NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**17 January 2024**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer, HHSCP**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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

2.1 Situation

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

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

Further work requires to be completed around intelligence reporting including community waiting lists. This will be reviewed and available for March 2024 HHSCP.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and the Adult Social Care 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	X
Limited		None	

3 Impact Analysis

3.1 Quality / Patient Care

IPQR provides a summary of agree performance indicators across the Health and Social Care system primarily across Adult Social Care.

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 previously considered by the following stakeholders as part of its continued development:

- Health and Social Care Committee Development Session
- Adult Social Care Leadership Team
- Management feedback and narrative from respective operational leads

4 Recommendation

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

- Consider and review the agreed performance framework identifying any areas requiring further information or inclusion in future reports.

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

4.1 List of appendices

The following appendices are included with this report:

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

Together We Care
with you, for you

NHS Highland

Highland Health and Social Care Partnership Integrated Performance and Quality Report

17 January 2024

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

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 agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.

Together We Care
with you, for you

Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider HHSCP 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.

Content:

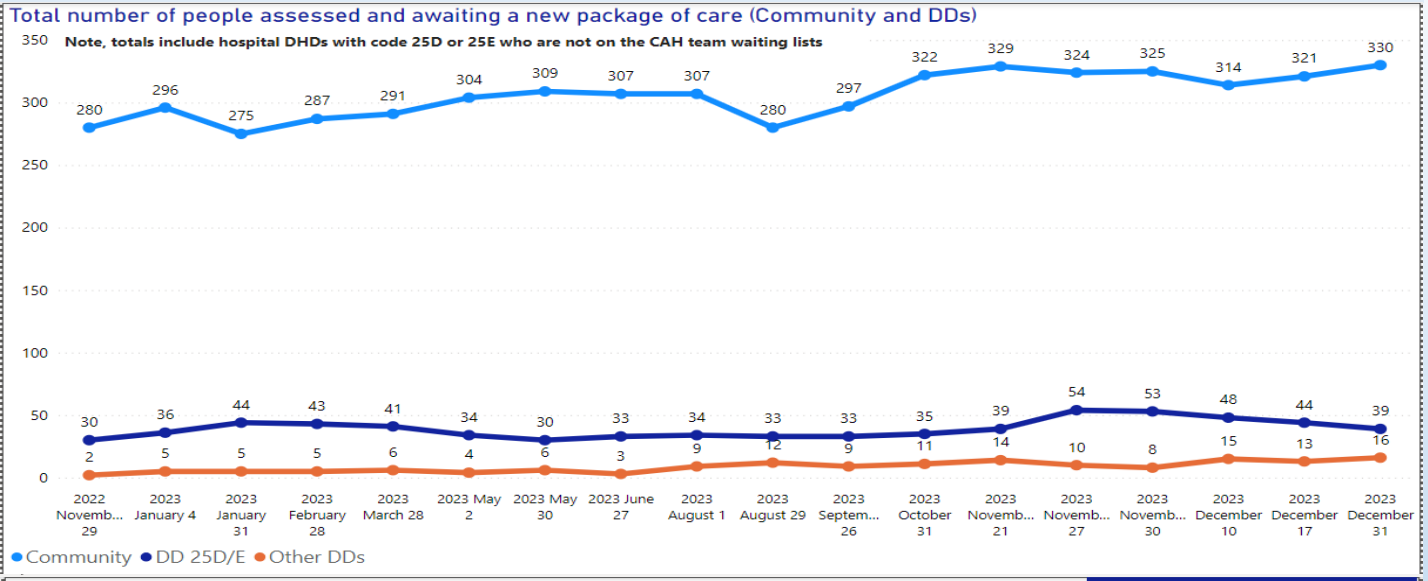
- Care-at-Home and Care Homes – slides, 4-7 & 8-9
- Delayed Discharge – slides 10-11
- Self Directed Support/Carer Short Breaks – slides 12-14
- Adult Protection included – slide 15
- Mental Health Psychological Therapies and Community Mental Health Services – slides 16-17
- HHSCP Drug & Alcohol Recovery Services – slide 18
- Non MMI Non Reportable Specialties Waitlists – slides 19 & 20
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

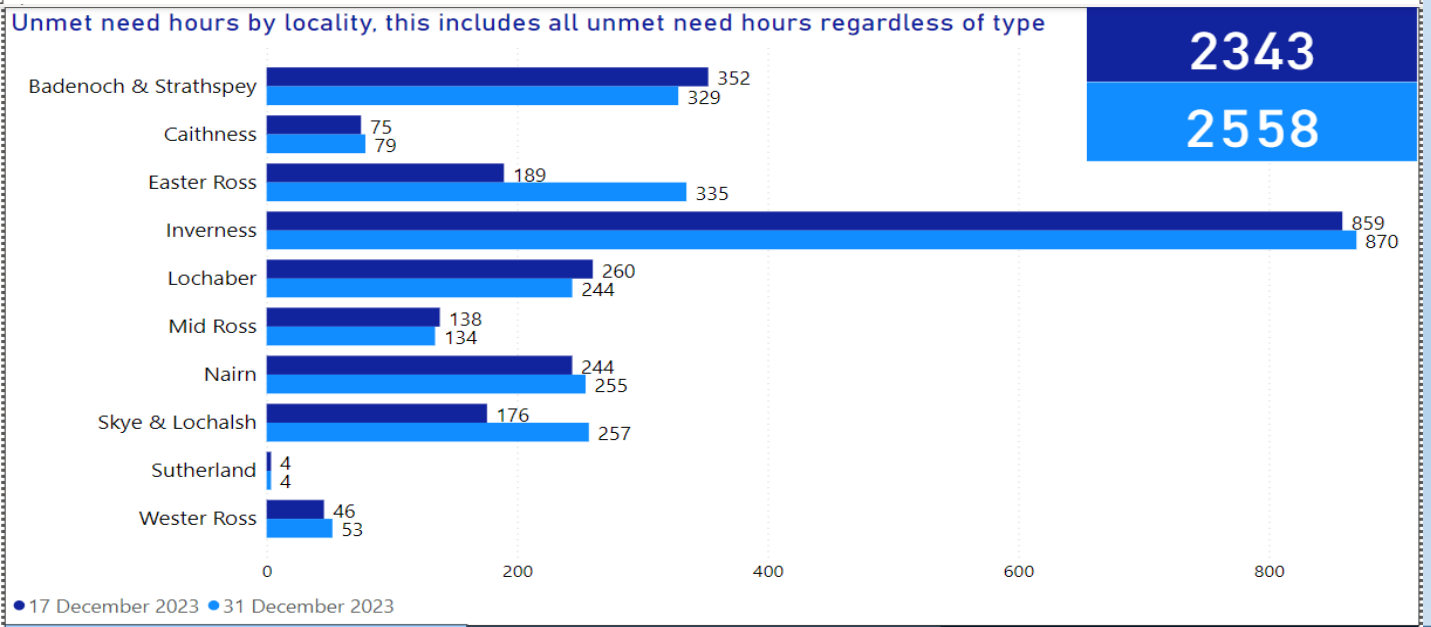
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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

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

HHSCP Care at Home – Unmet need





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

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

- Community - 330 awaiting a care at home service
- DHDs – 39 awaiting a care at home service
- DHDs – 16 awaiting a service for other coded DHDs (complexity)

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

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

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH continues to increase and is 2558 planned hours per week..

Update 10/01/2024

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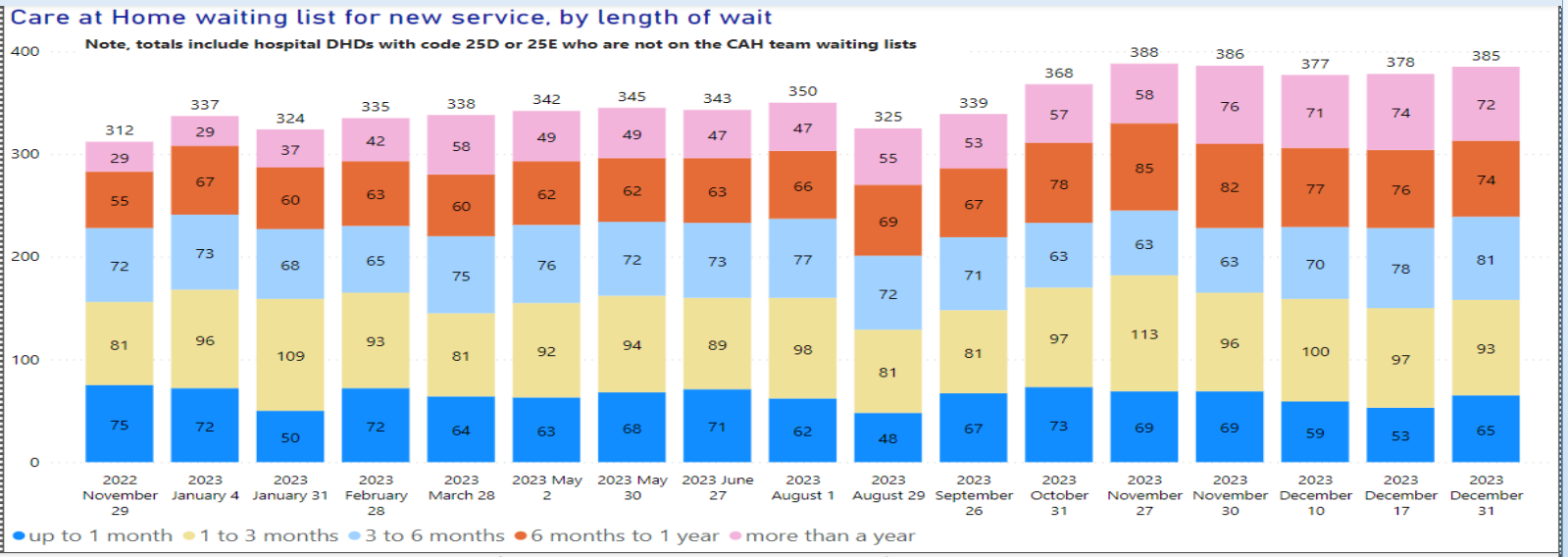

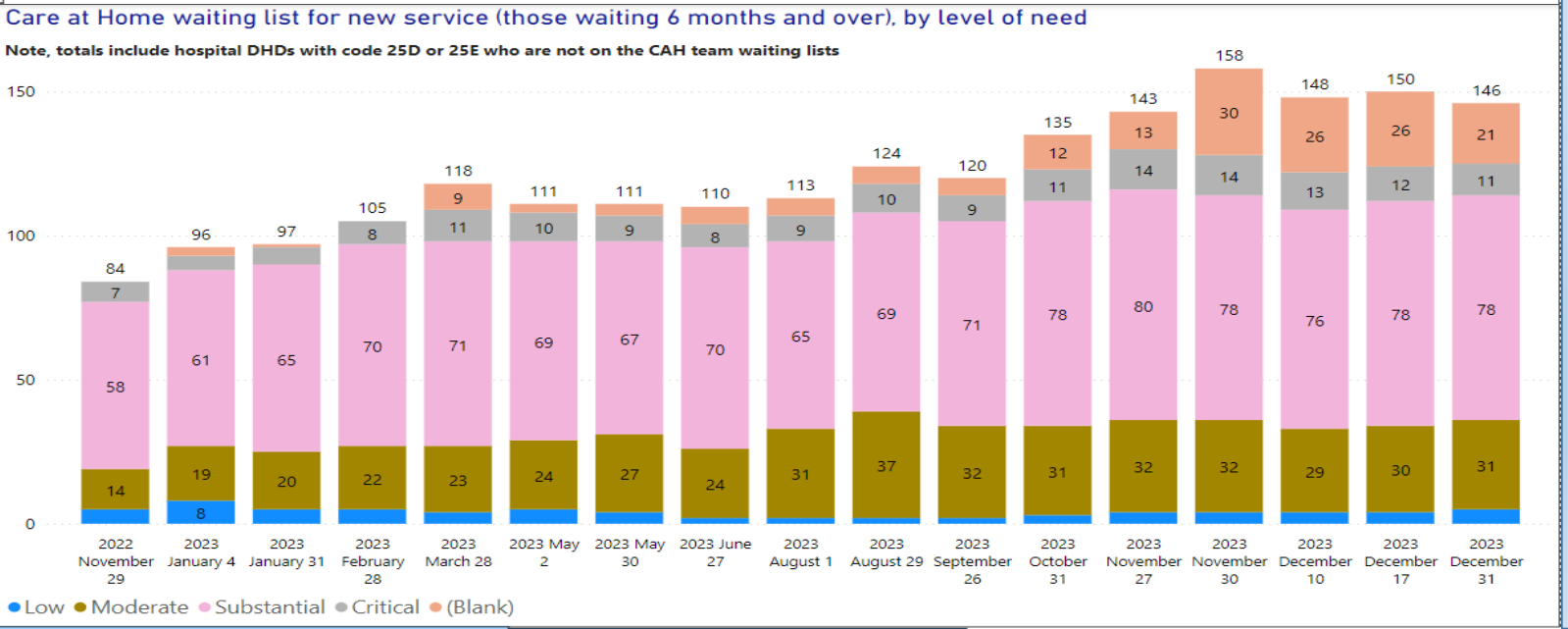

Graph 1 - HHSCP unmet need for care at home, including waiting list. Total number waiting for a care at home service is 385 as at last available data point.

Up to 1 month – 65
1 to 3 months – 93
3 to 6 months – 81
6 to 12 months – 74
More than a year - 72

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

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

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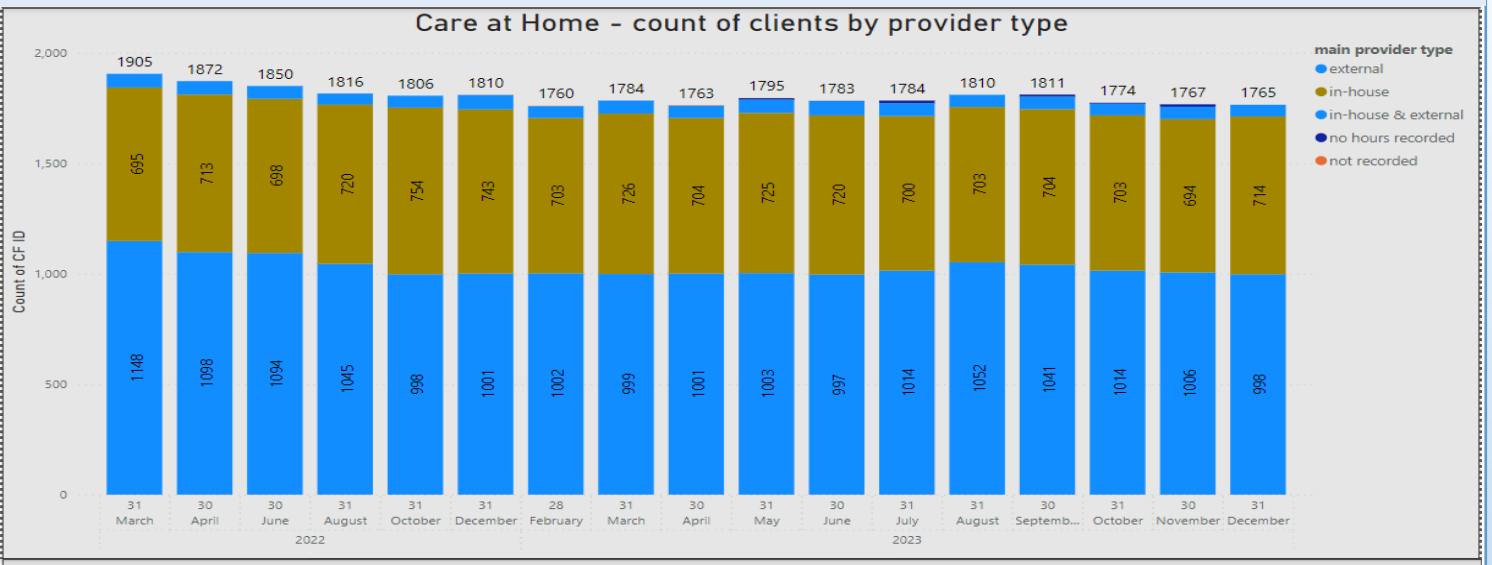
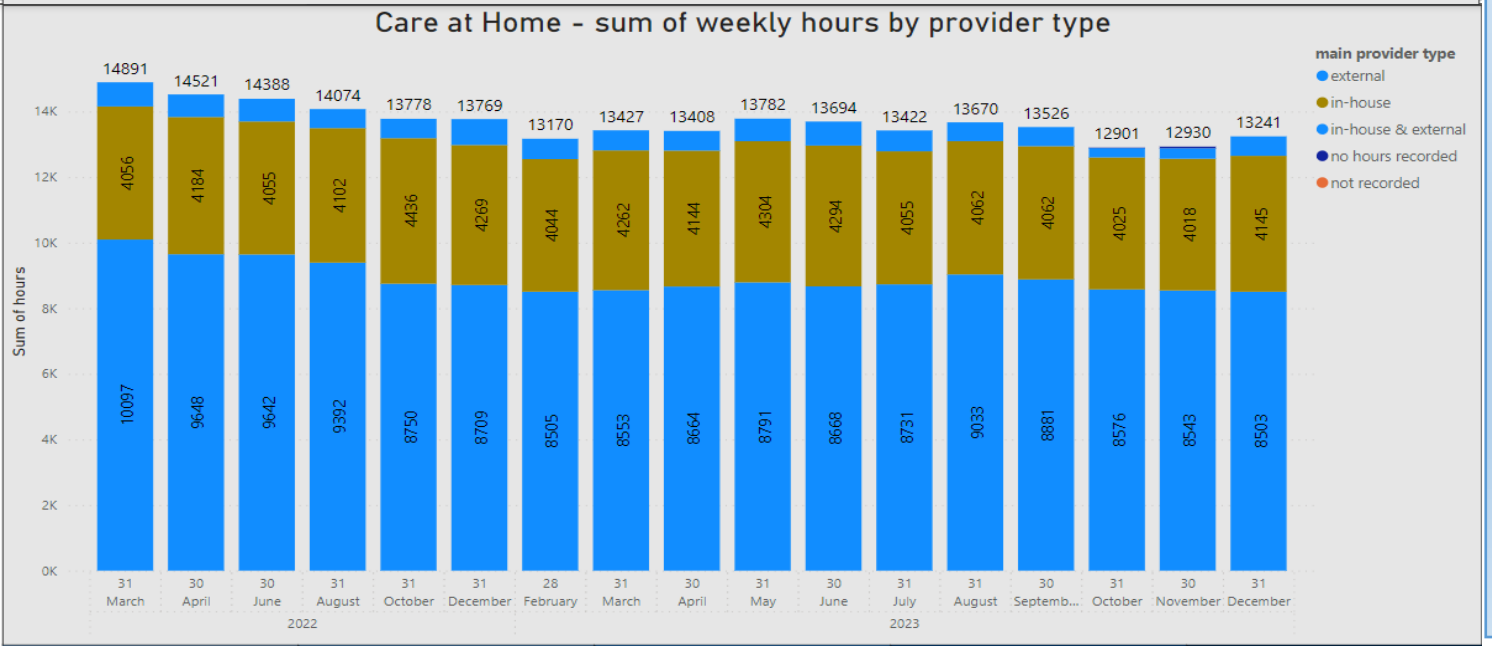
HHSCP Care at Home





HHSCP Care at Home

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

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

NHSH and care providers both await the specific details on the welcomed ministerial announcement on the proposed £12per hour minimum wage increase.

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

A short life working group has been established to co create and co-develop proposals to try and address capacity issues. The SLWG has developed co-produced and tangible solutions which were agreed in December 2023, which are expected to be considered in January by NHSH.

A medium-term care at home delivery vision and supported commissioning approach has also been identified to deliver the following **five key objectives:**

- Maximise provision through processes, training and technology
- Enable market and delivery stability
- Create, sustain and grow capacity
- Recognise, value and promote the paid carer workforce
- Improve affordability

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

Update 08/01/2024

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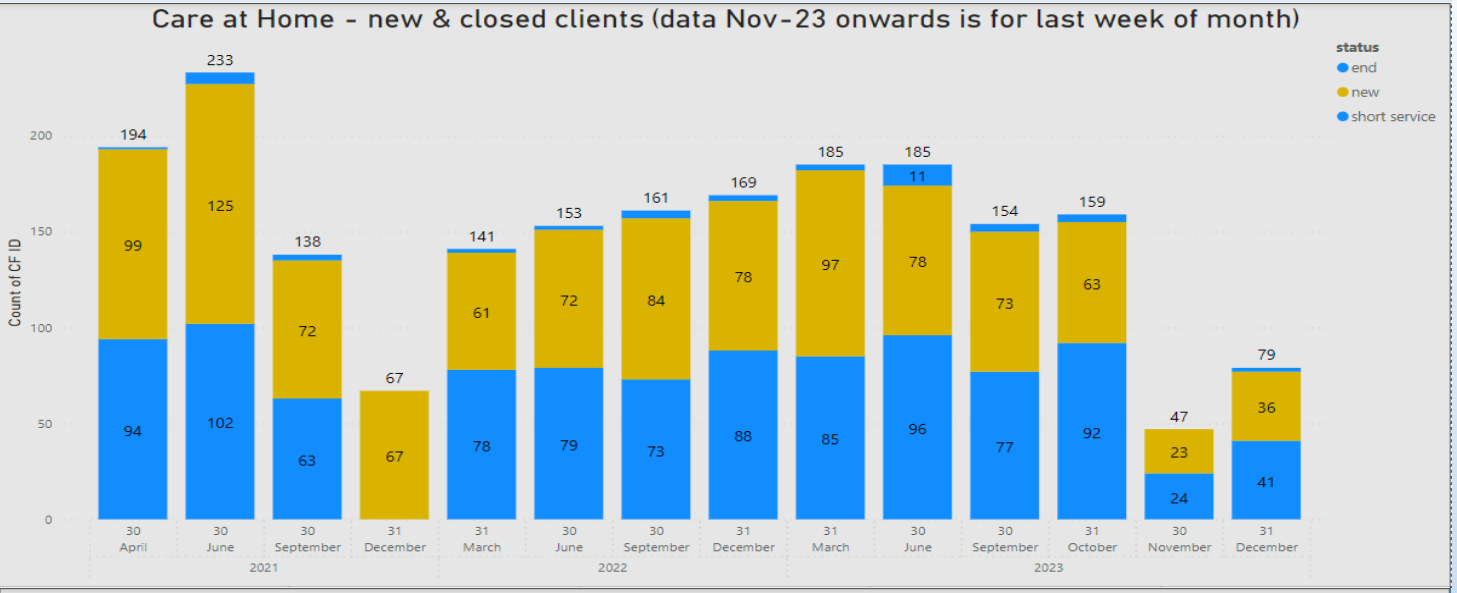

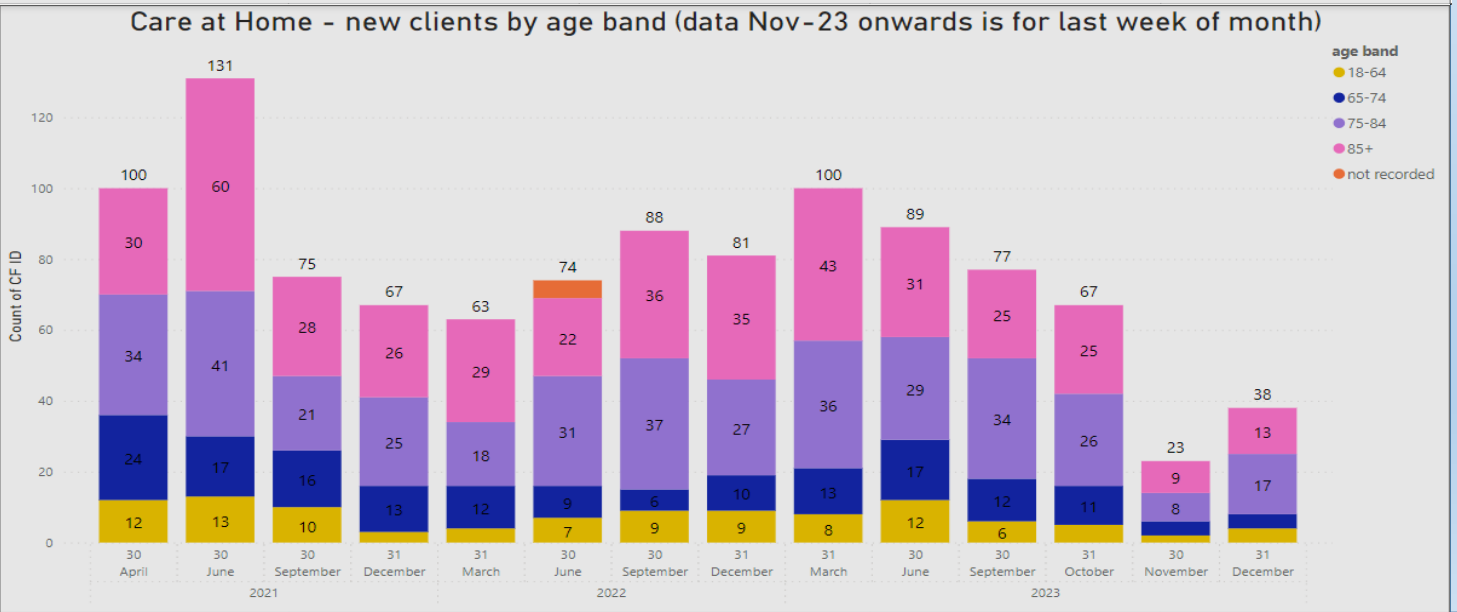

Care at Home – New & Closed Packages

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

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

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

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

Update 10/01/2024

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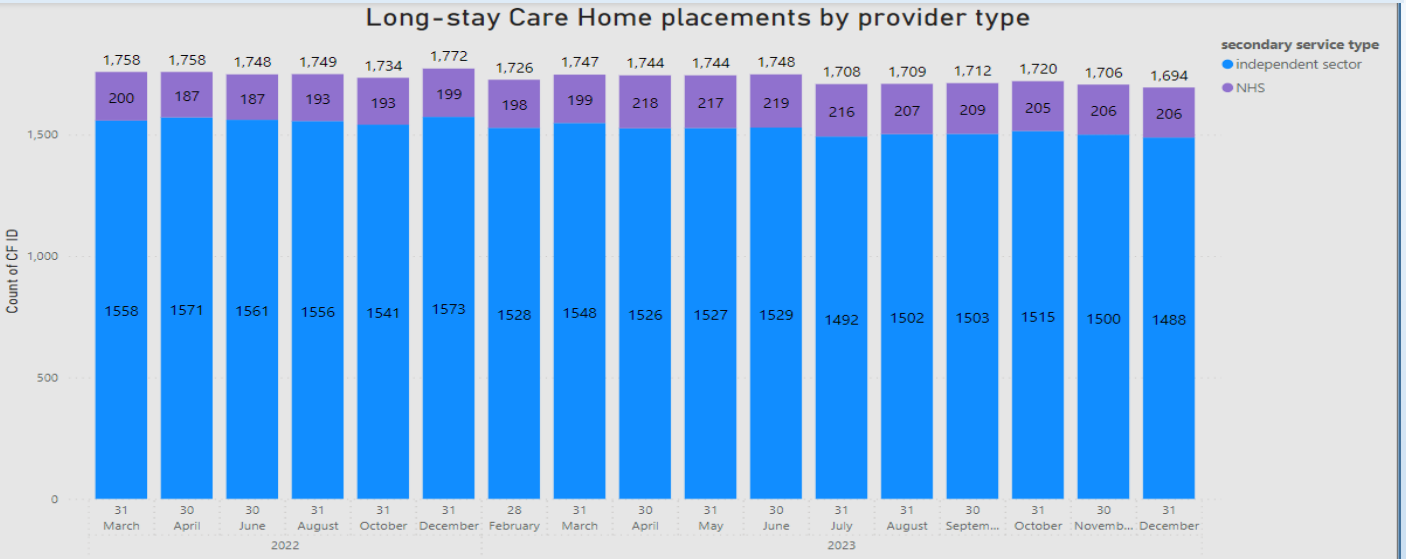
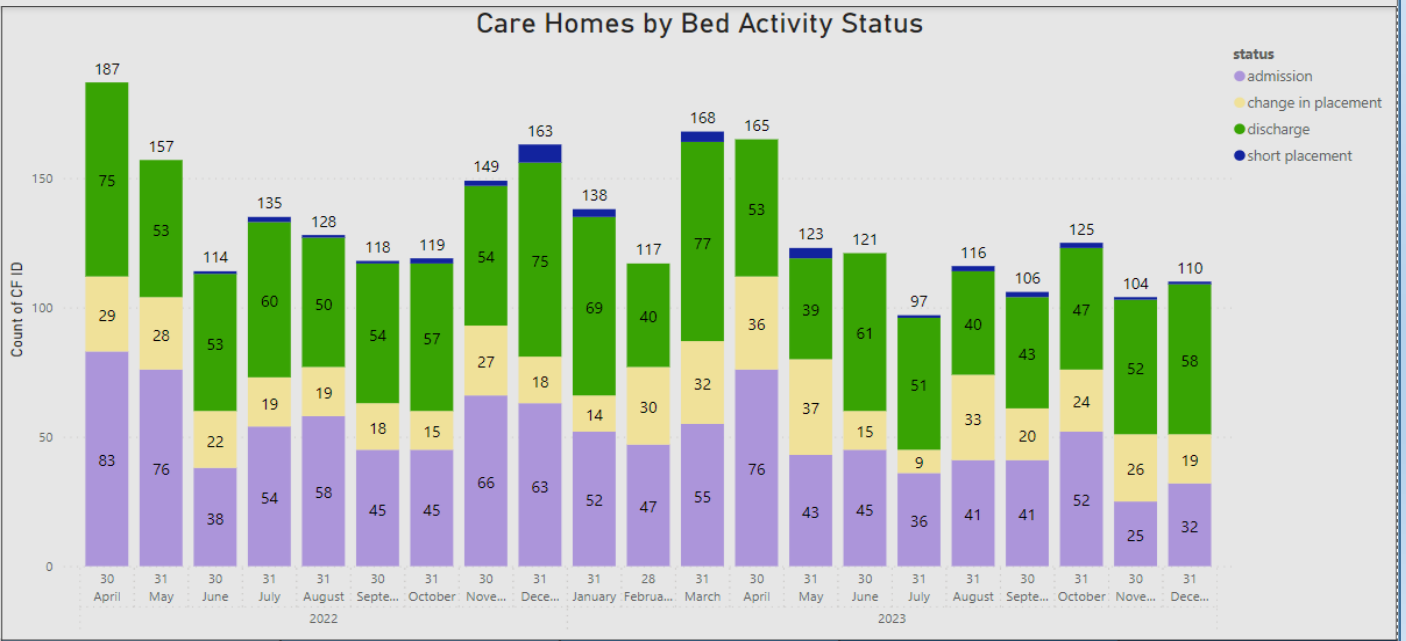
HHSCP Care Homes





HHSCP Care Homes

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

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 8 of the 47 independent sector care homes are over this size.

In-house care homes and some independent care home providers are still experiencing significant staffing resource shortages.

Since March 2022, 5 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

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

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

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

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

Update 08/01/2024

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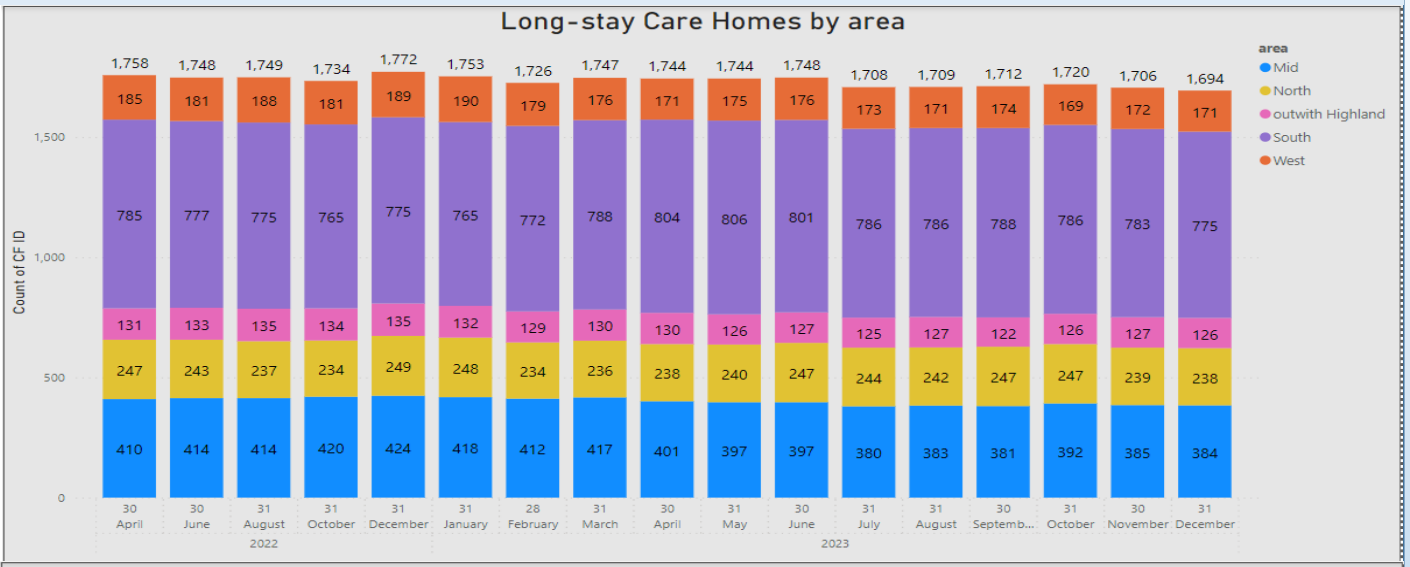
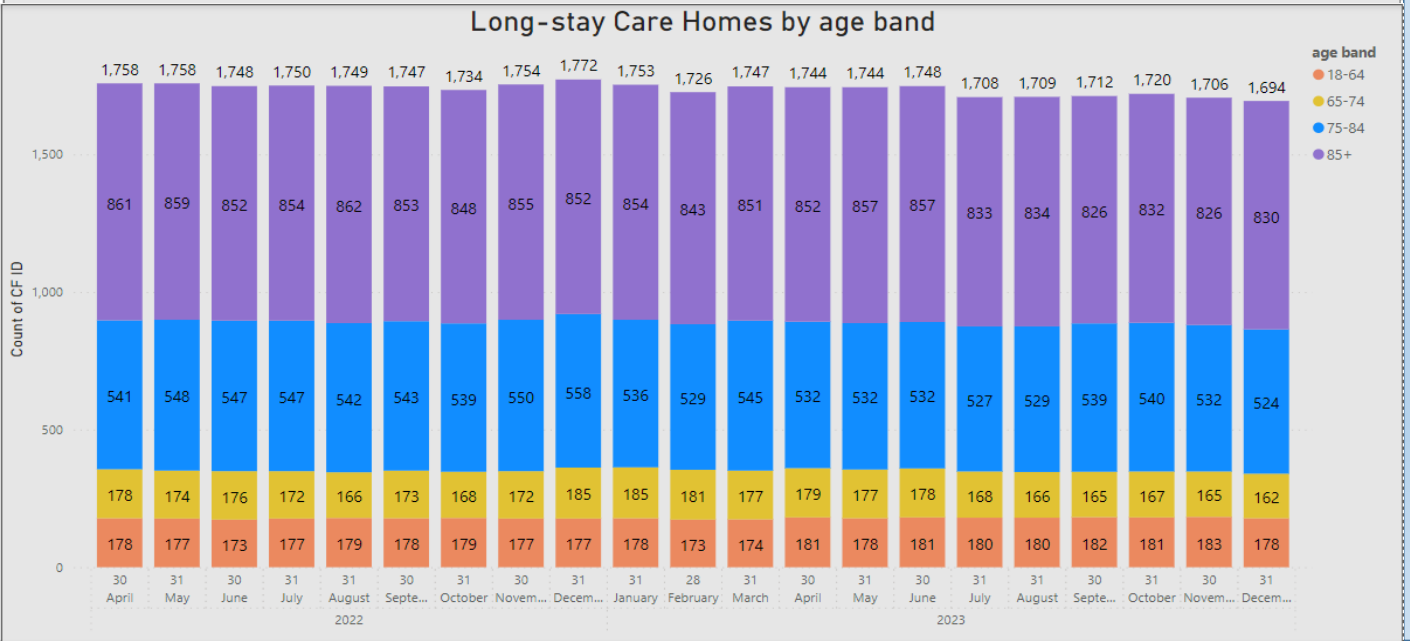




HHSCP Care Homes

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

South: 775 occupied beds
Mid: 384 occupied beds
North: 238 occupied beds
West: 171 occupied beds
Out of Area: 126 occupied beds

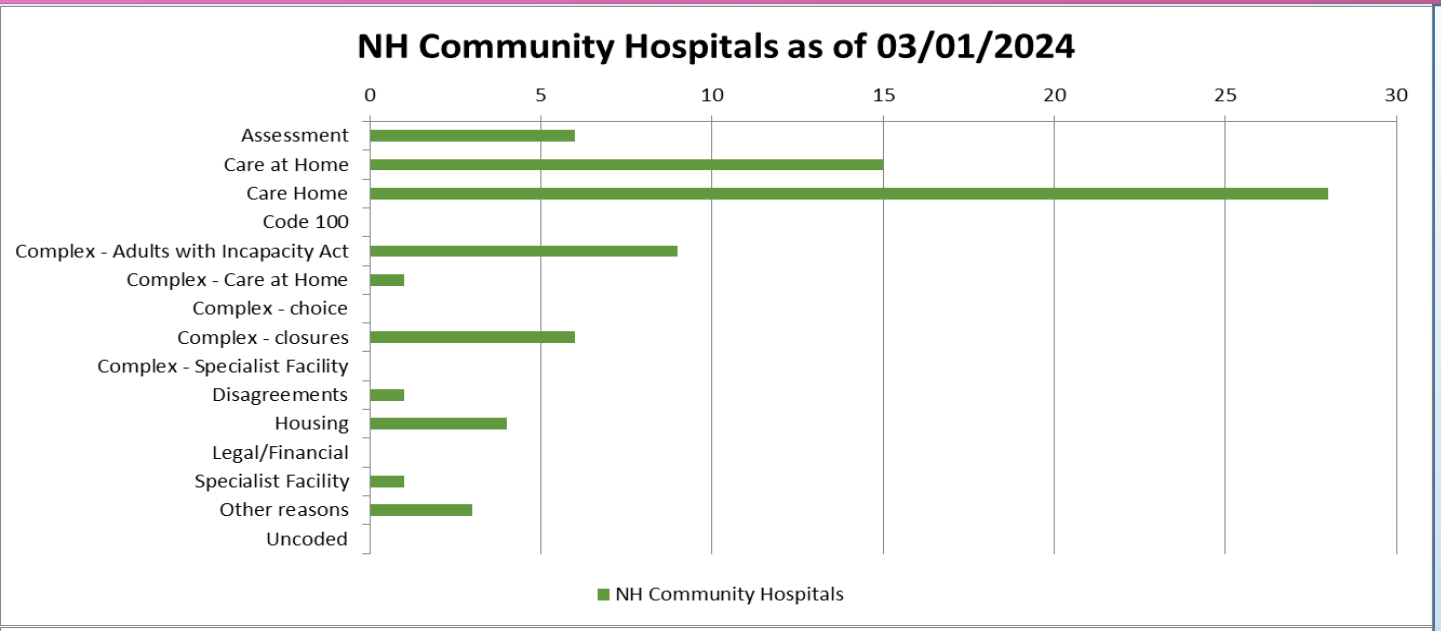
In addition, a further breakdown is provided by the current age of those service users for HHSCP only, **showing 48%** are currently over the age of 85 in both residential and nursing care settings.

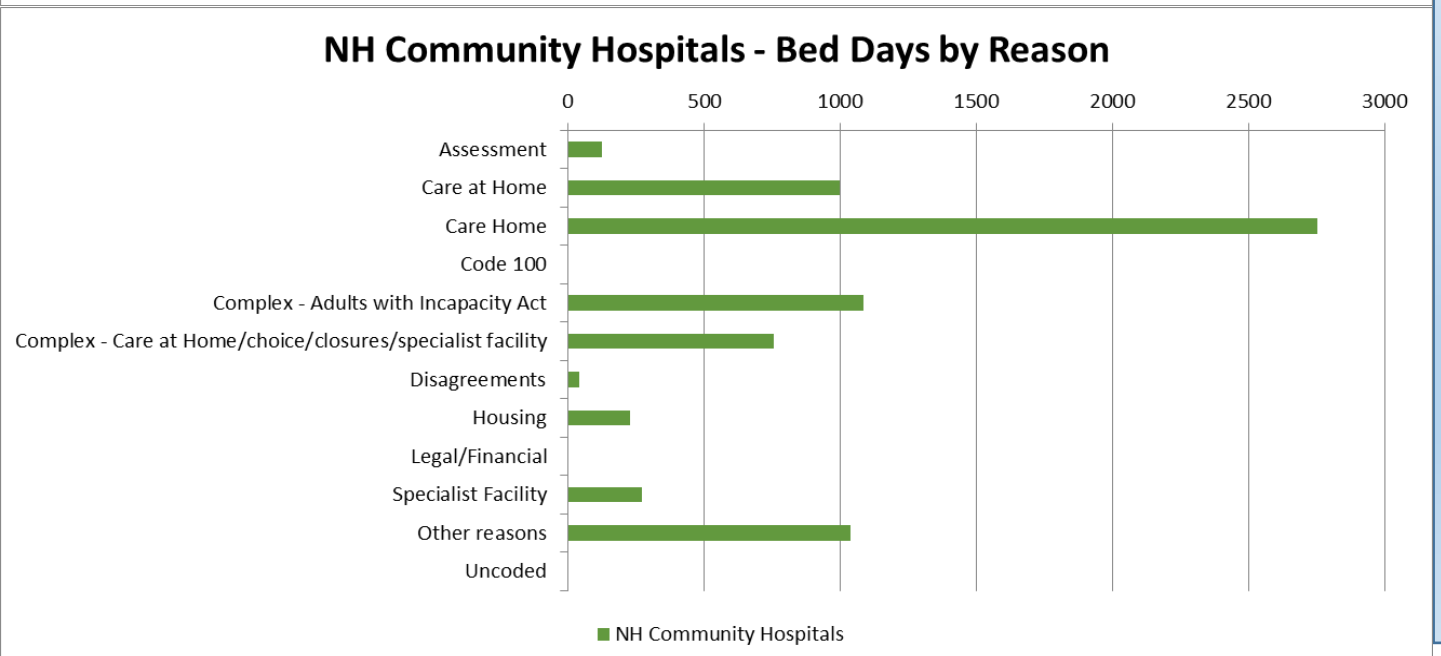
Update 08/01/2024

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

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

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





HHSCP Community Hospital DHD's

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

Of the 186 delayed discharges at 03/01/2024, 74 are in HHSCP Community Hospitals, 21 are in New Craigs hospital and the remaining 91 are delayed in acute hospitals.

Work continues on the implementation of standard work, including daily huddles and the setting of PDDs for all inpatients across all hospital sites. Early notification to community DMTs of people on pathways 2, 3 and 4 is recognised as crucial in terms of timely discharge planning and facilitating community pull. Communication between acute and community remains a challenge with capacity issues within the discharge support team and significant delay in introduction of the discharge app.

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

Focused work in CAH to ensure maximisation and most efficient targeting of limited resources.

Work also ongoing across acute and community regarding the importance of realistic conversations with service users and their families.

Update 10/01/2024

Strategic Objective 3 Outcome 11 – Respond Well

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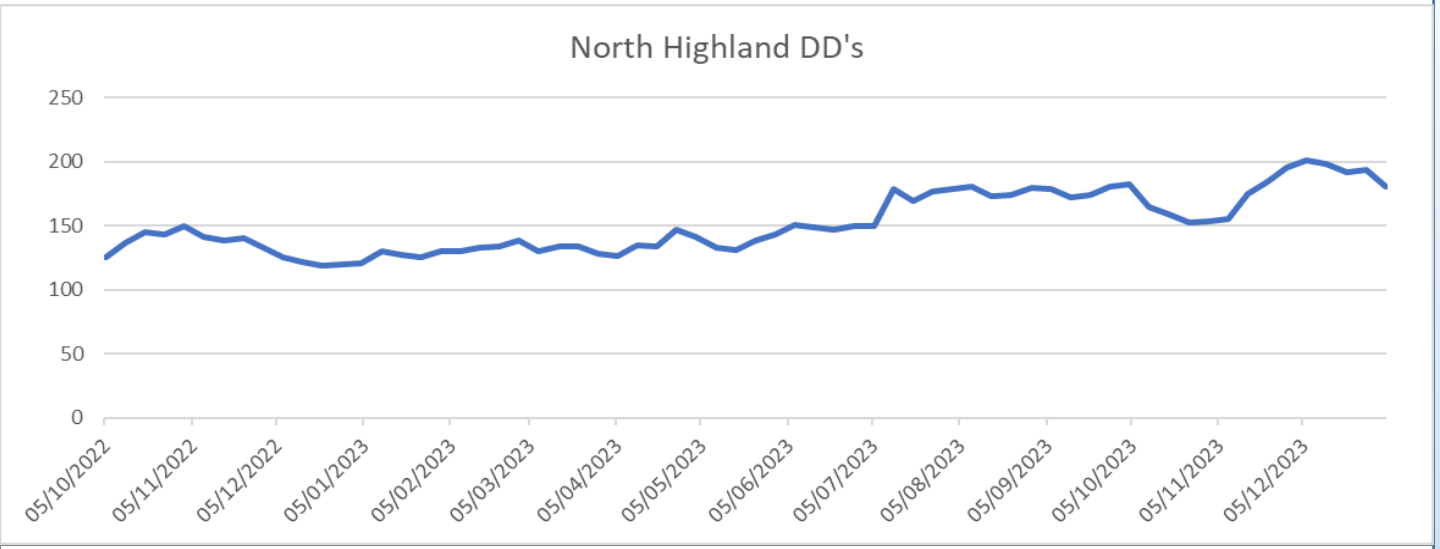
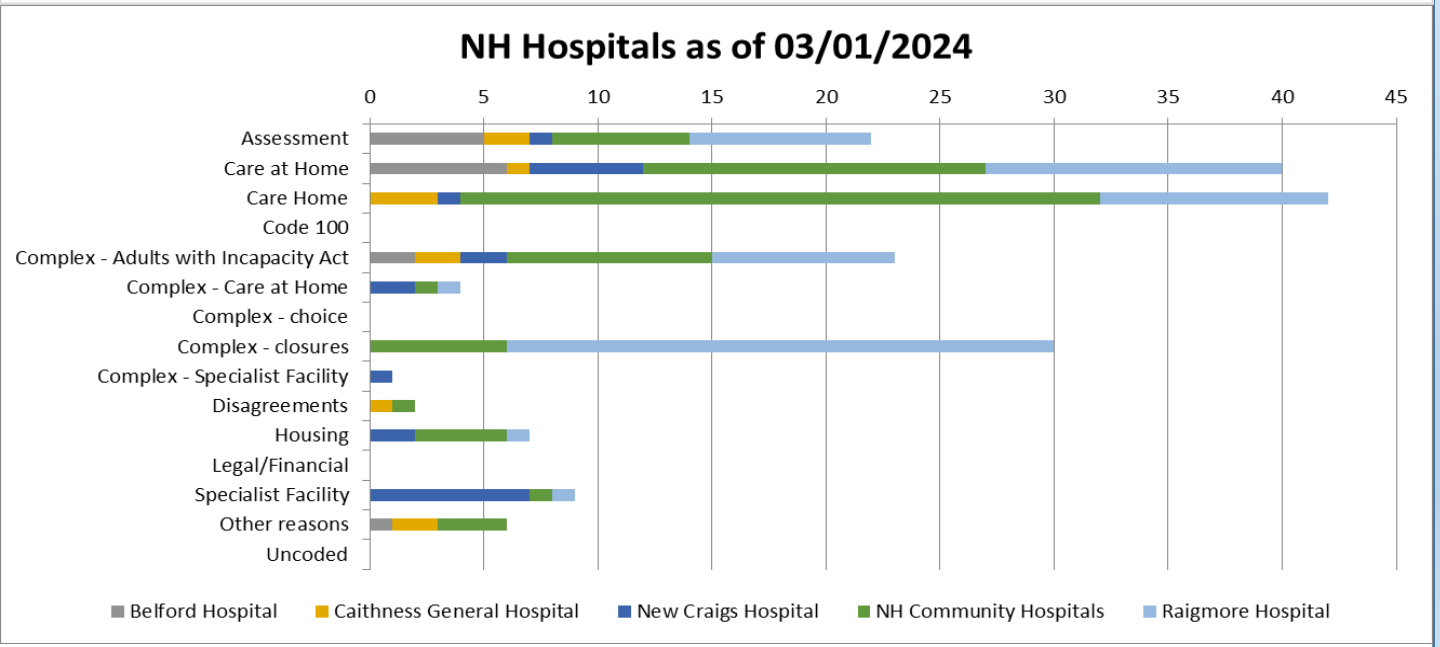
Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach

HHSCP DDs





HHSCP DHD's

Update: *186 delayed discharges @ 03/01/2024 with 58 of those code 9 (complex-AWI), 47 awaiting social care arrangements to return home (care at home/adaptations), 22 awaiting outcome of assessment and 51 awaiting care home placement.*

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

•Delayed discharges remain a significant concern.

•The Optimising Flow Group continues to have a focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull, respective operational and management units now need to ensure these are embedded and sustained. This remains the key challenge.

•Ongoing work includes review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.

•Cross system working and adopting a whole system approach remains key to ensuring the success of this work. If one or more arms of the service do not work to agreed process it has an overall impact on flow and delivery of desired outcomes.

•On a journey of cultural change - still some way to go in some areas regarding pace of discharge planning and adopting a daily mantra of **why not home today?**

Update 10/01/2024

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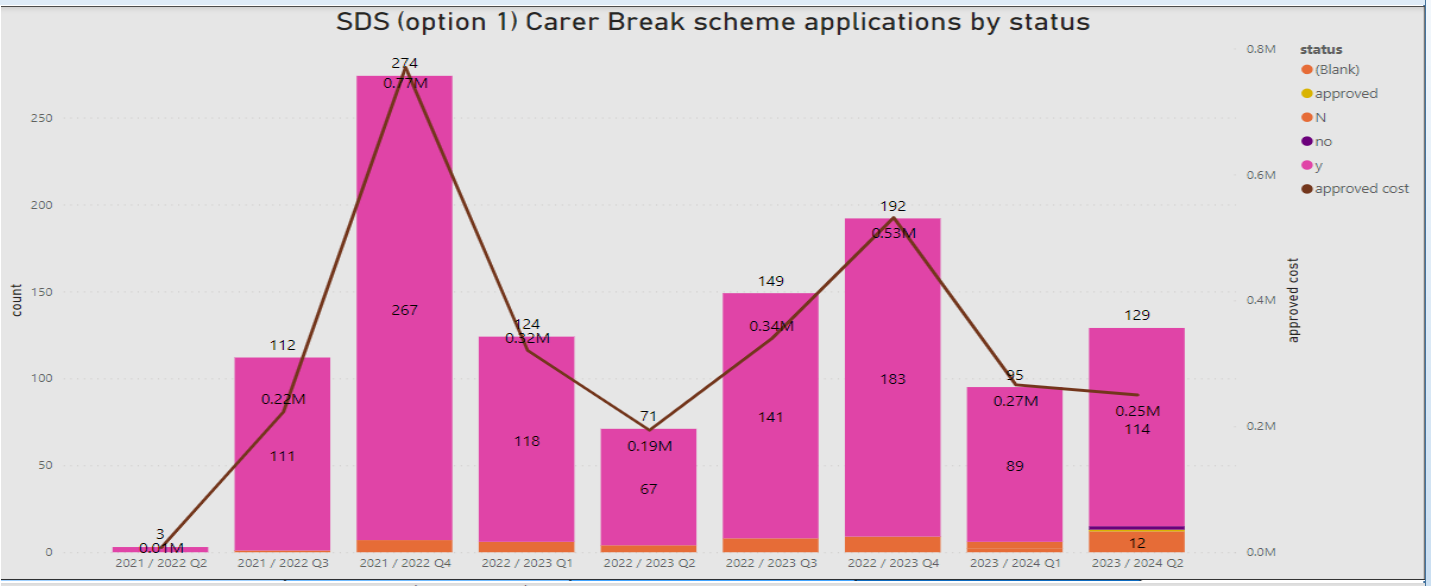
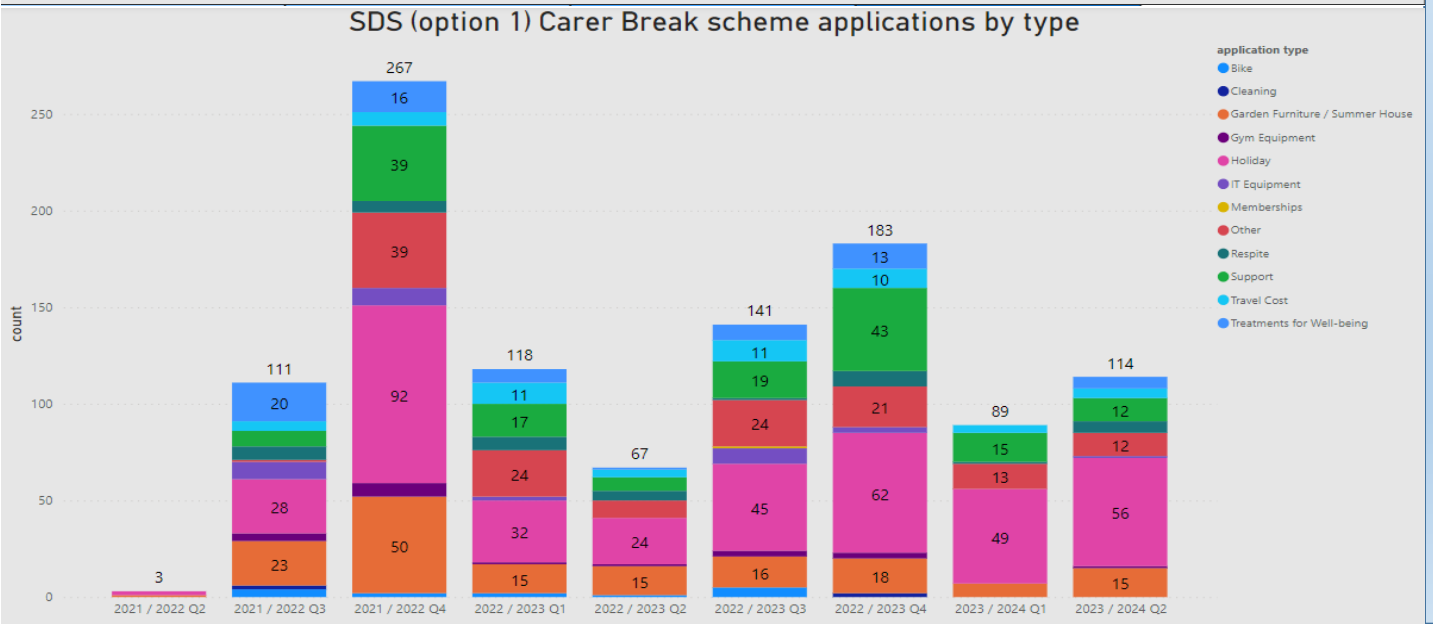
Carer Breaks – Option 1 (DP)





SDS Option 1 (Carer Break scheme)

We are continuing to use powers within the Carers Act to provide an Option 1 Short Breaks scheme for 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 break that would be right for them. We think this is a good opportunity to demonstrate the benefits of worker autonomy.

This is consistent with our aims to:

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

Work has recently concluded national colleagues - via the award of "Promoting Variety" funding - to provide our local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect.

We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches. Their suggestion is that there are financial ceilings set for different types of purchases used for a short break: i.e. limits of contributions for holidays, summer houses and e-bikes etc.
Finally, NHS Highland partnered with other organisations to host special events for unpaid carers to promote the support available to them: these nine “roadshow” events” were spread across Highland and have engaged 141 local people about the range of supports – including the short breaks scheme – available to them.

Quarter 4 has just reopened to new applicants this month so the data will be updated for the next committee.

Update 10/01/24

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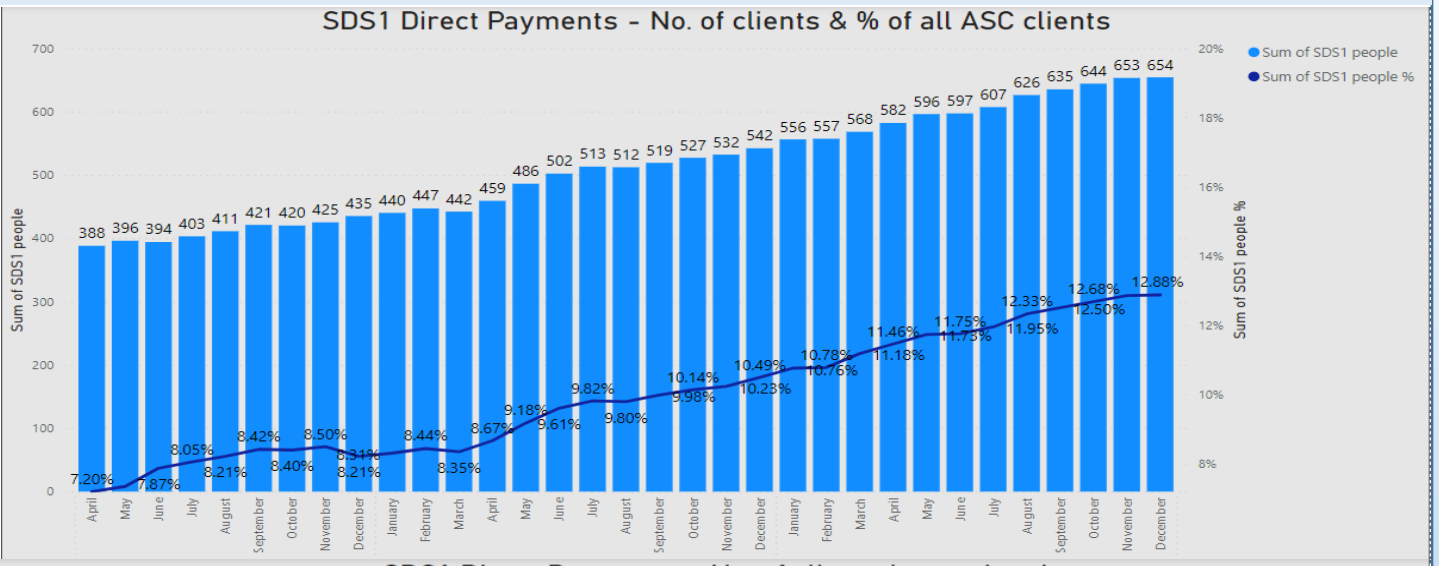
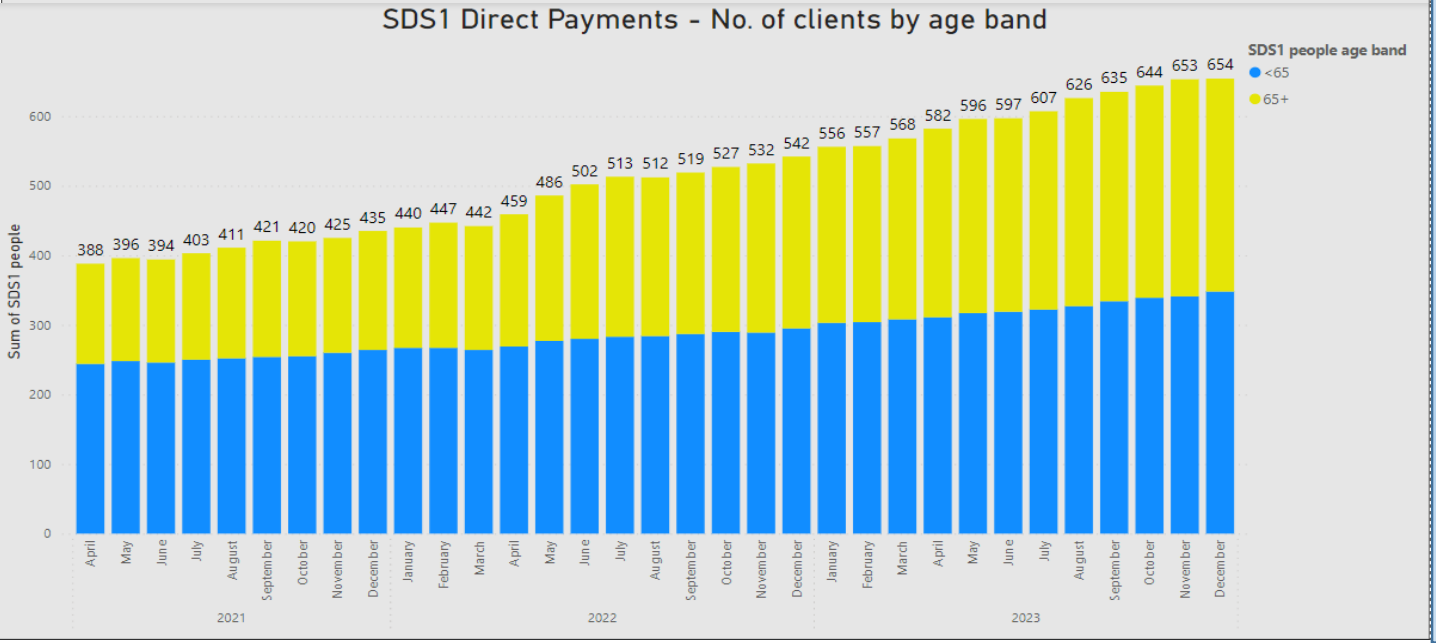
Self Directed Support – Option1 (DP)





SDS Option 1 (Direct Payments)

We have seen sustained levels of growth for both younger and older adults in our more remote and rural areas. There has been a steady increase in numbers since March 2022 with further sustained growth expected this financial year.

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

We are also aware of increasing numbers of Option 1 recipients who are struggling to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery.

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

This significant cost investment was required to ensure the sustainability of our current and new Option 1 packages which are still the most cost effective and efficient delivery models which have significantly grown, primarily due to the absence of any other traditional delivery and more expensive care models.

Finally, NSH is also committed to increasing the level of independent support across all service delivery options and is seeking capacity to implement a project with funding available up to £0.200m, to procure independent sources of advice, information and support which are available to all those exploring the help open to them.

Update 10/01/24

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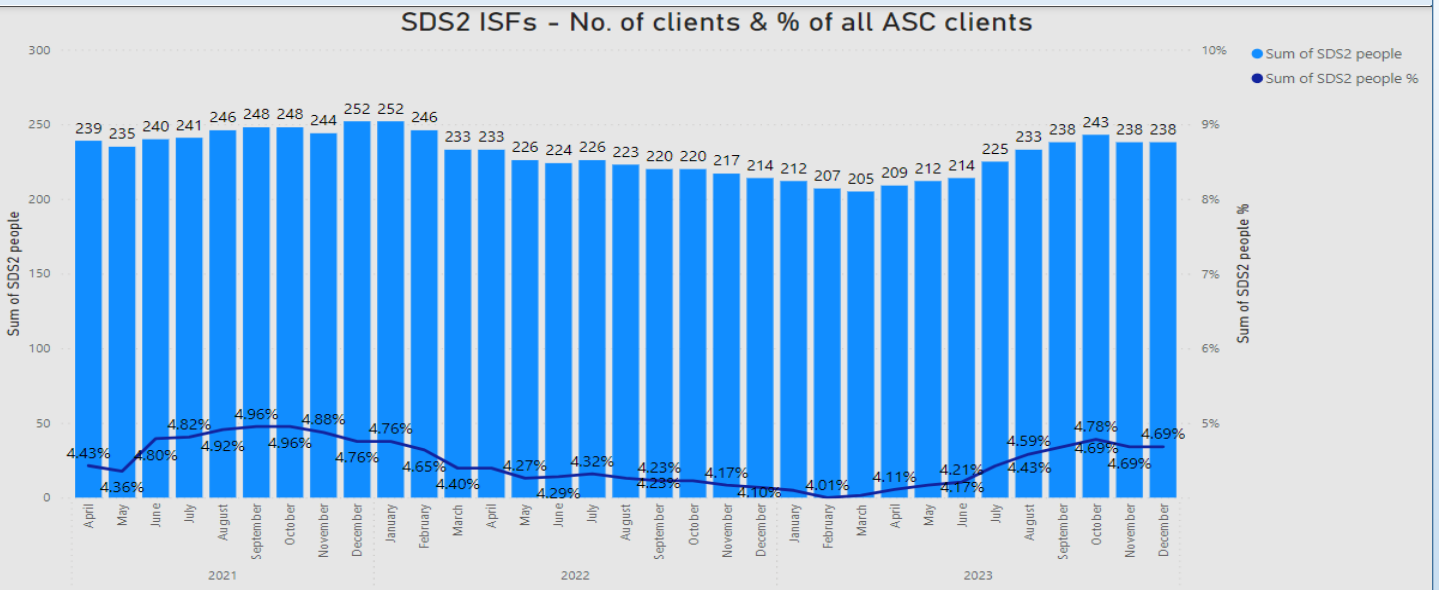
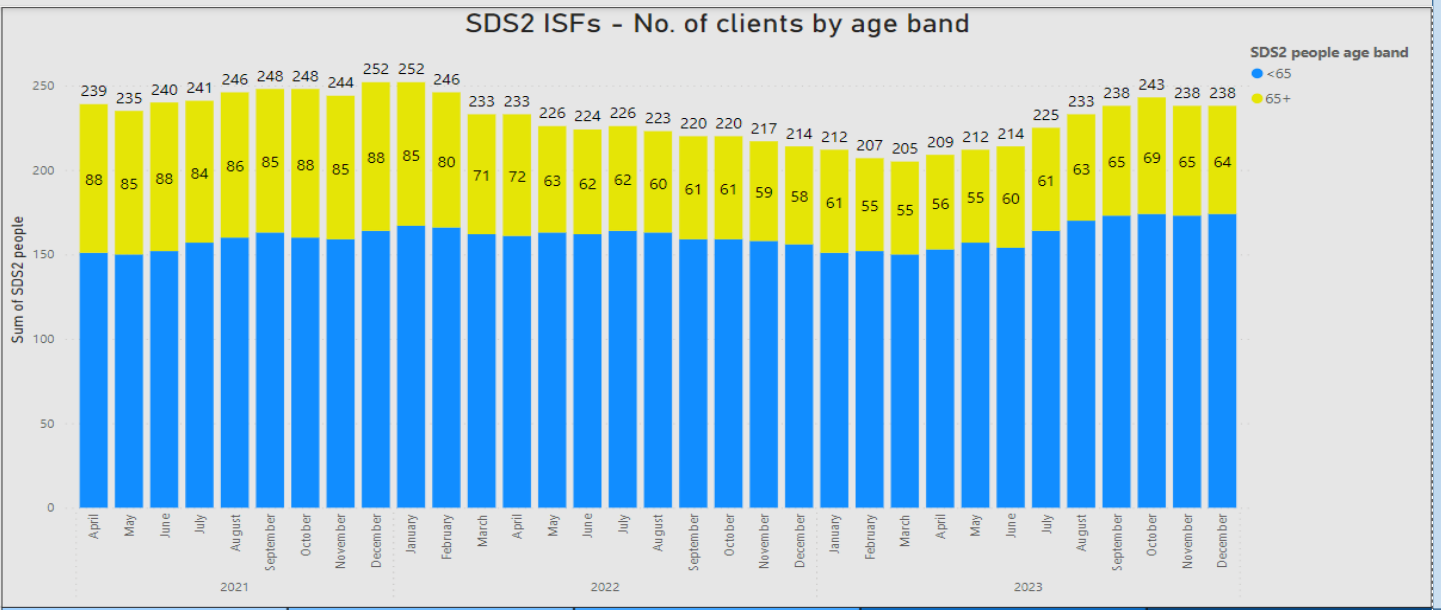
Self Directed Support – Option2 (ISF)





SDS Option 2 (Individual Service Funds)

ISFs reduced during 2022 although we have seen a stabilising of the position during 2023 and note an increase in service provision during the last 2 quarters.

Our current number of active service users is 238 with a projected annual cost of £5.3m.

Graph 2 - Overall number of ISFs split by age band, noting over 74% of our current service provision is provided under this option to younger adults.

Plans are now in development to better understand and resolve any process barriers to growing ISFs within an overall programme for Promoting choice, flexibility and control.

At a recent follow up session with In-Control Scotland, NHSH and other interested stakeholders, the group agreed supporting actions and will meet again to report on progress.

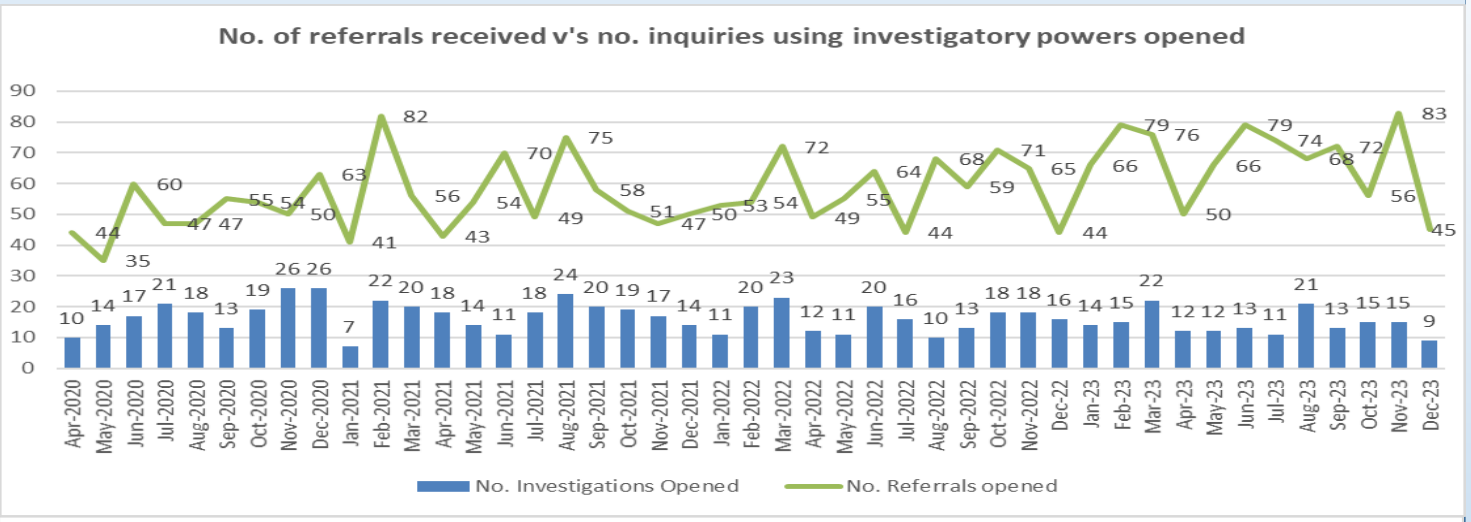
Some key actions from these sessions are detailed below:

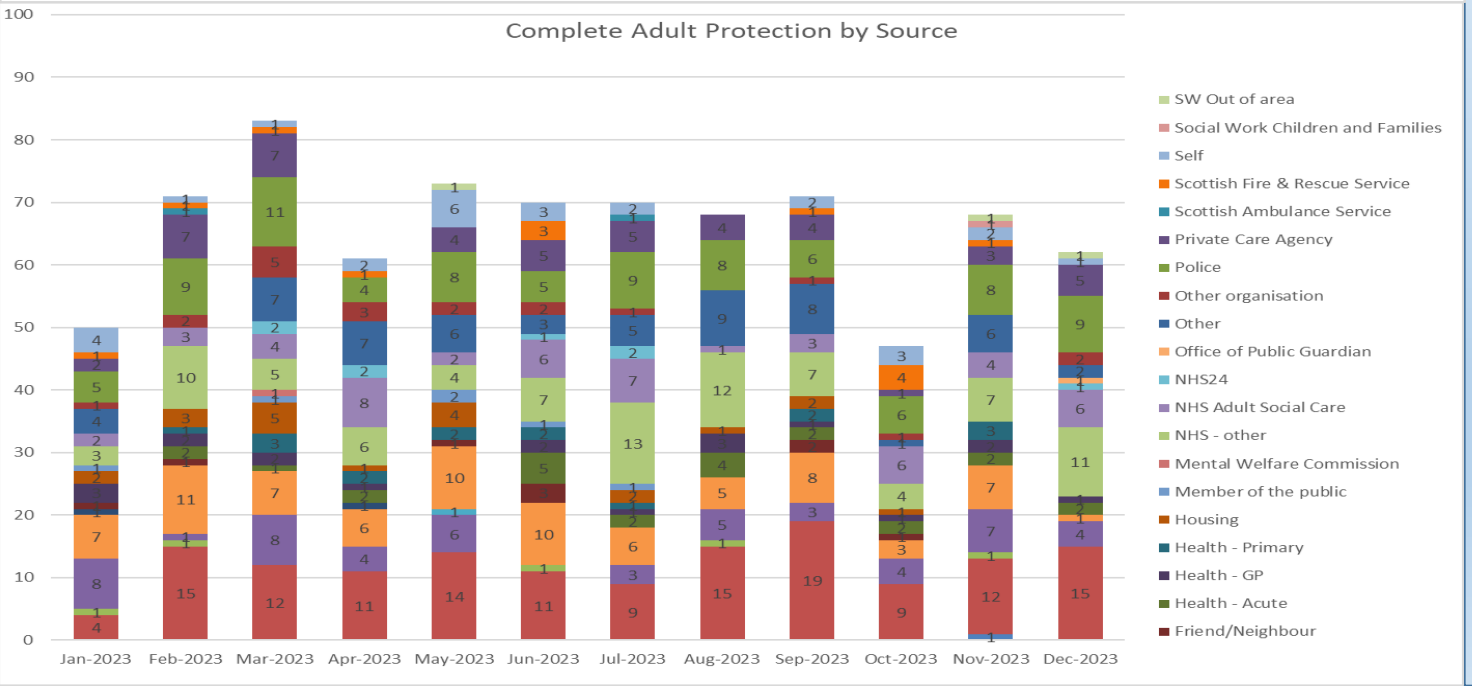
- Develop an awareness, information and education programme, incorporating any learning from Granite City Care Consortium, Aberdeen
- Institute an outcome focussed commissioning approach for all new Option 2's
- Review and explore the parameters around who can hold an ISF to expand beyond traditional providers.
- Invest in developing good conversations at first point of contact
- Review current standard operating procedures to ensure they support new approach.

Update 10/01/24

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

Adult Protection





Adult Protection

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

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

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

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

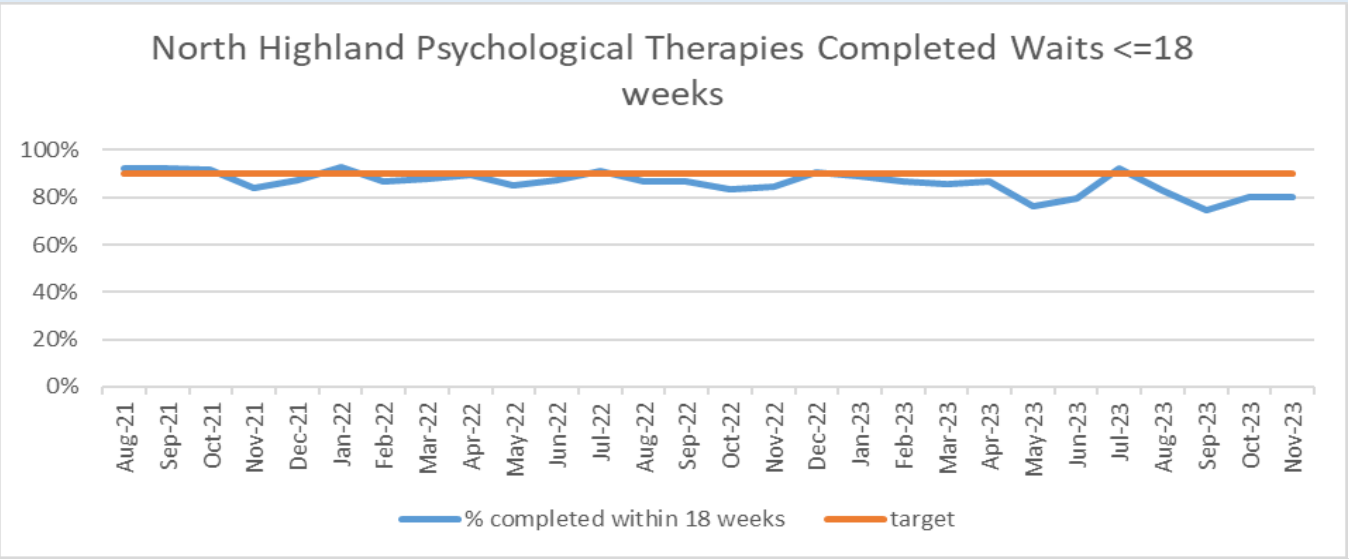
Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart

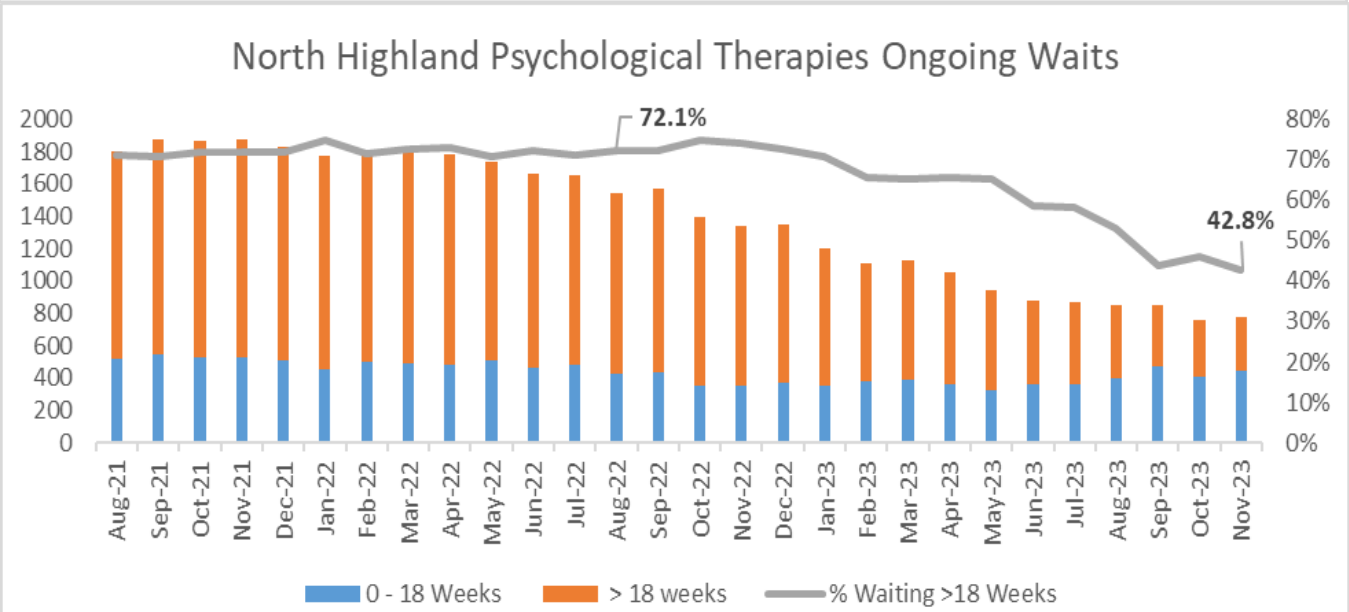
Update 04/01/2024

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

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

Psychological Therapies HHSCP Performance





Psychological Therapies Performance Overview - HHSCP

The national target:

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

November 2023 performance: 80.2%

As at November 2023:

- 775 of our population waiting to access PT services in HHSCP.
- 332 patients are waiting >18 weeks (42.8% breached) of which 129 have been waiting >1year.
- Of the 129 waiting >1 year, 1 patient is waiting for HHSCP Neuropsychology services, 51 are awaiting group therapies and 43 are awaiting AMH, making up the majority of these waits.

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

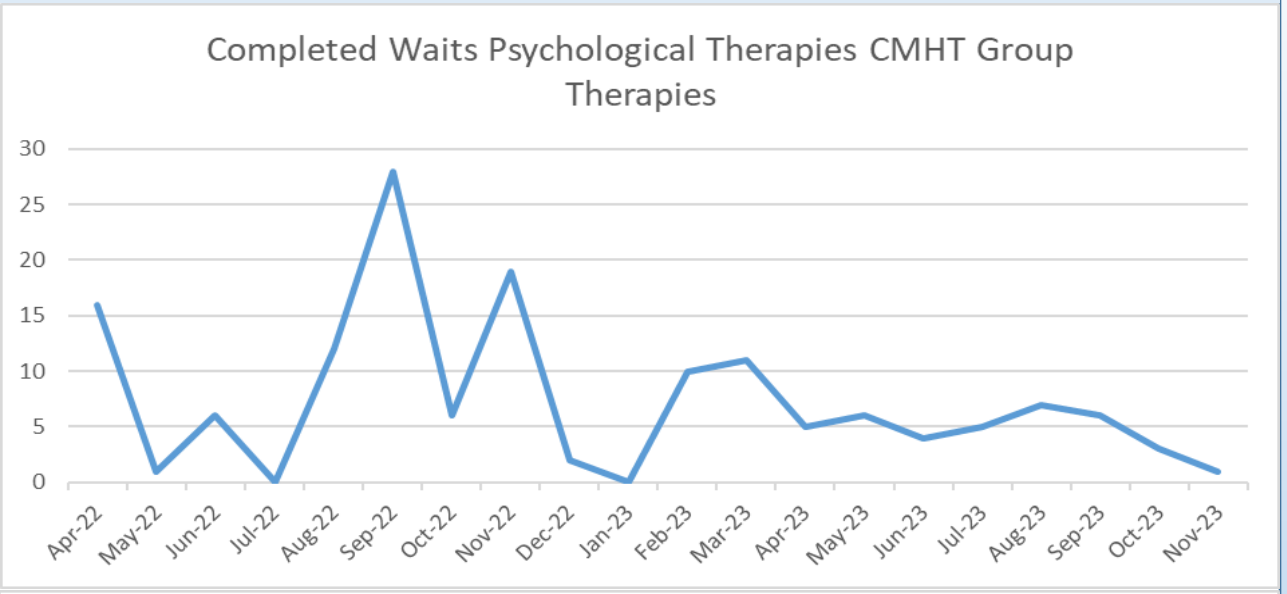
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking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

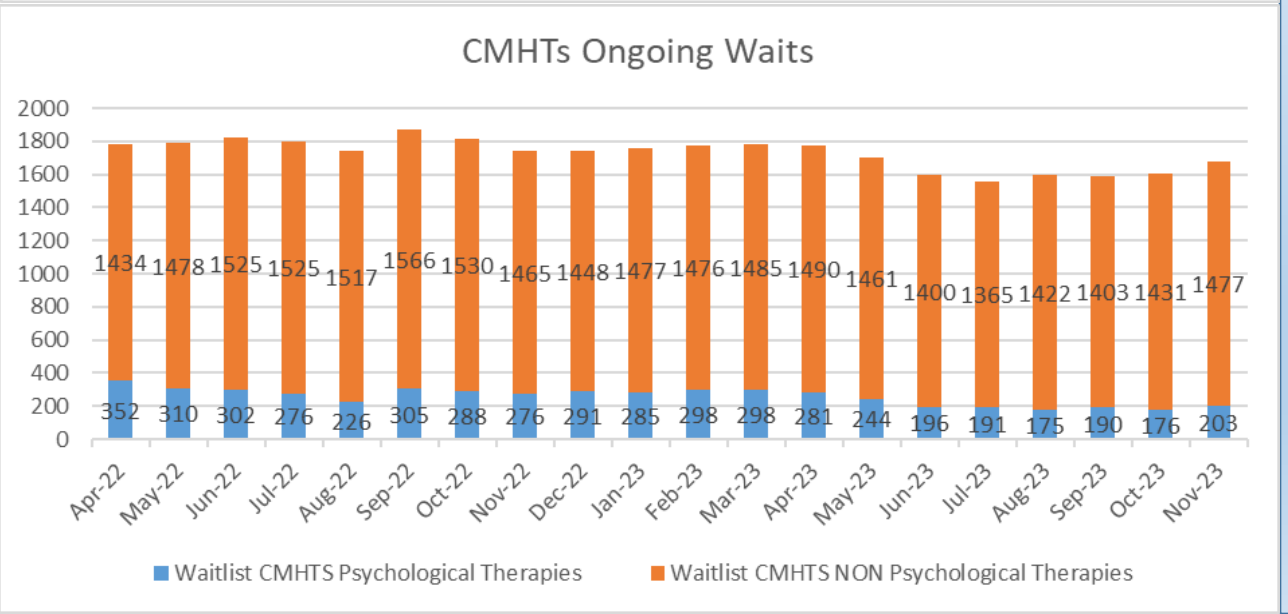
Updated 09/01/2023

Strategic Objective 3 Outcome 10 – Live Well

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

Community Mental Health Teams





Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as 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.

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.

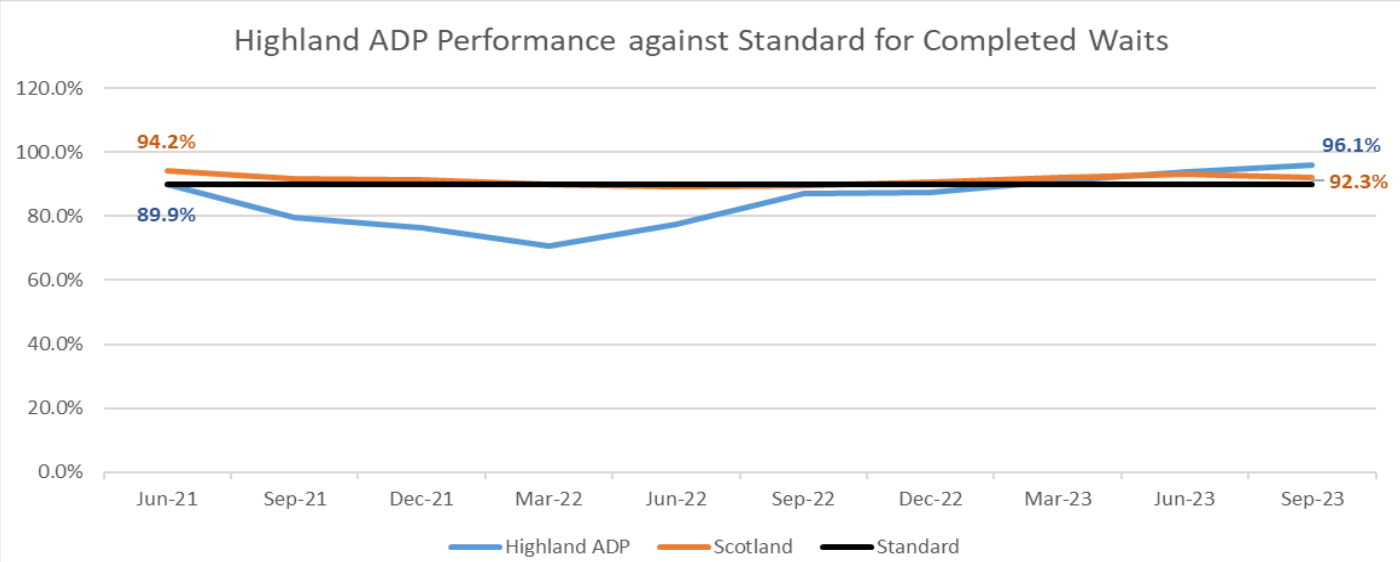
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.

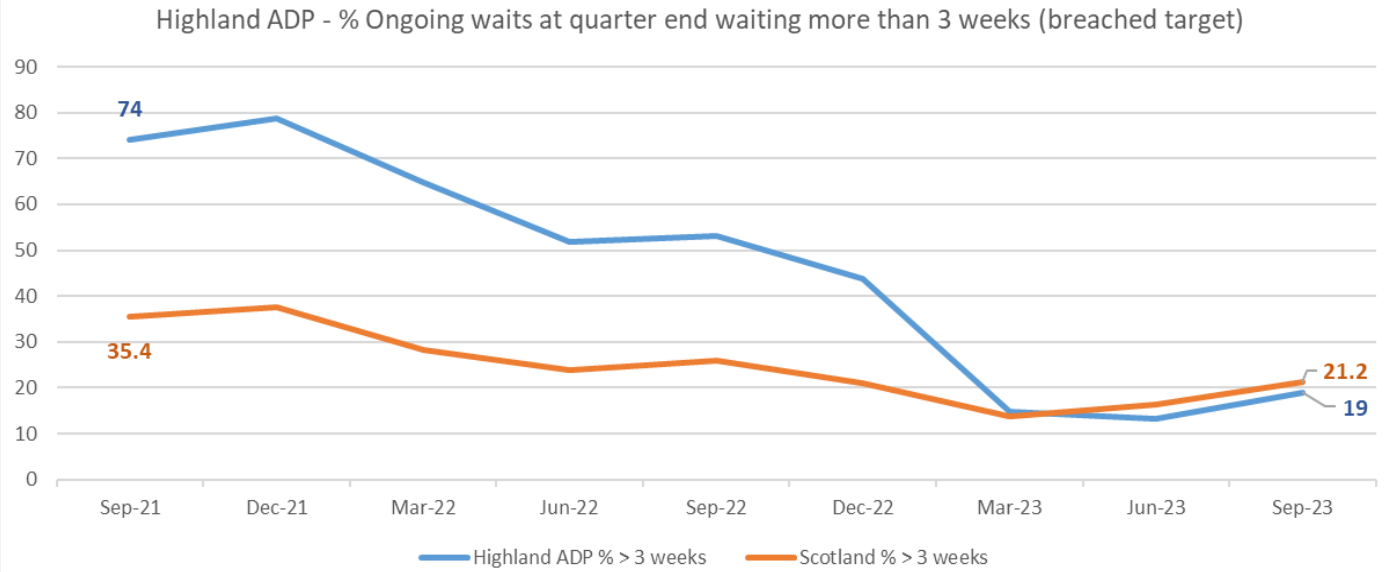
Updated 09/01/2024

Strategic Objective 1 Outcome 3 – Our Population

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

Highland Drug & Alcohol Recovery Services





HHSCP Drug & Alcohol Recovery Services Update PHS Publication September 2023

HHSCP Drug & Alcohol Recovery Service performance against standard 96.1%, Scotland 92.3%

NH IPQR - Highland only

No. of referrals to community based services completed in quarter end 30/09/2023	**Highland ADP**	
Alcohol	*187*	
Drug	*156*	
Co-dependency	*37*	
Total completed	*380*	
% of referrals to community based services completed within target in quarter end	**Highland ADP**	**Scotland**
% completed <= 3 weeks - Alcohol	*96.8%*	*91.2%*
% completed <= 3 weeks - Drug	*95.7%*	*94.0%*
% completed <= 3 weeks - Co-dependency	*91.7%*	*92.4%*
% completed <= 3 weeks - All	**96.1%**	**92.3%**
TARGET	**90%**	**90%**
> 3 weeks	3.9%	7.7%

Ongoing referrals to community based services at quarter end 30/09/2023	**Highland ADP**	
Alcohol	25	
Drug	9	
Co-dependency	8	
Total ongoing	42	
<= 3 weeks	34	
> 3 weeks	8	
% breached ongoing waits as at quarter end 30/09/2023	**Highland ADP**	**Scotland**
% ongoing > 3 weeks - Alcohol	32.0%	23.7%
% ongoing > 3 weeks - Drug	0.0%	19.9%
% ongoing > 3 weeks - Co-dependency	0.0%	13.8%
% ongoing > 3 weeks - All	19.0%	21.2%

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

Current Overview of Community Waitlists

NHS Highland Non Reportable Specialties

The Strategy & Transformation Data Quality team are reviewing the data to validate therefore this has been removed for this meeting and will be available at the March 2024 meeting with a refreshed approach.