

**Meeting:** Highland Health & Social Care Committee  
**Meeting date:** 2<sup>nd</sup> November 2022  
**Title:** Chief Officer Assurance Report  
**Responsible Executive/Non-Executive:** Louise Bussell, Chief Officer  
**Report Author:** Louise Bussell, Chief Officer

## 1. Purpose

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

## 2. Project Updates – Lochaber and Caithness

### Lochaber

Work continues on service design, with departmental workshops taking place for the remainder of 2022 and final output expected in Feb 2023. Technical brief development is ongoing in parallel. PSCP appointment is programmed for March 2023 with design work commencing thereafter. Current construction completion estimate is late 2027, opening in 2028, dependent on funding timescales from Scottish Government. Community representatives are concerned about the timescales and we continue to work closely with them to support the project.

### Caithness

Following Scottish Government approval of the Initial Agreement in February 2022, the redesign of adult health and social care services in Caithness is continuing at pace. It is following a similar trajectory to Lochaber, with service model workshops for acute colleagues (Caithness General) and community colleagues (Wick and Thurso Community Hubs) scheduled for the remainder of the year. These will produce a service operational brief for each of the three building projects in early 2023, allowing the appointment of the respective design teams by end March 2023. The redesign of services is not dependent on buildings, and a number of tests of change are underway.

### North Coast services

In order to mitigate the risks to service provision and patient care a new, purpose-built community hub has been commissioned, which will be based in Tongue. The two existing care homes will be combined and re-located to a new facility within the community hub and will include step up beds, which will be used to prevent hospital admissions.

The health and social care integrated team for the North will also be based and managed from the community hub, which will enable all parts of the multi-disciplinary team to be based in one place to improve integrated working and a more innovative, flexible and integrated approach to service delivery.

It is recognised that a different, more flexible staffing model is required for the delivery of services, and it is therefore the team are working on a proposal would better integrate and promote cross working of staff working in a number of different services.

### **3. MAT Standard Improvement Plan**

Mat implementation standards team (MIST) from Scottish Government visited our services at the end of August, as part of this day they carried out a QI workshop with DARS services, from this our action plan was completed, approved and submitted to the MIST Team at the end of September.

We are now asked to provide a monthly report to Scottish Government on our progress first report is due end of October. We are progressing the action plan on target at present.

These are the 10 MAT (Medical Assisted Treatment) standards our action plan is based on:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- 10.10.All people receive trauma informed care

The expected schedule for embedding the standards is MAT 1 - 5 by April 2023 and 5 - 10 by April 2024. We are currently on schedule.

NHS Highland have been awarded £420.000 funding for the next four years to support us to embed these standards.

One of our most challenging standards within the first 5 is MAT 1, due to NHS Highland having not only urban but some very remote and rural areas, our medical staff are based in Inverness and although they provide remote support and outreach to all our areas, this is around outpatient clinics, and can be once or twice a month, with support to staff available as needed in between.

The service in its current form is well supported by this model, however, same day prescribing on first presentation will often involve prescribing high dose controlled drugs and without one of our Doctors on site, this requires planning to ensure other staff are sufficiently trained and supported to do this.

With this £420,000 we intend to advertise for a GPWSI in Drug and Alcohol treatment or an associate doctor who will work more remotely to support MAT 1. We also wish to develop an Advanced Nurse Practitioner (ANP) model across DARS, in order that safe prescribing can be carried out (not only by doctors) in all areas, and all options of M.A.T are available. We are planning one ANP in every DARS team. In addition, four areas where capacity and demand are challenging where we are looking to support these teams by adding a further band 6 nurse in each area to increase capacity, these areas are, Osprey House, Inverness Community, Lochaber and Mid Ross.

These posts will also support the other MAT standards being implemented across our services.

It is important to note that most of the standards we have either met and are evidencing this or we will meet with the above developments.

#### **4. Transitions Services**

Young people in receipt of a service from children's services – which may be a universal service such as education – and who will then be entitled to a social care service from adult care services delivered by NHS Highland, fall within "Transition Services".

It is a key area for young people as they move on from a children's social work and/or education service to an adult care service and is thus a key interface in terms of the relationship between The Highland Council and NHS Highland.

It is a challenging area as the nature of the service is likely to change at the same time as the agency providing that service also changes and in recognition of that challenge this area has been identified as a specific programme of work in respect of younger adults with complex needs.

The work envisaged related principally to the remit of the transitions team and the financial arrangements in place and associated lack of guidance governing the interface between the transition of service from children's services -the Council – and Adult Services – NHS.

In recognition of those concerns a project team comprising officers from both organisations was established with 2 principle aims being 1) preparation of guidance in terms of the interface between the 2 organisations; and 2) the remit of the transitions team established in the Inner Moray Firth Area in terms of its operation and how that interfaces with delivery of transitions in the rest of the Highland area.

##### Preparation of Guidance

For some time there had been concerns about how effectively transitions are managed and questions arose on a fairly regular basis about the timing of that transition and at what point a young person became the responsibility of Adult care services recognising that not all young people who receive a service from children's services will be eligible for an adult care service.

The legal framework surrounding transitions is therefore complex and in need of clear guidance to support operational service provision and decision making.

In recognition of that complex picture, previous managers agreed that regardless of the legal position, responsibility should transfer from Children's Services to Adult Services at 18. Whilst having the advantage of simplicity, it is widely agreed that this is not workable and has caused issues about management of cases and does not reflect the legal – or actual - position of Highland's young people. It was also recognised that whilst seeking to reflect that position more appropriately it would be helpful to update the guidance for the case management of transitioning cases.

In terms of that challenge, two documents have been prepared, these being guidance for staff managing transitions and a financial flowchart, which reflect an agreed position between both organisations and have been in place since April 2022. It is intended that they be reviewed after one year in terms of any issues which have arisen.

Remit of the Transitions Team

At present, transitions are managed in Highland by a Transitions Team for Inverness and the Inner Moray Firth and by the local teams out with those areas.

The Transitions Team is comprised of 2 separate teams of staff (1 Council and 1 NHS) working together on a co located basis from an office in Inverness to provide a service to young people.

Whilst this colocation is considered positive, this is not something which operates out with the Inner Moray Firth area and as such there is ongoing work, in the form of an options appraisal, which is considering if a pan Highland approach is required and if so how that ought be delivered.

## **5. Annual Health Checks**

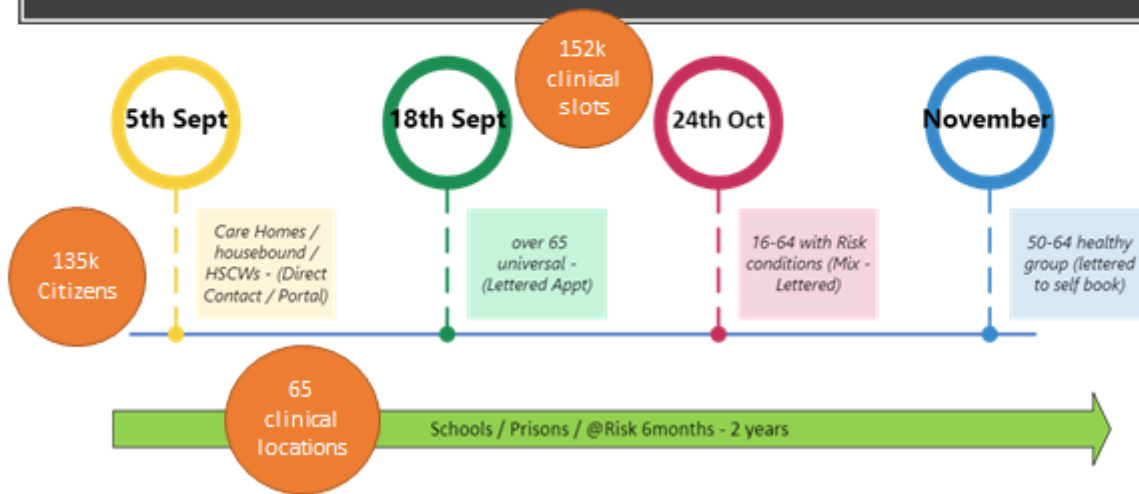
We have met with colleagues in A&B and continue to be concerned about the implementation of this directive. We have requested a meeting with the SG to discuss and are awaiting to hear from them to arrange a date and time. The funding does not appear to have been released and there continue to be concerns voiced nationally about the ability of Primary Care to lead this work.

## **6. Vaccinations**

The Autumn/Winter Covid and Flu Vaccination Campaign began on the 5<sup>th</sup> September and is running on an accelerated timeline with the expectation that 80% of the eligible population will be able to access appointments in this time. The accelerated campaign ends on 5<sup>th</sup> December and letters for the final cohort (50-64 not identified as at risk) were sent on the 24<sup>th</sup> October.

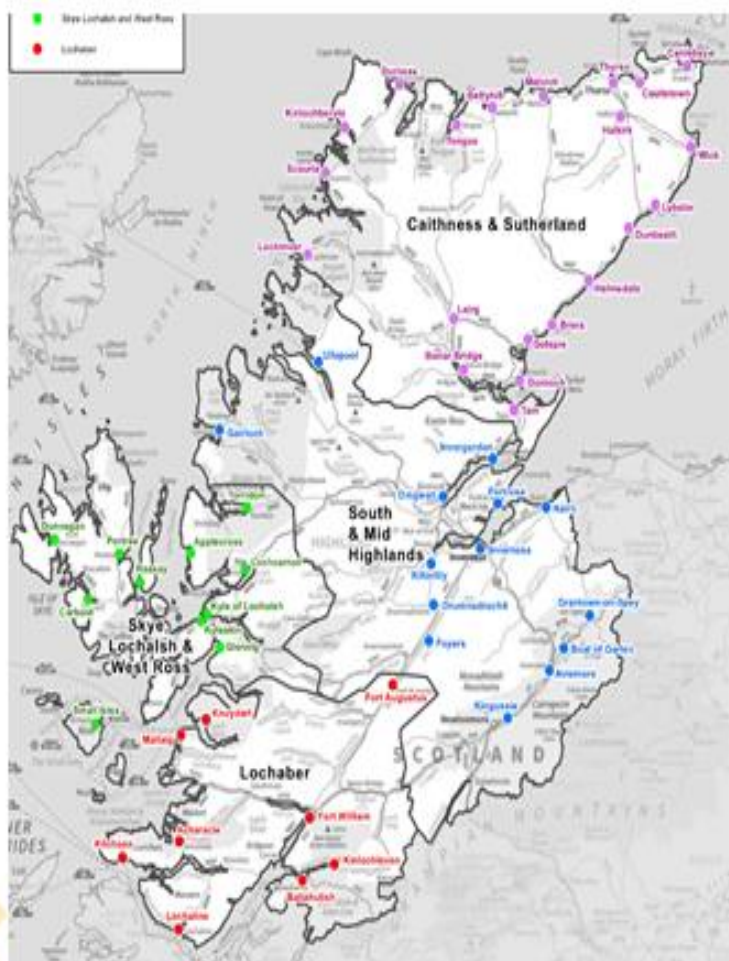
The eligible population for covid vaccines is 149,722 and 160,000 for flu vaccinations.

# Winter Vaccination Timeline



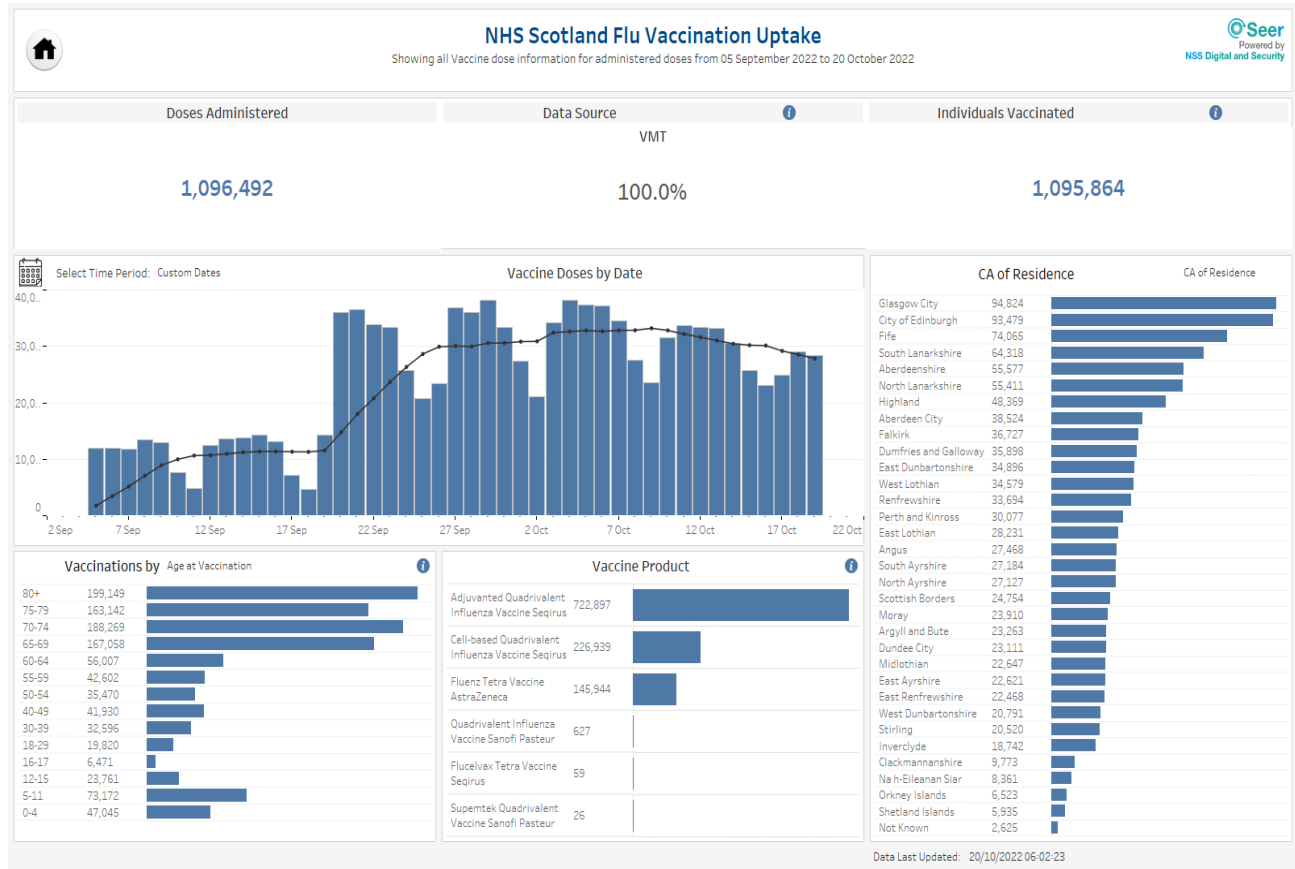
North Highland has been challenged in the number of locations it has been required to deliver clinics in and initial feedback that clinics were not close enough to home, especially for the over 65 age group led to remodelling of the model. This entailed cancelling some existing clinics to accommodate extra locations.

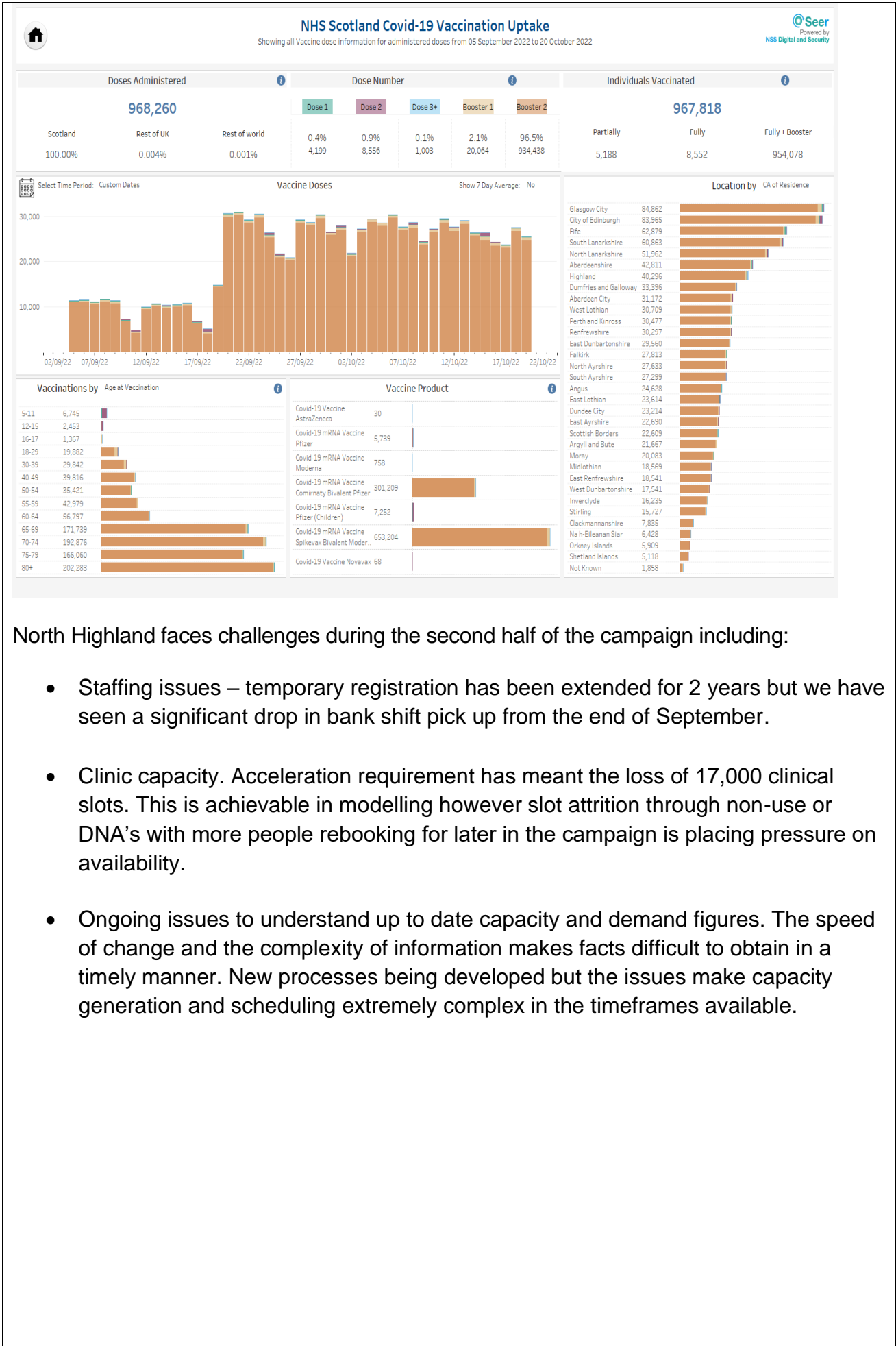
The following map identifies the remodelled community locations.



Current North Highland performance at 20<sup>th</sup> October 2022 is illustrated in the following 2 diagrams.

Flu vaccines delivered = 48, 369 (30% of eligible population)  
 Covid vaccines delivered = 40,296 (27% of eligible population)





**North Highland faces challenges during the second half of the campaign including:**

- Staffing issues – temporary registration has been extended for 2 years but we have seen a significant drop in bank shift pick up from the end of September.
- Clinic capacity. Acceleration requirement has meant the loss of 17,000 clinical slots. This is achievable in modelling however slot attrition through non-use or DNA's with more people rebooking for later in the campaign is placing pressure on availability.
- Ongoing issues to understand up to date capacity and demand figures. The speed of change and the complexity of information makes facts difficult to obtain in a timely manner. New processes being developed but the issues make capacity generation and scheduling extremely complex in the timeframes available.

## **7. GP Update**

### Caithness

There are 3 GP practices in Caithness that are managed by NHS Highland - Riverview (Wick), Riverbank (Thurso) and Lybster. In 2021 there was a merger of Riverbank practice in Thurso with Lybster practice which was operating as a single-handed GP practice. There is currently an organisational change process in place to now incorporate the Riverbank practice within this model. The three practices will operate as the 'Three Harbours Medical Practice' - a name change proposed by staff. The three practices will form a single primary healthcare team operating out of three locations.

The aim of this proposal is to provide resilience and sustainability across the three sites whilst improving staff professional development, training and peer support.

### Invergordon & Ainess

This practice transferred to NHS Highland on 1 February 2022 and remains a practice that is in active turnaround. Staff TUPE transferred to NHS Highland from that date and the process of harmonisation of terms of conditions will take place through an organisational change process. Similar to the Caithness primary care redesign, a staffing structure will be put in place supported by a comprehensive recruitment campaign. The practice is currently using a mix of both on-site and remote GP locums. Our forthcoming recruitment campaign will look at developing portfolio posts for a range of GPs. A patient participation group has been established which meets on a quarterly basis.