NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**8 May 2024**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer, HHSCP**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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

2.1 Situation

In order to standardise the production and interpretation, a common format is presented to committee which provides narrative on the specific outcome areas and aims to provide assurance.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives. A development session is being proposed to review this.

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

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and indicators were agreed**.**

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

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

3 Impact Analysis

3.1 Quality / Patient Care

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

3.2 Workforce

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

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

This report has been consider at the HHSCP previously and is now a standing agenda item.

4 Recommendation

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

- Consider and review the agreed performance framework identifying any areas requiring further improvement for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- A development session is arranged to consider further indicators

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, May 2024**

Together We Care
with you, for you

NHS Highland

Highland Health and Social Care Partnership Integrated Performance and Quality Report

8 May 2024

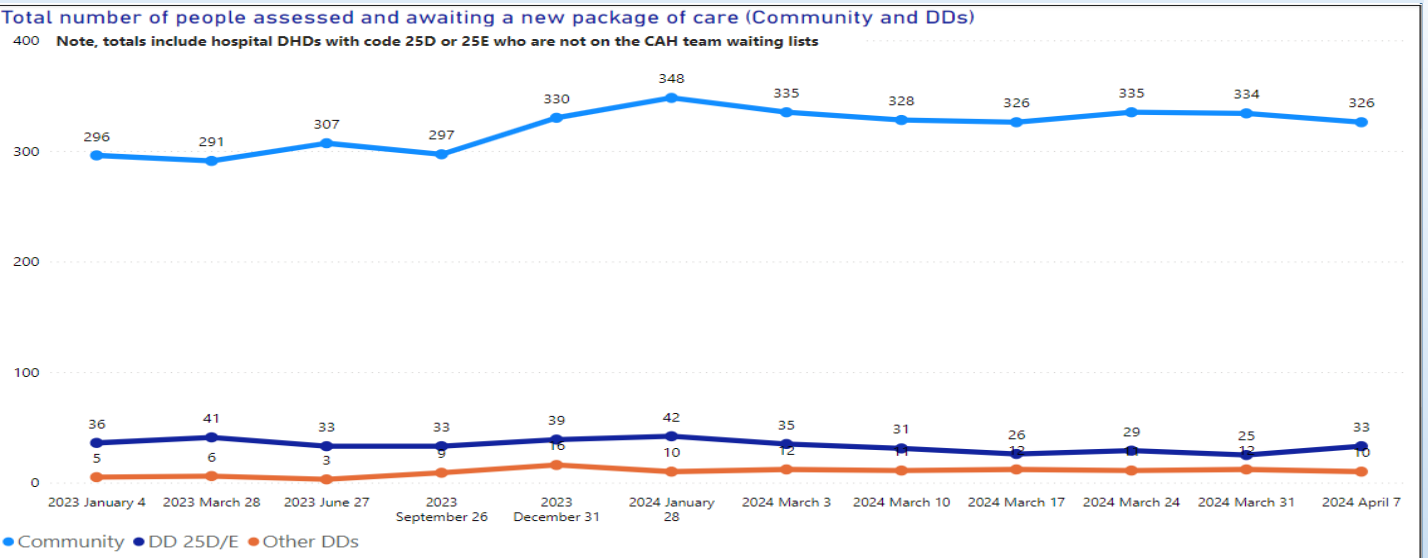
The Highland Health and Social Care Partnership (HHSCP) Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that the HHSCP provide as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

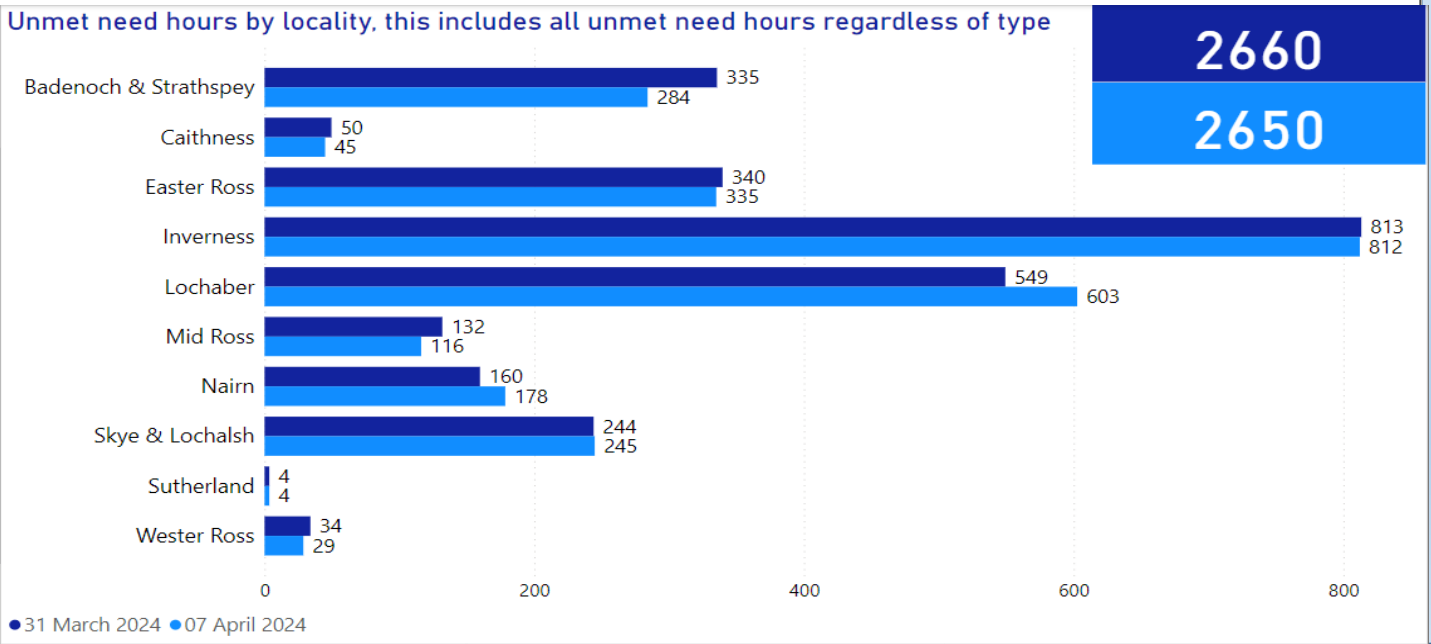
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

HHSCP Care at Home – Unmet need





Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

Graph 1 - All HHSCP delayed hospital discharges (DHD's) are included which show those assessed as requiring CAH in either a hospital, or at home.

- Community - 326 awaiting a care at home service
- DHDs – 33 awaiting a care at home service
- DHDs – 10 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need for those above and this includes hours for people in receipt of a service who require additional hours.

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2650 planned hours per week.

Update 18/04/2024

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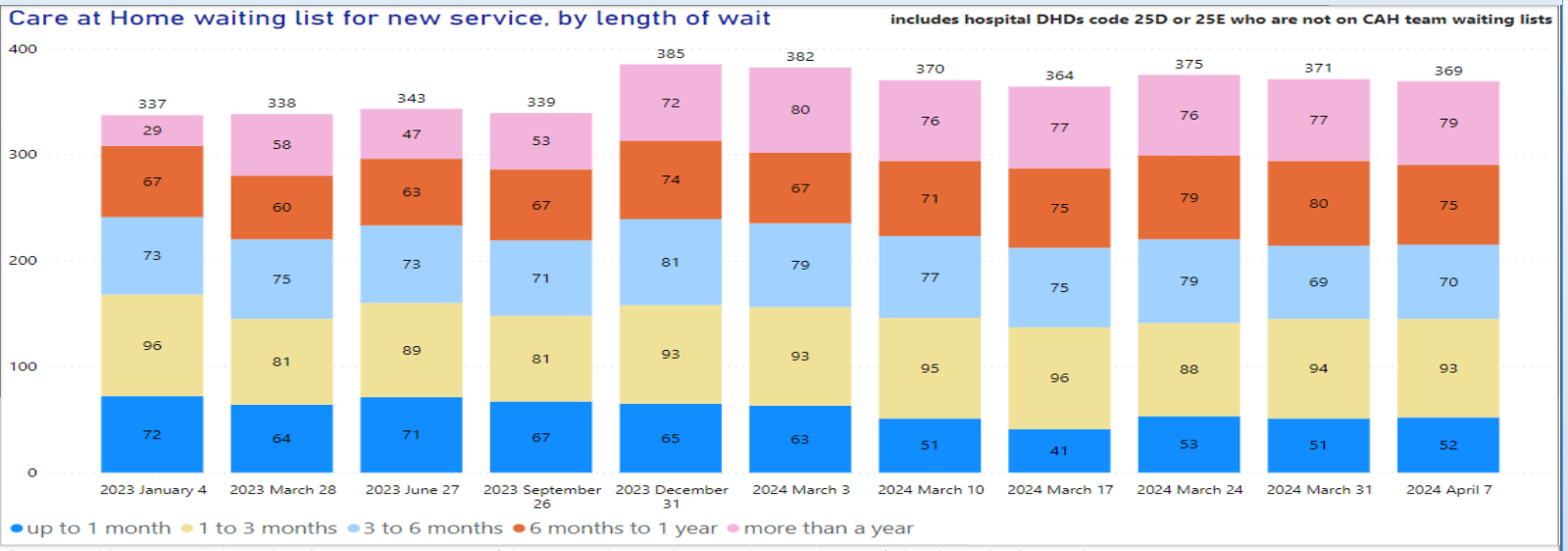

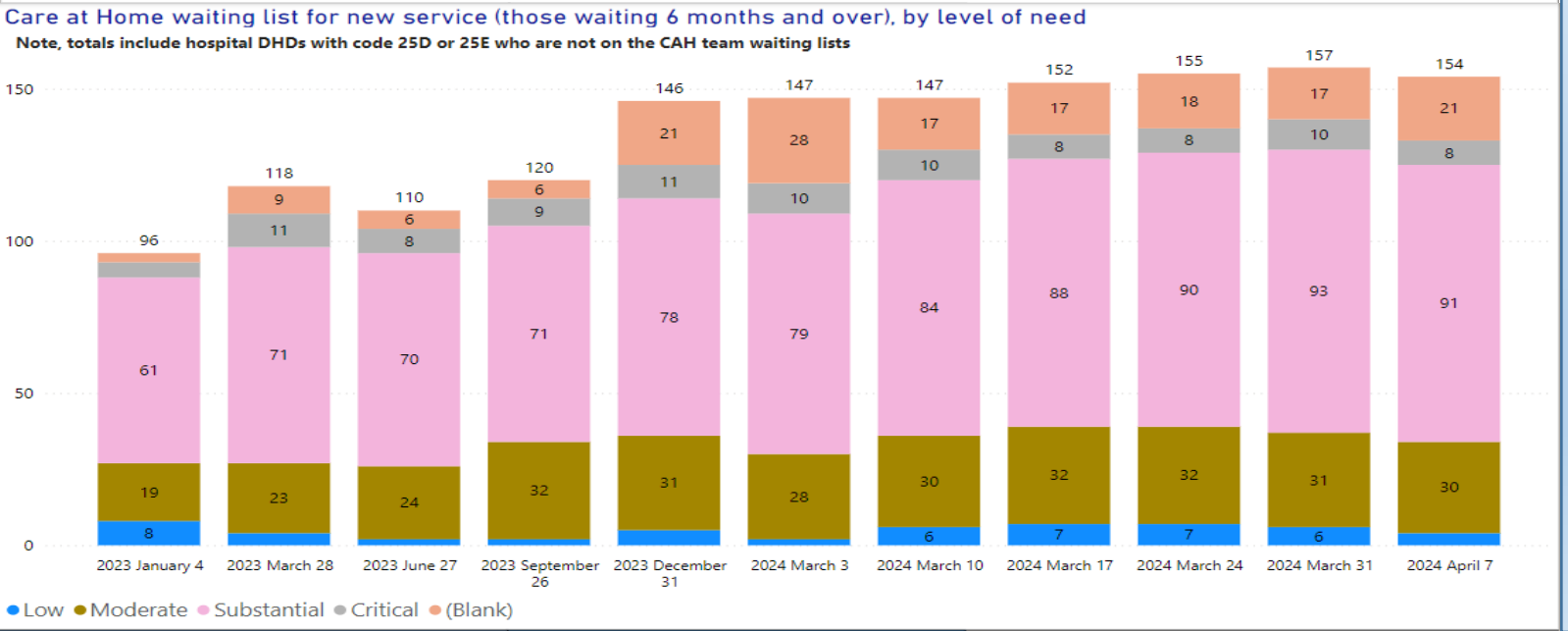

Graph 1 - HHSCP unmet need for care at home, including waiting list. Total number waiting for a care at home service is 369 as at last available data point.

Up to 1 month – 52
1 to 3 months – 93
3 to 6 months – 70
6 to 12 months – 75
More than a year - 79

This data is published by PHS and weekly returns from CAH officers.

Graph 2 – Further breakdown of those waiting longer than 6 months for a service by level of need.

Update 18/4/2024

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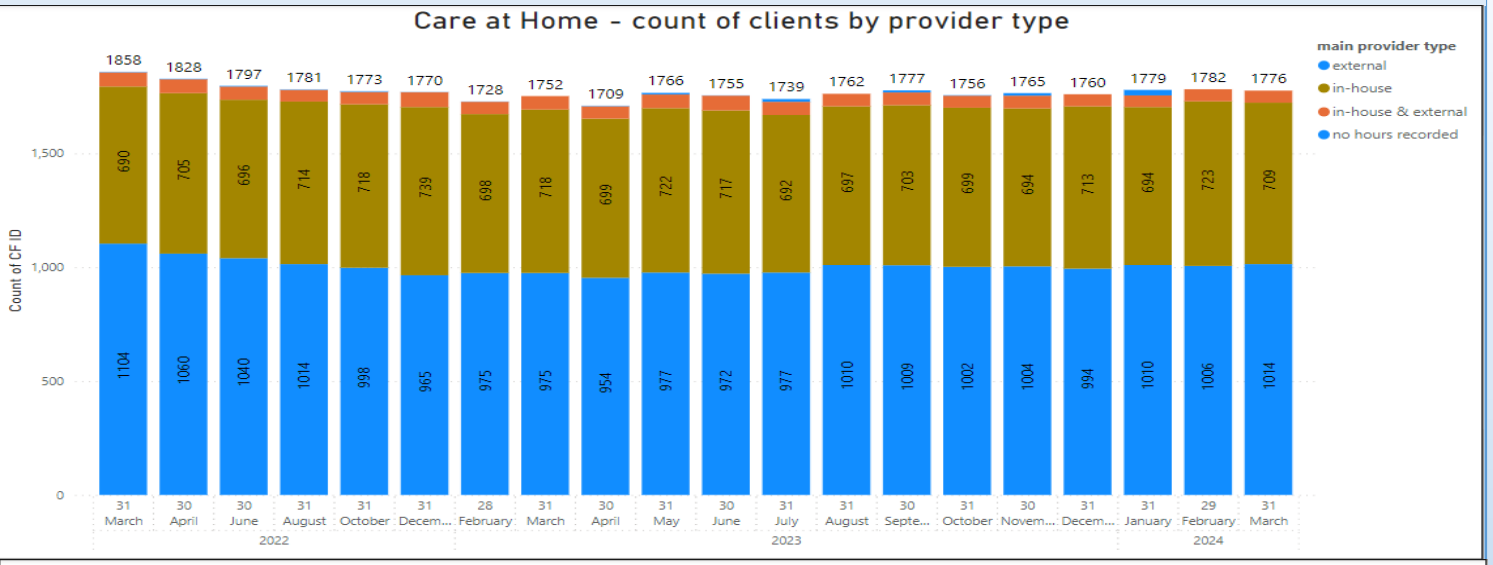

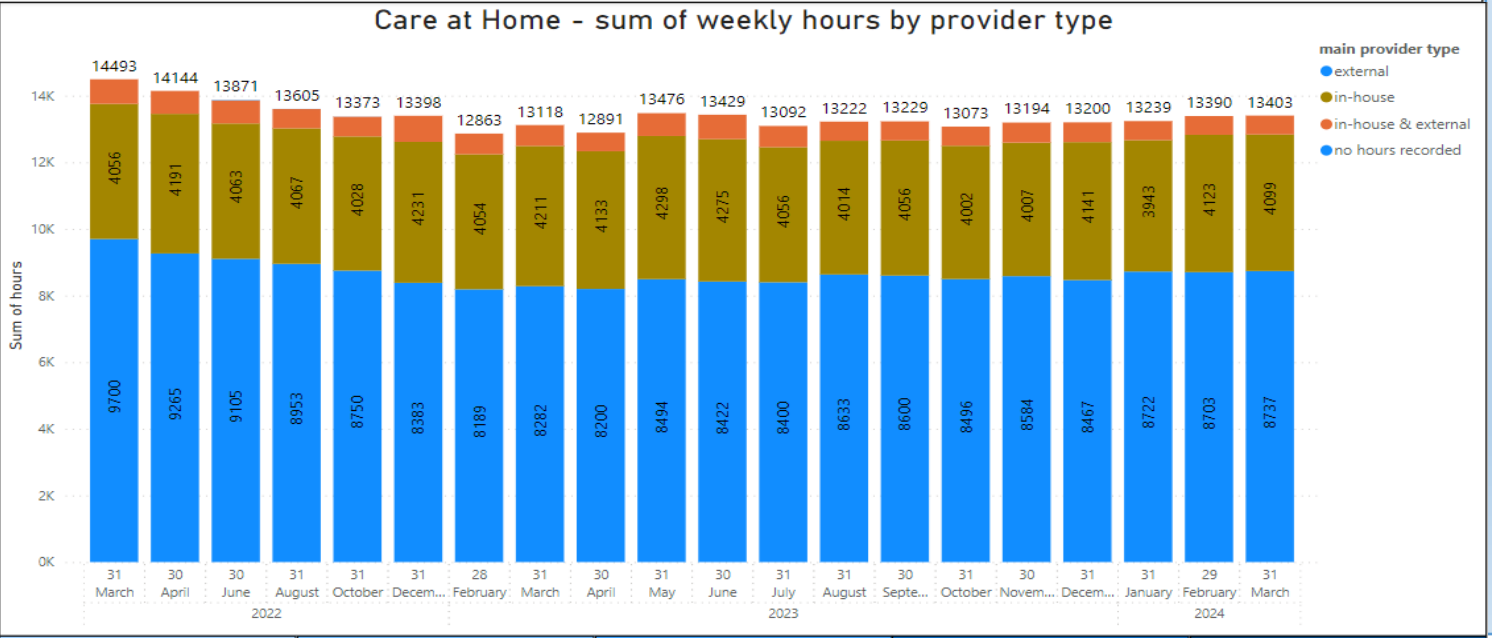

HHSCP Care at Home

During Quarter 3 in 2023, we have seen some small signs of growth although service delivery is down overall after a period of sustained reductions.
NHS Highland (NHSH) and care providers continue to operate in a pressured environment

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

NHSH has just increased the urban, rural and remote rates for 2024-25 within the overall funding provided by SG and all providers will be expected to pay at least the agreed £12ph minimum wage increase implemented from April 24. A further increase is under discussion, subject to business case and available funding,

The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

A short life working group (SLWG) has co created and co-developed proposals to try and address capacity and flow issues. The SLWG has co-produced and agreed **eight** commissioning proposals which are being prioritised by the SLWG with an implementation plan from April 2024
In identifying and developing proposals, the SLWG considered it necessary to establish a **clear vision** for service provision with commissioning principles set.

- Person directed and outcome focussed
- Individual, holistic, functional and accurate assessments informed by good conversations
- Realistic achievable and sustainable
- Professional recognition and value/ sector wide flexible workforce

Progress around this area is dependent on available resourcing to take forward.

Update 18/04/2024

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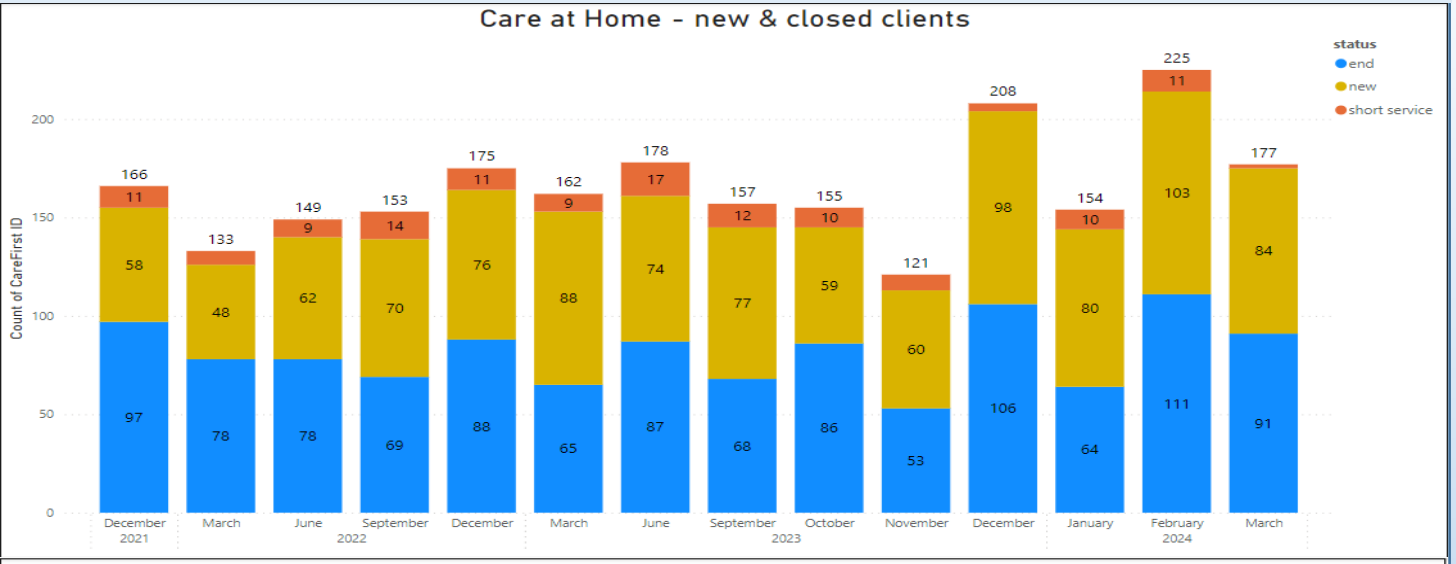

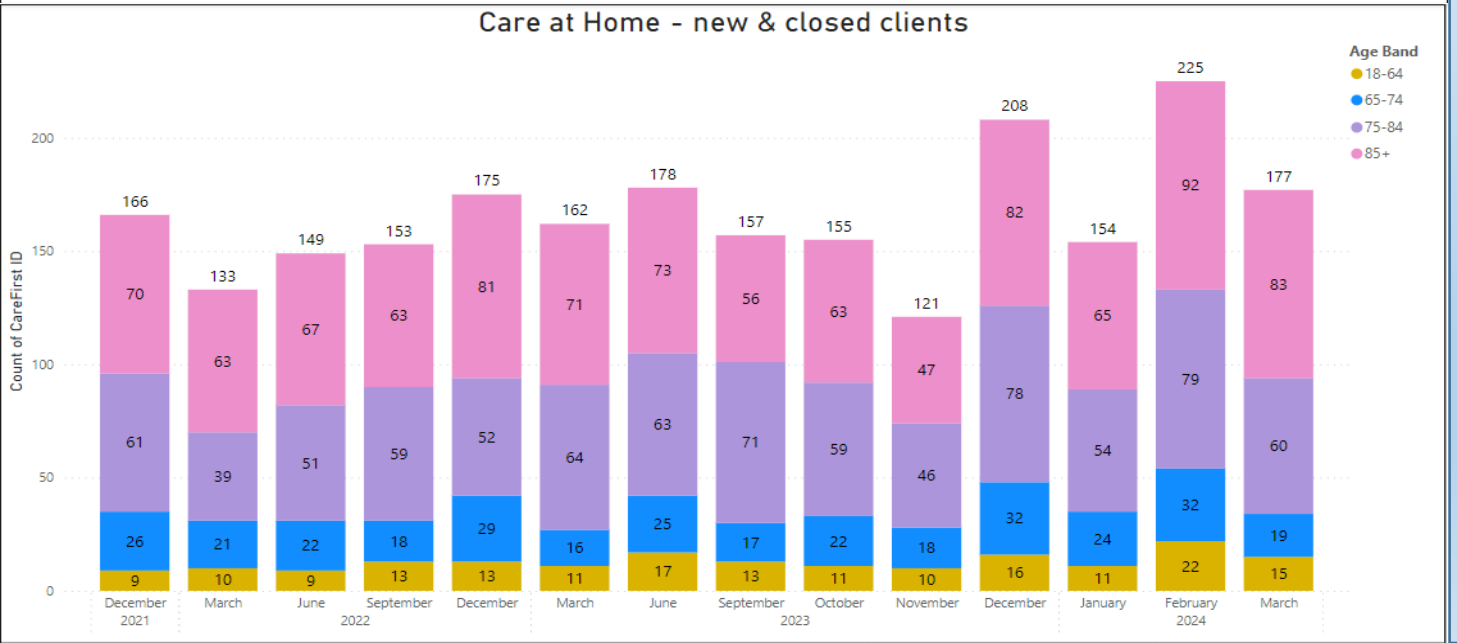

Care at Home – New & Closed Packages

Graph 1 – Shows the number of new and closed packages per month.

Note: available capacity to provide care-at-home to new service users is particularly challenging due to staffing related pressures in both in house and commissioned external services.

Graph 2 – Shows the care at home service users split by age band over the same period.

The number of new clients receiving care at home has been reducing from the peak of March 2023. Flow is particularly challenging for care at home due to staffing related pressures across the care sector.

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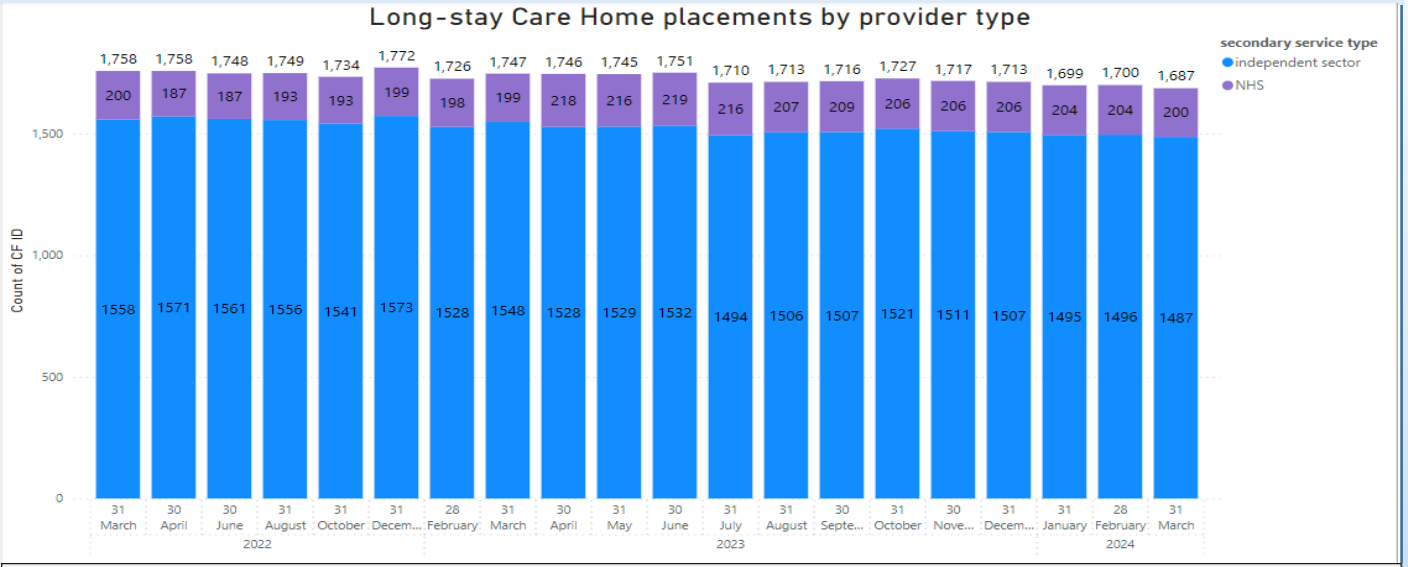
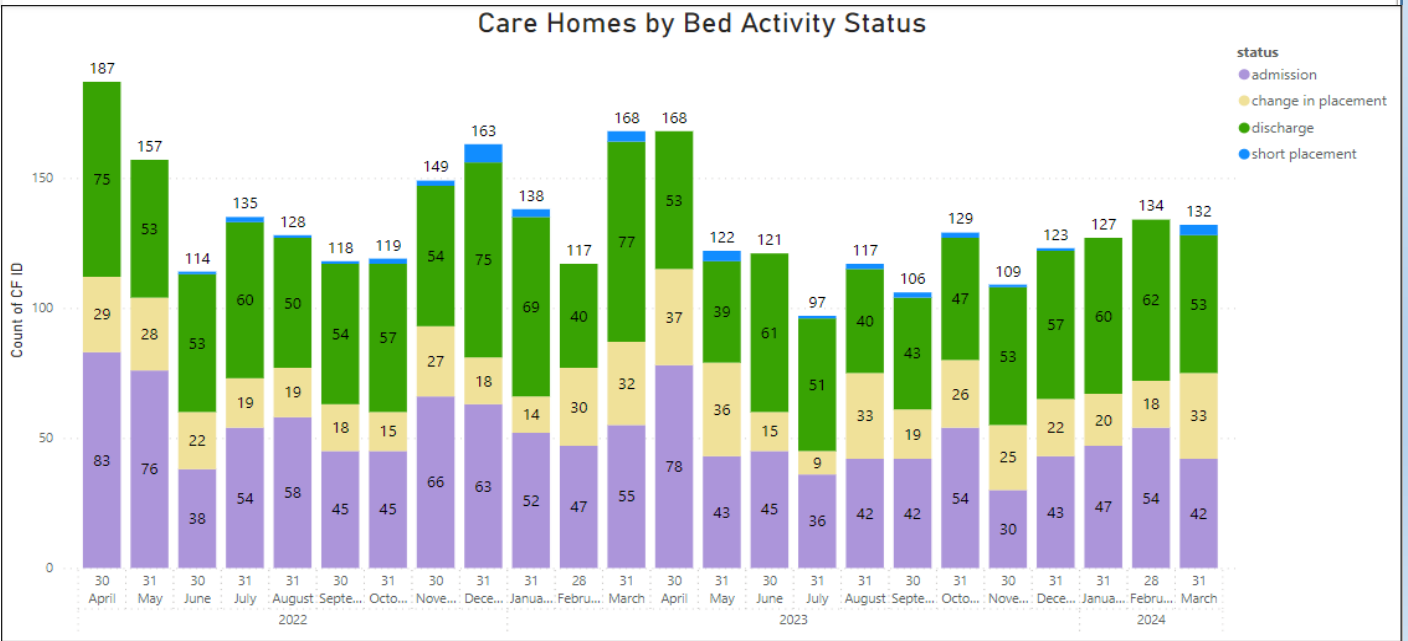
HHSCP Care Homes





HHSCP Care Homes

Since March 2022, there has been significant turbulence within the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compound the challenge.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 7 of the 46 independent sector care homes are over this size. In-house care homes and many care home providers are still experiencing staffing resource shortages.

Since March 2022, 6 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision. Supplementary staff costs for care and nursing staff is significantly higher in the recently acquired NHSH care homes.

Cradlehall Care Home also closed at short notice on 17/4/24 arising from regulatory actions and subsequent agreement to deregister, with NHSH staff relocating 41 residents over a 3 week period

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

This reduced care home bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.

There is a need for a Care Home strategy to be developed in 2024-25.

A **Care Programme Board** is established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

Update 18/04/2024

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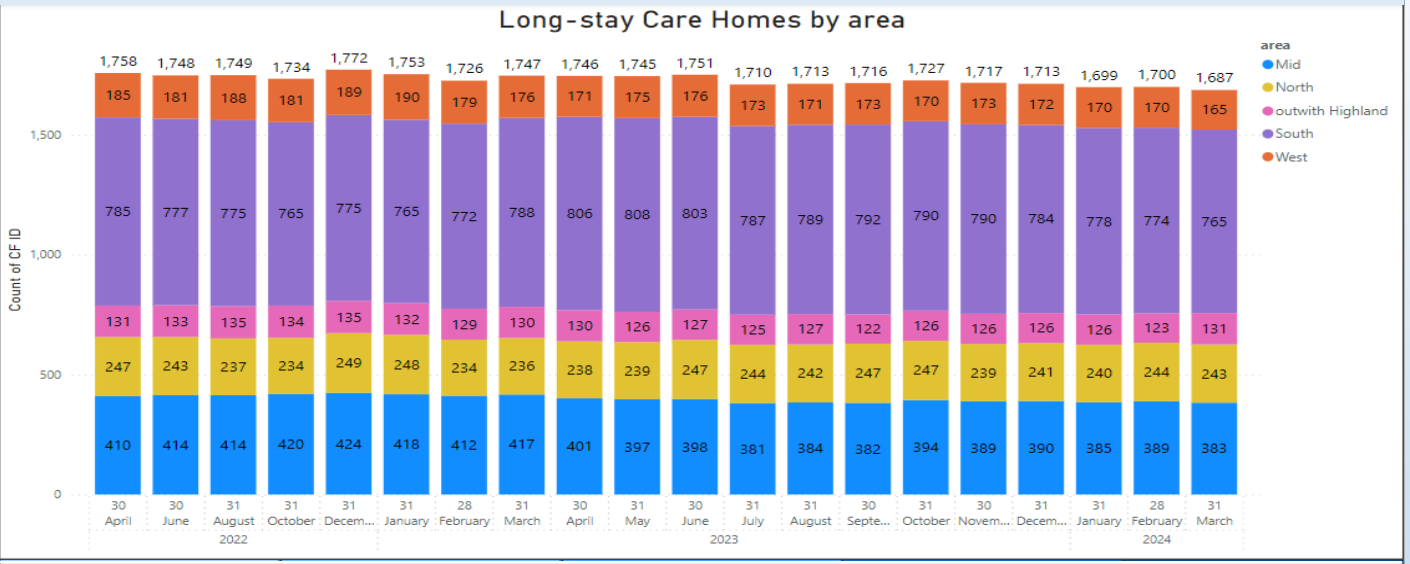
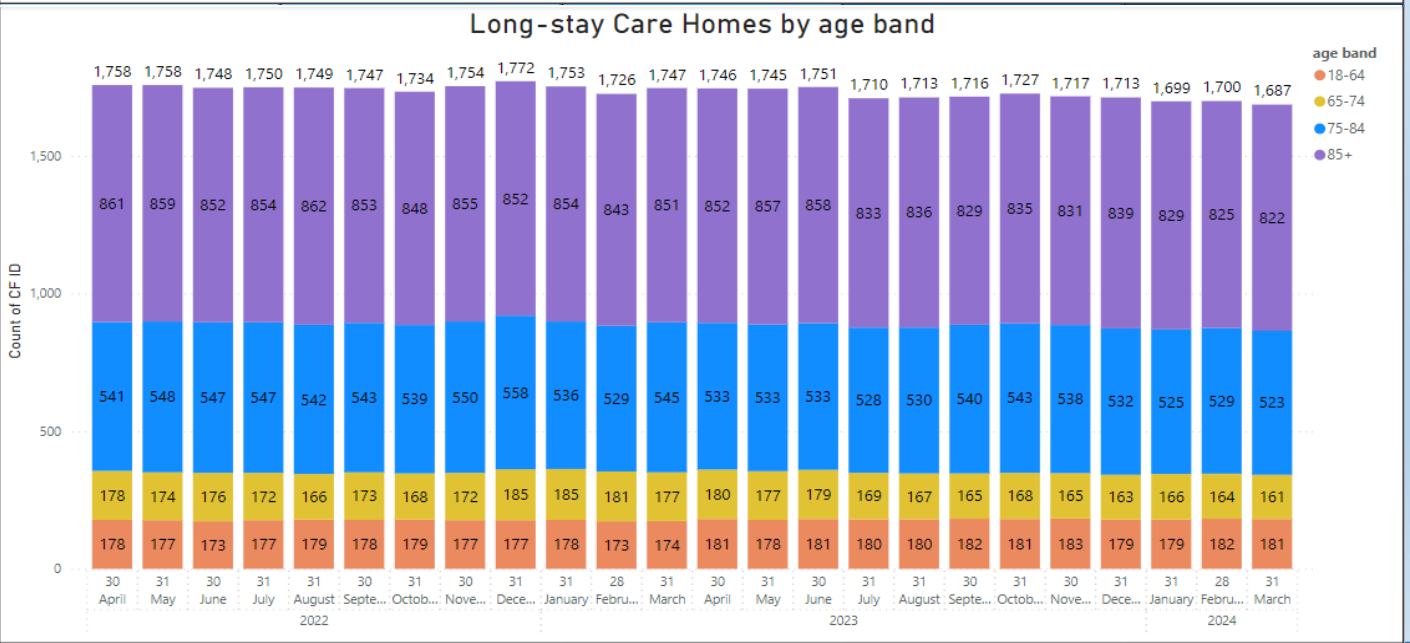




HHSCP Care Homes

These graphs provide an overview of the **occupied** long term care beds during the month for both external and NHS managed care homes by providing a breakdown by area and those placed out of area but funded by HHSCP.

South: 765 occupied beds
Mid: 383 occupied beds
North: 243 occupied beds
West: 165 occupied beds
Out of Area: 131 occupied beds

In addition, a further breakdown is provided by the current age of those service users for HHSCP only, **showing 49%** currently over the age of 85 in both residential and nursing care settings.

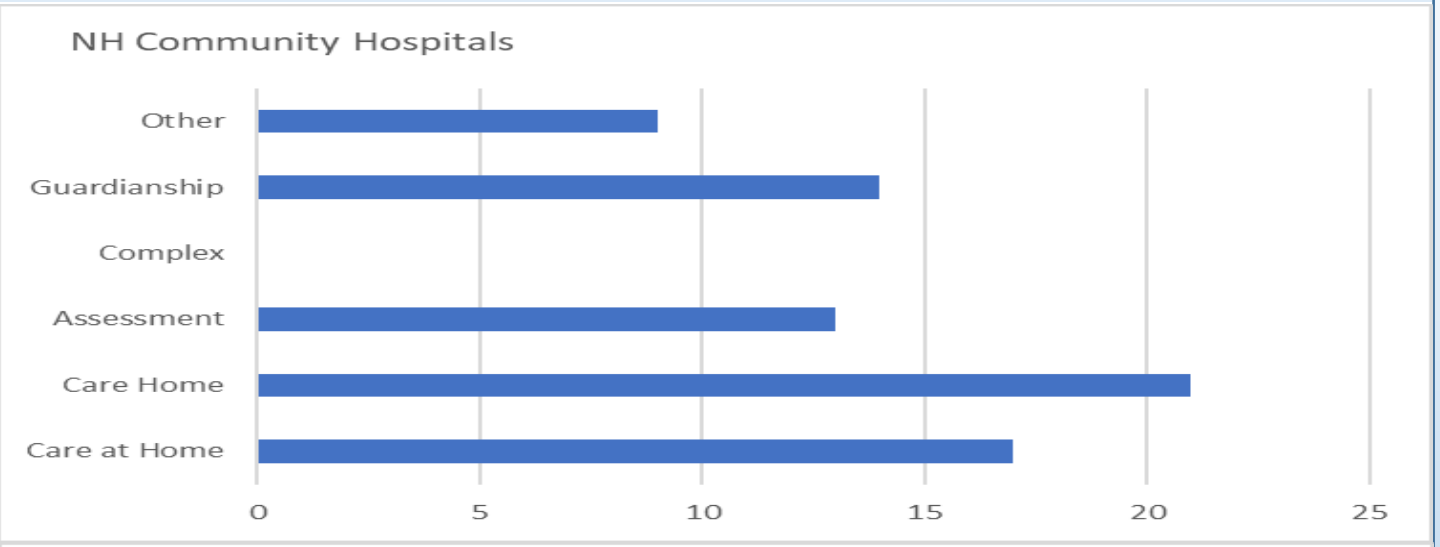
Update 18/04/2024

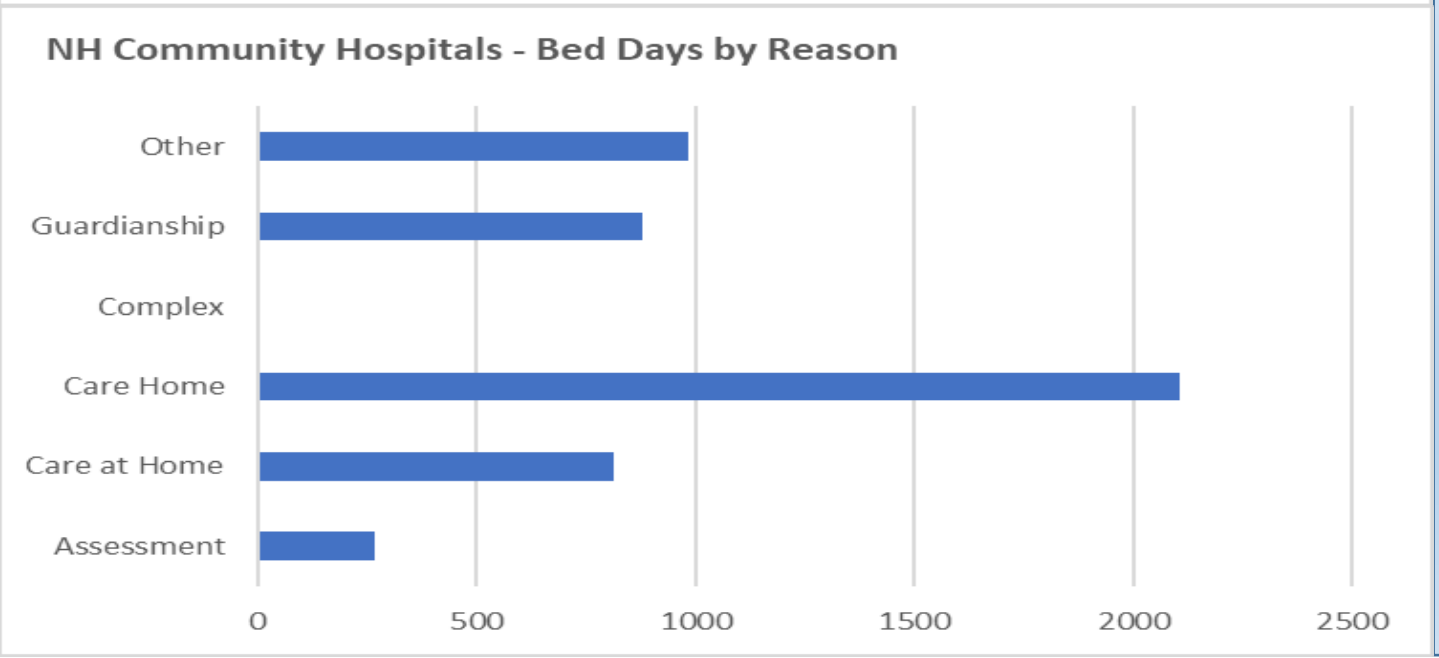
Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach.

HHSCP Community Hospitals DDs





HHSCP Community Hospital DHD's

There is no national target for delayed discharge, but we aim to ensure we get our population cared for in the right place at the right time.

Work continues on the implementation of standard work, including daily huddles and the setting of accurate PDDs for all inpatients across all hospital sites.

The discharge App implementation is continuing, with a workshop on further roll out.

Daily oversight and collective problem-solving remains a key feature of DMT meetings in each of the Districts.

Focused work ongoing in CAH to ensure maximisation and most efficient targeting of limited resources. A standardised procedure for pausing C@H and reserving the resource for a maximum length of time for people when admitted to hospital is being tested.

Work also ongoing with teams in relation to the maximisation of digital/technological aids.

The Choice guidance has now been approved and is available for use.

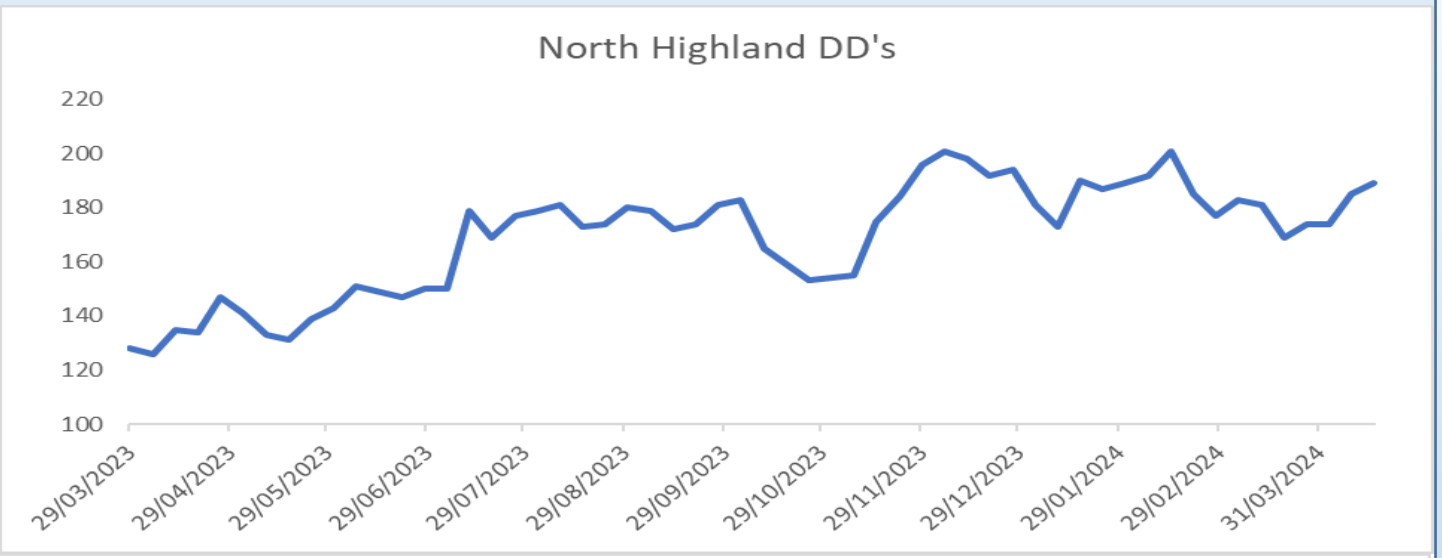
Update 23/04/2024

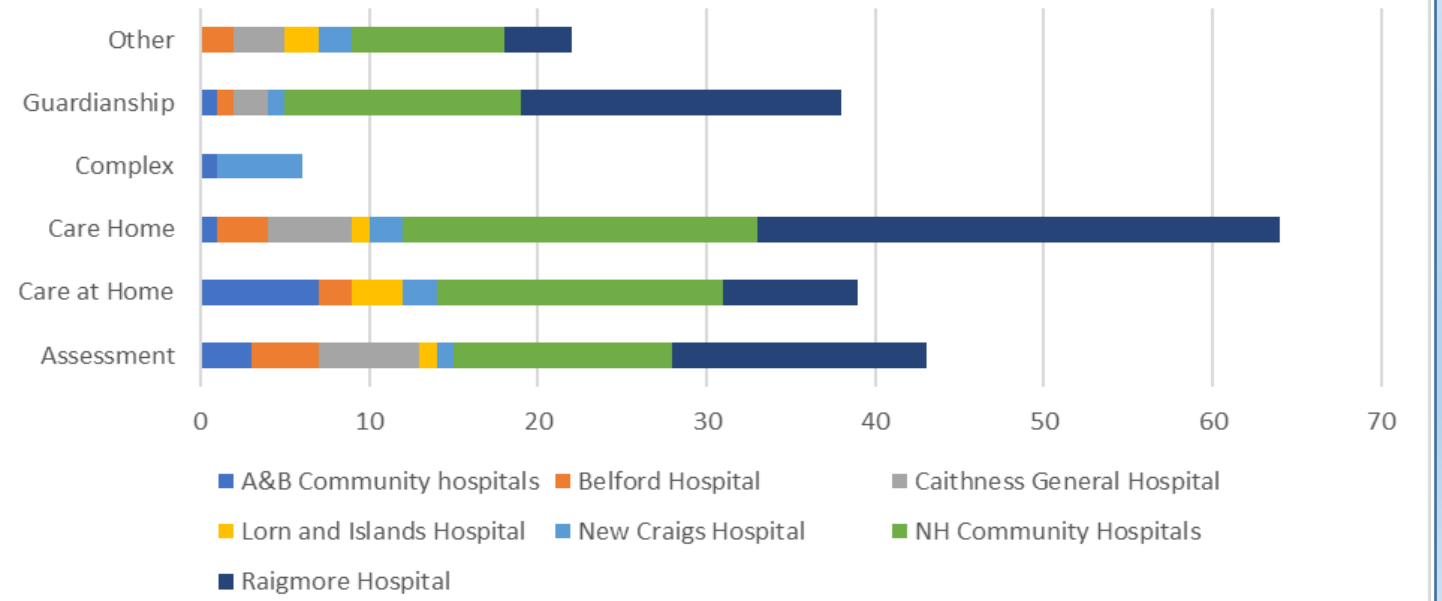
Strategic Objective 3 Outcome 11 – Respond Well

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach

HHSCP DDs





HHSCP DHD's

The graphs show the trend for total delayed discharges for HHSCP and the reason for those awaiting discharge shown at a hospital level.

- Delayed discharges remain a significant concern.
- Work is ongoing in the acute hospitals as in the community hospitals on slide 10

Cross system working and adopting a whole system approach remains key to ensuring the success of this work.

This work is overseen by the Unscheduled Care Programme Board.

- Significant challenges in the care home sector continue with the closure of an independent care home in Inverness in April.

Update 24/04/2024

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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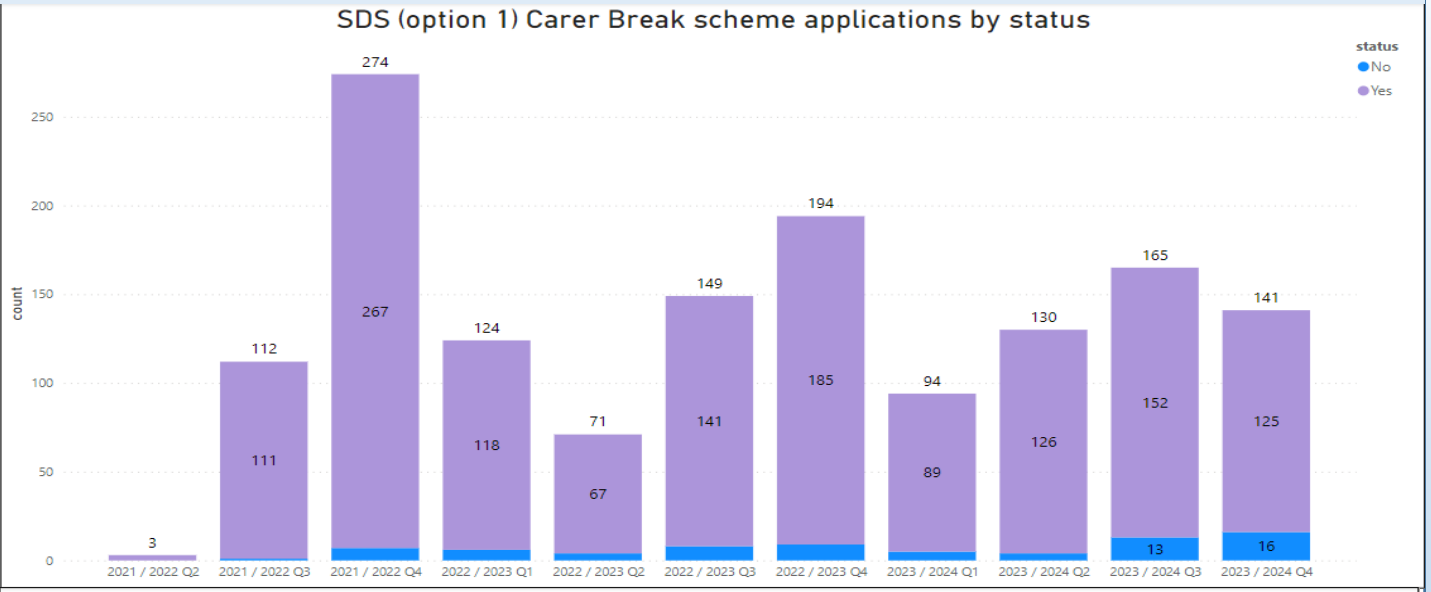
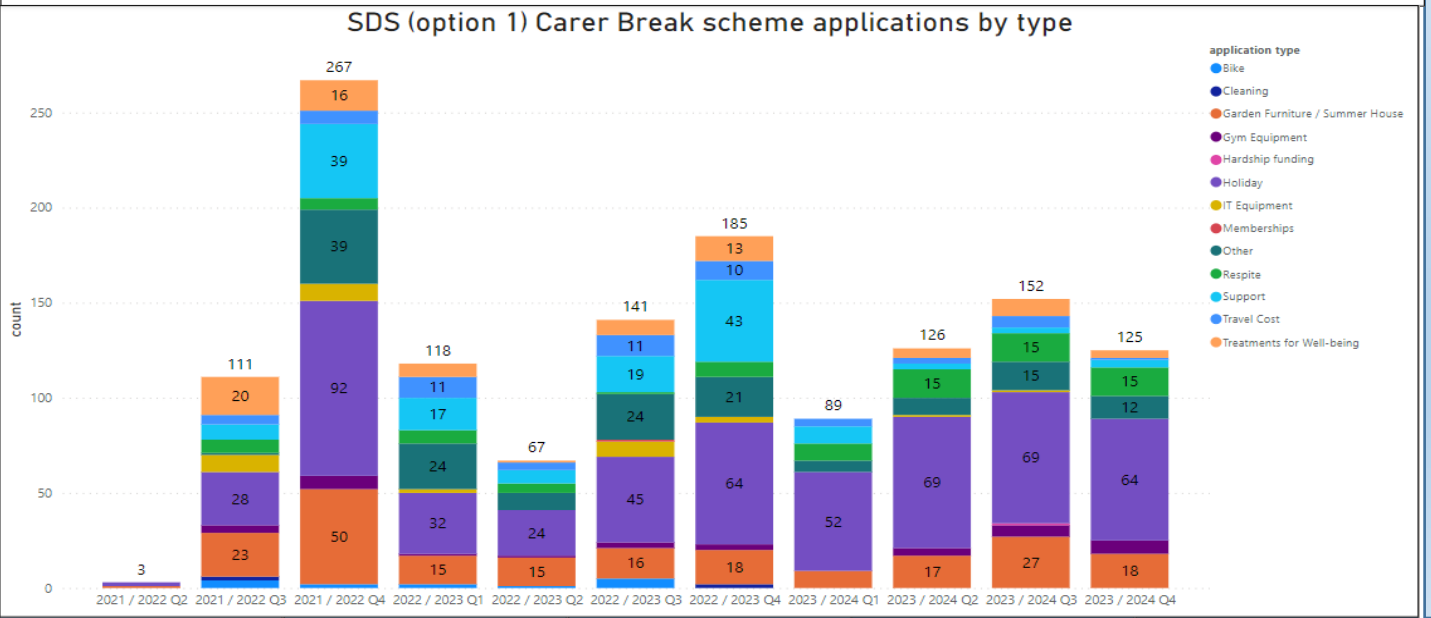
Carer Breaks – Option 1 (DP)





SDS Option 1 (Carer Well-being fund)

We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.

This is consistent with our aims to:

- Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support
- Maximise people's choice, control and flexibility over the resources available to them

We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). Their suggestion is that there are financial ceilings set for different types of purchases used for a short break:

i.e. limits to contributions for holidays, summer houses and e-bikes etc. Quarter 1 for 2024 has now reopened to new applicants this month

A new Carers Services Development Officer is now in post after the retirement of the previous post-holder.

This officer is prioritising revisiting our arrangements with our range of unpaid carers services. Seeking to ensure we have a strong collaborative basis to build upon going forward.

Update 18/04/2024

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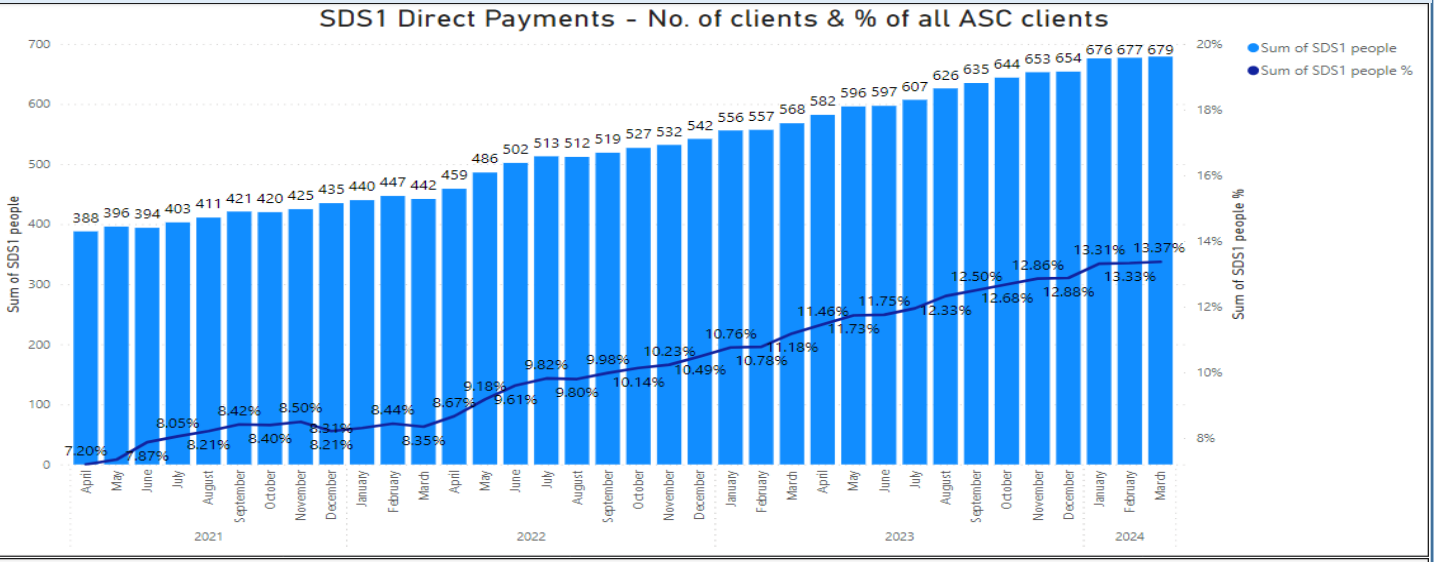
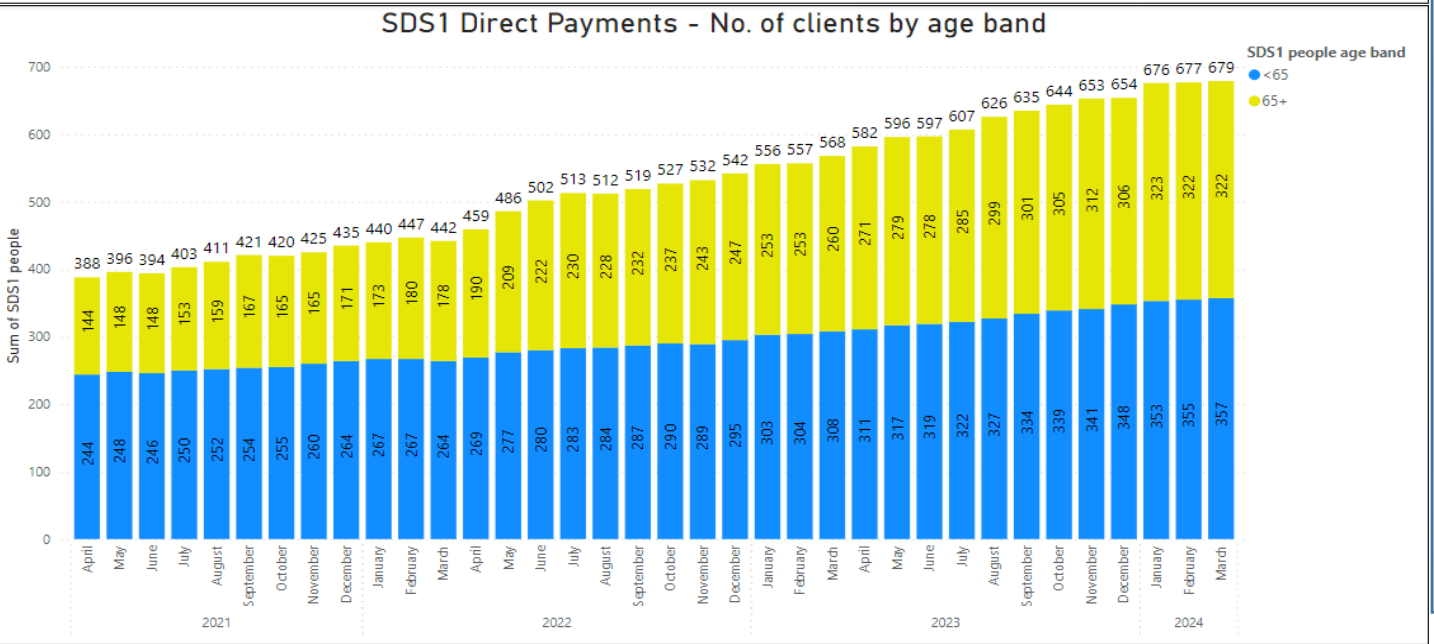
Self Directed Support – Option1 (DP)





SDS Option 1 (Direct Payments)

We have seen sustained levels of growth for both younger and older adults in our more remote and rural areas with further growth expected to continue this financial year.

These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, strongly suggest a market shift in Adult Social Care service provision.

We are aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. Work is underway to promote the opportunities that taking on Personal Assistant (PA) role can offer people.

NHS Highland has implemented in Oct 23, a co-produced urban, rural and remote hourly rate by establishing a transparent PA hourly rate for Option 1s. This increase and new model has been well received by users and families and will help to retain and recruit valued personal assistants.

Option 1 recipients all received a substantial above inflationary increase due to the significant investment from NHSH to level up the previous low baseline hourly rate. This uplift was required to ensure sustainability and is still the most cost effective and efficient delivery models due to the absence of any other traditional delivery and more expensive care models. 2024-25 rates for PA's has also been updated and the allocated funding from SG passed on to service users.

Finally, NSH is committed to increasing the level of independent support across all service delivery options but due to the current financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support.

Update 18/4/2024

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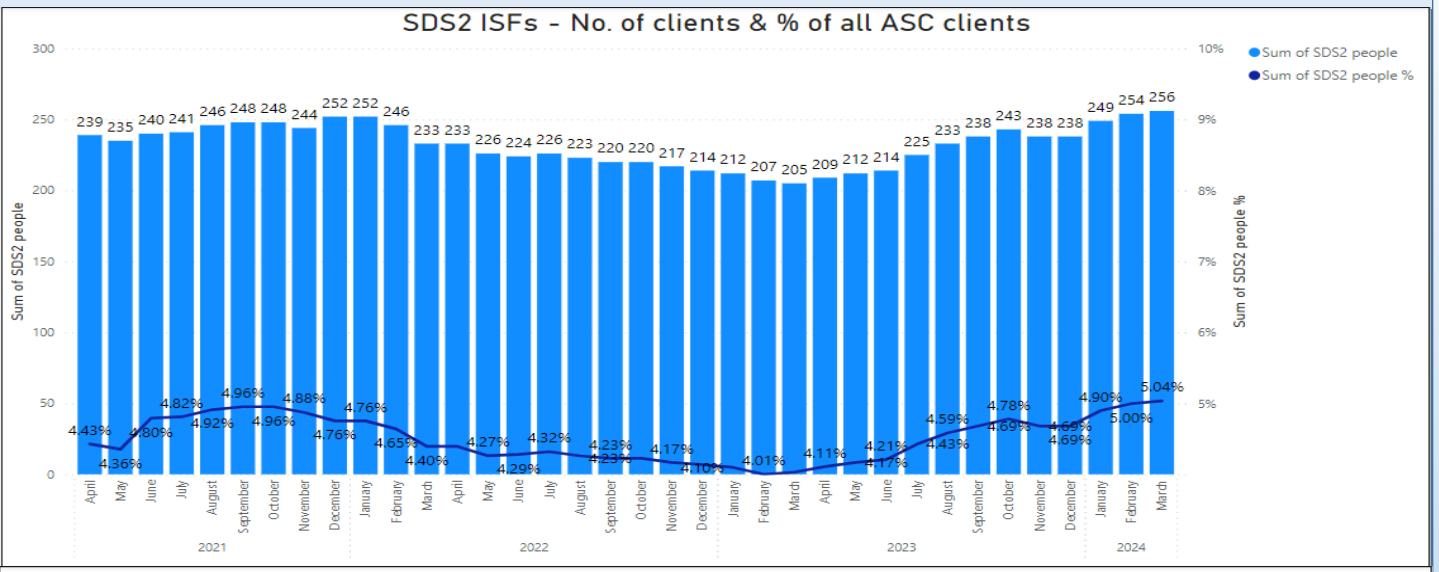
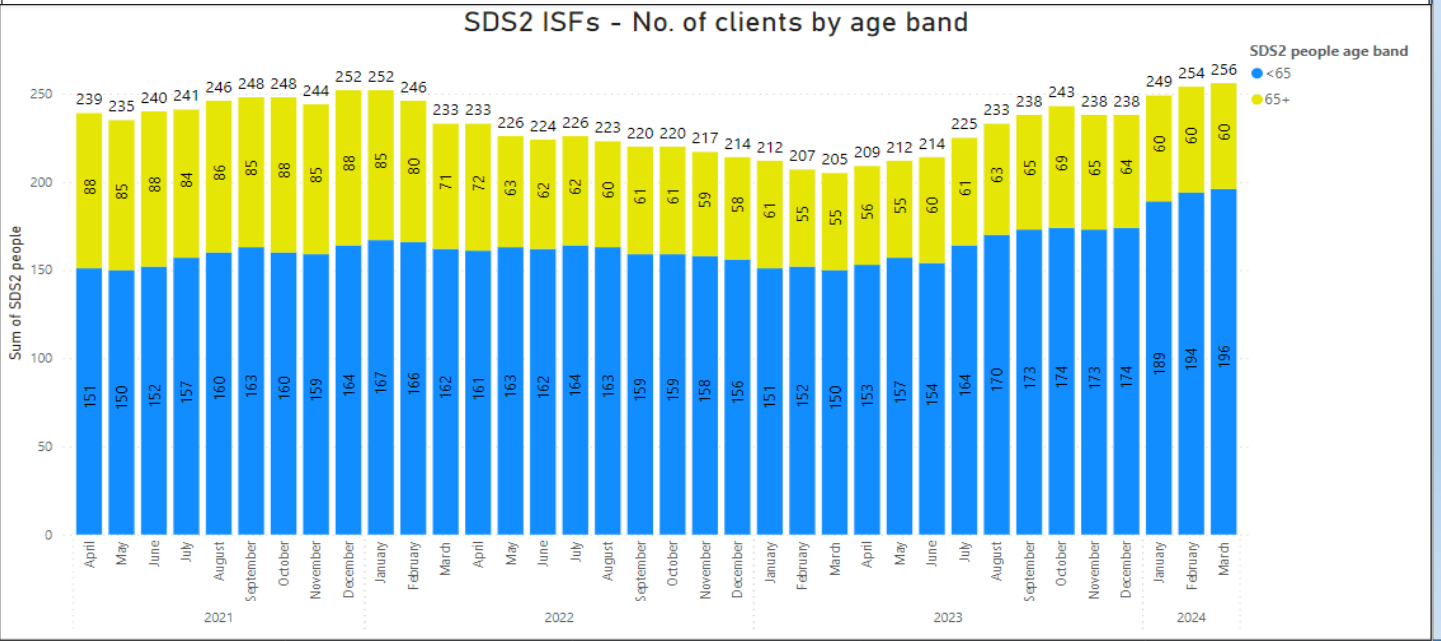
Self Directed Support – Option2 (ISF)





SDS Option 2 (Individual Service Funds)

ISFs reduced during 2022 although we have seen an increase in commissioned service provision during 2023/24.

ISFs are now back at the pre pandemic levels of peak 2021.

Our current number of active service users is 256 with a projected annual cost of £5.36m.

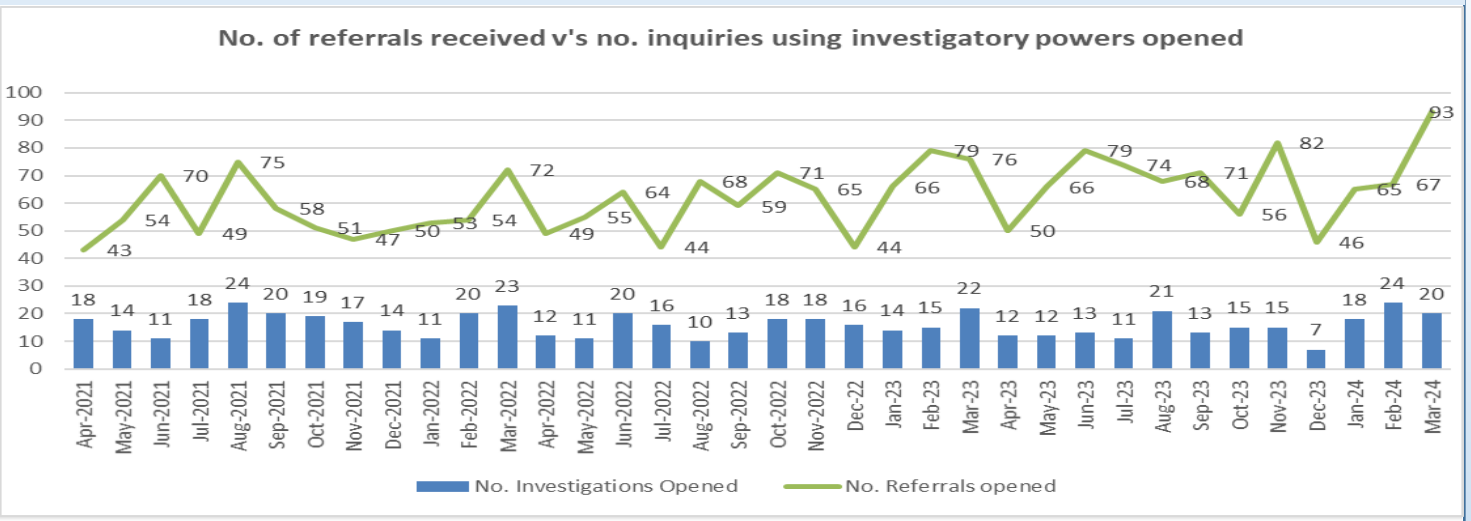
Graph 2 - Overall number of ISFs split by age band, noting over 76% of our current service provision is provided under this commissioning option to younger adults.

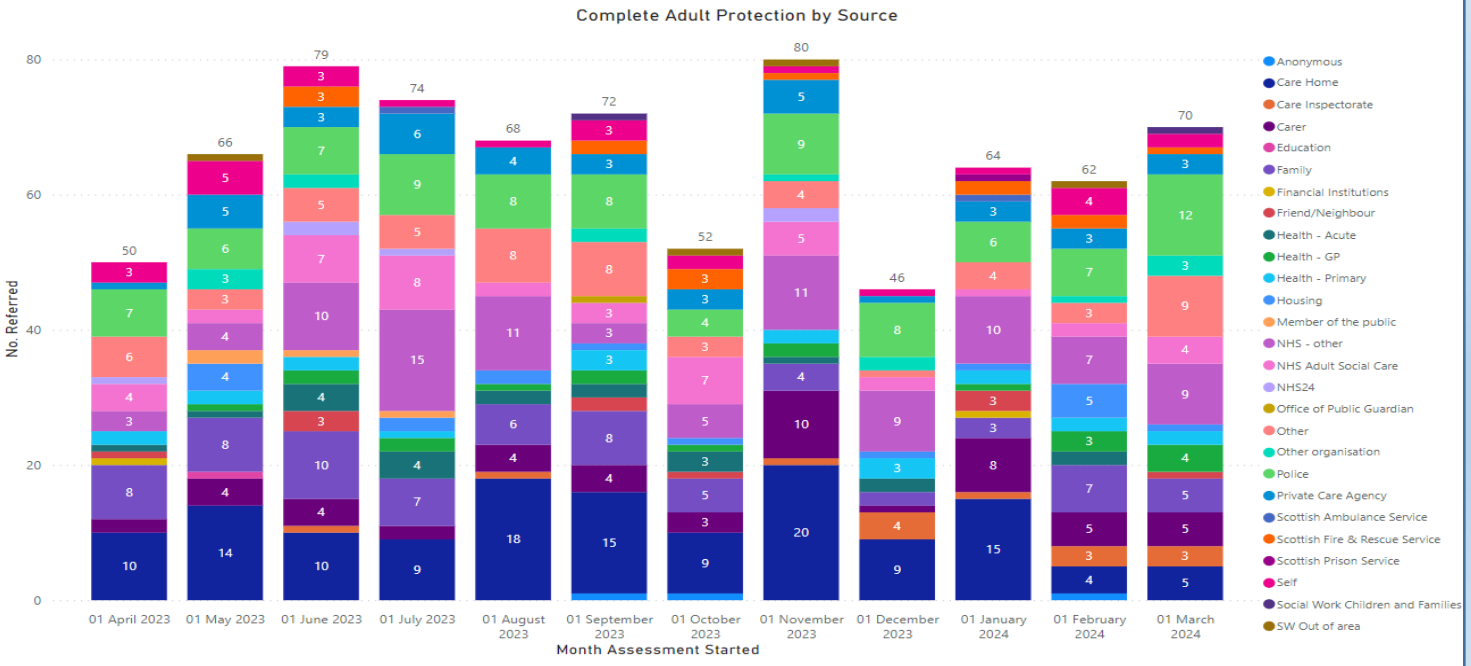
After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of 'providers' who can offer an ISF within an overall programme for Promoting choice, flexibility and control.

Update 18/04/2024

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Adult Protection





Adult Protection

The Adult Protection data return was made to Scottish Government on 31st May 2023. This will be the final annual data report return.

The definitions of Referrals, Inquiries (with or without the use of Investigatory powers), Case Conferences and Protection Plans have been consolidated and agreed across Scotland. Benchmarked data (across the 32 Local Authorities) is expected from Q3 or Q4.

There have been changes made to the ASP forms on CareFirst to ensure system alignment with the Minimum Dataset requirements from mid-May 2023.

The ability to greater analyse referrals in respect of type and location of harm is already being utilised to give a clear picture of harm in our communities.

Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart.

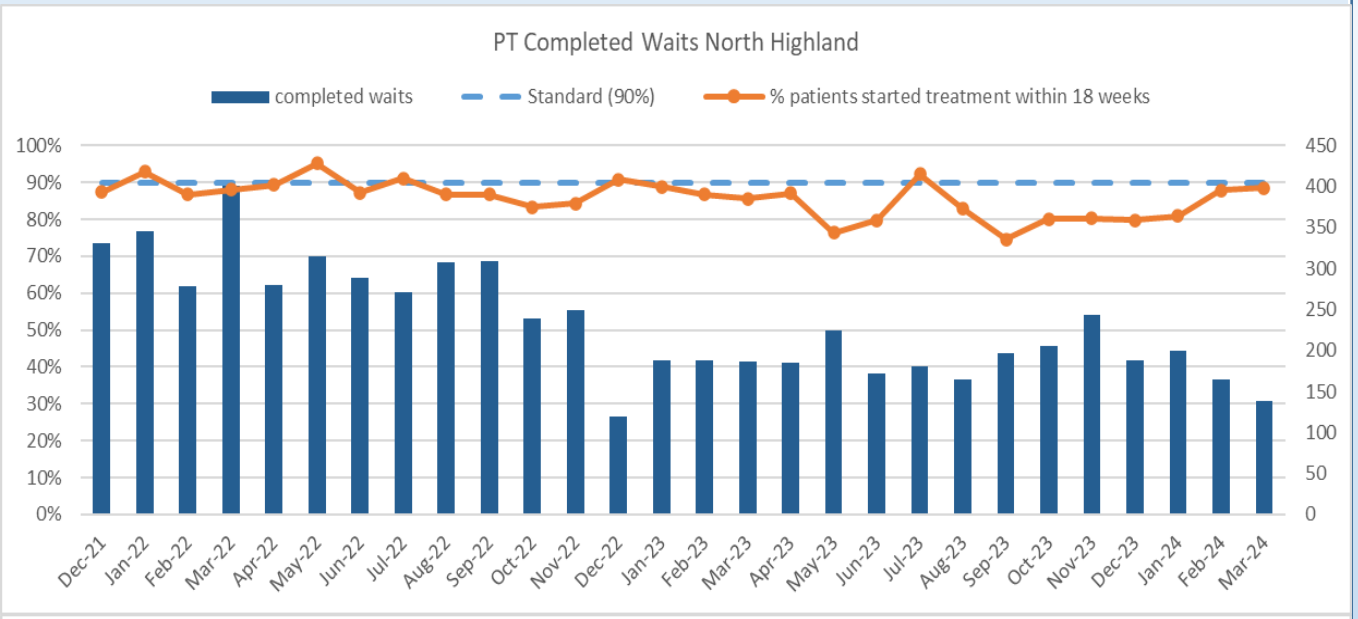
Highland's Adult Protection arrangements across Health, Social Work and Police are currently the subject of a Joint Inspection with the final report expected 1st May 2024.

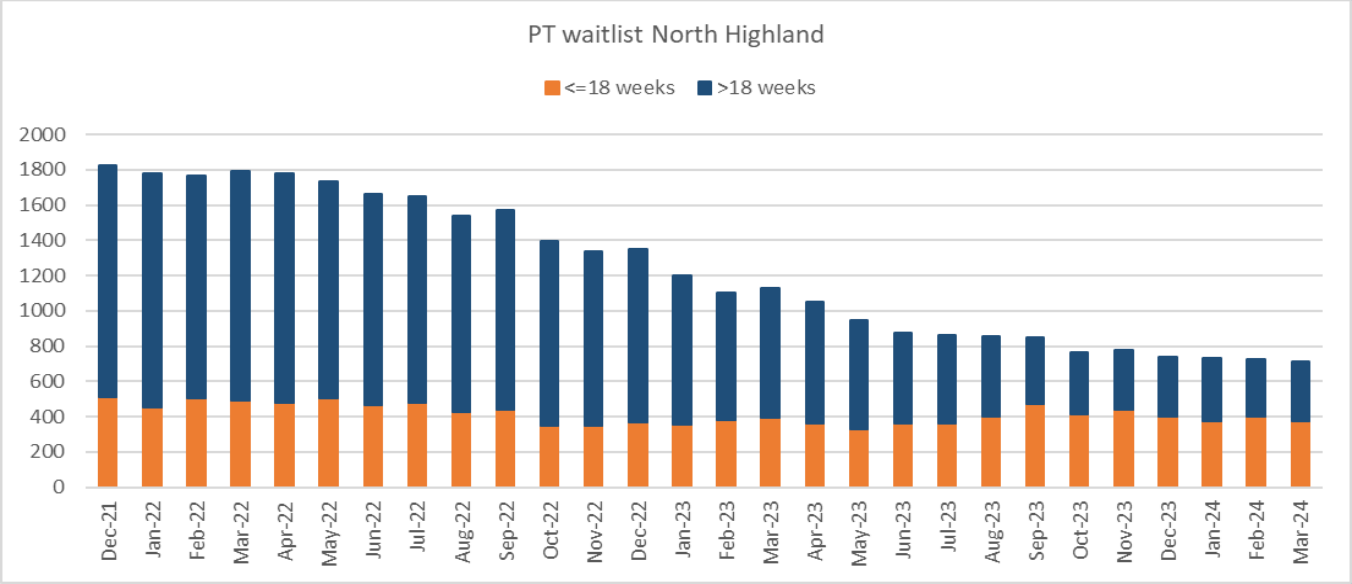
Update 18/04/2024

Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - En*sure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Psychological Therapies HHSCP Performance





Psychological Therapies Performance Overview - HHSCP

Standard: 90% of people commence psychological therapy based treatment within 18 weeks of referral.

March 2024 performance: 88.5%

As at March 2024:

- 711 of our population waiting to access PT services in North Highland.
- 333 patients are waiting >18 weeks (46.8% breached), a significant reduction from 738 waiting >18 weeks in March 2023.

Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their Psychological Therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

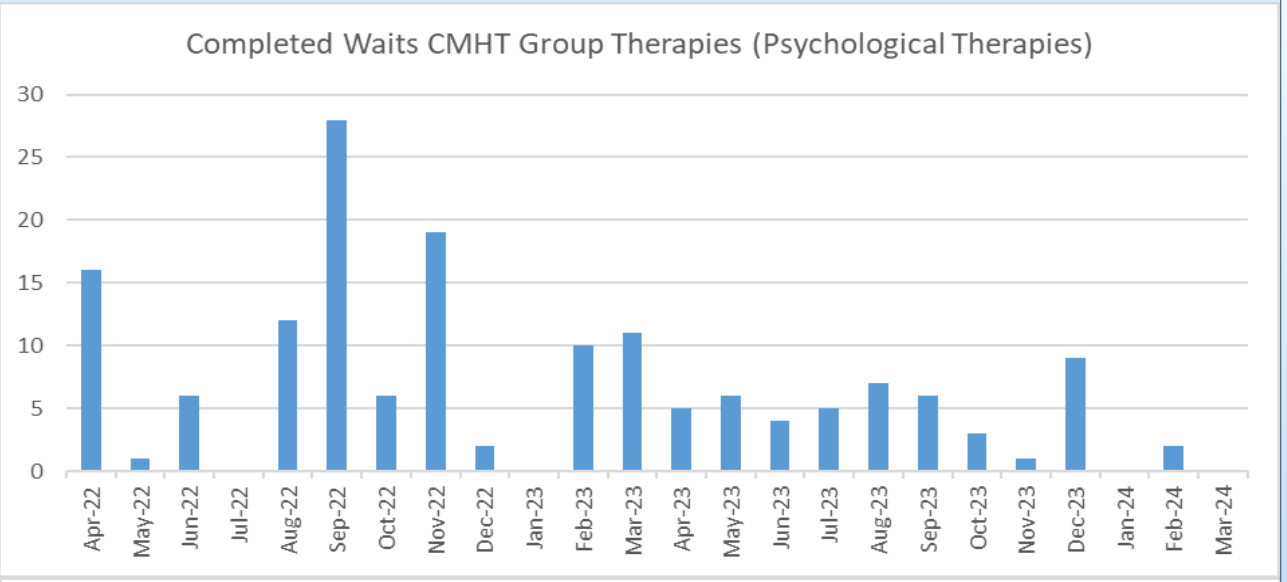
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

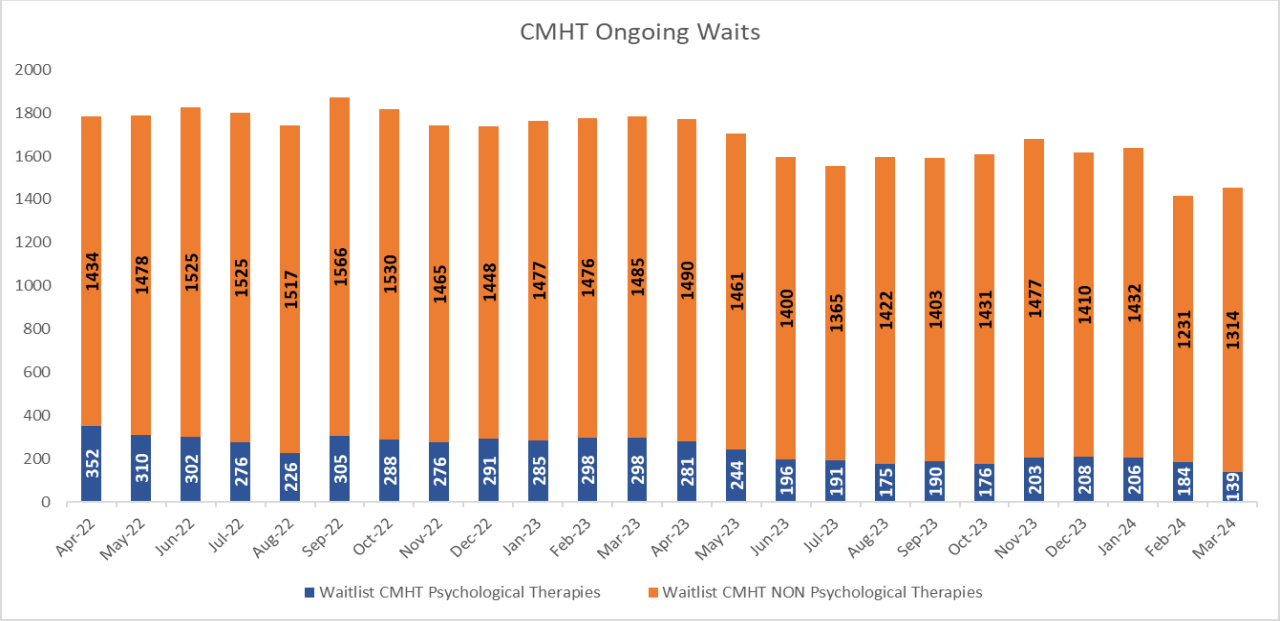
Updated 18/04/2024

Strategic Objective 3 Outcome 10 – Live Well

Priority 10A,10B,10C - E*nsure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Community Mental Health Teams





Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as group therapies (STEPPS/IPT/Mindfulness). The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

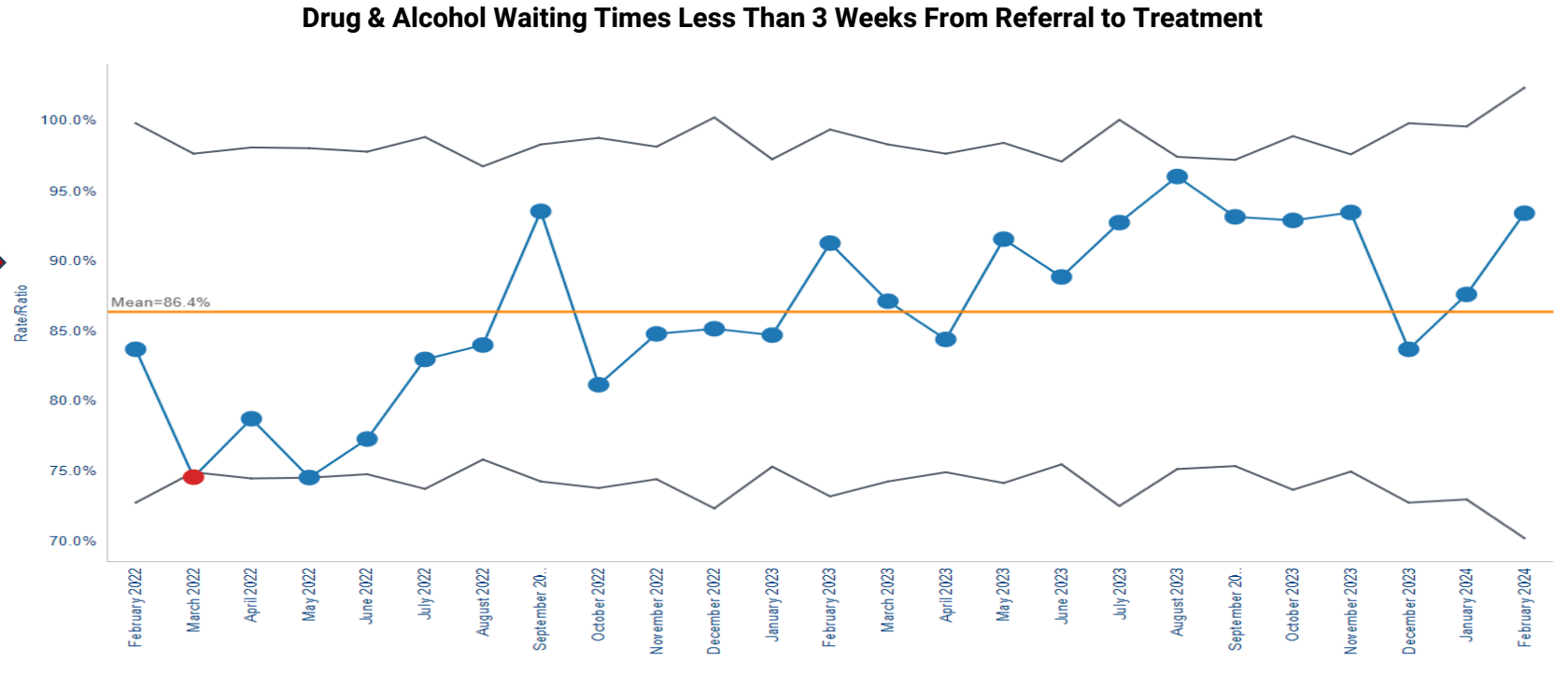
Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.

Updated 24/04/2024

Strategic Objective 1 Outcome 3 – Our Population

Priority 3b – No patient will wait longer than 3 weeks for commencement of treatment



Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.

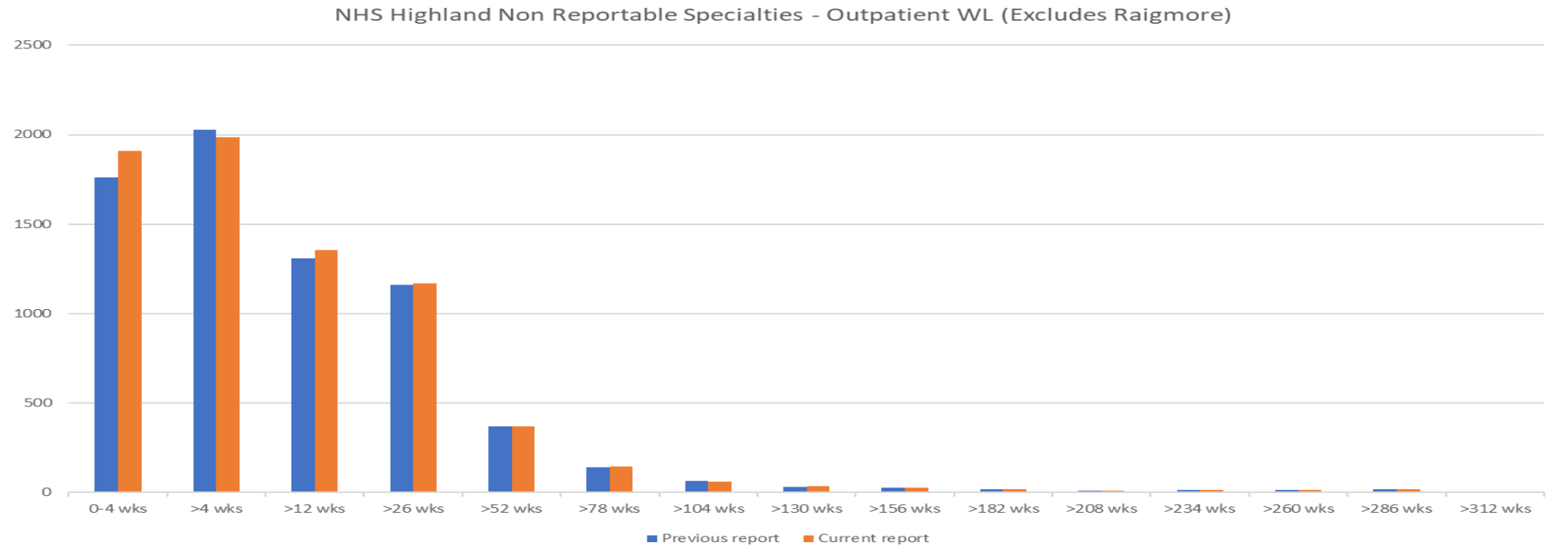
HHSCP - Highland ADP only

No. of referrals to community based services completed in quarter end 30/09/2023	**Highland ADP**	
Alcohol	*101*	
Drug	*84*	
Co-dependency	*14*	
Total completed	199	
% of referrals to community based services completed within target in quarter end	**Highland ADP**	**Scotland**
% completed <= 3 weeks - Alcohol	90.0%	89.3%
% completed <= 3 weeks - Drug	95.2%	91.8%
% completed <= 3 weeks - Co-dependency	92.8%	91.7%
% completed <= 3 weeks - All	**92.4%**	**90.5%**
TARGET	**90%**	**90%**
> 3 weeks	7.6%	9.5%

Ongoing referrals to community based services at quarter end 30/09/2023	**Highland A**
Alcohol	23
Drug	8
Co-dependency	5
Total ongoing	36
<= 3 weeks	30
> 3 weeks	6

% breached ongoing waits as at quarter end 30/09/2023	**Highland A**	**Scotland**
% ongoing > 3 weeks - Alcohol	13.0%	20.6%
% ongoing > 3 weeks - Drug	25.0%	19.2%
% ongoing > 3 weeks - Co-dependency	20.0%	21.1%
% ongoing > 3 weeks - All	16.6%	20.3%

Current Overview of Other HHSCP Waiting Lists – Up to 24th April 2024



MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	Total
Chiropody	489	553	135	16												1193
Dietetics	112	202	177	173	17	7	5	1	2	1	1		1	1		700
Obstetrics Antenatal	12	2	2													16
Occupational Therapy	23	20	2						1		1					47
Optometry	82	107	44	23	31	16	1									304
Orthoptics	19	17	3													39
Physiotherapy	662	652	531	477	99	15	2	8	2	2					1	2451
General Psychiatry	186	243	281	367	129	18	8	1	2							1235
Learning Disability	152	11	19	52	77	81	43	24	18	13	10	14	13	17	2	546
Learning Disability Nursing			1													1
Psychiatry of Old Age	72	79	66	36	10	3	1									267
Psychotherapy			1	1		1										3
Community Dental	5				1											6
GP Acute	94	101	95	19	2	3										314
Investigations and Treatment Room				3	3	1	1							1		9
Social Work						1			1	2						4
Total	**1908**	**1987**	**1357**	**1167**	**369**	**146**	**61**	**34**	**26**	**18**	**12**	**14**	**14**	**19**	**3**	**7135**

Total Waiting List – 7,135 which is an increase of 163 since last report. Current Longest Wait is 333 weeks which is an increase of 3 weeks since last week's reporting.

There is an ongoing piece of waiting list validation work to uphold the data quality of the records continues. The Data Quality Team are undergoing checks with Services to help with Waiting List Validation.

All areas will have a level of waiting times and we need to understand what is reasonable and where the service is outside of this what are our options to reduce waiting times. This should be reviewed as part of the HHSCP.