



Together We Care  
with you, for you



# North Highland Health and Social Care Partnership Performance and Quality Report

2 November 2022

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

# North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the initial Performance Framework identifying any areas requiring further information or inclusion in future reports.
- Further development work is undertaken with ASC SLT to agree additional requirements for future inclusion within the overall partnership's performance framework.
- Committee to note that following the Development Session that the format and content has been amended for consistency throughout with further breakdowns to give more detailed information. Although the main focus is Adult Social Care, additional content on DHDs to community hospital level, Self Directed Support, including Carer Breaks, and Mental Health are included.



# Development Session

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

## **Development Session Update:**

- Care-at-Home and Care Homes – further breakdown provided, 4-6 & 7-8
- Delayed Discharge – amended format now included, slides 9-10
- Self Directed Support/Carer Short Breaks – now included in report, slides 11-13
- Adult Protection included – slide 14
- Mental Health Psychological Therapies and Community Mental Health Services – slides 15-16
- Format of reporting amended for consistency
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

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

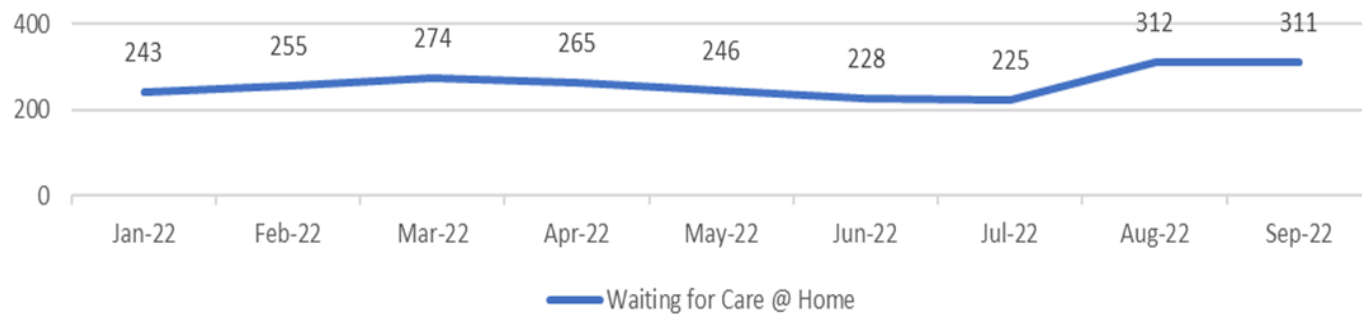
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**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



### North Highland Care at Home

No. of people Waiting for Care @ Home following Assessment  
(Community & Hospital)



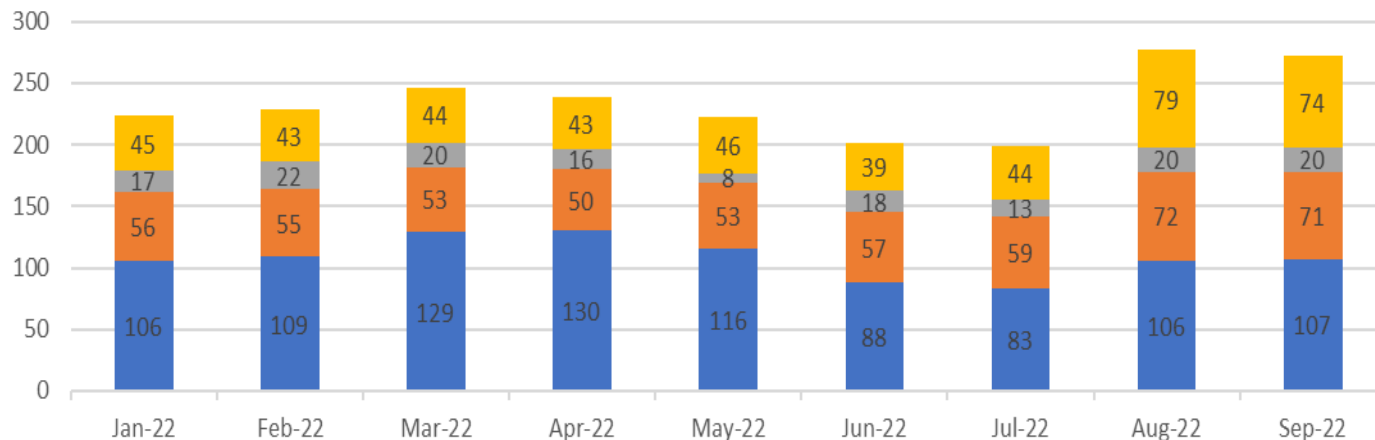
Currently provided weekly as part of the PHS weekly return. This **manual** data return commenced in September 2021 and is provided by each district team weekly. Hospital DHD's are added to the community data.

It has been recognised that there is a pressing need to validate the manual weekly returns from CAH officers and support staff due to the significant fluctuation and increases since July 2022.

Graph 1 – Care at Home (Community & Hospital DHD's) – the total number of people waiting on a care at home service to commence following completion of a social care assessment.

No. of people Waiting for Care @ Home following Assessment by Area  
(Community WL)

■ South ■ Mid ■ North ■ West



Graph 2 – Care at Home (Area level) - the number of people waiting on a care at home service to commence following completion of a social care assessment, **community** only.

**Update as at 21/10/2022**

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## North Highland Care at Home

**Client Numbers**

*external client totals do not include ISF clients*



**Client Scheduled Weekly Hours**

*external client hours do not include ISF client hours*



### Care at Home

Significant reduction in the number of people receiving external care-at-home since April 2021 due to workers leaving employment in care. Some net growth within internal services.

Ongoing discussions with the sector to sustain services, to stimulate growth, to prepare for winter, and to release and increase capacity.

Current strategic steps/work stream activity include:  
Now: Responsive capacity release, collaborative recruitment

Next:

- Strategy and ambition
- Workforce creation and development
- Contract and commissioning redesign

NHS Highland and external care providers continue to operate in a pressured environment working in collaboration with ongoing sustained staffing, and competing recruitment pressures.

**Update as at 21/10/2022**

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## North Highland Care at Home

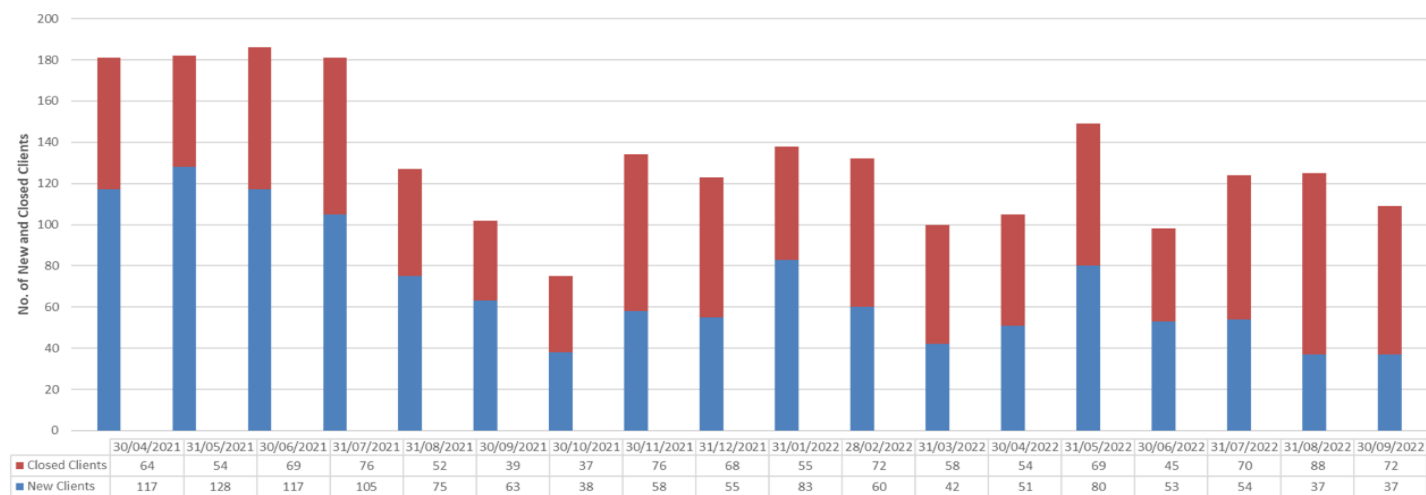
## Care at Home – New & Closed Packages

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

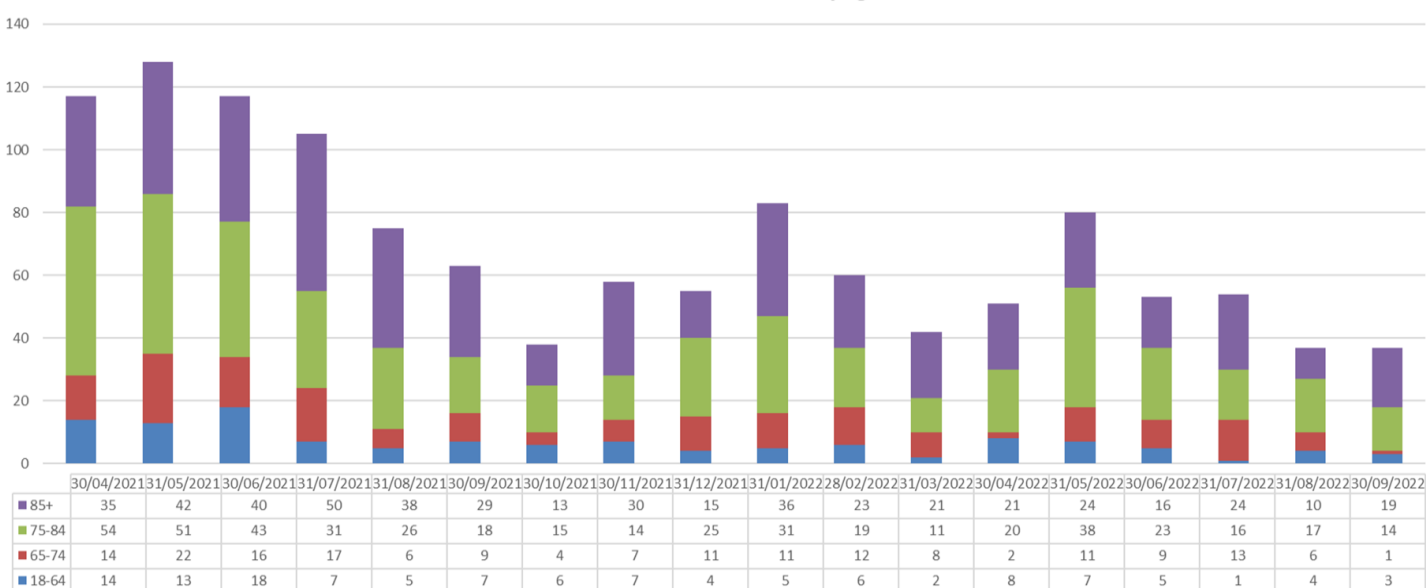
For the last reported quarter from July to September 22, please note that overall available capacity to provide a care-at-home service to new service users is challenging due to staffing related pressures in both in house and commissioned services.

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

mainstream CAH new clients, closed clients (excl reablement)



mainstream CAH new clients by age band



**Update as at 21/10/2022**

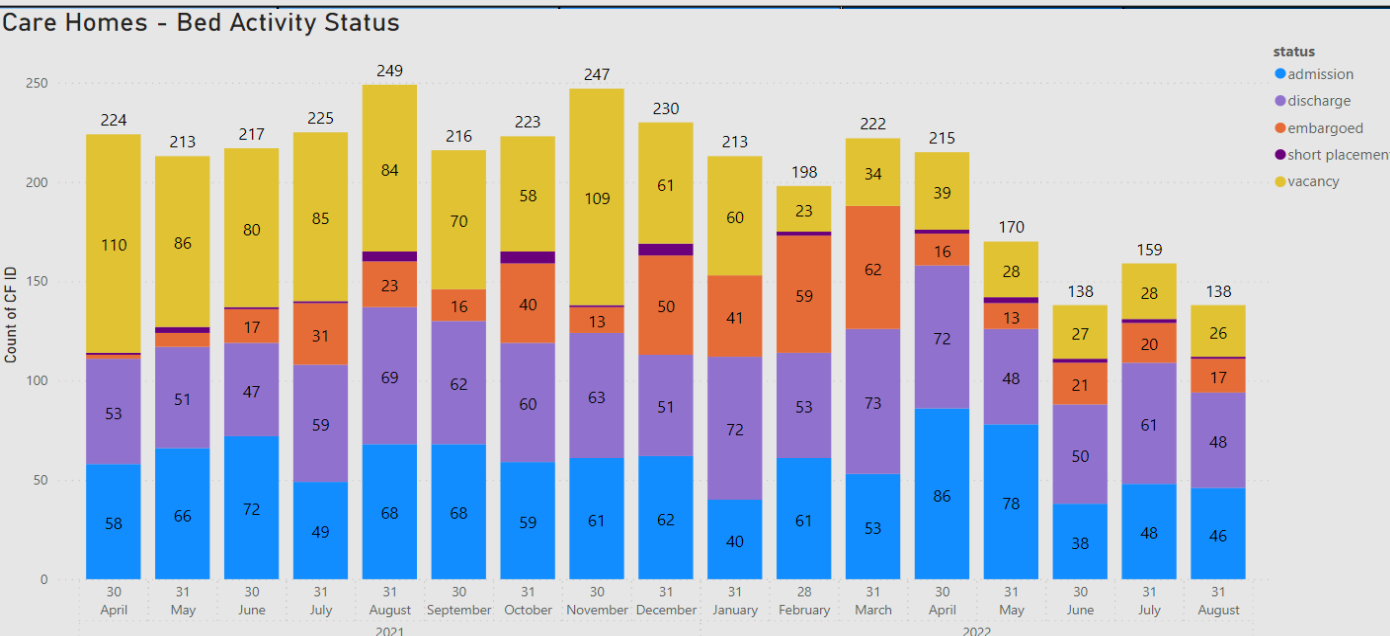
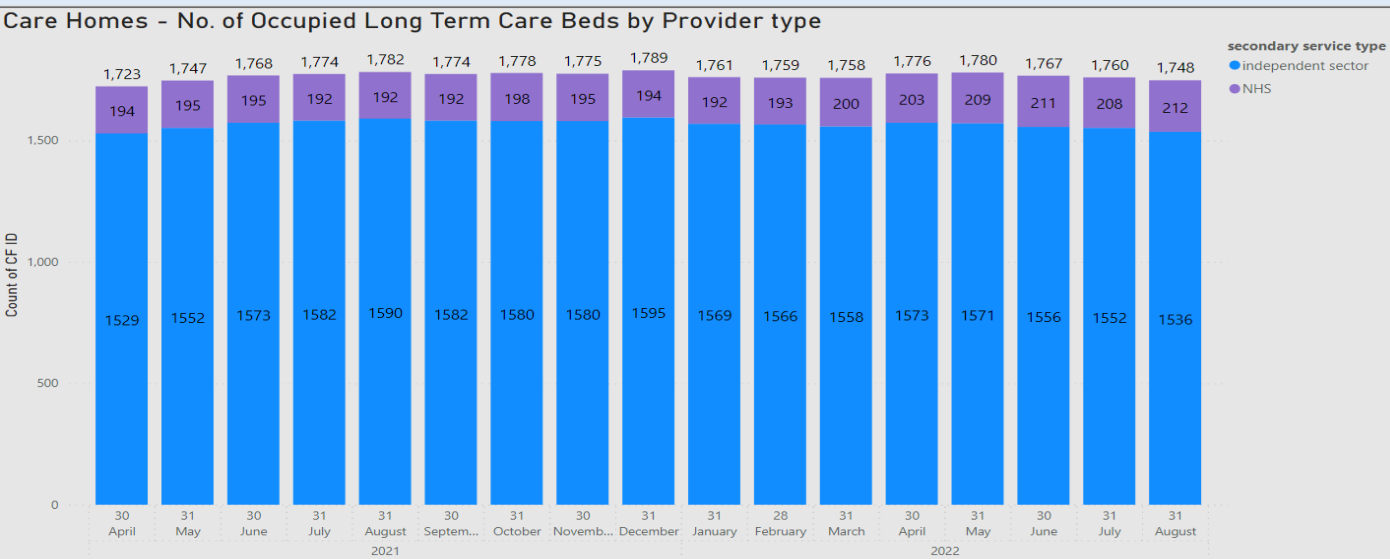
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## North Highland Care Homes



## North Highland Care Homes

The care home and indeed the care at home sectors are both under significant stress and pressure. This is multi-factorial including recruitment and retention challenges, financial concerns and the remote and rural context that the services work within.

The HSCP are working closely with care home providers as the overall number of available beds continues to reduce with a number of providers leaving the sector and others expressing concerns about the future.

During 2022-23, unfortunately, 3 care homes have closed, these were Shoremill, Cromarty; Budhmor House, Skye; Grandview, Granttown on Spey. In April 2021, Eilean Dubh was registered as a new care home.

This unprecedented number of closures (usually one per annum) highlights the real challenge of supporting the care sector as various cost of living impacts, such as additional food costs, insurance, and increasing energy costs cause additional financial stress for care providers.

The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment. Development session in place for end of November.

**Update as at 21/10/2022**

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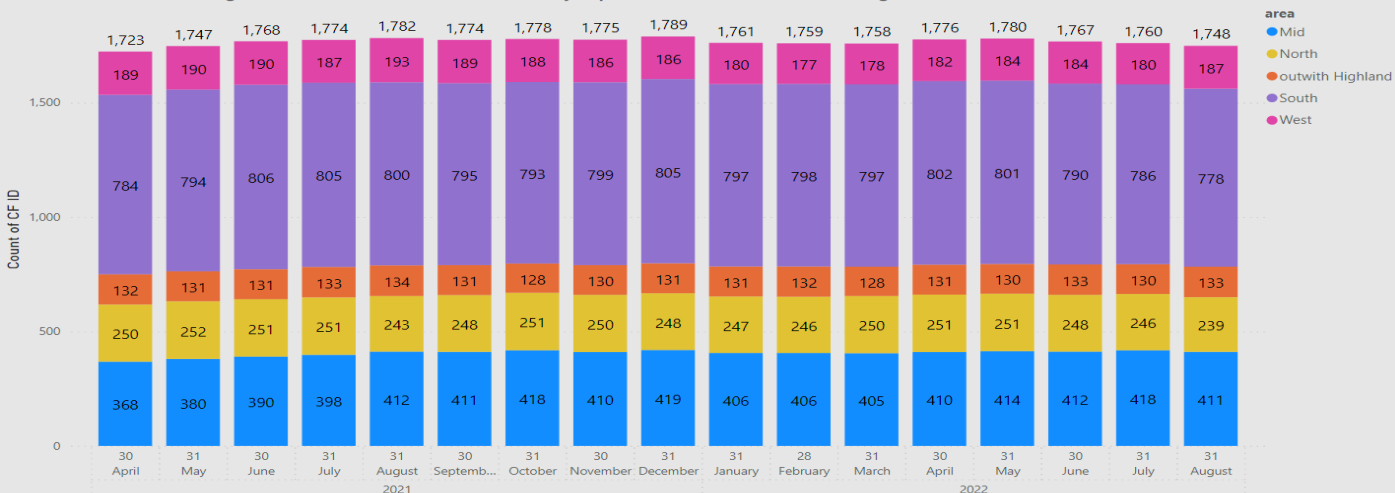
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## North Highland Care Homes

Care Homes - Long Term Care Service Users by operational area including OOA

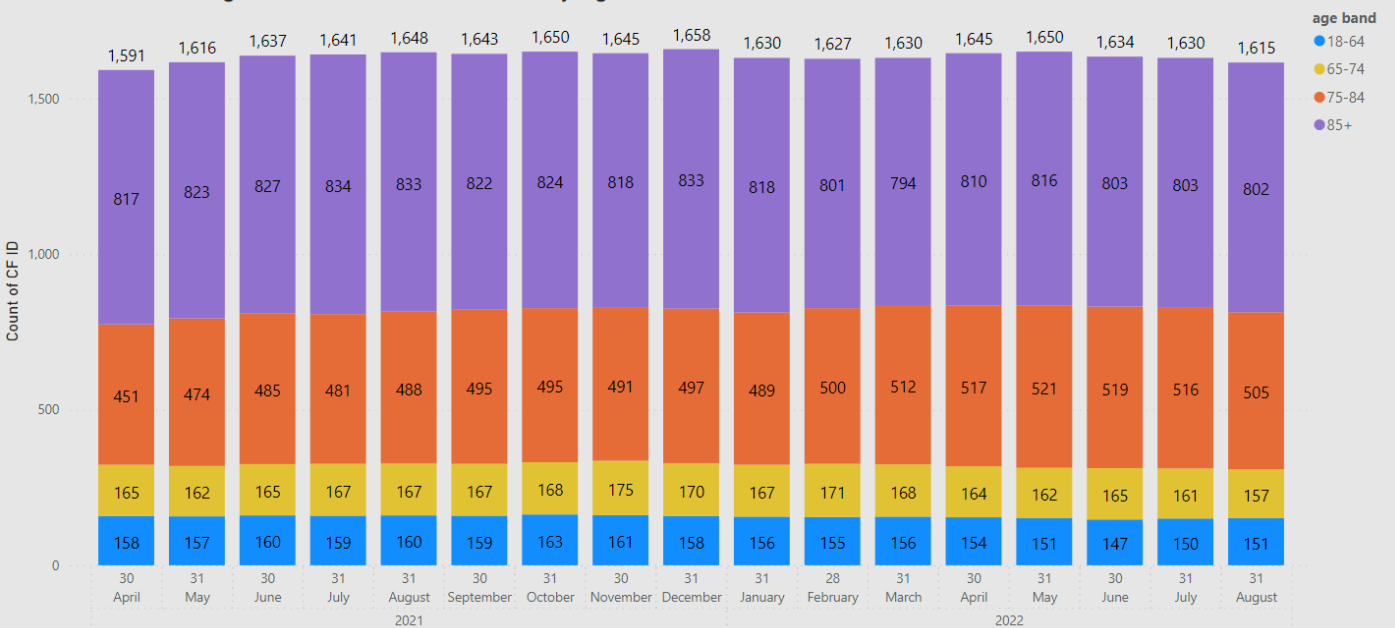


## North Highland Care Homes

These graphs provide an overview of the occupied long term care beds for both external and NHS managed care homes by providing a breakdown by Area in North Highland (NH) and those placed out of area, but funded by NH.

- South: 778 occupied care beds
- Mid: 411 occupied care beds
- North: 239 occupied care beds
- West: 187 occupied care beds
- Out of Area: 133 commissioned care beds

Care Homes - Long Term Care Service Users by age band



In addition a further breakdown is provided by the current age of those service users for North Highland only, showing 46% are currently over the age of 85 in both residential and nursing care settings.

**Update as at 21/10/2022**



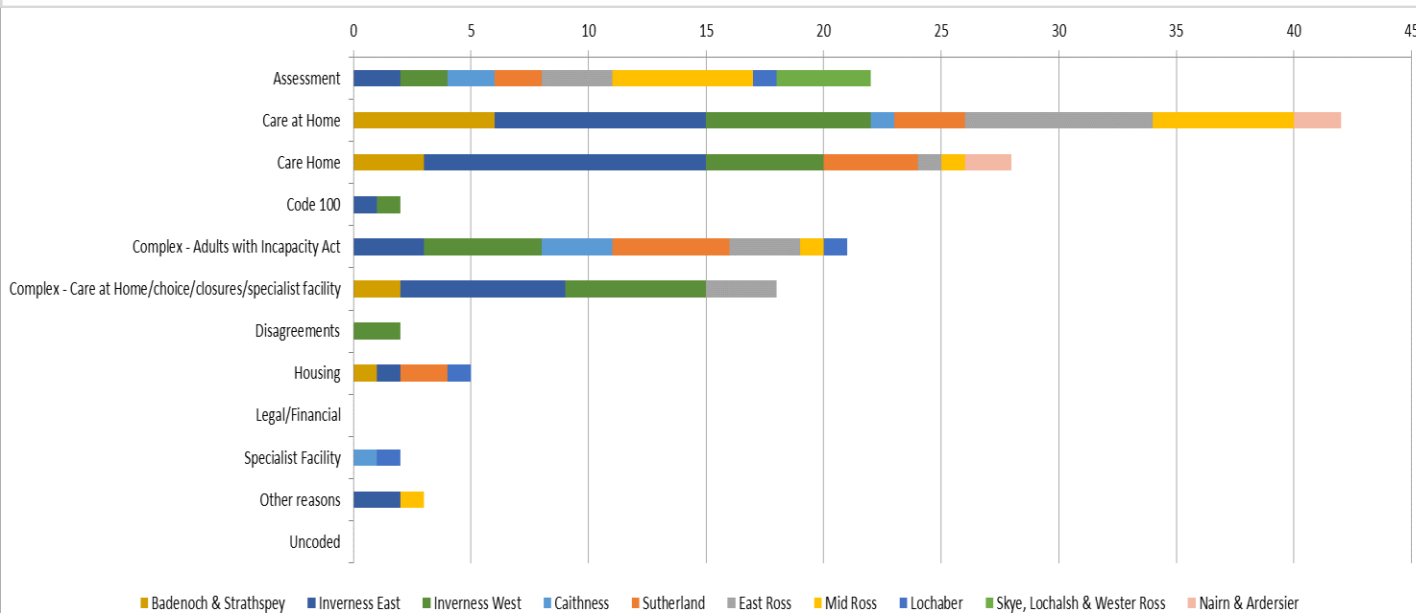
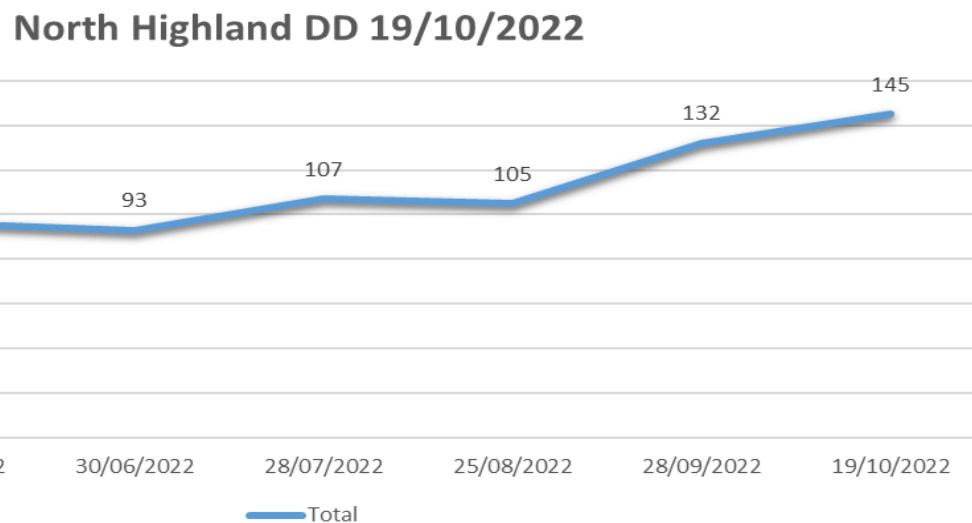
# Strategic Objective 3 Outcome 11 – Respond Well

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

**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach



## North Highland DDs



## Performance Overview North Highland

**There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. 145 delayed discharges in October 2022 with 21 of those are code 9 (complex). Delayed discharges across all of our sites have risen significantly since end of June. The reason for those awaiting discharge are shown across districts.**

Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.

There is a close relationship between the unscheduled care work required across the system and the level of delayed discharges alongside the competing challenges within acute and community services. There is a need for quality improvement work across a number of areas. This work is in progress with a number of key developments underway. This is though in the context of significant system pressure such as in adult social care and the need to effectively manage change across the organisation.

Cross system working is key to ensuring success of this work as long as benchmarking from other areas to achieve sustainable improvements.

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

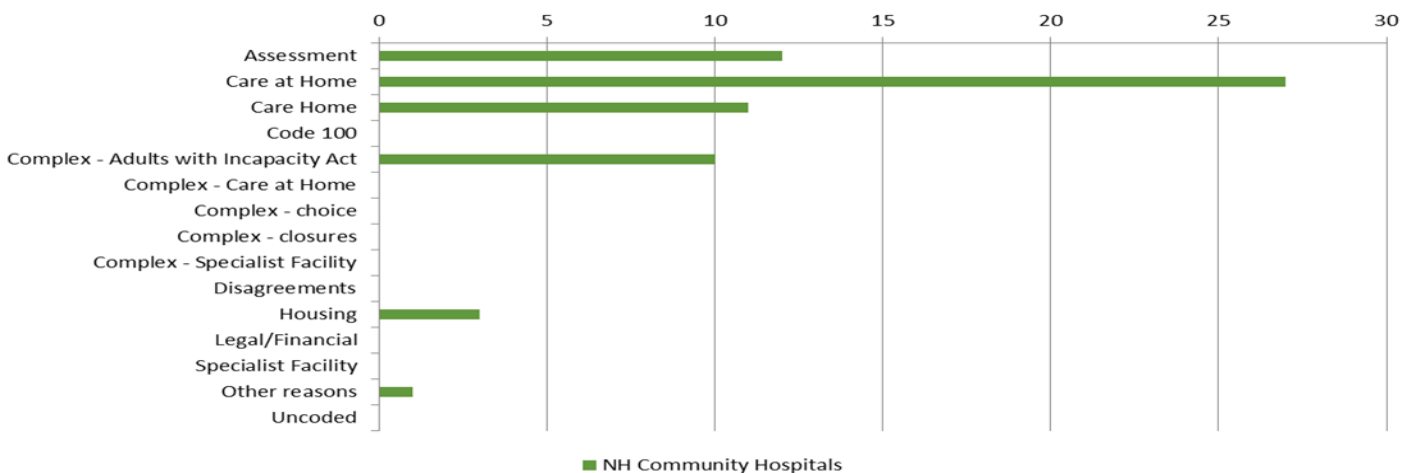
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### North Highland Community Hospitals DDs

**NH Community Hospitals 19/10/2022 Waits by Reason**

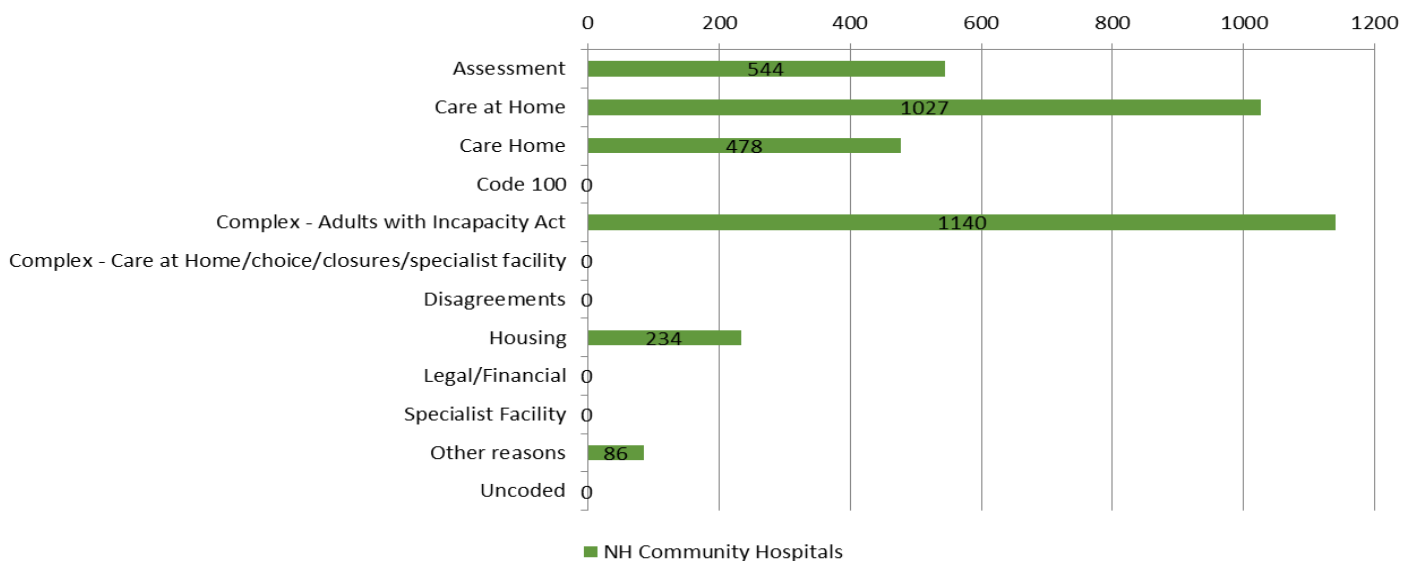


### Performance Overview North Highland

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

*Of the 145 delayed discharges at 19/10/2022, 64 are in North Highland Community Hospitals. 13 are in New Craigs hospital and all other delayed discharges are in acute hospitals.*

**NH Community Hospitals Number of Bed Days by Reason**



**Update as at 21/10/2022**

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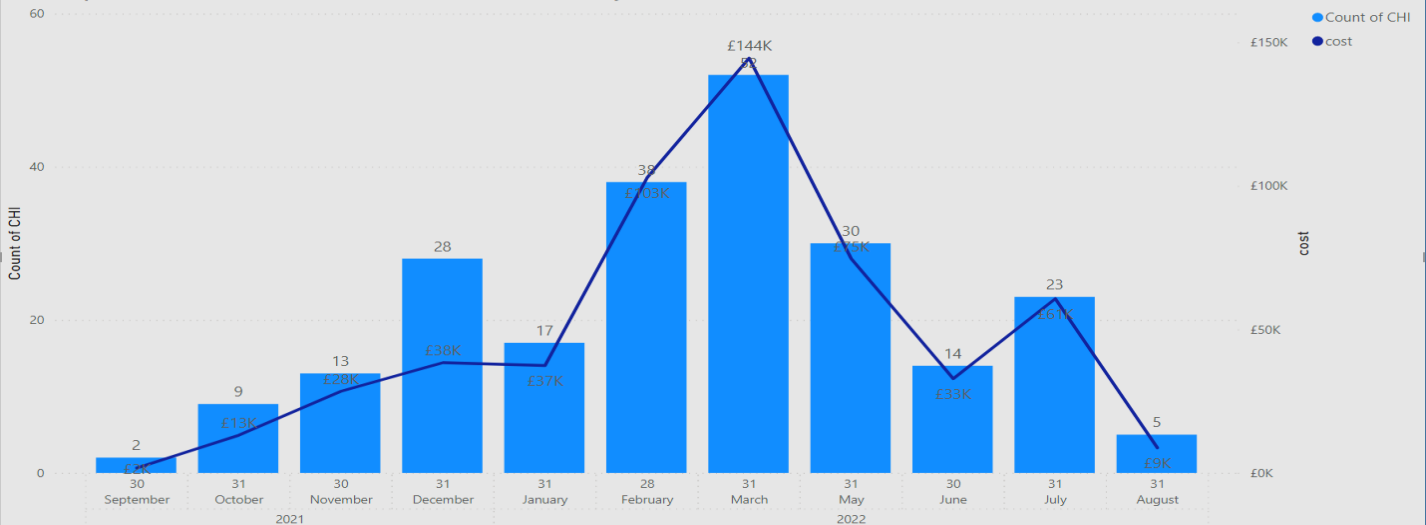
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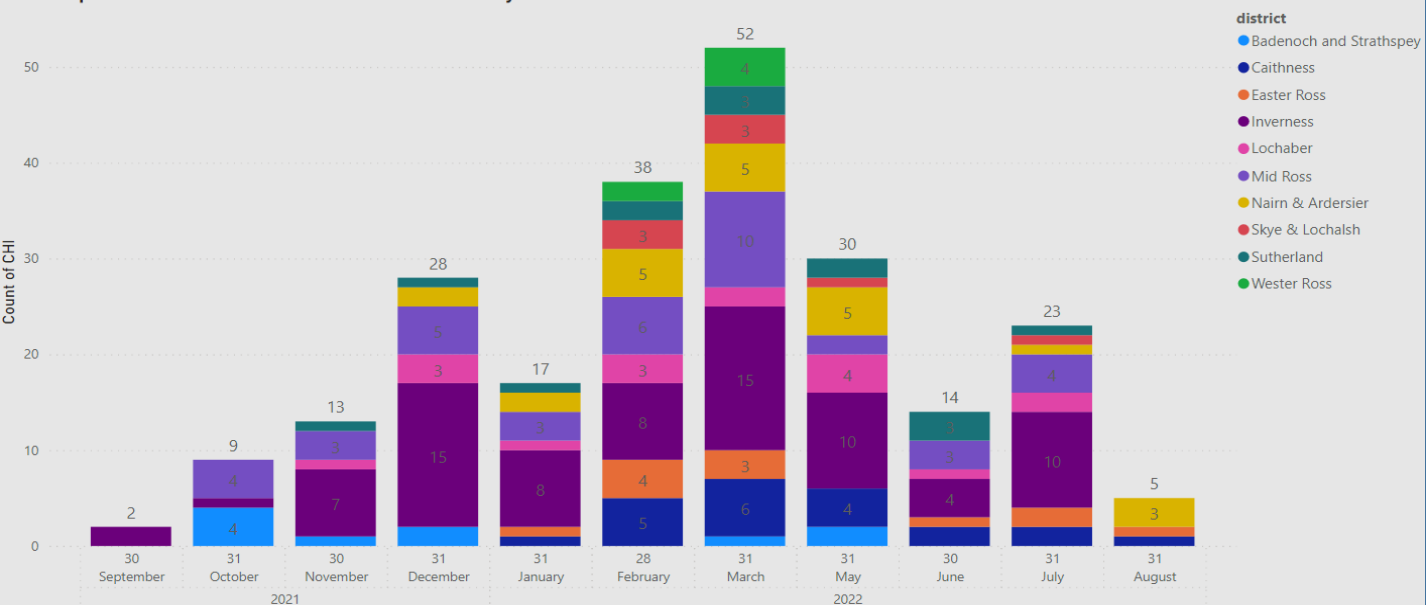


## Carer Breaks – Option 1 (DP)

SDS (option 1) CARER BREAKS - Clients and cost by Month



SDS (option 1) CARER BREAKS - Clients by Month and District



## SDS Option 1 Carer Breaks

As reported to previous committee and included in previous Carer Programme update reports, this scheme to support unpaid carers started in September 2021 and is an integral component of a balanced “carers programme” aimed at meeting our duties under the Carers Act.

The peak of this scheme was during February to April 2022 with at the end of August, some 231 individuals benefitting.

It is the aim of NHS Highland to ensure that unpaid carers continue to access a range of services and we are committed to supporting carers, while maintaining our Option 1 short breaks scheme to increase the access of carers to flexible, personalised ways to provide them with a break.

It is well evaluated and continues to be well received by carers and their families.

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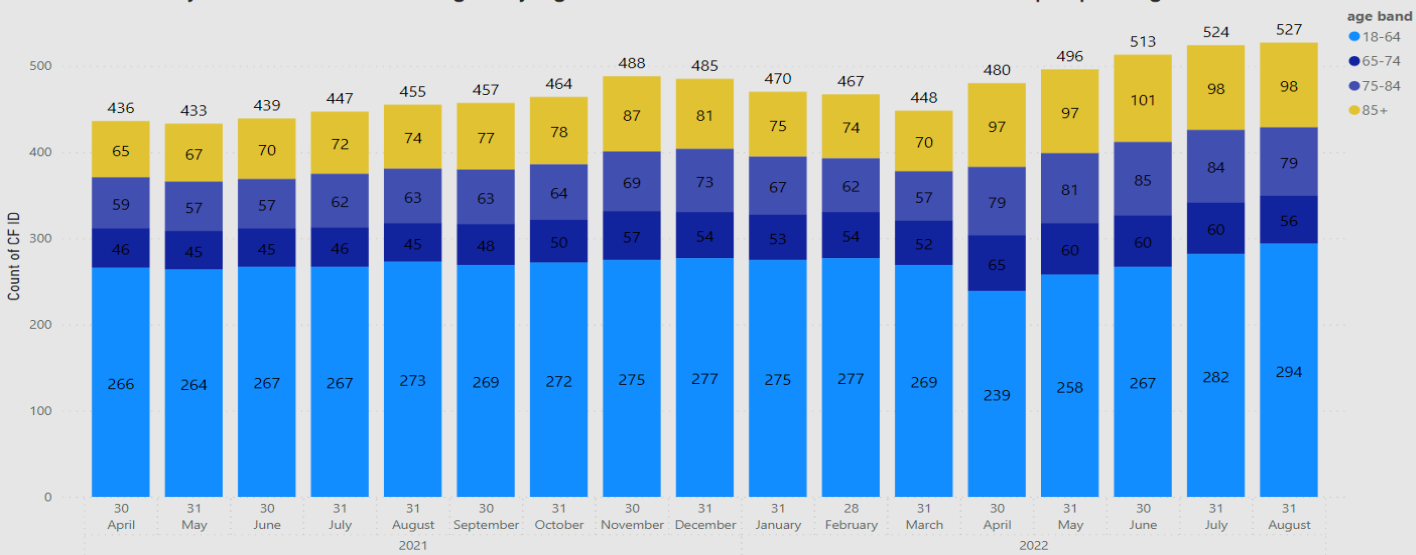
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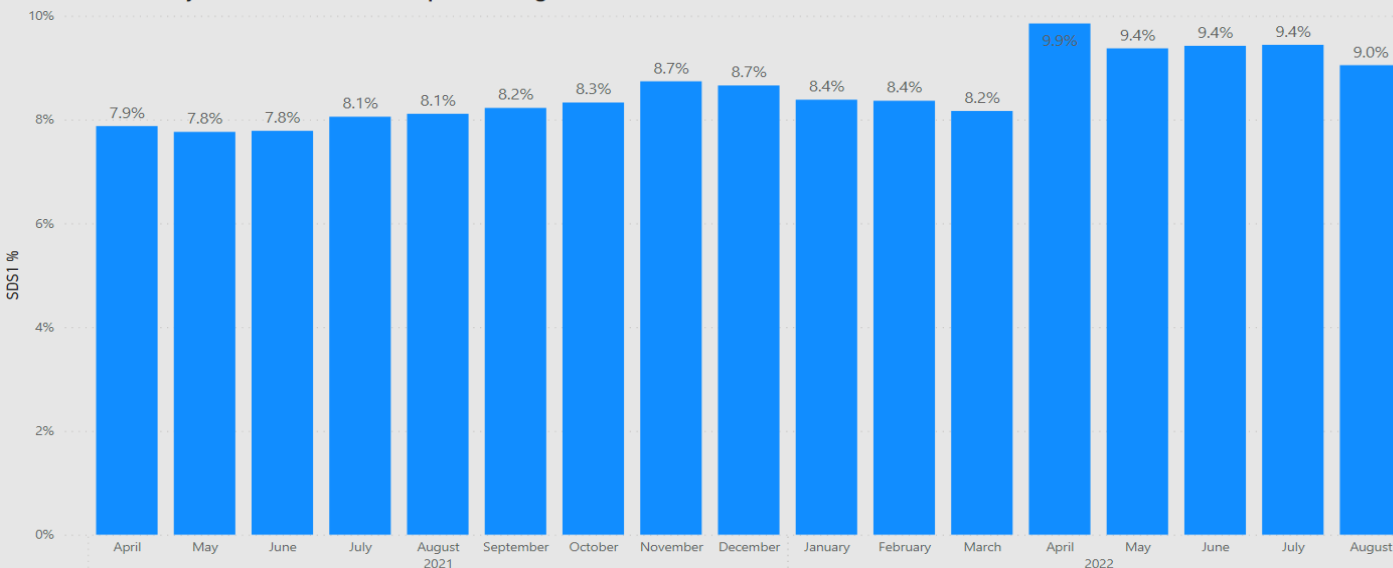


## Self Directed Support – Option1 (DP)

SDS1 Direct Payments – No. of Packages by age band (some service users have multiple packages)



SDS1 Direct Payments – clients as percentage of all ASC service users



## SDS Option 1 (Direct Payments)

Demonstrable and sustained growth in Option 1 although we have seen a recent reduction since peaking in April 2022 with above average trend increases in some of our more remote and rural areas, for example, the increase in Skye, Lochalsh and West Ross could highlight the lack of alternative care options and a real market shift/resource pressure.

Our current number of active service users receiving a direct payment is 530 with a projected annual cost of £9.9m.

As an integral component of our Self Directed Support Strategy, development work continues with the SDS Peer Support Group, a group representing users of these services, and Community Contacts to design a co-produced proposal with NHS Highland which will identify and include the core cost components and move closer to identifying the “true cost” of delivering care for Options 1s.

**Update as at 21/10/22**

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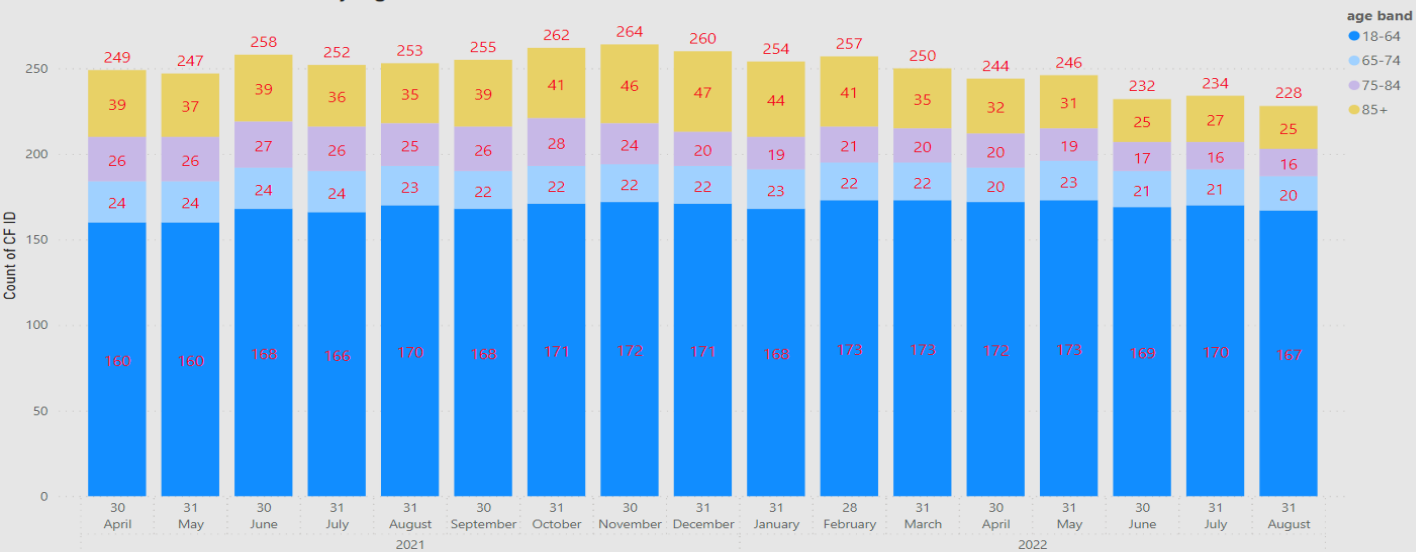
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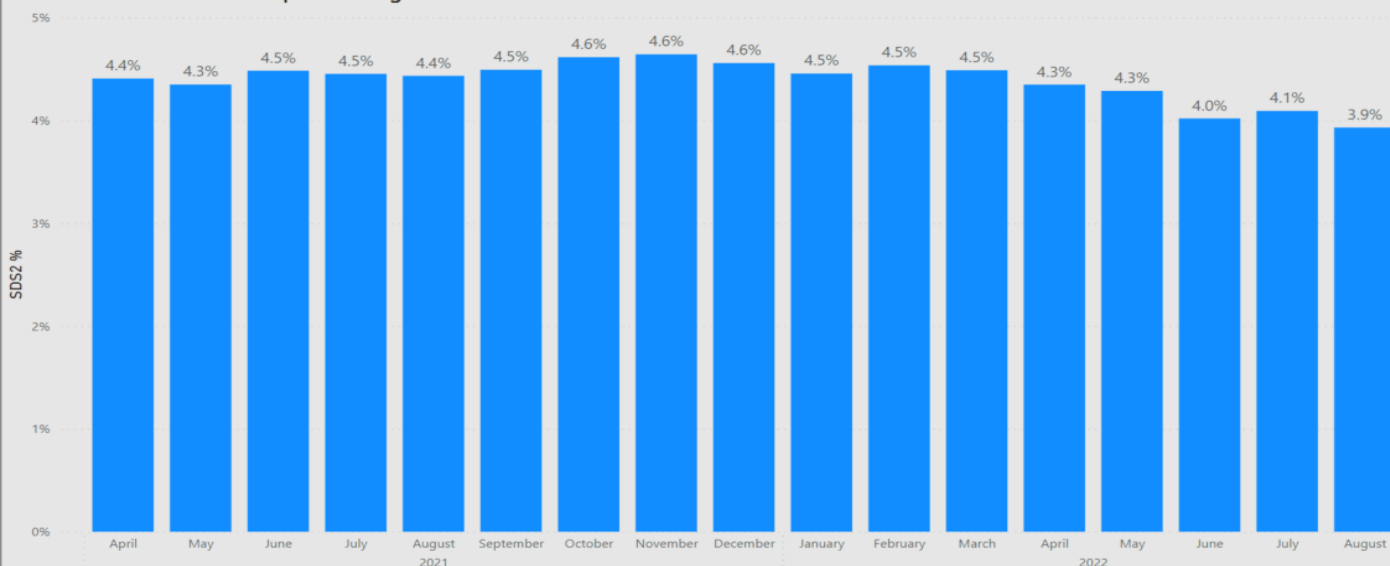


## Self Directed Support – Option2 (ISF)

SDS2 ISFs - No. of Clients by age Band



SDS2 ISFs - clients as percentage of all ASC service users



## SDS Option 2 (Individual Service Funds)

Recent reduction in the overall net number of ISFs split by age band

Our current number of active service users receiving an individual service fund is 228 at August 2022 with a projected annual cost of £4.85m.

As a component part of our Self Directed Support Strategy, work continues in partnership with In Control Scotland as a participating site (there are 6 other partner agency sites across Scotland) to work together to better understand any barriers to ISFs.

There were **6 key** recommendations across the participating Scotland sites:

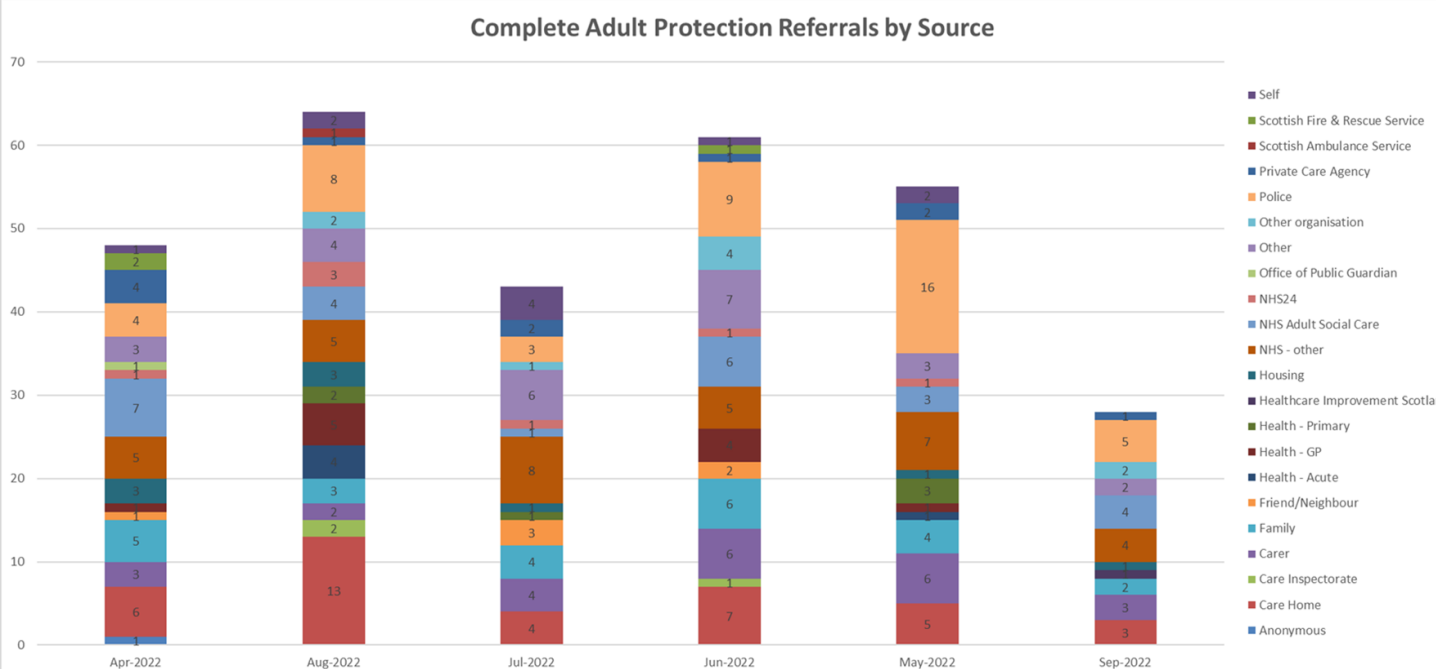
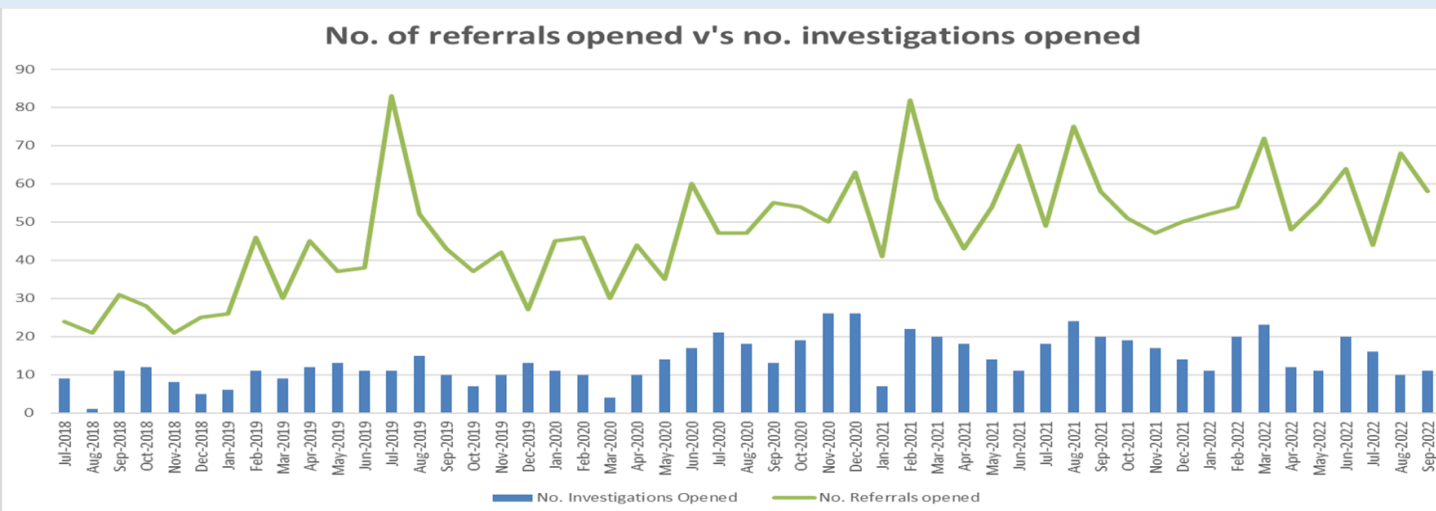
- To revisit the definition of Option 2 to reach a consistent starting point in all areas
- To proactively increase worker autonomy
- To identify and address the key blockages to real change in the commissioning landscape
- To agree a national standard in relation to whether or not ISFs should be held and managed by the local authority (not NHS)
- To positively and proactively incentivise provider engagement
- To build support plans around outcomes not units of time

2 successful workshops were held in September 2022 with a number of actions agreed and progressing.

**Update as at 21/10/22**

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

## Adult Protection



## Adult Protection

The recent development session confirmed information on Adult Protection should be included.

Currently Adult Protection information is provided as part of an Annual Adult Protection return. The number of initial referrals and inquiries received are assessed by Community Care teams as to whether or not they meet the 3 point test and should progress to an investigation. Referrals come from multiple sources as shown on the graph, previously the main source was the police however as people have become more aware of Adult Protection the numbers of referrals have increased from other sources.

The number of referrals that progress to a full investigation following the initial inquiry is approximately 30%.

**Update as at 21/10/2022**

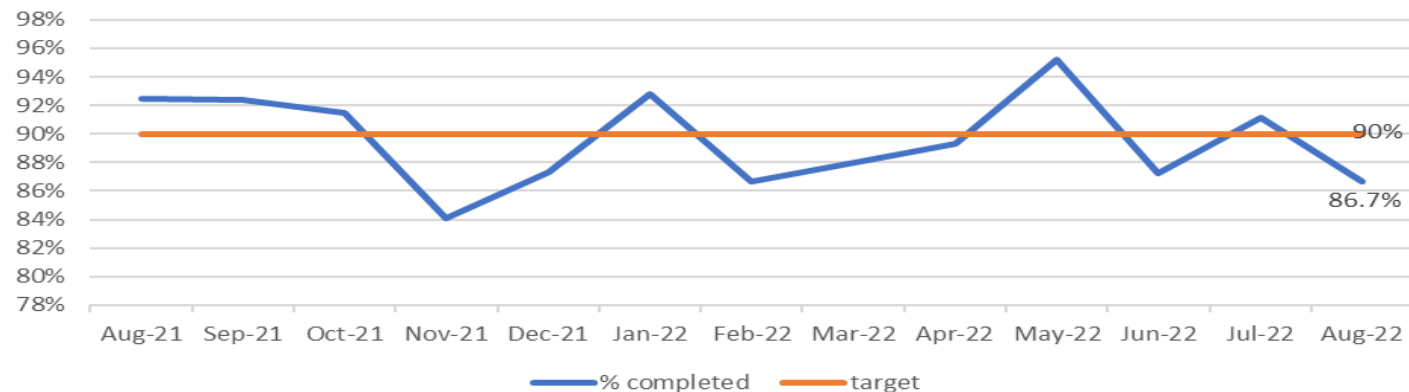
# Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

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

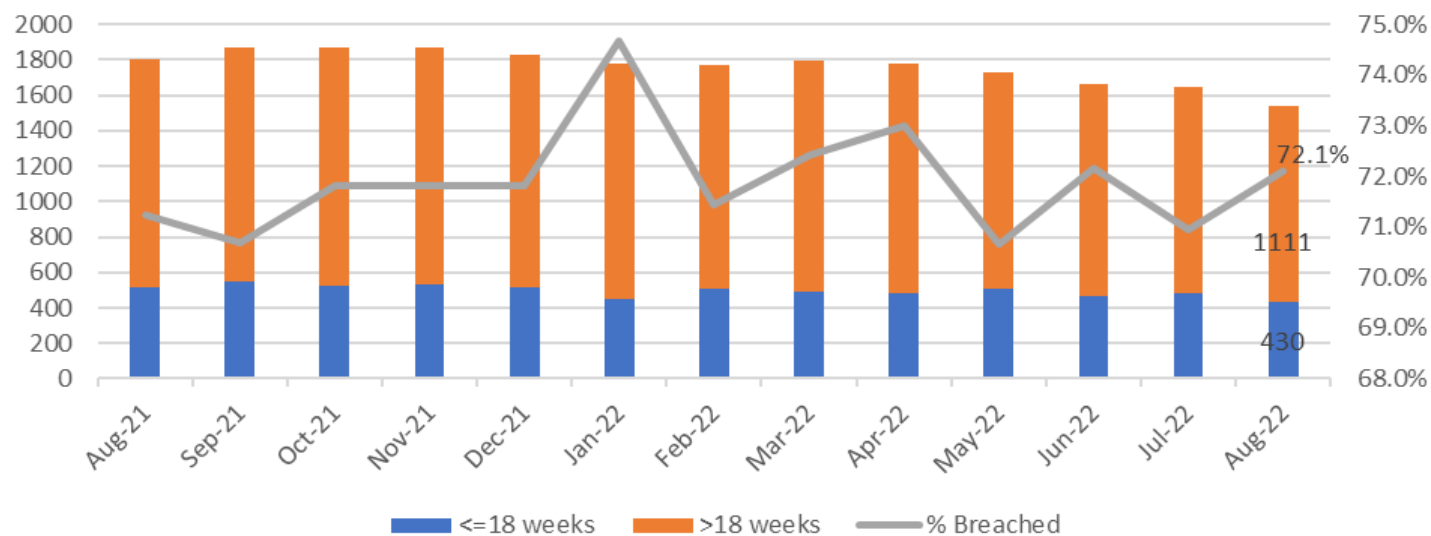


## Psychological Therapies North Highland 86.7% August Performance

North Highland Psychological Therapies Completed Waits



North Highland Psychological Therapies Ongoing Waits



## Psychological Therapies Performance Overview - North Highland

The national target:

**90% of people commence psychological therapy based treatment within 18 weeks of referral. August 2022: Current performance 86.7%**

*We have 1541 of our population waiting to access PT services in North Highland. 1111 patients are waiting >18 weeks (72% breached target) of which 860 have been waiting >1year. Of the 1541 waiting, 390 of those are waiting for North Highland neuropsychology services of which 368 are waiting > 1 year .*

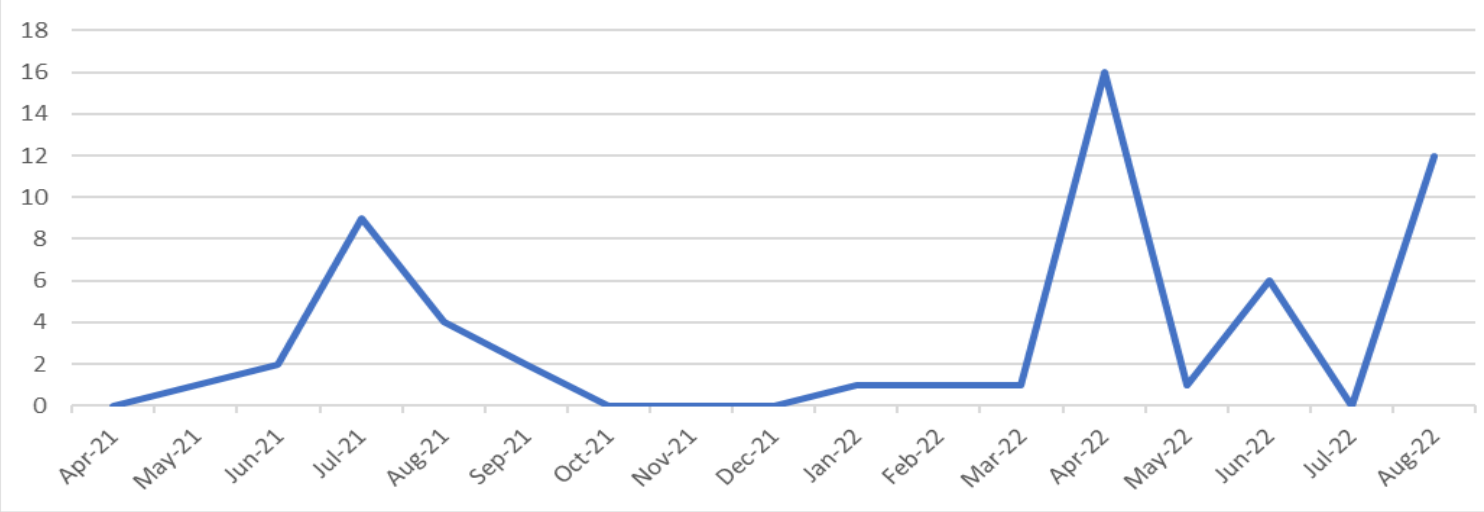
Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues.

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

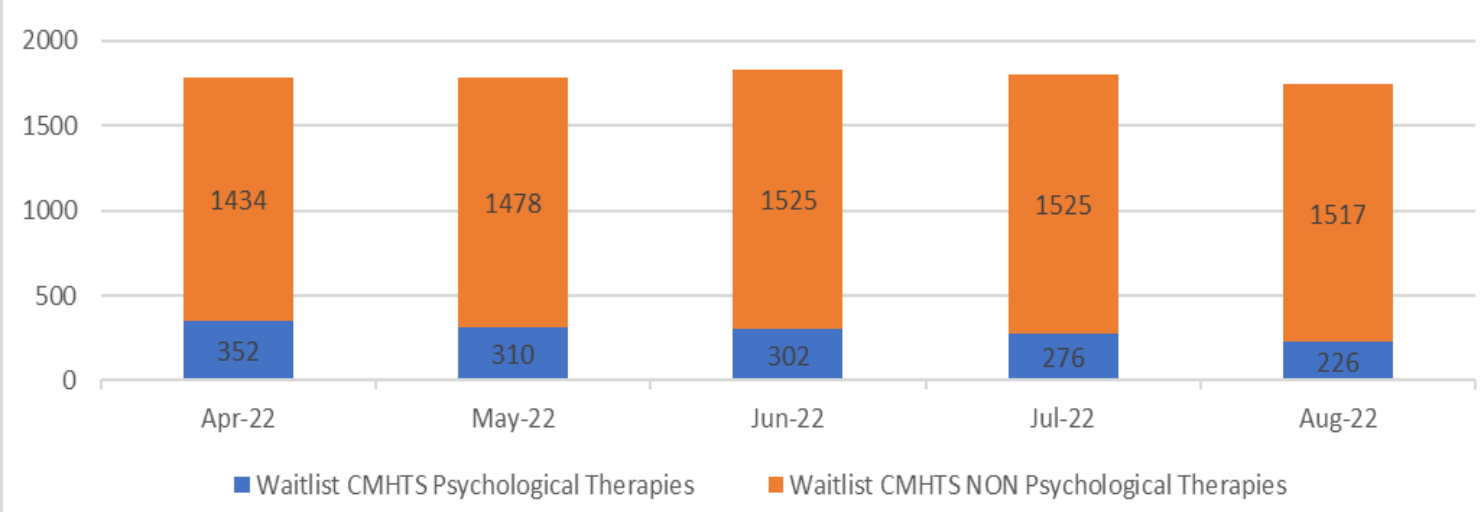


## Community Mental Health Teams

Completed Waits CMHT Psychological Therapies



CMHTs Ongoing Waits



## Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. 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. There are now 2 completed groups. There are 2 groups starting in parallel on 2<sup>nd</sup> November.

Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.

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

Graph 2 – shows the ongoing waits as recorded on PMS for the last 3 months, split between PT group therapies and other patients.