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 15 January 2025 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Committee Chair, Non-Executive
Philip Macrae, Vice Chair and Non-Executive
Tim Allison, Director of Public Health (until 3.30pm)
Ann Clark, Non-Executive Director and NHSH Board Vice Chair (until 3.30pm)
Cllr Muriel Cockburn, Non-Executive
Cllr David Fraser, Highland Council
Julie Gilmore, Nurse Lead and Assistant Nurse Director
Cllr Ron Gunn, Highland Council
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Pamela Stott, Chief Officer
Neil Wright, Lead Doctor (GP)

In Attendance:
Gareth Adkins, Director of People and Culture (item 3.1)
Louise Bussell, Nurse Director
Ruth Daly, Board Secretary (item 4.2)
Ruth Fry, Head of Communications (item 3.1)
Kristin Gillies, Head of Strategic Planning, Performance (item 3.5)
Frances Gordon (for Elaine Ward), Head of Finance for HHSCP (item 2.1)
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS (until 2.50pm)
Ian Kyle, Head of Integrated Children's Services (item 3.2)
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care (until 2.30pm)
Marie McIlwraith, Community Engagement Manager (item 3.1)
Janice Preston, incoming Non-Executive, observing
Stephen Chase, Committee Administrator

Apologies:
Cllr Christopher Birt, Fiona Duncan, Elaine Ward (F Gordon deputising), Diane van Ruitenbeek.

DRAFT

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees. He advised the committee 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 November 2024 and Work Plan

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

The Committee
- **APPROVED** the Assurance Report, and
- **NOTED** the Rolling Actions and the Work Plan.

1.3 Matters Arising From Last Meeting

It was noted that item 4.1 would be deferred to the meeting on 5 March 2025.
The Chief Officer provided assurance that in Dr Copeland's absence, that QPS meetings were continuing to be held on a monthly basis and that professional leads had been instrumental in providing robust oversight.

2 FINANCE

2.1 Financial Position at Month 6 and the Financial Year Ahead

F Gordon presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 8 with further detail presented on the HHSCP position. The forecast year end deficit £49.7m with the assumption that additional action was taken to deliver breakeven ASC position, leaving NHS Highland £21.3m adrift from brokerage limit, although £0.9m better than the target agreed with the Board in May 2024. £11.105m of funding had been confirmed during Month 8 with Multi-Disciplinary Team funding received and further pay award funding confirmed. Key risks were presented which included, ongoing to deliver a breakeven position for ASC, the potential that spend on supplementary staffing could increase over the winter period, that prescribing and drugs costs could see increases in volume and cost, that ASC suppliers could continue to face sustainability challenges, alongside other ongoing issues such as recruitment and retention. Corresponding mitigations were outlined which included, that Adult Social Care had received a higher than anticipated allocation from SG, that robust governance structures around agency nursing utilisation continued to progress, that additional New Medicines funding had been received, and that MDT funding had been reinstated by SG following productive discussions.

A year to date overspend of £17.771m reported within the HHSCP, and it had been forecast that this would decrease to £5.060m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £2.819m overspend had been built into the forecast to acknowledge the continuing pressures around prescribing and drugs. A high risk was noted around the assumed delivery of £2.319m of ASC value and efficiency cost reductions and improvements in the forecast. A continued overspend position was noted around supplementary staffing costs. Further detail was provided in a slide presentation circulated to the members.

The Chief Officer noted that a lot of work had been carried out around value and efficiency to reduce agency and supplementary staffing. Much of this work had been carried out in the Mental Health service, by stabilising the workforce at New Craigs and recruitment to substantive posts. The Senior Leadership Team held a workshop in December to explore remedies for the remainder of the financial year, to examine value and efficiency work streams in community services, and to look begin to articulate financial and cost reduction plans for 2025/26. On the latter point, the Chief Executive and the Director of Finance had set in place a series of finance clinics to assist executive directors. The Chief Officer also noted that in terms of implementing the Joint Strategic Plan there was a need to examine the redesign our services in order to align budgets with cost improvement work and the delivery of transformation plans.

In discussion, it was agreed future iterations of the Finance report could include a breakdown of agency and bank staffing usage.

- Regarding the Home Farm care home, It was noted that agency staffing had reduced over the past few months as recruitment to more substantive positions progressed. It

was commented that there was a level of consistency among agency staff which provided some stability of care for patients, however there were challenges around this regarding encouraging agency staff to move into more permanent roles and that this was a slow process.

- It was noted that there was a paper in development by the Senior Leadership Team for the Executive Directors Group that would eventually be seen by the committee regarding transformation work and the market in which the services operate.
- It was noted that the uplift from Scottish Government for Adult Social Care was ringfenced and it formed part of the Board's overall budget setting for Adult Social Care in terms of inflationary pressures against.
- In response to the potential impact on the care sector of incoming increases to National Insurance, work was underway to assess the feedback and consider the numbers from providers regarding the specific pressures in relation to both NHS Highland and Highland Council's budget setting processes. This formed part of ongoing work to address sustainability among providers and rising costs in areas such as Learning Disability packages.

The Committee:
- **NOTED** from the report the financial position at month 8 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

3.1 ENGAGEMENT FRAMEWORK ASSURANCE REPORT

The Director of People and Culture introduced the report as its sponsor and the Head of Communications provided a brief overview of the report, which noted that, it was NHS Highland's statutory duty to involve and engage people in decisions and outcomes that affect them and that the report set out a three-year plan for NHS Highland. Progress towards embedding the Engagement Framework and Highland 100 panel was noted, as was progress with the development of the Customer Management System.

The Community Engagement Manager added that it was important to acknowledge that the local teams tasked with delivering care ought to be the first point of call for in leading the engagement work, and that they would lead the response to patient feedback and Care Opinion in order to demonstrate the organisation's responsiveness to patient needs and to ensure that patients were kept informed of decision making.

In discussion, the importance of District Planning Groups was noted and that there was a keenness to align their work with hubs for engagement. The Engagement team had been working with the Strategy and Transformation team to approach embedding engagement work with staff to assist its progress and reach across the organisation.

- It was noted that responses to the Highland 100 survey were purposely low as part of a 'soft rollout' of the survey to ensure the questions were appropriately targeted for the full rollout of the survey.
- It was noted that Engagement HQ was widely used by other public sector bodies including Highland Council. The tool had been chosen after due consideration of the needs of NHS Highland as a suitable way of managing the network of contacts and organise programmes by themes and topics.

- Regarding Care Opinion, it was commented that this was well used by clients in response to their care experiences with the Mental Health Service. However, other feedback was generally received via the NHS Highland feedback process. It was noted that Care Opinion had moved under the remit of the Feedback team and that the Medical Director and Nurse Director were working with the team to develop Care Opinion further to make it easier for patients to access on the ward (for example, with QR codes).
- The importance of embedding this work within senior leadership teams and training and development programmes was emphasised in order to build staff confidence in the use of the systems and carrying out engagement work with patients more broadly.

The Committee:
– **NOTED** the report and recommendations.
– **ACCEPTED** moderate assurance from the report.

3.2 CHILDREN AND YOUNG PEOPLE SERVICES MID-YEAR REPORT

The Head of Integrated Children's Services introduced the report which provided an update on the work undertaken by the children's services planning partnership over the last few months and its statutory requirement in delivering the Highland Integrated Children's Services Plan 2023-26. It was noted that although the report had been mooted as a mid-year report it had additional commentary which accounted for the work in progress towards the full year. It was commented that significant headway had been made to progress priorities and ideas for change detailed in the plan. The report highlighted the continued progress made with particular attention to the completion of the children and young people's participation strategy. The final participation strategy had been approved by the Community Planning Partnership Board in December, and strategy development was led by the Third Sector organisation Inspiring Voices and had been designed to ensure the meaningful and equitable participation of children and young people. Input had been gathered from almost 800 children and young people across Highland. An implementation plan was in development and would be brought to a future meeting. The report also detailed work undertaken by the board on the delivery of the 'Getting It Right for Every Child' (GIRFEC) project. The newly formed multi-agency GIRFEC Group had met for the first time the preceding day.

It was also reported that Scottish Government had approached the partnership to provide input at a national strategic level in response to the work of the Planet Youth programme. The invitation was predicated on recognition that the Highland Joint Strategic Needs assessment developed to identify priorities within the integrated plan and performance management was considered to be sector leading. The support of Carolyn Hunter-Rowe of Public Health Scotland was acknowledged in developing the joint strategic needs assessment.

During discussion, clarity was provided regarding the data for MMR vaccinations where there appeared to be a discrepancy with reporting elsewhere in areas such as the IPQR. The Director of Public Health noted that the MMR vaccine was given twice and had two outcome measures, MMR1 and MMR2. The IPQR (item 3.5) showed MMR1 measured at 24 months and MMR2 at 5 years, however the children's report used MMR1 at 5 years. It was added that MMR1 would always be higher than MMR2 since the second vaccination could only be taken after having had MMR1.

- It was noted that an important part of the Highland Council's delivery plan was to maximise opportunities within different geographic areas in terms of childcare and staffing and that this was a live issue for the Joint Officers Group.
- Congratulations were expressed by the Committee to I Kyle and his team for achieving GOLD accreditation from the UNICEF BFI multi-disciplinary designation committee.
- Discussion was had about the best indicators to measure childhood obesity rates and alternatives to BMI, however it was noted that currently BMI was the most effective measure in spite of its shortcomings. It was commented that the performance management framework made reference to the annual Lifestyle Survey undertaken with children in P7S2 and S4 and that this may be an area worth reporting on further to give a fuller picture. It was also noted that Highland Council had a well-established schools and nutrition group with a focus on the quality of food provided to children, and that there was also a small Council committee exploring ultra-processed foods care which included contributors from the HHSCC membership.

The Committee:
- **NOTED** the work under undertaken by the Children's Services Planning Partnership towards delivering the 2023-26 plan, and the Integrated Children's Services Board's performance Management Framework.

3.3 JOINT STRATEGY IMPLEMENTATION UPDATE

The Chief Officer provided an overview of the paper which was written by R Boydell with in response to the strategy work carried between the Chief Officer and Highland Council Executive Chief Officer for Health & Social Care.

The report was presented for Assurance that the implementation of the Joint Strategic Plan was being progressed, and for discussion regarding further detail required for future meetings prompted by the is high level overview provided in the report of the implementation of the Joint Strategic Plan. F Malcolm invited members to contact her if they had any questions regarding the report and the implementation plan as she had to leave the meeting early.

During discussion, it was commented regarding Day Services, that the strategic intent around different client groups was being developed in response to specific needs with the example given of some adults with learning disabilities offered increased daytime opportunities other than those limited to building-based daycare and to move away from a statutory approach toward design, delivery and commissioning of services towards design shaped by engagement with clients.

- Regarding District Planning Groups, it was noted that the key contact would be district managers who would engage with stakeholder groups within communities, and that each district would have its own particular emphasis due to the differing geographical and population demands.

The Committee:
- **NOTED** the report.
- **ACCEPTED** moderate assurance from the report.

3.4 COMMUNITY SERVICES RISK REGISTER

The Chief Officer provided an overview of the paper and noted that it was brought annually to the committee, and gave information about level 2 risk registers within the partnership. The two highest risks pertained to staffing challenges and the potential interruption to commissioned services in salaried general practice services, and also staffing challenges in NHS dental care which had seen an impact on access to services.
Eight further high risks related to workforce, Information Technology, compliance, equipment, service delivery, and to reputational risk. Two Medium Risks related to engagement concerning service redesign and a lack of standardised community engagement, and reputational risk of vulnerability to staff, services and public due to a lack of clear governance arrangements in Social Work. One low risk related to medical clinical leadership associated with long absences and delays.

In discussion, the Chair commented that with each iteration of the report a consistent risk picture was beginning to be seen. It was commented that the offer of moderate assurance was due to risks which were held outwith NHS Highland with the partnership which was overseen by the Joint Monitoring Committee, but that there was confidence that the most important areas of risk were recorded and cited in the report.

The Committee:
- **NOTED** the report.
- **ACCEPTED** moderate assurance from the report.

The Committee took a Break between 2.50-3pm

3.5 IPQR for HHSCP

The Interim Head of Strategy and Transformation introduced herself and presented the IPQR report. A review of the performance framework and transformation was planned during the Interim Head's secondment. Not all areas had allocated performance ratings and it was acknowledged that further work was required to ensure the ratings were established. Specific updates were also provided for Vaccinations, Drug & Alcohol Waiting Times, Adult Social Care, Adult Protection, Care at Home, Delayed Discharges, Community Hospital Length of Stay, Psychological Therapy Waiting Times; Community Mental Health Teams, and Chronic Pain.

The need for agreed performance targets was highlighted and the status of vaccinations; alcohol waiting times and adult social care indicators was noted. Self-Directed Support and care at home were noted as requiring improvements and emphasised the importance of performance ratings to support measurement and reporting. The ongoing efforts to improve delayed discharge were highlighted and the impact they had on hospital flow. There had been improvements in psychological therapies and ongoing work in community mental health and chronic pain management was noted.

In discussion,

- Members emphasised the need for further discussion on measuring changes, particularly in home care, and sought updates on delayed discharges. The Chief Officer for Highland HSCP highlighted efforts across various systems to reduce delayed discharges, she mentioned a 90-day improvement programme, and discussed care home capacity and end-of-life care improvements.

- Members inquired about waiting lists and the timeline for moving from Track Care to Morse, with the Interim Head of Strategy and Transformation advised she would speak with e-health to determine timeframes.
- Members stressed the importance of monitoring status and setting clear targets, noting longer hospital stays post-COVID and the need for stretch targets. The Interim Head of Strategy and Transformation discussed meeting national targets and emphasised the need for specific KPIs and a performance management culture within the board.
- Members requested care at home and SDS data to be broken down by hours as well as clients, noted the importance of manageable data.

The Committee:

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

3.6 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted that,

- The Scottish Government's outcome and decision on vaccine options appraisal would be received imminently. Once received the process
- Negotiations were ongoing for enhanced primary care services for diabetes and care homes.
- The Meridian organisation provided support to measure staff productivity, focusing on time and tasks. The project was nearing completion, and an update had been provided to the HHSCP Senior Leadership Team. A further meeting is scheduled with Deputy Chief Executive to review the outputs and plan the next steps. The Meridian report will be presented to the committee once the work is clear, with the project transitioning to a "Time to Care" workstream to fully realise its benefits and opportunities.
- The North Coast redesign project has completed Stage 3 with the design team, and the next step is to present the paper to the executive director's group for approval to move to Stage 4 on 27th January. Further updates would be provided in due course.
- The need to develop the workforce plan and predict future residential care needs was highlighted, considering the implementation of our joint strategic plan and potential changes in care models. This work involved many variables and uncertainties, causing some anxiety about the future.
- The Macintosh Centre in Lochaber successfully reopened in November following a recruitment process, with significant local engagement. The transition to take over the running of the care home was expected to be completed by the end of the financial year. Despite a pause in capital funding by the Scottish Government, work on the Lochaber care model continued, with renewed funding allowing progress and ongoing community engagement.
- The Dalmore respite centre was temporarily suspended due to recruitment challenges. Although several staff were interviewed and offer letters sent out, a full staffing complement to secure future opening arrangements had not yet been achieved.
- The update on internal audit actions for adult social care highlighted that the audit of nine district decision-making teams was completed to ensure adherence to standard operating procedures, which were improved through quality and improvement work. Challenges remained with planned delayed discharge and the discharge app, which were still being addressed alongside urgent and unscheduled care strategies.

- A trial of care home allocation processing in Inverness had begun, with plans to roll it out Highland-wide. The audit recommendations for primary care and complex care packages were on track, and several staff awards and recognitions were noted.
- The National Care Service discussions led to a proposal for a steering group to be considered by the NHS board, with efforts to ensure clear communication between agencies.

The Committee:

- **NOTED** the report.

4.1 CARE GOVERNANCE FINAL REPORT

Item deferred to March meeting.

4.2 ANNUAL REVIEW OF TERMS OF REFERENCE

The Board Secretary highlighted the Committee last considered its Terms of Reference in January 2024. The last revision included clarification of the role of the Committee. The current version had been in operation since it was agreed at NHS Highland Board in March 2024. There were no further changes proposed to the Committee's Terms of Reference and the Committee confirmed the existing Terms of Reference as shown in Appendix 1 to the report for onward agreement by the Audit Committee and approval at the Board in March 2025.

In discussion, members queried the committee's ability to provide assurance on community planning under the Community Empowerment Act. Members suggested accepting the terms of reference as unchanged for now and addressing any necessary revisions during a comprehensive review later. Concerns were noted about the review of community planning partnerships, suggesting the board should address any deficits. The Chief Officer emphasised the importance of community engagement and planning, suggesting that assurance could be provided through the implementation of the joint strategic plan and raising relevant points to the board.

The Committee:

- **NOTED** the report,
- **ACCEPTED** substantial assurance, and
- **CONFIRMED** the existing Terms of Reference for onward agreement by the Audit Committee and the Board.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 5th March 2024** at **1pm** on a virtual basis.

The Meeting closed at 15.41 pm

Agenda Item 2.1

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**5 March 2025**
Title:	**Finance Report – Month 9 2024/2025**
Responsible Executive/Non-Executive:	**Pamela Stott, Chief Officer**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Annual Operation Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the summary NHS Highland financial position at Month 9 (December) 2024/2025 with further detail presented on the HHSCP position.

2.2 Background

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

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

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

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

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

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

Following the quarter 2 review with Scottish Government the Board was informed of a revision to the brokerage cap. For the 2024/2025 financial year £49.700m of brokerage will now be made available. Based on current forecasts this will enable delivery of a breakeven position at financial year end – assuming ASC breaks even.

The position presented reflects current and forecast performance against this revised brokerage cap.

2.3 Assessment

For the period to end December 2024 (Month 9) an overspend of £52.920m is reported with an overspend of £45.105m forecast for the full financial year. The movement from ytd to year end forecast reflects the assumption that ASC will deliver a breakeven position by the end of the financial year.

The HHSCP is reporting a year to date overspend of £19.963m with this forecast to reduce to £4.586m by the end of the financial year based on the assumption that further actions will enable delivery of a breakeven position within ASC. This position assumes delivery of £2.319m of costs reductions/ improvements within Adult Social Care Value and Efficiency schemes.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	x	None	

Comment on the level of assurance

It is only possible to give limited assurance at this time due to current progress on cost reduction/ improvement delivery and the ongoing utilisation of locums and agency staff. The increased brokerage limit will support delivery of a balanced position this financial year but the proposed level of assurance remains at limited due to the underlying position.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- FRPC
- Value & Efficiency Assurance Group
- Monthly financial reporting to Scottish Government

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG
- HHSCP SLT

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

No appendices accompany this report.

HHSCP Finance Report – 2024/2025 Month 9 (December 2024)

MONTH 9 2024/2025 – DECEMBER 2024

Actual v Planned Financial Performance

60.0
50.0
40.0
30.0
20.0
10.0
0.0
£m

17.4
22.7
31.5
39.1
42.4
49.6
49.7
52.9
49.7
45.1

May June July Aug Sept Oct Nov Dec Jan Feb Mar

Month

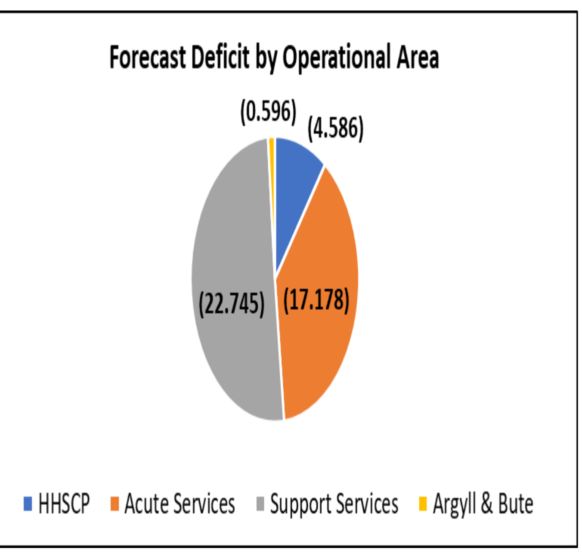
Brokerage Cap — Target — Actual & Forecast at Month 9

Target	YTD £m	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	52.9	45.1
Delivery against Brokerage Cap DEFICIT/ SURPLUS	23.3	4.6
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	31.7	5.5

- Forecast year end deficit £45.1m – assuming additional action is taken to deliver breakeven ASC position
- £4.6m better than revised brokerage limit
- £5.5m better than target agreed with Board May 2024

MONTH 9 2024/2025 – DECEMBER 2024

Current Plan £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m	Forecast Outturn £m	Forecast Variance £m
1,243.879	**Total Funding**	882.015	882.015	-	1,243.879	-
	Expenditure					
473.755	HHSCP	353.587	373.550	(19.963)	496.665	(22.911)
	ASC Position to breakeven				(18.325)	18.325
	Revised HHSCP				478.341	(4.586)
318.449	Acute Services	237.044	250.163	(13.119)	335.627	(17.178)
174.383	Support Services	91.543	110.980	(19.437)	197.128	(22.745)
966.586	**Sub Total**	**682.174**	**734.693**	**(52.519)**	**1,011.095**	**(44.509)**
277.293	Argyll & Bute	199.841	200.242	(0.401)	277.889	(0.596)
1,243.879	**Total Expenditure**	**882.015**	**934.935**	**(52.920)**	**1,288.985**	**(45.105)**



MONTH 9 2024/2025 SUMMARY

- Overspend of £52.920m reported at end of Month 9
- Overspend forecast at £45.105m by the end of the financial year – assuming further action will deliver a breakeven ASC position
- Forecast is £4.6m better than the revised brokerage limit set by Scottish Government and £5.5m better than the target agreed with the Board in May 2024

MONTH 9 2024/2025 – DECEMBER 2024

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	902.236
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	44.488
Non Core Funding	-
Total Confirmed SGHSCD Funding	**1,025.964**
Anticipated funding	
Non Core allocations	79.402
Core allocations	7.974
Total Anticipated Allocations	87.376
Total SGHSCD RRL Funding	**1,113.340**
Integrated Care Funding	
Adult Services Quantum from THC	141.522
Childrens Services Quantum to THC	(10.983)
Total Integrated care	130.539
Total NHS Highland Funding	**1,243.879**

FUNDING

- £1.102m of funding confirmed in Month 9 – an adjustment to the Mental Health Outcome Framework funding and Tranche 2 of ADP funding making up the bulk of this

MONTH 9 2024/2025 – DECEMBER 2024

KEY RISKS

- ASC– work ongoing to deliver a breakeven position but not yet confirmed
- Supplementary staffing – potential that spend could increase over winter period
- Prescribing & drugs costs – increases in both volume and cost
- Increasing ASC pressures – suppliers continuing to face sustainability challenges
- Health & Care staffing
- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets
- SLA Uplift
- Allocations less than anticipated

MITIGATIONS

- Adult Social Care funding from SG confirmed as higher than anticipated
- Development of robust governance structures around agency nursing utilisation
- Additional New Medicines funding
- Financial flexibility / balance sheet adjustments
- MDT funding reinstated following positive discussion with SG
- Increase to the initial brokerage limit
- Reduction in CNORIS contribution
- Additional funding for AfC non pay element of 2023/2024 pay award

MONTH 9 2024/2025 – DECEMBER 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
271.801	NH Communities	204.471	209.521	(5.051)	280.515	(8.714)
57.149	Mental Health Services	42.721	44.191	(1.470)	58.782	(1.633)
160.906	Primary Care	119.479	123.043	(3.564)	164.520	(3.614)
(16.102)	ASC Other includes ASC Income	(13.084)	(3.206)	(9.878)	(7.151)	(8.951)
473.755	**Total HHSCP**	**353.587**	**373.550**	**(19.963)**	**496.665**	**(22.911)**
	HHSCP					
297.978	Health	221.778	226.747	(4.970)	302.709	(4.731)
175.777	Social Care	131.809	146.802	(14.993)	193.957	(18.180)
473.755	**Total HHSCP**	**353.587**	**373.550**	**(19.963)**	**496.665**	**(22.911)**
	Delivering ASC to Breakeven				**(18.325)**	**18.325**
473.755	**Revised Total HHSCP**	**353.587**	**373.550**	**(19.963)**	**478.341**	**(4.586)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	421	4,620
Agency (Nursing)	292	2,130
Bank	729	7,175
Agency (exclu Med & Nurs)	95	1,653
Total	**1,536**	**15,578**

HHSCP

- Year to date overspend of £19.963m reported
- Forecast that this will decrease to £4.586m by FYE based on the assumption that further action will enable delivery of a breakeven ASC position
- Prescribing & Drugs continuing to be a pressure with £3.042m overspend built into forecast.
- Assuming delivery of £2.319m of ASC V&E cost reductions/ improvements in forecast – high risk
- Supplementary staffing costs continue to drive an overspend position – £2.547m pressure within the forecast
- £1.500m has been built into the forecast in respect of out of area placements

NORTH HIGHLAND COMMUNITIES - MONTH 9 2024/2025 – DECEMBER 2024

Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Var from Curr Plan £000
79.320	Inverness & Nairn	59.650	62.242	(2.593)	83.714	(4.395)
57.327	Ross-shire & B&S	43.125	45.692	(2.567)	60.885	(3.558)
49.768	Caithness & Sutherland	37.901	38.228	(0.327)	51.089	(1.321)
57.948	Lochaber, SL & WR	43.691	43.725	(0.033)	58.629	(0.681)
12.305	Management	8.840	8.660	0.180	11.507	0.798
7.798	Community Other AHP	5.718	5.117	0.601	6.847	0.952
7.335	Hosted Services	5.546	5.857	(0.311)	7.844	(0.509)
271.801	**Total NH Communities**	**204.471**	**209.521**	**(5.051)**	**280.515**	**(8.714)**

Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Var from Curr Plan £000
93.588	**Health**	**69.830**	**68.809**	**1.021**	**91.849**	**1.739**
178.213	**ASC**	**134.641**	**140.712**	**(6.072)**	**188.666**	**(10.453)**

NORTH HIGHLAND COMMUNITIES

- £5.051m ytd overspend reported which is forecast to increase to £8.714m by the end of the financial year
- Within Health ongoing vacancies, particularly within Community AHPs, are mitigating cost pressures within Enhanced Community Services, Chronic Pain, community equipment and agency staffing
- Within ASC the main pressure areas continue to be within independent sector provision particularly in Inverness & Nairn and Ross-shire & Caithness & Sutherland
- The year end forecast assumes delivery of ASC Value & Efficiency Cost Reductions/ Improvements of £2.319m

MENTAL HEALTH SERVICES - MONTH 9 2024/2025 – DECEMBER 2024

Current Plan £m's	Summary Funding & Expendit	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
	Mental Health Services					
42.959	Adult Mental Health	32.201	32.810	(0.610)	43.636	(0.678)
8.773	CMHT	6.583	6.370	0.213	8.461	0.311
2.487	LD	1.712	2.794	(1.082)	3.725	(1.238)
2.931	D&A	2.226	2.217	0.008	2.959	(0.028)
57.149	**Total Mental Health Services**	**42.721**	**44.191**	**(1.470)**	**58.782**	**(1.633)**

Current Plan £m's	Summary Funding & Expendit	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
43.484	**Health**	**32.469**	**34.895**	**(2.426)**	**46.340**	**(2.856)**
13.666	**ASC**	**10.252**	**9.296**	**0.956**	**12.443**	**1.223**

MENTAL HEALTH SERVICES

- £1.470m overspend reported ytd with this forecast to increase to £1.633m by financial year end
- Within this service area Health is the driver of the overspend position
- The main drivers for the overspend continue to be agency nursing and medical locums
- Buvidal and Clozapine drug costs account for a further pressure of £0.249m
- A forecast of £1.500m has been built in for out of area costs and continues to contribute to the forecast overspend

PRIMARY CARE - MONTH 9 2024/2025 – DECEMBER 2024

Current Plan £m's	Detail	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
	Primary Care					
58.857	GMS	44.221	45.948	(1.728)	60.612	(1.755)
67.305	GPS	51.223	53.525	(2.302)	71.193	(3.888)
24.990	GDS	18.736	17.215	1.521	23.338	1.653
5.621	GOS	4.276	4.282	(0.006)	5.627	(0.006)
4.133	PC Management	1.023	2.073	(1.049)	3.750	0.383
160.906	**Total Primary Care**	**119.479**	**123.043**	**(3.564)**	**164.520**	**(3.614)**

PRIMARY CARE

- £3.564m overspend reported ytd with this forecast to increase to £3.614m by financial year end
- £3.042m overspend of prescribing has been built into the year end forecast – both cost and volume are contributing to this position
- £2.506m has been built in to the forecast in respect of locums in 2C practices – this is a significant increase from the month 8 position
- Vacancies in primary care management and GDS are mitigating overspends in other areas
- Prescribing and 2C practices will continue to be a focus for the 2025/2026 cost improvement/ reduction programme

MONTH 9 2024/2025 – ADULT SOCIAL CARE

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Outturn £000's	YE Variance £000's
Total Older People - Residential/Non Residential Care	59.659	45.336	43.154	2.182	57.398	2.261
Total Older People - Care at Home	38.091	28.565	31.139	(2.574)	41.433	(3.343)
Total People with a Learning Disability	49.969	37.621	41.074	(3.452)	55.973	(6.005)
Total People with a Mental Illness	10.370	7.790	7.136	0.654	9.565	0.804
Total People with a Physical Disability	9.352	7.046	7.647	(0.601)	10.524	(1.172)
Total Other Community Care	13.099	9.828	10.006	(0.178)	13.602	(0.502)
Total Support Services	(4.763)	(4.376)	5.493	(9.870)	3.877	(8.641)
Care Home Support/Sustainability Payments	-	-	1.154	(1.154)	1.582	(1.582)
Total Adult Social Care Services	**175.777**	**131.810**	**146.803**	**(14.993)**	**193.956**	**(18.180)**
Estates	**0.530**	**0.397**	**0.459**	(0.062)	**0.675**	(0.145)
Support to Bring ASC Position to Breakeven					**(18.325)**	**18.325**
Total Adult Social Care Services - Revised	**176.307**	**132.207**	**147.262**	**(15.055)**	**194.631**	**-**

ADULT SOCIAL CARE

- A forecast overspend of £18.180m is reported. At this stage it is assumed that a position will be reached which will enable delivery of a breakeven position at FYE.
- Further action is required to close the ASC gap of £18.325m (when ASC related property costs are included) and deliver a breakeven position with ASC at financial year end
- The position has deteriorated due to further support payments and ongoing review of income projections
- Assuming delivery £2.319m of cost reductions/ improvements against the target of £5.710m
- £2.987m of supplementary staffing costs within in-house care homes are included within the year to date position

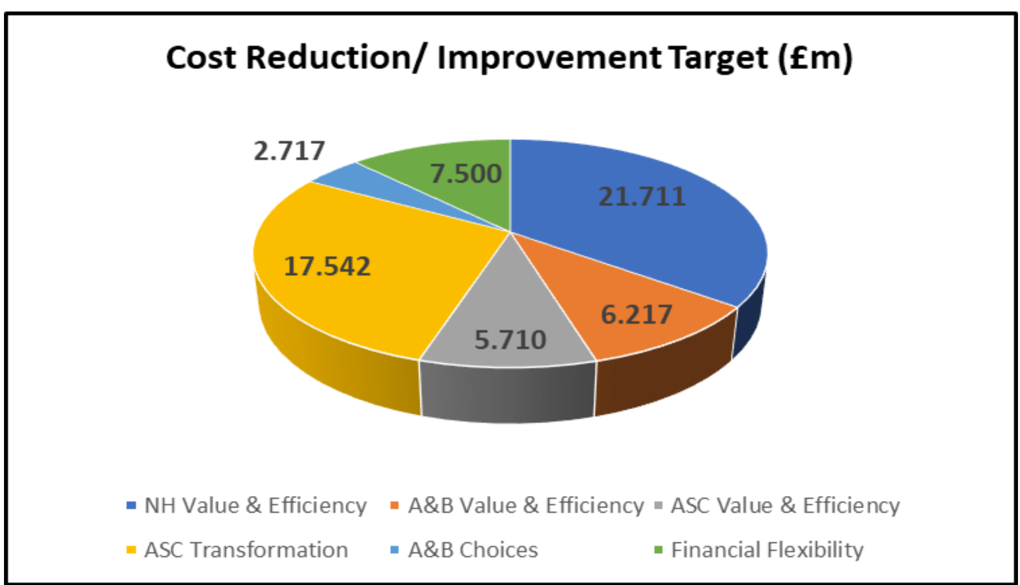
MONTH 9 2024/2025 – ADULT SOCIAL CARE

NHSH Care Homes Supplementary Staffing

Care Home	Month 9 Agency £000's	Bank £000's	Total YTD £000's
Ach an Eas	-	8	**152**
An Acarsaid	-	10	**85**
Bayview House	-	16	**157**
Caladh Sona	-	-	**8**
Dail Mhor House	-	-	**1**
Grant House	14	10	**177**
Home Farm	103	13	**996**
Invernevis	13	15	**119**
Lochbroom		11	**155**
Mackintosh Centre		1	**3**
Mains House	51	2	**487**
Melvich		4	**52**
Pulteney		15	**207**
Seaforth		24	**216**
Strathburn		-	**70**
Telford	-	1	**28**
Wade Centre		9	**74**
Total	**181**	**139**	**2,987**

- Ongoing reliance on agency/ bank staffing within Home Farm and Mains House
- Extensive recruitment underway in most areas

MONTH 9 2024/2025 – DECEMBER 2024



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

COST REDUCTON/ IMPROVEMENT

- At the NHS Highland Board Meeting on 28 May the Board agreed to a proposed budget with a £22.204m gap from the brokerage cap – subsequently the brokerage cap has been increased to £49.7m but this has not impacted on the cost reduction/ improvement target
- Current forecasts suggest that year end out-turn will be £0.907m better that previously presented
- It should be noted that there is a risk around delivery of this position and recovery plan actions previously presented to FRPC will mitigate this position
- In addition there is an assumption that further activity will enable delivery of a breakeven position within ASC – this is a high risk assumption and we are working with Highland Council to progress.

MONTH 9 2024/2025 – DECEMBER 2024

Planned Value of 24-25 Efficiency of **£23.935** (12/12/2024 £22.846m), is the value of the schemes currently listed on the Savings Tracker and is part of the total savings goal for the NH and A&B of **£51.180m**

	M9	M8
Target:	**£51.180m**	£51,180m
Currently achieved:	£18.945m	(£18.231m)
Forecast still to be delivered:	£3.572m	(£3.189m)
Total achieved & forecasted :	**£22.517m**	£21.419m
GAP:	**£28.663m**	(£29.761m)

Change in GAP: £1.098m

50% of efficiencies are currently forecasted to be delivered via Value & Efficiency Programme. This excludes ASC.

44% of efficiencies are currently forecasted to be delivered inclusive of ASC target and savings plan.

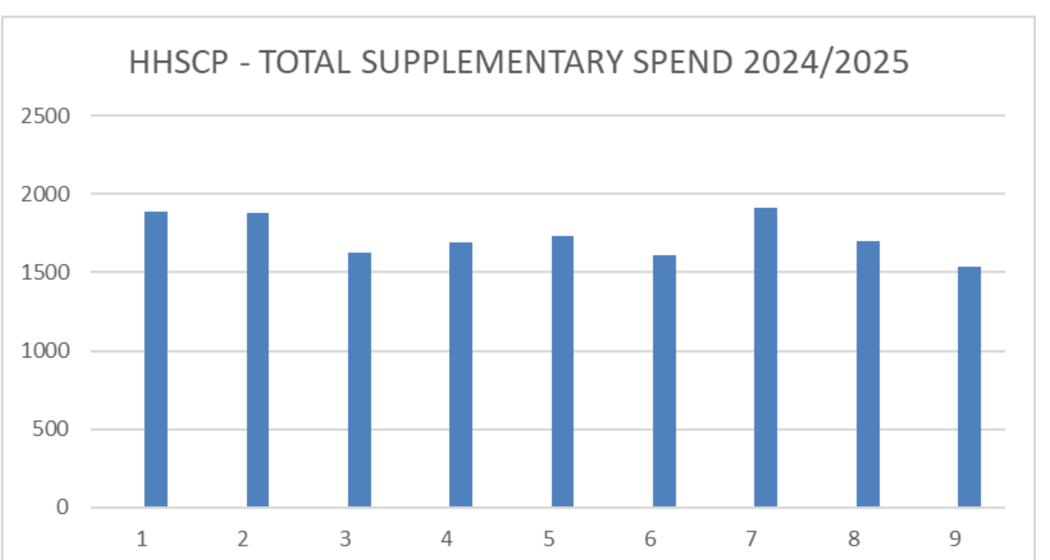
Reduction Programmes	V&E Original Plan				V&E Current Plan Fy 2024-25				Next Year
	2024-25 Original Target (£'000)	Total Achieved & Forecasted	GAP	% of In Delivery vs Original Target	2024-25 Current Target/Plan (£'000)	2024-25 Plan Achieved (£'000)	2024-25 Plan Forecasted (£'000)	GAP	2025-26 Plan Achieved (£'000)
Value & Efficiency - North Highland	**21,711**	8,396	-13,315	39%	**9,619**	6,937	1,459	-1,223	2,005
Value & Efficiency - Argyll & Bute	**6,217**	5,490	-727	88%	**5,685**	5,386	104	-195	0
Total Value & Efficiency	**27,928**	13,886	-14,042	50%	**15,304**	12,323	1,563	-1,418	**2,005**
Value & Efficiency - ASC	**23,252**	8,631	-14,621	37%	**8,631**	6,622	2,009	0	6,622
Total Value & Efficiency incl ASC	**51,180**	22,517	-28,663	44%	**23,935**	18,945	3,572	-1,418	**8,627**

MONTH 9 2024/2025 – DECEMBER 2024

	2024/2025 YTD £'000	2023/20 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	15,578	18,454	(2,876)

SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at end of Month 9 is £2.876m lower than at the same point in 2023/2024.
- There is an underspend of £1.918m on pay related costs at the end of Month 9



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
27.122	Medical & Dental	19.725	20.273	(0.548)
4.412	Medical & Dental Support	3.303	3.332	(0.029)
69.407	Nursing & Midwifery	51.603	51.140	0.463
17.490	Allied Health Professionals	13.109	12.023	1.086
0.074	Healthcare Sciences	0.055	0.031	0.024
9.249	Other Therapeutic	6.954	7.403	(0.449)
6.983	Support Services	5.244	4.766	0.478
22.194	Admin & Clerical	16.110	16.205	(0.095)
0.396	Senior Managers	0.297	0.111	0.186
53.847	Social Care	40.380	37.656	2.724
0.424	Ambulance Services	0.318	0.349	(0.031)
(2.591)	Vacancy factor/pay savings	(1.904)	(0.013)	(1.891)
209.007	Total Pay	155.194	153.276	1.918

MONTH 9 2024/2025 – DECEMBER 2024

HHSCP - SUPPLEMENTARY STAFFING - MONTHLY RUN RATE

2,500
2,000
1,500
1,000
500
-

Month 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month 7 Month 8 Month 9 Month 10 Month 11 Month 12

2324 2425

- Month 9 spend is £0.168m lower than month 8
- YTD Reduction of £2.876m compared to 2023/2024

MONTH 9 2024/2025 – DECEMBER 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
209.007	Pay	155.194	153.276	1.918
57.382	Drugs and prescribing	47.796	50.640	(2.845)
3.409	Property Costs	2.766	3.393	(0.627)
19.938	General Non Pay	34.171	29.182	4.989
5.562	Clinical Non pay	4.591	5.900	(1.309)
7.174	Health care - SLA and out of area	6.056	6.261	(0.205)
115.828	Social Care ISC	96.843	104.777	(7.934)
83.954	FHS	69.010	69.748	(0.738)

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories – with significant overspends within a number of areas
- The most significant overspends are within prescribing, clinical non pay and payments to independent sector providers
- Pay is underspent by £1.918m – with vacancies mitigating the high level of spend on supplementary staffing
- Drugs and prescribing expenditure is currently overspent by £2.845m

Agenda Item 3.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**05 March 2025**
Title:	**SDS in Highland**
Responsible Executive/Non-Executive:	**Simon Steer**
Report Author:	**Ian Thomson; Adult Social Care Leadership Team**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

SDS is the mainstream, approach to delivering social care in Scotland, with the aim of enabling people to live their life to the full, as equal, confident and valued citizens.

The Adult Social Care Leadership Team believe adopting the ethos of Self-directed support can lead to the development of a healthier population living within more vibrant communities, and is key to achieving a fairer Highland. We are seeking to put the principles of independent living into practice to enable people to be active citizens in their communities.

Like the social model of disability the ethos of Self-directed support can be seen to contribute to the reduction or removal of the physical, organisational or attitudinal barriers that many people experience in the world around them. Our approach to Self-directed support is about offering flexibility, choice and control and about people having a decent quality of life. It is ultimately about promoting confidence and wellbeing for adults with social care needs.

However there is recognition that the implementation of SDS is not as far advanced across Scotland or Highland as it was envisaged (see Adult social care: independent review - gov.scot (www.gov.scot); Thematic review of self directed support in Scotland.pdf (careinspectorate.com)), nor has there been the shift in practice to reflect the ethos which its underpinning legislation aimed for i.e. stronger, conversational and relationship-based practice which supports the tailoring of care around individuals' particular circumstances. The development of a renewed approach to SDS also needs to be understood within the context of a move toward greater "community led" supports and a shift towards a human rights-based approach: it is understood that we need to utilise and strengthen the activities and supports that our communities offer to ensure that more people (including those who need support) can be active citizens within them.

Finally we need to ensure the work we do to develop SDS in Highland conforms to the practice principles laid out in the Self-Directed Support Framework of Standards (2024)
Self-Directed Support Framework of Standards (2024) | Care Inspectorate Hub

We have been working closely with our partners in Social Work Scotland, Community Contacts, Health Improvement Scotland's iHub; SDS Scotland and In Control Scotland to shape the culture of SDS in Highland: creating spaces to listen and to learn.

2.2 Background

NHS Highland, The Highland Council and our partners conducted a significant consultation exercise during July and August 2021 which gathered the views of people who need support - and those involved in its provision - about how we should deliver Self-directed support into the future. Responses were received (via online surveys and 13 targeted focus-groups) from around 200 individuals.

Based on what our respondents told us our SDS implementation group identified 10 key components that need to be realised to make a lasting difference to way we deliver SDS in Highland[1].

But it was also thought that ***how*** we sought to make the necessary changes is just as important as the content of the changes themselves. Our SDS group doesn't think there is a simple, technical fix to the complex set of implementation issues in respect of Self-directed support – rather it believes that we need to build relationship across the system to ensure that people who may need support, their unpaid carers and those involved in providing care and support are fully involved in shaping and effecting the changes required. We want to develop networks, share perspectives and build working alliances to ensure the changes we make to the culture of SDS are made *together.*

2.3 Assessment

Consistent with our approach we have set up a number of initiatives to bring people together to address the implementation issues and progress the actions required. This is meant that work is taking place both locally and centrally to overcome the barriers and improve people's experience of Self-directed support. We think this is consistent with our aim to work in partnership with people who

[1] 1.Ensure people benefit from a 'good conversation' with a trusted professional: work to enable people to access the support they need, wherever that may come from; 2.Ensure there are independent sources of advice, information and support available to all those exploring the help open to them. 3. Work in partnership with people who need support and partners to ensure they have a greater role in decision-making about SDS, at all levels. 4. Provide (a framework of) clear and simple information about how to identify and secure the resource necessary to deliver the supports that people need. 5. 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. 6. Maximise people's choice, control and flexibility over the resources available to them. 7. Provide comprehensive information about the full range of choices (support options) available to those needing support. 8. Enable people to access natural and community supports wherever possible. 9. Invest in our community infrastructure so that strong networks can develop across our local partnerships which are complementary and effective in providing informal solutions to community members who need help. 10. Ensure there is a sufficient workforce which has the confidence, competence and capacity to work to these local principles, and the National Standards for Self-directed support

need support and partners to ensure they have a greater role in decision-making about SDS, at all levels

Promoting the Personal Assistant Role

We started by working with local partners in Fort William to understand the issues that face people locally in their search to access appropriate Social Care. This work came together in a public "Conversation Café" to offer the opportunity to local people to tell us about what they thought were the important issues and priorities were in respect of social care and Self-directed support.

People told us the priority was attracting and retaining people to provide care and support. They also said we needed to maximise the opportunities afforded by Option 2.

In response we have run a small series of events in Lochaber and Caithness - both online and in person - to tell people about what becoming a Personal Assistant involves and what opportunities are available locally.

The turnout and feedback for these events has been really good - and we are now planning a series of similar events across Highland. We are calling this our "Roadshow"! We know we have successfully formed a number of PA relationship as a result of this work.

We have learned, however, that having local connections in situ is crucial: linking in to the local press and being able to spread the word to the right people is key. Simply "parachuting" an event into a local area is likely to be much less successful. We have shared our learning with SDS Scotland's PA Programme Board - Recruitment Subgroup: the aim being to promote our learning alongside that from other initiatives across the country.

Costing Care and Identifying budgets

We worked closely with those managing an Option 1 (Direct Payment) *and* with those with budget responsibilities in Adult Social Care to put in place a more fair, equitable and sustainable framework for the calculation of Individual Budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PA) is a realistic and sustainable option.

This work of the SDS "Highland Peer support group" and NHSH created an agreed and mutually understood model which recognised the direct staff costs of employing a PA in our urban, rural and remote geographies - with an agreed

"business overhead" rate in place. After many good conversations, a co-produced model was recommended and agreed by the group and it has now implemented - ensuring rates now increase along with other parts of the system.

Since implementation we have continued to see a strong growth in Option 1 arrangements. We don't think this is necessarilt attributable to the fairer rate: but it should support those who use an Option 1 in the absence of an alternative

Self-Evaluation and Improvement

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

We therefore wanted to gauge the quality of our practice in Highland in respect of our delivery of Self-directed support with a view to developing a set of tangible improvement actions.

An opportunity arose (as part of the National SDS Improvement plan) to carry out an Self-Evaluation exercise - supported and guided by partners in Social Work Scotland and the iHub (Healthcare Improvement Scotland) – against the SDS Framework of Standards

We used high-quality professional facilitation from In Control Scotland to run a defined set of "Appreciative Inquiry" sessions. With 40 participating professional staff across three sites, the exercise included: Children's Services and staff from NHSH Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners etc. Staff involved were front-line workers and their immediate managers. The task was for staff themselves to determine how well we were practicing against the SDS Standards.

One overarching reflection from the exercise would was that the core purpose of adult social care is often seen to be diluted to become a transactional process of 'assess to assist', and this is where practitioners spend the majority of their time. Within this, there was a question about how we invest in workers' ability to advise, support, guide, and walk alongside people of all ages, needs, and abilities as a true partner in supporting them to live a fulfilled life, rather than concentrating workers time on meeting the system's requirements.

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

- Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making

- Trialling a different model of "Eligibility": considering the role of Teams should be to provide appropriate advice, guidance and assistance within their communities

- Exploring new approaches to place-based commissioning to seek to meet local need differently across a defined geography (Local Care Models (see below)).

With an explicit focus on learning the work we took part in formed part of the development of Social Work Scotland's new Learning and Improvement Framework:
Self-directed Support Learning and Improvement Framework (SDS LIF) and supporting resources | Care Inspectorate Hub

The work was also, in itself, seen as an example of good practice, and more details are available at the Care Inspectorate's website:
reflections-of-practice-self-evaluation-and-improvement-in-highland-final.pdf

Developing Local Care Models

We have been working with representatives of the local communities in West Lochaber (Urram) and on Skye (Skye and Lochalsh Council for Voluntary Organisations) to explore how SDS might be used to offer a range of opportunities to reshape social care in the area.

As part of this work we have spoken to both residents and staff living and working in these areas to understand how they see social care working now and into the future.

We are aiming that this work might develop into a functioning Local Care model – one which pulls the different parts of the system together behind a common purpose, so that:

- Local people feel more confident and resilient on facing the future;
- They are able to stay in their own home rather than move away into residential care;

- Different conversations are had and different supports are available to reduce unmet needs across the area; and
- People feel they are listened to and understood in the context of their lives.

The aim of the Local Care model, then, will be to

- Complement our existing Option 3 Care at Home provision with greater levels of Options 1, 2 and 4 - thereby increasing flexibility and choice for people.
- Incorporate greater levels of community support into the whole system of social care
- Establish locally based care co-ordination to ensure the demand for care can be met by all the different strands of available local supports
- Establish a reciprocal relationship between investment in statutory provision and the development of community fabric.

The main aim of creating a Local Care Models is to help those people who need support to receive a constructive, realistic and co-ordinated response to meeting their needs. It is a way of working that focuses on early intervention, maximising access to information, informal support, natural relationships, and community activities. Where formal support is needed, it envisages our community partners working hand-in-hand with professionals from Integrated District Team to identify which of the four Self-directed Support options will offer the most realistic, tangible and timely help.

At time of writing the promotion of the Local Care Model is an approach which we are seeking to secure funding for from The Highland Council. We think the development of the model offers an opportunity to fundamentally transform our approach to the delivery of Adult Social Care.

Independent Support

The Self Framework of Standards outlines the right to independent advice, support and advocacy for people and carers who need it. This support is to ensure people feel confident that the SDS they receive is right for them and tailored to their specific and/or specialist needs.

Highland is fortunate to benefit from the independent support services offered by Community Contacts. Funded centrally via the Support in the Right Direction (SIRD) initiative, service user and carers and statutory services all benefit from

their advice and assistance in exploring the SDS options available in any given set of circumstances.

We know however that the demand on Independent Support is growing: growing from greater numbers of people for whom an organised Option 3 is no longer available; and growing in respect of individuals who need, but who are not really choosing, to embark on the journey of finding the personal assistance.

Linked to the development of Local Care Models (above) we are working alongside colleagues in the Highland Council to explore how Transformational resource might support greater levels of Independent Support and Community Brokerage to underpin the development of different ways of working in test sites

Growing Option 2

Potential providers of an Option 2 via NHS Highland are limited by our current, internal contractual arrangements. Only Adult Social Care (ASC) Registered Services with existing contacts can currently be used deliver Option 2s.

Imposing limits on the numbers of potential Option 2 providers appears to be counterproductive. Many adults in need do not require – or not only require – assistance with personal care etc.. People's personal outcomes may be met by accessing a much wider range of services and supports – including, potentially, across the leisure, well-being and catering sectors. Therefore we think who can hold an ISF (be an Option 2 provider) should be expanded beyond traditional Option 3 providers.

We are now set to embark on work with our Contracts Section to broaden the opportunities our Option 2 offer can provide. To be consistent with the ethos of the Social Care (Self-directed support)(Scotland) Act 2013, it would be ideal if new Option 2 Contract arrangements could be:

- reflective of the choice and control individuals receiving SDS have by putting them at the centre of arrangements;
- based on measurable Personal Outcomes which demonstrate the difference made by services and/or supports; and
- clear and concise to support accessibility

To achieve the goal of increasing access to Option 2 arrangements we would hope the format of our Option 2 contract would allow us to enter into arrangements with:

- Both Registered and Non-Registered providers of services and products (including private enterprises)
- Brokerage services;
- Third Sector ‘collaboratives’ and companies;
- Shared Lives Schemes; and
- any other properly constituted organisations.

Better Systems and Culture

The SDS framework of Standards describe our aspiration that our "practice, systems and processes are clearly understood and are explained in ways that make sense to everyone involved."

However we realise that our Highland SDS policies and procedures have evolved over time - and been added to and amended at different points.

The result is that these policies and procedures are not really aligned to the Framework of Standards.

Given this we have committed to undertaking an improvement exercise explicitly linked to using the new Self Directed Support Learning and Improvement Framework. sds-learning-improvement-framework_r5.pdf

Currently we are at the Preparation stage and bringing our evaluation team together - but our aim will be to follow the stepwise process for making improvements. This will include:

- Collecting Information from people who have to negotiate our processes
- Analysing that data
- Extracting findings
- Learning where we stand against the Standards
- Communicating our findings
- Making improvements and sustaining any changes made.

We are pleased to be working alongside colleagues from across Scotland in this work as part of the Social Work Scotland's National SDS Community of Practice

2.4 Proposed level of Assurance

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

There is a huge degree of stress across the Adult Social Care system in Highland. However a moderate level of assurance might reasonably be given that the improvement work being undertaken is well targeted and well structured.

3 Impact Analysis

3.1 Quality/ Patient Care

Not applicable

3.2 Workforce

Part of the aim of this work is to support the Option 3 workforce with a broader variety of community and independent and third sector inputs.

3.3 Financial

As above; included in the aim of this work is to support the ASC workforce to explore/realise the most personalised and effective care arrangements for Adults in Need

3.4 Risk Assessment/Management

Not Applicable

3.5 Data Protection

Not Applicable

3.6 Equality and Diversity, including health inequalities

The development of SDS in Highland forms a component part of the Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027. An impact assessment has been completed for this and is available.

3.7 Other impacts

Not applicable.

3.8 Communication, involvement, engagement and consultation

NHS Highland, The Highland Council and a range of partners conducted a significant consultation exercise during July and August 2021 which gathered

the views of people who need support - and those involved in its provision - about how we should deliver Self-directed support into the future. Responses were received (via online surveys and 13 targeted focus-groups) from around 200 individuals.

In July and August 2023 we employed a facilitated self-evaluation methodology to co-produce improved social work core processes. Within this, we engaged up to 40 participating professional staff across three sites (around 12 each). This included staff from NHSH Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners. Staff involved were front-line workers and their immediate managers (see text above).

3.9 Route to the Meeting

Not Applicable

4 Recommendation

The Report is provided to the Committee for:

- **Assurance** – the Committee should be confident that purposeful work is being undertaken to ensure compliance with Self-Directed Support legislation and policy.

Agenda Item 3.2

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**05 March 2025**
Title:	**Refreshed Carers Strategy 2025-28**
Responsible Executive/Non-Executive:	**Pam Stott**
Report Author:	**Pam Stott, Chief Officer**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- 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		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes	x		

2 Report summary

2.1 Situation

The support unpaid carers give is immeasurable and unsurpassable. Throughout the COVID pandemic, carers continued in their caring role. After the onset of the pandemic there were many new carers undertaking this role for the first time, and others taking on new roles and additional responsibilities in response to the crisis. This constantly evolving social care landscape presents an opportunity to re-evaluate and enhance existing services.

For the purpose of this report and associated draft strategy, unpaid carers are adult carers that care for either an adult or a child.

The exact number of unpaid adult carers in the Highland remains uncertain due to variations in data collection methods and reporting standards, but recent figures from Scotland's Census database suggest the figure to be around 26,179.

The estimated national annual economic contribution of unpaid carers in Scotland is £15.9 billion (Carers Scotland, 2022), with Highland population share, this would equate to £694.5 million annually. Supporting unpaid carers to maintain a lifestyle alongside their care giving responsibilities is a sustainable approach of safeguarding our health and social care services.

The current Highland Carers Strategy dates to 2020 – 2023 and requires refreshing to ensure that it meets the current and developing needs of unpaid carers across the Highland.

2.2 Background

Work commenced in mid-2023 to refresh the current Carers Strategy with a focused and targeted approach since February 2024. Consultation with over 20 partner and third sector organisations, including over 200 carers and review of national and regional data has helped inform, shape and support this refreshed Carers Strategy.

Feedback and data tell us that:

1. Highland has an ageing population with 49% of carers who require access to short breaks.
2. Individuals found it difficult to know where to find information and / or access services, data backs this up with 66% of carers in need of advice and information
3. Carers face emotional and physical strain due to their care giving responsibilities with 29% of carers reporting that they need emotional support.

Building on the successes of the 2020-2023 strategy, this updated approach incorporates:

1. Improved early identification of unpaid carers.
2. A focus on meaningful breaks for unpaid carers.

3. Co-production with carers to ensure meaningful changes.

Whilst the previous strategy offered a broad range of services, we are now able to provide a targeted approach to engaging with unpaid carers, particularly those who had not yet accessed support.

Listening to their experiences, identifying gaps in support, and understanding their priorities have shaped a vision that seeks to empower carers, celebrate their contributions, and deliver meaningful changes to improve their lives.

2.3 Assessment

Through extensive consultation group feedback was grouped on known areas of strength and areas of improvement. Funnelling the information led to four main goals:

1. Identify
2. Inform
3. Involve
4. Support

The refreshed draft strategy sets out where we are now, where we want to be and how we plan to get there.

2.4 Proposed level of Assurance

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

There is a significant degree of stress across the Adult Social Care system in Highland. However a moderate level of assurance might reasonably be given that the improvement work being undertaken is well targeted and well structured.

3 Impact Analysis

3.1 Quality/ Patient Care

There will be a positive impact on the wellbeing of all individuals if unpaid carers receive advice, guidance and support at the right time.

3.2 Workforce

Part of the aim of this work is to support the Social Care workforce by focusing on empowering and supporting our unpaid carers in Highland. Reducing the risk of potential increased need for statutory services, saving carer collapse and emergency situations emerging.

3.3 Financial

As detailed in section 2.1, it is estimated that unpaid carers provide significant support which if delivered by commissioned services would cost an estimated £694.5m annually.

There is a carers budget, linked to delivering this strategy, of £2.6m to implement and deliver adult carers support outlined within the Carers (Scotland) Act 2016. The budget will continue to be utilised to realise the goals set out within the Strategy.

3.4 Risk Assessment/Management

3.5 Data Protection

3.6 Equality and Diversity, including health inequalities

The development of SDS in Highland forms a component part of the Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027. An impact assessment has been completed for this and is available.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

NHS Highland and a range of partners conducted a significant consultation exercise from July 2023 through to October 2024 which gathered the views of unpaid carers in Highland. People who provide support - and those involved in its provision - about how we should support unpaid carer into the future.

This consultation was conducted listening to the carers voices and those who provide support to carers in a variety of ways including focus groups, peer group attendance and partner organisation feedback loops.

3.9 Route to the Meeting

4 Recommendation

The Report is provided to the Committee for:

- **Assurance**– This report and associated draft strategy are provided to the committee to provide assurance that the strategy is complete. There is a requirement for it to have further socialisation and feedback from stakeholders in the Health and Social Care Partnership and with community stakeholders. It is anticipated that the Strategy will be presented for full ratification as next HSCC.

NHS HIGHLAND CARERS STRATEGY

2025 - 2028

DRAFT

Michelle Keir – Carers Services Development Officer & Ayasha Wood – Project Officer
Michelle.keir@nhs.scot

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1. Strategy Overview

This refreshed Highland Carers Strategy 2025-28 sets out the vision, priorities and outcomes for health and social care planning partners to make the Highlands an area that "Cares for Carers". It outlines how planning partners will expand support for unpaid carers in alignment with:

- The Scottish Government's commitments set out in the Carers (Scotland Act 2016)
- The vision for improved health and social care support, set out in the Independent Review of Adult Social Care
- The revised National Carers Strategy 2023-2026
- The Highland Health and Social Care Partnerships commitments set out in the Highland HSCP Strategic Plan of Adult Services 2024 - 2027

Vision

To ensure all unpaid carers in the Highlands are **supported to have a life** alongside caring, with resources used effectively to bridge gaps in service provision.

Objectives

1. Increase carer awareness and access to support services.
2. Expand the provision of respite care.
3. Enhance partnerships to create tailored support for carers.

This strategy will continue to progress and build upon the actions from the Highland Carers Strategy 2020-2023, while reflecting on significant events of the previous 3 years, like the impact of COVID-19 and the cost- of-living crisis on unpaid carers.

Shaped by carers, their families, service users, and Third and Independent Sector organisations, it commits to ongoing monitoring and an annual review process until 2028.

Why Do We Need a Strategy?

The support carers give is immeasurable and unsurpassable. Throughout the COVID pandemic, carers have continued in their caring role. After the onset of the pandemic there were many new carers undertaking this role for the first time, and others taking on new roles and additional responsibilities in response to the crisis. This constantly evolving social care landscape presents an opportunity to re-evaluate and enhance existing services.

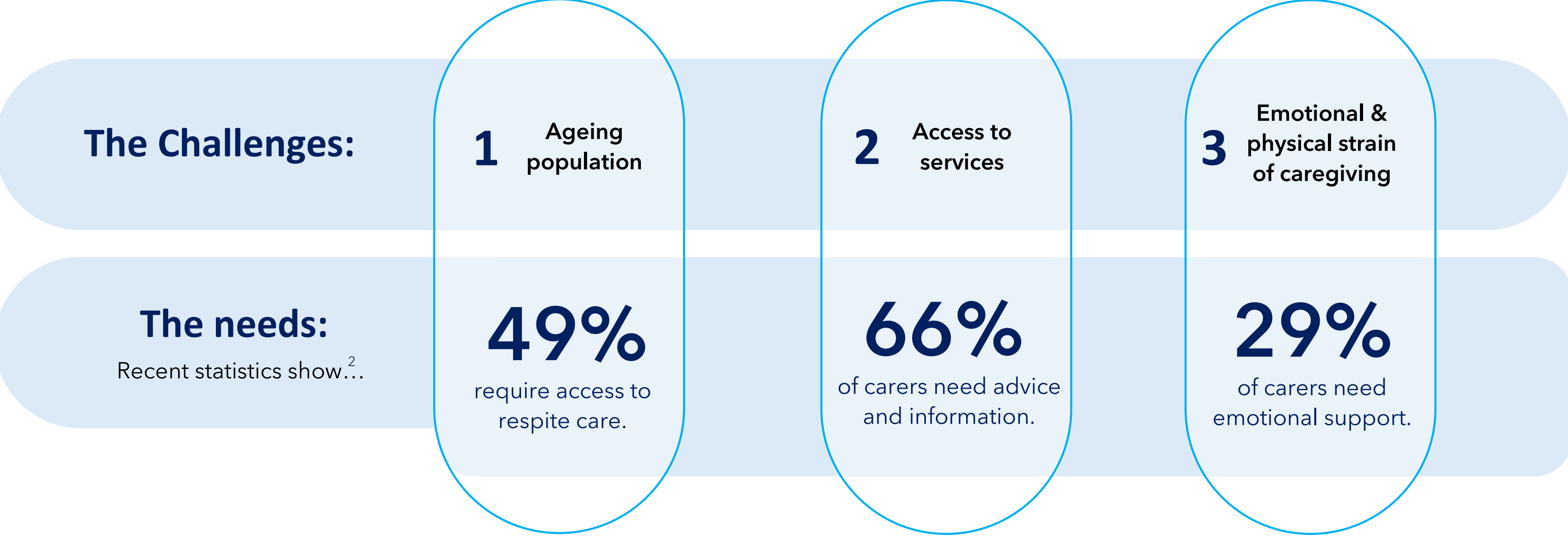
In shaping this strategy, we listened to what carers told us, continued or new gaps in service provision, ideas for improvements and what works well for them to ensure that this strategy is relevant and useful. In Chapter 4 of this strategy, we outline the feedback we received and set out both our commitments and the outcomes we will deliver in response to that feedback.

Note: This Carers' Strategy focusses primarily on services specifically for adult carers in the Highlands. However, awareness that services for the cared-for person can and frequently does have a significant impact on the carer's quality of life. *

* Highland Council have developed a separate Young Carers Strategy

The Impact of Carers

In the Highlands, unpaid carers provide vital support, which if costed, it would be an estimated **£694.5 million annually**[1]. Supporting unpaid carers to maintain a life alongside their caregiving responsibilities is a sustainable approach of safeguarding our health and social care services. However, carers face increasing challenges:



The new strategy addresses these gaps by prioritising tailored support, proactive identification, and greater awareness of carers' rights.

[1] Carers Scotland. (2022). Valuing Carers 2022: Scotland. Retrieved from https://www.carersuk.org/media/l5sa1sq4/valuing_carers_scotland_web.pdf.
Highland Council. (2021). Highland Profile - Key Facts and Figures. Retrieved from https://www.highland.gov.uk/info/695/council_information_performance_and_statistics/165/highland_profile_-_key_facts_and_figures/2.
National Records of Scotland. (2021). Mid-2021 Population Estimates for Scotland. Retrieved from https://www.nrscotland.gov.uk/latest-news/mid-year-population-estimates-for-scotland-in-2022/

2. Background

Building on the successes of the 2020-2023 strategy, this updated approach incorporates:

1. Improved **early identification** of unpaid carers.
2. A focus on **meaningful breaks** for unpaid carers.
3. Co-production with carers to ensure **meaningful changes.**

While the previous strategy offered a broad range of services, we are now able to provide a targeted approach to engaging with unpaid carers, particularly those who had not yet accessed support.

Listening to their experiences, identifying gaps in support, and understanding their priorities have shaped a vision that seeks to empower carers, celebrate their contributions, and deliver meaningful changes to improve their lives.

To ensure a comprehensive understanding of the current landscape, a SWOT analysis was conducted. This highlights the key strengths, weaknesses, opportunities, and threats shaping the strategy and its implementation.

Building on these insights, we examined the demographics and circumstances of adult carers living in the Highlands to ensure the strategy reflects their unique challenges and opportunities. By understanding the landscape they navigate, we can tailor specific priorities and actions to address their needs, ensuring the strategy remains relevant, effective, and centred on the lived experiences of unpaid carers.

Strengths

- Strong existing framework from previous strategies.

- High engagement with carers during consultation phases.

- Legislative support through the Carers (Scotland) Act 2016 and National Carers Strategy.

- Wellbeing Fund provides accessible respite resources.

Weaknesses

- Limited access to services in rural and remote areas.

- Data gaps, including accurate identification of carers and their needs.

- Awareness of carer rights and available support is low.

- Insufficient respite services to meet demand.

Opportunities

- Increased public and policy focus on carers due to the pandemic and cost-of-living challenges.

- Expanding digital tools and local hubs to improve outreach.

- Strengthening collaboration amongst partners.

- Targeted awareness campaigns to improve carer recognition.

Threats

- Economic pressures reducing funding for carer support programs and fragmented collaboration amongst commissioned services.

- Aging population leading to increased demand for carers and services.

- Carer fatigue and burnout due to limited short-term relief options.

- Workforce shortages in health and social care sectors.

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3. Adult Carers living in Highland

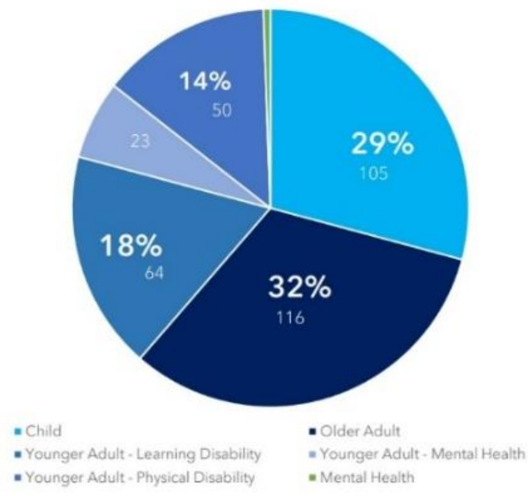
What does the data show?

The exact number of unpaid adult carers in the Highlands remains uncertain due to variations in data collection methods and reporting standards[2] but recent figures from Scotland's Census database suggest the figure to be around **26,179**[3]. It's important to consider the demographic factors that can help us estimate the impact on carers in the Highlands. Insights from the 2023-24 Carers Census suggests that a significant proportion of adult carers in the Highlands are likely supporting older adults.[4] Nationally, 40% of those being cared for are aged 65 and older, which reflects the region's aging population. [7]

Key Demographic

- **40%** of cared-for individuals are aged 65+.[5]
- **38%** of carers fall within the 45-59 age range.
- **31%** of carers support their partner.[6]

Figure 1: Proportion of Carers Supporting Children, Younger Adults, and Older Adults, The Wellbeing Fund 2024 Data [7]



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[2] Scottish Government, 2023. Carers Census, Scotland, 2023-24. [online] Available at: <https://www.gov.scot/publications/carers-census-scotland-2023-24/> [Accessed 29 December 2024].
[3] Scotland's Census (n.d.) Highland unpaid carers population. Available at: https://www.scotlandscensus.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml [Accessed: 6 January 2025]
[4] Scottish Government, 2023. Carers Census, Scotland, 2023-24. [online] Available at: <https://www.gov.scot/publications/carers-census-scotland-2023-24/> [Accessed 29 December 2024].
[5] Scottish Government, 2023. Carers Census, Scotland, 2023-24. [online] Available at: <https://www.gov.scot/publications/carers-census-scotland-2023-24/> [Accessed 29 December 2024]
[6] Mobilise, 2024. *Mobilise Digital Carers Insight Report Highland, December 2024*. [online] Available at: <Highlands Mobilise Report - December 2024.pdf> [Accessed 3 January 2025].
[7] Wellbeing Fund Database 2024, NHS Highland, Unpublished Dataset

This demographic trend places additional pressure on adult carers, many of whom themselves are older adults.[8] The NHS Highland Wellbeing Fund 2023-24, shows that 32% of carers in the Highlands provide care for older adults (see Figure 1) with the majority of carers falling within the 45-59 age range, making up 38% of all carers who applied for the fund.[9] Our partners see this also; Mobilise, a digital platform for carer resources reports that 31.3% of carers provide care for their partner, and more than 31% of adult carers in the Highlands are considered retired.

This highlights the need for tailored support, such as breaks from caring and financial assistance, especially for these "sandwich carers" balancing multiple responsibilities. Flexible solutions, like streamlined Adult Carer Support Plans, community signposting, and respite service options, are essential to meeting these carers' needs.

"I need a break, but a care home is not an option for my wife and that is all that is offered..."

The census also revealed that adult carers in Scotland most need advice, information, and respite care.[10] Over half of carers also reported not understanding their rights or the terminology in the caregiving landscape[11], signalling the need for clearer communication and targeted engagement. Breaks from caring is a key priority[12], as carers seek opportunities for rest to manage the physical and emotional demands of caregiving. The Carers Wellbeing Fund mirror these needs with 53% of carers requested holidays and 20% have sought a garden shed or summer house for a short-term 'escape' or personal space when it is not possible to step away from their caring responsibilities (see Figure 3). Currently, there is a gap between the demand (49%) and available services (37%) as shown in figure 2.

These insights, which mirror data from commissioned partners[13], help shape the strategy, which focuses on improving support access, raising awareness, and expanding respite care services.

The Carer Census also shows a relatively low national demand for peer support and group activities.[14] However, this may not fully reflect the unique challenges faced in the Highlands, where access to services is more restricted. Feedback from carers in the region emphasises the vital continual role of peer support.[15] To address these challenges effectively, further community initiatives can support carer awareness and increase engagement in harder to reach areas.

"It's hard asking for help—we've never done this before. We didn't even know this hub existed until a few months ago"

[8] Scottish Government, 2023. Carers Census, Scotland, 2023-24. [online] Available at: <https://www.gov.scot/publications/carers-census-scotland-2023-24/> [Accessed 29 December 2024].
[9] Wellbeing Fund Database 2024, NHS Highland, Unpublished Dataset
[10] Scottish Government, 2023. Carers Census, Scotland, 2023-24. [online] Available at: <https://www.gov.scot/publications/carers-census-scotland-2023-24/> [Accessed 29 December 2024].
[11] Mobilise, 2024. *Mobilise Digital Carers Insight Report Highland, December 2024*. [online] Available at: <Highlands Mobilise Report - December 2024.pdf> [Accessed 3 January 2025].
[12] Carers Census Highland, *Table 3.2: Number and percentage of unpaid carers by support needs in Highlands 2022-23*, Carers Census Highland 2022-23, [2023], [page 13]
[13] Connecting Carers, Annual Review 2023-2024, [page 4]
[14] Carers Census Highland, *Table 3.2: Number and percentage of unpaid carers by support needs in Highlands 2022-23*, Carers Census Highland 2022-23, [2023], [page 13]
[15] Michelle Keir, personal communication with unpaid carers, 2024

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Figure 2: Adult carers support needs (adapted from Figure 6, Carers Census 2024)

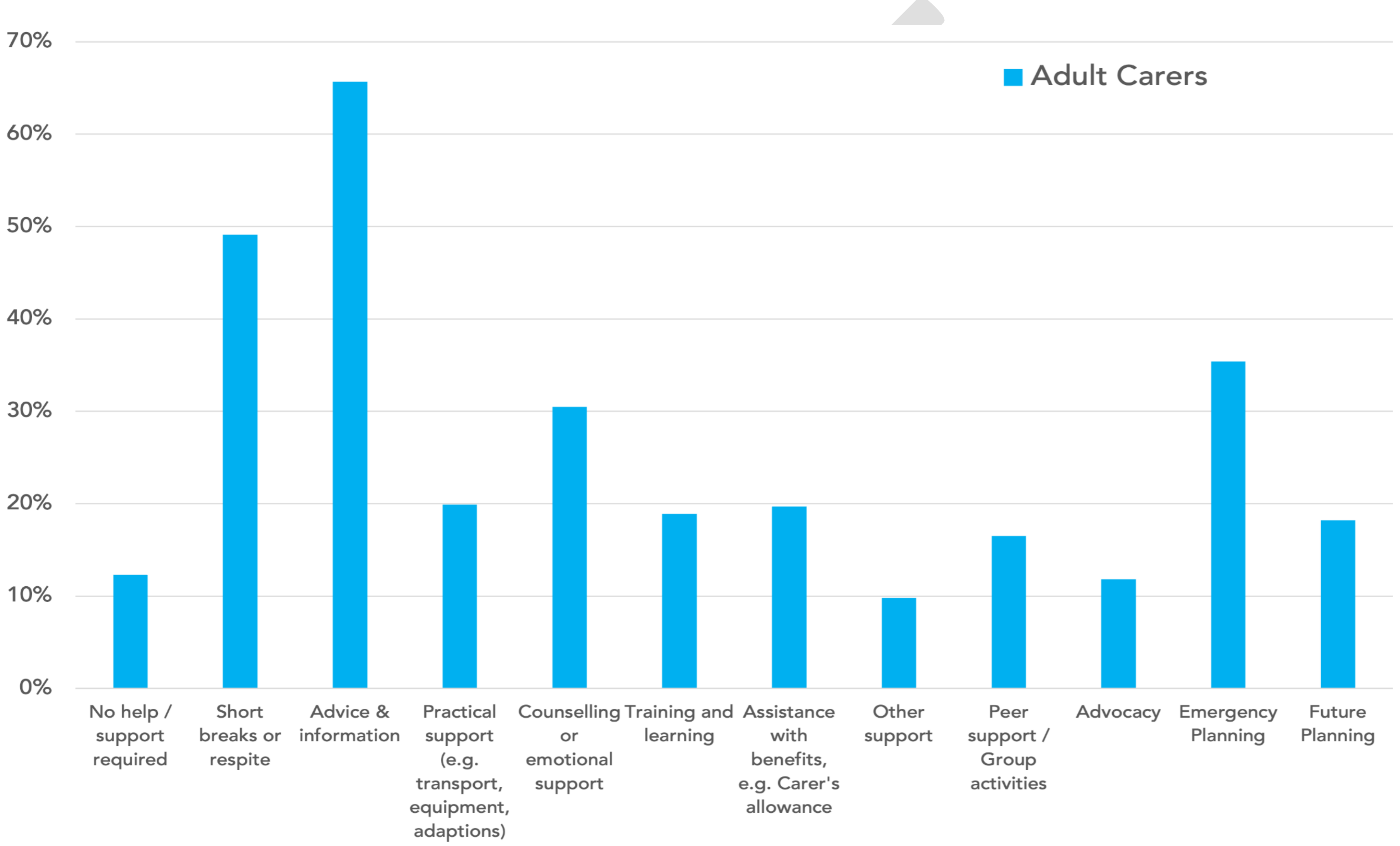
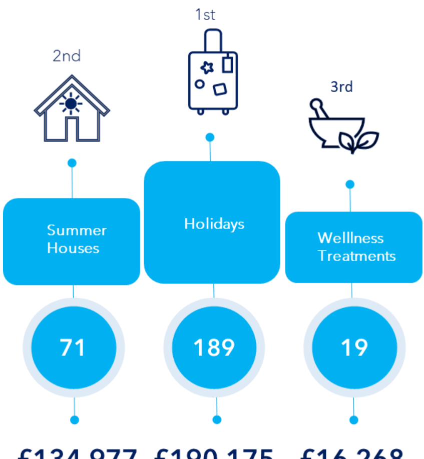


Figure 3: The three most requested uses of funding (The Wellbeing Fund, 2024)



In addition to the need for respite care, the emotional and physical impact of caregiving also highlights the importance of targeted support for carers' well-being. Reflected in both the Census and the Mobilise report, was on carers' emotional well-being, with 86% of adult carers experiencing challenges in this area[16]. 39.7% of carers reported struggles with their physical and mental health, and 29.4% requested emotional support or someone to talk to[17] with 44.3% reporting experiencing boredom regularly in their caring role.[18]

These findings underscore the critical need for initiatives like the Carers Wellbeing Fund, which addresses these challenges through support for respite and self-care. Every application to the Carers Wellbeing fund is a request for a break from caring.

> **"Just being able to meet my friend for a coffee and not feeling guilty has made the biggest difference..."**

Given the importance of respite care, it stands out as one of the most effective solutions to address carers' well-being. Respite allows carers to take breaks from their caregiving responsibilities, providing them with much-needed rest, recovery, and the ability to prioritise their own health. These breaks are not a luxury but a necessity, as they empower carers to sustain their vital role in the long term. Investing in these services is a direct pathway to improving carers' emotional and physical well-being and strengthening their capacity to fulfil their caregiving roles.

Our vision is to ensure that these resources are used effectively to meet the gaps identified above in support provision whilst ensuring that all unpaid carers in the Highlands are supported to have a life alongside caring.

To translate these insights into action, we turned to the feedback shared by carers. Their voices have guided the development of key themes, each addressing a critical aspect of the carer experience. The following section outlines how this feedback has shaped specific priorities and actions, ensuring that the strategy remains relevant, effective, and centred on the needs of unpaid carers.

[16] Scottish Government, 2023. Carers Census, Scotland, 2023-24. [online] Available at: <https://www.gov.scot/publications/carers-census-scotland-2023-24/> [Accessed 3 January 2025].
[17] Mobilise, 2024. *Mobilise Digital Carers Insight Report Highland, December 2024*. [online] Available at: <Highlands Mobilise Report - December 2024.pdf> [Accessed 3 January 2025].
[18] Mobilise, 2024. *Mobilise Digital Carers Insight Report Highland, December 2024*. [online] Available at: <Highlands Mobilise Report - December 2024.pdf> [Accessed 3 January 2025].

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4. Progressing the New Strategy

1. Carer Awareness

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1 What We Heard[19]

"I didn't know I was a carer" – Unpaid carer 1

"Where does being a wife end and being a carer begin?"- Unpaid carer 2

"Google told me I was a carer!" – Unpaid carer 3

"Very few people other than my close friends know I am a carer. I don't want judgement" - Unpaid carer 4

2 Where We Are Now

1. **Demographic misalignment:** Carer Centres primarily supports parent carers, with insufficient focus on adult carers for older relatives.
2. **Limited outreach and engagement:** Only a small percentage of carers are being engaged,[20] highlighting a need for more targeted outreach and signposting to services.
3. **Collaboration challenges:** There are significant barriers to collaboration between commissioned parties, which hampers support for carers.

3 Where We Want To Be

- **Early identification of carers:**
  - Ensure all carers including those who are digitally excluded are identified early.
  - Use proactive outreach to identify carers in their communities.
- **Raise community awareness:**
  - Promote understanding of carers needs within the community alongside community support services.
- **Empower carers to access services:**
  - Enable carers to have choice and control over services and support that aligns with their wellbeing needs.

4 How We Plan To Get there

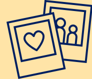
Identify

Proactive Engagement

Through events and piloting projects throughout the region. Targeting marketing and information.

Enhancing Outreach

Develop campaigns to identify and engage with underrepresented groups, leveraging digital and community-based channels.



Stronger Collaboration

Working more effectively amongst partners, organisations, employers, and communities for carers.

Carer led options

Improved referral process based on needs and preferences that support the carer in living their life as well as caring.

"The information given to me by my employer helped me realise that I was a carer." – Unpaid Carer 5

[19] Michelle Keir, personal communication with unpaid carers, 2024
[20] Connecting Carers, Annual Report 2023-2024

2. Information, Advice & Support

1

What We Heard[21]

"Clear and easy to understand information is needed." – Unpaid carer 6

"I didn't have time to contact this one, that one and the next one so I gave up."- Unpaid carer 7

"Help at the outset helped me cope."- Unpaid carer 8

"It would be useful to know where to turn to without having to spend hours trying to find answers" - Unpaid carer 9

2

Where We Are Now

1. **Service gaps**: Carer services are heavily online, working predominantly in silos, making in-person streamlined support less accessible to carers.
2. **Engagement Levels:** Recent data shows that current carers centres have low engagement.[22]
3. **Disconnect with respite services:** The limited number of applications for respite care to the Wellbeing Fund by carers highlights a gap between information provision and service access compared to Care Home placements requests for respite.[23]

3

Where We Want To Be

- **Clear and concise information:** Ensure carers can easily access accurate, clear, and consistent information about available services, including respite care and financial assistance.
- **Integrated service delivery:** Strengthen collaboration between commissioned partners to provide seamless and holistic support for carers.
- **Empowerment Through Awareness:** Increase carers' awareness of their rights and support options, ensuring they feel informed and equipped to navigate the caregiving landscape.

4

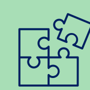
How We Plan To Get there

Inform

Early intervention

Improving collaboration with healthcare professionals to enhance the role of carers in social prescribing.

Training and Resources



Provide training for staff at support centres to ensure consistent, high-quality information and advice are available across all touchpoints.

Accessible Webpage

Simple, easy to navigate one-stop-shop webpage signposting for all carer services within the highlands.

Improving Collaboration

Better collaboration and communication between commissioned partners to support a better service.

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[21] Michelle Keir, personal communication with unpaid carers, 2024
[22] Connecting Carers, Annual Report 2023-2024 compared with Scottish Government, 2023. Carers Census, Scotland, 2023-24
[23] Placement data compared to Wellbeing Fund Data, 2025

3. Participation & Collaboration

1

What We Heard [24]

"I should be included – I know my wife better than anyone" - Unpaid carer 10

"Services are designed around my mum, and I don't matter."-Unpaid carer 11

"Carers that are parents don't matter."- Unpaid carer 12

"I am never involved in decisions made even though they affect me" - Unpaid carer 13

2

Where We Are Now

1. **Limited Carer Participation in Decision-Making:** Carers' voices are not consistently included in service planning and development, leading to services that may not fully align with their needs.
2. **Fragmented Collaboration:** Existing collaboration between key stakeholders, lacks cohesion and integration.
3. **Digital and Accessibility Barriers:** Many carers face challenges in participating due to digital exclusion, geographic isolation, or lack of awareness of engagement opportunities.

3

Where We Want To Be

- **Inclusive Participation Opportunities:** Provide accessible and diverse opportunities for carers to participate.
- **Streamlined Collaboration:** Foster a unified approach among stakeholders, including commissioned services, health boards, local authorities, and community projects.
- **Carers as Equal Partners:** Ensure carers are recognised as equal partners in care and actively involved in decision-making processes at both local and strategic levels.

4

How We Plan To Get there

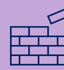
Involve

Carer-Centric Approach

Use regular feedback from carers to refine support services, to meet diverse needs and priorities.

Building collaborative networks

Strengthening uniformity in the information and advice cross-sector, to better communicate, support, fund and improve carer wellbeing.



Feedback Loops

Conduct regular consultations with carers through surveys, focus groups, and community forums to gather diverse perspectives and insights.

[24] Michelle Keir, personal communication with unpaid carers, 2024

4. Variety & Choice Services

1

What We Heard[25]

"I should be included – I know my wife better than anyone" – Unpaid carer 14

"A list of services in my area for me to choose would be good "- Unpaid carer 15

"There are few choices where I live."- Unpaid carer 16

"I need a break, but a care home is not an option for my wife and that is all that is offered"- Unpaid carer 17

2

Where We Are Now

1. **Limited Respite Options for Carers:** Currently, there are no dedicated respite services exclusively for unpaid carers. Existing respite services are primarily focused on providing care home placements, which are geographically scattered and inaccessible for many carers.

2. **Under-utilisation of Self-Directed Support (SDS):** While SDS Option 1 payments could offer carers greater flexibility in accessing tailored support, this option is underutilised due to low awareness and limited allocation of resources.

3

Where We Want To Be

- **Empowered Choice Through SDS:** Supporting carers to understand and navigate SDS options that work for them, enabling carers to access services that meet their unique requirements.

- **Diverse and Accessible Offerings:** Develop respite services, including community-based options, in-home support, and short-term breaks, ensuring services are available across the Highlands.

- **Improved Awareness and Reach:** Increase awareness of available respite options and SDS funding through targeted communication campaigns.

4

How We Plan To Get there

Support

Develop local respite services

Work with local providers and PAs to implement respite services, focusing on accessible and flexible options within their local communities.

Better utilisation of funding

More holistic approach to funding avenues that empower carers to access personalised and flexible respite solutions.

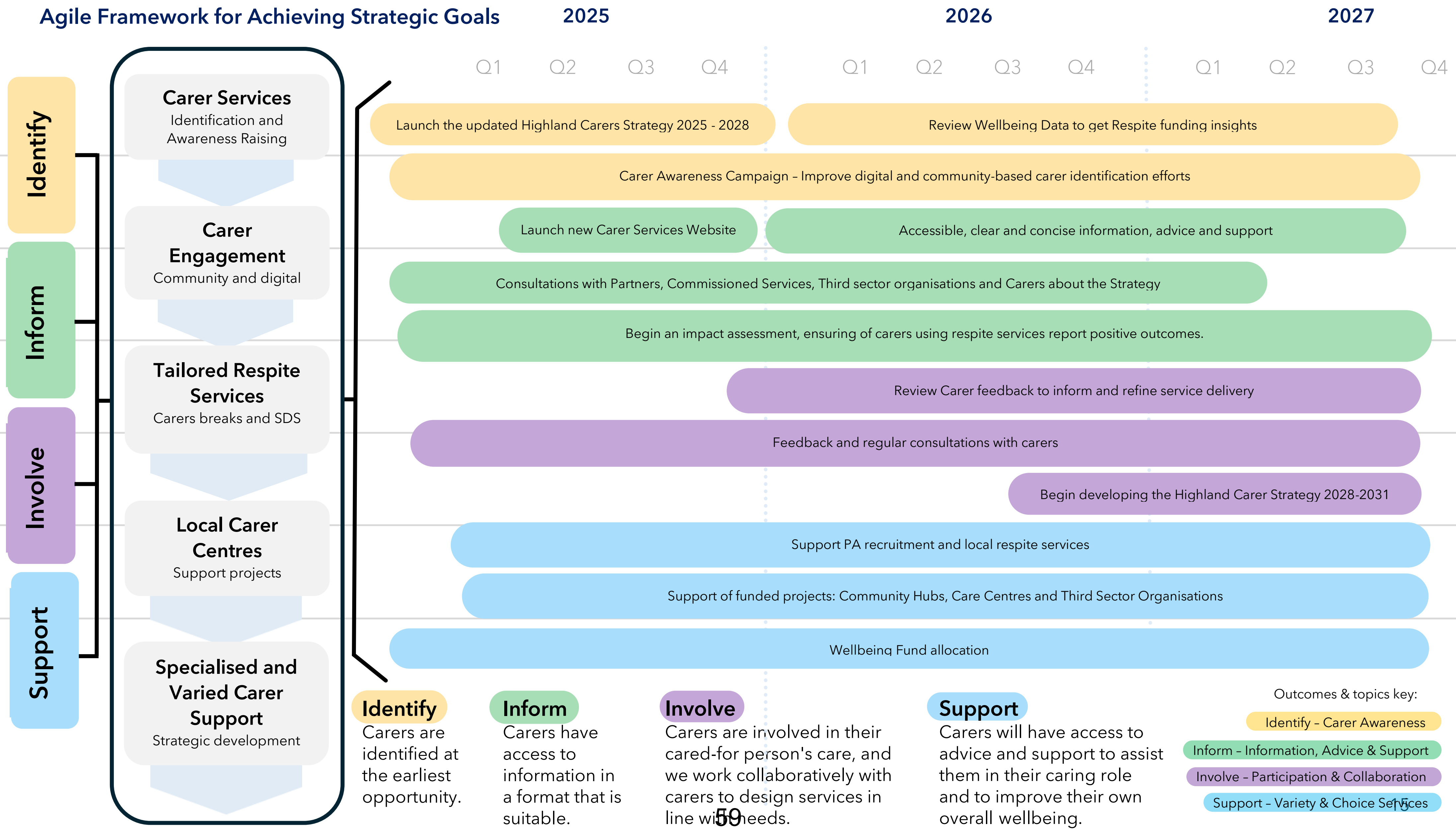
Raise awareness for routes to respite

Empower carers about their rights, services, and how to access funding. Provide clear signposting to ensure carers understand their options in making informed choices.

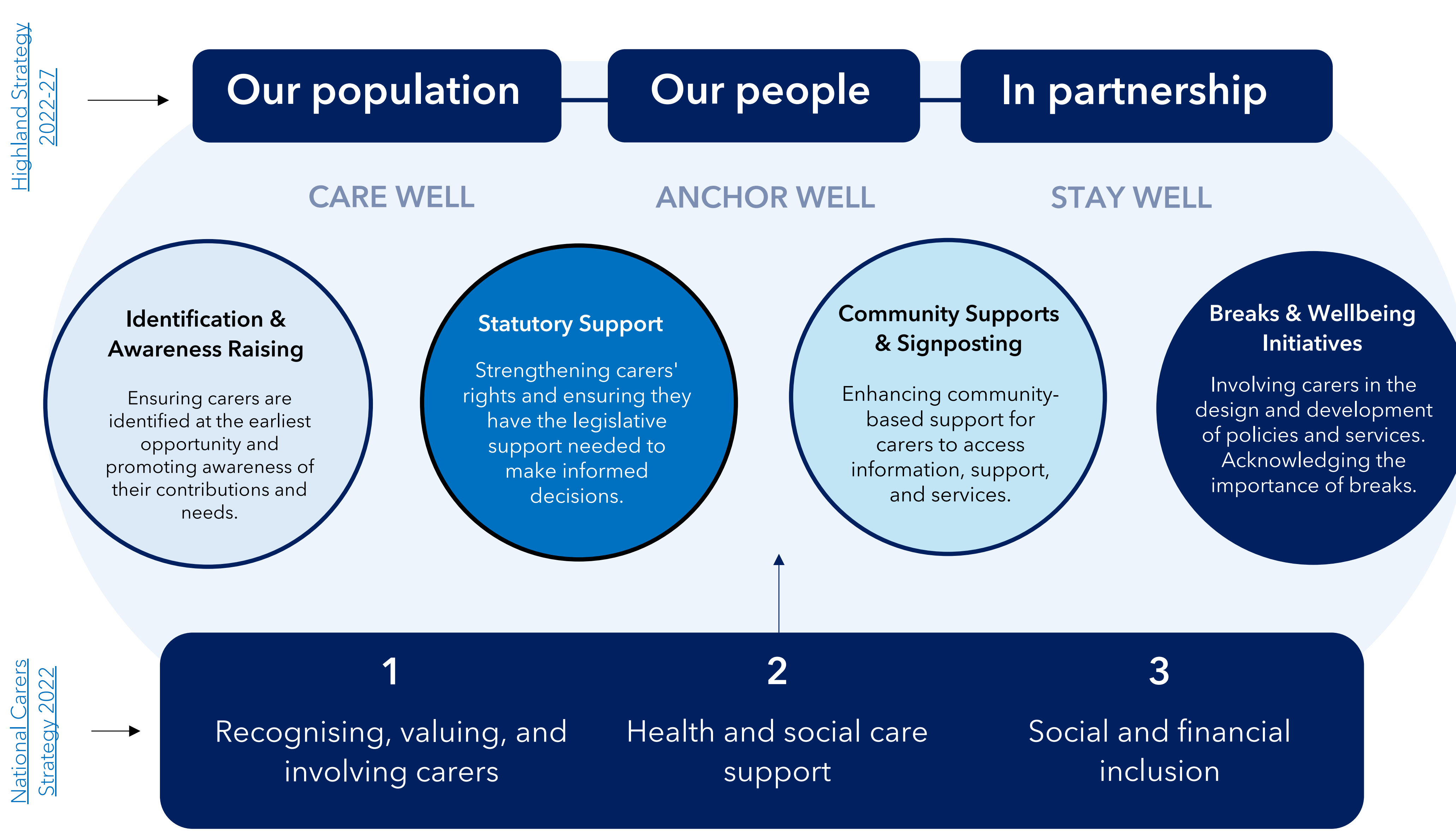
[25] Michelle Keir, personal communication with unpaid carers, 2024

6. The Highland Carers Strategic Roadmap

Our goal is to ensure unpaid carers in the Highlands are supported to have a life, alongside caring.



7. Our Shared Commitments



Agenda Item 3.3

NHS Highland	

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**5 March 2025**
Title:	**Director of Public Health Annual Report: Health Inequalities**
Responsible Executive/Non-Executive:	**Tim Allison, Director of Public Health & Policy**
Report Author:	**Tim Allison, Director of Public Health & Policy**

1 Purpose

This is presented to the Board for:

- Awareness and Discussion

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Annual Report of the Director of Public Health for 2024 is presented.

2.2 Background

Directors of Public Health are required to produce an annual report concerning the state of health of their local population. There is no set format for the report and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence.

2.3 Assessment

The report for 2024 is brought to the Highland Health and Social Care Committee along with a presentation. A link is provided for the full report.

The report sets out information about the health and wellbeing of people in Highland and Argyll and Bute and focuses on health inequalities. It starts with information about the overall health of the population including people's life expectancy and how things have changed over several years. Then there is a chapter about health inequalities, what they are and how they affect local people. This is followed by a section about ways of tackling health inequalities. The remainder of the report consists of chapters looking at different groups of people or different factors that relate to health inequalities including chapters on children, on vaccination, on the effects of alcohol and on under-represented groups. The report is not a comprehensive review of health inequalities but is intended to generate action which will tackle this important priority for NHS Highland and its partners. There are recommendations for action which are designed to help all agencies work to reduce inequality.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	✓	Moderate	
Limited		None	

Comment on the level of assurance

There is substantial assurance that the requirement for the publication of the report is met. Other elements of public health reporting will continue to need further work as will implementation of the recommendations from the report.

3 Impact Analysis

3.1 Quality/ Patient Care

Tackling health inequalities is an important part of both quality improvement and patient care. It is vital that health inequalities remain a major aspect of NHS Highland strategy and service delivery.

3.2 Workforce

It is important that the board's staff members are aware of the impact of health inequalities and the need to act to reduce their effects. A focus on employability

and inequalities is also important both to support the community and strengthen the workforce.

3.3 Financial

There are no direct financial implications from the paper. Tackling health inequalities will entail costs but there are also possibilities for savings. Addressing health inequalities is a fundamental part of the work of the board and its partners, for example through community planning.

3.4 Risk Assessment/Management

Risks are managed in line with NHS Highland's policy.

3.5 Data Protection

No personally identifiable information is involved.

3.6 Equality and Diversity, including health inequalities

The focus of the report is on health inequalities; these include inequalities relating to protected characteristics.

3.7 Other impacts

No other impacts to note.

3.8 Communication, involvement, engagement and consultation

The principles of public and user involvement and engagement are embedded in public health actions.

This is an independent report from the Director of Public Health.

3.9 Route to the Meeting

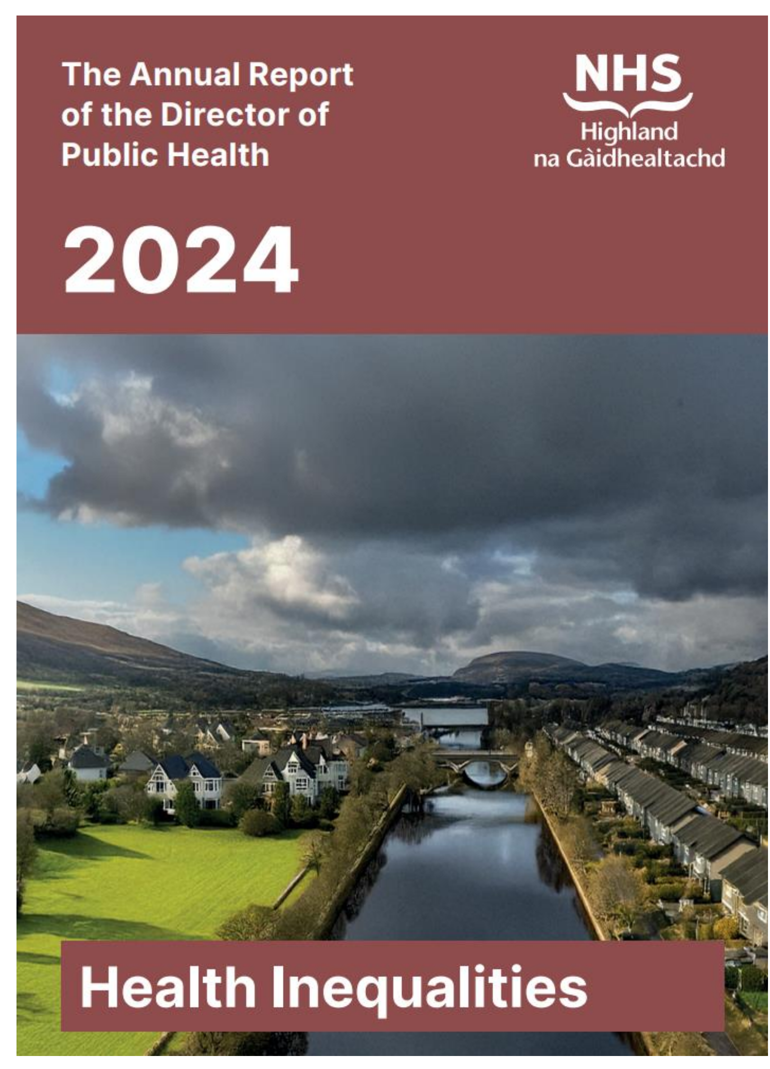
This is an independent report from the Director of Public Health. Considerable work has been undertaken within the Public Health Directorate to produce the report. The Report was presented to NHS Highland Board on 28 January and the Board accepted the recommendations in the report and asked for six-monthly reports on implementation of the recommendations.

4 Recommendation

Highland Health and Social care Committee is asked to note and discuss the 2024 Director of Public Health Annual Report.

4.1 List of appendices

The full report is provided separately as an appendix.



DPH Annual Report 2024

Jennifer Davies

Deputy Director of Public Health

This Never Happened

- Patient: “Doctor, I have come to see you because I am suffering from a terrible health inequality.”
- Doctor: “Well then, you had better move to somewhere with a higher life expectancy.”

Life Expectancy and Inequalities

NHS Highland (males)
Least deprived 20%
Most deprived 20%

NHS Highland (females)
Least deprived 20%
Most deprived 20%

Life expectancy in years

90
85
80
75
70
65

2001-2005
2005-2009
2009-2013
2013-2017
2017-2021
2001-2005
2005-2009
2009-2013
2013-2017
2017-2021

Year

Leading Causes of Health Loss in NHSH

Drug use disorders
Colorectal cancer
Anxiety disorders
Diabetes mellitus
Other cardiovascular and circulatory diseases
Headache disorders
Self-harm and interpersonal violence
Depression
Chronic obstructive pulmonary disease
Low back and neck pain
Other cancers
Lung cancer
Cerebrovascular disease
Alzheimer's disease and other dementias
Ischaemic heart disease

Disability
Premature death

0 2000 4000 6000 8000 10000

Health loss (Year of life lost)

Trends in some Health Inequalities

Health Inequalities: Learning Disability

Learning disability, learning difficulty or developmental disorder
Others

100%
0%

Percentage in good or very good health

0 to 15
16 to 34
35 to 64
65 and over

Age band

Approaches to Health Inequalities

- National or international comparison
- Population group comparison e.g. by wealth
- Risk factor comparison e.g. alcohol
- Comparison of outcomes for a given condition
- Comparison of ease of access to treatment
- Consideration of different ways to tackle inequalities

- We need to consider all these

Drivers for health inequities

Fig 12. The five conditions' contributions to inequities in self-reported health, mental health and life satisfaction (EU countries)

	Self-reported health	Mental health	Life satisfaction
Health Services	10%	11%	11%
Income Security & Social Protection	35%	46%	40%
Living Conditions	29%	30%	21%
Social & Human Capital	19%	7%	18%
Employment & Working Conditions	7%	6%	10%

% of the gap explained by each of the 5 conditions

Note: Analysis controls for age and sex of individuals
Source: based on 2003-2016 data from the EQLS

Adapted from 'WHO Europe Five Essential Conditions Underlying Health Inequities' https://www.who.int/europe/publications/i/item/9789289054256

Prevention Pathway

Time

Primary Prevention			Secondary Prevention	Tertiary Prevention
Wider Determinants (The role of income; employment; housing and education)	**Psycho-social Determinants** (Mental Wellbeing e.g. emotional literacy; self esteem; social relationships; resilience, trauma and discrimination) and how these impact on people	**Commercial and Behavioural Determinants** Role of Industries and policies	**Early Detection and intervention** Early identification of potential health harming exposures and vulnerabilities to prevent escalation to problematic or dependent use or harm	**Treatment and Care** **Access to and acceptability of treatment services; treatment outcomes; harm reduction**

Health Equity

Health Inequalities

- At the heart of the NHS
- Crucial for the work of NHS Highland
- Clear at a population and an individual level
- At the foundation of future work for the Board
- Many causes, including access to care
- Fairness

Some of the Recommendations

- NHS Highland and its partners should regularly review and monitor progress in reducing health inequalities
- Highland and Argyll and Bute Community Planning Partners should consider the best ways to tackle local health inequalities and how to learn from models such as Collaboration for Health Equity and place-based approaches
- Public sector organisations in Highland and Argyll and Bute should acknowledge the poor health experienced by underrepresented groups and address the inequalities with help from the skills and resources of the groups. This includes building strong collaborative relationships with those in position of trust within communities.
- NHS Highland should ensure that health inequalities are actively monitored as part of cancer management and across all services
- NHS Highland should address health inequalities across the entire cancer pathway from prevention to rehabilitation.

Questions

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**5th March 2025**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Pamela Stott, Chief Officer, HHSCP (Highland Health and Social Care Partnership)**
Report Author:	**Sammy Clark, Performance Manager, Strategy & Transformation**

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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

2.1 Situation

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

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

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

2.2 Background

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

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

4 Recommendation

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

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

4.1 List of appendices

The following appendices are included with this report:

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

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

HHSCP Integrated Performance and Quality Report

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available.

- For this IPQR the format and detail has been modified to bring together the measurable progress aligned to the actions within NHS Highland's Annual Delivery Plan that will be reviewed by Finance, Resources and Performance Committee and the Clinical and Care Governance Committee. Where relevant, progress against these deliverables is referenced in the HHSCP IPQR.

- In addition, a narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements and what the anticipated impact of these improvements will be.

- We will continue to develop this report to include further metrics as described on the following pages and to provide assurance of progress on the annual delivery plan deliverables.

- A performance rating has been assigned in each area to provide an indication of the current level of performance in each area based on available information including national benchmarking.

Executive Summary of Performance Indicators

Well Theme (Slide Number)	Area	Performance Rating
Stay Well (4)	Vaccinations (Children's)	No updated data for this report
Stay Well (5)	Drug & Alcohol Waiting Times	No updated data for this report
Stay Well (6)	Alcohol Brief Interventions	No updated data for this report
Care Well (7-8)	Self Directed Support – Option 1	Trend is increasing number of SDS Option 1
Care Well (9)	Self Directed Support – Option 2	Trend is increasing number of SDS Option 2
Care Well (10)	Adult Protection	N/a
Care Well (11-13)	Care at Home	N/a
Care Well (14-15)	Care Homes	Decreasing long-stays and increasing activity
Care Well (16-17)	Delayed Discharges	Below improvement trajectory but overall reduction in # of people in delay in recent months
Care Well (17-18)	Community Hospital's Length of Stay	N/a
Treat Well (19)	Psychological Therapies Waiting Times	Below target but performance consistently improved
Live Well (20)	Community Mental Health	N/a
Treat Well (21)	Chronic Pain	Improving position
Treat Well (22)	Overview of HSCP waiting lists	Increasing

Guide to Performance Rating

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

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

Exec Lead
Pamela Stott
Chief Officer, HHSCP

HHSCP Adult Social Care

Self Directed Support

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

Performance Rating	Increasing

SDS (option 1) Carer Break scheme applications by status

status: (Blank), No, Yes

Period	Total	Yes	Other labels
2021 / 2022 Q2	3		
2021 / 2022 Q3	112	111	
2021 / 2022 Q4	274	267	
2022 / 2023 Q1	124	118	
2022 / 2023 Q2	71	67	
2022 / 2023 Q3	149	141	
2022 / 2023 Q4	194	185	
2023 / 2024 Q1	94	89	
2023 / 2024 Q2	132	128	
2023 / 2024 Q3	167	154	13
2023 / 2024 Q4	142	126	16
2024 / 2025 Q1	188	155	31
2024 / 2025 Q2	204	175	12, 17
2024 / 2025 Q3	105	98	

SDS (option 1) Carer Break scheme applications by type

application type: Bike, Cleaning, Electronics, Experiences, Furniture / Homeware, Garden Furniture / Summer House, Gym Equipment, Hardship funding, Hobby equipment, Holiday, Home improvements, IT Equipment, Memberships, Memberships / Subscriptions, Other, Respite, Support, Travel Cost, Treatments for Well-being

Period	Total
2021 / 2022 Q2	3
2021 / 2022 Q3	112
2021 / 2022 Q4	274
2022 / 2023 Q1	124
2022 / 2023 Q2	71
2022 / 2023 Q3	149
2022 / 2023 Q4	194
2023 / 2024 Q1	94
2023 / 2024 Q2	132
2023 / 2024 Q3	167
2023 / 2024 Q4	142
2024 / 2025 Q1	188
2024 / 2025 Q2	204
2024 / 2025 Q3	105

SDS1 Direct Payments - No. of clients & % of all ASC clients

SDS1 Direct Payments - No. of clients by age band

Year	Month	Sum of SDS1 people	Sum of SDS1 people %	<65	65+
2021	April	388	7.2%	244	144
2021	June	394	7.9%	246	148
2021	September	421	8.4%	254	167
2021	December	435	8.2%	264	171
2022	March	442	8.3%	264	178
2022	June	502	9.6%	280	222
2022	September	519	10.0%	287	232
2022	December	542	10.5%	295	247
2023	March	568	11.2%	308	260
2023	June	597	11.8%	319	278
2023	September	635	12.5%	334	301
2023	December	655	12.9%	349	306
2024	March	680	13.4%	358	322
2024	June	699	13.8%	365	334
2024	September	719	14.2%	376	343
2024	October	739	14.6%	382	357
2024	November	760	15.0%	392	368
2024	December	776	15.3%	398	378
2025	January	767	15.1%	398	369

Together We Care
with you, for you

Exec Lead
Pamela Stott
Chief Officer, HHSCP

HHSCP Adult Social Care

Self Directed Support

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

Performance Rating	n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
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.	**Unpaid Carers** Our Carers Services Development Officer is established in post and is prioritising our arrangements with our range of unpaid carers services seeking to ensure we have a strong collaborative basis to build upon going forward. A new Project Support Officer has recently been recruited to increase the engagement of unpaid carers to ensure their perspectives help shape the supports available to them.	Improved access for SDS option 1 (wellbeing fund) in future aligned to what matters to people approach with Protection of adult carer funding for short breaks. Exploration of how to increase availability of home-based replacement care (respite) continues.
SDS Option 1 (Direct Payments) We have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas. Option 1's account for 11% of all commissioned spend for this flexible and popular personalised care option. These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggest a market shift in Adult Social Care service provision.	Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). The fund reopened to new applicants in April 2024. In addition to implementing financial ceilings, those applying for the first time will receive priority status for funds, ensuring that as many carers as possible benefit from the scheme	NHSH is committed to increasing the level of independent support across all service delivery options but due to known financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support by reinvesting any unused funds to strengthen our independent support.
We are also aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery.	However, based on what we've heard from unpaid carers to date, we are currently exploring the potential to increase the provision of home-based respite across Highland	Work is progressing in this area and committee will be updated as plans progress.
Work is well underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people. This work is being complemented by an initiative to increase Independent Support across specific geographies	**Direct Payments** Option 1 recipients in 24-25 all received an above inflationary increase due to the significant investment from NHSH to level up the previous low baseline hourly rate.	A report on the 2024-27 Carers Strategy and an update on SDS in Highland to be presented to this committee.

Together We Care
with you, for you

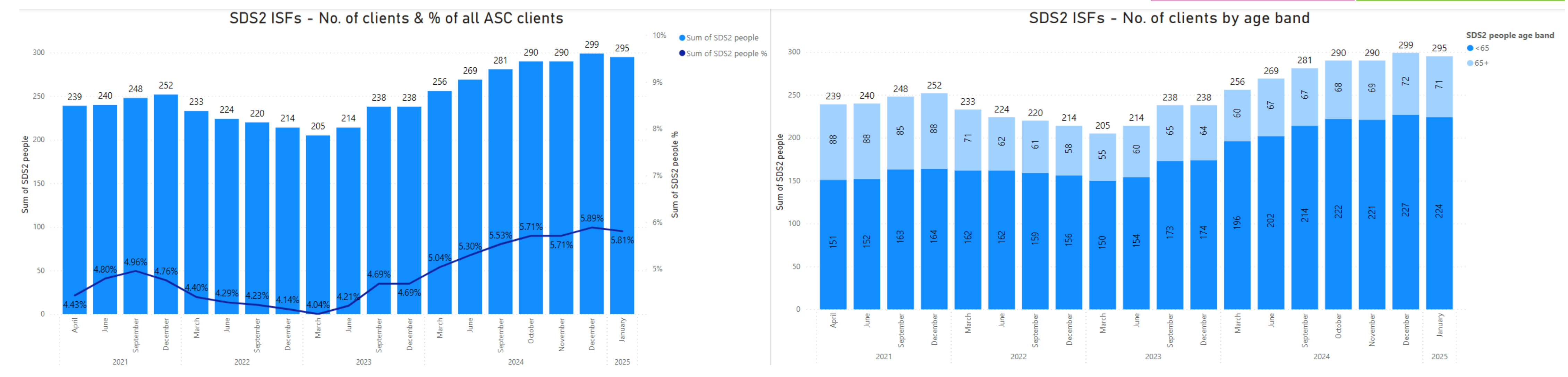
HHSCP Adult Social Care

Self Directed Support – Option 2 (Individual Service Funds)

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

Performance Rating	Increasing

Exec Lead
Pamela Stott
Chief Officer, HHSCP



Reasons for Current Performance	Plan and Mitigation	Expected Impact
ISFs reduced during 2022 although we have seen a welcome and sustained increase in commissioned service provision continuing throughout 2024. Current numbers of ISFs are now exceeding pre pandemic levels. Our current number of active service users is 295 with a projected annual 2024-25 cost of £7.69m. Graph 2 - Overall number of ISFs split by age band, noting **76%** of our current service provision is provided under this commissioning option to younger adults.	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.	As per plan and mitigation To sustain and to grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers

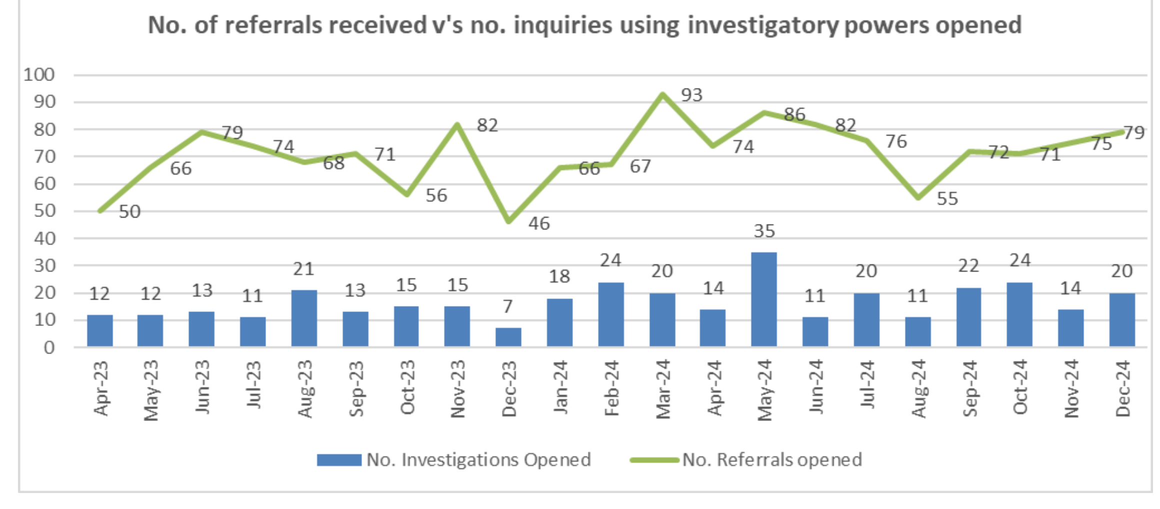
Highland HSCP Adult Protection

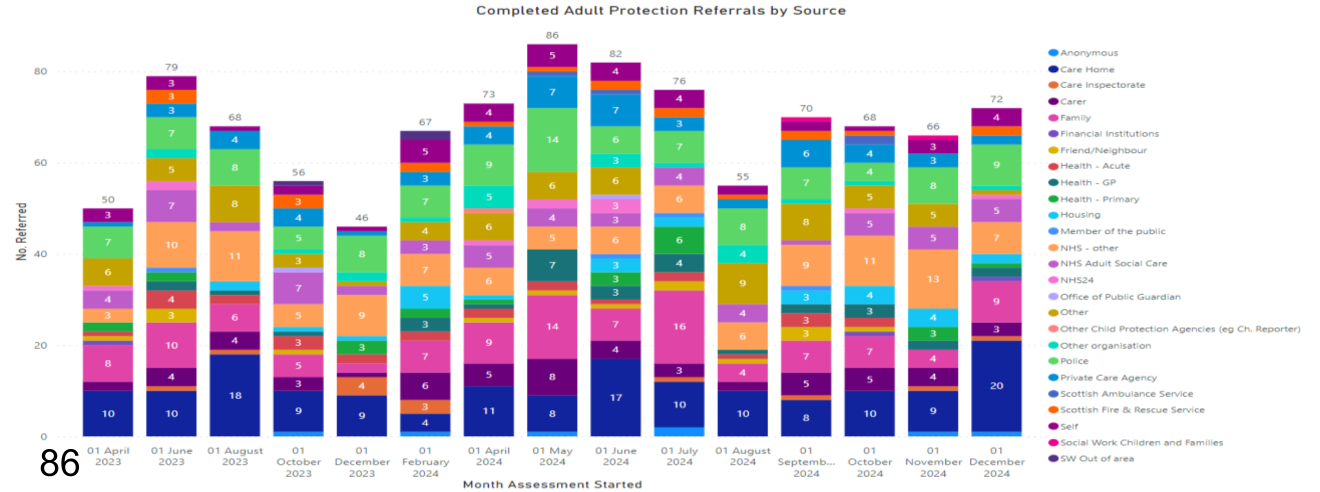
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	n/a

Exec Lead
Pamela Stott
Chief Officer, HHSCP

Reasons for Current Performance	Plan and Mitigation	Expected Impact
The national minimum dataset is now in place and Highland have been placed in a family grouping for benchmarking in 2025. The QA sub-group reviews this quarterly to determine trends and areas of thematic focus for auditing. The triaging of referrals, combined with the application of the 3-point criteria, has allowed for timely and accurate identification of adults at risk of harm. Local ASP processes ensured that referrals were efficiently screened - reducing the likelihood of harm and increasing protection for adults who were identified as meeting the 3-point criteria. Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart.	An integrated action plan was developed for the Highland Adult Protection Committee following the Joint Inspection in early 2024 and the conclusion of two external learning reviews and one joint learning review with the Child Protection Committee. This is being worked on by respective sub-groups to address identified actions. In response to an analysis of current performance	Three key areas and their expected impact have been identified: • **Enhanced Focus on Financial Harm Prevention:** Given the high proportion of cases involving financial exploitation, there is a need for preventative initiatives targeted at older adults. • **Community-Based Safeguarding:** Strengthening community networks and providing more robust support to informal caregivers can help mitigate cases of neglect and harm within the home. • **Qualitative Data Collection:** Gathering qualitative data from adults at risk will help create a fuller picture of the effectiveness of adult protection processes.



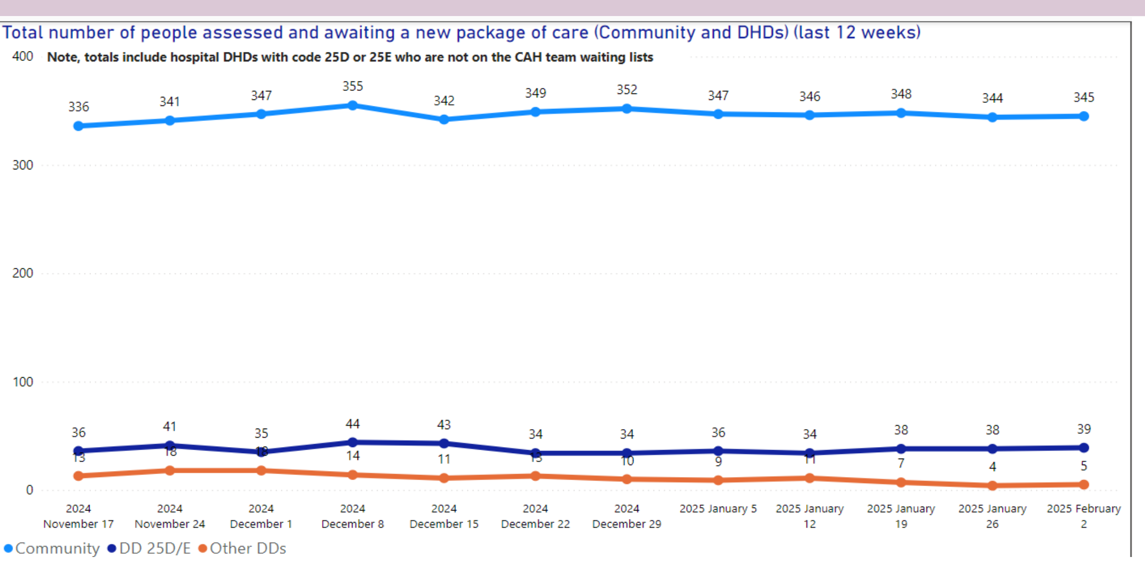


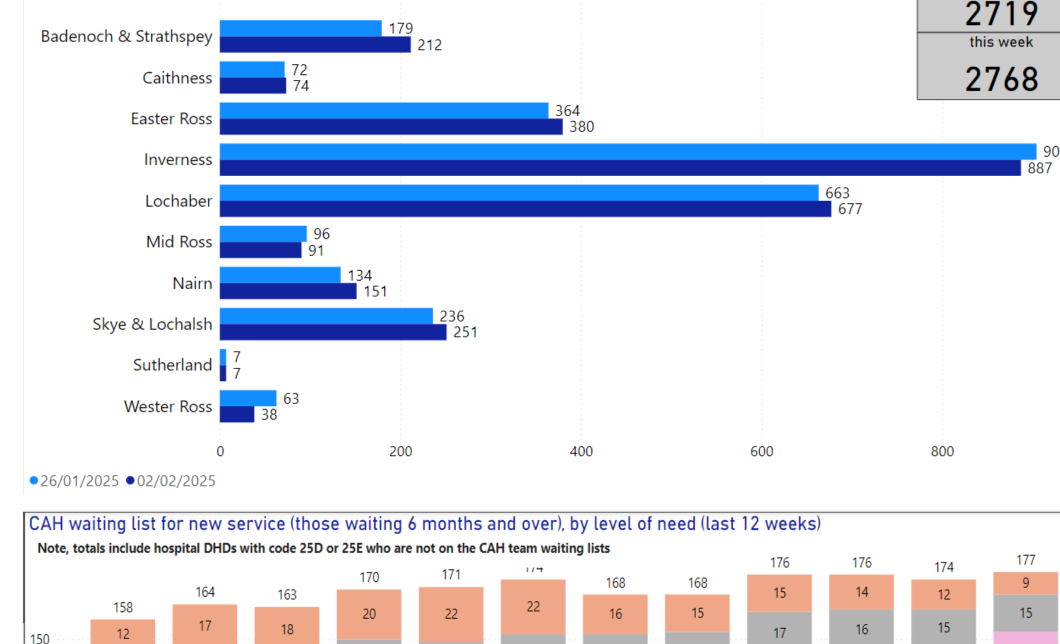
Highland HSCP Care At Home

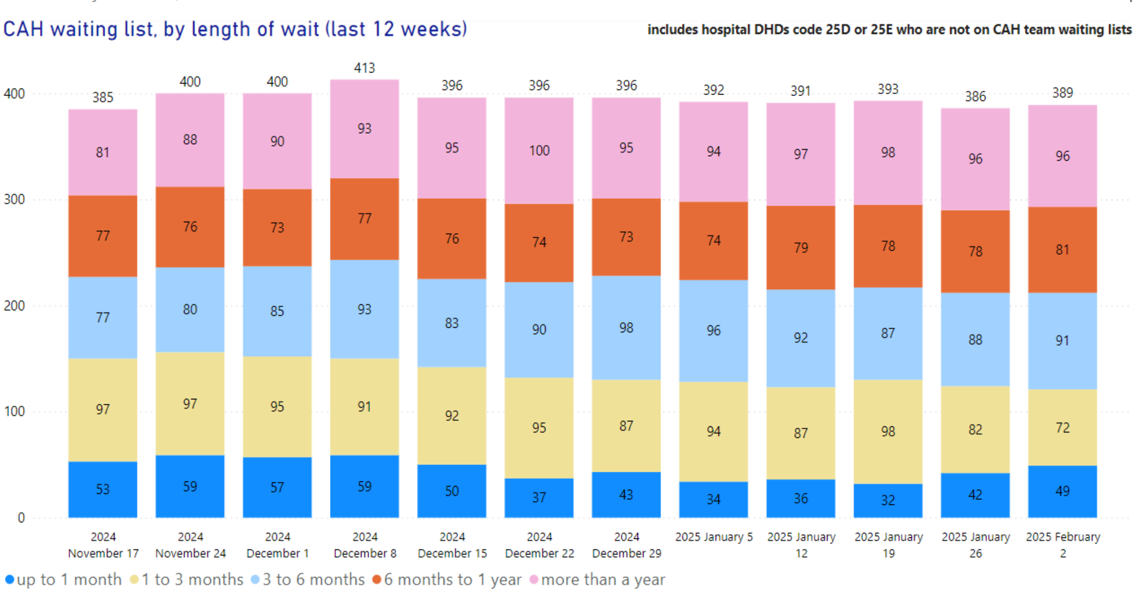
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

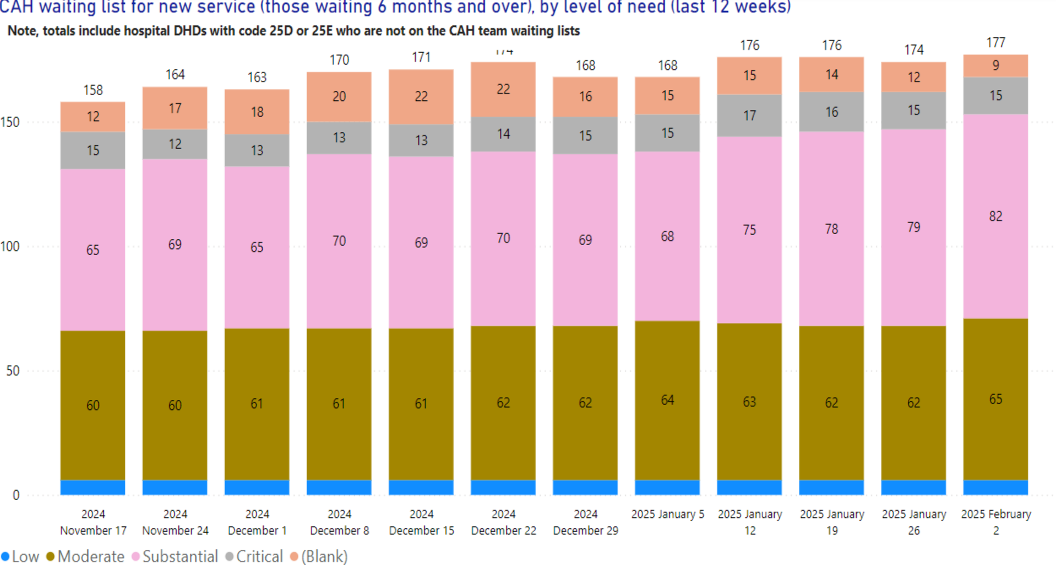
Performance Rating N/a

Exec Lead
Pamela Stott
Chief Officer, HHSCP









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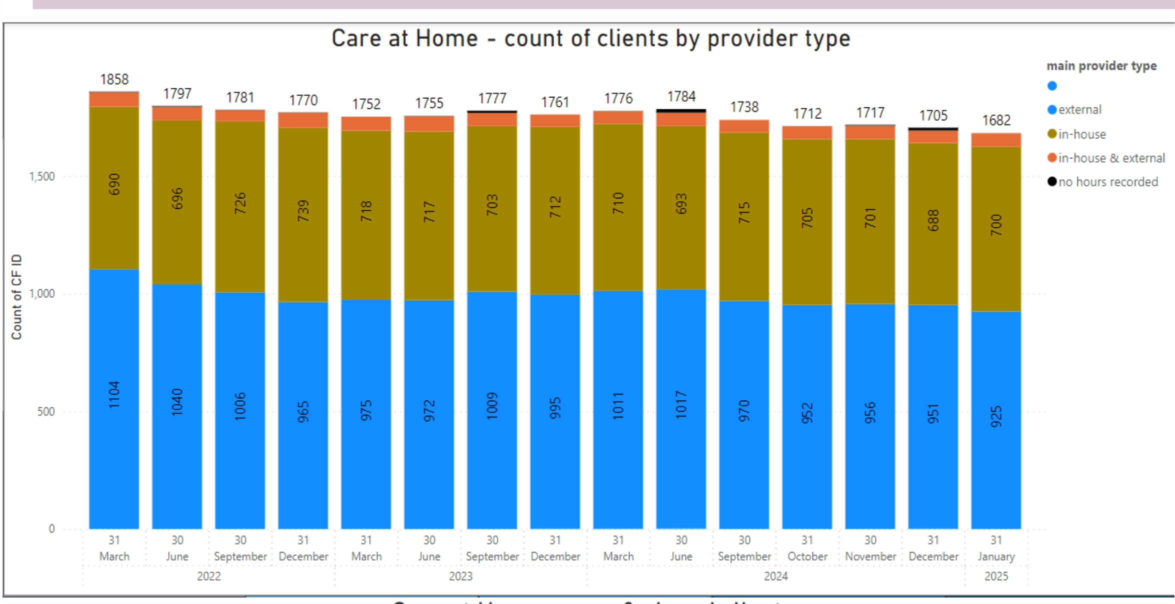
with you, for you

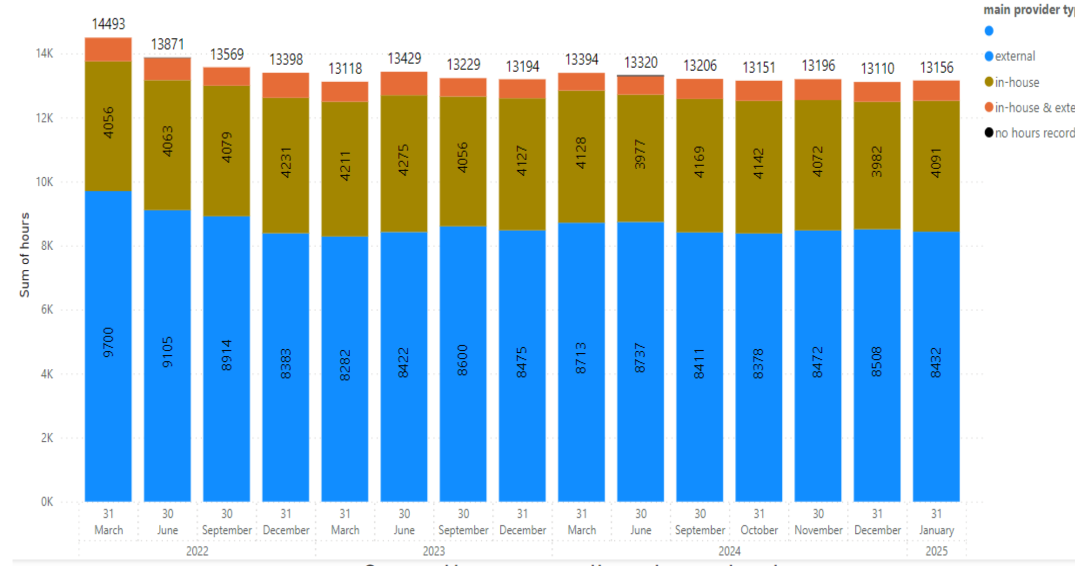
Exec Lead
Pamela Stott
Chief Officer, HHSCP

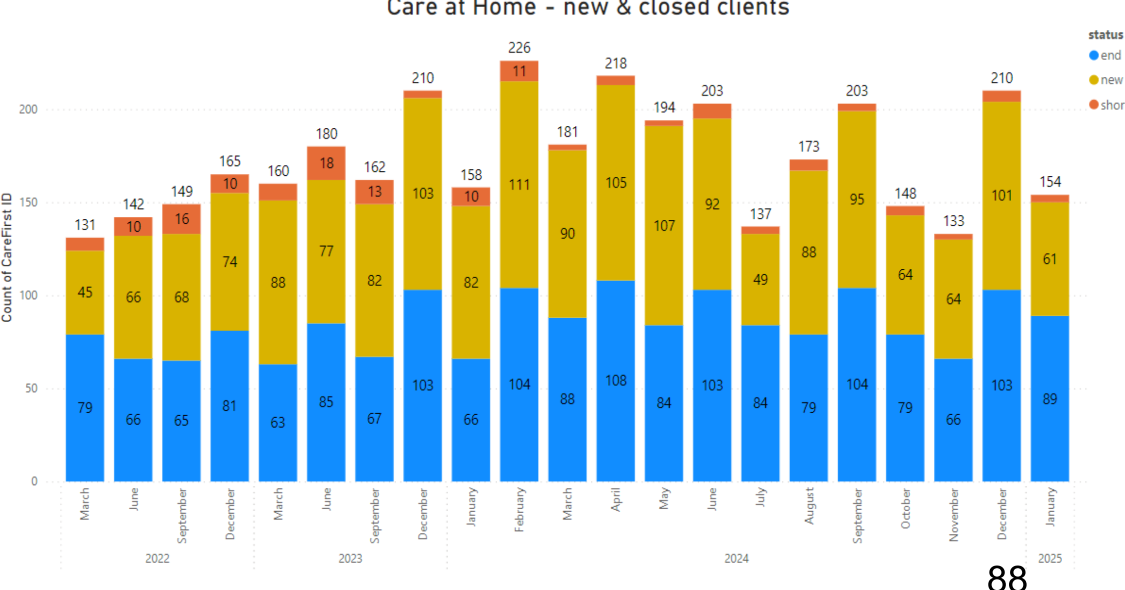
Highland HSCP Care At Home

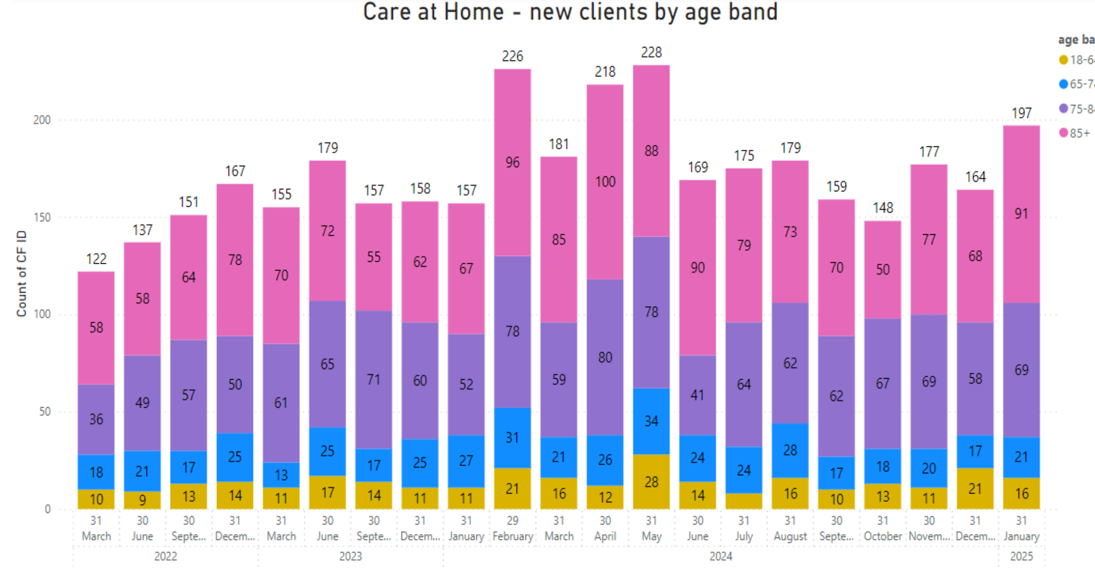
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	N/a









Highland HSCP Care At Home

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

Performance Rating N/a

Exec Lead
Pamela Stott
Chief Officer, HHSCP

Insights for Current Performance

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

Our current level of unmet need is:

- Community – 345 awaiting a CAH service
- DHDs – 39 awaiting a CAH service.
- Despite ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2719 planned hours per week.

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.

There remains sustainable pressures in the market and since Dec 23, 4 providers have exited the market with the hours picked up by the sector and NHSH.

Operational colleagues and our partner providers have worked tirelessly to avoid any service disruption during contracted notice period.

NHS Highland has been notified of a further provider exit which is due to end April 2025 and we will work in collaboration with the sector to ensure continuity of service to those impacted.

Plan and Mitigation

Through the System Capacity group, we are focusing on Inverness services and support to refocus activity and criteria to enable a reduction in unmet need.

There is a wider understanding of Care at Home services across our system and a current drive to support:

- Sustained in-house recruitment
- Rebalancing of services to ensure prevention/rehabilitation is at the forefront

Initiatives such as frailty identification and AHPs at the front door of Raigmore should also support improvement management of Care at Home resources.

Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector. A multi-disciplinary and sector implementation group was initiated to take forward co-produced proposals with the sector. These are:

Improving Access and Processes

- Clear pathway/information quality
- Zones/runs/flexibility
- Outcome commissioning/interactive commissioning tool

Valuing Staff

- Tariff implementation – new payment tariff including increased carer mileage costs was introduced October 24
- Joint training/locality shared staff
- Collaboration event

A Highland collaborative has also been established, looking at more strategic issues, the recent meeting considered an interactive commissioning tool which remains under consideration.

Expected Impact

Expected impact and trajectories for improvement have been developed for overall delayed discharges.

Sustaining current service delivery levels for care at home.

Targets and any future realistic growth trajectories are to be developed at a district level through the System Capacity Group.

Highland HSCP Care Homes

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

Performance Rating	Decreasing long-stays and increasing activity

Exec Lead
Pamela Stott
Chief Officer, HHSCP

Long-stay Care Home placements by provider type

Count of CF ID, by secondary service type

Date	NHS	independent sector	Total
31 March 2022	200	1558	1,758
30 June 2022	187	1561	1,748
30 September 2022	193	1554	1,747
31 December 2022	199	1573	1,772
31 March 2023	199	1548	1,747
30 June 2023	219	1533	1,752
30 September 2023	209	1507	1,716
31 December 2023	205	1509	1,714
31 March 2024	200	1493	1,693
30 June 2024	197	1469	1,666
30 September 2024	195	1484	1,679
31 October 2024	192	1478	1,670
30 November 2024	198	1475	1,673
31 December 2024	204	1474	1,678
31 January 2025	203	1462	1,665

Care Homes by Bed Activity Status

Count of CF ID, by status

Date	admission	change in placement	discharge	short placement	Total
31 March 2022	53	21	73		147
30 June 2022	38	22	53		114
30 September 2022	45	18	54		118
31 December 2022	63	18	75	7	163
31 March 2023	55	32	77		168
30 June 2023	45	15	61		121
30 September 2023	43	18	43		106
31 December 2023	42	20	57		120
31 March 2024	52	37	52		145
30 June 2024	42	23	50		115
30 September 2024	46	19	51		121
31 October 2024	43	27	41		111
30 November 2024	37	23	42		105
31 December 2024	45	22	59		128
31 January 2025	38	21	80		142

Long-stay Care Homes by area

Count of CF ID, by area ((Blank), Mid, North, outwith Highland, South, West)

Date	Mid	North	outwith Highland	South	West	Total
31 March 2022	405	250	128	790	185	1,758
30 June 2022	414	243	133	777	181	1,748
30 September 2022	421	236	136	776	178	1,747
31 December 2022	424	249	135	775	189	1,772
31 March 2023	417	236	130	788	176	1,747
30 June 2023	397	247	127	805	176	1,752
30 September 2023	382	247	122	792	173	1,716
31 December 2023	390	241	126	786	171	1,714
31 March 2024	385	244	131	769	164	1,693
30 June 2024	392	243	128	738	165	1,666
30 September 2024	389	242	126	764	155	1,679
31 October 2024	392	245	122	758	148	1,670
30 November 2024	388	244	121	759	154	1,673
31 December 2024	390	244	124	754	157	1,678
31 January 2025	384	244	124	747	159	1,665

Long-stay Care Homes by age band

Count of CF ID, by age band

Date	18-64	65-74	75-84	85+	Total
31 March 2022	179	183	542	854	1,758
30 June 2022	173	176	547	852	1,748
30 September 2022	178	173	543	853	1,747
31 December 2022	177	185	558	852	1,772
31 March 2023	174	177	545	851	1,747
30 June 2023	181	180	533	858	1,752
30 September 2023	182	166	538	830	1,716
31 December 2023	179	164	532	839	1,714
31 March 2024	180	161	526	826	1,693
30 June 2024	177	160	516	813	1,666
30 September 2024	188	154	515	822	1,679
31 October 2024	189	154	508	819	1,670
30 November 2024	190	154	517	812	1,673
31 December 2024	188	153	517	820	1,678
31 January 2025	189	153	508	815	1,665

Highland HSCP Care Homes

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

Performance Rating N/a

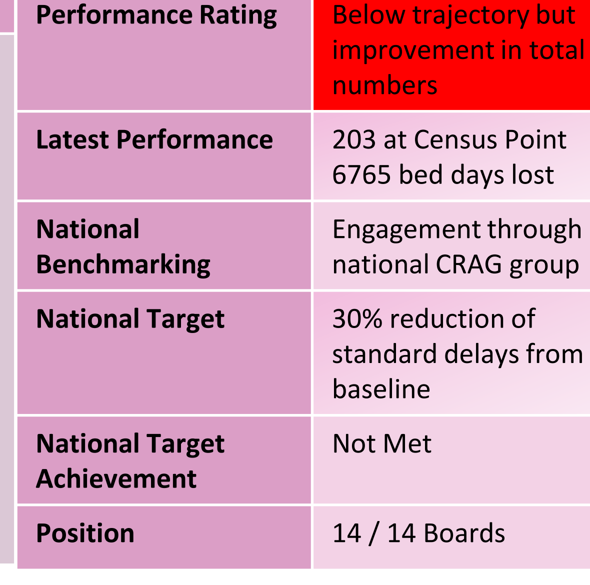
Exec Lead
Pamela Stott
Chief Officer, HHSCP

Reasons for current Performance	Plan and Mitigation	Expected Impact
Demand for a care home placement remains our most common reason for delayed hospital discharges. As of 10 February, there were 72 people delayed in hospital which is a decrease of 8 from the last reported period. There continues to be turbulence in the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation. 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. Since March 2022, 6 independent sector care homes have closed, and the partnership is in the process of seeking to acquire Moss Park in Lochaber to prevent closure and a further loss of bed provision. There is no new admissions to Moss Park until process concludes and there has been a high level of embargoed beds across the sector due to ongoing LSI activity which will be impacting capacity across the system. Strathburn remains temporarily closed, however reopening is intended for end March 2025. Recruitment process is underway with the intention to re-open Dail Mhor as a respite centre as all recent temporary closures were all in small rural and remote communities specifically due to acute staffing shortages. Reduced overall bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.	Through our System Capacity group, we have identified potential capacity which could positively impact our delayed hospital discharges. However, this is based on improving our recruitment and retention within our internal provision and securing external funding to enable further use of our independent sector. There is a need for a Care Home Commissioning Strategy and Market Facilitation Plan to be developed. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations. High level commissioning intentions are agreed. A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board. A **Care Programme Board** has been established to oversee: • Acquisitions, closures and sustainability • Forward Planning and Strategy	• Exploring additional internal provision based on available workforce availability, being led by the System Capacity Group • These measures will be impacted if there are any more Care Home closures or reductions in capacity • Sustainability of existing care home provision – unlikely without targeted intervention. • New significant financial pressure linked to at present, an unfunded NI increase is due for implementation April 25 - Internal mitigations being explored. • Future market intentions stated • Draft Joint Strategic Needs Assessment received Feb 25 – currently under review

Exec Lead
Pamela Stott
Chief Officer, HHSCP

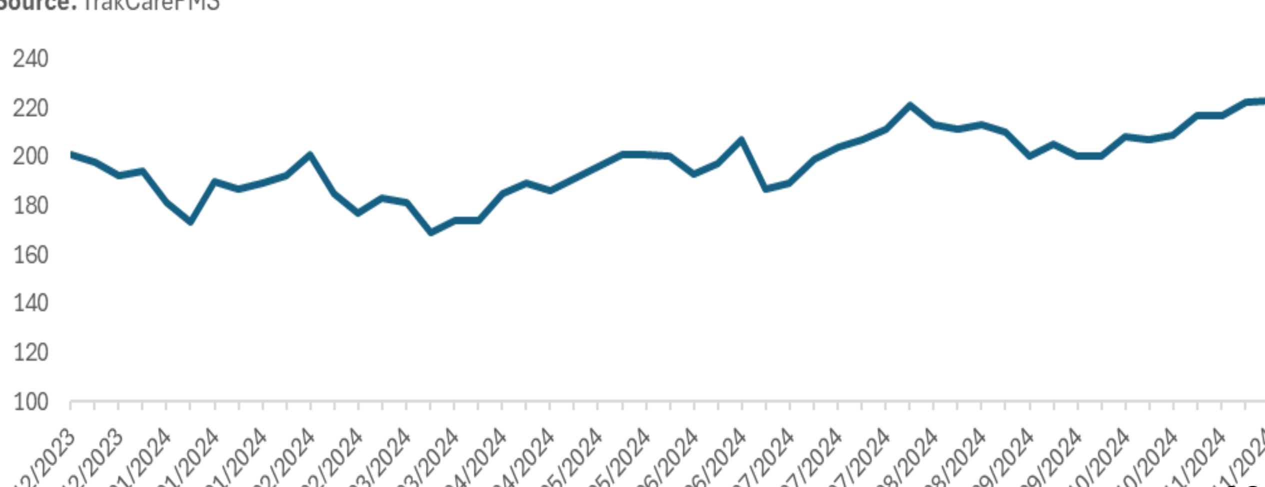
Highland HSCP Delayed Discharges

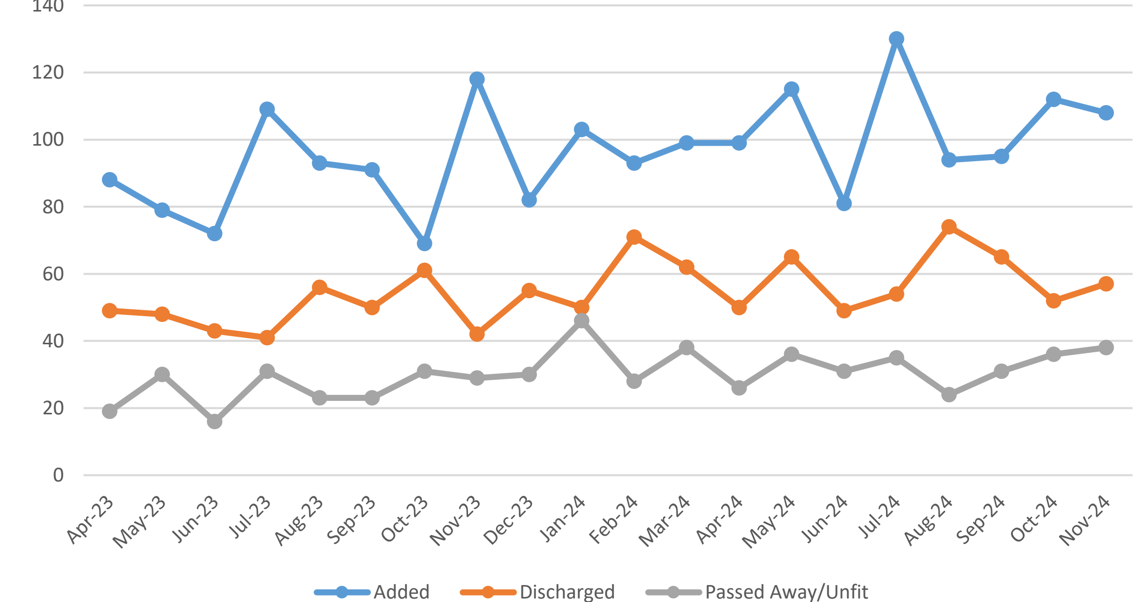
ADP Deliverables: Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 203 by mid February 2025 in Highland. There has been a reduction in "standard delays" and for "other" delay reasons. The main reasons for the reduction in the "other" reason category has been more assessments completed and a reduction in delays due to complex reasons - as this is a wide category, would require further analysis to identify any specific reason(s) Standard reasons have reduced across waits for nursing and residential homes and care at home services.	The Urgent and Unscheduled Care Programme, as agreed by STAG will focus on the following areas from now until March 2026: • Community Urgent Care Model • Emergency Department Improvement Plans • Discharge without Delay • Targeted pathway redesign A key metric for the programme is the reduction of delayed hospital discharges. In addition, a focused programme is being developed with managerial colleagues and professional leads focusing on improving decision making and allocation processes for adult social care which aim to reduce unmet need. This work has starting within the Inverness district with the care home allocation process and a targeted Care at Home plan.



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

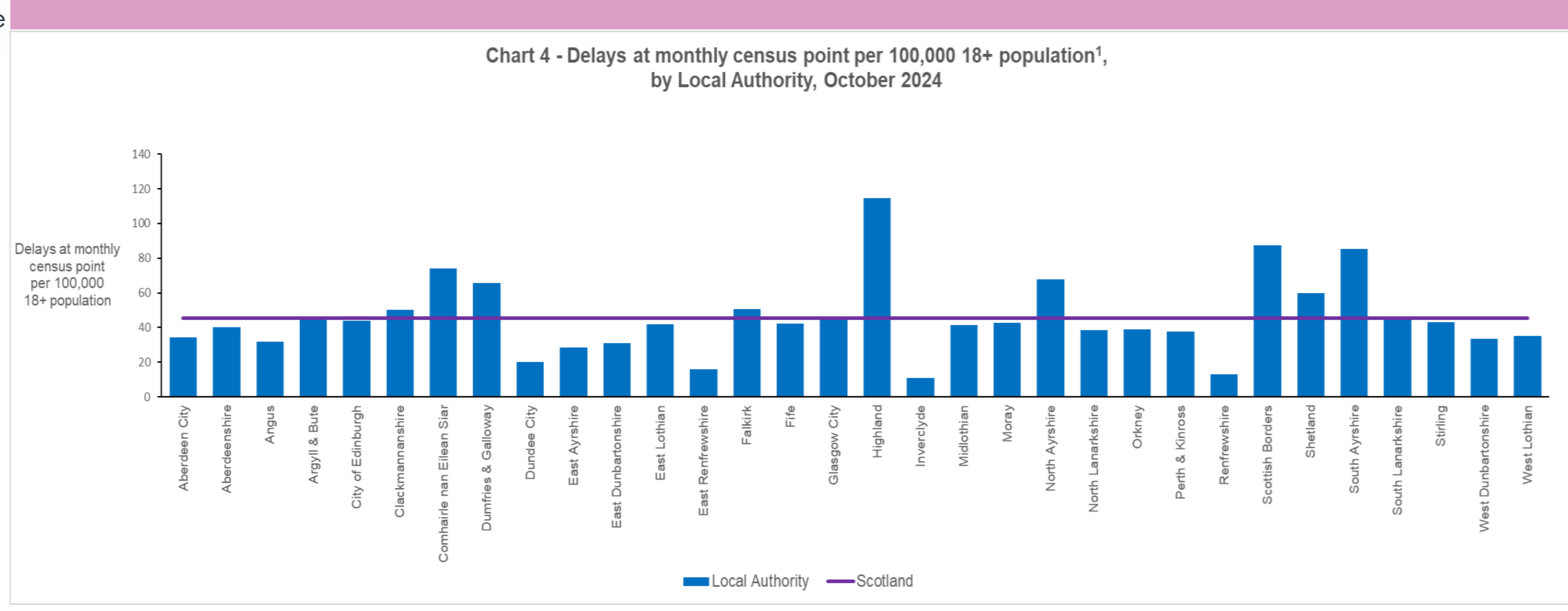
Performance Rating	Below trajectory but improvement in total numbers
Latest Performance	203 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14 / 14 Boards





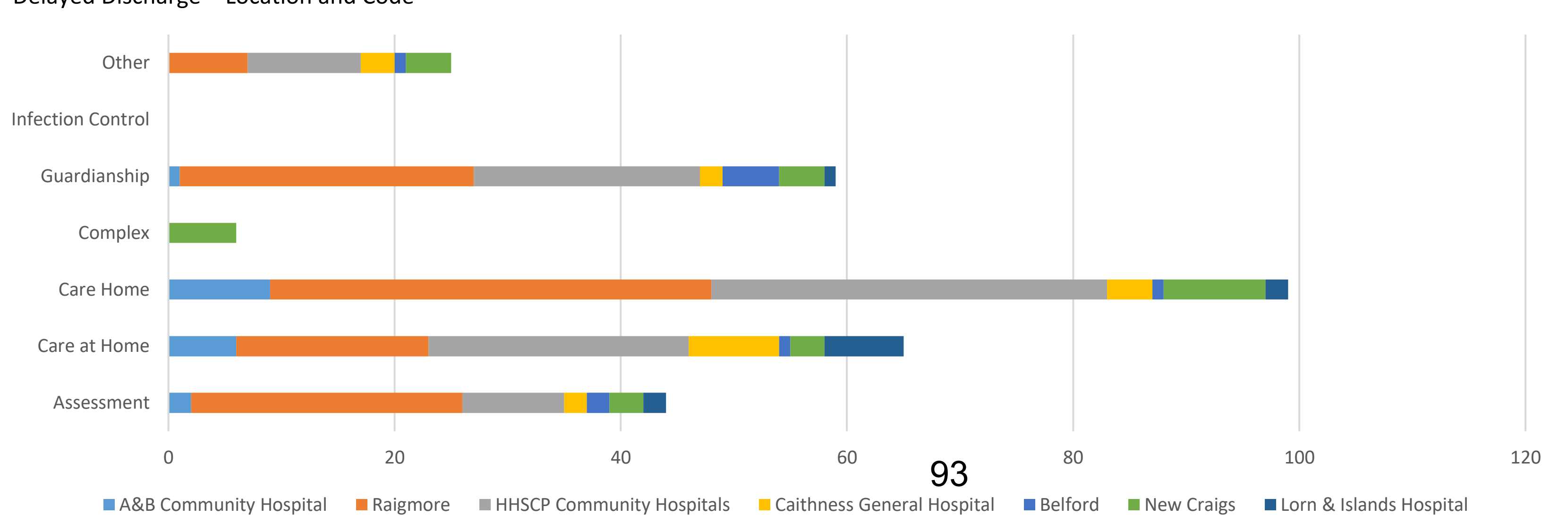
Exec Lead
Pamela Stott
Chief Officer, HHSCP

Highland HSCP Delayed Discharges



PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Care Well	
Performance Rating	Below trajectory but improvement in total numbers
Latest Performance	203 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays by 31/10/24
National Target Achievement	Not Met
Position	14 / 14 Boards

Delayed Discharge – Location and Code

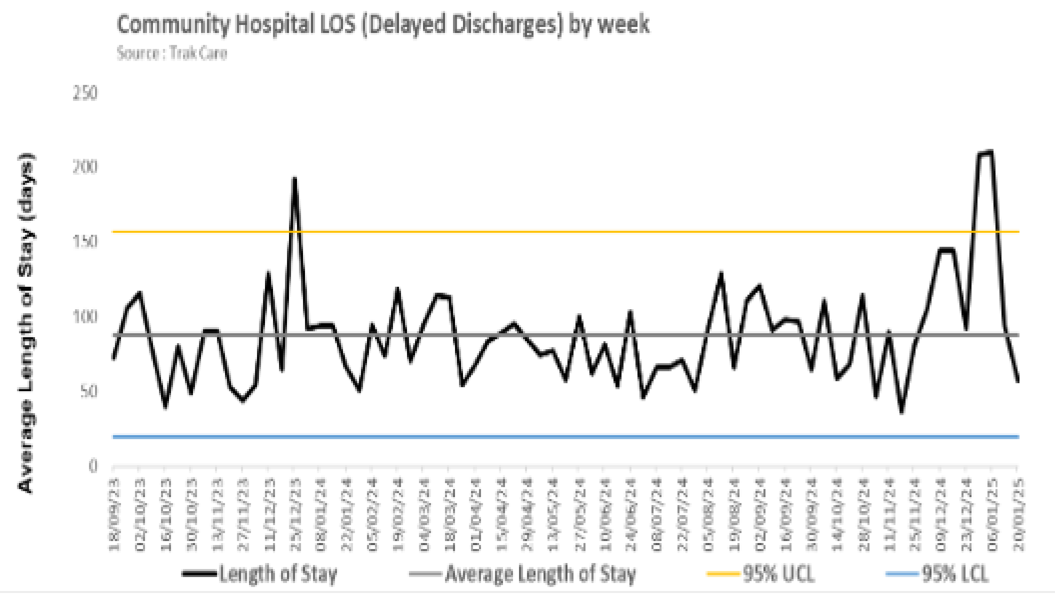


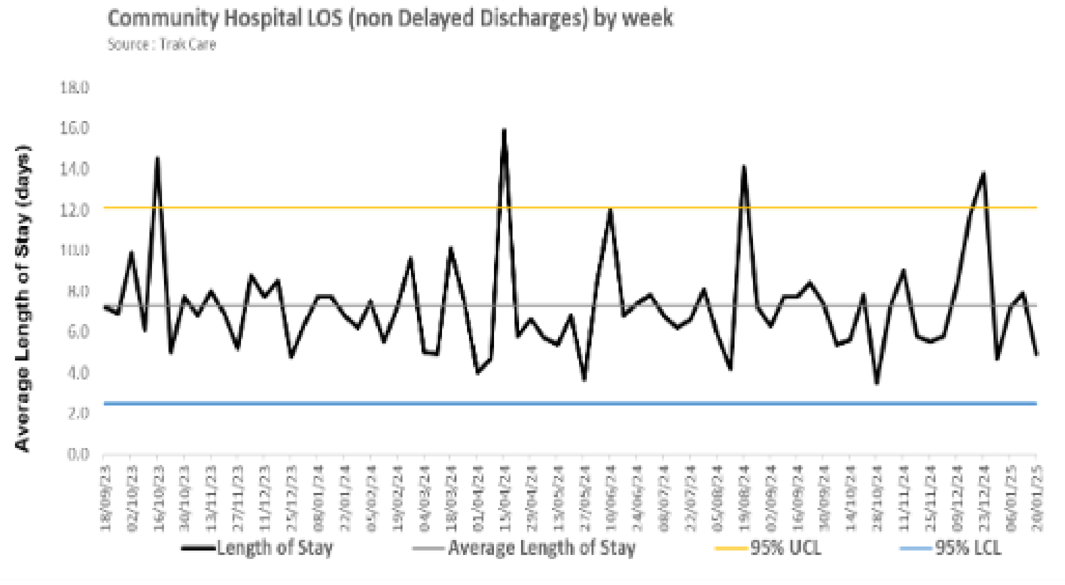
Exec Lead
Pamela Stott
Chief Officer, HHSCP

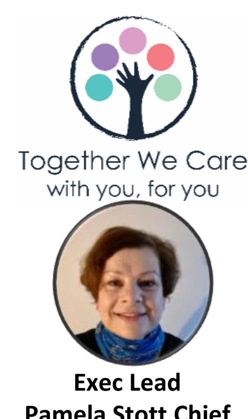
Community Hospital's Length of Stay

ADP Deliverables: Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	Community Hospital LOS this is compounded by the current capacity within care homes & Care at Home and the increase DHDs that we are experiencing some of the mitigation for these will also impact on the LOS of those not in delay.	The Targeted pathway redesign workstream within the Urgent and Unscheduled Care Programme will be focusing on identifying opportunities to reduce length of stay. LIST is supporting the development of this information with the initial data set completed for the Lawson Memorial Hospital. This has highlighted areas for exploration with specific pathways and our medical cover models. Additional sites data sets are being developed. Continued implementation and focus on discharge without delay processes. Mitigation Long LOS are being experienced by those in delay, not those who are not in delay. Expected Impact • Reduced LOS for DHDs possibly slight reduction for the non DHDs

PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Care Well	
Performance Rating	N/a
Latest Performance	
National Benchmarking	Engagement through national CRAG group
National Target	Reduce LOS > 14 days by 5% by end of October 2024
National Target Achievement	Not Met
Position	14 / 14 Boards





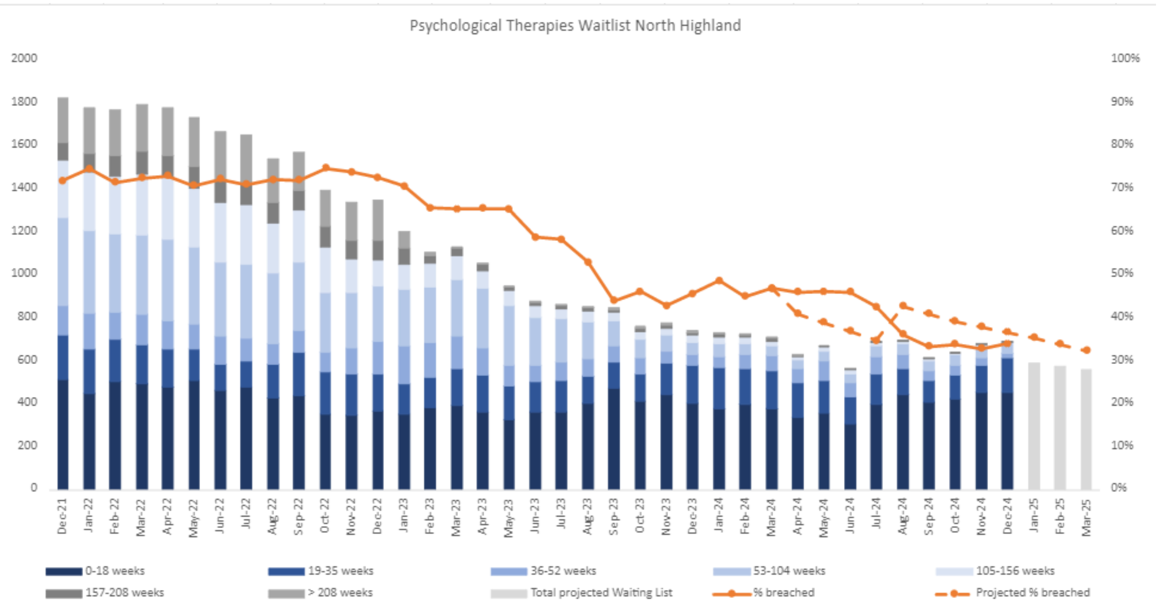


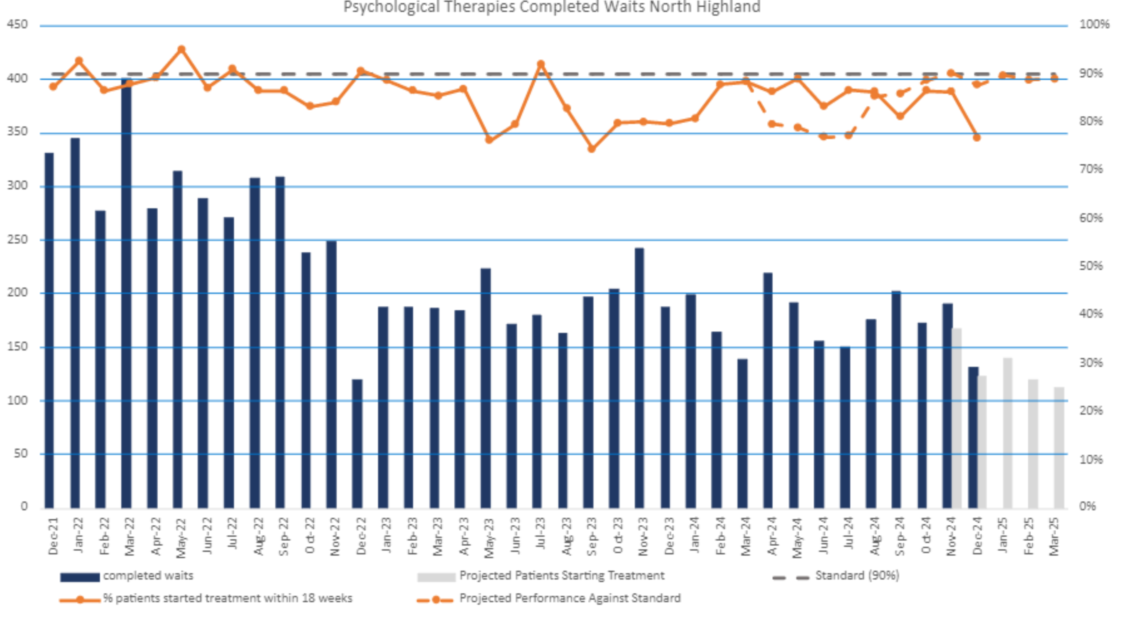
Exec Lead
Pamela Stott Chief Officer, HHSCP

Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	Mar 25	Scottish Government response to PT Improvement Plan submission confirmed that NHSH PT no longer require enhanced support from SG due to the recent performance improvement in 2024.	• Recruited x2new Clinical Psychologists in Adult Mental Health Psychology. • The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification • Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government. • The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below target but performance consistently improved
Latest Performance	86.7%
National Benchmarking	81.0% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards 3rd out of Mainland Boards





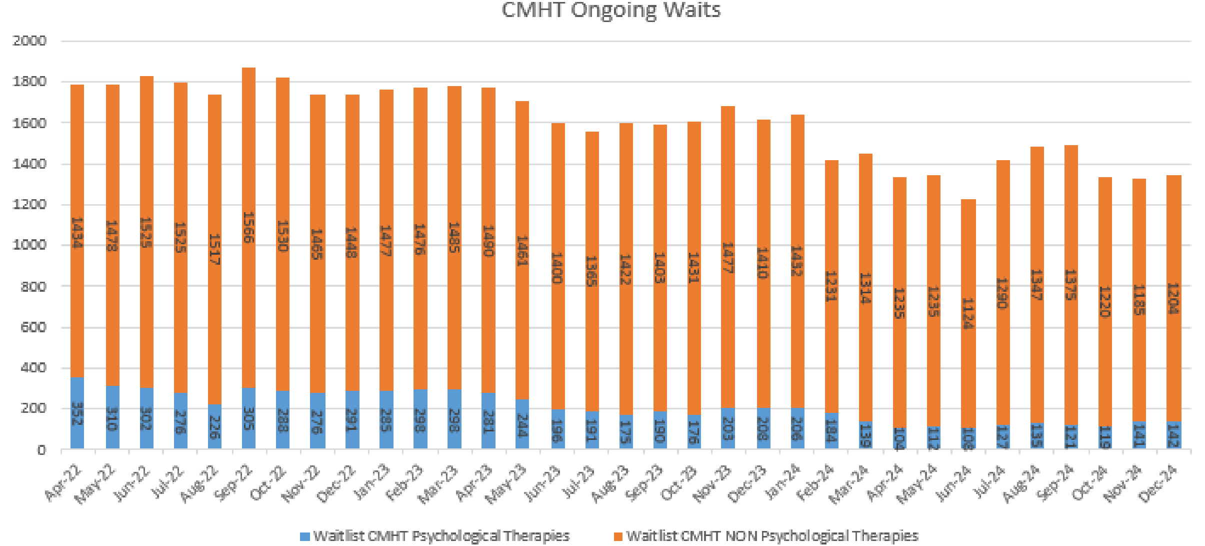
Exec Lead
Pamela Stott Chief Officer, HHSCP

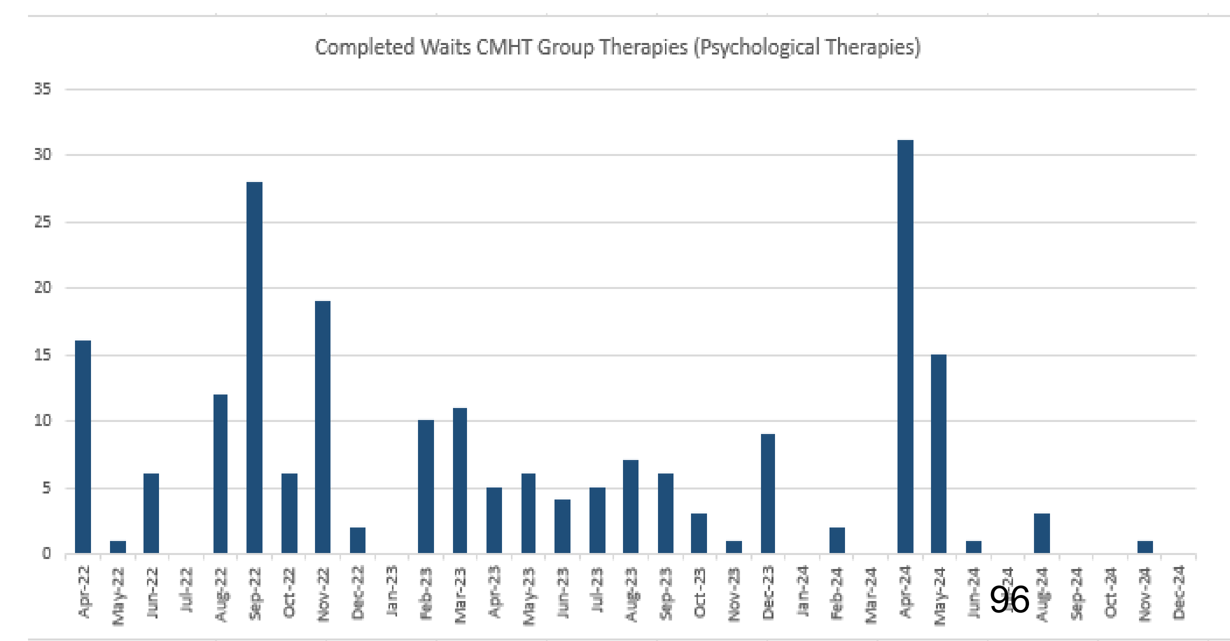
HHSCP Community Mental Health Teams

Completed and Ongoing Waits

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

Performance Rating	N/a





Reasons for Current Performance

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

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

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

Plan and mitigation

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

There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

Expected Impact

Continuing reduction in the ongoing waits for CMHT Group Therapies

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

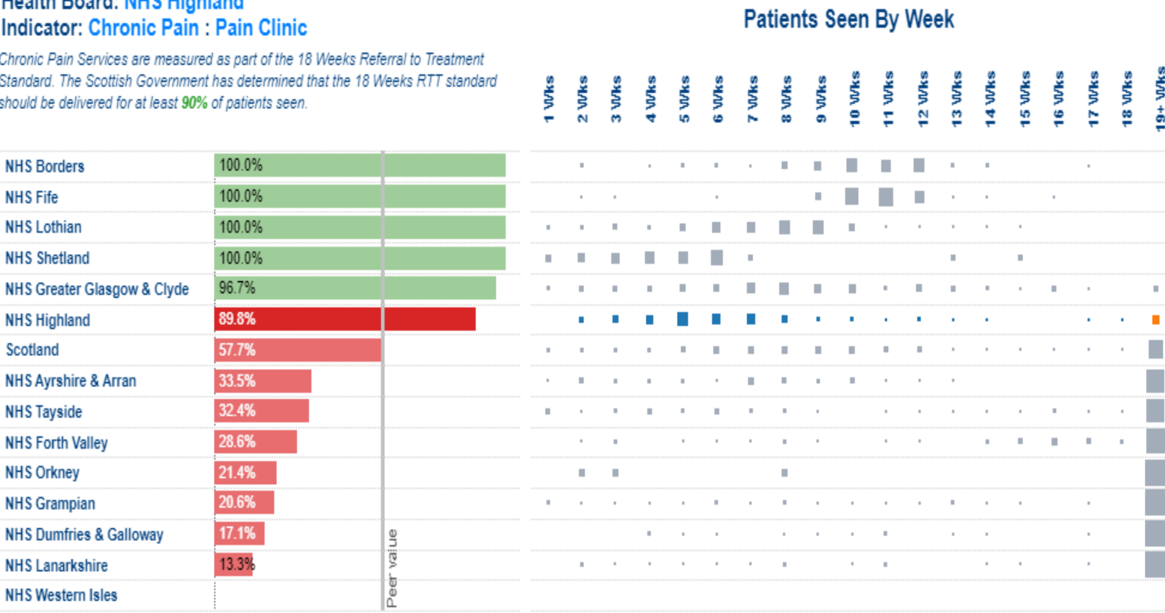
Exec Lead
Pamela Stott Chief Officer, HHSCP

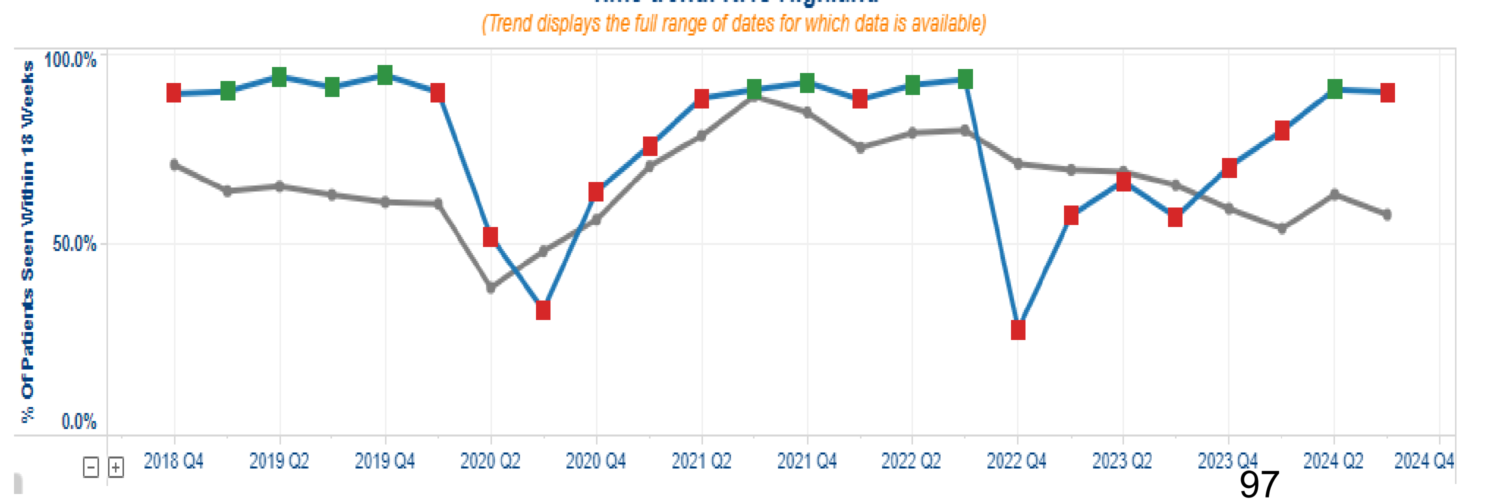
HHSCP Chronic Pain

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

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

Performance Rating	Improving





Reasons for Current Performance

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

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

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

Plan and mitigation

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

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

Expected Impact

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

Exec Lead
Pamela Stott Chief Officer, HHSCP

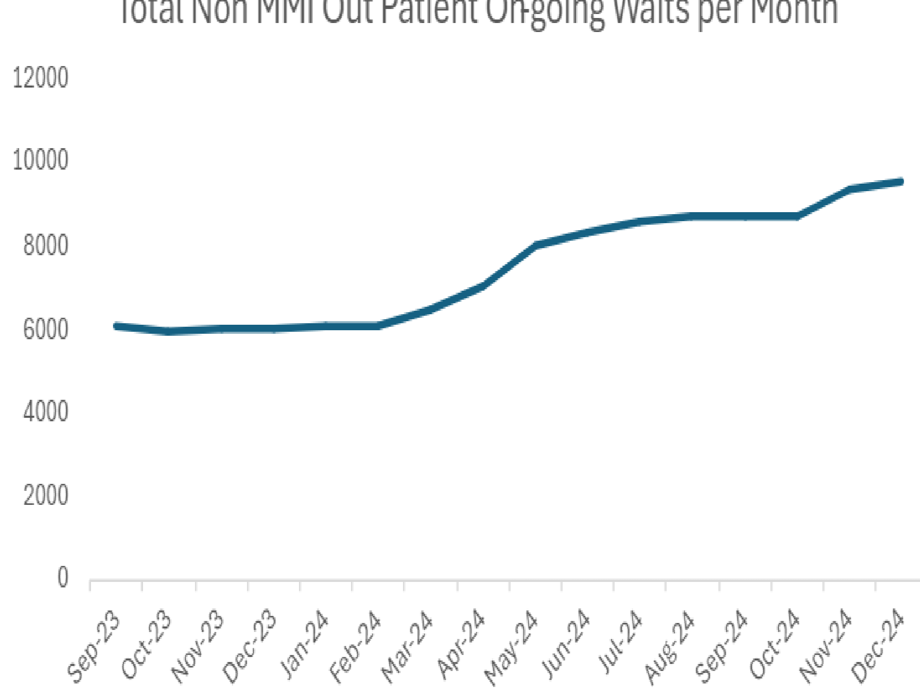
Overview of Other HHSCP Waiting Lists

Data provided to 4th December 2024

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

Performance Rating	Increasing

Insights to Current Performance: 9577 on waiting list, an increase from last report.
Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only.



Count of CHI	LONGEST WAIT								
MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	130-312 wks	**Total**
Chiropody	424	416	255	53	1					**1149**
Community Dental	4	3	3	2		1				**13**
Dietetics	114	216	270	164	30	12	4	3	1	**814**
Dietetics Paediatrics				1						**1**
Obstetrics Antenatal	5		2							**7**
Occupational Therapy	27	11							2	**40**
Psychotherapy		1			1	1				**3**
General Psychiatry	189	245	225	322	345	172	42	5	3	**1548**
Learning Disability	9	15	51	1072	111	88	71	59	98	**1574**
Learning Disability Nursing	1	2	4	107						**114**
Psychiatry of Old Age	128	76	34	9	5	2		1		**255**
Physiotherapy	608	695	725	654	272	132	3	2	6	**3097**
GP Acute	70	76	96	92	1					**335**
Investigations and Treatment Room		5			2	2	2	1		**12**
Community Paediatrics	1									**1**
Psychological Services	146	161	174	77	32	11	4	4	1	**610**
Social Work							1		3	**4**
Total	1726	1922	1839	2553	800	421	127	75	114	**9577**

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2024/25

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2024 to March 2025

The Highland Health and Social Care Committee met on six occasions during 2024-25. Development sessions formed an important element of committee development opportunities and *** were held during financial year 2024-25. The minutes from each Committee meeting have been submitted to the appropriate Board meeting for assurance purposes. Membership and attendance are set out in the table below.

Membership and Attendance from 01 March 2024 to 31 March 2025

MEMBER (Voting)	6/3/24	8/5/24	10/7/24	4/9/24	6/11/24	15/1/25	5/3/25
Gerry O'Brien, Chair	✓	✓	✓	✓	✓	✓	
Philip Macrae, VC	✓	✓	Apol	✓	✓	✓	
Ann Clark	✓	✓	✓	✓	✓	✓	
Joanne McCoy	Apol	✓	✓	✓	✓	✓	
Muriel Cockburn	✓	✓	✓	✓	✓	✓	
Pam Stott, CO	✓	✓	✓	✓	✓	✓	
Tim Allison, Dir of Public Health	✓	✓	✓	✓	✓	✓	
Claire Copeland, Medical Lead	✓	✓	-	✓	-	-	
Cllr David Fraser	✓	✓	-	✓	Apol	✓	
Cllr Chris Birt	✓	✓	Apol	✓	Apol	Apol	
Cllr Ron Gunn	Apol	-	-		Apol	✓	
Simon Steer, Dir of Adult Social Care	✓	-	✓	✓	✓	✓	
Elaine Ward, Deputy Dir of Finance	Apol Sub Frances Gordon	✓	✓	✓	✓	Apol Sub Frances Gordon	
Julie Gilmour Nurse Lead	✓	✓	✓	✓	✓	✓	
IN ATTENDANCE (Stakeholders)							
Kaye Oliver (Staffside representative)	✓	✓	✓	✓	✓	✓	

Diane Van Ruitenbeek (Public/Patient rep)	✓	✓	Apol	✓	✓	Apol	
Michelle Stevenson Public/Patient Rep Until 31 May 2024	Apol	✓	N/A	N/A	N/A	N/A	N/A
Wendy Smith Carer Rep Until 31 May 2024	-	-	N/A	N/A	N/A	N/A	N/A
Mhairi Wylie (Third Sector Rep)	Apol	✓	✓	✓	✓	-	
Neil Wright (Lead Doctor	✓	✓	✓	✓	✓	✓	
Catriona Sinclair (Area Clinical Forum)	-	-	-	-	-	-	
Kara McNaught (Area Clinical Forum)	-	-	✓	✓	-	-	
Fiona Malcolm (Highland Council Executive Chief Officer for Health and Social Care)	Apol	✓	✓	Apol	✓	✓	
Fiona Duncan (Highland Council Chief Social Work Officer)	✓	✓	✓	Apol	✓	Apol	

During the period covered by this report the Committee Chair was Gerry O'Brien and Philip Macrae was Vice Chair. At the end of May 2024, the terms of appointment lapsed for one of the Committee's Public/Patient representatives and the Carer representative. Further recruitment exercises were held but with no suitable candidates having been identified. Efforts continue with further consideration being given as to how these roles can be filled.

2.1 Post Pandemic

The long-lasting changes arising from the 2020 pandemic continue to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users, carers and our workforce and the changes necessitated by measures to reflect revised delivery requirements and in many instances the change in behaviours of service users and workforce in 2024 and beyond.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Collaborative Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self-Directed Support services for adult social care. Common themes across all these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for most care homes across North Highland leading to increased sustainability issues for service providers.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. The Committee received regular updates on the vaccination programme option appraisal and was pleased with the recent decision by the Scottish Government to permit the development of a locally delivered service for adults. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

Although an undoubted success story, the implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. The 24/25 financial position was extremely challenging with the opening financial plan supported by the requirement for NHS Highland to deliver a savings target of £84.091m in order to deliver against a brokerage cap of £28.4m and an opening financial deficit in Adult Social Care of £17.5m. Across NHS Highland delivery of recurring savings has been a challenge with a total forecast delivery of £17m across North Highland and Adult Social Care. Additional expenditure pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. Prescribing costs, driven by volume of prescriptions and drug costs presented a significant challenge in year. The forecast outturn position at month 09 sits at an overspend of approximately £4.6m and this position assumes a degree of non-recurring support, £18.3m, from The Highland Council in relation to the delivery of Adult Social Care. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The committee undertook a self-assessment exercise in January 2025 and the results and resulting actions will be reflected in our 25/26 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

4 External Reviews

None

5 Key Performance Indicators

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all the year. This report has graphically illustrated the unmet need in our Adult Social Care Services

with the report regularly showing a shortfall of circa 2,800 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 225 at January 2025. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 15% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 25/26 work.

Performance against the Psychological Therapies target has been encouraging in the first half of the year with an increase to 87% in those receiving services within the 18-week target. Performance against the NDAS target is significantly below required levels. This area continues to be a major focus for scrutiny.

A report on performance for the 24/25 year will be published in July 2025. The 23/24 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

6 Emerging issues for 2025/26

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of post pandemic service recovery and improving outcomes for our population. The extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience. Implementation of Delayed Discharge actions will be closely monitored although it must be noted that the wide ranging system issues resulting in delayed discharges will be monitored across the full range of Board governance committees.

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are operating adequately.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE 3 March 2025

Item 4.1 Care Governance Update

26/02/24 Brief in relation to Clinical and Care Governance for the North Highland Health and Social Care Partnership. Purpose: To update stakeholders on risks, actions undertaken and future planning to ensure that there are robust governance processes in place for the Partnership that can be used purposefully for audit, action and development. Ruth MacDonald – Interim Deputy Director – Adult Social Care.

It has been recognised that governance in its broadest terms jointly across health, social work and social care can be problematic to streamline. This has been recognised by IJB's across Scotland and has been an unresolved issue for the Highland Health and Social Care Partnership.

During 2023 there has been specific work undertaken to understand the extent of the issue and to work towards potential improved ways of working to have robust processes in place. This brief relates to the work required for the social work and social care elements of the Partnership to be aligned with other areas of service delivery.

The work has been defined as the following areas;

1. NHS Processes
2. Interface with other established processes
3. Internal and external recommendations
4. Professional Practice competence and continuous improvement
5. Workforce
6. Social Care resource availability – internal and external
7. Risk Assessment

Ruth MacDonald – Interim Deputy Director ASC, Claire Copeland – Deputy Medical Director and Mirian Morrison – Clinical Governance Manager, along with other team members have worked to develop an action plan in relation to the key areas with some actions well underway.

NHS Processes

- A specific social work and social care dashboard has been created and the first report will be available at September 2023 month end.
- The Datix system is under review, with some changes already in place to ensure is relevant for social work and social care reporting. Worked examples are being added to the system to audit any changes and further adaptations are made as required.
- Monthly meetings between DD ASC & CG Team Lead to work through any live issues.

Interface with other established processes

- Adult Protection Principal Officer is working to create processes to ensure flow between AP Committee and Clinical Governance.

Internal and External Recommendations

- Consideration is ongoing in relation to linking action plans developed as a result of eg CI or SPSO recommendations are build into reporting dashboards

Professional Practice competence and continuous improvement

- Agenda for Change for all social work team staff is now complete and there is a single management and professional structure for all staff to an 8a Team Manager level

Workforce

- Links have been made with workforce planning and Districts in relation to documenting clearly the current establishment for social work and social care teams employed by NHS Highland.

Social Care Resource Availability

- ASW &SC Leadership team are working to understand data available and areas of knowledge gap before linking to build onto single dashboard

Risk Assessment

- This has been a gap in practice for Social Workers and other integrated team professionals since the introduction of the Personal Outcome Plan. A working tool is being adapted from another authority for testing in Highland.

While there have been areas of progress over the past 18 months it is important to note that the level of work required to have a whole system approach that is fit for purpose in place is significant and requires dedicated time from leadership teams to develop. There is a commitment to take this forward as a priority area of work and report directly to Joint Officer Group.

A significant area for consideration is the requirement to work with NHS Highland and Highland Council to achieve the required culture change. Governance is still referred to as clinical in NHS Highland, references on papers, social media posting, language by execs reaffirm that this is seen as a health process. Each person working in the area of governance has a responsibility to work to change the narrative to ensure that social work and social care are given due consideration in any agreed future processes.

A constructive and collaborative discussion was had on this topic early 2025 with actions agreed to progress. A further update is planned for later in the year.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**05 March 2025**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Pamela Stott, Chief Officer**
Report Author:	**Pamela Stott, Chief Officer**

1. Purpose

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

2. Service Redesign

Skye Lochalsh and West Ross

The work done by the Sir Lewis Ritchie Steering Group in North Skye is being shared and spread to the wider community. An Urgent Care Group for Skye, Lochalsh and Wester Ross has been set up and in tandem with the Communications Group will ensure that the community in the area has a chance to communicate and see improvements in the service provided

It is proposed and under discussion that the Steering Group will continue to focus on Urgent Care going forward and the work to conclude the 15 Recommendations will be delivered going forward in line with organisation structures and community engagement with Skye Lochalsh and West Ross citizens via the District Planning Group Process that will deliver the ongoing redesign and the local implementation of the Joint Strategic Plan.

Lochaber

Lochaber Community is ready to publicly advertise its Single Point of Access project as part of the Lochaber redesign of services. This project has taken a year to recruit and train staff to focus the public on one number for access to all services in Lochaber. Pilots and soft opening has proved successful with work feeding into the Community work being done to prevent hospital admission including a Falls workstream.

Drug and Alcohol Recovery Services

The joint tender (between DARS and HADP) for a new digital support service to create more opportunities for individuals on their alcohol or drug related recovery journey has now been published and we are hopeful that a new service will be established in early May.

3. Joint Inspection

The Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) are conducting a Joint Inspection of Adult Services in Highland over the next 6 months. The inspection question is "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?" and will focus on people living with mental illness and their unpaid carers.

4. System Pressure

There have been significant pressures experienced in New Craigs that are currently being managed through a critical pressure escalation process. Although this has been a difficult time for staff and managers, new opportunities are being recognised from the increased collaborative working with community colleagues. Communication pathways are improved, a day of care workshop is planned to explore alternative options for individuals that are delayed in New Craigs and bed reconfiguration work is underway to respond to the changing demands.

5. Recruitment Success

Skye Lochalsh and West Ross

A recruitment group consisting of community and NHS Highland volunteers has been successful in recruiting and welcoming new staff to Skye. The 'Work On Skye' group provides pre-application support and post-application meetings with staff to ensure they are supplied with information and advice about settling in Skye. The accomodation available in the area is also shared with prospective applicants and the range of roles advertised includes NHS Highland roles but also the opportunities around Self Directed Support and the employment of personal assistants. It has also been possible to open all beds in Broadford Hospital for the first time due to the success of this group.

The group has also assisted with the recruitment of midwives on Skye and we are now able to offer on-call birthing in Skye from 3rd March 2025, after a suspension of this service due to staffing constraints.

Strathburn Care Home in Gairloch has been successful in recruiting a Manager and a Deputy Manager as well as some additional staff. The care home has been closed since last July due to staffing constraints and is currently preparing to open its doors with the addition of local staff and those moving in from out with Wester Ross. The community have offered accommodation to new staff and the reopening is being celebrated in the community. There are still some posts to fill but the outlook is much more positive and will ensure that care is provided locally for the public.

Skye Lochalsh and Wester Ross have also been successful in recruiting to the Integrated Team Manager post which has been vacant since September last year. The new recruit is an existing team lead and a positive outcome of staff development programmes.

Staff in the MacMillan service in Skye have recently passed the NMC independent Prescribing course which will be a great asset to the team and a way to support the public and assist those on a cancer journey

Lochaber

Five extra care home beds have been opened in Invernevis House, Fort William as community access beds and have proved very successful in allowing emergency access with 70 % being admitted from home and therefore avoiding a possible acute hospital admission with over 50% of patients returning home after a period of rehabilitation. These beds have now been funded and will remain as a Community Access Service to work across the District with GP's to keep people at home for longer.

Lochaber supported the Musculoskeletal Community Appointment day in Inverness and are now in the process of planning multiple events here to replicate this positive event.

Alness & Invergordon Medical Practice

When the Practice came under Board-management in 2022, it was solely run on locum GPs. Dr Paul Treon, Clinical Director and Aileen Cuthbert, Primary Care Manager have led a transformation process and have successfully recruited 9 GPs along with other key posts. The GPs have special interests in - education and training; lifestyle medicine; use of AI to help workload and improve communication and innovation; minor surgery list; drug and alcohol recovery support; child health; women's health.

A range of education activities are in place with a view to the Alness site being a training hub with support from NES. There is a joint initiative with SAS, with advanced paramedic practitioners now part of the core primary healthcare team. There is a joint initiative with community services to develop, mentor and support all advanced practitioners under a single leadership structure and provide rotational posts for staff to develop into the role of advanced practitioner.

6. Time to Care

The Time to care Project Group are meeting weekly and are working to embed the productivity tools implemented with community Nursing, AHP, Social Work, Care at Home and Mental Health teams by Meridian Productivity. Teams are using a set of tools to identify expected activity levels related to direct care or treatment, and are completing information sheets daily. Team leads, operational and professional managers are analysing the data outputs to manage their workload and demand.

Merdian Productivity completed training with the teams in their final week with NHS Highland and the project group are focusing on supporting teams to embed the practice and complete a weekly summary report for the Project Group. This will include the percentage of direct clinical care time achieved against a norm and also a narrative to be provided by District detailing the actions taken, issues being experienced and escalations to the Project Group. The project Group will then provide a weekly report to the HSCP SLT.

7. MSK Physio community appointment day (CAD)

The CAD was held in Inverness leisure centre over 2 days (4th and 5th of Feb), testing a new model of delivering services between NHS and partner organisations as a 'one stop shop' to help people with many parts of their life, in one space. 370 people were invited by appointment to attend; over booking expected capacity with an expectation that not all would accept. In total, 220 attended. Partner organisations were NHS Pharmacy, NHS Dietetics and Nutrition, NHS OT , NHS Pelvic Health, Connecting carers, Change Mental Health, Smoking cessation and NHS screening services, High life highland, Samaritans,

My self-Management, Versus Arthritis UK, Highland Welfare services, Citizen's advice bureau, Telecare and support from the public health team
Evaluation will take over 6 months to allow for overall outcomes to be collated, however initial data demonstrates:

- Pre event waiting list in Inverness district =60 weeks, post event =10 weeks.
- 20% attending the event were completely discharged
- 42% will require a follow up appointment with a Physio
- 27% have an open discharge (PIR)
- Remainder had a range of outcomes (steroid injection, support from an assistant, onward referral)
- User feedback - 4.75 out of 5 for experience , with 121 asked for specific feedback - 119 felt their concerns were address on the day
- Only 35 out of those canvased attended physio only, with many people visiting multiple tables for partner organisations. i.e. 43% choose to engage with High Life Highland for a range of classes and support.

Overall feedback from staff and partner organsations was also positive with shared learning on roles and functions, as well and networking both for service user benefit, but also for staff to engage in support as well - Connecting for carers highlighted that a number of their conversations were with staff who didn't realise they came under the unpaid carers definition and therefore there was support available.

Further data needs to be collected on actual outcomes at 6 months post event and PIR take up, as well as financial review on cost/benefit to complete the evaluation. There will also be work on thematic analysis on those that were invited but didn't attend to improve targeting of future sessions. Replication is likely in other districts, but also for other patient pathways once more is known about the overall outcomes.

8. Staff awards and recognition / retirements

Building on the rich track record of mental health nursing leadership, for the third consecutive year, and following a competitive national selection process, Lesley Campbell (Advanced Practitioner, Caithness Drug and Alcohol Recovery Service) has been successful in selection to undertake the QNIS development programme. The 9 month programme will culminate in the award of title Queens Nurse.

The Associate Nurse Director for Mental Health and Learning Disability nursing was elected as co-chair of the national Mental Health Nurse Leads Scotland group for a two year term. This strategic nursing leadership group reports into CNO-SEND and informs, influences and leads the strategic direction for mental health nursing in Scotland.

9. Strategic Commissioning

Annually the HSCP work with a number of independent and third providers of care homes and care at home under a tender waiver approach. Reflecting on the current market challenges we seek to maximise potential of new providers to increase capacity in Highland. We have a live PIN Notice on Public Contracts Scotland for care homes and care at homes. We are aiming to reduce tender waivers over time and make improvements to existing processes and timelines. The Committee may wish a more detailed report and assurance to be brought to a future meeting.

10. Enhanced Services

As previously reported, 9 new contracts for Enhanced Services were agreed by NHS Highland and Highland LMC. These were subsequently issued to Practices in North Highland with the majority choosing to sign up to the new contracts. Between 1st October to 1st December 2024 Practices began to deliver services as per the new contract.

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

Discussions continue with Highland LMC for an updated service specification for Diabetes; and one for Care Homes. A further enhanced service specification is in development, in partnership with the Urology department, for the monitoring of prostate cancer patients in primary care.

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

11. National Care Service (NCS)

The key issue in relation to the National Care Service model for the HSCP remains regarding the uniformity of the integration model in relation to its unique Lead Agency Model.

A discussion was held at JMC Development Session on 13th December with subsequent position papers brought to The Highland Council Committee and NHS Highland Board to propose the development of a steering group to articulate what the next steps in the process would look like. The steering group will have membership of THC and NHSH and is planning an inaugural meeting in due course.