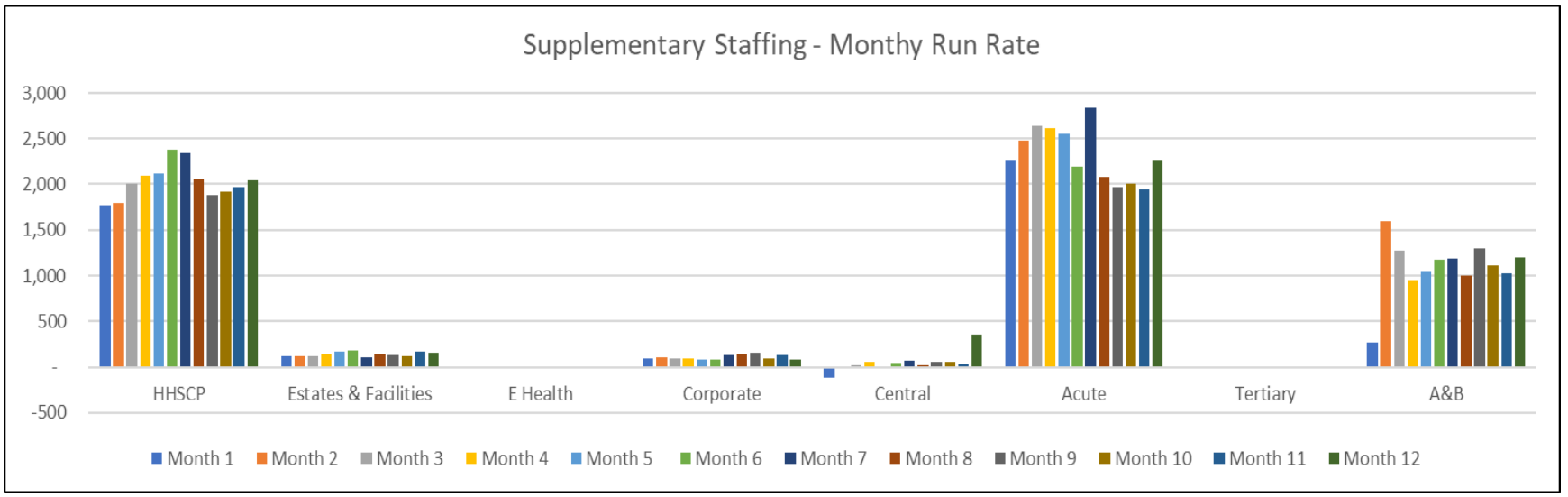
SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at financial year end is £68.939m – overspend on pay costs at year end is £5.243m
- 2023/2024 spend at year end is £7.769m higher than the same period in 2022/2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
118.472	Medical & Dental	118.472	125.377	(6.905)
6.529	Medical & Dental Support	6.529	8.086	(1.557)
208.963	Nursing & Midwifery	208.963	215.276	(6.313)
40.143	Allied Health Professionals	40.143	37.922	2.221
15.841	Healthcare Sciences	15.841	16.061	(0.219)
21.979	Other Therapeutic	21.979	20.896	1.084
44.910	Support Services	44.910	43.856	1.054
83.793	Admin & Clerical	83.793	82.339	1.454
3.555	Senior Managers	3.555	3.053	0.502
55.989	Social Care	55.989	53.346	2.643
(0.955)	Vacancy factor/pay savings	(0.955)	(1.750)	0.795
599.220	Total Pay	599.220	604.463	(5.243)



2023/2024 YEAR END



2023/2024 YEAR END

Detail	Full Year Plan £m	Full Year Actual £m	Full Year Variance £m
Expenditure by Subjective spend			
Pay	599.220	604.463	(5.243)
Drugs and prescribing	126.234	132.148	(5.914)
Property Costs	58.689	62.045	(3.356)
General Non Pay	50.150	50.611	(0.461)
Clinical Non pay	53.212	57.935	(4.724)
Health care - SLA and out of area	431.957	432.336	(0.379)
Social Care ISC	124.775	133.703	(8.928)
FHS	111.653	109.465	2.188

Detail	Full Year Plan £m	Full Year Actual £m	Full Year Variance £m
Drugs and prescribing			
Hospital drugs	**51.525**	**52.796**	**(1.271)**
Prescribing	**74.709**	**79.352**	**(4.644)**
Total	**126.234**	**132.148**	**(5.914)**

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- The most significant overspend is within the provision of social care from the independent sector
- A consistently high inflation rate this financial year impacted across all areas of spend with the pressure being most significant within estates related costs (particularly utilities) and catering supplies. Overall Drugs and prescribing expenditure was overspent by £5.914m - this is split £1.271m within hospital drugs and £4.644m in primary care prescribing

2023/2024 YEAR END

Plan £000's	Summary Funding & Expenditure	Actual to Date £000	Variance £000
	Project Specific Schemes		
880	Radiotherapy Equipment	880	-
500	NTC (H)	944	(444)
2,400	Belford Hospital replacement	2,137	263
2,457	Caithness redesign project	2,939	(482)
2,851	Grantown HC upgrade	2,851	-
2,820	Broadford HC extension	-	2,820
360	ACT Accommodation	360	-
	Other Centrally Provided Capital Funding		
2,650	Raigmore Maternity capacity	2,092	558
60	Cowal Community Hospital GP relocation	(2)	62
1,350	Raigmore car park project	3,252	(1,902)
500	Laundry Water Filtration Equip	636	(136)
50	Raigmore oncology unit	-	50
860	EV charging points - NHSH wide	508	352
1,250	Backlog maintenance additional funding	1,180	70
783	National Infrastructure Equipment Funding (NIB)	-	783
-	Greenspace Raigmore Gardens	-	-
5	NSD Capital Allocation	-	5
19,776		**17,778**	**1,998**
	Formula Allocation		
827	PFI Lifecycle Costs	853	(26)
2,010	Equipment Purchase Advisory Group (EPAG)	2,814	(804)
2,350	Estates Capital Allocation	3,586	(1,236)
1,500	eHealth Capital Allocation	1,714	(214)
260	Minor Capital Group	0	260
	Other	(22)	22
6,947		**8,945**	**(1,998)**
26,723	**Capital Expenditure**	**26,723**	

CAPITAL

- Funding of £26.723m received and fully spent within year
- There was movement in a number of areas of planned spend reflecting both the pause on projects as we move into 2024/2025 and unexpected additional costs from contractors
- The Belford and Caithness redesign projects will remain as assets under construction on the balance sheet until there is clarity on funding and how we can progress

Agenda Item 2.2

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**10 July 2024**
Title:	**Finance Report – Month 2 2024/225**
Responsible Executive/Non-Executive:	**Pam Cremin, 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):

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the summary NHS Highland financial position at Month 2 (May) 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 May 2024 (Month 2) is an overspend of £17.364m with this forecast to increase to £50.682m 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 support will be available to balance the ASC position at the end of the FY. This forecast is £22.282m worse than the brokerage limit set by Scottish Government.

The HHSCP is reporting a year to date overspend of £4.764m with this forecast to increase to £23.966m by the end of the financial year. This position currently only assumes delivery of £5.710m 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	☐	Moderate	☐

Limited	X	None			

It is only possible to give limited assurance at this time due to current progress on savings 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 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.6 Other impacts

None

3.7 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
- Value & Efficiency Assurance Group
- Monthly financial reporting to Scottish Government

3.8 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
- FRPC

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

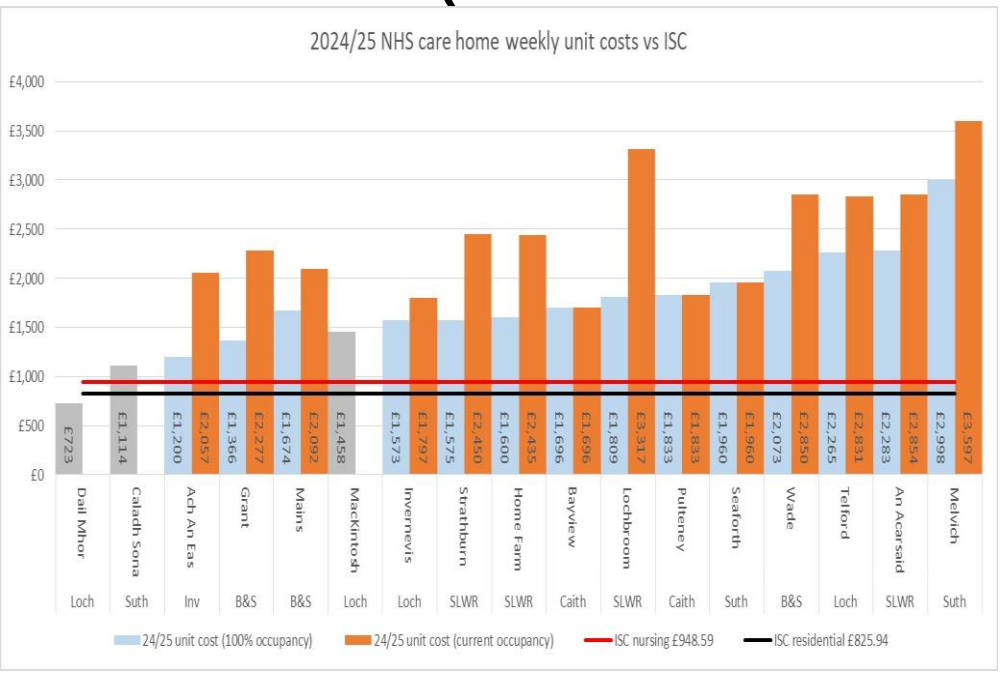
No appendices accompany this report

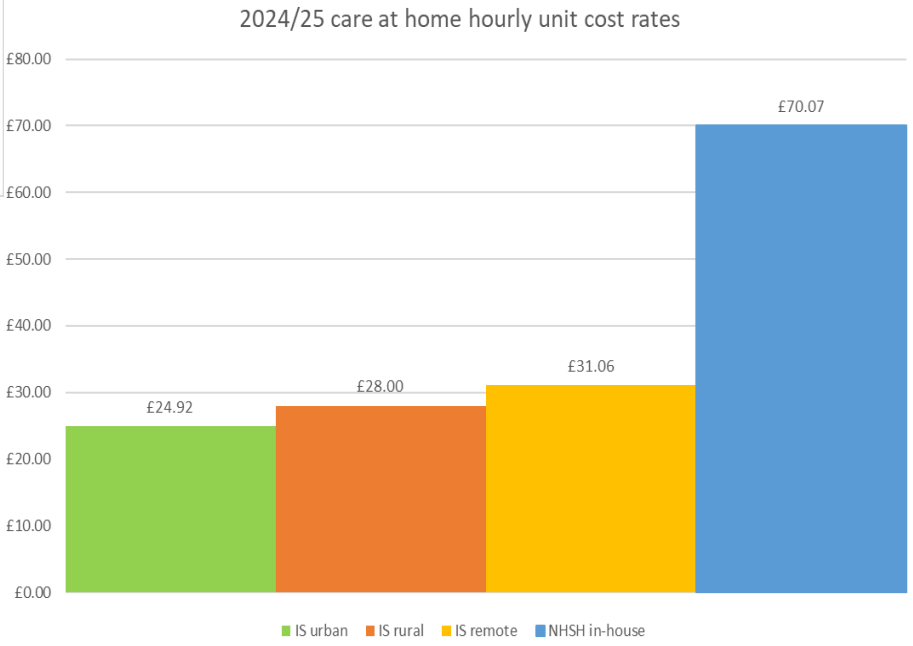
ASC Cost Reduction Plan

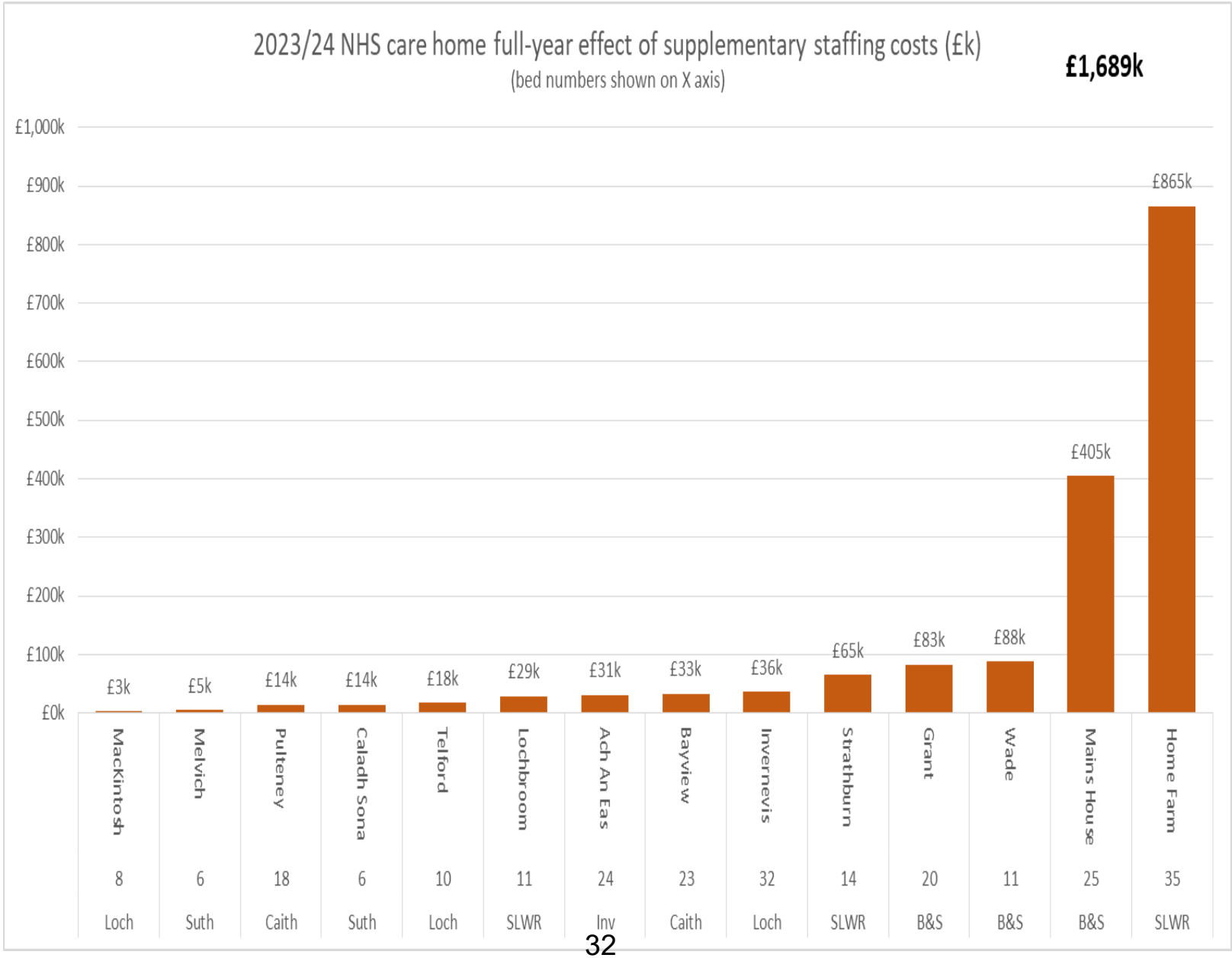
Highland Health and Social Care Committee July 2024

Unit Cost Comparators

(care home + care at home)






2023/24 NHS care home full-year effect of supplementary staffing costs (£k)
(bed numbers shown on X axis)
£1,689k
£1,000k
£900k
£800k
£700k
£600k
£500k
£400k
£300k
£200k
£100k
£0k
£3k
£5k
£14k
£14k
£18k
£29k
£31k
£33k
£36k
£65k
£83k
£88k
£405k
£865k
Mackintosh 8 Loch
Melvich 6 Suth
Pulteney 18 Caith
Caladh Sona 6 Suth
Telford 10 Loch
Lochbroom 11 SLWR
Ach An Eas 24 Inv
Bayview 23 Caith
Invernevis 32 Loch
Strathburn 14 SLWR
Grant 20 B&S
Wade 11 B&S
Mains House 25 B&S
Home Farm 35 SLWR

2024-25 – Value & Efficiency Targets

		£ (Net)
1	12.5% management, planning and leadership reduction	**£0.300m**
2	Younger Adults/Complexity Enabling collaboration efficiencies with providers/reforming commissioning approach Creating new models of support provision Developing community assets	**£0.510m**
3	Building Based Day Care Services Apply a savings target of £55k to each building based service for 24/25	**£0.220m**
4	Income Maximisation – Increased service user contributions to Care Home costs	**£0.900m**
5	Review of Option 1 and 2 efficiencies - net of independent support	**£0.500m**
6	Redesign of in-house services informed by Care Home and Care at Home Strategies High level plan in place for care homes	**£0.900m**
7	Integrated Care Teams/Business Support To utilise in year underspends from staff slippage	**£0.354m**
8	Technology Enabled Care Actions Maximising capacity/use of CM2000 & Care First Replacement (IT systems) Reducing internal costs of care provision	**£TBC**
	Total	**£3.684m**

2024-25 and beyond

		£ (Net)
1	Hold all vacancies where the external sector will be the primary providers of care at home To only allow recruitment in areas where we have either a mix of CAH or in-house only	**£TBC**
2	Redirect all Inverness urban care at home activity to external sector Costs required to factor any TUPE / ongoing staffing obligations and lost income	**£TBC**
3	Re-provisioning of identified in-house care homes Costs required to factor any TUPE / ongoing staffing obligations and lost income	**£TBC**
4	Younger Adults/Complexity Enabling collaboration and efficiencies with independent support sector Reforming commissioning approaches Creating new models of support provision/developing community assets	**£TBC**
5	Corporate targets 3% included in finance plan	**£TBC**

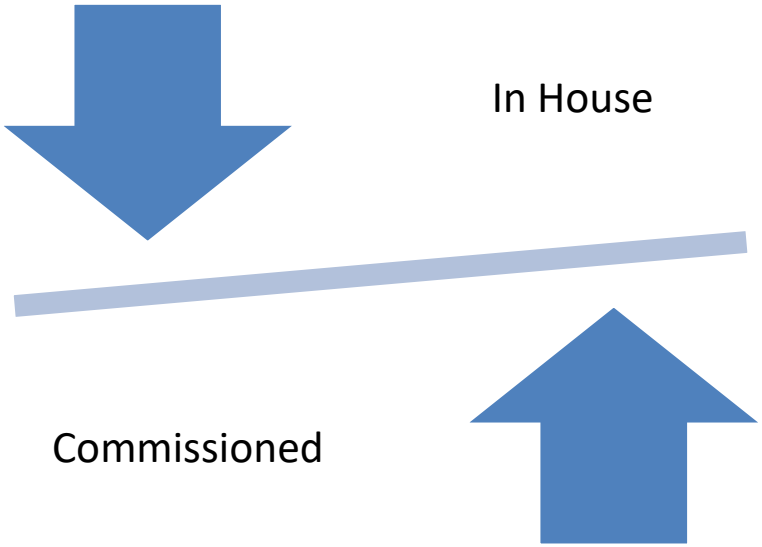
Current out of scope/exclusions

		£ (Net)
1	Non Residential Care Meals at home Apetito, in house day care, meals/lunch clubs	**£3.2m**
2	Younger Adult Care Homes Specialist care home provision/ no internal options – all commissioned at NCHC/non standard	**£11.4m**
3*	Younger Adult Centres/Support Work in-house Service looking to reduce commissioned spend/activity, therefore we need remaining internal provision * Efficiency savings of £0.220m will apply to day centres	**£5.8m**
4	Option 1, Direct Payments Most cost effective and efficient delivery model, strategic intent to invest/grow Option 1s	**£13.6m**
5	Third Sector/Finance/Other Standstill position/budget savings	**£5.6m**
6	Integrated Care Teams/Business Support Protect front line social work/commissioning/transacting resource to redirect/make it happen	**£11.8m**
7	Telecare/Carers Support Ring fenced digital and telecare, prevention and support to unpaid carers protected	**£3.4m**
8	Support Services/CH Sustainability Support to unsustainable care homes/advocacy/carer support services	**£1.8m** **£56.6m**

Moving Forward:
Twin Track Commissioning Approach

In-House

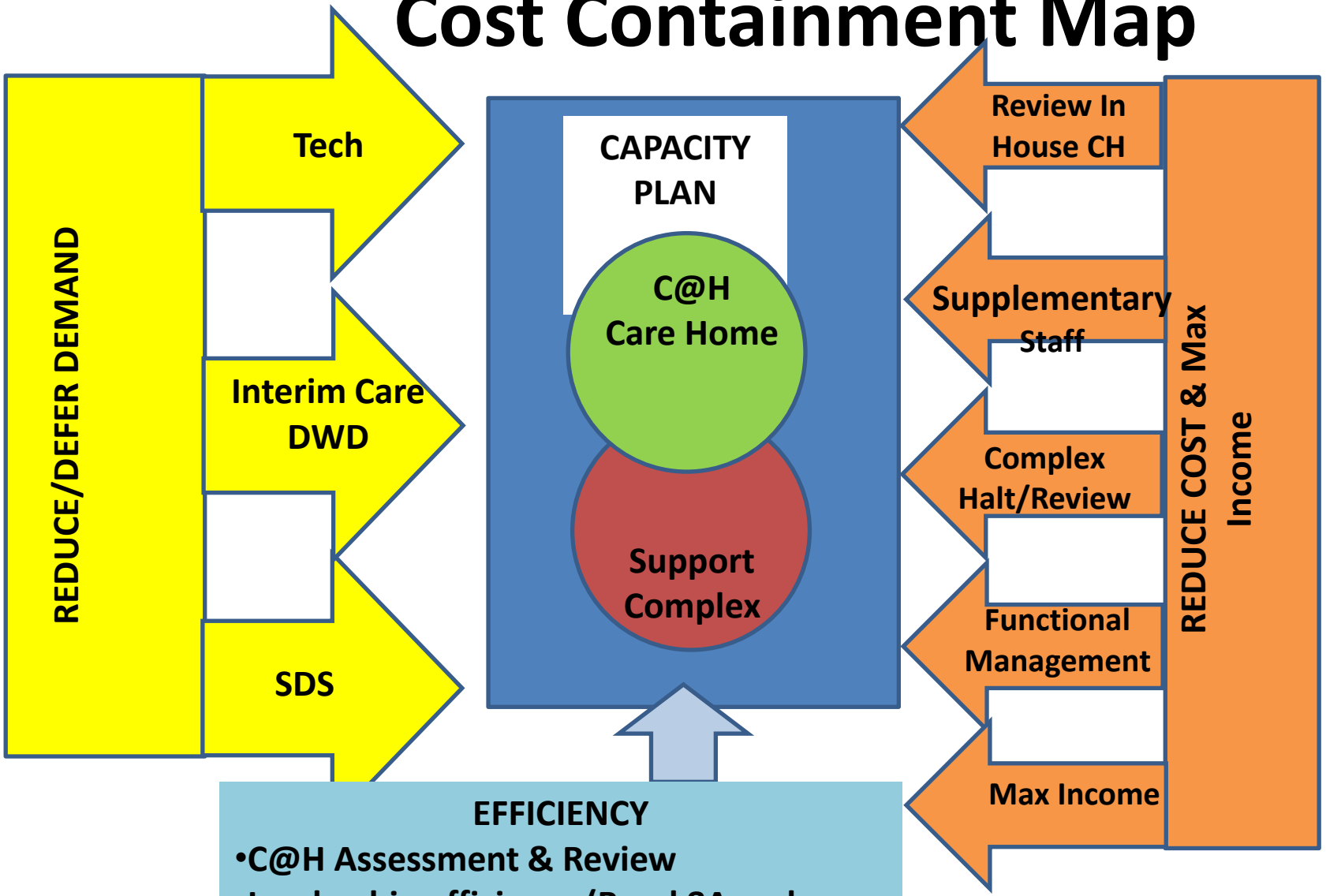
- Plan and Cost Capacity
- Contain Demand
- Review provision to ensure efficiency, safety and sustainability
- Provide high value complex provision



Commissioned Services

- Plan and Cost Capacity
- Implement process Improvements identified with sector

Cost Containment Map



EFFICIENCY

- C@H Assessment & Review
- Leadership efficiency (Band 8A and above reduction)
- Delegated Professional Decision Making
- Provider Discretion on Time Slots

Market Facilitation Plan
What Do We Need and Why

- Based on a shared understanding of need and demand, market facilitation is the process by which all partners ensure there is sufficient, appropriate range of provision to meet needs and deliver effective outcomes.

- Strategic Plan Statutory Guidance, August 2023:

  - *A Market Facilitation Plan should be prepared to complement the strategic plan and support its delivery.*

  - *It should outline the approach and provide detail on how integration authorities will engage with the existing and prospective market in order to work together with agencies to put the right services and support in place.*

A MFP and commissioning plan are inextricably linked.
The MFP is the vehicle for delivery of the commissioning plan.

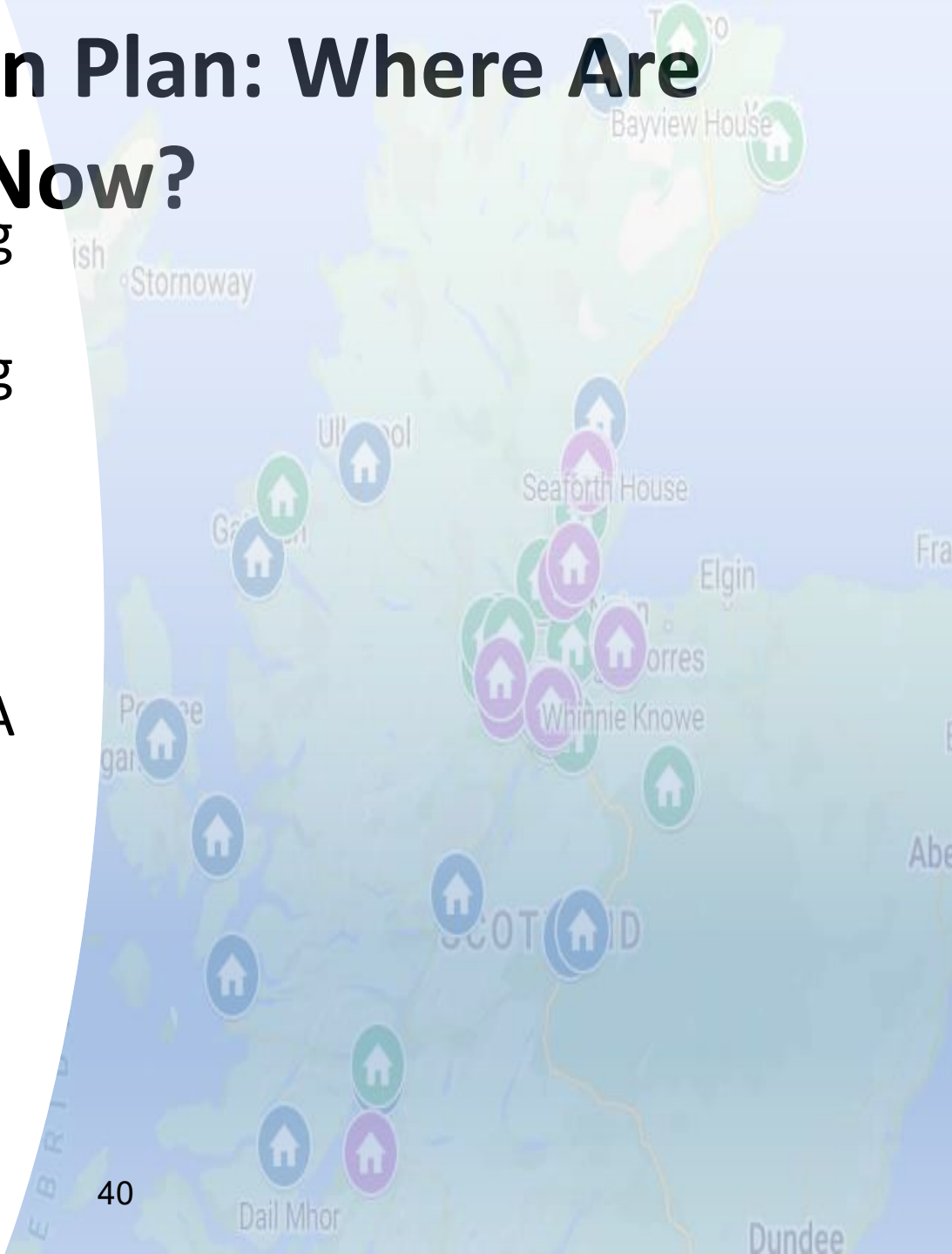
- Commissioning plan = what
- MFP = how

What Needs To Be Addressed

- What is the demand?
- What are the requirements?
  - What do we need?
  - Where do we need it?
  - How much of it do we need?
  - What can we afford?
  - What models of provision do we need?
- How are we going to obtain and secure it = market facilitation
- What do we understand of the market?
  - Capability – is the market capable of meeting the requirements?
  - Capacity – are there enough service providers with sufficient capacity to deliver the services?
  - Maturity – is the market ready to deliver what is required?
  - Competitiveness – what is the anticipated level of interest?
  - Barriers – identify barriers to involvement of potential providers in the procurement process
  - Culture – will delivery require cultural change?
  - Market Structure – will delivery require service providers to work together in a new way?
  - Market Security – how will future arrangements impact on the security of the market and / or services?
- What market structuring is required?
- What market intervention is required?

Market Facilitation Plan: Where Are We Now?

- ✓ High level commissioning intentions
- ✓ High level commissioning priorities
- ✓ Good sector relations + market understanding
- JSNA not available
- JSP not informed by JSNA
- No specifics of what is needed, where and in what quantities
- No wider engagement
- No clear governance



High Level Commissioning Intentions

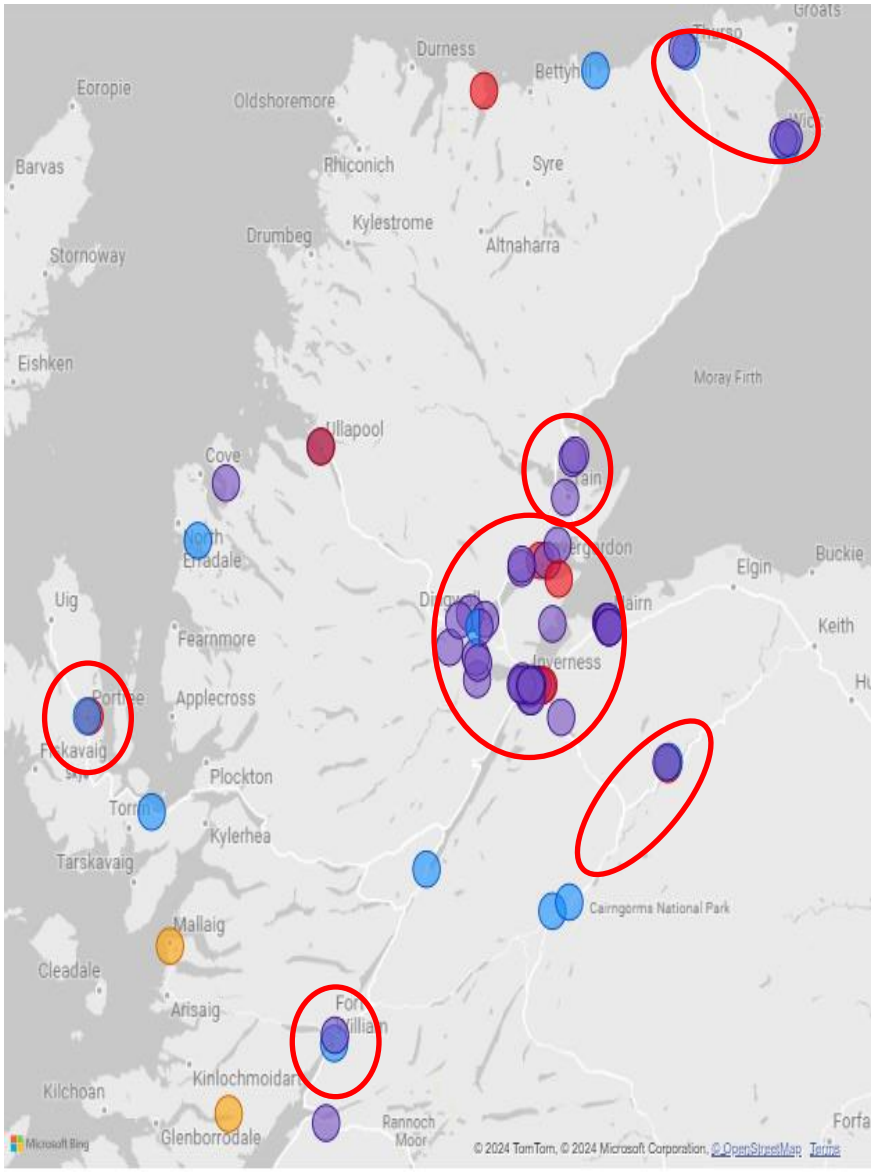
Care Homes

1. Quality and sustainable services
2. Transition from in house delivery
3. Support sector stability
4. Develop new facilities
5. Support small providers with transition / succession – medium / long term
6. Alternative models
7. Provide for individuals with complex needs
8. Quality and improvement support
9. Support sustaining placements
10. Workforce development plan + manager support

Care at Home

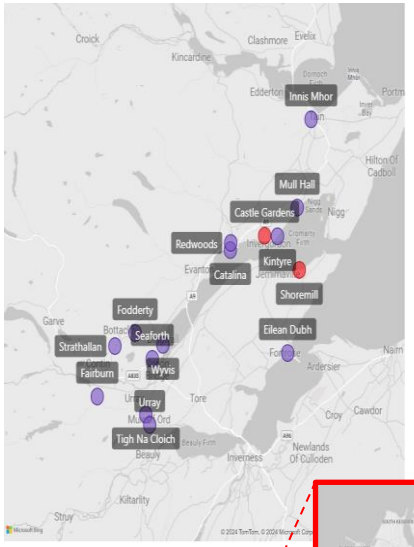
1. Quality and sustainable services
2. Transition from in house in urban areas
3. Support sector stability
4. Locality commissioning plan
5. Increase capacity
6. Implement agreed sector proposals
7. Alternative models – best use of carer resources
8. Quality and improvement support
9. Support sustaining packages
10. Workforce development plan and manager support

Care Homes – Current Status + Strategically Important Areas

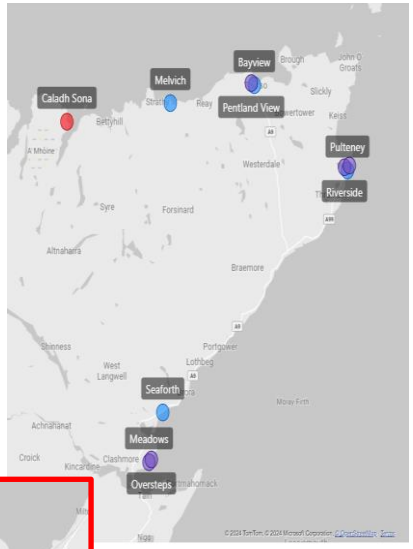


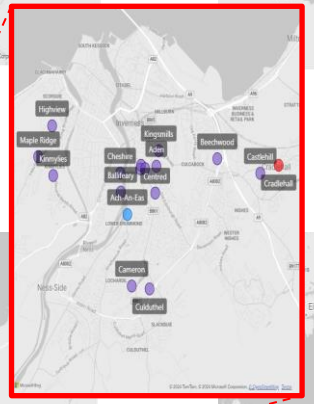
● closed ● closed temporarily ● independent ● NHS

Mid

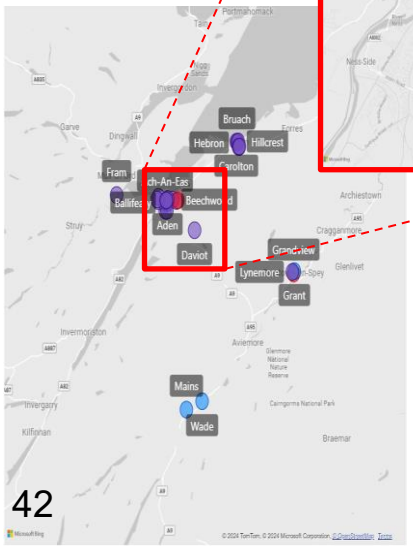


North





South



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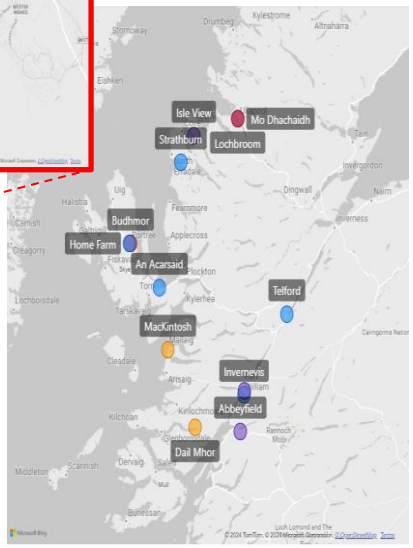


Links to Quality Improvement Work

- CM2000 scheduling tool
- CareFirst replacement
- VEAG and STAG work streams:

➢ Supplementary Staffing

➢ TARA Administration and Business Support Review

➢ Whole system redesign including:

- Home is Best redesigns in Inverness and Caithness

Agenda Item 3.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**10th July 2024**
Title:	**Transformation Overview**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- 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	X	Live Well	X	Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

This report and presentation (Appendix 1) provides an overview of the transformation work streams currently being undertaken by Highland Health and Social Care Partnership.

2.2 Background

The Highland Health and Social Care Partnership joint Adult Services Strategic Plan 2024 – 27 is in it's first year of implementation. The plans sets out the direction for Health and Social Care in Highland for the next 3 years and also the way in which the plan will be delivered, through engagement and collaboration with communities and partners. The plan acknowledges the challenges facing health and social care delivery, including financial and workforce challenges, and states that:

"In terms of delivering the outcomes set out in this plan we will consider the following key imperatives:

• Does the proposal deliver an effective, efficient, equitable and best possible plan to meet Highlands and Islands needs based on current evidence, benchmarking and best practice?

• Is the proposal affordable?

• Can the proposal be safely and sustainably staffed?"

The plan committed to taking forward implementation in Districts and a strategic Charter, "Home is Best" was developed to assist with local service planning through District Planning Groups.

To enable progress with efficiency, strategic and transformational change NHS Highland has developed a governance structure in which the HSCP transformation work streams sit and are overseen. The HSCP Community Senior Leadership agree workplans, priorities and ensure collaboration and involvement in workstreams at regular Transformation Group meetings which are a standing item on the SLT Senior Leadership Team agenda.

2.3 Assessment

Highland HSCP are taking forward an extensive work plan of transformational change to develop safe, sustainable and affordable services across Highland.

The work sits within the NHS Highland performance and governance structure and work streams interconnect with acute transformation work streams to address whole system challenges.

Transformational work streams are being taken forward under the strategic direction, and in delivery of, the HHSCP joint Adult Services Strategic Plan 2024-2027 .

The work is extensive and the risk presented by limited leadership and management capacity to deliver is being managed by the Senior Leadership Team Transformation Group. Organisational collaboration is ensured through the NHS Highland performance governance structure.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The report provides moderate assurance in that transformation work is occurring, is managed, monitored and has oversight. The work is at an early stage and therefore does not provide assurance of achievement.

3 Impact Analysis

3.1 Quality/ Patient Care

Quality and patient care are expected to improve as a result of the transformation work. Work is undertaken through Project Implementation Plans which identify quality and patient care benefits.

3.2 Workforce

Transformation work may affect the way in which the workforce is structured and the way in which they work, including the development of new processes and roles. Workstreams may aim to improve conditions for the workforce including new development opportunities and improved staff experience.

3.3 Financial

Financial efficiencies are expected as a result of transformation work.

3.4 Risk Assessment/Management

Risks are identified and managed in the transformation work streams through project management methodology and risk and impact assessments for each work stream.

3.5 Data Protection

The work described in this report does not use person identifiable information.

3.6 Equality and Diversity, including health inequalities

Transformational workstreams are managed through a project management approach which includes an impact assessment for each work stream.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

- Transformational work streams include stakeholder working groups

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.

- The extent of the transformational work in the HSPC is shared at HSCP Senior Leadership Team
- The work is an integral part of the NHS Highland Performance Governance Structure

4 Recommendation

- **The overview is presented for member's awareness**
- **The report is presented for discussion regarding the impact of the transformation work for the HSCP.**

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1
  Presentation: Transformation Overview July 2024

Transformation Overview

Highland Health and Social Care Partnership

Health and Social Care Committee

July 2024

Strategic Context

- Joint Strategic Plan

NHS Highland

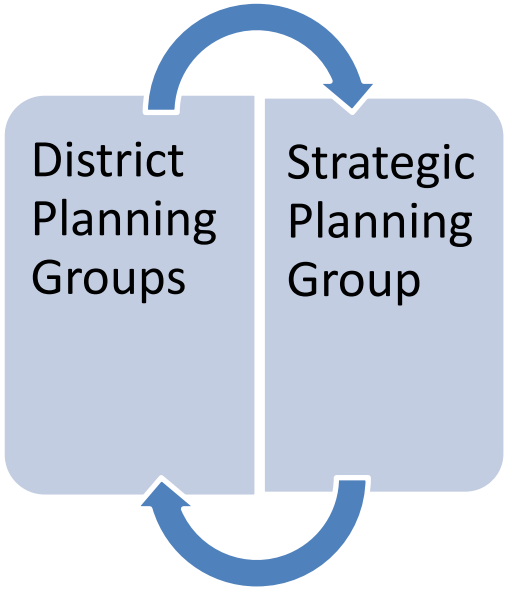
The Highland Council
Comhairle na Gàidhealtachd

- Strategic Charter

  "Home is Best"

Place Based Planning and Engagement

- District Planning Groups and Strategic Planning group
- DPG inaugural meetings



- Relationship to SPG
- Role and development of SPG

HHSCP Strategic Commissioning Charters

Title: Home is Best Care Programme	SRO	Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.	Exec Lead	Pam Cremin, Chief Officer, HHSCP
	Author	Pam Cremin
	Board/Group:	NHS Highland/Executive Directors/JMC

Problem Statement/Challenge

- Increasing demand/complexity
- Decreasing and imbalance in workforce, rate of decrease in community is higher in community vs acute, profile is changing towards an older workforce. Need to get the balance right for where the need is.
- Decreasing funds
- Need to reshape and prioritise
- Multiple restructures resulting in lack of clarity on responsibilities and processes
- Challenges in creating the conditions for integrated working
- Remote and rural challenges in service delivery

Impact on Outcomes & Health Inequalities
Impact on Performance & Finance

- Reduced burden of disease - increased years of life and increased quality of life.
- Improvement in Health and Wellbeing Outcomes:
- Shift of resource to prevention and reduce resource required in direct support with resultant efficiencies.

Aims & Objectives

Aim:

- To reshape services starting from a District level to be able to meet the future needs of the local population, delivering care at home or as close to home as possible in a three year programme of change.
- Working with our partners to support our communities in Highland to live healthy lives and achieve their potential and choice to live independently where possible
- Support care closer to home, improve outcomes and improve the experience of everyone including staff, volunteers and carers

Objectives:

- Focus our attention on prevention and early interventions to support people to maintain independence at home for as long as possible.
- Ensure we empower people to exercise choice and independence through codesign and coproduction and include unpaid carers as partners in the planning and provision of care and support.
- Make it straightforward to access services and ensure that health and social care professionals are able to direct people to the right organisation and service for their needs
- Commission services in a way that supports a diverse market for providers of care with reduced administrative burden, moving from contract monitoring approach to quality and effectiveness discussions based on person centred outcomes.
- Maximise the use of existing and emerging technology in supporting people and staff and utilising support of organisational infrastructure to support delivery.
- Plan and deliver person-centred services which can respond quickly to support people who are in urgent need. Redesign across acute/community boundary to facilitate post-acute assessment, rehab and care at home
- Build strong partnerships between community teams, hospitals, third sector and independent providers of care, and develop further horizontal integration.
- Support different delivery of services traditionally delivered in acute hospitals, through new and emerging professional roles and making use of technological advances.
- Implement intermediate care options that support preventing admission to hospital and avoiding a stay in hospital for longer than is necessary.
- Develop our workforce to be more adaptive and flexible and embed workforce plans in Districts
- Build public awareness and understanding enabling change
- Improve data collection and data quality to provide intelligence for better decision making

Scope

- All adult services, including integrated health and care services, mental health, learning disability and primary care services, delivered to the population at District level. Reshaping and prioritising across the Districts to meet local need, utilising a human rights and inclusive approach working to the principles of the Public Bodies 2014 Act.
- Adult services to be seen a part of cradle to grave services working to achieve this with the Highland Council as partners.
- Services delivered by district teams and those more centralised services serving district populations.
- Commissioned and board delivered services.
- The scope will build on existing redesign progress including redesigns in Lochaber and Caithness.
- Using Double Diamond methods at a District level, developing change plans with key milestone and outcomes.

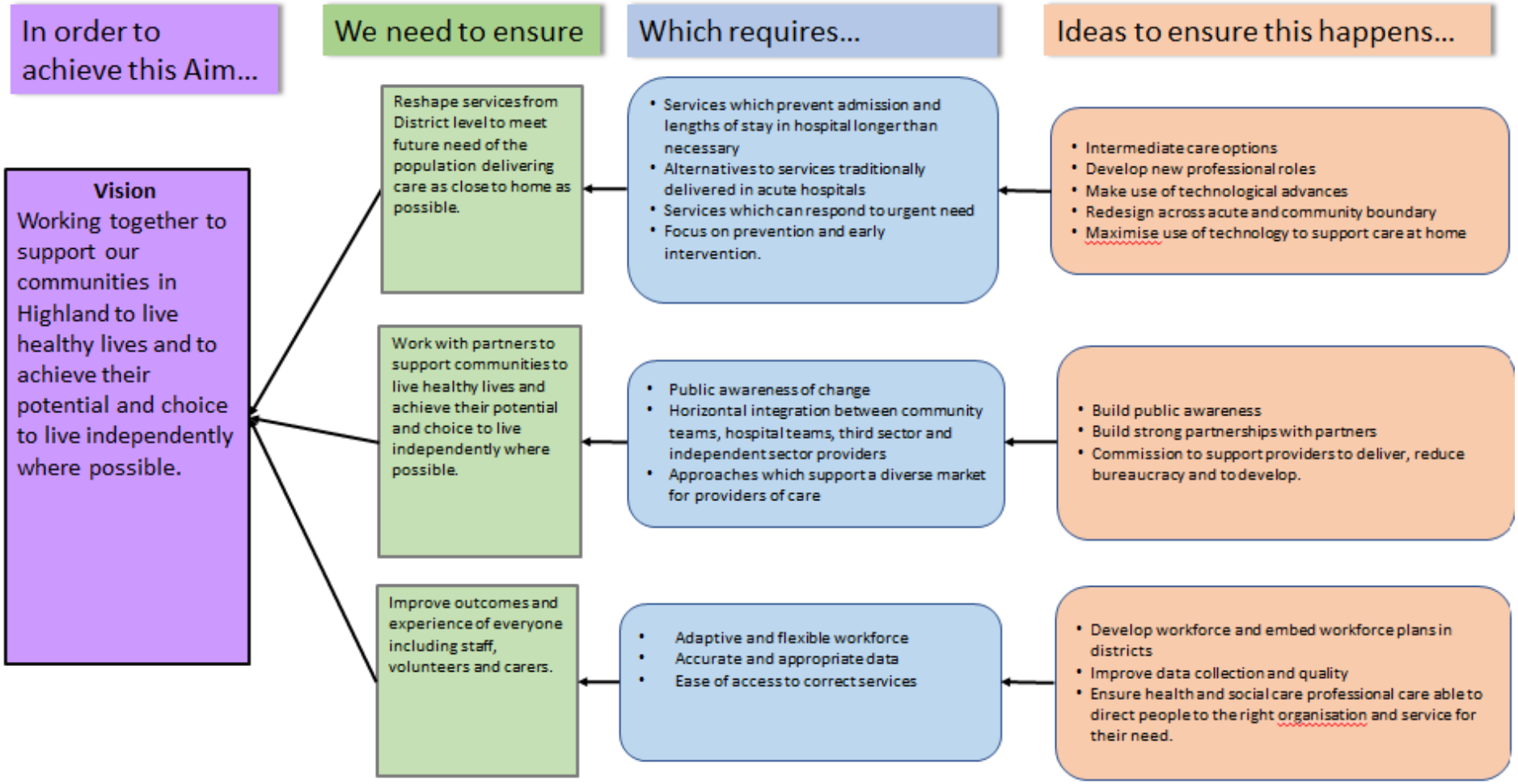
Link to Strategic &Legislation/ Policy Objectives

Gov policy/Directorate	Public Bodies 2014. See Appendix 1	Legal Requirement	
Board Strategy	See Appendix 1	TWC Delivery Plan	
Corporate Objective		Local Policy	
Operational Issue		Other	
Well Theme	Care Well and Live Well In Partnership and Our Population		
Risk Register	YES/NO		
Risk Detail/Rating			

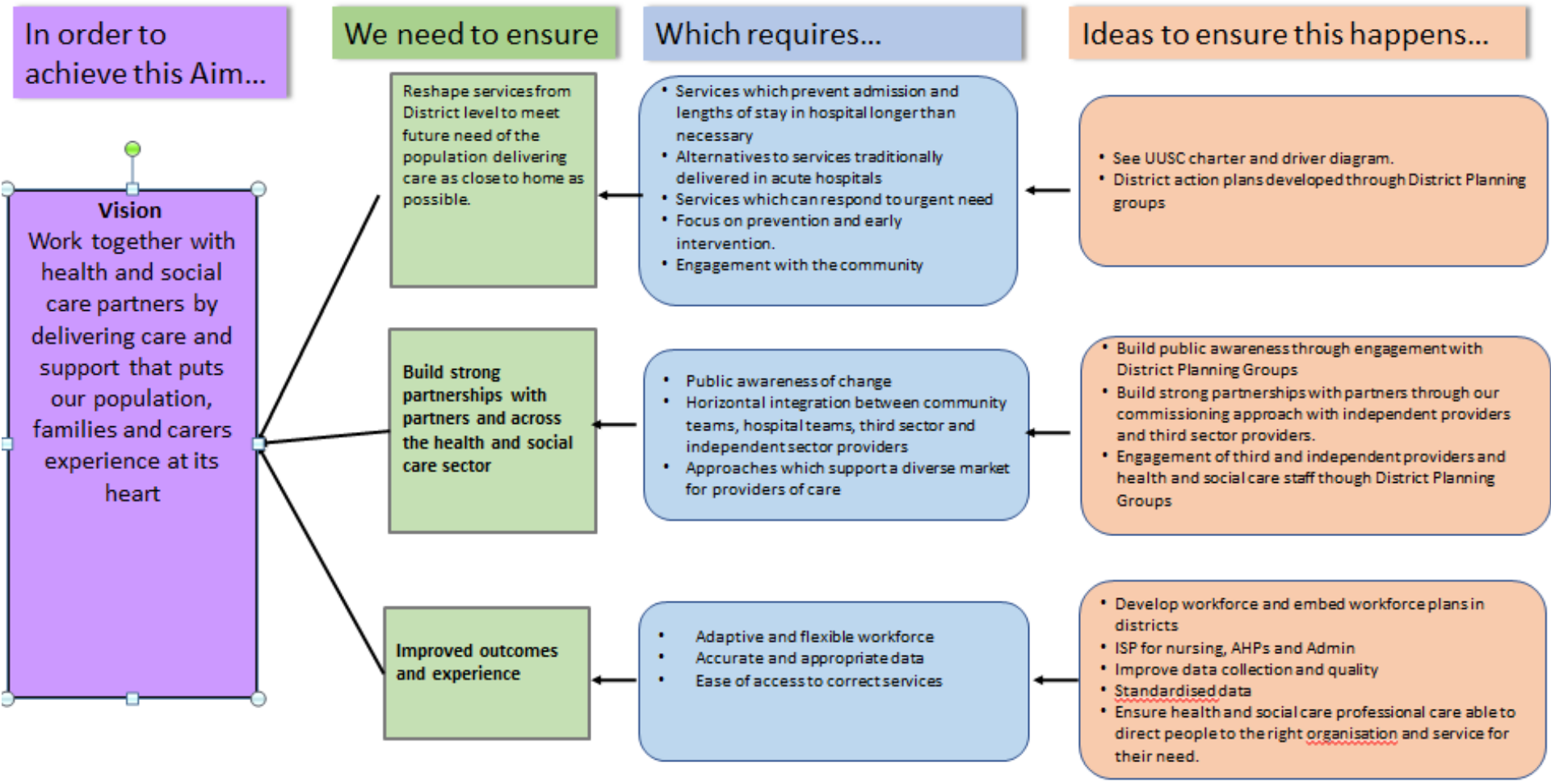
Deliverables / Targets / Timeline

By January 2024: Delivery structures and roles in place. Parallel running progress on existing plans and schemes while starting ongoing engagement.
By April 2024 First version of District Model identified and move to implementation. Target setting and action planning,
By ?- Development of district level data set
By ? - Performance indicators developed at district level aligned to national indicators

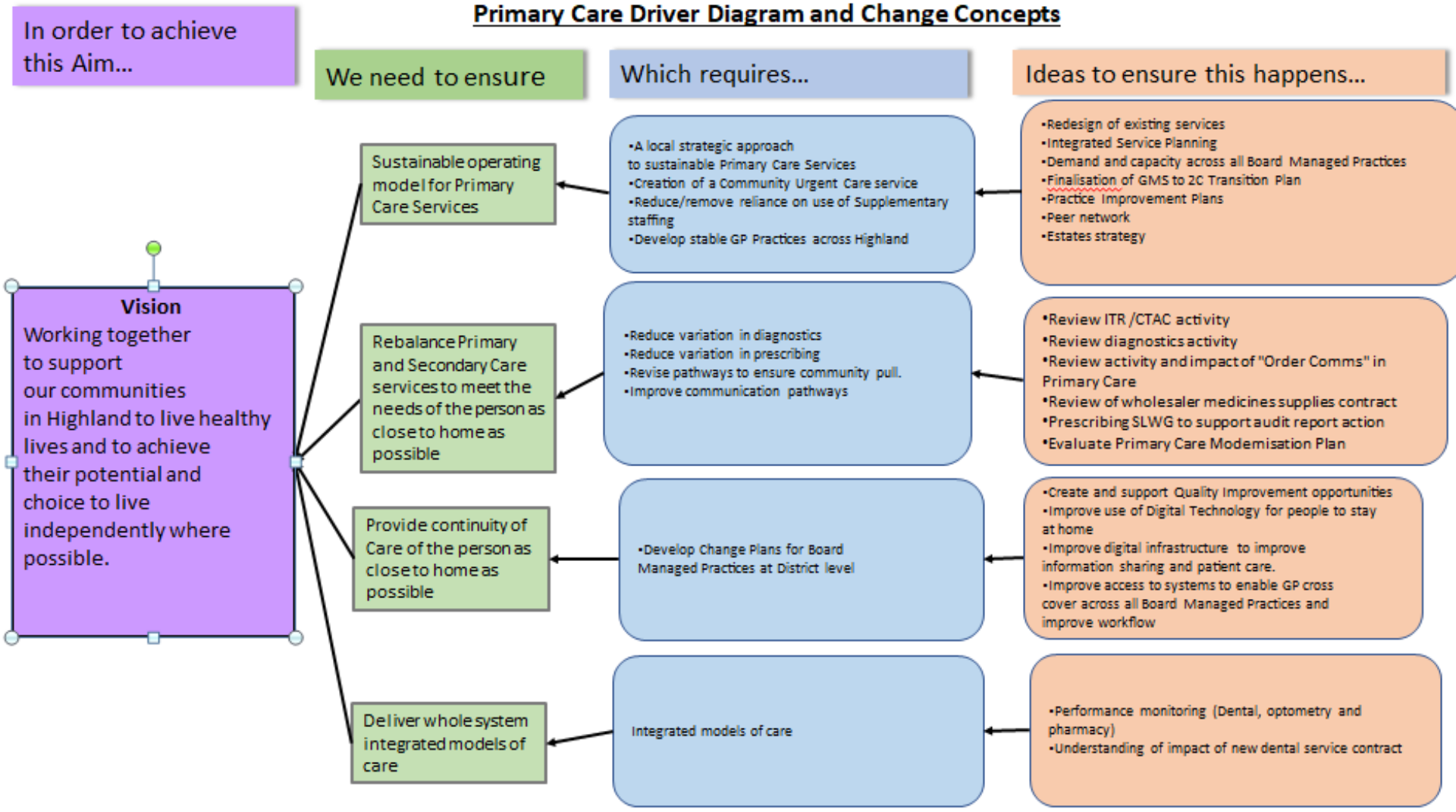
Home is Best Driver Diagram and Change Concepts



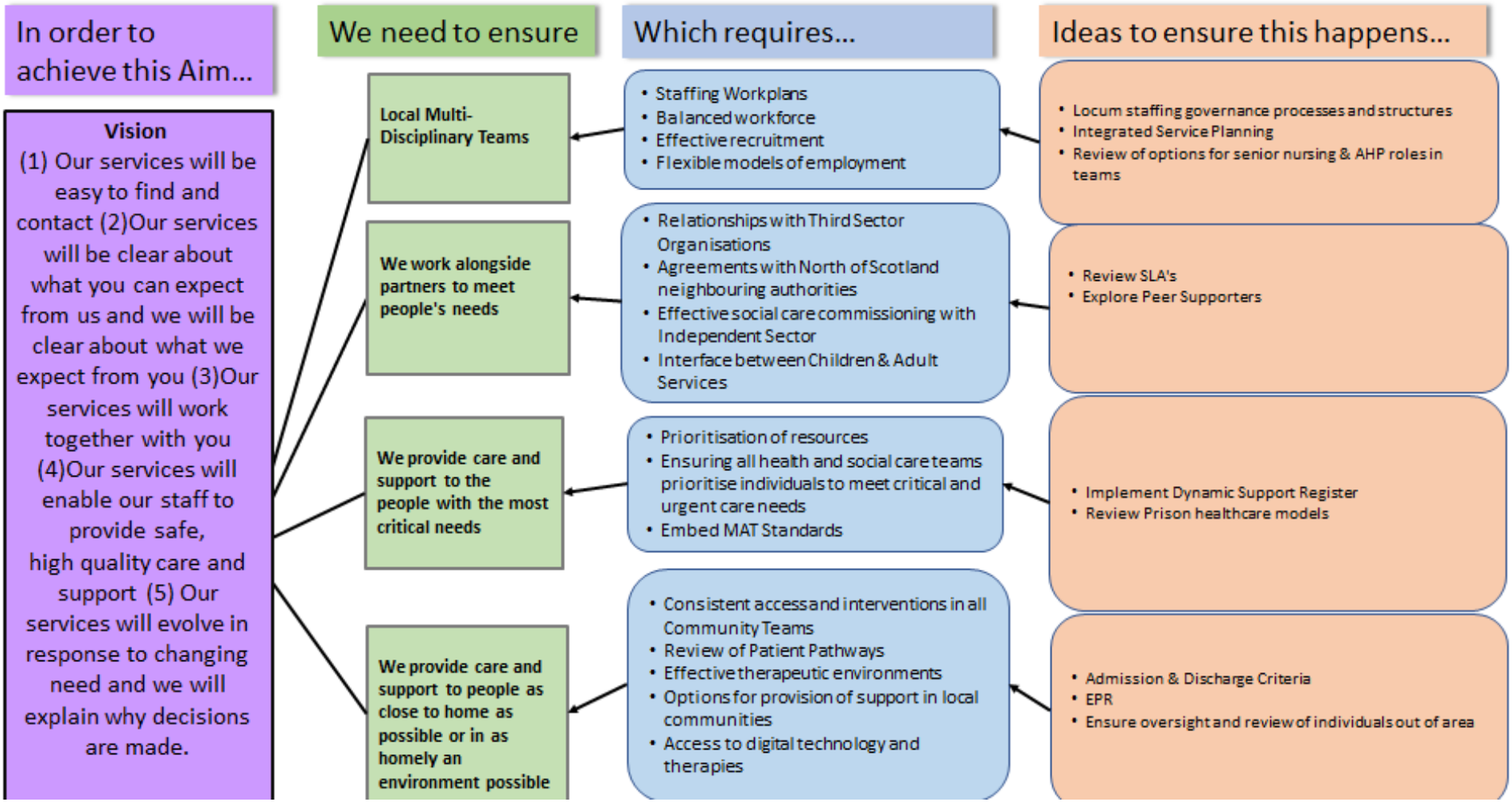
Care Programme Driver Diagram and Change Concepts



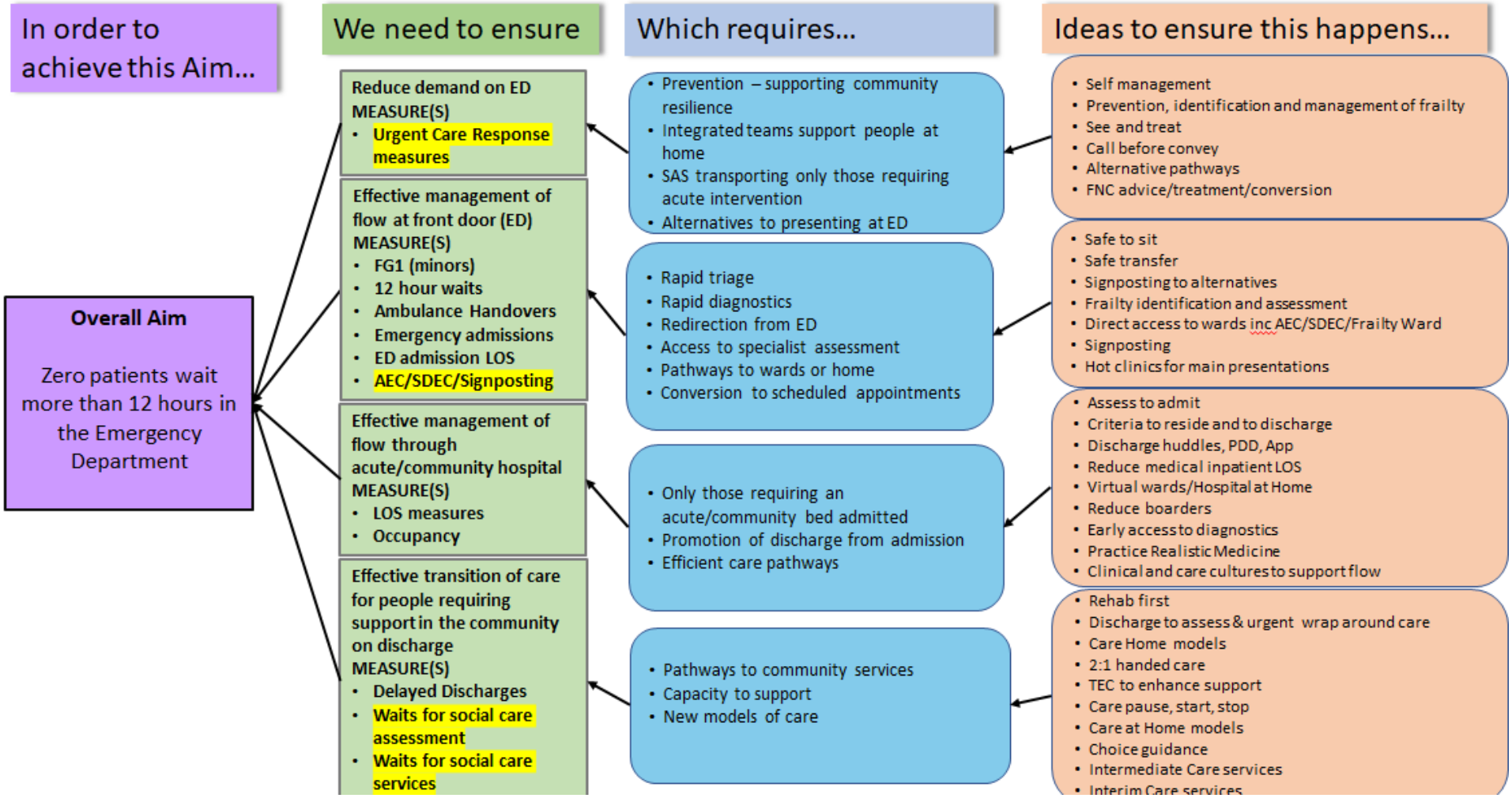
Primary Care Driver Diagram and Change Concepts



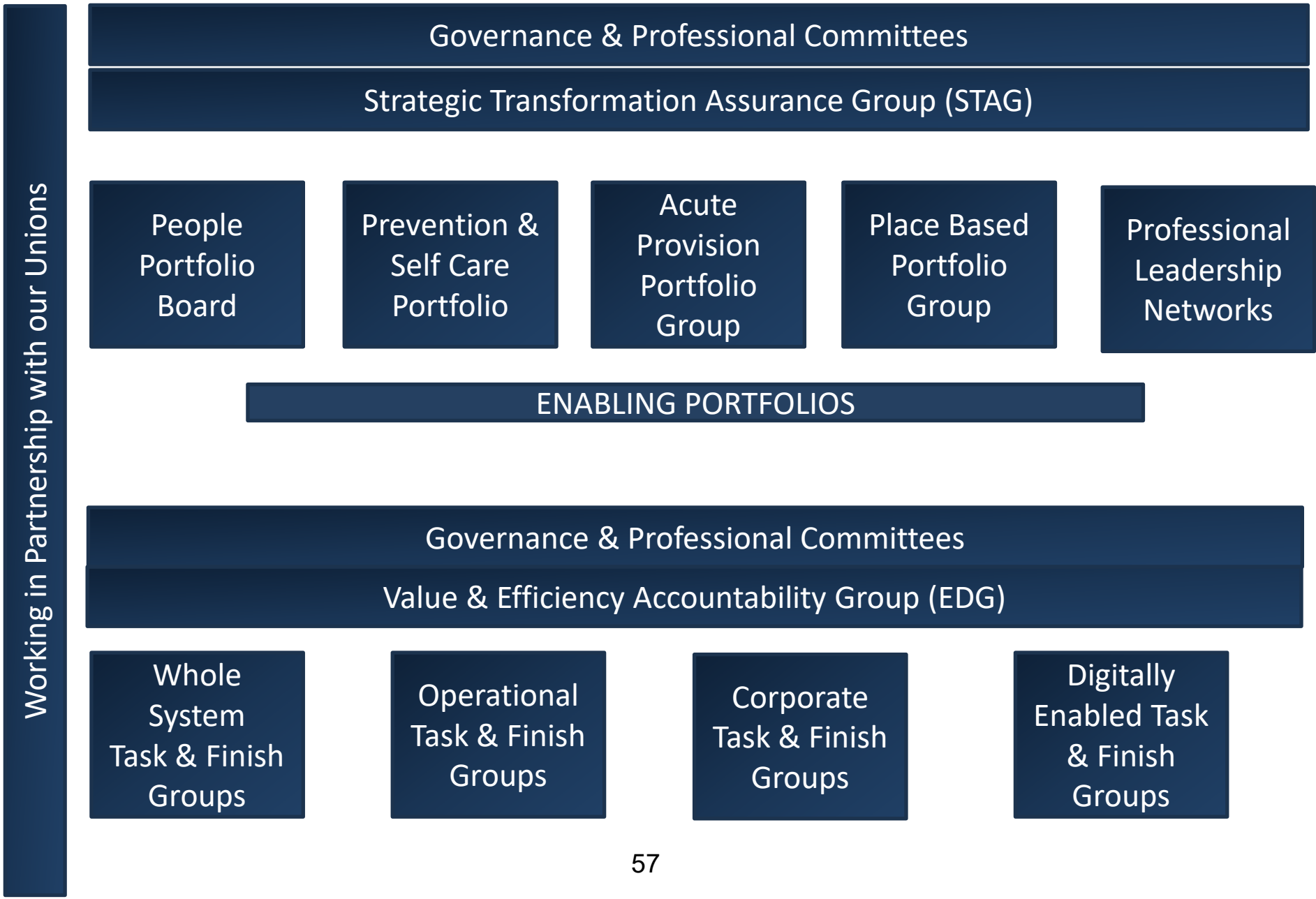
MH&LD Programme Driver Diagram and Change Concepts



Urgent Unscheduled Care Driver Diagram and Change Concepts



NHS Highland Performance Framework



NHS Highland Performance Framework

VEAG

Project Title	Aim
Locum Booking in 2C practices	To reduce costs associated with engaging locum GPs by improving recruitment and retention of GPs and reducing reliance on agency locums; whilst maintaining appropriate and safe levels of clinical cover within Board Managed (2c) Practices.
Nursing Supplementary Staffing	Reduce the supplementary use and spend across the Community Hospitals and Community Nursing Teams across HHSCP outwith MH and LD.
AHP Supplementary Staffing	Reduce Supplementary staffing use in community AHP services
Mental Health and Learning Disability Nursing Workforce	Reduce supplementary staffing use in MHLD nursing services
Mental Health and Learning Disability Medical Workforce	To deliver a cost effective, sustainable medical workforce in MH and LD services through workforce re-design which will result in a reduction on locum overspend
Adult Social Care Supplementary Staffing	Reduce the use of supplementary staffing in Adult Social Care Services

VEAG continued

Project Title	Aim
TEC	Redesign provision of care by creating digital solutions as an integral part of quality, cost effective, proactive care that supports more people to remain healthy and independent for longer. Use digital solutions to improve access and outcomes for people needing health and care services and to enrich and enhance their everyday lives. Address capacity issues across a range of services, releasing time to care, reducing the need for face to face interventions, providing alternative methods for consultations and patient monitoring.
TARA	To refresh the administration support functions to support all operational divisions in NHS Highland, providing a patient-focused, efficient, resilient and sustainable admin facility.
MORSE	Progress full implementation of Morse for HSCP community services
Integrated Service Planning – Mental Health, Primary Care, Community AHPs and nursing	Data led planning to enable equity of access and services able to deliver within resources.
Vaccinations	Development of a district service model with associated quality and efficiency savings
Police Custody, Forensic Medical Service and Sexual Assault Service	Delivery of sustainable workforce and finance model that will ensure the Board can fulfil is statutory duties for the delivery of healthcare in police custody, and delivery of Forensic Medical Services.

STAG

Project Title	Overview
Consolidation Options	Discovery strategic assessments in districts based on challenges and opportunities of the use of local facilities.
OOH/FNC	Development of a clear structure to support access to urgent care across Highland.
Geographical approach to Home is Best Implementation	Application of the whole suite of urgent and unscheduled care improvement actions to shape Home is Best in Inverness and Caithness intially.
End Of Life Services Projects	Review of the End of Life Together Partnership and NHS Highland's role within it.
Hospital at Home	Discovery pilot sites and evaluation now moving to inform sustainable district models.
Mental Health and Learning Disability model of Care	Implementation of the Mental Health and Learning Disability Strategy.
Proportionate Care	Reducing 2 handed care where appropriate using moving and handling techniques, assessment and training.

Discussion

Agenda Item 3.3

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**10 JULY 2024**
Title:	**Learning Disability Services**
Responsible Executive/Non-Executive:	**Pamela Cremin, 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.
- Emerging issue
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well	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 reports relating to the provision of care and support to individuals with a Learning Disability in Highland. This paper will focus on the delivery of Health Checks, our work with independent sector

support providers to commission support for individuals and to create opportunities to enable ordinary living and the ongoing risks relating to the work to achieve the recommendations of the Coming Home Report.

The committee is asked to:

- To note the progress achieved in delivering Annual Health Checks to people with a Learning Disability.
- Support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings.
- Note the risks associated with the provision of support to individuals with complex needs and the recruitment and retention difficulties being experienced by the support sector.

2.2 BACKGROUND

2.2.1 The definition of a Learning Disability is described on the Scottish Consortium of Learning Disabilities website as: *A learning disability is different for everyone. No two people are the same. Challenges faced by people with learning disabilities can vary widely. In all cases a learning disability is lifelong. A learning disability affects the way a person learns new things throughout their life. Many people who have a learning disability can get qualifications, work, have loving relationships, and live independently. Some people with a learning disability might need more support throughout their life. Someone with a learning disability can experience barriers to accessing to their human rights, including education, employment, relationships, and family life.*

2.2.2 Population data relating to prevalence is different depending on the source and methods of gathering this data nationally are currently under Scottish Government review. The national census states that there are approx. 1200 people with a learning disability in Highland (0.5% of the population). Our health and social care services have identified 1034 people, with a learning disability, known or receiving services.

2.2.3 **HEALTH CHECKS**: Directions have been received from the Scottish Government, under sections 2(5) and 105(7) of the National Health Service (Scotland) Act 1978 requiring Health Boards to commence Annual Health Checks for People with Learning Disabilities:

- Delivery target of everyone who is eligible being offered a health check by 31st March 2024
- Health Checks are offered on an annual basis
- Health Checks are delivered by a Registered Nurse or Registered Medical Practitioner

The Scottish Government has provided NHS Highland £92k per annum to support the delivery of Health checks.

2.2.4 **SUPPORT PROVISION**: NHS Highland currently commission support for individuals with a Learning Disability, in their own homes, from specialist

independent sector providers with the purpose of meeting the needs of individuals and creating opportunities to enable people to lead ordinary lives.

NHS Highland currently provide support to individuals in two cluster housing models on Skye and one shared house in Inverness.

The Assessment and Treatment Unit in New Craigs (Willows) provides care and treatment for 6 individuals with a learning disability and complex needs who require hospital care. 3 of these people are awaiting a suitable adult social care setting to meet their needs.

Day opportunities continue to be offered to people in buildings-based day services across Highland: Isobel Rhind Centre, Corbett Centre, Angus Centre, Thor House.

Previous papers have provided information relating to the detail of the structure of the Adult Social Care budget. The current requirement to achieve significant savings in the Adult Social Care budget will impact on the support provided to adults with a learning disability and complex needs.

2.2.5 **COMPLEX NEEDS**: Work continues to ensure implementation of the recommendations set out by the Scottish Government in the "Coming Home Report" which aims to ensure that people with a Learning Disability and Complex Needs are supported to live in their own homes and lead ordinary lives. Previous reports have provided details of the recommendations of the Coming Home Report.

2.3 Assessment

2.3.1 **HEALTH CHECKS:**

The service model for Health Checks is now agreed and the Learning Disability Nursing Service will lead on the delivery. An Advanced Nurse Practitioner has been employed since early 2024 to lead on and complete Annual Health Checks. It is recognised that the resource available will not meet the demand and the service are therefore prioritising individuals who are known to the Learning Disability Nursing service.

2.3.2 **SUPPORT PROVISION:**

The supported living sector in North Highland continues to experience staff recruitment and retention challenges. Whilst there has been some improvements in recruitment this is not consistent across all providers and areas. For example there is a continued and ongoing challenge to recruit staff in Mid Ross, East Ross and particularly Lochaber where established services continue to find it difficult to attract and retain staff.

Difficulties in attracting and retaining staff impact the ability of providers to increase the number of individuals supported. Service for individuals who require

extensive support are also impacted by the this and the lead time for new service provision is impacted by the ability of providers to recruit.

Communications and relationships with supported living providers remain good and work is on going to meet with providers on a regular basis and to provide a forum for improvements through the Support Provider Business Meeting which is jointly chaired by NHS Highland and a provider representative.

The Support Provider Business Meeting will be looking at various challenges faced by both NHS Highland and providers such increased use of technology and addressing overnight care costs and solutions.

The total projected expenditure for 2024/2025 is £33,947,948 and distributed amongst 12 main providers (Table 1).

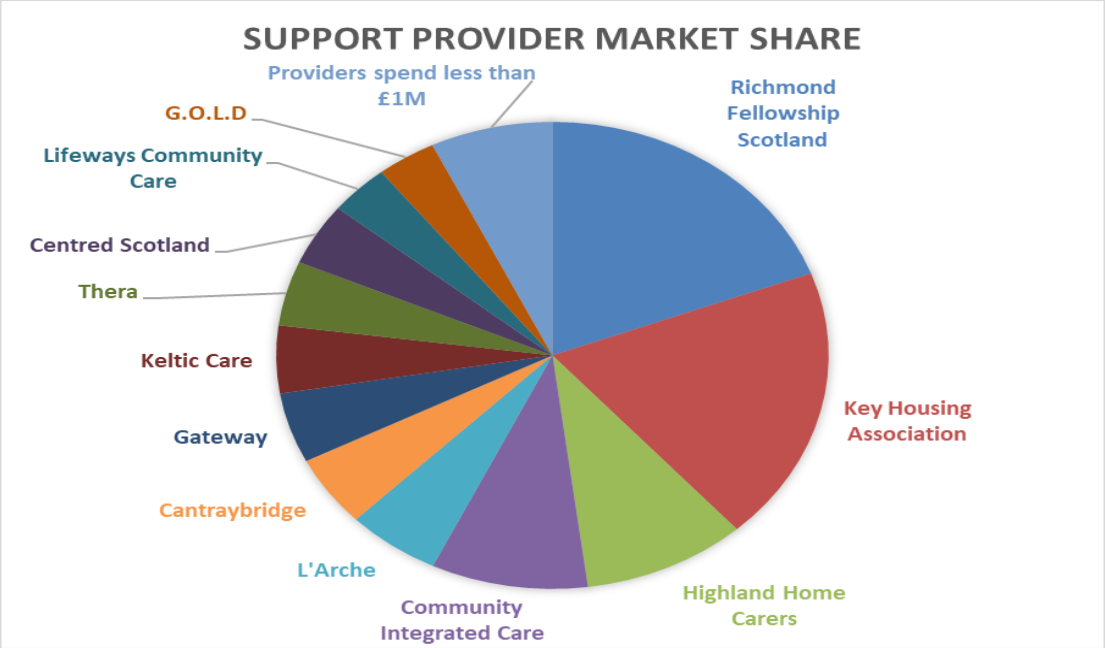


TABLE 1: Support Provider Market Share

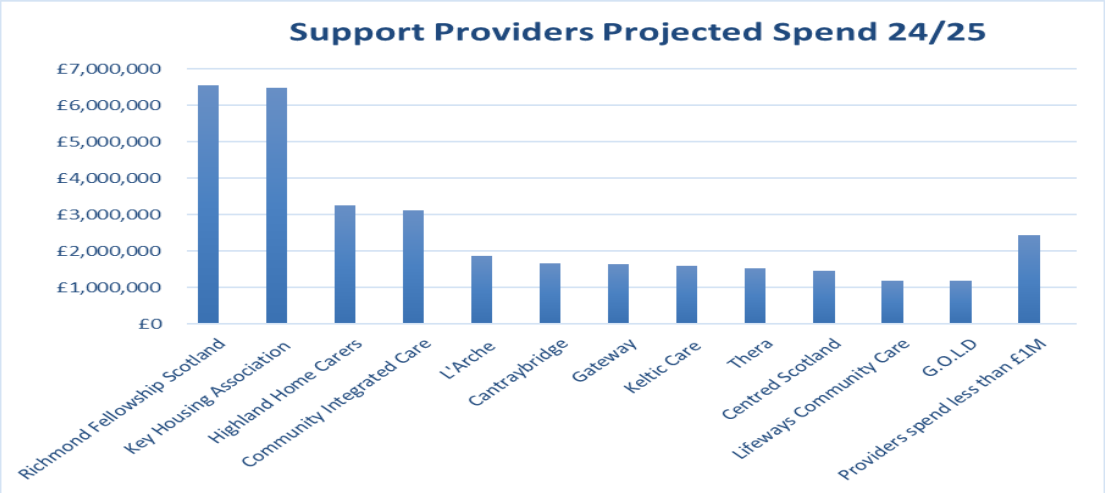


TABLE 2: Support Providers Projected Spend 24/25

To address the challenges experienced by the support sector and to achieve the savings targets, workstreams will be established in the forthcoming weeks:

- Enable collaboration and efficiencies within independent support sector
- Reform commissioning approaches
- Create new models of support provision
- Develop Community assets

Day Services continue to evolve to offer employment-based opportunities and to enable people to gain employability skills.

- The Isobel Rhind Centre in Invergordon has opened a new shop on the High Street in Invergordon and sells craft items made by the people attending the Isobel Rhind Centre.
- The Montrose Centre in Fort William continues to operate a successful Vintage Café in the High Street in Fort William.

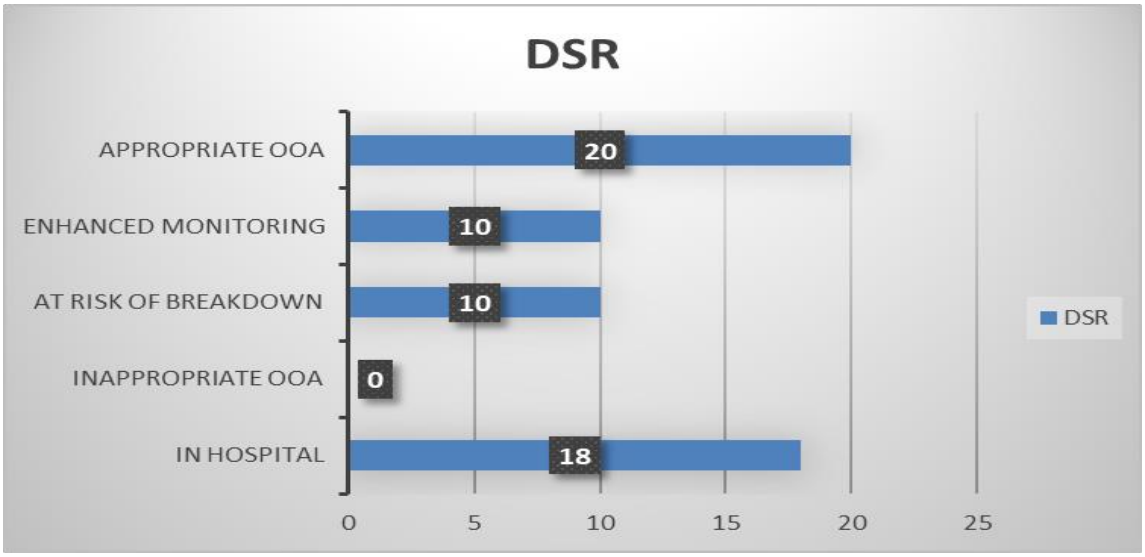
Collaborative working with partners is encouraged and enabled at every opportunity: a recent example is the partnership between the Grow Project in the Inverness Botanic Gardens and the Cooking Club to ensure food that is grown can be turned into a meal.

The Mental Welfare Commission visited the Assessment and Treatment Unit in New Craigs in May 24. In the positive report, due for publication next month, the commission were impressed with the efficacy of maintaining documentation and key forms relating to Mental Health Act and Adults with Incapacity legislation. They also commented on the effective use of seclusion guidance and the plans to ensure that the least restrictive option is maintained. The MWC also noted the difficulties experienced recruiting Learning Disability Nurses: only 5 of the 11 nurses employed in the specialist unit are trained ib Learning Disability Nursing.

2.3.3 COMPLEX NEEDS

NHS Highland has now fully implemented the Dynamic Support Register (DSR, a mandatory monitoring structure introduced by Scottish Government. The DSR tracks individuals with a learning disability that are in hospital, in inappropriate out of area placements, at risk of support breakdown or require enhanced monitoring to prevent support breakdown.

Highland currently has 58 people recorded on the Dynamic Support Register.



*note that individuals in OOA hospitals are included in the hospital category.

The cluster housing development in Muir of Ord continues to experience significant difficulties in relation to recruitment and continues to utilise agency staff. No new people have been able to move in since the last report. There is ongoing monthly meetings with the Executive team in Key, in attempts to move forward. This remains an area of concern.

A review of people living in "isolated tenancies" (individuals receiving 24hr support in their own home but not in a cluster housing model) has identified that there is potential benefit of establishing new cluster housing and enabling people to move home. The service are working with Highland Council housing teams to identify land for potential housing developments.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

The lack of assurance from the support sector that they can recruit staff to provide care and support to individuals with complex needs impacts NHSH's ability to return people from out of area placements and therefore meet the recommendations of the Coming Home report.
The ongoing and planned work with partners to enable people to lead full and ordinary lives leads to a moderate level of assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

- ✓ NHS Highland Learning Disability services are committed to enabling individuals to live purposeful and meaningful lives in their own homes in community settings.
- ✓ Actions are ongoing to liaise with housing providers to create housing opportunities.
- ✓ The quality of support provision remains high. NHS Highland and the Care Inspectorate respond quickly, and in partnership, when concerns are highlighted.
- ✓ The recent MWC inspection and report in New Craigs is positive and commends areas of good practice.
- × Support providers continue to experience challenges in relation to recruiting and retaining staff resulting in individuals with complex needs remaining in inappropriate hospital and residential homes, far from their families and in restrictive settings.

3.2 Workforce

- × Access to Learning Disability Nurses continues to be challenging
- × Support providers are reporting inability to recruit and retain staff with appropriate skills and experience.

3.3 Financial

- ✓ Increasing requests for financial support to support providers to pay for additional staffing costs including agency or supplementary staffing

3.4 Risk Assessment/Management

Risk of increased number of people placed out of area or inappropriately admitted to hospital due to lack of support available in local areas.

3.6 Equality and Diversity, including health inequalities

People with a Learning Disability are at a significantly higher risk of health inequalities than the general population.

3.7 Other impacts

The inability for individuals to live in their own home can lead to increased stress and distress for families. The distance from families may breach an individual's right to a family life.

3.8 Communication, involvement, engagement and consultation

Every person with a learning disability receiving support has a regular review (at least annually, often 6 monthly).
Feedback is received from Advocacy organisations – People First and TAG

4 Recommendation

- ➢ To note the progress achieved in delivering Annual Health Checks to people with a Learning Disability.
- ➢ Support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings.
- ➢ Note the risks associated with the provision of support to individuals with complex needs and the recruitment and retention difficulties being experienced by the support sector.

Agenda Item 3.4

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**DATE 2024**
Title:	**Primary Care Update**
Responsible Executive/Non-Executive:	**Pam Cremin, Chief Officer**
Report Author:	**Jill Mitchell, Interim Deputy Chief Officer**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report provides Committee with an update in relation to primary care.

2.2 Background

The primary care division covers General Practice, Dental and Community Optometry services across North Highland.

2.3 Assessment

Community Optometry

Community Glaucoma Service

The Community Glaucoma Service (CGS) is a new national NHS service in Scotland that provides a means by which patients who have lower risk glaucoma or ocular hypertension, and who have been under the care of the Hospital Eye Service, may be discharged to receive care from CGS accredited providers in the community.

Presently within NHS Highland there are 6 Accredited Clinicians, who have achieved the NES Glaucoma Award Training (NESGAT) qualification and 5 Accredited Providers (Community Optometry Practices). A further cohort of NESGAT training is due to commence early in 2025.

Open Eyes, the preferred Electronic Patient Record (EPR) access for the Community Glaucoma Service Accredited clinicians are specified in the legal directions for this service. Discussions are on-going with the hospital eye service in North Highland to support the delivery of this service.

Stroke/TIA Pathway

We are currently engaging with the Stroke Team to develop a clear pathway for Community Optometrists to follow in the event of a diagnosis/suspicion of a recent Stroke/TIA.

Governance Visits

The 3-yearly practice governance visits have re-commenced following suspension during the pandemic. These visits are a requirement under General Ophthalmic Services and Community Glaucoma Service.

NES Foundation Training

Following the GOC changes on how undergraduate Optometrist training is being delivered, the Primary Care Team is engaging with relevant stakeholders to ensure the delivery of this is supported across Highland.

Care Portal

The team are in early discussions with e-Health colleagues to support the development and roll out of Care Portal for Community Optometrists.

Dental Services

Access

There is continued demand for access to NHS dental registration within many communities throughout the HSCPA where people are unable to register with a GDP Dental Practice. In the Inverness city, Lochaber, Alness and Invergordon areas there are GDP practices currently accepting new patients for NHS registration and this information along with contact details for the practices is available on the NHSH website.

In early June a new 3 surgery NHS dental practice opened in Inverness city centre with the support of grant assistance from the Scottish Dental Access Initiative (SDAI)

scheme. The new practice has the capacity to accept 4,500 patients for NHS registration and this is a welcome improvement for the population of Inverness as currently no other practice in the city has the capacity to accept new adult patients for NHS registration.

Sadly the one remaining GDP Dental Practice in Kyle is to close at the end of August 2024. The practice is owned by a Dental Body Corporate (DBC) which has a network of practices throughout Scotland. The DBC sited recruitment challenges and financial pressures as the reason for the closure of the Kyle practice and a number of its other practices in Scotland. NHSH is in discussions with a local Dentist to explore the potential for alternative access for the 3000 patients that will be de-registered at the end of August.

The SDAI grant assistance scheme has contributed to improved access in many localities and is the means by which NHSH, in partnership with GDP colleagues, may address access issues throughout the HSCP area. In the absence of dental registration data at intermediate zone or practice level a mapping of dental registrations has been commissioned from the Health Intelligence Unit to inform future targeting of SDAI grant assistance and to avoid destabilisation of existing practice provision. It is relevant to note that the Scottish Government holds the SDAI grant assistance budget and that 12 Health Boards have areas designated as being eligible for SDAI grant assistance. The total budget available is undisclosed at this time.

Payment Reform

The payment reform of the GDP contract introduced by Scottish Government in November 2023 has in the main been welcomed by Dentists. At this time there is no national data available to assess any impact of the reform on access to NHS dental services.

Public Dental Service

Successful recruitment to clinical PDS posts is very poor, many posts do not attract any suitable applications. The PDS continue to prioritise dental care, including provision of Emergency Dental Services (for registered/unregistered dental patients), Referral Services, General Aneasthetic/Sedation/Domiciliary Services and Dental Public Health functions. Numbers of patients waiting for access to GA services is steadily increasing, including children waiting for admission to Hospital for dental GA procedures. The PDS GA Team continue to review current waiting lists and prioritise care.

National Dental Inspection Programme

The recently published National Dental Inspection Programme October 2023 report showed an increase in the number of caries free children within the area and which was consistent with the national trend. It also identified a significant increase in unrestored teeth and which related directly due to the delayed recovery of primary care dental services post-Covid.

Oral Health Improvement

The Oral Health Improvement teams continue to deliver national programmes throughout the HHSCP area and these include:

Childsmile
Following redesign of services due to recruitment challenges the Childsmile programme has restarted in the Lochaber, Skye & Lochalsh areas.

Childsmile Sustainability Programme - Recycle & Smile
The OHI teams continue to collect used toothbrushes and toothpaste tubes from nurseries and schools which are then recycled. The recycled materials are then used for the construction of fire engine parts, plant pots and childrens' climbing frames.

Caring for Smiles
On line oral health raising awareness training has been successfully delivered to NHS and health care partner staff including those undertaking Modern Apprenticeships, NHS Reserves, Care@Home teams and Adult Social Care Fundamental Skills at induction.

General Practice
Board-managed GP Practices
The list of GP Practices under Board management is noted below:

District	Practice Name
Sutherland	Tongue Medical Practice
Sutherland	Armadale Medical Practice
Sutherland	Scourie, Kinlochbervie and Durness Medical Practice
Caithness	Three Harbours Medical Practice (Wick, Thurso, Lybster)
East Ross	Alness/Invergordon Med Practice
Skye, Lochalsh & West Ross	Applecross Surgery
Skye, Lochalsh & West Ross	Torridon Medical Practice
Skye, Lochalsh & West Ross	Carbost Medical Practice
Skye, Lochalsh & West Ross	Glenelg Health Centre
Skye, Lochalsh & West Ross	South Skye Medical Practice
Inverness West	Drumnadrochit Medical Practice
Lochaber	Ballachulish Medical Practice
Lochaber	Mallaig And Arisaig Medical Practice
Lochaber	West Highland Medical Group (Lochaline & Acharacle)

There have been several mergers of practices to support sustainability and resilience:

- Three Harbours Medical Practice – (Riverview Wick, Riverbank Thurso, Lybster)
- West Highland Medical Practice – (Acharacle and Lochaline)

GP recruitment remains challenging with vacancies across some of the remote and rural areas being covered by locum (including Rediscover the Joy GPs).

A success story has been the turnaround of the Alness & Invergordon Medical Practice over the last 18 months (the second largest GP practice in North Highland). This has been led by the Clinical Director and Primary Care Manager. Recruitment to the team is not almost at full complement with all GP posts recruited to. This will allow the practice development plan to continue to focus on embedding excellence

across the primary healthcare team. One of the GP appointments has a special interest in lifestyle medicine and this is something that is being developed within the practice with some positive early results.

A quality improvement project focussing on asthma care is being implemented across the Board-managed practices. The two test sites are Mallaig and Alness & Invergordon. Patients with a diagnosis of asthma will have a clinical review to ensure treatment is optimised. A summary report will be developed to highlight population benefit (40,000 combined population across all sites).

GMS Lease Assignation

The new GP Contract premises directions include lease assignations and several practices have expressed an interest. One is near completion and two others are progressing. Dedicated Primary Care Management resource has been allocated to support this work.

Culloden Medical Practice and Culloden Surgery

Culloden Medical Practice and Culloden Surgery have applied to close their patient lists, due to space constraints within the existing premises (GP owned). Work is on-going to seek alternative nearby facilities to support the practice teams.

Local Enhanced Services

Work is progressing on a revised set of enhanced service specifications with discussions active with Highland Local Medical Committee. Agreement has been reached on five service specifications which will be implemented over coming months. The remainder of service specifications are due to be signed off by end July 2024.

Primary Care Improvement Plan

PCIP 7 tracker document was completed and submitted to Scottish Government in May 2024. The tracker provided information about the primary care workforce funded through PCIF and other funding streams, the services being delivered by these staff as well as collecting financial information. A new additional section was included inviting reflection on the top three achievements in financial year 23/24, and also any persisting barriers to work to overcome.

Premises

A dedicated resource has been recruited to a 12 month fixed term post of Primary Care Manager (Premises), and started in May 2024. The initial focus is on GP Premises leases and the immediate requirements for Portree, Armadale, Ullapool and Lochcarron.

Finance

We are awaiting notification of the PCIF allocation for year 24/25 and unlikely to receive that determination until after the election on July 4, 2024. Indications are that payment to Boards is in one, single tranche.

Pharmacotherapy Workstream

A total of 16 x GP practices are receiving support from the Inverness-based Pharmacy Hub. Positive recruitment levels have been observed for the Inverness base, and the employment of Trainee Pharmacy Technicians is contributing to the

development of the workforce. Pharmacotherapy transitional payments to GP Practices for financial year 2023/24 were approved making a one-off payment to GP Practices using Pharmacotherapy PCIF in-year slippage in recognition of variation in levels of service delivery across the financial year. Practices with a partial service across the year received their single payment in May. Nearing completion, a live dashboard detailing the allocation of resources to GP Practices from the Pharmacotherapy service (both planned and current) which will be accessible on the NHSH intranet.

First Contact Physiotherapy (FCP) Workstream
The FCP service has successfully achieved a full staffing establishment of 18.5 WTE (30 staff).

A total of 22 out of 30 FCPs now hold their NMP qualification and 26 out of 30 FCPs have completed their joint injection training.

The PHIO Access trial continues apace, offering a digital MSK self-referral pathway to GP Practice patients. By mid-June 2024 996 patients engaged with the product from 94% of all GP Practices. 76% patients have entered PHIO rehab programme, 18% put back to GP and only 5% experiencing tech limiting issues. Patients returning to GP Practice/FCP will be identified through the creation of a new guideline.

Community Link Workers
The contract retendering process is complete and correspondence issued to practices advising that the current service provider, Change Mental Health, continues. The service will extend to all GP Practices from August 2024. The CLW year two annual report is being compiled and will include patient input and an evaluation based on data from when the service commenced.

Referral rates into the service remain high, 411 referrals received in 3 months February to April 2024, producing 855 social prescriptions. The main reasons for referrals remain unchanged, being mental health and well-being, loneliness and social isolation. The majority of referrals are from female patients aged 35 to 65 years, and the three most commonly prescribed therapies are Listening Ear, Highland Council welfare support, and Decider skills.

Primary Care Mental Health (PCMH)
The PCMH Service Specification now including the breakdown of the team's roles, responsibilities and sessional detail is finalised shared with all GP Practices. Successful recruitment has been made to 2 x Band 6 Nurse vacancies covering Tain to Dingwall and 1 x Guided Self Help worker vacancy covering Wester Ross, Skye and Lochalsh. Nearing completion, a live dashboard detailing the allocation of resources to GP Practices from the Mental Health service (both planned and current) will be accessible on the NHSH intranet.

Vaccination Transformation Programme (VTP)
Childhood vaccination data from Public Health Scotland (PHS) has identified that NHSH is tracking below the Scottish national average. There are operational constraints and significant resource pressures affecting capacity to provide additional

clinics. PHS conducted a peer review in June 2024 and an action plan is in development.

Community Treatment and Care (CTAC)
A CTAC Rural Options Appraisal SBAR was submitted to Scottish Government along with the PCIP 7 tracker in May 2024. Feedback has been received on this which will be submitted to SG for discussion with the GMS Oversight Group in August 2024. Transitional payment arrangements to GP Practices continues during 2024/25.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

Recruitment challenges remain across Dental and General Practice.

3 Impact Analysis

3.1 Quality/ Patient Care

General Practice vacancies require locum deployment which creates budgetary cost pressures whist maintaining local service provision. This will reduce as posts are filled on an substantive basis.

3.2 Workforce

The number of vacant GP posts across 2C practices remain around 12WTE.

3.3 Financial

Locum expenditure is an area of scrutiny in line with the efficiency and transformation programme. Significant work has been undertaken on a locum rate card and a centralised booking process is being implemented to provide more corporate oversight. Use of expensive agency locums are being phased out.

3.4 Risk Assessment/Management

Workforce and finance risks are noted in the primary care risk register which is reviewed monthly.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

Recruitment is continually under review across all aspects of primary care.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

This report has been compiled specifically for the purpose of reporting and updating HHSCP Committee.

3.9 Route to the Meeting

As above.

4 Recommendation

- **Awareness** – For Members' information only.

  Members are requested to note these developments across primary care.

4.1 List of appendices

The following appendices are included with this report:

None

Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**10 July 2024**
Title:	**Adult Support and Protection Update**
Responsible Executive/Non-Executive:	**Pamela Cremin**
Report Author:	**Ian Thomson**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

2 Report summary

2.1 Situation

Key Processes

The Adult Support and Protection (Scotland) Act 2007 places a duty on the Local Authority (effected in Highland via NHSH) to make inquiries about a person's well-being, property or financial affairs if

- it knows or believes that the person is an adult (aged 16 or over) at risk of harm and
- it might need to intervene in order to protect the adult's well-being, property or financial affairs

An "adult at risk" is defined as such when the following 3-point criteria applies:

- the adult is "at risk of harm" (as defined under sect. 53 of 2007 Act)
- The adult is "unable to safeguard his/her own well-being property rights and other interests"
- The adult is affected by disability "mental disorder" illness, physical or mental infirmity are "more vulnerable to being harmed than adults who are not so affected"

Section 53 of the Adult Support and Protection (Scotland) Act 2007 states that "harm" includes all harmful conduct and gives the following examples:

- conduct which causes physical harm
- conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
- unlawful conduct which appropriates or adversely affects property, rights or interests (eg theft, fraud, embezzlement or extortion)
- conduct which causes self-harm.

The list is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these. The harm can be accidental or intentional, as a result of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide.

Section 4 of the Act places duties upon the Local Authority to make inquiries and investigations if it knows or believes that a person is an adult at risk of harm and that it might need to intervene under the Act; this includes duties to:

- undertake investigative activity, as part of its inquiries, involving Council Officers (experienced social workers in NHSH) who have certain powers under the Act (Sections 7-10);

- co-operate with other named bodies and office holders (Section 5); (While local authorities have the lead role in adult protection, effective intervention will only come about as a result of productive cooperation and communication between a range of agencies and professionals. What one person or public body knows may only be part of a wider picture. The multi-agency nature of adult support and protection work is crucial to the work of protecting adults from harm and social workers from NHSH routinely work closely with partners in Police Scotland N Division to conduct inquiries and investigations)
- make visits, with right of entry, for the purpose of conducting interviews and arranging medical examinations (sections 7, 8, 9 & 36 - 40);
- Develop an appropriate Protection Plan and have regard to appropriate services where it considers it needs to intervene;

Strategic Leadership

The 2007 Act also places a duty on the Local Authority to set up an Adult Protection Committee to carry out various functions in relation to adult protection in its area, and to review procedures under the Act (Section 42).

The Highland Adult Protection Committee (APC) is a statutory body established under Section 42 of the Adult Support and Protection (Scotland) Act 2007. It is formed of representatives from its three main partners - Highland Council, Police Scotland and NHS Highland - as well as others from partner organisations, including Advocacy Highland, Connecting Carers, Scottish Fire and Rescue and Carr Gomm. It is chaired by an independent chairperson.

The Highland APC works to ensure cooperation and communication across the agencies and has responsibilities to:

- review local policies, procedures and guidance,
- ensure the ongoing training and development of staff involved in Adult Protection locally.
- raise general awareness of Adult Protection within the Highland area and
- undertake Learning Reviews, which are a form of case review

2.2 Background

Key processes

Adult support and protection inquiries and investigations are undertaken by NHS Highland Adult Social Care Professionals who work in partnership with Police Scotland and Highland Council and other agencies. This work is overseen by the Highland Adult Protection Committee

Inquiries where investigatory powers are not used

- Where screening determines the s.4 duty to inquire is met, but it has not been established whether the adult meets the 3-point criteria an Initial Inquiry is progressed by a member of the social work team under the supervision of the "Nominated Officer for Social Work" (NOSW) a senior social worker.
- This "Initial Inquiry" is primarily to establish the existence, or not, of an adult at risk, and whether there will be a need to conduct further inquiries using investigatory powers.
- The ASP1&2 electronic form is used by the social worker to evidence that the s.4 Duty to Inquire has been discharged and to record its outcome. Summary Outcomes information is at **Table 3; p.15.**
- Numbers of Initial Inquiries have increased significantly over time (Chart 1):

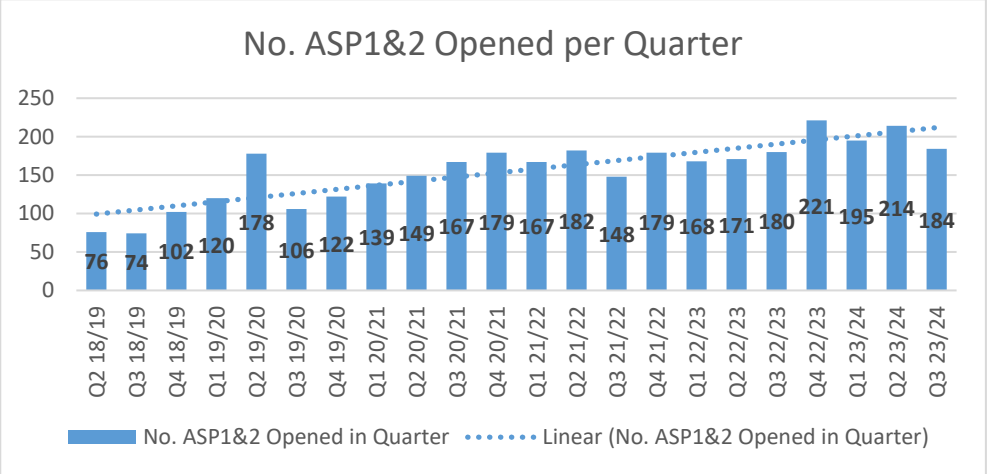


Chart 1

Inquiries using investigatory powers

- A Council Officer is appointed (from the set of experienced social workers) by the NOSW where the circumstances of an adult meet the 3-point criteria, and the concern is not being managed by a pre-existing Adult Protection process. The NOSW does have the support of the Principal Officers Social Work in identifying the most appropriate Council Officer.

The NOSW also has access the nominated officers in Health and Police to plan investigations

- "Investigations" are led by a Council Officer under the supervision of the NOSW; they rely on collecting information across the multi-agency adult protection partnership; they are conducted under s.4 of the 2007 Act and they have access to the full range of investigatory powers to collect appropriate information and contribute to effective, proportionate protective actions.
- The Council Officer is assigned an ASP3 (Investigation and Risk Assessment) electronic form to allow them to record the work they undertake as part of their investigation.
- The ASP3 is structured on the Joint Improvement Team's, "Working Together to Improve Adult Protection" document from August 2007 (Appendix I). The format has four components covering; core information, communication requirements, risk assessment and the recommended protection plan; including
    - Multi-agency contacts and contributors
    - Details of individual's Communication, Capacity and Involvement
    - Significant Chronology
    - Current Risks and concerns
    - Analysis and summary of risks, including
    - Actions taken by Council Officers to gather information
    - Recommendations and Actions, including
    - Actions that have already been taken to protect or reduce the risks for the individual
    - Recommended protective actions
- The Investigation, whilst led by the Council Officer, is a multi-agency activity. The Nominated and Principal Officers Social Work are there to provide support to the Investigation/Council Officer in the first instance – and link into other professionals as necessary, i.e. Legal colleagues to ensure respective powers are made available etc.
- The Outcome of Investigation is quality assured by the Nominated Officer SW.
- Again, we have seen significantly increased demand over time (Chart 2):

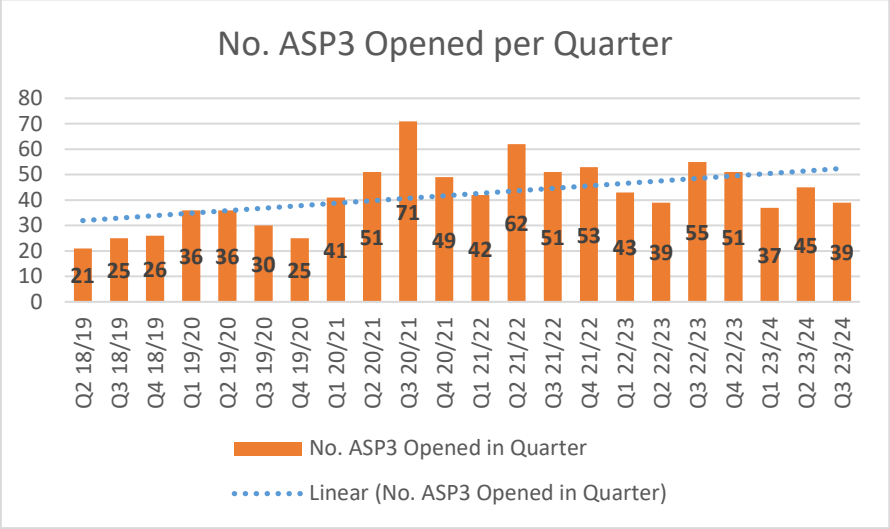


Chart 2

Risk assessment, risk management for adult support and protection

- As described above, the Council Officer's Investigation is an integral part of the process of risk assessment and protection planning. Here there is a synthesis of information collection with needs and risks analysis. The ASP3 form provides the format to: record the investigation activity; detail needs; analyse risks; and record or recommend protective actions (See section on ASP 3 structure, above)
- There is a recognition within the Practice Improvement Sub-group that our current ASP3 form is lacking in respect of its Risk Assessment, in that does not specifically support practitioners to assess the risk [severity x likelihood] of harms occurring. It is envisaged that this will be addressed in terms of making tools available on the Staff and Partners Adult Protection webpages and through development sessions for partnership staff.
- Developmental work has also taken place to support the use of Chronologies across the social work more generally, a specimen Chronology tool is available to staff.

The convening of adult support and protection case conferences

- An initial case conference is brought together as a direct result of the outcome of a Council Officer's Investigation: where significant risks of harm are identified for the adult a case conference is used to confirm an appropriate protection plan.
- When the NOSW completes the outcome section of an ASP3 electronic form on CareFirst and opts for "Case Conference" an ASP

4 notification and assessment is created and assigned to the Adult Care review Team. A Chair for the Case conference will be allocated to one of the Adult are Review Team (ACRT) Reviewing Officers, who are experienced social workers, depending on availability and whether the Officer has past experience of working with the client.

- The Case Conference aims to bring together all relevant agencies and parties. Its task is to form a coherent Protection Plan which will clearly demonstrate what support and protection measures are being put in place where, when and why. Development of a Core Group can constitute a Protective Action
- There is liaison between the Council Officer and ACRT re invitations to meeting
- Procedures suggest that The Highland Council Legal Team and Mental Health Officer Service should be invited as necessary
- Liaison between Council Officer and Chair as necessary in respect of:
    - Conduct of Meeting
    - Reports
    - Chronology
    - Involvement of individual and unpaid carers etc.
- The ACRT minute the meeting
- The Protection Plan recorded on the ASP4 electronic form
- The Council Officer's Risk Assessment and recommendations, alongside an up to date and well balanced inter-agency chronology, should be considered at the Case Conference. Here the engagement of the adult - and all relevant agencies - in the final assessment of risks and strengths, and in planning for protective actions /next steps, is sought.
- The CareFirst ASP 3 Assessment Form can be exported as a PDF document to facilitate this; albeit the Chair of the Conference will need to be clear about what information can and should be shared with those attending.

Strategic Leadership

- Strategic leadership for adult support and protection ultimately comes from the Highland Public Protection Chief Officers' Group (HPPCOG) which brings the components of public protection activity together e.g. Adult Protection, Child Protection, MARAC, and MAPPA etc.
- The HPPCOG strives to meet the Highland Partnership's commitments to safer and stronger communities and reducing reoffending: and is regularly attended by the partners' Chief Executive and the Chief Social Work Officer.

- HPPCOG operates as a contributor to The Highland Outcome Improvement Plan, including to support:
    - Community Safety and Resilience
    - Mental Health and Mental Wellbeing
- Highland Adult Protection Committee (HAPC) reports regularly to the HPPCOG.
- The HAPC Independent Chair attends regularly HPPCOG to highlight issues and progress work as necessary. A report is provided on behalf of the HAPC to the HPPCOG for consideration/action/escalation.

Strategic leadership is also provided for adult support and protection from the Highland Adult Protection Committee:

- The Adult Protection Committee brings senior partners together to provide strategic leadership for Adult Protection in Highland
- The Committee has set out its priorities - including its Improvement Objectives contained within its Continuous Improvement Framework.
- The Committee has also established - via the focused work of the Principal Officer Adult Protection - a series of Sub-groups/committees to provide leadership to its multi-agency working, and to effect integration and improvement across its priorities.
- Sub-groups (Sub-committees) are now active in the following areas:
    - Practice Improvement
    - Learning and Development
    - Participation
    - Quality Assurance
    - Community Awareness
    - Young Adults at Risk of Harm (in partnership with the Child Protection Committee)
    - Learning Review
- Sub-group action-planning is now integral to the Continuous Improvement Framework
- Improvement activity is recorded and monitored by Committee via Sub-group chair updates and Action Trackers.

2.3 Assessment

Subsequent to an in-depth Inspection, the Care Inspectorate, alongside its partners in Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, published its Inspection Report of Adult Support and Protection within the Highland Partnership in April this year. Joint inspection of adult support protection in the Highland partnership (careinspectorate.com)

Joint Inspections aim to provide national assurance about individual local partnership areas' effective operations of adult support and protection key processes, and leadership for adult support and protection.

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.

The Highland Adult Protection Committee's Improvement plan is included at Appendix I

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

4 Recommendation

Members of the committee are requested to take **assurance** from the recent Inspection Report. Joint inspection of adult support protection in the Highland partnership (careinspectorate.com)

For **awareness** the Committee is asked to note the existence of the Improvement Plan resultant of the recent Inspection of our Key Processes and Strategic Leadership (Appendix I)

4.1 List of appendices

The following appendices are included with this report:

- Appendix I, Improvement Plan – Highland (HAPC)


care
inspectorate
Healthcare
Improvement
Scotland
HMICS
JOINT INSPECTION
OF ADULT SUPPORT
AND PROTECTION

Highland Adult Protection Committee: Improvement Plan

Adult Support and Protection

[June 2024]

The aim of improvement activity in health and social care is to make services better for the people who use them. That might mean making services:

- *safer*
- *more effective*
- *more efficient*
- *more person-centred*
- *more equitable, or*
- *more timely.*

Understanding if aims have been achieved requires identification and definition about what 'better' would look like, and appropriate measures to know if the changes made resulted in the improvements sought.

Measurement for improvement asks questions like:

- *What does "better" look like?*
- *How will we recognise better when we see it?*

- *How do we know if a change is an improvement?*

What needs to improve? ***What is the improvement goal?***	***Barriers to improvement***	***Action plan*** ***(who, what, where, when, how)***	***Monitoring progress*** ***(how, when)***
Identify areas for improvement. Agree what will change as a result of making improvements (improvement goal).	*Identify what the barriers are to making improvements and how these might be overcome.*	*Specify who needs to do something differently, what needs to change, and where, when and how changes can be made.*	*Specify how success will be measured, when it will be measured and who will do this.*
The partnership should continue the work it was undertaking to improve the quality and consistency of chronologies.	Practice Issues in respect of: time, knowledge, and skills. System issue in respect of ease of recording	1. ASC NHSH (Head of Service, Social Work) to continue with Development sessions and other work with social workers in relation to promoting the quality of Chronologies. Progress to be reported via the Practice Improvement Sub-group to AP Committee 2. Ensure CareFirst replacement has functionality to record Chronologies efficiently	Quality of Chronologies to be included in multi-agency case file Audit in 2025
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.	Practice Issues in respect of: time, knowledge, and skills. System issue in respect of ease of recording	1. Local ASP Policy and Procedure to be updated. Update to be supported by Development sessions and included in Council Officer Training. Head of Service (QA) supported by Practice Improvement Sub-group 2. CareFirst Replacement to provide	Update to Policy and Procedure by Head of Service Quality Assurance (1 month) Existence of records to be clearly visible within AP recording. To be audited in 2026

		appropriate recording field	
An effective communication plan was needed to share and promote the strategic mission and good work of the adult protection committee with staff.	Interest of staff in QA processes in mission and continuous improvement framework	Community Awareness Sub-group to produce Communication plan (based on engagement with all relevant staff) to appropriately promote work of Committee (6 months) This will include: Regular face-to-face engagement by Principal Officers (SW and AP) of frontline practitioners. Principal Officer Adult Protection seeking to recruit frontline staff to Sub-committees. Work to raise awareness of Strategic Agenda at Executive level in Health (Medical and Clinical)	HAPC to monitor frequency and types of engagement of frontline practitioners. Community Engagement sub-committee to report to HAPC on progress HAPC to monitor frontline staff membership of Sub-committees
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.	Complexity Compliance with Corporate expectations across agencies	1. Police Scotland N Division (Assistant Detective Chief Inspector) to lead on completion, agreement and publishing of draft ISA. Progress to be reported via the QA Sub-group to AP Committee. Target Date September 2024 2. Quality Assurance Sub-group to	1. Committee to monitor progress and receive agreed ISA within 3 months 2. Multi Agency Audit to be

		schedule diet of Audits including Multi-Agency Audit	planned and diarised before end of 2024
The planned strategic engagement of service users and community groups to inform the adult protection committee agenda should be expedited.	Time Resource Complexity of engagement task	Principal Officer (Adult Protection) to provide leadership in this area; including to: • Consolidate and communicate the strategy • Identify partners • Conduct Engagement	Communicable Strategy developed within 3 months Engagement activity reported to APC via Participation Sub-committee
The scope and focus of adult support and protection multi agency training was not as impactful as it needed to be across the partnership	Identifying the correct staff to target for higher level training across agencies and sectors	Deliverable Training matrix to be further developed/consolidated– this will include liaison with Health colleagues to address training needs of acute clinical staff (see below)	Training compliance and participation numbers reported regularly to APC
The involvement of health staff in adult support and protection work needed to be better recorded within health records.	Identifying the appropriate mechanism and resource to address this observation	Open discussion with Acute Clinical leads, QI and Records staff to assess the requirement and likely solutions, in context of NHSH and National policies on record keeping. Senior Nurse (Corporate Services) to provide implementation and monitoring plan to HAPC. This will be integral to work to meet the Health Board Accountability	Monitoring to be integrated within developing audit schedule. QA Sub-committee to oversee.

		Framework (6 months)	
Significant scope to improve STORM disposal coding	Compliance to standards across a large workforce dependent on recognition of Adult at Risk	Police Scotland C3 Division Quality Assurance Manager to consider STORM incident closure codes. Guidance previously distributed nationally to improve - and re-emphasised recently.	Discussion ongoing with C3 Division QA team (PI in N Division) to monitor compliance nationally.
Use of the escalation protocol review was inconsistent with organisational guidance		On 6th June 2023, iVPD was upgraded to version 9.3 this included the introduction of a new automated system-based escalation process which includes a specific suggested action to brief Local Area Commander(s) for tasking a local policing response.	This is an automated system. N Division to introduce a QA process through the sub-group. (All VPDs are reportable to the National Risk and Concern Hub). This will be monitored as part of Audit Calendar of QA Subgroup
Records of supervisory oversight lacked relevance and meaning regarding the specific episode		The iVPD Version 9.2 upgrade introduced a meaningful supervisory footprint on all Concern Reports and, also required reporting officers to sign a mandatory declaration on the content / quality of the Concern Report raised.	This is an automated system that should negate the need for QA work.

Community service interventions were good but for emergency re-admissions and ED they were adequate or worse	Health to have identified appropriate leadership and resource capacity to implement Accountability Framework	Acute Clinical Leads and Deputy Chief Officer (Acute) to review the current training provision. This will be supported by the Senior Nurse (Corporate Services) and the HAPC Training Officer. Training Needs Analysis to be conducted and a training plan to be produced and implemented. Training needs analysis to be presented to HAPC in 6 months	Training compliance and attendance at training to be closely monitored. ED workforce surveys to be conducted post training, and a maintenance plan to be initiated. Routine Health documentation audits to include ASP specific focus.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**10 July 2024**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Pamela Cremin, Chief Officer**

1. Purpose

To provide assurance and updates on key areas of Adult Health and Social Care in Highland.

2. Ross Memorial Hospital Redesign

The fire upgrade and in patient ward and out patient redesign plan has been agreed for Ross Memorial Hospital in Dingwall and work is due to start in the autumn.

3. National Focus on Discharge Without Delay

A national Collaborative Response and Assurance Group (CRAG) has been set up weekly with oversight of the Cabinet Secretary for NHS Recovery, Health and Social Care to take forward intensive, focussed activity with the aim to achieve material and sustained reduction in people in delay to discharge.

Each integration authority is required to reduce people in delay to at least 34.6 delays per 100,000 population ahead of the winter period and anticipated winter pressures. This will be challenging for Highland to achieve with almost 100 delays per 100,000 population at the moment.

Highland has **consistently** had the **highest rates** of delay for the past 6 months. Highland has 4% of the adult population in Scotland, but accounts for 10% of all delays. This will be a significant undertaking for NHS Highland given ongoing recruitment and retention challenges across all sectors due to the availability of workforce and ongoing reduction of people of working age in our remote and rural communities; independent care sector turbulence; financial sustainability of services under the current national care home contract rate; and the availability of care at home services for people delayed in hospital. There are significant waits for people with incapacity across acute and mental health and learning disability services and decreasing uptake of care home placement for people who have complex needs – underpinned by cost and workforce recruitment and retention.

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

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

Charter: Urgent & Unscheduled Care	**Exec Lead**	Pam Cremin
Ensure that our services are responsive to our population's needs by adopting a "home is best" approach. We will: • Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time • Ensure that those with serious or life-threatening emergency needs are treated quickly • Work to minimise the length of time that hospital-based care is required	**Author**	Gillian Gunn/Hazel Smith/Sue Menzies
	Board/Group:	Urgent & Unscheduled Care Programme Board Chair – Claire Copeland

Scope
All areas of urgent and unscheduled care, including Primary Care, Secondary Care and Mental Health services, across the Highland Health and Social Care Partnership area.

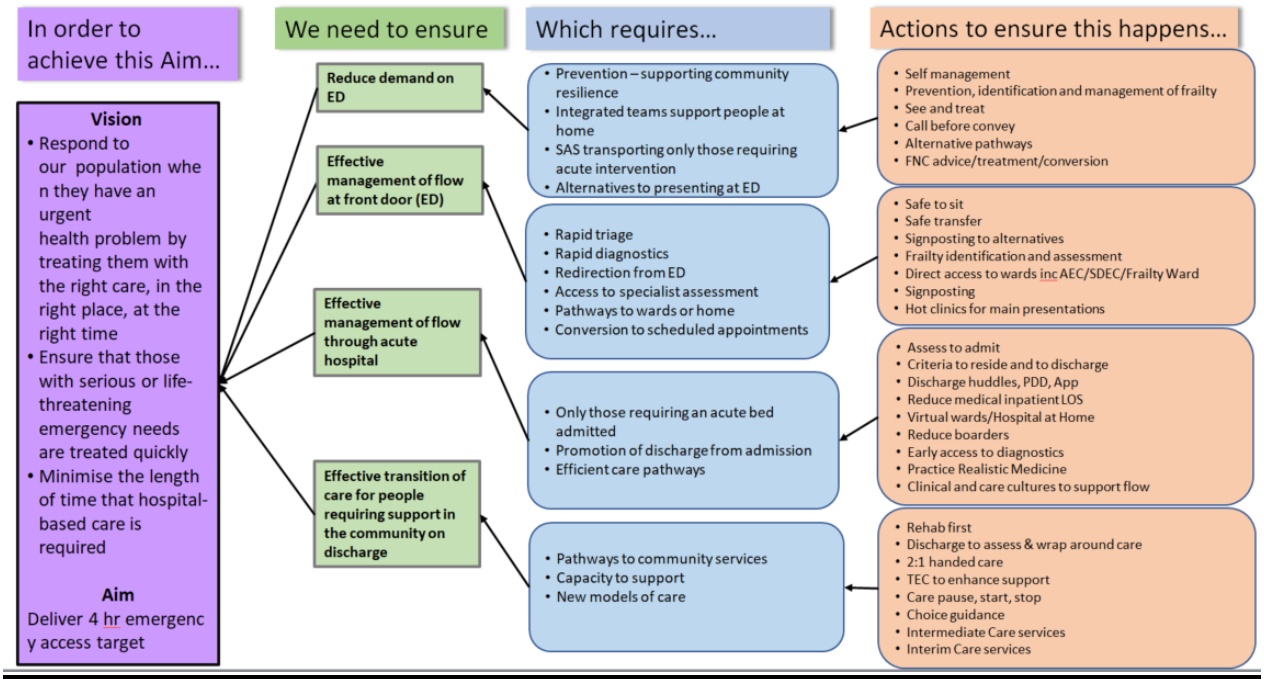
Problem Statement/Challenge	**Impact**
Urgent and unscheduled care can be accessed in several ways across healthcare services including, emergency departments, minor injuries units, GP practices, out of hours services and pharmacies. To ensure the most effective responses to our population we need to facilitate a cross system approach. We will do this by delivering the national programmes, Community Urgent Response, Flow Navigation, Hospital at Home, Acute Front Door and Optimising Flow We will also deliver our local priorities to improve our response to people with frailty and to those with acute mental health needs.	• Delivery of services as close to where people live as possible • Home is best ethos embedded in practice • Reduce time to wait for urgent and unscheduled care services, including ED, Care at Home • Support people to access the right part of our system to meet their care needs • Develop evidence base for Urgent Care Service and Hospital at Home to ensure effective decision making on potential areas of financial risk, efficiency and savings • Recognition of persistent challenges with capacity in Care at Home services resulting in wider programme to enable responsiveness to people waiting for services by standardising processes and utilising technology

Aims & Objectives	
Urgent Response • Development of Urgent Care Service to ensure right care at the right time in the right place and result in efficiencies • Understand and standardise Care at Home capacity management and processes • Technology Enabled Care at Home to support people to stay at home for longer, maximising independence • OOH Service Delivery Model **Hospital at Home** - Monitor outcomes of pilot projects in Skye, Caithness and Oban to understand value and inform future service model **Acute Front Door** • Safe transfer to hospital to support improved turnaround times for ambulances • Access to Ambulatory Emergency Care from ED and FNC to improve flow and times to be seen within ED	**Optimising Flow** • System wide response to high OPEL levels to reduce escalation status • Embedded and effective discharge huddles and PDD processes, supported by discharge app, to ensure improved communication developing an ethos of "pull" from hospitals to community services • Improve discharge responsiveness and reduce variation with criteria led discharge, improving 7 day discharge and utilising discharge lounge services • Implementation of choice guidance to support conversations with people and their families about care homes **Frailty** - Focus on Community and Acute identification of and response to individuals affected by frailty **Winter Plan** - Embed learning from 23/24 into future planning for seasonal surge responses to facilitate step up of services as required and not just for Winter **Mental Health** • Develop a pathway for urgent and unscheduled mental health care • Develop pathways to reduce demand on secondary care mental health beds

Deliverables / Targets / Timeline	
• % of A&E patients waiting times less than 4 hours – 85% by Q4 24/25 • % of Flow Group 1 (minors) spending less than 4 hours in A&E – 90% by Q4 24/25 • % of A&E patients waiting more than 12 hours – 0% by Q4 24/25 • % Ambulance handover times under 60 minutes – 100% by Q4 24/25 • Reduce emergency admissions – 4,550 per quarter by Q4 24/25 • Acute hospital occupancy – 95% by Q4 24/25	• Delayed Discharges – 60 by Q4 24/25 • Emergency length of stay – 2 days by Q4 24/25 • Increase number of patients 16-64 discharged with LOS of 1-2days – 545 per month by Sep26 • Increase number of patients over 65 discharged within 72 hours – 737 per month by Sep26 • Increase number of patients 16-64 discharged with LOS 3-7 days – 193 per month by Sep26 • Increase number of patients over 65 discharged with LOS 4-14 days – 364 per month by Sep26

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

Urgent Unscheduled Care Driver Diagram and Change Concepts



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

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

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

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

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

There has also been undertaken an audit of **Younger Adults Complex Care Packages** Governance Arrangements with improvement recommendations in the following three areas:
1.Clear policies and procedures in place for the development and approval of complex care packages which are being adhered to in practice.
2. Package development to include an analysis of need and availability of resource and there is appropriate oversight of all packages to ensure they are considered in the context of the entire service model, priority and sustainability of service provision.
3.Ongoing monitoring and reporting on the packages in place to management and the governance structure with any issues being escalated in a timely manner.

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

5. Vaccination Services

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

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

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

The Short Life Working Group will hold its first meeting on 4th July.

6. Feedback from Joint Monitoring Committee

The following agenda items were presented to JMC:

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

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

7. Enhanced Services

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

8. Joint Strategic Plan

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

9. National Care Service Bill: proposed amendments

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

NCS Stage 2 list of draft amendments

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

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

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