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 6 March 2024 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 Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Cllr, David Fraser, Highland Council
Kaye Oliver, Staffside Representative
Julie Gilmore, Nurse Lead (shared role)
Simon Steer, Director of Adult Social Care
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)

In Attendance:
Louise Bussell, Nurse Director
Sarah Bowyer, Public Health Team (item 3.1)
Sarah Compton Bishop, Chair, NHS Highland Board
Lorraine Cowie, Head of Strategy and Transformation
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Frances Gordon, Interim Finance Manager (on behalf of Elaine Ward)
Arlene Johnstone, Head of Service, Health and Social Care
Stephen Chase, Committee Administrator

Apologies:
Joanne McCoy, Cllr Ron Gunn, Fiona Malcolm, Michelle Stevenson Mhairi Wylie.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them 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 17 January 2024 and Action Plan

The draft minute from the meeting of the Committee held on 17 January 2024 was approved by the Committee as an accurate record.

It was noted that the current rolling actions had been closed, and would be reviewed to ensure any other pending actions were recorded.

The Committee
– **APPROVED** the Assurance Report

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– **NOTED** the closing off of actions from the Action Plan.

1.3 Matters Arising From Last Meeting

It was noted that work to align the clinical and care governance process within the HHSCP continued to progress. An event was due to be held between the partners to work towards a joint approach. The Director of Adult Social Care (NHSH) gave assurance regarding day-to-day oversight and reporting via Datix and other routes. The Chief Social Work Officer for Highland Council agreed that there had been progress on practice and oversight, however it was commented that at a governance level the Clinical and Care Governance Board did not properly consider Care to the same degree as Clinical matters and there was a lack in the membership of people who could give appropriate assurance on Care matters. The Nurse Director noted that Argyll & Bute HSCP have a well-established arrangement for clinical and care governance and that learning could be had from it and other health boards in ensuring North Highland resolves this issue effectively. It was recognised that the matter is live and discussions continue to find a way forward to better address the governance arrangements either through an amendment to the current membership and terms of reference or through a more thorough redesign.

The Chair noted that he would contact the Chair of the Clinical Governance Committee and the Board Chair ahead of the meeting of the Committee Chairs to find a route forward in conjunction with the EDG.

The Committee: – **NOTED** the updates, and – **AGREED** that the Chair would contact the Chair of the Clinical Governance Committee and the Board Chair ahead of the meeting of the Committee Chairs to find a route forward in conjunction with the EDG.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of £68.672m; work was ongoing, within the Board and nationally to consider options and schemes to close the gap. Scottish Government provided additional funding and the Board was now looking to deliver a financial deficit of no more than £55.800m. Further additional funding was anticipated and reflected in the forecast position at financial year end. The report summarised the position at Month 10, provided a forecast through to the end of the financial year and highlighted current and ongoing service pressures.

For the period to end January 2024 (Month10) an overspend of £13.210m was reported within the Health & Social Care Partnership. The overspend was forecast to increase to £14.963m by the end of the financial year.

Limited assurance was offered to the committee due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. It had been determined that the current period of financial challenge required the development of a robust recovery plan to increase the level of assurance. This is currently being developed at pace with oversight and support from Scottish Government in line with their “tailored support”.

F Gordon noted that the Month 10 position was not that different from the position reported to the January meeting and that the closing position had improved from the start of the year due mainly to additional allocations and the recovery programme. Most of the key risks and mitigations identified earlier in the year had stabilised, some have materialised, and some

were continuing. Mental Health Services had seen a slight deterioration due to increased agency costs and some out-of-area costs. Primary Care had seen a deterioration due to prescribing figures, however, there were some underspends which had helped to mitigate the position, in areas such as Dental Services where a high number of vacancies had been experienced. Adult Social Care had moved to just under a £ 3½ million overspend and unachieved savings of £2.7 million had been built into the forecast. Plans had been brought forward to the Highland Council which had not come into force and this had contributed to the slippage.

During discussion,

- The level of confidence in achieving the forecast position was discussed and it was thought that there ought not to be any new surprises and that there may be benefits seen from the financial controls that had been put in place with the likelihood that the position would further stabilise or reduce slightly.
- The Chief Officer noted that the Highland Council was in the process of establishing a reserve of £20 million to support transformation activity and that further detail as to how this would operate was still to be confirmed. A reduction in the quantum of £12.6 million was to be set against a gap of £16.252 million for 2024-25; this amount had increased to £23.252 million following the decision by Highland Council to reduce the quantum by £7 million in 2024-25. It was recognised that the partnership was late to agree the budget and that this would also need to be presented to the Board for consideration in terms of risk to the quantum.
- An opportunity for collaborative work with Highland Council had been seen and the Council had been asked to assist the organisation with expertise support around commissioning and cost and capacity planning. This would also assist with benchmarking in other services. The Joint Monitoring Committee would take a view of the discussions to ensure that the impact of financial savings will be fully considered.
- It was noted by the Chair that the timing of the Scottish Government budget and the Highland Council budget had meant that the partnership's planning was a little behind schedule for 2024-25, and that therefore there was still some uncertainty in terms of available resources to the partnership for the next year.
- The importance of not losing sight of service benefits in addressing financial pressures was raised particularly in relation to services such as Chronic Pain and Enhanced Community Services which were in and of themselves difficult to quantify in terms of direct benefits but had positive patient responses and reduced the need for many referrals.
- It was noted that the timeline for spending and service redesign proposals was currently under consideration and that updates and a draft plan would be presented to the next meeting of the committee.
- Workforce challenges and the impact on the sustainability of certain services were acknowledged. Work by the Head of Strategy and Transformation and the Director of People to address Integrated Service Planning was undergoing final checks with a view to understanding capacity especially in areas such as Third Sector commissioning, and make best use of resources across the districts and engage the community with this work.
- Regarding care closer to home, it was commented that decisions will have to be made about what is reasonable and what is practical across the remote and rural patch and to communicate this effectively to patients and public. Opportunities for staff development were raised as an area to better attract and retain staff in the care sector.
- Other areas discussed included, the use of data around supporting and enabling people to stay in their homes for longer and avoid going into care homes too early, the need to address the reliance on agency staffing in some care homes, and the importance of clear communications with the public in view of some recent high profile news stories around health.
- The Chair in summarising, noted that the next meeting of the committee would consider reports on Care At Home and from the Care Home Collaborative Group and this would give opportunity to consider some of these issues further in terms of strategy.

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The Committee:

- **NOTED** the report and
- **ACCEPTED** limited assurance in light of the ongoing financial challenges and the development of a robust recovery plan.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Annual Director of Public Health Report

The Director presented an overview of the approach taken to review quality within NHS Highland. The Directors of Public Health for the health boards 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.

The report for 2023 was brought to the Committee along with a presentation. The theme for the report was 'Medication and Public Health: Do the Right Thing'. The report recognised that there were areas of public health where medication plays a large role in improving health but conversely it was important to be aware and take action where medication caused harm such as the environmental impact. The report presented information about the health of the population of NHS Highland with examples of how medication affected public health. The report offered substantial assurance that the requirement for the publication of the report had been met. Other elements of public health reporting would continue to need further work as would implementation of the recommendations from the report.

During discussion,

- Cllr Birt raised the issue of cardiovascular disease and the relationship between health and diet which contributed to more than half of the risk factors for coronary heart disease, with especial reference to the impact of eating less meat on this and other diseases such as cancers. The need to encourage healthier behaviours was raised especially among the younger part of the population. The Director of Public Health acknowledged that the Highland Council was the lead agency for several of the issues but that NHS Highland had a key role to play in disseminating information about ways to improve overall food consumption, reduce inequalities and to look at how local sourcing of food could be boosted and food waste be reduced.
- The importance of social prescribing was noted in addressing health inequalities and avoiding early deaths. A plea from D Van Ruitenbeek was made that such work not be a victim of spending cuts.
- It was commented that there was potential for learning via the Primary Care Improvement Fund through data collection to better target social prescribing. The Deputy Medical Director offered to bring a report to a future meeting on the Primary Care Improvement Fund and its work in this area. The Director of Public Health commented that there was more that could be done with Primary Care data on this topic, he noted that data collection was a complex topic but that the main focus of Public Health had been to focus social prescribing and interventions on practices operating in areas of material deprivation. S Bowyer noted that there was a national software resource to encourage better data collection on this topic.
- N Wright commented on the positive use of pharmacy colleagues in social prescribing and the impact of link workers able to assist people in navigating the opportunities available regarding financial support and access to services. However, he also noted that link workers can only operate when there are appropriate services available.
- In summarising, the Chair explained the assurance offered and this was with regard to the quality of the report, the underlying data and that there were programmes to support the recommendations.

The Committee:
- **NOTED** the report, and
- **ACCEPTED** substantial assurance.

[The Committee took a rest break from 2.30pm to 2.40pm]

The Chair informed the Committee that item 3.3 would be taken ahead of item 3.2 after which the meeting ran as set out in the agenda.

3.3 HHSCP IPQR

The Head of Strategy and Transformation spoke to the circulated report which noted the set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provided aligned to the NHSH Annual Delivery Plan. It was noted that in terms of overall numbers there had been little significant change in data from month to month, however numbers for unmet need for the quarter had seen a rise. A rise in delayed discharges and people in the wrong place had also been recorded in the community hospital setting. Performance for longer waits had seen some improvement to just below the Scottish average. Waits for Community Mental Health were ongoing but stable. Performance for the Alcohol and Drug Partnership had seen a significant positive increase over the previous year reaching a 96.1% standard. Non-reportable Specialties (Community) had seen long waits in some areas, and a substantial data quality exercise was planned. The draft Annual Delivery Plan was in preparation for publication and submission to SG.

During discussion,
- It was clarified that a long wait within non-reportable areas of Health and Social Care was over 18 weeks. However, waiting time guidance was currently under review and ought to be available during April.
- It was commented that there had been good developments around Technology Enabled Care working jointly with families and carers for care at home packages. It was noted that Highland was a low user of Telecare, however this still offered opportunities and ways to maximise this facility were under consideration especially with a view to assisting discharge and assessment from home.
- The Director of Adult Social Care commented that there was good engagement from Care At Home providers and work had been progressing to see how better care at home in a straightened market could be delivered, with recruitment as a key issue.
- Discussion had been had with partners in Scottish Government about digitising some of the financial assessment information in order to maximise income for patients and unclaimed benefits.
- Cllr Fraser raised the issue of plans to address issues around the forthcoming analogue switch off. The Director of Adult Social Care noted that the risks and impacts were under consideration, and commented that there is currently not blanket digital coverage across the region and that there are areas of ‘digital poverty’.
- The Head of Strategy and Transformation noted that the assurance ask of the committee had been changed from moderate to limited due to the current financial position and its impact on resources, but that this was under consideration for the Board as well as the committee.

The Committee:
- **NOTED** the report,
- **ACCEPTED limited** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.

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3.2 Vaccination Transformation Plan Update

The report circulated ahead of the meeting provided an overview of ongoing actions taken to provide and improve the Vaccination Service across the HHSCP partnership area of the Board and to meet the expectations of the National programme. The summary followed the submission of NHSH Vaccination Service Delivery Plan.

The Director of Public Health in speaking to the report, commented on how Vaccinations was a vital area of the service as had been highlighted during the development and implementation of the COVID vaccination. The transition within HHSCP from GP delivery to Board delivery had not been without difficulties which included the remote and rural geography of much of Highland and the requirement to change the delivery arrangement during COVID when most health boards had already moved to this new model. Performance overall had been reasonable considering the context. Performance had been mostly in line with the with the rest of Scotland.

There had been issues with the quality of service and accessibility which had led to Scottish Government escalating HHSCP for vaccination to level 2 in their aspiration framework in terms of overall quality and confidence in the delivery of the service. The Director of Public Health and the Chief Officer were meeting regularly with Scottish Government to address the issues. Public Health Scotland had been providing support as a 'critical friend'.

Childhood vaccinations was noted as an area of special importance following high profile outbreaks of measles in areas of England, and there was concern about the relatively low take up of the MMR vaccine across Highland compared to other health boards. It was noted that there had been limited confidence in the vaccination service from the general public and the Chief Officer noted the key importance of good communications with the public on this issue. Transparency was important in gaining public trust and Scottish Government had been assisting the health boards in recording people's experience of the service and identifying areas for improvement.

The Chief Officer commented that there had been some patient safety issues picked up via quality and patient safety processes within the partnership and learning had been reviewed with recommendations for improvements and this had provided reasonable confidence that most people would be able to receive their vaccination within a less than 20 mile radius, with the majority of people accessing their vaccination within one to five miles distance through the use of drop in centres.

A number of complaints had been received from the public largely related to the autumn and winter programme and difficulties experienced with the national booking system, However, work at a local level on communications had been effective around encouraging the use of drop-in centres.

In discussion,

- The mooted move to a district-led delivery of vaccinations (under a Board-led model) was explained as having the aim of using local resources better and avoiding excessive staff travel through the use of multidisciplinary teams based within localities and making use of delivery centres which are co-located with other relevant services such as health promotion.
- The Deputy Medical Director noted that the Quality Patient Safety Committee had identified some issues through Datix reporting. A paper had been commissioned for the Clinical Governance Committee to provide assurance from an operational delivery perspective and assurance around an options appraisal to try and understand what the best delivery model to meet the needs of patients would be, whether from a remote and rural or urban perspective.
- The Chief Officer noted that achieving confidence in the proposed incremental move to the district alignment in some areas would be based in part on areas where this model

has been seen to work well and building on this. However, there was still the issue of having to work with the National Booking service and this would require further work to minimise potential disruptions to patient experience and service delivery.

- Cllr Cockburn noted the importance of community communications and commented that the email service had had a positive response from her constituents. It was also suggested that vaccination booking could be made flexible enough to align with patient needs such as when they need to travel to areas away from home such as into Inverness for other appointments.
- The Chief Officer confirmed to N Wright that GP representation would be part of the stakeholder engagement for the options appraisal.
- In summarising, the Chair requested that an update come to the May meeting of the proposed timeline and process.

The Committee: – **NOTED** the report and – **ACCEPTED substantial** assurance.

3.4 Chief Officer's Report

The Chief Officer provided an overview of her report which addressed the Major Redesign Programmes and the effect of the pause on all NHS Capital Projects announced last month by Scottish Government. Some clarity from Scottish Government had been sought concerning areas of the strategy impacted by the announcement.

The Joint Inspection of Adult Support and Protection for the Highland HSCP Area was underway and all key stakeholders were being engaged with through the process.

The proposal for Enhanced Services that was communicated to General Practice had been paused and a revisit of communication and engagement governance with GP Sub Committee and Local Area Medical Committee (LMC) representation had taken place. An agreed governance and communication framework between NHS Highland and the LMC was in process and meetings focussed on Enhanced Services position were planned in order to negotiate and agree a position that would be both clear for practices from 1st April, and enable the development of future contracts.

During discussion it was noted that wider engagement work was in train to address community concerns and to ensure the public is properly informed of developments.

The Committee: - **NOTED** the report.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Committee Workplan for 2024-25

The Chair drew the committee's attention to the draft Workplan for 2024-25 and noted that it was a live document that would be amended as appropriate during the course of the year.

The Committee – **Agreed** the Committee Workplan for 2024-25.

4.2 Committee Annual Report 2023-24

The Chair drew the committee's attention to the Annual Report and recommended that it be sent for endorsement by the Audit Committee and for approval by the Board.

The Committee
- **Noted** the Annual Report of 2024-25, and
- **Agreed** to recommend the Annual Report for endorsement by the Audit Committee and for approval by the Board.

4.3 Committee Self-Assessment Exercise

The Chair noted that the committee's discussion at its recent development session around the self-assessment exercise had been productive. And an SBAR had been circulated which included recommendations that would be submitted to the Board Chair for consideration and for building into the committee workplan.

The Committee
- **Noted** the report, and
- **Accepted** moderate assurance.

5 AOCB

There was none.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 8 May 2024** at **1pm** on a virtual basis.

The Meeting closed at 3.45 pm

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HHSCC Finance Report – 2023/2024 Year End

NHS HIGHLAND 2023/2024 YEAR END

Actual v Planned Financial Performance

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Deficit	12.0	16.5	21.0	25.5	30.0	36.0	42.0	48.0	55.0	62.0	68.7
Revised Plan	12.0	16.5	21.0	25.4	29.8	34.1	38.5	42.9	47.3	51.6	56.0
Actual	15.6	20.7	25.5	32.6	38.1	43.5	46.9	48.8	50.7	42.6	29.2

Target	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	29.2
Delivery against Financial Plan DEFICIT/ SURPLUS	39.5
Deliver against Cost Improvement target DEFICIT/ SURPLUS	15.9

- Year end deficit of £29.2m
- Slippage against CIP £15.9m
- Position £39.5m better than initial plan

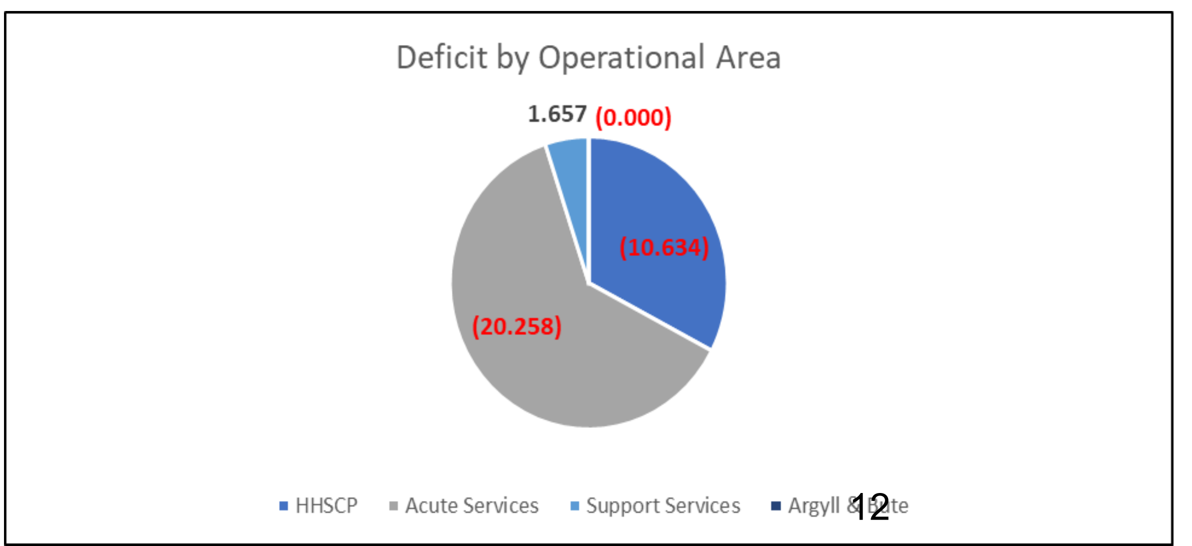
NHS HIGHLAND 2023/2024 YEAR END

	£m	£m
Financial Plan submission to Scottish Government - initial gap		**98.172**
Cost Reductions/ Cost Improvements achieved in year		13.572
Additional Funding		
Sustainability funding - June 2023	8.030	
ASC Pay Award - June 2023	3.883	
New Medicines Fund - June 2023	6.590	
Supplementary Pay	6.088	
Return of 2022/2023 Year End Surplus - March 2024	0.383	
Health Consequentials/ Sustainability Funding - March 2024	9.885	
		34.859
Reduction in top slices for national costs		0.390
Financial Flexibility		2.050
Short term cost reductions & allocation slippage		18.070
Year End Outturn		**29.235**

- Financial Plan submitted to SG in March 2023 with an opening gap of £68.672m
- Additional allocations, a reduction in top-sliced costs, use of financial flexibility and an element of slippage on allocations together with short term cost reductions mainly due to recruitment difficulties has brought this initial gap down to £29.235m by financial year end

NHS HIGHLAND 2023/2024 YEAR END

Current Plan £m	Current Budget £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m
1,190.766	1,190.766	**Total Funding**	1,190.766	1,190.766	-
		Expenditure			
450.867	460.205	HHSCP	460.205	470.839	(10.634)
310.154	296.594	Acute Services	296.594	316.852	(20.258)
214.031	173.142	Support Services	173.142	171.485	1.657
975.052	**929.940**	**Sub Total**	**929.940**	**959.176**	**(29.235)**
263.375	**260.826**	Argyll & Bute	**260.826**	**260.826**	-
1,238.426	**1,190.766**	**Total Expenditure**	**1,190.766**	**1,220.002**	**(29.235)**
(68.672)	-	**Planned Deficit**	-	-	-
1,190.766		**Total Expenditure**			



2023/2024 YEAR END

- Overspend of £29.235m reported
- Position includes slippage against the CIP of £15.928m
- Cost improvements of £13.572m included within operational position
- Forecast is £39.527m better than that presented within the financial plan

HHSCP 2023/2024 YEAR END

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	HHSCP			
254.114	NH Communities	254.114	262.988	(8.874)
51.864	Mental Health Services	51.864	58.163	(6.299)
155.000	Primary Care	155.000	156.926	(1.926)
(0.773)	ASC Other includes ASC Income	(0.773)	(7.238)	6.465
460.205	**Total HHSCP**	**460.205**	**470.839**	**(10.634)**
	HHSCP			
281.717	Health	281.717	292.540	(10.823)
178.488	Social Care	178.488	178.299	0.188
460.205	**Total HHSCP**	**460.205**	**470.839**	**(10.634)**

	In Month £'000	YTD £'000
Locum	705	8,407
Agency	516	6,685
Bank	820	9,287
Total	**2,042**	**24,378**

HHSCP

- Overspend of £10.634m reported
- Slippage of £7.175mm against the CIP reported
- Most significant pressures during the year have been agency nursing, medical locums and prescribing
- There are still a number of services which require to realign service provision with the available funding envelope
- Additional allocations in respect of ASC costs and application of reserves has enabled delivery of a balanced ASC position, excluding estates costs

HHSCP 2023/2024 YEAR END

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
Total Older People - Residential/Non Residential Care	58,359	58,359	57,375	984
Total Older People - Care at Home	34,674	34,674	36,843	(2,168)
Total People with a Learning Disability	41,778	41,778	45,446	(3,668)
Total People with a Mental Illness	8,276	8,276	8,373	(97)
Total People with a Physical Disability	8,334	8,334	8,650	(316)
Total Other Community Care	18,441	18,441	18,247	194
Total Support Services	9,150	9,150	4,733	4,417
Care Home Support/Sustainability Payments	-	-	(655)	655
Total Adult Social Care Services	179,011	179,011	179,011	-

ADULT SOCIAL CARE

- A balance position has been delivered within ASC following receipt of allocations which had been assumed to be non-recurring and the use of reserves held by Highland Council on behalf of NHS Highland.

HHSCP 2023/2024 YEAR END

Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000
74.254	Inverness & Nairn	74.254	77.257	(3.002)
53.720	Ross-shire & B&S	53.720	55.623	(1.902)
46.946	Caithness & Sutherland	46.946	48.508	(1.562)
55.097	Lochaber, SL & WR	55.097	56.284	(1.186)
11.054	Management	11.054	12.384	(1.331)
7.172	Community Other AHP	7.172	6.626	0.546
5.870	Hosted Services	5.870	6.306	(0.435)
254.114	**Total NH Communities**	**254.114**	**262.988**	**(8.874)**

NORTH HIGHLAND COMMUNITIES

- Ongoing pressures within Enhanced Community Services & Chronic Pain Services have contributed to the overspend and services are working to realign service provision to the funding envelope.
- ASC accounts for £6.758m of this overspend but the budget needs to be realigned for 2024/2025 to reflect recurring funding allocations.

HHSCP 2023/2024 YEAR END

Current Plan £m's	Summary Funding & Expenditure	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's
	Mental Health Services			
23.932	Adult Mental Health	23.932	28.004	(4.072)
14.255	CMHT	14.255	13.886	0.369
7.154	LD	7.154	9.154	(1.999)
6.522	D&A	6.522	7.119	(0.597)
51.864	**Total Mental Health Services**	**51.864**	**58.163**	**(6.299)**

MENTAL HEALTH SERVICES

- Medical locums and agency nursing costs have driven the overspend reported with ongoing use throughout the year to cover vacancies. Out of area costs have also contributed to the Learning Disabilities position

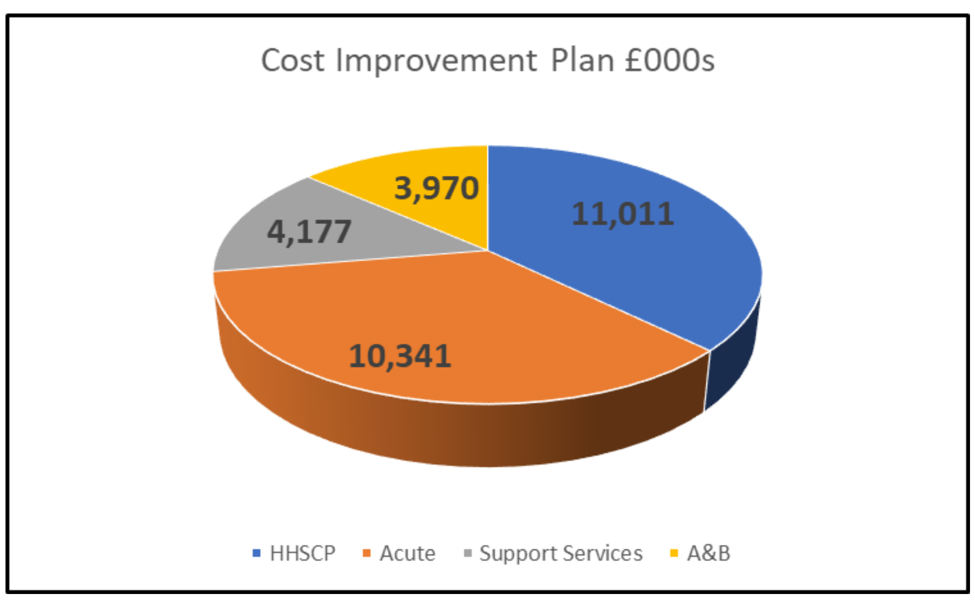
HHSCP 2023/2024 YEAR END

Current Plan £m's	Detail	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's
	Primary Care			
57.849	GMS	57.849	58.553	(0.704)
64.732	GPS	64.732	67.900	(3.168)
22.703	GDS	22.703	21.429	1.274
5.438	GOS	5.438	5.441	(0.004)
4.278	PC Management	4.278	3.602	0.675
155.000	**Total Primary Care**	**155.000**	**156.926**	**(1.926)**

PRIMARY CARE

- Medical locums within 2C practices has remained the main driver for the overspend within GMS
- An increase in the number of scripts being filled and the costs of drugs has significantly impacted the GPS overspend
- Vacancies within the dental service have continued throughout the year resulting in an underspend within this area

2023/2024 YEAR END



	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	11,011	3,836	(7,175)
Acute	10,341	4,156	(6,186)
Support Services	4,177	2,644	(1,533)
A&B	3,970	2,936	(1,034)
Total Forecast Savings	**29,500**	**13,572**	**(15,928)**

COST IMPROVEMENT

- £29.500m CIP programme was planned
- At the end of the financial year slippage of £15.928m against the CIP is reported
- Cost improvements of £13.572m contributed to the year end position

2024/2025 ASC ESTIMATE

2024/2025 Estimate

Estimated Expenditure	178.491	Quantum	131.729	Emerging Gap	23.422
		NHS Highland/SG	32.612		
Inflation	9.273			Offset by 2021/2022 YE Flexibility	-
less NR Support Payments (offset by PRA in 2324)					
plus pressure				**Adjusted Gap**	**23.422**
	187.764		**164.341**		

- £23.422m funding gap identified
- Cost Reduction/ Cost Improvement programme in development sitting alongside a transformation programme
- Working with Highland Council to develop proposals

2024/2025 DRAFT BUDGET

	£m	£m
Financial Gap		112.491
Maximum Brokerage		28.400
COST REDUCTIONS/ IMPROVEMENTS TO BE IDENTIFIED		**84.091**
Cost Improvement/ Reduction Programmes		
Value & Efficiency 3%	21.711	
A&B Savings - identified	6.217	
ASC	23.252	
		51.180
Choices/ Actions		
A&B	2.717	
NH	30.194	
		32.911
Potential opportunities		**84.091**

ASC Cost Improvement 2024/25

DATA ANALYSIS

MODELLING AND ASSUMPTIONS

ACTIONS AND ENABLERS

Action

- Reduce in house provision of care home and care at home services
  - Modelling tool developed – understand spend
  - In house x 2 cost of independent sector
  - Need to action in house delivery disinvestment as priority.
- Commissioning proposals to improve C@H capacity and flow:
  - Analysis of care package cost base
  - Reduce in house provision;
  - Slow down recruitment to in-house provision.
  - Cease competition with the independent and 3rd sector for workforce.
- Deliver Value and Efficiency Work Streams:
  - Reduce agency staff;
  - Reduce length of stay
  - Reduce delayed discharge
- Deliver Urgent and Unscheduled Care Work Streams
- Develop trajectory for workforce development outcomes

Enablers

- Care Programme Board in place to oversee forward planning and sustainability of the independent care home sector.
- Sector engagement on cost modelling to agree and co-produce aims
- Develop overall improvement plan
- Technology Enabled Care
- Optimise housing options
- Integrated Service Planning

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**08 May 2024**
Title:	**SDS Strategy Implementation**
Responsible Executive/Non-Executive:	**Simon Steer. Director, ASC**
Report Author:	**Ian Thomson, Head of Service, ASC**

1 Purpose

This report is presented to the Committee for:

- Awareness

This report relates to a:

- Government policy/directive;
- Legal requirement; and a
- Health and Social Care Partnership Strategy

This aligns to the following NHSScotland quality ambition(s):

- Effective
- Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report Summary

2.1 Situation

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.

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].

Self-directed support in Highland - Making the Change Together

"There needs to be a mindset where people are enabled to understand what SDS is and they are actively encouraged to use it, rather than just being offered it."

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https://sway.cloud.microsoft/zsOEBsZGG67rUy0s?ref=email

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 is clear 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.*

2.2 Background

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.

Adopting the ethos of Self-directed support is intended to promote the development of a healthier population living within more vibrant communities, and can contribute 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.

[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

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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 flexibility, choice and control and having a decent quality of life. It is ultimately about promoting confidence and wellbeing for children and adults with social care needs.

However there is recognition that the implementation of SDS is not as far advanced across Scotland 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 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 new SDS Strategy 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 (National Care Service - Social care - gov.scot (www.gov.scot) etc.): 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.

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

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 (Social care - self-directed support: framework of standards - gov.scot (www.gov.scot)).

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

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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. The Appreciative Inquiry (AI) did not pre-determine the problem – rather it allowed staff an opportunity to explore and understand the operation of our system. This was an exciting aspect of the work; and it was in stark in contrast to the predetermined, solution-focused work with which we've tried to fix things in the past. This exploration flagged up some of the characteristics – and tensions - within the current system, including

- Professional judgement against rigid systems;
- Rural and urban differences and inequities;
- The need for creativity against the demands of a bureaucracy;
- Information systems which are fragmented and do not allow access to information sharing for all relevant agencies:
- The strong foundation of relationships across families, teams, services, organisations, and partners.
- There is frustration across practitioners that they are part of an unnecessarily bureaucratic machine that prevents them from practicing what they see as 'real' social work; and that
- There are pockets of great practice already in place in teams that we could/ should learn from.

Taking these key themes together one overarching reflection would be 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:

1. Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making
2. Trialling a different model of "Eligibility": considering the role of Teams should be to provide appropriate advice, guidance and assistance within their communities

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3. Exploring new approaches to place-based commissioning to meet local need across a defined geography

Planning is well underway, and we aim to run these pilots across the calendar year. Progress will be monitored and supported by a Programme Board (see below).

Growing Intelligence

Hearing the issues

We have been working with local partners in Fort William (Age Scotland, Highland Senior Citizen's Network, Community Contacts, people who manage Option 1s as well as statutory partners) to understand the issues that face people locally in their search to access appropriate Social Care. This work has been quite diverse, and has involved implementation group members making contacts at a across the social care system. This work came together in a public "Conversation Café" last year to offer the opportunity to local people to hear about the work we were doing and to give them a space to tell us about they thought the important issues and priorities were in respect of social care and Self-directed support.

Across this engagement there seemed to be agreement that we weren't making full use of the opportunities that SDS offered. There was also recognition that attracting and retaining people to provide care and support was the biggest issue. Those involved in managing an Option 1 said that travel costs were not reflected in the Direct Payments we made to them – which made it doubly difficult to attract and retain personal assistance locally (given rurality there are often significant journeys for PAs to get to their employer's home). Local people told us we needed to "open the doors into care" - to make the links between the different efforts being made locally to increase recruitment into Social Care. Examples would include: NHSH Recruitment, Schools and Colleges, Chamber of Commerce, PA Network, SDS Scotland etc.

People also told us they thought we needed to increase flexibility in Option 2 to explore how to increase the range of services able to be provided as an Individual Service fund (see section on "Option 2" below).

Personal Assistant events

As a response, in part, to what people were telling us about social care in Lochaber we ran two events that sought to highlight the opportunity that becoming a Personal Assistant (PA) might have to offer people.

The first – "Becoming a Personal Assistant in Social Care in Highland" - was an online event explaining the role of a PA and where people could find information online. SDS Scotland facilitated this event, and it brought together others seeking to promote the role of PAs; including the PA Network and Community Contacts to explain what part they play.

The second, drop-in event –"Promoting PA Employment Opportunities Locally" - was a chance for those interested in becoming a PA to chat face to face with relevant

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organisations such as Community Contacts, PA Network, and SDS Officers from both NHS Highland and Highland Council to learn what becoming a PA involves and what opportunities are available locally. It was also a chance for existing PAs and PA employers to get advice and support and to tell those who might be interested about their experiences.

The turnout for these events was good - with a high percentage of attendees looking to become PAs. Feedback was positive, with attendees leaving feeling informed and supported. Our plan is now to initiate a rolling programme of events around Highland.

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. Our next planned destination is Thurso – here both Children’s and Adult services have good link to local partners.

Personal Assistant support

We have explored a small set of opportunities to support the Personal Assistant (PA) workforce in Highland. We have linked in with SDS Scotland to offer events for PAs and PA Employers in Highland to learn about the newly developed PA and PA Employer Handbooks. Although there was interest in this, our hope that this would offer a good opportunity to encourage more PAs to "join our conversation" about how to develop SDS hasn’t been realised: regular slots for discussion and peer-support haven’t got off the ground.

We have also sought - alongside our PA Network colleagues - the targeted engagement of existing Personal Assistants in Skye and Lochalsh: here we wanted to explore how we might develop networking and peer-support for this group. Unfortunately this engagement has not been a great success either.

We recognise we need new ideas about to engage, support and grow this part of the social care workforce. However we in Highland continue to be represented in National PA workforce groups and will continue to explore ideas and opportunities as they arise.

Independent Support

The Self-directed Support Framework of Standards published by the Scottish Government 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. The standards also make clear that independent support, advice and advocacy should be provided as early as possible to support the processes of good conversation, assessment, support planning and review. Support is also important to help personal assistant employers manage what can – sometimes - be an exacting task.

Highland is fortunate to benefit from the independent support services offered by Community Contacts. Funded centrally via the Support in the Right Direction (SIRD)

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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.

However we know that as staffing and budget pressures impact significantly on the availability of traditional Option 3 services many more adults in need are required to explore the opportunities that another Option can afford. This is often not the Option that individuals would have chosen.

Given the above we know 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 and/or other activities they require to meet their needs and outcomes.

We know also that for those individuals awarded an Option 1 who cannot find appropriate assistance or support financial balances accrue. Work is at an early stage to develop a scheme to recycle some of these balances. The ideas is to use some of that resource in specific geographical areas where assistance is particularly difficult to find to purchase additional independent support and to use as a catalyst for the development other community based services or supports. The specification for such a model of independent support should encourage as much flexibility as possible, ensuring it can not only accompany people along their journey to getting the help they need (including practical help in identifying, recruiting and managing personal assistance) but that it should also encompass developing peer support, increasing support for personal assistants, and maybe an element of mediation.

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. Effectively, then, our base of Option 2 providers is a sub-set of our Option 3 providers list.

Yet there is a pressing need to maximise the range of choices that individuals have available to them to meet their identified outcomes and to realise personalised and effective care/support planning.

There are reducing numbers of providers of ASC in Highland. In the most rural and remote areas the reduction of Option 3 providers is most pronounced; however individuals continue to require personalised and effective support solutions across a range of need. Given this, we have seen significant increases in the numbers of Option1s. There is a significant resistance, however, on the part of many individuals and unpaid carers to take on the responsibilities of becoming a Personal Assistant Employer.

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It is understood that good Option 2 arrangements do have the capacity to deliver outcome-focused, personalised and effective care and support and that the use of brokerage and sub-contracting by Option 2 providers can increase this capacity.

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 now wish to explore, organisationally, whether the outline of work below will help us broaden the opportunities our Option 2 offer provides:

- Our current tri-partite agreement should be reshaped to align to good practice models (e.g. CCPS Tripartite Agreement) that promote personalised and outcome focused arrangements
- We should develop a "boilerplate" contracts (utilising standardised clauses) to underpin Option 2 arrangements across a much wider variety of services and supports
- We should develop a specification with an appropriate contract and terms and conditions for organisations other than those providing care and support to hold Option2s for people – thereby also developing a brokerage model.

Place based commissioning – West Lochaber

We have seen significant systemic challenges in the West Lochaber area (as we have in many other Highland Communities) to deliver traditional Option 3 services sustainably. Dail Mhor Care Home has been unable to maintain safe staffing levels and the system of Care at Home is stretched.

We have been working with representatives of the local communities in West Lochaber to explore how SDS might be used to reshape Social Care in the area - to explore what role SDS can play in ensuring a full range of opportunities can be stimulated and made available for people in in some of our most remote communities.

A small project team was formed by bringing statutory partners together with Urram (a local community organisation) and In Control Scotland. The aim was to explore what local people thought about social care and – importantly - what options might exist to do things differently

In this first stage the project team visited 5 local lunch clubs, in Lochaline, Ardgour, Strontian, Acharacle, and Kilchoan. The conversations were relaxed, in line with the 'community conversations' that these spaces offer locals, and focused on gathering insights into residents' experiences of social care so far, and their worries and aspirations for the future. A separate session was held in Strontian which was targeted towards local community organisations and key stakeholders, which took a slightly more formal approach. In this session participants worked to produce an analysis of the range

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of resources and support available in the local communities. Taken together the learning from these exercises was really rich.

One of the strongest themes throughout all of our conversations is that these are close communities that know their members well, and that they have a strong perspective on their challenges as well as their potential solutions. We heard repeatedly about the strength of informal support that neighbours, families, and friends offer to each other, and how this helps to significantly plug gaps in service provision. However we also heard about how fragile this capacity to provide support might be. In the results of a recent survey by Urram, which focused on housing, an additional question was asked: 'do you have unpaid caring responsibilities?' Almost all respondents said yes – indicating that spare helping capacity might be extremely brittle.

We also heard that centrally managed services could be frustrating for Health and Social Care staff - some of the simplest and most human elements of care and support were felt to be impossible to deliver within the current time and task models of care, such as stopping for a chat, nipping in to help with a stocking, or preparing a meal. Those working in services felt that increased flexibility and local coordination would bring real strength, and had ideas for what this could look like.

Currently there appear to be various components of our health and social care system which work in isolation, or in non-complementary ways. Our team thought that there is learning from models such as Buurtzorg and Community Led Support that could be applied to develop a new way of arranging and coordinating care on West Lochaber. A well-coordinated, local, multidisciplinary team comprising statutory, voluntary, and community services over a tightly drawn local geography is an idea we are actively exploring.

A model like this could include a great many small-scale elements, such as: a coordinated social care delivery team that wraps around the community; a community on-call or relief service that includes training; a multipurpose local hub which could provide a base for day opportunities and help meet physical support needs like bathing; support for and recruitment of PAs and self-employed PAs; brokerage, advice and information on SDS; aids and adaptations like telecare; opportunities for volunteering and accessing voluntary supports; and how all of this could link with local further education to promote social care as an attractive career.

This is clearly an ambitious idea, but one which feels entirely achievable given the small size of the communities. Given this, our small team now planning to co-produce such a model in one village, as a test of change. This will involve co-producing an experiment of what this locally coordinated team could look like, describing the enablers and barriers to this and how these could be maximised or overcome, and exploring how it will work in practice. This must be led locally, and given the strong local reputation of Urram the team are hoping that they will take the lead on co-producing this project, with our support.

Costing care and identifying budgets transparently

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A group of people with an interest in managing an Option 1 (Direct Payment) has been working with officers in NHSH to see if they could, together, describe a fair, equitable and sustainable co-produced framework for the calculation of Individual Budgets. The aim being to support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PAs) is a realistic and sustainable option in our communities.

This work of the SDS "Highland Peer support group" and NHSH created an agreed and mutually understood model which recognises 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 was supported at The Highland Health and Social Care June 2023 Committee and was implemented from 02/10/23. The new hourly rate payable to each recipient of an Option 1, is determined by the individual’s postcode by using the Scottish Government urban, rural and remote classification and application of the agreed model.

Given the above, Option 1 service users all received a substantial above inflationary increase during 2023-24 due to the significant investment from NHSH to level up the previous low baseline hourly rate.

This year's Scottish Government (SG) funded increase, taken together with the previous year’s significant uplift in October 2023, will ensure that Option 1 service users can pay all Personal Assistant / Carers the minimum wage of at least £12.00 per hour. Rates for purchasing personal assistance support in 2024-25 have also been updated and the allocated funding from SG passed onto Option1 recipients.

Taking a Programme Approach

With the breadth of the challenge of addressing the culture and practice of SDS in Highland, improvement efforts have necessarily been wide-ranging, identifying a number of key opportunities for, and barriers to, change. Realising these opportunities – and, where relevant, overcoming cultural and organisational blockers –requires input, identified capacity and co-ordination across the Social Care system.

Given this, a co-ordinated Programme approach is being taken to seek to ensure progress in the work outlined above is monitored at an appropriate level and, where necessary, supported by identified Scottish Government Transformational funding.

This Programme Board started originally to bring together the key areas of the original SDS Implementation plan where the need for significant system change and/or development required systemic support. The focus for this work covered the work above: support improved professional core processes; increase flexibility in care planning; increase the levels of independent support available across the Options; and to use collaborative commissioning approaches to realise the aspirations of our local

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communities. However, over time, other work has, or will be, included within the Programme Approach which is understood to be consistent with the ethos of Self-directed support and complementary to initiatives already in progress. Currently initiatives identified for inclusion are: Shared Care; Collaborative Commissioning for Unpaid Carers and Community Led Support.

Community Led Support

Community Led Support (CLS) seeks to situate early and preventative help and signposting into the heart of our communities. Linking the skills and knowledge of a range of professionals across the health and social care system to work closely with existing community groups, and using platforms like ALISS for signposting, this approach has been able to provide valuable guidance and support to the communities we serve.

The success of CLS initiatives in Highland can be attributed to a unique approach to community engagement. By partnering with existing groups such as lunch clubs and mother and toddler groups etc., community led approaches have been able to integrate seamlessly into the community fabric. In Caithness, for example, the collaboration with the NHS to set up pop-up hubs initially faced challenges in community attendance. However, by shifting the focus to working with existing community groups, the initiative has seen greater success in reaching and supporting the community. This highlights the importance of adapting strategies to meet the unique needs of each area and fostering collaboration between different sectors.

Our task going forward will be to integrate Community Led Support approaches and principles with the practice of SDS. If we can shift the focus of advice, guidance and, where necessary, assistance, towards early intervention and prevention we should be better able to help communities members access the right support at the right time.

2.4 Other impacts

Workforce
The Strategy seeks to support the workforce to work in line with the National Standards for Self-directed support. It also seeks to support the workforce to have the skills, knowledge and values to realise the ethos of Self-directed support.

Financial
The Strategy cannot affect the financial resource available to Adult Social Care. However the Strategy is explicit in seeking to ensure that all resources are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support.

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Equality and Diversity, including health inequalities

A draft EQIA is in situ and records the assessment that the Strategy is likely to have a positive impact on Equalities and Disadvantaged groups. This is predicted on the reasoning that an explicitly value-led, person-centred and strengths based process should promote equality and challenge discrimination for those individuals we work with.

2.4 Recommendations

The Committee is asked to **Note** the work being done.

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Agenda Item 3.2

NHS Highland	

Meeting:	**Health and Social Care Committee**
Meeting date:	**8 May 2024**
Title:	**Independent Sector Care Home Overview and Collaborative Support Update**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	

1 Purpose

This is presented to the Board for:

- Awareness
- Assurance

This report relates to an:

- Emerging issue

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	X
Care Well	X	Live Well	X	Respond Well	X	Treat Well	
Journey Well	X	Age Well	X	End Well	X	Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

NHS Highland (NHSH) relies heavily on the capacity, availability and quality of independent sector care home provision as part of the wider health and social care system, and crucially, to enable flow within this system.

There have been continued concerns regarding independent sector viability over the last 12 months, mainly around the ongoing operational and financial sector pressures relating to small scale, remote and rural provision and the challenges associated with attracting and retaining staff, and the financial impact of high agency use. The sector continues to raise these issues, which are not abating.

Care home quality across Highland is generally good, although there has been experience of a short notice care home closure, arising from quality issues.

NHSH has sought to build on existing supportive and collaborative arrangements to best support the delivery of care home services and to improve the lives of those living in care homes.

This report provides an updated overview of current commissioned independent sector care home issues and describes the collaborative approach and arrangements in place to support independent sector care home delivery and the achievement of good outcomes for residents across Highland.

2.2 Background

Independent Sector Care Home Overview

There are a total of 62 (April 2024) care homes across north Highland, 46 of which are operated by independent sector care home providers and 16 of which are in house care homes operated by NHSH

Spend on commissioned care home provision is around £35.7m pa, with in house costs around £18.9m pa – a total of £54m pa on care home spend.

There are currently around 1,850 care home beds commissioned or delivered, with around 86% of beds commissioned from independent providers.

In terms of size of care homes, within Highland, 15% (7) independent sector care homes have 50 beds or over, with 3 of these being over 80 beds. The majority of care homes, this being 85% (39 care homes), are under 50 beds, with 48% (22 care homes) operating with 30 beds or less.

<u>2023-2024 Key Issues</u>

Over the course of 2023 / 2024 there have been continued sustainability concerns and arising quality issues within the independent sector care home market within north Highland. The following represents key concern areas:

- There is a higher proportion of smaller size of operator and scale of provision within north Highland. Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50 bed care home, operating at 100% occupancy.

- Independent providers (and NHSH care homes) continue to experience difficulties in recruiting and retaining staff and this represents a very high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. There is an increasing use and reliance on overseas recruitment, which is a slow and expensive process, time consuming and requires available accommodation and additional support for these staff to settle, learn cultural differences in delivering care and integrate into a foreign country.

- Staffing difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to rural locations.

- Further to legal action initiated by the Care Inspectorate to cancel the registration of Cradlehall Care Home arising from quality issues following the transfer of this care home to a new operator in October 2023, the Care Inspectorate agreed to accept a voluntary cancellation from the operator in respect of the registration of the care home. This action required 41 residents to be relocated with in a 3 week period ahead of the care home closing on 17 April 2024. This process required operational teams to find suitable and appropriate placements within both a tight timeframe and the required professional framework. This was an understandably distressing time for residents and families, who were supported tirelessly by the relocating team, who are now providing follow up contact over coming weeks as they settle into their new placement.

Quality

Whilst operational challenges and financial pressures persist, the quality of care home services has, overall and with the above noted exception, continued to be delivered to a good standard.

The attached **Appendix 1** sets out the Care Inspectorate grading summary as at March 2024. The vast majority of services are graded as good or better.

Where there are gradings of weak or below, there is proactive work alongside providers to develop, support and oversee Supported Improvement Plans. This input is provided by contracts, operational and nursing colleagues, with other specialist input as required.

Market and Service Changes

There have been 6 independent sector care home closures since March 2022, these being as noted below:

- Shoremill in Cromarty (13 beds), March 2022
- Grandview in Grantown (45 beds), May 2022
- Budhmor in Portree, (27 beds), August 2022
- Mo Dhachaidh in Ullapool, (19 beds), March 2023
- Castle Gardens, Invergordon, (37 beds), June 2023
- Cradlehall Care Home, Inverness, (50 beds), April 2024

There has also been a care home acquisition by NHS Highland / The Highland Council – this being Main's House (Newtonmore) in April 2023. This was a care home in administration, along with Grandview (Grantown), which subsequently closed. Main's House was secured by the partnership to avoid the loss of both care homes at the same time, in this locality.

The common theme across all of these closure situations relates to staff recruitment and retention, the cost of securing agency cover and financial viability.

It is also relevant to note that there have also been a number of in house care home closures. These have arisen due to acute staffing shortages which has meant that the services have not been able to be safely and sustainably staffed. The status of these care home are as noted:

- Dail Mhor, Strontian, (6 beds), December 2022 (temporarily closed)
- Caladh Sona, Talmine (6 beds), May 2023 (closed)
- Mackintosh Centre, Mallaig (6 beds), August 2023 (temporarily closed)

The total impact of the 9 care home closures since March 2022, has been the loss of 211 beds.

In terms of forward developments and expected capacity, the following is understood:

- There is additional capacity expected to come on stream in the next 12 months – this being the new build 56 bed care home at Milton of Leys in Inverness, which is scheduled for completion in spring 2024.

- There are planning applications intended for 2 care homes for additional 10 bed wings, which will crease a further 20 beds. The timescales around this are subject to the planning process.

- The currently understood plans around the recent closure of Cradlehall is that the operator intends to refurbish the now vacant care home with a view to offering the facility for lease or purchase when the refurbishment concludes in 2025.

Strategic Direction

NHSH / THC have been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is the direction as set out in the Joint Strategic Plan.

Strategically, we will always need a level of care home provision, but increasingly dependency levels in care homes are increasing. There is a need to work within the partnership to develop housing with support models where, with the use of technology, we could support more people without nursing needs to live in accommodation with their own front door. Technology will not replace people caring but it can improve people's resilience and help use available carers more efficiently. Technology does not only mean digital technology but also includes newer equipment and training that facilitates workers to work more efficiently.

We will need to encourage and incentivise investment in technology and work with providers of care homes and support services who are willing to innovate. Our opportunity is to commission in a way that encourages innovation in the provision of this type of support.

However, there has been and continues to be immediate and operational challenges from arising and anticipated care home closures which require to be addressed.

There is insufficient capacity within the health and social care system to cope with the ongoing scale of lost provision. Mitigating actions are therefore required to avoid whole system destabilisation, whilst ideally at the same time, moving toward the locality model which is in development.

Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered out of necessity.

The key actions currently being progressed to address concerns around viability and recruitment and provide clarification on strategic direction, are:

1. Ongoing dialogue and escalation to Scottish Ministers, Scottish Government and Scotland Excel for a national care home contract rate (and funding) which recognises Highland delivery scale and geography.

2. Investment in a Scottish Care hosted Independent Sector Care Home Career and Attraction Lead (see later detail).

3. Development of a specific care home strategy and market facilitation plan. In developing this area of work, it is intended to build on the existing communication and engagement arrangements with care home providers in Highland to discuss current issues, collaborative solutions, future delivery and how we can work best together to sustain provision and make a difference to those living in care homes.

Collaborative Support Update

There have been ongoing support requirements of NHS Highland in respect of independent sector care homes since May 2020, when the Scottish Government mandated Boards to have clinical and care oversight of all care homes, in addition to their existing adult social work and social care, commissioning and public health responsibilities.

This requirement led to the creation of care home oversight arrangements , with a responsibility to have a daily awareness of issues in all care homes and to respond and react as required. The reporting around this activity was overseen by a Care Home Oversight Group chaired by the Chief Officer.

The focus and emphasis has shifted since this time from oversight to collaboration, following both the publication of the *My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes* in June 2022 (healthcare-framework-adults-living-care-homes-health-care-home.pdf (www.gov.scot) and also the updated direction from Scottish Government in December 2022 and March 2023 (attached at **Appendix 2**) around collaborative support to care homes to improve the lives of people living in care homes.

The previous oversight group has been replaced by a Collaborative Care Home Support – Strategic Group, who to date, have had a focus on delivery of the plan submitted to the Scottish Government for the allocation of £681k (2023-2024) to the Highland Health and Social Care Partnership.

This funding is non recurring but has been received annually in different forms since 2020, all associated with supporting care homes.

NHS Highland have made consistent representations to Scottish Government about the practical challenges of non recurring funding – meaning that delivering a plan with short, fixed term posts, with the existing recruitment challenges in Highland, effectively means that there is no remaining team at the end of the year and recruitment from scratch needs to repeated annually.

Notwithstanding, a plan was submitted to Scottish Government in May 2023. This required to be reviewed and revised over the course of the year in response to arising recruitment challenges, vacancies, underspend and to continue to ensure the primary objective of the funding (improving the lives of those living in care homes) was met.

The key areas of collaborative focus were:

1. Collaborative Care Home Support Team

   The creation of a multi-disciplinary team (nursing, Public Health, podiatry, speech and language therapy, physiotherapy, dietetics) operating to a work plan jointly developed with the care home sector, to:

   - provide increased ease of rapid access to multi-disciplinary team specifically for care home residents to ensure timely advice, support and intervention.

   - facilitate interdisciplinary multi-sector learning to build upon the existing skills to support individuals living in care homes and support meaningful and consistent training that is fit for purpose and which recognises the increasing complexities of care home roles.

   - deliver online and face to face training sessions, weekly drop in sessions and ad hoc support.

   Over the period, 53 online training sessions were delivered to 667 participants; and 17 face to face training sessions were delivered to 20 different care homes.

2. Resident wellbeing fund

   From the available Scottish Government funding, £241k was redirected from unfilled posts for the purpose of a resident wellbeing fund:

   - Care home managers and staff were approached for input as to where the money would be best spent to help improve residents' experience of being in a care home.

   - 4 themes were identified for spend (experiences, activity, sensory and technology).

   - Funds were directly issued to care homes based on bed capacity.

   - A significant number of outcomes were met from the fund, positively impacting the lives of the residents in the care homes.

   96% of residents in Highland were able to directly benefit from the fund. An outcome report around this fund is provided at **Appendix 3** which clearly illustrates the positive and direct impacts.

3. Independent Sector Care Homes Career and Attraction Lead

   At the sector's request, this post was created and is hosted by Scottish Care, to:

   – Increase number of people working in independent sector care homes

   – Lead and support coordinated sector care home attraction activity

   – Create single online presence and positive social media content

   – Proactively identify potential new employees, generate interest in care home employment, raise positive profiles and support locality attraction initiatives

   This post holder only commenced in role in late January 2024 and outcome monitoring information is in preparation.

Due to the single year nature of the funding, a significant underspend has arisen as team members have understandably moved on to more secure roles.

NHSH provide support to independent care home activity in a number of ways. In addition to the Collaborative Care Home Support Team noted above, the following other inputs are exampled (this list is not exhaustive):

- Care Response Team and Reservists
- Public Health and Health Protection
- Lead Nurse (Care Homes and Care at Home)
- Palliative Care Line
- Care Home Education Facilitator
- Business continuity and winter preparedness
- Scottish Care Independent Sector Lead (Care Homes)
- Supportive Improvement Processes and Plans
- Commissioning support
- Care home business stream meetings

Further Developing Collaborative Support Approaches

Going forward, it is the intention of the Collaborative Care Home Support – Strategic Group to broaden its focus to wider collaborative aspirations and opportunities with the sector and to also ensure appropriate engagement of those who use or are impacted by these services.

As part of this it is considered it would be helpful to better coordinate our existing supports into coordinated core business and to enable NHSH to best respond to and support to ongoing and arising sector issues.

This forward direction is under active consideration and proposals will be developed over coming months.

2.3 Assessment

Commissioned care home services represent a key area of activity and a key component of the wider health care system.

It is essential that residents continue to receive good care experiences and that care homes continue to be supported to deliver quality and sustainable care.

It is also important that this support is provided collaboratively, in partnership, and that we look for opportunities to further develop these collaborative aspirations.

There is a need to involve care home providers and wider stakeholders in the forward direction of care home provision in Highland.

The following specific actions will progress the above intent:

a) Continued dialogue and escalation to Scottish Ministers, Scottish Government and Scotland Excel for a national care home contract rate (and funding) which recognises Highland delivery scale and geography.

b) Development of a specific care home strategy and market facilitation plan.

c) Development of collaborative support aspiration and framework proposals.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

NHSH is unable to individually control the circumstances around sector turbulence. This is a broader national issue, but one that NHSH is seeking to influence through regular dialogue with the Scottish Government.

NHSH can however be confident in its organisational response to any arising situation.

The following specific assurances are noted:

- There is a good understanding of the Highland market, issues and current challenges.
- There is a clear direction of travel for future delivery – quality care home provision in locations where they can be safely, sustainably and affordably resourced.
- The Partnership is responsively and comprehensively responding to individual viability issues as they emerge, the arising actions from which may by necessity not accord with the intended and desired direction of travel.
- There is senior Partnership visibility of issues, risk and impact.
- There are ongoing and open channels of communication and support with providers and sector representation forums.

3 Impact Analysis

3.1 Quality/ Patient Care

There are impacts on residents (and their relatives) who have already relocated from a closing care home and those who will require to do so in the future.

3.2 Workforce

There are significant challenges to all providers in attracting and retaining staff within care home provision, and pressures on existing staff working within these services. These pressures are exacerbated where independent sector staff move to NHSH employment for better terms and conditions.

3.3 Financial

Commissioning care home services in Highland using the nationally negotiated National Care Home Contract, presents particular challenges to providers operating on a scale below 50 beds.
There are significant financial impacts associated with the Partnership's operational response to arising care home sustainability situations and the implementation of any agreed solutions. Further, where any closures occur, there are costs associated with alternative placements and resourcing implications.

3.4 Risk Assessment/Management

There are significant risks identified with the foregoing detail. The key risk areas are noted as follows:

- System impact from reduced care home bed capacity and availability from care home closures. Seeking to mitigate by increasing visibility of issue, contingency and strategic planning.

- Residents requiring to relocate a significant distance from their current location. Seeking to mitigate by contingency and strategic planning.

- Further care home closures occurring. Mitigating by close sector liaison and early response and also escalation to SG on NCHC arrangements.

3.5 Data Protection

None.

3.6 Equality and Diversity, including health inequalities

None.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

As and when, upon care home closure announcement and supported by a communication plan.

3.9 Route to the Meeting

There have been various prior reports / updates on care home sustainability and collaboration as follows:

- Reports to the Joint Monitoring Committee
- NHSH Board
- Health and Social Care Committee (26 April 2023)

Specifically, this report has been considered at the following forums in advance of this committee:

- Adult Social Care Leadership Team, 23 April 2024
- Collaborative Care Home Support – Strategic Group, 23 April 2024

4 Recommendation

Decision:

- **Awareness** – For Members' information.
- **Assurance** – As to the mitigating actions being taken.

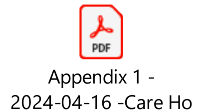
4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1** – Care Inspectorate Grading Summary, March 2024
- **Appendix 2** - Scottish Government Direction - Collaborative Care Home Support
- **Appendix 3** - Collaborative Care Home Support - Resident Wellbeing Fund Outcomes

Appendix 1

Grading Summary – March 2024



Appendix 2

Scottish Government Direction - Collaborative Care Home Support

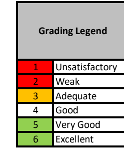
Appendix 3

Collaborative Care Home Support - Resident Wellbeing Fund Outcomes

Care Homes and Care at Home services in North Highland - Care Inspectorate Grades effective as at 31 March 2024

* Data is based on the Care inspectorate Datastore as at 31 March 2024 and as such may not reflect the most up to date grading position

** Note Key Question 1 is always inspected, however some inspections only focus on specific Key Questions and some grades will be from the previous inspection.



Grading Legend	
1	Unsatisfactory
2	Weak
3	Adequate
4	Good
5	Very Good
6	Excellent

Care Homes in North Highland

Service Town	Service Name	Subtype	In-House or Independent Sector	Number of Registered Places	Last Inspection Date	Quality Inspection Framework Evaluations				
						Key Question 1: How well do we support people's wellbeing?	Key Question 2: How good is our Leadership?	Key Question 3: How good is our staff?	Key Question 4: How good is our setting?	Key Question 5: How well is care and support planned?
Ballachulish	Abbeyfield Ballachulish (Care Home)	OP	Independent	37	09/12/2022	5	5	6	6	6
Inverness	Aden House (Care Home)	OP	Independent	24	14/07/2023	4	4	4	4	4
Inverness	Ballifeary House	OP	Independent	24	19/05/2023	5	5	4	4	4
Inverness	Beechwood House	Alcohol & Drug	Independent	15	16/08/2022	4	4	4	5	5
Inverness	Birchwood Highland Recovery Centre	MH	Independent	23	06/12/2023	4	3	4	3	3
Nairn	Bruach House	OP	Independent	22	12/09/2022	5	4	4	4	4
Inverness	Cameron House (Care Home)	OP	Independent	30	25/04/2022	4	4	4	3	5
Nairn	Carolton Care	OP	Independent	20	21/09/2022	5	4	4	4	4
Inverness	Castlehill Care Home	OP	Independent	88	31/07/2023	4	4	4	4	4
Alness	Catalina Care Home	MH	Independent	28	04/07/2023	4	4	4	4	5
Inverness	Cheshire House (Care Home)	PD	Independent	16	20/02/2024	5	5	5	6	5
Inverness	Cradlehall Care Home - Cancellation of Registration as of 17/04/2024	OP, LD	Independent	50		0	0	0	0	0
Inverness	Culduthel Care Home	OP	Independent	65	24/06/2022	4	5	4	4	4
Inverness	Daviot Care Home	OP	Independent	94	25/04/2023	4	4	4	5	4
Fortrose	Eilean Dubh	OP	Independent	40	07/12/2023	4	4	4	5	4
Muir of Ord	Fairburn House	LD	Independent	40	08/08/2022	5	4	5	5	5
Dingwall	Fodderty House	OP	Independent	16	25/08/2022	4	4	4	4	4
Beauly	Fram House	LD	Independent	5	21/11/2023	5	4	5	5	5
Nairn	Hebron House Nursing Home Ltd	OP	Independent	22	02/05/2023	4	4	4	4	4
Inverness	Highview Care Home	OP	Independent	83	09/05/2022	4	5	5	5	5
Nairn	Hillcrest House	MH	Independent	23	12/10/2022	4	5	5	5	5
Tain	Innis Mhor Care Home	OP	Independent	40	27/01/2023	5	5	4	4	5
Achnasheen	Isle View Care Home	OP	Independent	25	17/11/2021	4	4	4	4	4
Inverness	Isobel Fraser Home	OP	Independent	30	07/10/2022	5	5	4	4	4
Inverness	Kingsmills Care Home	OP	Independent	60	01/03/2022	5	4	4	4	4
Inverness	Kinmylies Lodge	MH	Independent	18	04/10/2022	5	5	4	5	4
Invergordon	Kintyre House (Care Home)	OP	Independent	41	08/11/2023	5	5	4	3	5
Grantown-on-Spey	Lynemore	OP	Independent	40	04/08/2023	4	4	4	5	4
Inverness	Maple Ridge (Care Home)	LD	Independent	18	05/10/2023	4	4	4	4	4
Inverness	Mayfield Lodge	LD	Independent	12	03/10/2022	4	5	5	5	5
Fort William	Moss Park Nursing Home	OP	Independent	40	24/07/2023	4	4	4	4	4
Invergordon	Mull Hall (Care Home)	OP	Independent	42	05/09/2022	4	5	4	4	4
Dornoch	Oversteps (Care Home)	OP	Independent	24	20/10/2023	4	3	4	4	4
Thurso	Pentland View - Highland	OP	Independent	50	24/05/2022	5	4	5	4	5
Alness	Redwoods (Care Home)	OP	Independent	42	10/06/2022	5	5	0	0	0
Wick	Riverside House Care Home	OP	Independent	44	29/01/2024	4	3	4	4	4
Dingwall	Seaforth House Ltd (Care Home)	LD	Independent	22	12/01/2024	4	4	4	4	4
Wick	Seaview House Nursing Home	OP	Independent	42	23/08/2022	5	5	5	4	5
Inverness	Southside Care Home	OP	Independent	33	15/06/2022	4	4	4	4	4
Nairn	St. Olaf - Cawdor Road	OP	Independent	44	23/10/2023	4	3	0	0	0
Strathpeffer	Strathallan House (Care Home)	OP	Independent	32	29/07/2021	4	4	4	4	4
Nairn	The Manor Care Centre	PD	Independent	43	11/09/2023	3	3	3	4	3
Dornoch	The Meadows (Care Home)	OP	Independent	40	20/06/2023	4	4	4	4	4
Muir of Ord	Tigh-na-Cloich	LD	Independent	4	21/11/2023	5	4	5	5	5
Muir of Ord	Urray House	OP	Independent	40	18/09/2023	5	5	5	5	5
Nairn	Whinnieknowe (Care Home)	OP	Independent	24	03/11/2022	4	4	5	4	4
Dingwall	Wyvis House Care Home	OP	Independent	50	26/01/2024	3	3	4	4	4
Inverness	Ach-an-Eas (Care Home)	OP	NHS Highland	24	13/10/2022	4	4	4	5	5
Isle of Skye	An Acarsaid (Care Home)	OP	NHS Highland	10	25/10/2022	5	4	5	4	4
Thurso	Bayview House (Care Home)	OP	NHS Highland	23	08/09/2022	5	4	4	4	4
Acharacle	Dail Mhor (Care Home) - Temporarily closed	OP	NHS Highland	6	21/09/2022	4	3	4	4	5
Grantown-on-Spey	Grant House	OP	NHS Highland	20	12/04/2023	4	4	4	4	4
Portree	Home Farm Care Home	OP	NHS Highland	35	20/02/2024	4	3	4	4	4
Fort William	Invernevis House (Care Home)	OP	NHS Highland	32	07/08/2023	5	4	4	4	4
Ullapool	Lochbroom House (Care Home)	OP	NHS Highland	11	30/09/2022	5	5	5	5	5
Mallaig	Mackintosh Centre - Temporarily closed	OP	NHS Highland	8	22/08/2023	4	2	4	4	3
Newtonmore	Mains House	OP	NHS Highland	25	24/11/2023	3	3	3	3	4
Thurso	Melvich Community Care Unit (Care Home)	OP	NHS Highland	6	21/09/2023	4	3	4	4	3
Wick	Pulteney House (Care Home)	OP	NHS Highland	18	26/09/2022	5	4	5	5	5
Golspie	Seaforth House (Care Home)	OP	NHS Highland	15	14/06/2022	4	5	5	5	5
Gairloch	Strathburn (Care Home)	OP	NHS Highland	13	04/10/2023	3	3	4	4	4
Fort Augustus	Telford Centre (Care Home)	OP	NHS Highland	10	08/02/2022	4	4	4	4	4
Kingussie	Wade Centre (Care Home)	OP	NHS Highland	40	09/11/2023	4	4	4	4	4

Appendix 2

Chief Social Work Adviser
Iona Colvin
E: Iona.Colvin@gov.scot

Chief Nursing Officer
Alex McMahon
E: CNO@gov.scot

Interim Director Social Care
Angie Wood
E: angie.wood@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

17 March 2023

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors, Directors of Public Health, Medical Directors
Cc: Local Authority Chief Executives and NHS Chief Executives, NHS Board Directors of Finance

Funding for Collaborative Care Home Support arrangements 2023/24

We are writing to confirm the continued funding arrangements for providing collaborative clinical and care support for adult and older people's care homes. The Scottish Government is making £14 million available to maintain and build on the Collaborative Care Home Support (CCHS) arrangements (previously called Oversight arrangements).

The funding breakdown by NHS Board is outlined in Annex A. We hope this will be helpful to you as you continue to work with and support care homes locally.

The recommendation to continue the whole system multidisciplinary support arrangements was outlined in our letter and advice note of 14 December 2022 (Annex B). As you know this followed a review undertaken by a Short Life Working Group comprising a range of stakeholders from across the health and social care sector. In our December communication, we provided guiding principles and a framework to support health and social care professionals to continue to work together to identify ways to improve the health and wellbeing of people living in care homes.

The funding recognises the recovery phase that the social care sector is still in. It is to provide additionality, over and above core work and statutory roles, and is intended to create conditions for improving outcomes for people who live in care homes. We anticipate that it will maintain a network of support for care homes and those who live and work in them. The focus of this funding is improvement and

assurance, and complements the funding previously provided for multi-disciplinary teams.

As outlined in our advice note of 14 December 2022, staff roles funded by this allocation should focus on supporting the implementation of and embedding the recommendations made in the My Health, My Care, My Home - healthcare framework for adults living in care homes, and the Health and Social Care Standards.

The majority of funding and thus focus of attention should be directed towards continuous improvement affecting the quality and safety of resident care, and providing assurance. Where posts are continued or created to meet additionality required, it is expected that funded post holders will either be directly or indirectly involved in improving resident care. This should be demonstrated through role modelling, delivering and demonstrating high quality evidence-based care, provision of education, training and development for the care home workforce, monitoring the impact of the above, providing a voice for nursing, and through this assuring that care meets the health and wellbeing needs of residents or escalating timeously where there are concerns in order that appropriate action can be taken.

We know that many of you have already evolved your CCHS teams (or equivalent) in line with the principles and focus outlined in our December communication. Recognising the collaborative and coordinated multidisciplinary nature of the CCHS teams, the funding is being given to Health Boards with the intention that it will be appropriately distributed as deemed necessary to meet the aforementioned requirements between the Board and HSCP. This distribution should be agreed, overseen and monitored by the local CCHS team.

Outcomes and assessing progress

With the focus of improving the health and wellbeing outcomes of people living in care homes, CCHS teams should take an outcomes-focused approach to planning, implementing and evaluating support. Many of you will be utilising an existing or a locally developed set of outcomes to guide your work. The nine National Health and Wellbeing Outcomes which HSCPs use to support commissioning are a good starting point alongside the My Health, My Care, My Home - healthcare framework for adults living in care homes, which contains six core elements of care and support.

A condition of the funding will be a commitment to provide Scottish Ministers with information on the plans for your approach and the impact of the funding. To achieve this we ask a short overview is returned by 30th April on how local areas already are or envisage using the funding to improve outcomes (see Annex C).

We will consider how to understand and report on overall impact including sharing and dissemination of learning nationally and will be in touch in due course.

Yours sincerely

Iona Colvin
Chief Social Work Advisor

Professor Alex McMahon
Chief Nursing Officer

Angie Wood
Interim Director Social Care

Annex A

Table – Funding by Board

	NRAC Split*	NRAC Share
NHS Ayrshire and Arran	7.32%	£1,024,493
NHS Borders	2.15%	£300,400
NHS Dumfries and Galloway	2.97%	£415,362
NHS Fife	6.86%	£960,513
NHS Forth Valley	5.46%	£764,751
NHS Grampian	9.81%	£1,373,030
NHS Greater Glasgow & Clyde	22.18%	£3,105,168
NHS Highland	6.58%	£921,390
NHS Lanarkshire	12.28%	£1,719,370
NHS Lothian	14.97%	£2,095,862
NHS Orkney	0.49%	£69,017
NHS Shetland	0.48%	£66,659
NHS Tayside	7.80%	£1,091,860
NHS Western Isles	0.66%	£92,126
Total	100.00%	£14,000,000

*Based on 2022-23 NRAC split – to be adjusted when allocation is processed using 2023-24 split.

Annex B

Letter and advice note - 14 December 2022

Chief Social Work Adviser
Iona Colvin
E: Iona.Colvin@gov.scot

Chief Nursing Officer
Alex McMahon
E: CNO@gov.scot

Interim Director Social Care
Angie Wood
E: angie.wood@gov.scot

14th December 2022

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors, Directors of Public Health, Medical Directors
Cc: Local Authority Chief Executives and NHS Chief Executives

New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

We are writing to confirm new arrangements for providing enhanced collaborative clinical and care support for social care in Scotland. This follows a review undertaken by a Short Life Working Group (SLWG) comprising a range of stakeholders from across the health and social care sector.

We know that the social care workforce is continually and tirelessly providing exceptional care and innovating in the face of many challenges. We would like to build on this strong platform by ensuring that the sector is supported when needed and there is a continuous cycle of cross sector collaborative support to strengthen what is already in place.

As you know, arrangements for providing additional whole system, multidisciplinary support for adult care homes have evolved during the pandemic since the original request in May 2020 from the then Cabinet Secretary for Health and Social Care. Arrangements were subsequently widened to include adult social care. There has been considerable learning and examples of excellent partnership working during this time, and a recognition of the outstanding contribution and skills of so many care

home staff and the teams that support them. That learning has very much been a two-way process.

While there has been considerable value in the arrangements, it has been important to review them to ensure that they reflect the current context. Based on the findings of the review and taking account of the current pressures facing the sector, we have developed a number of recommendations. Overall we recommend continued enhanced support for adult and older people's care homes to support the sector as it emerges from the pandemic and as it deals with the current pressures. This note follows one from Caroline Lamb and Sally Louden on the 8th December on winter pressures and preparedness.

We note that such an approach outlined for care homes is also relevant for the wider social care sector, which many local systems have already adopted.

The recommendations are outlined in the advice note in Annex 1. They support a partnership approach, which recognises the experience of care home staff and the provision of support to care homes in the context of ensuring a homely environment in which people live and work. The note provides guiding principles and a framework which recommends that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes, as described in My Health, My Care, My Home - healthcare framework for adults living in care homes published by SG in June 2022 and Health and Social Care Standards in Scotland.

We hope this will be helpful to you as you continue to work with and support care homes locally.

Yours sincerely

Iona Colvin
Chief Social Work Advisor

Professor Alex McMahon
Chief Nursing Officer

Angie Wood
Interim Director Social Care

Annex 1

New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

Overview

Enhanced clinical and care oversight arrangements for care homes were put in place early on in the pandemic to support care home staff to keep residents safe. This followed a request from the then Cabinet Secretary for Health and Sport for multi-disciplinary teams, comprising key clinical and care leads from NHS Boards and local authorities, to provide additional whole system support to protect residents and staff[1],[2]. There has been considerable learning and examples of excellent partnership working during this time. Using this learning, a Short Life Working Group (SLWG) comprising a range of stakeholders across the sector reviewed the arrangements.

Based on the findings of the review to date and, taking account of the current pressures facing the sector, this advice note sets out recommendations, informed by the SLWG, for new arrangements for providing continuing enhanced support to adult and older people's care homes in Scotland.

Many areas have already evolved their arrangements, in collaboration with care homes, to focus on improvement, sustainability and viability, taking into account the learning and experience of the pandemic and the strong, positive relationships built between local partners and care home staff, residents and families. The outstanding contribution and skills of so many care home staff and the teams that support them during the pandemic is recognised. Currently care homes, along with other parts of the health and social care system, are operating within an increasingly complex and pressurised environment. Their value and ongoing success is critical to the future sustainability of locally based health and social care provision.

The intention of this advice note is not to supersede existing arrangements, but to provide guiding principles and a framework for collaborative improvement to strengthen any locally developed approach whilst ensuring a level of consistency across the country.

Proposed new arrangements

There has been considerable value in the clinical and care oversight arrangements which have enabled whole system support to be provided to care homes during an

[1] Strengthened clinical oversight for care homes - gov.scot (www.gov.scot)
[2] Coronavirus (COVID-19): care home oversight - gov.scot (www.gov.scot)

unprecedented time of crisis. Local arrangements have generally worked best where conditions have been created for a partnership approach which has fostered mutual respect, trust and equal voice. Key to the approach has been a recognition of the experience of care home staff; assurance support in the context of ensuring a homely environment in which people live and work; and solution-focussed improvement support conversations with supportive follow-up.[3] Arrangements which link effectively with, rather than seeking to duplicate, wider regulation activity by the Care Inspectorate, have worked well.

On this basis it is recommended that:

- Assurance and support arrangements continue but there should be a continued focus on adult and older people's care homes. They should evolve to take account of the current situation to support care homes as they emerge from the pandemic and deal with the current pressures facing the sector. Where local systems have evolved to include the wider social care sector, these principles should also apply.
- Local oversight teams should be renamed as Collaborative Care Home Support Teams or local equivalent – removing 'oversight' from the name is recommended. This is to reflect the emphasis on building on existing good practice, collaborative improvement and assurance, wider considerations around the pressures of financial viability/ sustainability in the face of rising costs and to avoid confusion with the statutory duties of the Care Inspectorate.
- The local teams' TOR and membership should be reviewed in line with this shift, recognising that the need for flexibility to respond to current challenges (see below for more details around roles).
- Collaborative Care Home Support Teams should take a collaborative improvement approach, with health and social care professionals working together using approaches such as appreciative inquiry [4] to identify ways to improve health and wellbeing of people living in care homes as described in My Health, My Care, My Home - healthcare framework for adults living in care homes[5] published by SG in June 2022 and Health and Social Care Standards in Scotland[6]. There should be robust engagement with care homes including representatives for example through Scottish Care, CCPS.
- Collaborative Care Home Support Teams should not replicate inspection or regulation, which is the clear statutory responsibility of the Care Inspectorate. There should be a move away from an inspection model of assurance which has caused confusion in the sector and teams should not use Care Inspectorate terminology. For example, rather than making recommendations or areas for improvement identify what is working well and how to build on this in line with an appreciative inquiry approach. Decisions on assurance visits should be guided by local circumstances which may mean a nuanced approach.

[3] Care home quality assurance during COVID-19 | Iriss
[4] Appreciative Inquiry practical resources SSSC https://lms.learn.sssc.uk.com/course/view.php?id=14
[5] My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot (www.gov.scot)
[6] Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)

- Collaborative Care Home Support Teams will have an ongoing duty to respond to serious concerns by taking immediate steps to mitigate risks and reporting concerns to the regulator, who will consider what, if any, action may be appropriate at an individual or regional service level.
- The Care Inspectorate share with Executive Nurse Directors, Chief Social Work Officers and Health and Social Care Partnerships concerns about care services by providing both with copies of Letters of Serious Concern and Improvement Notices issued. These should be used to guide improvement with a multi-agency action plan put in place that includes the involvement of the Care Inspectorate.
- Where NHS Boards issue instructions or policies for their staff to provide mutual aid for local care homes then this work by NHS staff would fall within the scope of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Nevertheless, where questions arise about individual cases, NHS Boards should consult the Central Legal Office about the Board's potential liabilities in those cases.

Supporting people to live well in a homely setting
Care homes, whether they provide residential or nursing care, are people's homes and are not clinical settings. However, it is nevertheless entirely appropriate that there should be assurance of clinical standards and quality of care sought by Executive Nurse Directors, in the context of Excellence in Care. This is a national approach which aims to ensure people have confidence they will receive a consistent standard and quality of care no matter where they live.

It is therefore recommended that:

- Arrangements should focus on clinical and care support with leadership from Executive Nurse Directors, Chief Social Work Officers, HSCP Chief Officers and Medical Directors in full partnership with providers and care home staff who are experts in providing care and support for people in a homely setting. Directors of Public Health should continue to play a role in outbreak support to care homes. The roles of other professionals to support the Group around understanding of pressures, developments and opportunities across the whole system will also be important. For example, Director of Planning and Commissioning and social care contracts team or equivalent to make best use of intelligence from contracts and commissioning teams.
- Executive Nurse Directors should ensure that care homes are being supported in the context of Excellence in Care to facilitate the best possible care for residents, including IPC support for embedding of the National Infection Prevention Control manual. Such support should be delivered in full and collaborative partnership and aligned with My Health, My Care, and My Home - healthcare framework for adults living in care homes, the Health and Social Care Standards in Scotland, Healthcare Improvement Scoltand IPC standards/national IPC requirements and the National Care Home Contract.
- Executive Nurse Directors and Chief Social Work Officers should continue to work in close partnership with the Care Inspectorate to act on findings from inspection and when intelligence is shared to guide the support to services. There should be a collaborative approach to the development of improvement

plans with care homes, HSCP operational/professional leads and the Care Inspectorate.
- Collaborative Care Home Support Teams should continue to monitor opportunities for people living in care homes to connect with their loved ones both in and out of the home in the context of the ongoing delivery of Anne's Law (named visitor policy, health and social care standards implementation and any forthcoming directions linked to provisions in the National Care Service (Scotland) Bill)

Support for responding to current challenges
Many of the challenges facing the care home sector that were apparent during the pandemic remain and have been exacerbated by recent cost of living crisis, staff shortages and wider pressures in the health and social care sector. Collective and ongoing support for care home staff and those living and working in care homes has never been more important at this time. It is therefore recommended that:

- Care Home Support Teams, under the leadership of the appropriate person should monitor the viability of care homes as far as is practicable, taking a whole system overview of capacity. The arrangements for this will vary locally depending on other support systems for example at Board level. Regardless of the arrangements, this should be supported by planning and commissioning teams in HSCPs.

- The following guidelines for Care Home Support Teams to assist in monitoring capacity and to support with the provision of assurance to Scottish Ministers will be useful. Collaborative Care Home Support Teams should have:

    - A pathway for escalating/report serious concerns about quality and safety in care homes to the Care Inspectorate
    - Ongoing review of local care home bed availability and viability, including workforce and financial risks, taking a whole system approach which appropriately balances risks and considers provider as well as individual service viability/sustainability.
    - Refreshed contingency planning for care home closures recognising that multiple care homes may fail due to viability
    - Sight of a strategic plan for commissioning care homes as developed by local Social Care Contracts and Commissioning teams
    - Where there are care home beds not being used there should be work with providers to understand reason for this and put supports in place, for example improvement support or support with staffing where appropriate, recognising that there are staffing challenges across the whole health and social care sector
    - Escalating concerns nationally through the recently redesigned "Director of Public Health" care home monitoring template which now focuses on viability and pressures.
    - Regular review of completion rates of the Safety Huddle Tool – this is particularly important for local planning.
    - Transitions of care between care homes and hospitals – consider drawing on best practice including hospital at home, to enable where appropriate admission prevention and planned interventions to keep residents safe in

their own home. In the same way, facilitation of timely discharge to hospital should be a key element of consideration.
- Started developing a local plan towards implementation of the Healthcare Framework for Care Homes, with MDT support to care home residents and a quality management approach based on the Health and Social Care Standards.
- Care Home Support Teams alongside providers may find it useful to undertake a self-assessment based on the healthcare framework to identify actions that can be taken forward by all partners to support people in care homes. We are already aware that many areas are or have undertaken a mapping exercise and prioritising which of the recommendations to focus on in the first instance. We will continue to support implementation in the New Year.

Conclusion

This advice note has been developed with input from SLWG members. It recognises that in many places assurance and support arrangements have already evolved to respond to the current context based on good practice and sound partnership working. These recommendations seek to provide guiding principles and a framework to support local approaches. With many significant challenges facing the care home sector at this time, such approaches will be essential to supporting those living and working in care homes.

Going forward collaborative work will commence to consider the development of a Collaborative Improvement Model to provide a framework to support local approaches aligned to existing work looking at improvement models and support in the social care sector. This will enable more detailed consideration and confirmation of the roles of clinical and professional leads including Executive Nurse Directors in context of a collaborative improvement approach.

Annex C

CCHS teams reporting

Local CCHS teams should provide, by 30 April 2023, an overview of how the money will be spent in line with the objectives set out in 14 December 2022 letter and how improvement will be monitored and reported, using qualitative and quantitative measures.

We continue to receive a monthly return (previously Director of Public Health (DPH) return) from each Health Board that details immediate care home concerns and challenges including viability and we will review these along with the template below.

Template

Please send plans for your area to CareHomesCovidSupport@gov.scot, by 17:00 on 30 April 2023 with subject 'Care Home Collaborative Support team plans'

1. What are the overall aims and anticipated outcomes of the work of the CCHS team, taking account of learning to date?
2. i) Outline how the CCSH team will support the objectives outlined in the 14 December 2022 letter?
2ii). How will the funding will be used to contribute to overall improvement and building capacity for improvement? (it might be helpful to use the pillars outlined in the healthcare framework to structure answer)
3. How are the CCHS team monitoring and evaluating improvement? If easier please send standalone reports have been carried out on specific projects to date.
4. What has worked well so far (what will you consider scaling up for example)?
5. What has worked less well so far? What have your learned that would be valuable to share with others (including challenges that you have had to overcome?)

6. Please detail anything else you would like to share with Scottish Ministers?

7. Please provide details of the expenditure of this funding, broken down into resource e.g. staff, whether full or part time, £value (see table below)

For example

Resource	Hours	Unit Cost	FTE	Total Cost
Advanced nurse practitioner	37	£40,000	1	£40,000
Staff Training		£5,000	N/A	£5000

2023/2024

CARE HOME COLLABORATIVE SUPPORT - NORTH HIGHLAND

MAXIMISING RESIDENT EXPERIENCE AND WELLBEING ACTIVITIES FUND REPORT

1,707

Number of residents who benefitted or will benefit ongoing from the fund

96%

Percentage of total Care Home residents who have benefitted or will benefit ongoing from the fund

MARCH 2024

PREPARED BY:
GWEN HARRISON
INDEPENDENT SECTOR LEAD (CARE HOMES) HIGHLAND

BACKGROUND

Within North Highland there are 47 Independent Sector Care Homes and 14 NHS Care Homes covering a mix of urban and rural settings, 25 of these are nursing homes. Of these, 44 are within the Inner Moray Firth area and 17 within North and West, 48 are in the main care for the elderly (65+) and 13 supporting younger adults (under 65), covering a mix of learning and physical disabilities, mental health, and substance use. Of the Independent Sector homes, 33 are private sector and 14 are for not for profit / charity.

NHS Highland is in receipt of funding from Scottish Government of £681k for collaborative care home support - the purpose of which is to improve the lives of people living in care homes.
This funding is being used for the Collaborative Care Home Support Team and to also fund the Partners for Integration / Scottish Care – Independent Sector Care Home Career and Attraction post.

The funding from Scottish Government is allocated on a 12-month basis only, which has caused challenges to being able to fully recruit to the collaborative team. As a result, there was a projected underspend of £240k, which was utilised instead as a maximising resident experience / wellbeing fund, but still fulfilling the primary objective of the funding this being to improve the lives of people living in care homes.

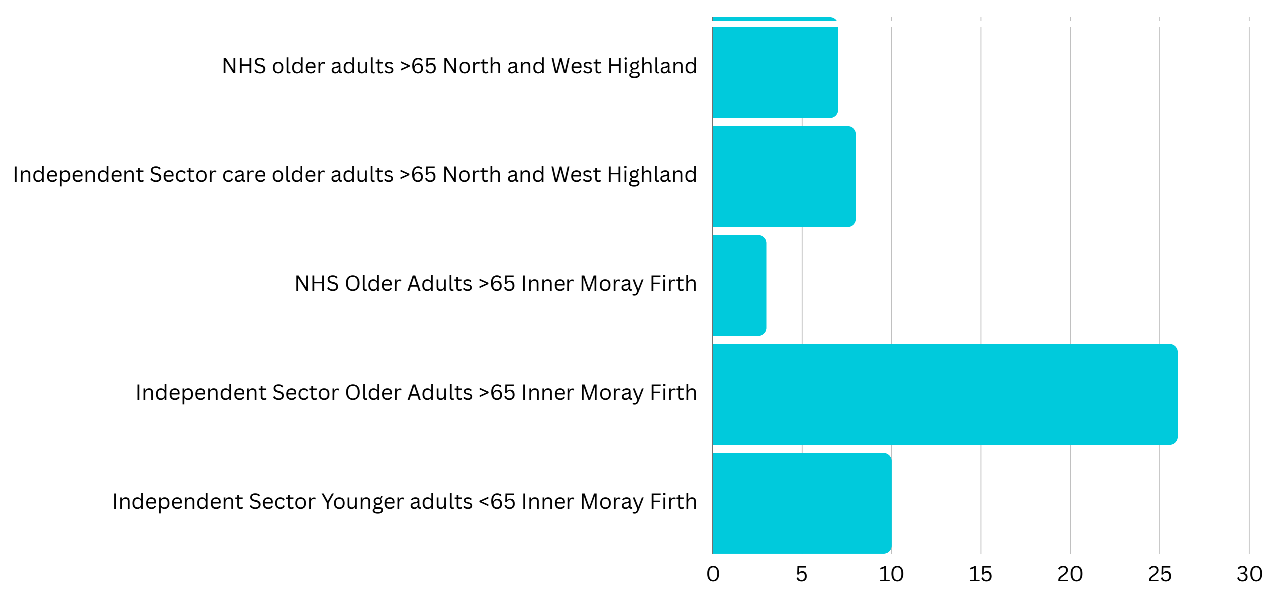
Funding theme suggestions
Through feedback received from informal discussion through Collaborative Care home support team and through the Scottish Care Independent Sector Lead, the following 4 funding themes were identified:

Experiences	Activity	Sensory	Technology
examples include a party, or an event	examples include things like mobility bikes, burns gym or yoga for residents, some equipment for resident activities	examples include things like lighting, sound, textures in a sensory room, sensory garden or sensory lighting, projectors	examples include things like interactive digital tables

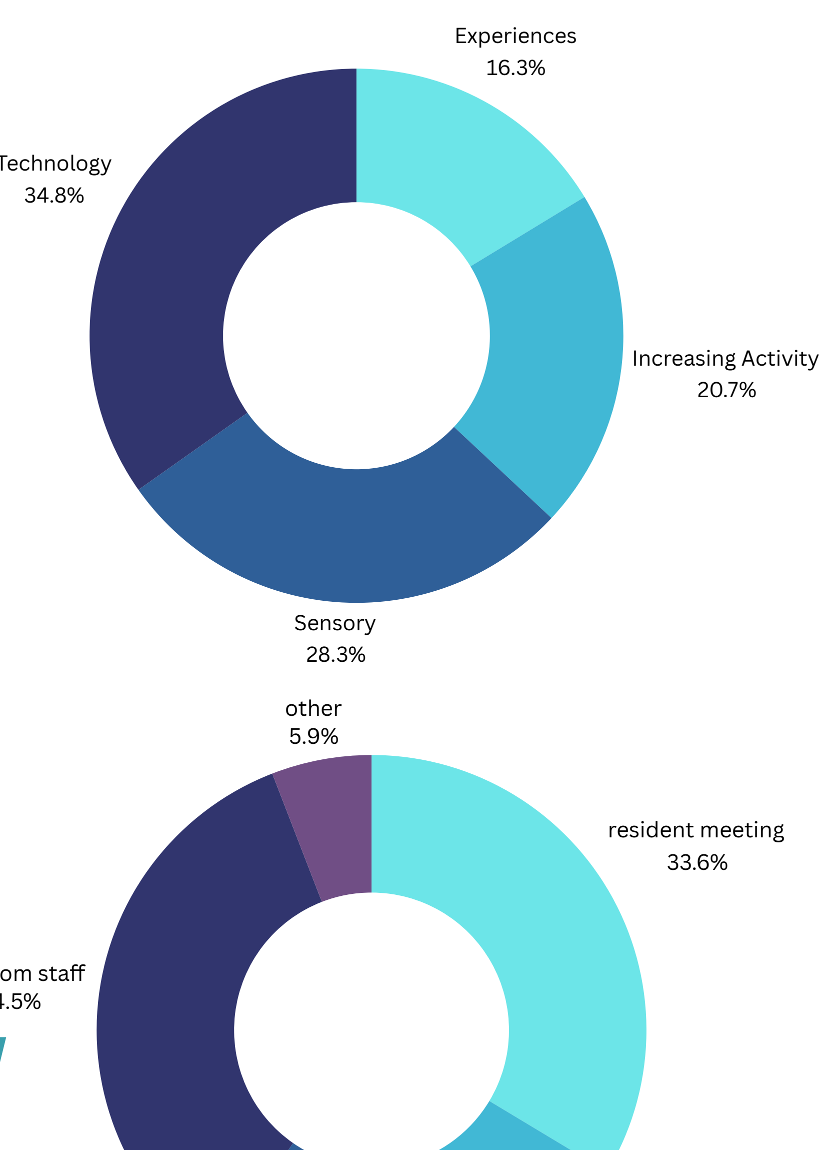
An options appraisal was circulated to the Care Homes on how the money would be allocated and the majority opted for a sliding scale as follows:

Size of Care Home	Fund Allocation
1-15 registered beds	£2,500
16 - 30 registered beds	£3,500
31 - 45 registered beds	£4,500
46+ registered beds	£5,500

CARE HOMES THE FUNDING REACHED



HOW THE FUNDING WAS SPENT



WHO DECIDED HOW THE FUNDING WAS USED

other
5.9%

resident meeting
33.6%

idea from staff
34.5%

family member request
13.4%

specific resident request
12.6%

ACTIVITIES

- Raised beds in garden to increase time and involvement outdoors and other accessible garden equipment
- Burns Gym subscription
- Electric assisted bikes

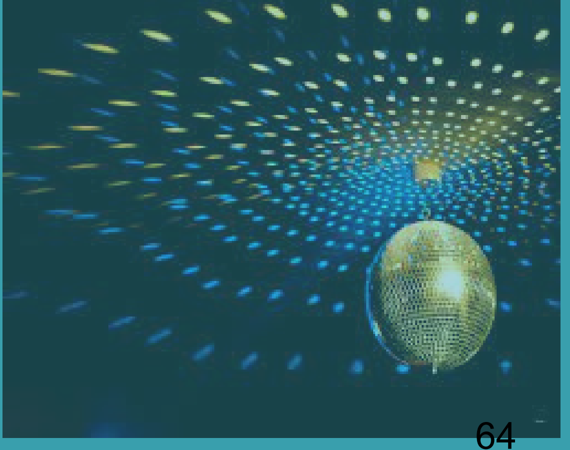
Games for physical activities including:

- ten pin bowling
- basket ball nets
- floor games
- garden games
- fishing equipment

TECHNOLOGY

24 opted for Interactive Tables of varying types and sizes as well as:

- Projector
- VR headsets
- Portal
- TV and sound bar
- Tablets
- Music system
- Dementia radio



EXPERIENCES

- Garden Parties
- Musical entertainment
- Karaoke equipment and subscriptions
- Incredible Egg - incubator kit
- Day trips
- Monthly resident trips
- Caravan holiday

SENSORY

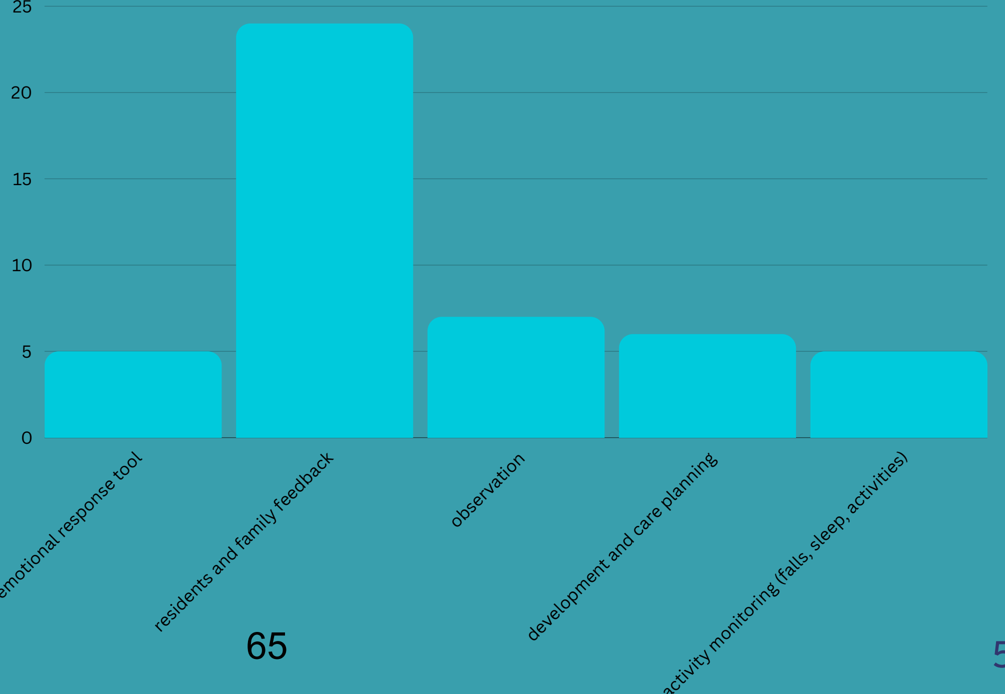
- Sensory tables
- Sensory Garden with lights and plants
- Sensory lighting
- Sensory boards
- Empathy dolls
- Dementia sensory items
- Creating a therapeutic / calming area
- Musical therapy equipment for indoors and outdoors

OUTCOMES

The range of both short and long term outcomes that the Care Homes highlighted for residents as a result of the funding

- Improved wellbeing
- Increased levels of happiness
- Increased sense of achievement
- Reduced isolation
- Improved communication with family and friends and staff
- Increased independence
- Increased community interaction
- Increased choice in activities
- Increased participation in activities
- Greater access to the outdoors
- Increased involvement in outdoor activities
- Reduction in distress in people with dementia
- Reduced anxiety
- Enhanced phycological wellbeing
- Increased cognitive stimulation
- Increased emotional regulation
- Increased connection and empathy
- Virtual experiences now available which were inaccessible physically
- Reduced risk of falls
- Improved sleep patterns
- Improved dexterity

EVIDENCE TOOL USED



WHAT THE RESIDENTS, FAMILY AND FRIENDS SAID:

excellent thank-you anticipation great amazing positive happy love-it beneficial enjoyable brilliant excitement excited enthusiastic pleasure fun diverse practical lovely use wonderful convienient laughter fantastic healthy togetherness easy interesting useful exciting generous good thankful convenient

WHAT THE STAFF AND OTHER PROFESSIONALS SAID:

THE IMPACT OF THE FUNDING ON THE RESIDENTS` EXPERIENCE

What the managers told us:

Residents have increased their learning and experiences

Residents have enjoyed being part of the planning process

It has allowed a much more fun and interactive approach to activities

Staff and residents are enjoying the activities

It has had a positive emotional impact on residents and staff

So many residents have engaged with the table

What the residents said:

"Its a game changer"

"Its a brilliant thing to have"

"These daily exercises keep the old bones moving, if you don`t move it, you lose it"

"Love having trips out, reminds me when my husband was alive"

"You have given me my life back"

"This is the highlight of my week"

"I don't feel so lonely now"

"I`ll sleep tonight - I hope we do this every week"

"Loved having the animals here"

"Oh my word, that is amazing"

CARE HOME COLLABORATIVE SUPPORT - NORTH HIGHLAND

MAXIMISING RESIDENT EXPERIENCE AND WELLBEING ACTIVITIES FUND REPORT

MARCH 2024

PREPARED BY:
GWEN HARRISON
INDEPENDENT SECTOR LEAD (CARE HOMES) HIGHLAND
GWEN.HARRISON@SCOTTISHCARE.ORG

Agenda Item ~~X~~ 3.3

NHS Highland	

Meeting: **Highland Health and Social Care Committee**

Meeting date: **8th May 2024**

Title: **Integrated Children's Services Annual Report**

Responsible Executive/Non-Executive: **Community Planning Partnership Board**

Report Author: **Ian Kyle, Integrated Children's Service Board Chair**

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

Awareness

This report relates to a:

- 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	x	Thrive Well	x	Stay Well		Anchor Well	
Grow Well	x	Listen Well	x	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	x	**All** Well Themes			

2 Report summary

2.1 Situation

.

The purpose of this annual report is to inform the committee on the progress being made to deliver the outcomes outlined within the children's services planning

partnerships integrated children's services plan 2023 – 2026. The annual report is at Appendix 1 and the Integrated Children's services Boards performance management framework is at Appendix 2.

2.2 Background

The Children and Young People (Scotland) Act 2014 (Part 3), outlines the need to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure Agenda Item 5 Report No JMC/02/24 that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

Section eight of the Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period.

The current plan outlines our priorities for improving outcomes for Highland's Children. It articulates where partnership working improves outcomes for children, young people and their families acknowledging that individual services have their own plans

2.3 Assessment

Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26.

The Plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed, responsive and preventative support to children and families.

The priorities articulated within the plan were underpinned by the findings or the Joint Strategic Needs Assessment undertaken during 2023. here In responding to the need for pace and urgency within the workstreams required to meet our priorities, the frequency of Board meetings has increased from quarterly to two monthly into 2024.

This annual report highlights the progress that has been made. It should be noted that the new delivery infrastructure has only been in place for five months and consequently many of the priorities and change ideas are only recently developed. This work has been strengthened through strong partnership across services and in all sectors

2.4 Proposed level of Assurance

The report is presented for information:

Substantial		Moderate	
Limited		None	x

2.5 Route to the Meeting

Governance of Highlands' Children's Service Plan is through the Community Planning Partnership. The Annual Report was considered and ratified by the CPP Board in March 2024. The report has subsequently been considered for information by the Joint Monitoring Committee in April 2024.

3. Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

- **Awareness** – For Members' information only.

4. List of appendices

The following appendices are included with this report:

- Appendix No, 1 Integrated Children's Service Annual Plan
- Appendix No, 2 Integrated Children's Service Performance Management Framework

Highland Children's Service Plan 2023 – 2026

Plana Sheirbheisean Chloinne Amalaichte na Gàidhealtachd 2023 -2026

Annual Report 2023/24

Integrated Children's Service Planning Board

Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26. here

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Partnership

In August 2023, the Highland partnership of children's services came together to formally launch the Highland Children's Plan 2023-26 at our ***Vision 26*** event. The success of the event was attended by over 500 people with 76 local services and community groups coming together to highlight the range of support on offer to children and families across Highland. All partners and services demonstrated a strong shared vision to provide better outcomes for children and families across Highland. This was an opportunity to build on our partnership working and through feedback from attendees, future events are planned to ensure effective delivery of the commitments and priorities outlined within the plan.

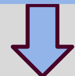
Our Commitment

Keeping the Promise

We will ensure that all Highland's Children and Young People are Safe, Healthy, Achieving, Nurtured, Loved, Respected and Included.

We will support Highland's families with respect, care and compassion, ensuring their voices are integral to all we do.

We will enable and empower families to thrive and to stay together wherever possible



We will tackle poverty and inequalities and will support and enable families to live and thrive together in their communities

Our partnership will reflect our commitment in our:

- Physical settings
- Policies and procedures
- Contact with people who access our services
- Activities and interventions
- Workforce experience

Our partnership is committed to developing a trauma informed and responsive approach to supporting children, young people and their families.

We will develop services that are informed and shaped by people with lived experience and place the voice of infants, children, young people and families at the heart of service improvement.

Our Partnership is committed to upholding the rights of infants, children and young people in ensuring they are protected from prejudice and that every child has the opportunity to grow up to maximise their full potential.

We will strive to uphold the United Nations Convention on the Rights of the Child (UNCRC). This is the global "gold standard" for children's rights. It sets out the rights that all children have to help them to "be all they can be". They include rights relating to health, education, leisure, play, fair and equal treatment, protection from exploitation and the right to be heard. This is strengthened by The UNCRC (Incorporation) (Scotland) Bill was unanimously passed in Scottish Parliament on the 7th of December 2023

GIRFEC – Getting it Right for Every Child

In reviewing the latest National GIRFEC and Child Protection procedures and practice guidance, we have completed the alignment of local procedures and guidance. From April 2024 the ICSP board will deliver a series of local workshop sessions to launch the updated guidance and begin the process of engaging with partners across Highland.

Whole Family Wellbeing Programme

Following the recruitment process and setting up of the Whole Family Wellbeing Programme Team between May 2023 and September 2023, the Programme entered the Evaluation Phase on 30th September 2023. This phase is designed to ensure that the framework of the Programme remains within the above four Programme Pillars, and that it remains evidence-based and needs-led, at a locality level. To ensure this, the following approach has been developed.

Data Gathering

Recognising that no single source of data will be sufficient to provide robust evidence of need, a mix of evidence from a range of sources is being gathered, namely;

- **Performance Data** in the form of the Integrated Children's Services Planning Board Performance Management Framework and the Highland Joint Strategic Needs Assessment.

- **Stakeholder Views in the form of:**
    - **Practitioner Participation Sessions**, providing the voice of practitioners within Statutory and Third Sector organisations in Highland, who deliver support services to families. Gathered between October 2023 - January 2024. A summary of which can be seen here

    - **Children and Families Participation**, providing the voice of families from across Highland about support provision and access to support – utilising the Integrated Children's Service Board Participation Strategy and gathering wider community-based consultation data. This will be commencing in March 2024.

- **Whole Family Wellbeing Funding** - National Self-Assessment Toolkit to be undertaken by Statutory and Third Sector organisations in Highland, who deliver support services to families. This will commence in March 2024.

- **Service Provision Scope/Mapping** which will be incorporated into the Whole Family Wellbeing Funding - National Self-Assessment Toolkit process. Commencing February 2024 to March 2024.

The gathering and analysis of this data set will ascertain predicated need around each of the nine Community Partnership localities and will further allow for the process of funding applications to commence.

4 Pillars

768comments inspired by Pillar 1 Children & Families at the Centre of Service Design

966comments inspired by Pillar 2 Availability & Access

942comments inspired by Pillar 3 Whole system approach

776comments inspired by Pillar 4 Leadership, Workforce & Culture

High Life Highland	0.3%
Fire Service	0.3%

Integrated Planning Our Themes

Poverty

Child Protection

Corporate Parenting

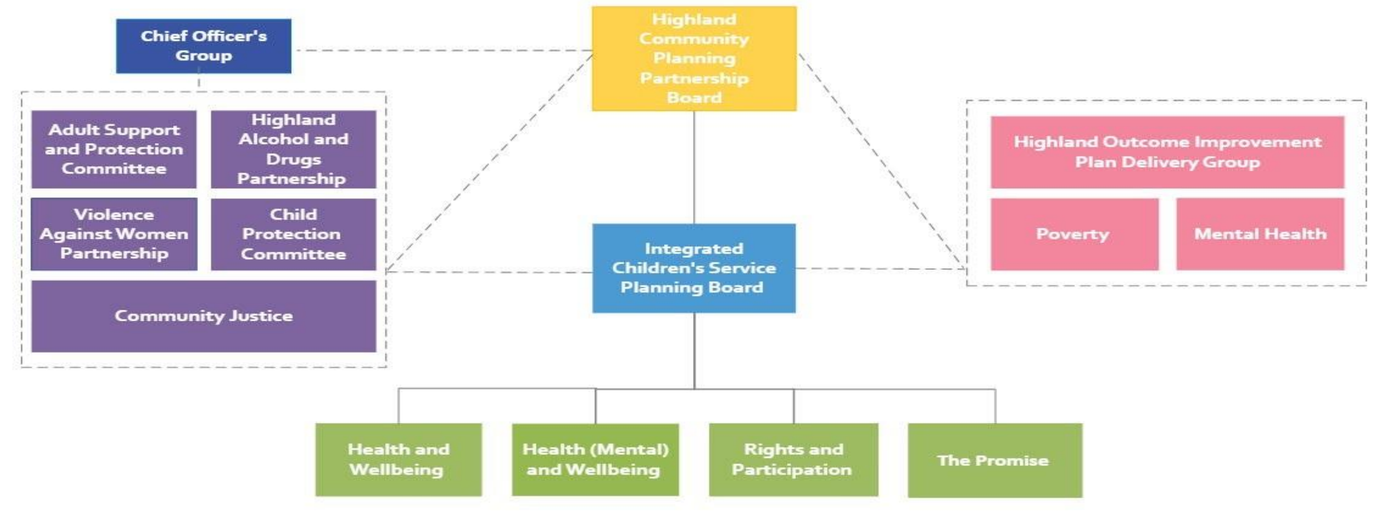
Rights and Participation

Health and Wellbeing

Drugs and Alcohol

The plan takes a thematic approach to improving outcomes for infants, children, young people and families. These themes have been identified through listening to children, young people and their families and analysis of the data and evidence within The Joint Strategic Needs Assessment (2023).

The planning theme strategic oversight boards, are accountable for delivery of the priorities and plans using the life course approach. These are;



Performance and Outcome Management:
All outcomes within the Highland Children's service plan are linked to Highland's Outcome Improve Plan Performance, measured through the Integrated Children's Service Performance Management Framework and monitored by Highland Integrated Children's Service Planning Board. The plan continues to evolve to align to the work and outcome priorities along with the dynamic Joint Strategic Needs Assessment (2023) to ensure this is parallel to the needs of children and families as these change. This Board has measured these outcomes against the Performance Management Framework and the priorities of the delivery groups to produce this annual report.

ICSB PARTICPATION STRATEGY

1000 children and young people will actively have taken part in the process. The strategy can also be informed by the views of over **700** professionals in Highland on the topic of children and young people's participation

Promise Café Attendees

Staff engaged in promise awareness sessions

Promise Ambassadors have been recruited over the last year

PROJECTS	DETAILS
The Promise / CPC - Language Guide	The production of a 'Language Guide', in the form of an online 'microbite' which was developed through engagement with children and young people with experience of care and professionals
CPC - Bairns Hoose	£63000 funding secured from national Bairns Hoose fund to improve premises used for interviewing and supporting children and young people
ADP - Planet Youth – Prevention Model	Progress through the ten steps. Second round of bi-annual surveys completed by S4's in 5 pilot schools with data being processed via Planet Youth in Iceland

WHOLE FAMILY WELLBEING PROGRAMME

317 Participation Session Attendees

3000 Comments from Practitioners

37 Different sectors engagement

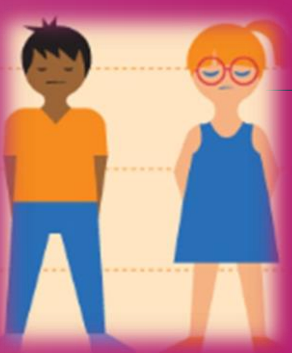
"Whole Family Wellbeing, The Promise and Families First work in harmony"

"There was lots of exchange of realistic, positive and creative thinking from the participants. I really hope the spirit of that and the realisation will continue"

"Really supportive session, I have high hopes that our input is being listened to and used!"

Key Highlights

Poverty Update



The Poverty Reduction Delivery Group has undertaken a mapping exercise to identify areas for action going forward. The mapping took the form of two strands; considering what is happening and being delivered and alongside this, where the gaps and opportunities are for shared partnership action. A survey of third sector groups supported this exercise, followed by a review and reflection session.

A summary of the emerging priorities identified are outlined below and work has commenced to develop core actions through the delivery plan.

Information and Awareness Raising

a. Supporting Practitioner Learning – developing the approach to poverty related practice. Building on existing learning packages to create a suite of materials to support practitioner learning.

b. Shared partnership resources targeted to support people experiencing poverty. Resources to support individuals access the advice and services required. Developing routes for sharing and referral routes (building on learning from health visitor pathway)

c. Addressing Stigma – building an approach into practitioner learning and shared resources

Community Based Approaches

a. Collective practitioner support - providing support and advice where individuals are coming together e.g. parent and toddler groups/community growing spaces/community cafes/tenants

b. Lived experience - developing our approach to understanding lived experience and using this to identify areas for development

Specific Strands of Work

a. Developing the approach to period poverty in schools

b. Roll out of cost of the school day toolkit

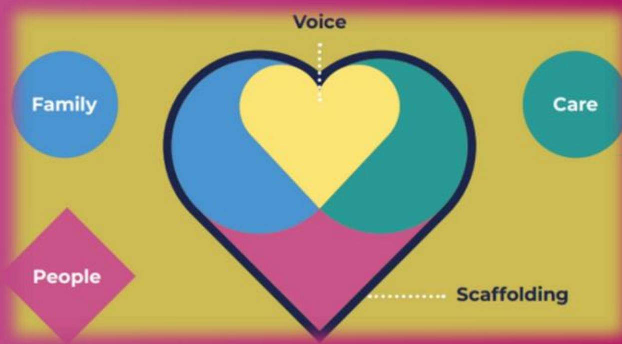
c. Developing flexible models of childcare in rural areas

Child Protection Update

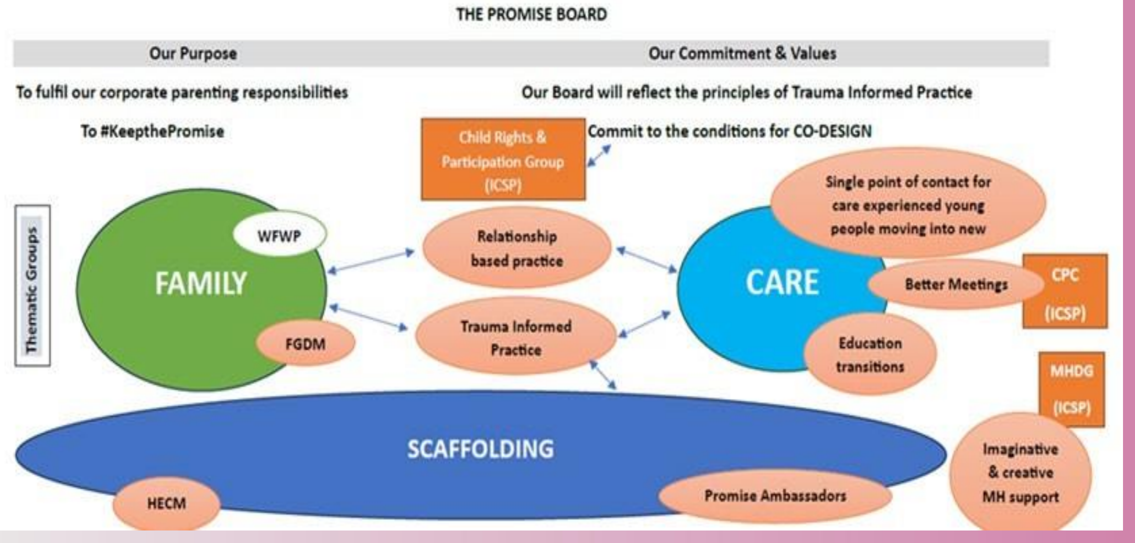
Following feedback from Highland's inspection for children at risk of harm, and a review of current priorities, the Child Protection Committee have been progressing key issues to deliver change ideas to support children, young people and families. Highlights include:

- GIRFEC and Child Protection Procedures reviewed and updated in line with national guidance with accompanying e-learning resources
- Implementation of the Scottish Child Interview Model (SCIM) in September 2023
- Highland invited to be an affiliate in the National Bairns' Hoose programme
- £63000 funding secured from national Bairns' Hoose fund to improve premises used for interviewing and supporting children and young people in Caithness and Inverness initially
- Work with Children and Young Peoples Centre for Justice and Action for Children in relation to re-imagining youth justice underway
- Exploitation Partnership Steering Group established to oversee CORRA project and development of RISE service and the Anchor project.
- £200,000 funding secured from The Promise CORRA fund to support young people affected by criminal and sexual exploitation
- Highland evaluation completed by the National Missing People project and recommendations to improve responses to missing young people now being progressed
- Increased focus on Quality Assurance of child protection processes including roll out of Interagency Referral Discussion audit work and implementation and analysis of the new National Minimum Dataset
- Development of language guide in partnership with The Promise Highland team

Promise Board Update



The Promise Board (previously known as the Corporate Parenting Board) underwent a period of reflection and development between January and May 23. The result was a newly formed Promise Board, with new membership and new priorities, reflected in the ICSP. In development is a delivery plan in line with the 5 foundations of The Promise with 2 key thematic delivery groups: FAMILY and CARE (See Graphic below)



People

'develop relationships' Promotion and engagement of The Promise continues across Highland. To date 9 sessions to over 150 staff, and 4 Promise Café have been held with 63 attendees. There has been 4 *Keeping the Promise* newsletters produced and circulated across the partnership. Data from pre & post measures indicate an increase in staff knowledge, they feel more informed and have more ideas about how to #Keepthepromise.

'Promise Ambassadors' 18 Promise Ambassadors have been recruited, across Health, Social Care and Education. The ambassadors have met 4 times over the last year. This initiative is expanding with opportunity to extend beyond The Council.

Family

'Empower families through Family Group Decision Making'

Empowering families to build safety for children and young people is central to the Promise and Highland's commitment to delivering the Promise. Family Group Decision Making (FGDM) is currently being rolled out as a pilot across 3 family teams in the Inverness areas.

78 Children identified for possible FDGM. Focus in 2024-25 will be on tracking outcomes and learning from the pilot

Voice

The production of a 'Language Guide', in the form of an online 'microbite' developed through engagement with children and young people with experience of care will be launched early 2024. Training from Each & Every Child on their framing recommendations (evidence based framing recommendations to change the public perception of care experience) was delivered to Highland's Child Protection Committee and Promise Board.

Care Experienced young people of Highland produced a video for Corporate Parents on what they wanted from Board members, which was shared as part of training sessions to The Promise Board.

The *Better Meetings Practitioner Guides* were launched in 2022. These guides emphasised good practice before, during and after meetings and hearings to ensure that the voice and views of young people are at the heart of everything we do. They are currently being evaluated, with the views of children and young people central to the findings.

Care

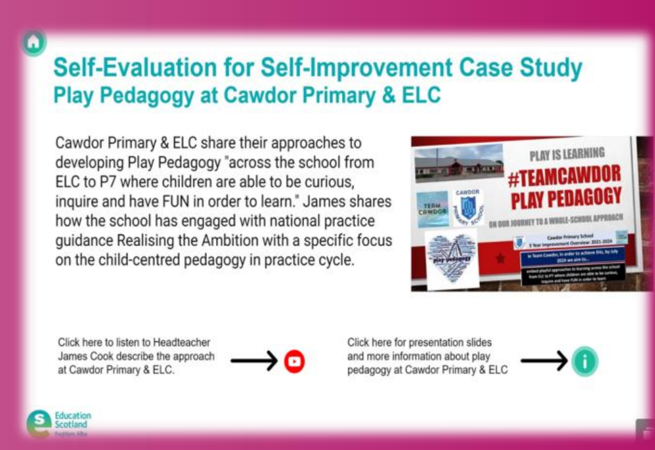
Your Voice Matters gathered the views of young people who experienced residential care in Highland from Jan 2020 – July 22. A striking finding was the significance of relationships. Improvements are underway with early data being collated. 2023 inspections in residential care homes have begun to evidence improvement and progress (inspections: *good, very good* and *excellent)*

Rights and Participation Update

The Rights and Participation Delivery Group have been working to implement the delivery plan. Royal Assent was received for the UNCRC Incorporation on 16 January with significant implications for both statutory and non-statutory bodies. Positive work is progressing across many workstreams;

Play improvement group established to start a dialogue as one workstream and to share information across partnerships.
Baseline data and information established relating to the rights of children and young people.
Work to support embedding Children's Rights and Wellbeing Impact Assessment into Integrated Impact Assessment process. Training module created as part of the mandatory training , including information on the incorporation of the UNCRC into Scots Law for all managers.
Work on the Children's Charter and the Participation Strategy underway.
Survey sent to all 3rd sector groups in Highland including questions on supports they provide to further children's rights.

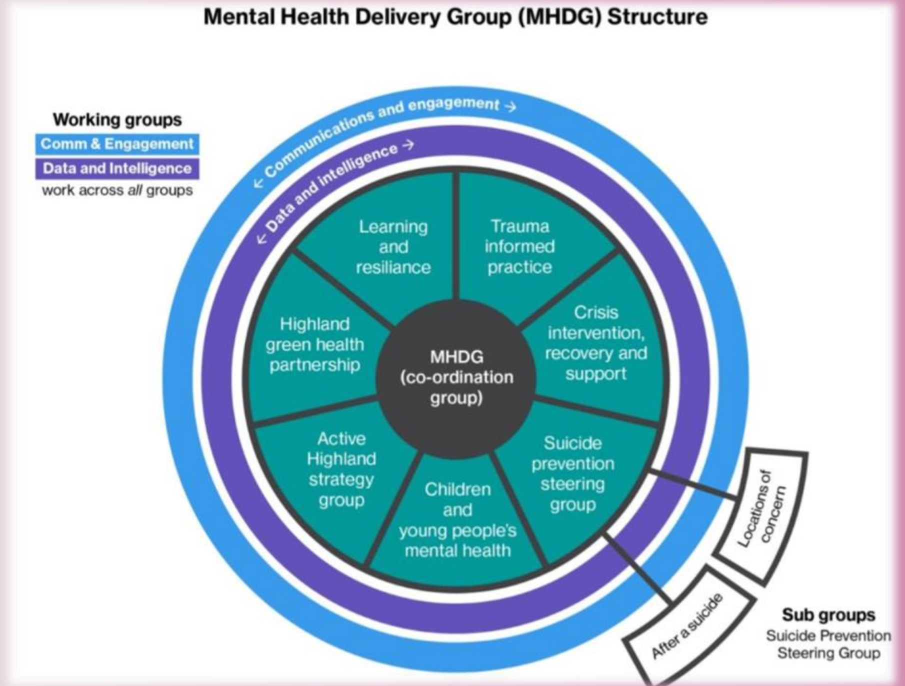
Cawdor Primary School are used as an example on Education Scotland's Play Pedagogy Toolkit:
https://www.thinglink.com/card/1609461484272746499



Primary aged section of a Book Creator resource has been drafted by children from Raigmore Primary School with graphics and recorded voices embedded in the virtual book. Draft shared with other groups to gather their views and additions before being finalised and shared more widely with families.
Discussion with the Youth Convener about how to take the work so far on the Charter graphic and move forward with some meaningful dialogue regarding children and young people's views being considered by elected members on decisions that impact them.
Committee paper presented to elected members on the work undertaken thus far in embedding Children's Rights.
Thematic analysis completed on feedback from 148 nursery children in relation to their use of playparks. The Play Park strategy was completed in November 2023.
Executive summary and a child friendly version included in the report created from over 1200 responses to the consultation, many from pre-5s.

Health and Wellbeing Update

The Health and Wellbeing (Mental Health) forms a subgroup of the Mental Health Delivery Group Structure and reports into the MHDG co-ordination group and the Integrated Children's Service Board. The delivery group has a delivery plan taken from the priorities that are identified within the Integrated Children's Service Plan.



- Inspiring Young Voices provided an opportunity for those aged 18-26 in Highland to take part in an online focus group to voice their opinions on topics including:
  - Existing mental health support and resources
  - Accessibility and barriers to accessing mental health support
  - What resources or support do you want to be made available?

  A report of findings is currently being produced.

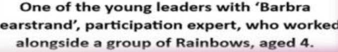
- Mikeysline recruiting for Bee the Change champions, destigmatise mental health and suicide prevention this is extended across communities including schools

- Continued support from the partnership for Kooth who attended Mental Health Delivery Group and shared a presentation detailing information and data of their work.

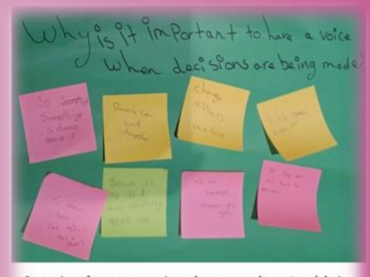
Drug and Alcohol Update

- Foetal Alcohol Spectrum Disorder Awareness Training dates set for community midwives, “Pregnancy Alcohol and Drugs Advice and Support Sessions” attended by midwives supporting women and families who are affected by continued drugs or alcohol use during pregnancy.
- Pre-conception Information Support Preparation and adaptation of Alcohol Brief Interventions learning package for community midwives. Resources updated and developed for midwives
- Support for Antenatal Care Networking with Third Sector to support improved signposting by midwives, Improved liaison and collaboration with Drug and Alcohol Recovery Service (DARS).
- Planet Youth – Prevention Model Continue to progress through the ten steps. Second round of bi-annual surveys completed in 5 pilot schools with data being processed via Planet Youth in Iceland. Data will be further analysed and collated into a Highland report . Planet youth Strategic Group now providing leadership for the programme
- Culture Change/Whole Family Activities Collaboration with Highlife Highland partners to increase positive activities in targeted areas. This includes, supervised family gym blocks which are free of charge and aim to embed family involvement in sport and physical activity.
- Discussing Drugs and Alcohol with Young People resource including Pre-course eLearning via TURAS in development.
- Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT as a test of change underway. Regular review of content via google analytic with promotion through community events
- Advanced Nurse Practitioner Specialist alcohol and drugs role being developed for schools to strengthen knowledge, skills and confidence of school nurses to deliver substance related priorities.
- Treatment and Support Planning underway to respond to UK Clinical Guidelines for Alcohol Treatment - Consultation young people sections, Participation via Health improvement partners in development of national prevention strategy Planning for second Scottish Government self-assessment exercise on the Whole Family Framework - Drugs and Alcohol to be followed by a local improvement plan.
- Assertive outreach teams active in Inverness (to extend to Mid and East Ross) and Caithness providing support to those at higher risk of harm and death from 16 and over that are not currently in school Inverness team includes a social worker post. Harm prevention police officer post collaborating with assertive outreach teams.

The Voice and Participation of Children and Young People Participation Strategy



One of the young leaders with 'Barbra Bearstrand', participation expert, who worked alongside a group of Rainbows, aged 4.



Some views from care experienced young people, captured during Care Day 2024.

Development of a Children and Young People's Participation Strategy for Highland

In January 2023, the decision was made by the Integrated Children's Services Board to develop a Children and young people's participation strategy for Highland. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have a right to participate (to speak up, to be listened to and taken seriously) when decisions are being made. In recent years, examples of excellent participation practice have emerged across all sectors Highland and the strategy aims to build on these to make children and young people's participation the norm across our partnership.

Exemplifying participation in the development of the strategy - The CYP Participation Strategy Steering Group, formed in January 2023, undertook to develop the strategy with meaningful participation of children and young people at its core, exemplifying the participatory approach we hope to see across Highland in the future.

Engagement - In March and April 2023, a number of focus groups were run alongside children and young people already involved in participation and collective advocacy activities with the aim of determining the questions to be asked across Highland as part of the strategy development process.

During extensive engagement with children and young people and stakeholders, key questions asked were;

- What does participation mean to you?
- Why is it important to have a voice (when decisions are being made)?
- What helps you to speak out and have a voice?
- What gets in the way of you having a voice?
- If you knew the right people were listening, what issues would you like to speak up about?
- How can we make sure everybody's voice is heard and everyone gets and chance to participate

Engagement has been ongoing since May 2023. Where possible, this has been led by paid young facilitators. This phase will conclude at the end of March 2024, by which time it expected that more than 1000 children and young people will actively have taken part in the process. Through the work of the Whole Family Wellbeing Programme in Highland, the strategy has also be informed by the views of over 700 professionals in Highland on the topic of children and young people's participation – aspirations, barriers, existing expertise, practicalities – which is key to successful implementation.

The strategy and the 2024 – 2026 Implementation Plan will be completed in June 2024.

Governance

The Integrated Children's Service Planning Partnership Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. The Board is directly accountable to the Community Planning Partnership Board.

In order to ensure a robust partnership approach to governance, assurance and performance management, the Integrated Children's Service Board provides additional reporting to:

- **The Highland Council, and the NHS Highland Board through The NHS Highland Health and Social Care Committee and The Highland Council Health, Social Care and Wellbeing Committee.**
- **The Public Protection Chief Officer Group, who undertake their statutory responsibility ensuring that appropriate assurance on the development and progress of the plan is received.**
- **Highland Child Protection Committee and Highland's Joint Monitoring Committee.**

Membership of Highland Integrated Children's Service Board :

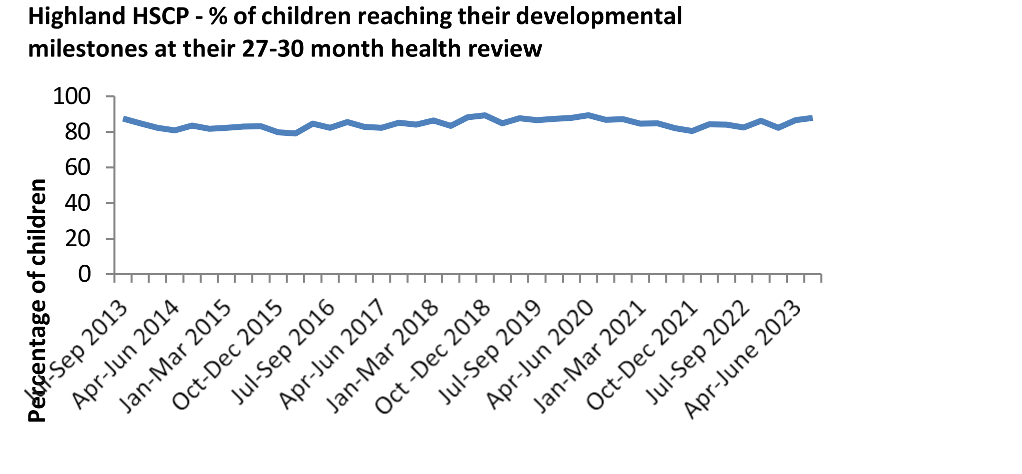
- Director of Public Health, NHS Highland
- Board Nurse Director, NHS Highland
- Head of Health Improvement, NHS Highland
- Head of Education, The Highland Council
- Head of Children's Social work, The Highland Council
- Executive Chief Officer Health and Social Care & Chief Social Work Officer, The Highland Council
- Child Health Lead, The Highland Council
- Head of Operations, Women and Children's Directorate, NHS Highland
- Head of community support and engagement, The Highland Council
- Police Scotland, Partnership Superintendent
- Child Health Commissioner – NHS Highland
- Chief Executive, Care and Learning Alliance (Third sector)
- Director of Children and Families (Aberlour Trust) Third sector
- Principal Educational Psychologist, The Highland Council
- Lead Officer, Highland Child Protection Committee
- Youth Work Manager, Youth Highland (Third Sector)

Appendix 2

Integrated children's services planning board Performance Management Framework 2023-2026

Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of households with children in temporary accommodation will reduce.	**160**	**200**	**↑180**	**Housing**
ANALYSIS				
This data is collected quarterly. The baseline was established in 2015.				

Indicator #2 (NHSH CYP14)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	**85%**	**75%**	**↑90%**	**Child Health**
ANALYSIS				

Data shows an increase in baseline from 2012 with consistency in terms of the number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review.	

Indicator #3 (NHSH CYP16)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	**95%**	**85%**	↑ **97.8%**	**Child Health**

ANALYSIS

This data is reported Annually. Body Mass continues to be measures as part of the Child Health Surveillance Programme at the P1 Screening visit within School Nursing. Additional support, by way of follow up continues to be available through the Child Health Weight Programme. Full data can be found at https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/

Coverage of the P1 review fell substantially in 2019/20 to 44% and again in 2020/21 to 40% nationally, as height and weight measurements could not take place due to the Covid-19 pandemic.

Indicator #4 (NHSH CYP03)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	**95%**	**80%**	**65% (incomplete)**	**Child Health**

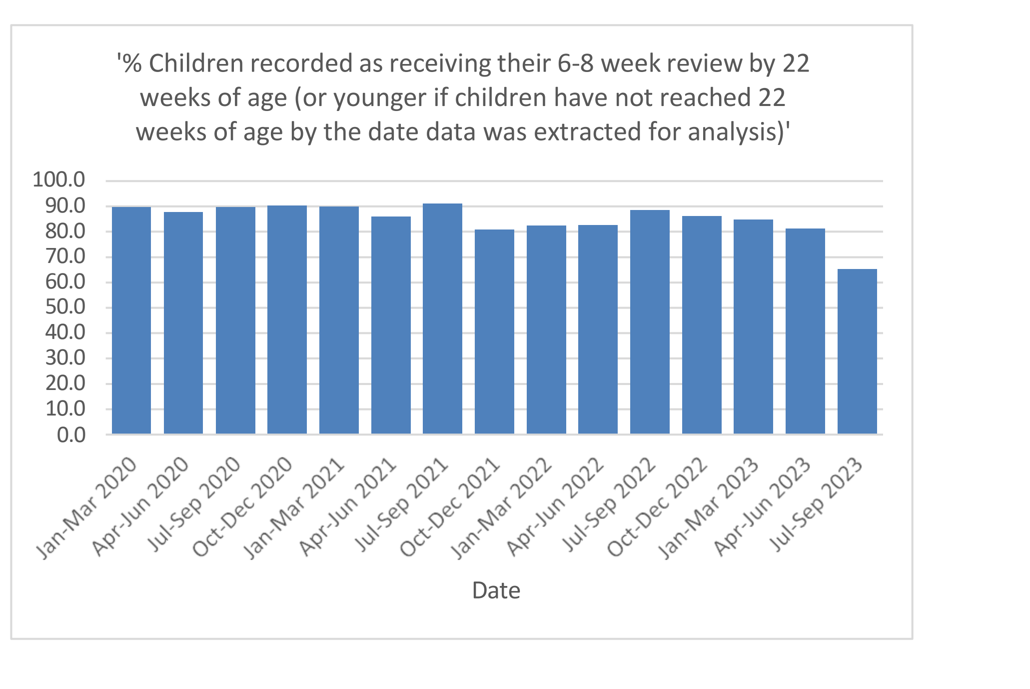
ANALYSIS

Note last data from NHSH Dashboard is July-Sep 2023 (incomplete)

This measure reflects a national reduction of the uptake of child health reviews. The 6–8-week data collection form is completed by both the GP and the HV. This worked well in Highland when GPs and HV were co - located. This is no longer possible and impacts on the reporting of this data set.

It has become clear that there is a system/process/reporting issue which is impacting on the data. A small snapshot audit of this contact locally has found that 91% of the contacts had been completed. 40% of the forms had been sent to the GP and not returned to child health. Reasons for contacts not completed were, child was premature, hospital inpatient, child moved out of area, visit declined, and parent opted out of Health visiting service. Further work is underway to improve the return of the child health surveillance form to ensure accurate data reporting.

[Child Health Pre-School Review Coverage Statistics 2022/23 (publichealthscotland.scot)]



Indicator #5 (NHSH CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	**36%**	**30%**	**36%**	**Child Health**
ANALYSIS				

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. An improvement plan continues to be implemented to ensure a partnership approach, between NHSH and THC, is rolled out to support breast feeding particularly in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.	Updated from COVID-19 wider impacts dashboard - latest extract 25/09/2023 (see table below)

Updated from COVID-19 wider impacts dashboard - latest extract
25/09/2023

Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec_22	Mar-23	Jun-23	Sep-23
454	421	411	407	458	428	364	426	448	422	398	368	351
211	202	193	212	233	210	171	206	227	198	172	184	177
46.5	48.0	47.0	52.1	50.9	49.1	47.0	48.4	50.7	46.9	43.2	50.0	50.4
165	155	137	167	165	174	131	170	166	153	127	142	127
36.3	**36.8**	**33.3**	**41.0**	**36.0**	**40.7**	**36.0**	**39.9**	**37.1**	**36.3**	**31.9**	**38.6**	**36.2**

Indicator #6 (NHSH CYP15)	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	**95%**	**95%**	↓**94%**	**NHS Highland**

ANALYSIS

Latest data from NHS slight reduction by 1%
Full data can be found at https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/

Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	**95%**	**70%**	**↓ 72%**	**Health and Social Care**

ANALYSIS

Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015.

A number of NHS Boards have recently adopted a proportionate approach to assessing health need for care experienced children and young people. This approach recognises the need for a relationship-based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed. It is projected that the change will have a positive impact the quality of the assessment, the performance data, and skill of the workforce.

Indicator #8 (NHSH CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**↓ 76%**	**Health and Social Care**

ANALYSIS

Child health physiotherapy met the target for May/June 2023, but have since experienced significant team vacancies which have not been recruited to despite repeated attempts. There is a national, as well as local, shortage of qualified paediatric physiotherapists. This has impacted waiting times as demonstrated by the downward trend. Some re-design has been necessary and support practitioners are currently undertaking tasks to free up clinicians. Two physiotherapy posts are currently being advertised in the hope of attracting new graduates. Student placements are offered in the team, but accommodation issues are seen as a challenge for qualified staff moving into the area

Indicator #9 (NHSH CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**↓ 52%**	**Health and Social Care**

ANALYSIS

Highland families affected by disability were disproportionately affected by the pandemic. This has increased the demand for paediatric OT service and support. The 10FTE qualified paediatric OTs working across the Highland area having continued to adapt the model of working to be more efficient/effective (developing telehealth/consultation and self help approaches) however demand continues to exceed the current level of resource.

Indicator #10 (NHSH CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**88%**	**↑74%**	**Health and Social Care**
ANALYSIS				
There is an upward trend in Dietetics towards the target due to the team currently being fully staffed since August 2023. Dietetics use Near Me to ensure responsive care for their patients and families. In December 2023 a support practitioner joined the team, funded with waiting times money (0.4wte). This additionality will be reflected in future reports.				

Indicator #11 (NHSH CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**		**↑ 66%**	**Health and Social Care**
ANALYSIS				
There is national recognition of the impact of the pandemic on the speech, language and communication needs of children in the early years. As a result there is a significant increase in demand for Speech and Language Therapy. The upward trend in response to this indicator is due to service redesign, with the introduction of clinics in Caithness where there had been staffing challenges.				

Indicator #12 (NHSH CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**80%**	**↑ 66%**	**Health and Social Care**
ANALYSIS				

There is a general upward trend over the past 6 months.

Indicators 11-15 in the Integrated Children's Service Performance Management Framework relate to Allied Health Professional (AHP) waiting times. These 'interim' indicators were identified at the point of integration in 2012, with reference to the Children and Young People Improvement Collaborative stretch aims, and the HEAT targets of the time (namely the 18-week referral to treatment guarantee). Subsequently it was agreed that only MSK waiting times would be required for local collection and national reporting. Highland have not adapted the performance measures for paediatric AHP's to reflect this. Nationally, no other IJB/NHS Board collates/reports on paediatric AHPs, rather focus on either "response", "experiential" or "outcomes" to measure performance. AHP performance measures are therefore currently under review.

Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	**90%**	**24%**	↓ **5%**	**NHS Highland**

ANALYSIS

[Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot (www.gov.scot)]

Diagram 1: Neurodevelopmental Services within the agreed Children and Young People's Mental Health and Wellbeing model:

Where do we need to get to?
Fully implementing a whole system staged approach to the assessment of need for CYP with neurodiversity, with the GIRFEC approach, in line with the nation specification for ND

Feb 2024 Update
- 1300 CYP on waiting list
- Jan 24 - Complete review of list by Education/Health visitors – 7% no longer require to be seen at first review
- Feb 24 – establish Quality Review and Referral Group to add rigor to the process
- Mar 24 - Improve communications with staff/families
- NHSH Programme Plan for Implementation of Standards

Leadership to Change
NHS Highland are the responsible agency for ND. A joint ND/CAMHS service manager is currently in post to facilitate partnership working. It is acknowledged that there continues to be a gap with respect to Clinical Leadership for ND

Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel listened to in their school	**Improve from Baseline**	**40%**	↓**36%**	**Education and Learning**

ANALYSIS
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils current data is based on average of 3 age groups surveyed.

Do you feel listened to in your school?

	2015	2017	2019	2021	2023
Yes - very much so (P7)	65.6%	64.6%	57.6%	56.9%	50.4%
Yes - very much so (S2)	43.2%	38.4%	34.8%	38.9%	29.9%
Yes - very much so (S4)	32.0%	31.9%	20.8%	32.6%	26.8%

Indicator #15	TARGET	BASELINE	CURRENT	DATA SOURCE
Self-reported incidence of smoking will decrease	**Improve from Baseline**	**13%**	↑ **3%**	**Education and Learning**

ANALYSIS

Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools

Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	**Improve from Baseline**	**20%**	↑ **4.3%**	**Education and Learning**

ANALYSIS

Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Data taken as an average of all 3 age groups.
P7 – 0.61%, S2 – 3.32%, S4 – 9.26%
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools

Indicator #17	TARGET	BASELINE	CURRENT	DATA SOURCE

The number of children in P7 who report that they us drugs at least once per week	**Improve from Baseline**	**1.80%**	↑ **0.25%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools				

Indicator #18	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S2 who report that they use drugs at least once per week	**Improve from Baseline**	**5.30%**	↑ **0.53%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils				

Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S4 who report that they use drugs at least once per week	**Improve from Baseline**	**19.20%**	↑ **2.38%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT being tested in a high school. Regular review of content via google analytic Promotion via community events e.g. Vision 2026 launch, Delivery of H-SAT awareness and use of lesson plans to guidance staff Support to schools to develop substance aware policy Substance awareness education being delivered to education and associated staff Collaboration with Drug and Alcohol Recovery Service in development of naloxone policy for children's homes				

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE

Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%	↑93	Education and Learning
ANALYSIS				
This data is reported annually.				

Indicator #21	TARGET	BASELINE	CURRENT	DATA SOURCE
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	**9**	**12**	**↑ 9.4**	**Health & Social Care**
ANALYSIS				
This data is collected, scrutinised and reported quarterly. Mitigating action plan is in place.				

Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	**15**	**55**	**↓ 12**	**Health & Social Care**
ANALYSIS				
This data is reported quarterly as part of the data collection for the Home to Highland programme. The numbers of placements outwith Highland are the lowest level recorded since the programme began in 2018.				

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people in secure care will decrease	**3**	**8**	**↑ 3**	**Health & Social Care**
ANALYSIS				
This data is collected monthly. The baseline was established in 2021. Secure placements have been at target for the last two years.				

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	**N/A**	**26**	**↑ 51**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. This gives an indication of numbers of vulnerable children and young people (in terms of risk of harm). Increases in numbers may be positive as it can evidence good practice in assessing and responding to risk. It can also evidence increasing risk within communities and support the design and delivery of services. The number of children subject to initial and pre-birth case conferences in Highland has increased over the last 4 quarters. Further work is underway to examine the data in more detail.				

Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences	**N/A**	**19**	**↓ 26**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. The number of case conferences can indicate family groups where the figure is lower than the number of children subject to initial and pre-birth child protection case conferences. Data can be benchmarked by converting numbers of children or Planning Meetings into a rate per 1,000 total children aged 0-17 (which can be found at National Records of Scotland Mid-Year Population Estimates). The rate per 1,000 can then be compared with other areas to assess the number of cases progressing to Initial or Pre-Birth Child Protection Planning Meeting.				

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	**95%**	**78%**	**↑ 94**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q1 2023/24 = **94** A high conversion rate indicates that risk is being assessed appropriately, progressing to child protection case conferences where required. This figure has remained consistently above 87% since Q2 2020/21.				

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period	**N/A**	**112**	**↑ 144**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q1 2023/24 = **144** The number of children on the child protection register has increased quarterly since Q2 2022/23. The Child Protection Committee Quality Assurance Group is currently undertaking an analysis of data to establish the reasons for the increase. This may be a positive move in terms of risk assessment and planning, it could also have been influenced by the impact of the Children's Services Inspection for children at risk of harm. However, it could also indicate increasing risk within communities, or as a result of the current financial climate.				

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	**N/A**	**34**	**↑ 33**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q1 2023/24 = **33** Indicator #31 can provide information as to how well risks are being reduced for the most vulnerable children and how well Child's Plans are working. However, this analysis must be supported by quality assurance processes to ensure children are de-registered at an appropriate time to avoid any escalation of risk and ensure ongoing support. This will be considered as part of the multi-agency case file audit in May 2024.				

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	**N/A**	**58**	**↑ 162**	**HSC – CP Minimum Dataset**
ANALYSIS				

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q1 2023/24 = **162 change in concern description for data set 2.** The majority of concerns recorded relate to vulnerability factors including Domestic Abuse (33), Parental Alcohol Use (19), Parental Drug Use (20), Child Affected by Parental Mental Health (18). In terms of Impact and Abuse Emotional Abuse (18) and Neglect (21) are the largest concerns recorded. Child Exploitation and Physical Abuse feature but as numbers are lower than 5, individual figures are not provided to protect the identity of children. There are an increasing number of concerns being recorded in registration which could suggest increasing complexities with families experiencing more than one risk/vulnerability factor. This has implications for service design and delivery, and learning and development provision to ensure staff have the right knowledge, skills and tools to support their work with families.

Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	**95%**	**TBC**	↓ **86**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q1 2023/24 = **86** Percentage of Initial and Pre-birth Child Protection Planning Meetings where at least one person who usually has care of the child attends (e.g. a parent or carer). This indicator highlights the level of parental involvement in decision making and planning around the child and will be reinforced by audit activity into the quality of their involvement (e.g. level of active participation as well as attendance). This figure has remained consistently high over the past 2 years and has never fallen below 85%. The quality of child/family involvement will be considered in the multi-agency audit in May 2024.				

Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on non-offence grounds	**Reduction from Baseline**	**TBC**	↓ **194**	**HSC – SCRA Quarterly Reports**
ANALYSIS				
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) grounds. Non-offence referrals constitute referrals that have grounds other than section 67 of the 2011 Act. These are also referred to as Care and Protection referrals by some agencies. Work has been undertaken through the Quality Assurance Sub-Group to look at SCRA referrals by type and by age due to an increase in referrals in relation to lack of parental care. Work has also been undertaken to look at older young people being referred in to SCRA and discovered that where there has been an uplift in referrals during any one quarter, these tend to refer to a small cohort of young people with a large number of referrals.				

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on offence grounds	**Reduction from Baseline**	**TBC**	**↑ 58**	**HSC-SCRA Quarterly Reports**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q2 2023/24 = **58** An increase in this figure could reflect the increasing focus on responding to young people in conflict with the law through the Children's Hearing System rather than within an adult criminal justice system. It is too early to determine if this is the case but will be a key focus over the next few years. Figures are relatively small so increases and decreases in the data need to be considered over a longer period of time.				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	**Increase from Baseline**	**112**	**↑ 94**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	**Increase from Baseline**	**100**	**↑ 103**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	**Increase from Baseline**	**121**	**167**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	**Increase from Baseline**	**12**	**15**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people within a local authority provided house	**Reduction from Baseline**	**81**	**52**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE

The percentage of children needing to live away from the family home but supported in kinship care increases	20%	19%	17%	Health & Social Care

ANALYSIS

This data is reported monthly on PRMS,

There has been a slight decrease in the monthly figure for the last three months, with the current figure sitting below both the target and baseline figure.

Indicator #39	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	**82**	**72**	**120**	**Health & Social Care**

ANALYSIS

This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023.

There has been an overall steady increase in the value in recent months, and a significant increase in both the target and baseline figure

Agenda Item 3.4

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**8 May 2024**
Title:	**Annual Assurance Report for Adult Social Care Fees**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Colin Stewart, Acting Commissioning, Contracts and Compliance Manager**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Emerging issue

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	x
Care Well	x	Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	x
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

The Scottish Government provided funding to deliver a £12.00 minimum wage for all adult social care staff providing direct care in commissioned services from April 2024.

Delivering a £12 minimum wage requires an increase to the fees paid to providers delivering registered commissioned services.

Registered commissioned services include care at home, supported living, housing support, home based respite, registered daycare and care home services. SDS Option 1 direct care assistants are also included within the scope of the funding.

2.2 Background

A pay uplift for adult social care workers was announced on 19 December 2023 by the Deputy First Minister as part of the Scottish Budget for 2024/25. COSLA Leaders agreed the initial details of this uplift on 26 January 2024.

The details of the uplift for adult social care workers to a minimum of £12 per hour were confirmed in a letter from Donna Bell, Director of Social Care and National Care Service Development, Scottish Government on 26 February 2024. A copy of this letter is attached as **Appendix 1.**

The funding to enable payment of the £12 per hour was detailed in a letter from Richard McCallum, Director of the Scottish Government Directorate for Health and Social Care Finance, Digital & Governance on 26 February 2024. A copy of this letter is attached as **Appendix 2.**

2.3 Assessment

NHS Highland currently commissions approximately £131m of adult social care registered services. This also includes SDS option 1.

To uplift the within scope of the Scottish Government expectations to a minimum of £12 per hour is expected to cost around **£10.378M**.

As part of the implementation planning for the Scottish Government minimum payment of £12 per hour, the NHS Highland Adult Social Care Fees Commissioning, Briefing and Instruction Group developed a series of recommendations based on the expectations of the minimum payment and to ensure affordability.

In line with recent practice, since COVID19, the Scottish Government has set out their minimum expectations for residential and non residential services. These expectations do not apply to care homes, which are subject to the agreement reached between Scotland Excel, COSLA and Scottish Care. The detail of this separate agreement is provided in **Appendix 3**. Whilst separate, this arrangement also includes the minimum £12 per hour pay rates.

Calculations of the impact of the minimum £12 per hour payment were undertaken by financial colleagues, this along with the proposed fee rates for each type of registered service were considered by the Adult Social Care Fees Commissioning, Briefing and Instruction Group. When satisfied with the affordability, a recommendation was made to the Chief Officer and Director of Finance.

The Chief Officer and Director of Finance agreed the Adult Social Care fee uplift to the minimum payment of £12 per hour but did not agree any other recommendations outwith the minimum payment of £12 per hour.

The recommendations that were agreed by the Chief Officer and Director of Finance were then cascaded to the Joint Officer Group for homologation. As there was an urgency to initiate payment to providers for the start of the financial year, when the minimum payment of £12 per hour commenced for worker, the Co-Chairs of the Joint Officer Group provided approval, which was subsequently noted by the Joint Officer Group on 5 April 2024. The approval included confirmation from the Highland Council Executive Chief Officer Health and Social Care & Chief Social Work Officer that confirmed agreement to **£10.321m** of Scottish Government funding for the £12 per hour.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

Comment on the level of assurance

The established process for considering and agreeing fees for 2024/2025 has been followed with the necessary approvals and funding agreement sought before implementation. The increase for non residential registered services has followed the Scottish Government requirements and the residential registered services has followed the National Care Home Contract Settlement as agreed by Scotland Excel and COSLA with Scottish Care the representative body for the care home sector.

3 Impact Analysis

3.1 Quality/ Patient Care

It is anticipated that the commitment to funding and care staff wages will assist to enable providers to recruit and retain staff but we are aware that care providers

continue to face significant recruitment challenges, with the rate paid to staff identified by providers as being insufficient to recruit and retain staff.

3.2 Workforce

The continued commitment to the Scottish Living Wage is anticipated to assist retain care staff, although as noted above providers are advising that a higher rate is required to attract and retain staff.

3.3 Financial

Funding for the minimum £12 per hour payment was provided by the Scottish Government. The Highland Council Executive Chief Officer Health and Social Care & Chief Social Work Officer also confirmed the same figure within the budget was agreed by the Highland Council on 29 February and part of the pass through funding to go to NHS Highland from the Highland Council.

The cost of the implementation of the minimum £12 per hour payment will create a shortfall of approximately £57k and existing funding will be reviewed to cover this additional pressure.

3.4 Risk Assessment/Management

The fee uplift has been undertaken in line with governance and to support Scottish Government policy. There is a risk that providers do not pass on the fee increase to their staff, whilst this is unlikely, to provide assurance, providers have been required to sign a declaration confirming the minimum payment of £12 per hour will be made. This will be followed up as part of the monitoring of the provider during 2024/2025.

3.5 Data Protection

No issues identified

3.6 Equality and Diversity, including health inequalities

No issues identified

3.7 Other impacts

None identified

3.8 Communication, involvement, engagement and consultation

See 3.9 below.

3.9 Route to the Meeting

The fee approach has been previously considered by the following groups as part of the development and approval of the Adult Social Care Fees for 2024/2025.

- Adult Social Care Fees Commissioning, Briefing and Instruction Group 7 March 2024
- Adult Social Care Fees Commissioning, Briefing and Instruction Group 11 March 2024
- Chief Officer and Director of Finance Recommendations Meeting 12 March 2024
- Joint Officer Group, Joint Chair approval 15 March 2024
- Joint Officer Group, noted by 5 April 2024

4 Recommendation

- **Awareness** – For Members' information only.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1, Adult Social Care Pay Uplift

- Appendix No 2, Adult Social Care Pay Uplift in Commissioned Services

- Appendix No 3, National Care Home Contract 2024/25

Director of Social Care and National Care Service Development Directorate
Donna Bell

E: donna.bell@gov.scot

To: Integration Authority Chief Officers
Integration Authority Chief Finance Officers
Local Authority Chief Executives
Local Authority Directors of Finance
COSLA
Scotland Excel
ILF Scotland
Chief Social Work Officers
Scottish Care
CCPS
Care Inspectorate
Unite
UNISON
GMB
STUC
Care providers

From: Donna Bell, Director of Social Care and National Care Service Development, Scottish Government

Date: 26th February 2024

Adult Social Care Pay Uplift

Dear colleague,

Following agreement at COSLA Leaders on 26 January 2024, I am writing to confirm the initial details of the pay uplift for adult social care workers that was announced on 19 December 2023 by the Deputy First Minister as part of the Scottish Budget for 2024/25.

As you are aware, in the Scottish Budget for the 2024/25 fiscal year, it was announced that £230 million will be transferred to Local Government to support the delivery of a £12.00 minimum wage for all adult social care staff delivering direct care in commissioned services from April 2024. This funding will be paid to Local Authorities in the weekly General Revenue Grant payments from April 2024.

There has been political agreement that the uplift to £12.00 per hour will be delivered in the same manner as the uplift to £10.90 per hour for these workers, which was delivered in the 2023/24 financial year.

Scope

The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants, and staff providing overnight support. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through all SDS Options.

This funding will enable pay for these workers, in these services, to be uplifted from at least £10.90 per hour to at least £12.00 per hour.

Full details of scope and eligible services can be found at Annex A.

Timing and Process

This funding will take effect from April 2024.

In line with existing process and previous years approach, Local Government and Integration Joint Boards will be working through the required governance, legal and contractual arrangements to deliver this to providers.

Local indications suggest that most payments will be made across April and May, with funding back dated and provided from April 2024. Best endeavours will be made to have all payments with providers by July 2024. However, this relies on a timely return of contract variation letters by providers.

The Scottish Government and COSLA will meet with Scottish Care, Coalition of Care and Support Providers Scotland (CCPS) and Trade Union representatives to discuss any concerns or questions around implementation and will work together to resolve these quickly through the established troubleshooting process.

Policy Implementation

The uplift to £12.00 per hour will be distributed to providers in the same manner as the previous uplift to £10.90 per hour for the workers in scope.

This will mean a 10.09% uplift will be applied to a set percentage (national weighting) of contract values, in line with the **average full workforce costs** for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.

The current approach provides funding for wages and on-costs and the national weightings are based on the **average full workforce costs** within a contract.

The term **average full workforce cost** references and means that the weightings do not only include workers on the £10.90 per hour in direct care roles - that this uplift to £12.00 is intended for - but that the calculation also provides for all workers

employed directly within services and the associated on-costs. This includes workers on higher rates and in non-direct care roles as are included in the contracts.

National Weightings

The national weightings for the £12.00 uplift will be the same as those used for the uplift to £10.90. These percentages are below:

- Residential care – uplift applied to **71.8%** of full contract value.
- Non-residential – uplift applied to **86.9%** of full contract value.
- SDS option 1 Personal Assistants – uplift applied to **90%** of budgets.

This equates to contract uplifts of:

- **Residential Care 7.24%**
- **Non-Residential Care 8.77%**
- **SDS Option 1 9.08%**

Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - **to uplift pay for the workforce delivering direct care to at least £12.00 per hour** - has been fully delivered.

Any additional funds that providers may have from this policy must be spent on uplifting pay for the directly employed workforce working within services for the 2024/25 financial year. It is the provider's discretion of how any remaining funds are to be spent within these stipulations, but this can be used to support differentials.

The residential care uplift does not relate to National Care Home Contract rates which are dealt with separately and incorporate the pay uplift using the established Cost Model

Non-workforce costs

This policy, to uplift the minimum rate of pay for adult social care workers, provides funding for wages and on-costs within providers contracts.

Local areas still have the ability to offer increases to providers on the non-workforce costs within their contracts.

Any changes, over and above the funding for the pay uplift, on the rest of local contracts / Scotland Excel, Adult Social Care National Flexible Frameworks to address other increasing and inflationary non-workforce costs would be out with the remit of this policy and would form part of the normal local contractual negotiating process with providers and their local commissioners and finance departments. For national arrangements, Scotland Excel will work in collaboration with providers and commissioners in line with the Framework's Price Review process.

Assurance process

For this uplift, and in line with previous practice, providers will be required to sign and return contract variation letters. This will confirm that the funding must only be used for uplifting pay and local areas will be responsible for assuring this funding is used for these purposes through their normal contract monitoring processes.

As per usual process, funding will then be released to providers as soon as possible after they return their signed contract variation letters.

Personal Assistants

Separate guidance will be issued for PA employers.

ILF Scotland

Separate guidance will be issued for ILF Scotland recipients.

Childrens Social Care

Separate guidance will be issued by the Children and Families Directorate for Childrens Services.

Next steps

I hope this provides clarity on the pay uplift for 2024/25.

The Scottish Government recognises the exceptional work of the social care workforce, and we thank them for the most important role that they play in our communities.

We appreciate you sharing this with your networks and working with us to get this uplift delivered to the workforce at speed.

Yours sincerely,

Donna Bell
Director of Social Care and National Care Service Development

Annex A

Workforce in scope (those eligible to be paid a minimum of £12.00)

Broad title	Role description
Supervisor in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	Worker who holds responsibilities for providing and supervising the provision of care and/or support provided directly to adults using residential care / a user within a care at home service or of a housing support service. This also includes workers providing overnight support[1]
Practitioner in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	Worker who provides care and support to adults using residential care and who has responsibility for co-ordinating the implementation of care plans. This may include holding keyworker responsibilities. This also includes workers providing overnight support.
Support Worker in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	Worker employed in providing care / and or support directly to adults using residential care / a user of service within a care at home service or of a housing support service. This also includes workers providing overnight support.
Personal Assistants	Separate guidance will be provided.

[1] Overnight support is where a care worker sleeps, provides a waking night service or night sitting service, in the home of someone they support or in work premises, so that they are on hand in case of an emergency or any other issue during the night.

Services in scope

The uplift applies to commissioned services for adult social care in the independent and third sectors.

This does not include workers in children's, justice, or homelessness services.

Type of service	Definition of services
Care homes	A service which provides accommodation, together with nursing, personal care or personal support, for persons by reason of their vulnerability or need this may include for: alcohol & drug misuse, blood borne virus, learning disabilities, mental health problems, older people, physical and sensory impairment or respite care and short breaks.
Care at home	Care at home is registered by the Care Inspectorate as a support service – "Support Service – Care at home." A support service is defined as a personal care or personal support service provided by arrangement made by a local authority or health body to a vulnerable or person in need. This does not include a care home service or a service providing overnight accommodation.
Day care	Adult day care is registered as a support service – "Support service – Other than care at home." See definition above.
Housing support	A service, also defined as Supported Living, which provides support, assistance, advice or counselling to a person who has particular needs, with a view to enabling that person to occupy residential accommodation as a sole or main residence. This will include delegated and non-delegated services. The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.

	While homelessness services largely fall out-with the scope of this policy, the Scottish Government recognises that homelessness services within the housing support sector as defined by the SSSC, where staff provide direct care, fall within the parameters of this policy.
Adult placement services	A service which consists of, or includes, arranging for the provision of accommodation for an adult (age of eighteen years or over), together with personal care or personal support or counselling, or other help, provided other than as part of a planned programme of care by reason of the person's vulnerability or need, by placing the person with a family or individual; but a service may be excepted from this definition by regulations.
All SDS options (1, 2, 3 and 4)	All SDS options where workers provide direct Adult Social Care support, either in a social care provider organisation or someone paying a Personal Assistant.
Respite services	Registerable under a care home and housing support as per the definitions above.
Shared Lives	Shared Lives services are a form of care that supports people to live safely and comfortably in a home and community of their choosing. Care is provided by professional carers - either individuals, couples, or families - in their homes and as part of their local community. The services in scope are. • Live-in support • Daytime support The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.

Directorate For Health and Social Care
Finance, Digital & Governance

Scottish Government
Riaghaltas na h-Alba
gov.scot

Richard McCallum, Director

T: 0131-244 3475
E: richard.mccallum@gov.scot

Integration Authority Chief Finance Officers
Integration Authority Chief Officers
Local Government Directors of Finance
COSLA

via email

26th February 2024

Adult Social Care Pay Uplift in Commissioned Services

Colleagues

Following agreement at COSLA Leaders on 26 January 2024, I am writing to confirm the distribution of the £230 million funding for the pay uplift for workers providing direct adult social care in the third and independent sectors that was announced on 19 December 2023 by the Deputy First Minister as part of the Scottish Budget for 2024-25.

The uplift for children's social care workers will be communicated separately by the Children and Families Directorate in due course.

This funding will deliver a minimum rate of £12 per hour for all adult social care staff delivering direct care in the third and independent sectors.

Annex A to this letter sets out the distribution of the funding to be passed to Integration Authorities for delegated services to cover the period from April 2024 to March 2025. Local agreement should be made in respect of eligible non-delegated services such as housing support where required.

Funding will be distributed to Local Authorities in the weekly General Revenue Grant payments from April 2024 and will be based on GAE for *'H&SC Uplift, Carers Services and Respite Care'*. This is consistent with the distribution of recurring funding for previous pay uplifts. Funding allocated to Integration Authorities should be additional and not substitutional to each Local Authority's 2023-24 recurring budgets for social care services.

Details regarding implementation of the uplift to a minimum of £12 per hour applicable from April 2024 are provided in a separate letter from Donna Bell dated 26 February 2024.

Yours sincerely

Richard McCallum

Annex A – Adult Social Care Pay Uplift in Comissioned Services

Integration Authority	Total funding (£)	% of Funding
Aberdeen City	8,643,000	3.76%
Aberdeenshire	9,927,000	4.32%
Angus	5,433,000	2.36%
Argyll & Bute	4,270,000	1.86%
Clacks and Stirling	5,885,000	2.56%
Dumfries & Galloway	7,639,000	3.32%
Dundee City	6,578,000	2.86%
East Ayrshire	5,497,000	2.39%
East Dunbartonshire	4,690,000	2.04%
East Lothian	4,637,000	2.02%
East Renfrewshire	3,929,000	1.71%
City of Edinburgh	19,275,000	8.38%
Falkirk	6,591,000	2.87%
Fife	16,199,000	7.04%
Glasgow City	24,813,000	10.79%
Highland	10,321,000	4.49%
Inverclyde	3,846,000	1.67%
Midlothian	3,572,000	1.55%
Moray	4,198,000	1.82%
Na h-Eileanan Siar	1,450,000	0.63%
North Ayrshire	6,477,000	2.82%
North Lanarkshire	13,771,000	5.99%
Orkney Islands	1,032,000	0.45%
Perth & Kinross	7,014,000	3.05%
Renfrewshire	7,657,000	3.33%
Scottish Borders	5,723,000	2.49%
Shetland Islands	960,000	0.42%
South Ayrshire	5,642,000	2.45%
South Lanarkshire	13,737,000	5.97%
West Dunbartonshire	3,916,000	1.70%
West Lothian	6,678,000	2.90%
Total	**230,000,000**	**100%**

Email: JJ.Turner@scotland-excel.org.uk
Tel: 0141 488 8710
Our Ref: NCHC24-25
Date: 21 March 2024

NATIONAL CARE HOME CONTRACT 2024/25

We are pleased to advise that the National Care Home rate for 2024/25 has been agreed and we are writing to confirm the terms of this year's settlement which takes effect from 8th April 2024.

Financial Settlement

The Nursing and Residential Care Home interim rates are based on benchmarks for direct care costs and care home costs in the National Care Home Contract ("NCHC") Care Home Cost Model.
The rates which will apply to payment for Nursing and Residential Care for 2024/25, effective from 8th April (commencement of the tax year for pension uprating), are as undernoted:

- **Nursing Care Rate per person per week - £948.59**
- **Residential Care Rate per person per week - £825.94**

This settlement reflects the challenging environment faced and the desire for all stakeholders to work in partnership. This recognises the Scottish Government's policy of increasing the earnings of direct care staff within commissioned adult social care to £12.00 per hour in line with the Adult Social Care Pay policy commitment.

The Care Home Cost Model benchmarks Domestic and Catering staff to the National Minimum Wage, which is set by the UK Government and, as of 1 April 2024, this is £11.44.
This rate currently excludes an increase in pay for nurses and associated differentials. The offer comes with a commitment to consider the appropriate uplift to nursing care rate, maintaining associated differentials, within the model once Agenda for Change (AfC) pay negotiations have been concluded.

All other pay differentials are maintained within the settlement.

Non-Staff Costs

The settlement reflects changes in the cost calculations in the non-staffing areas of the cost model.

- The standard approach of applying CPI to all inflationary increases.
    - This includes the capital cost per bed which is now aligned to the CPI index and will increase by the CPI rate.
    - The exception to this is the cost line for registration fees. The Care Inspectorate has not increased registration fee charges since the cost model was first introduced therefore this cost line has been returned to its original agreed rate of £3.06.

Renfrewshire House,
Cotton Street, Paisley PA1 1AR
Tel: 0141 488 8230
Email: contactus@scotland-excel.org.uk
Web: www.scotland-excel.org.uk

- The introduction of an apprenticeship levy/ small care home supplement.
  - This levy has been included in the model at 0.25% of staffing costs based on analysis of costs for providers which are required to pay the levy.
  - It is recognised that the smaller, independent care homes will not meet the criteria to pay an apprenticeship levy therefore this has been included in the model as a dual line representative of a cost to larger providers and supplemental funding for smaller providers to counter any extra cost experienced due to lack of economies of scale.

Further Commitments

The Settlement recognises that all parties need to commit to an agreed redesigned NCHC and to complete work on any resultant changes to a cost model for this new contract to support sustainability concerns for smaller care homes.

Adult Social Care Pay

This arrangement requires all providers to pay all workers providing direct care, regardless of age, experience or time in employment, a minimum of £12.00 per hour. This is in line with the commitment to the Adult Social Care Pay policy which has been agreed between Scottish Government and COSLA. On this basis, the National Care Home Contract will be varied to ensure:

- The provider is funded to ensure that all direct adult social care workers are paid a minimum of £12.00.
- Providers agree that remuneration can be periodically monitored by the commissioning authority, including direct verification with employees of the provider.
- There will be no displacement of any other costs onto staff by the employer.

All other staff roles are subject to the maintaining of their differentials in the cost model. The Care Home Cost Model provides a level of transparency on the cost of care to inform the national rate, but as it is based on benchmark averages, it may not directly match the costs or staff structure of individual care homes. In keeping with previous agreements, however, displacement of cost onto staff by the employer, for example payment for uniforms or service costs, is not permitted. In the event of non-compliance, the uplift can be withheld until such time as the matter is resolved.

Personal Expense Allowances (PEA), Capital Thresholds, Savings Disregard and Free Personal and Nursing Care Rates

The information below is drawn from the advance notice of upratings for 2024/25. It is not expected that there will be any deviation from the agreed rates outlined.

The Uprating for 2024/25 rates is outlined below.

- The Personal Expenses Allowance is set at £34.50 per week.
- The Lower Capital Limit is set at £21,500 and the upper Capital Limit £35,000
- The Savings Disregard is (for a single person) from £8.15 and (for couples) from £12.10 per week.
- For care home care the Free Personal Care payment is £248.70 and Free Nursing Care rate is £111.90.

Please note that the Free Personal and Nursing Care Rates upratings are effective from 1st April 2024. The PEA, Capital Threshold and Savings Disregard are effective from 8th April 2024.

Default Rate

The “Default Rate” is the rate applied where the provider is in breach of contract as outlined in Clause A.20.10 of the National Care Home Contract (2013-14 as varied). It is determined by applying a percentage reduction of 7.38% to the nursing fee rate and 8.58% to the residential fee rate.

Contract Management
Public contracts in Scotland are governed by the provisions of the Public Contracts (Scotland) Regulations 2015 and Clause A.1.1 of the National Care Home Contract brings all current regulations into force. Those regulations require public bodies to verify that operators have not engaged in corruption, bribery, fraudulent trading or tax evasion, money laundering and human or drug trafficking. Scotland Excel will seek to revisit discussions in relation to introducing a national self-evaluation approach to meeting these requirements as part of the wider review of the NCHC. In the meantime, a local consideration will continue to be required.

Yours sincerely

Julie Welsh	Donald Macaskill	Mirren Kelly
Julie Welsh **Chief Executive** **Scotland Excel**	**Dr Donald Macaskill** **Chief Executive** **Scottish Care**	**Mirren Kelly** **Chief Officer** **Local Government Finance** **COSLA**

NHS Highland	

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

1 Purpose

This is presented to the Committee for:
Assurance

This report relates to a:
Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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

2.1 Situation

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

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

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

2.2 Background

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

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

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

3 Impact Analysis

3.1 Quality / Patient Care

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

3.2 Workforce

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

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

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

4 Recommendation

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

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

4.1 List of appendices

The following appendices are included with this report:

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

Highland Health and Social Care Partnership Integrated Performance and Quality Report

North Highland

8 May 2024

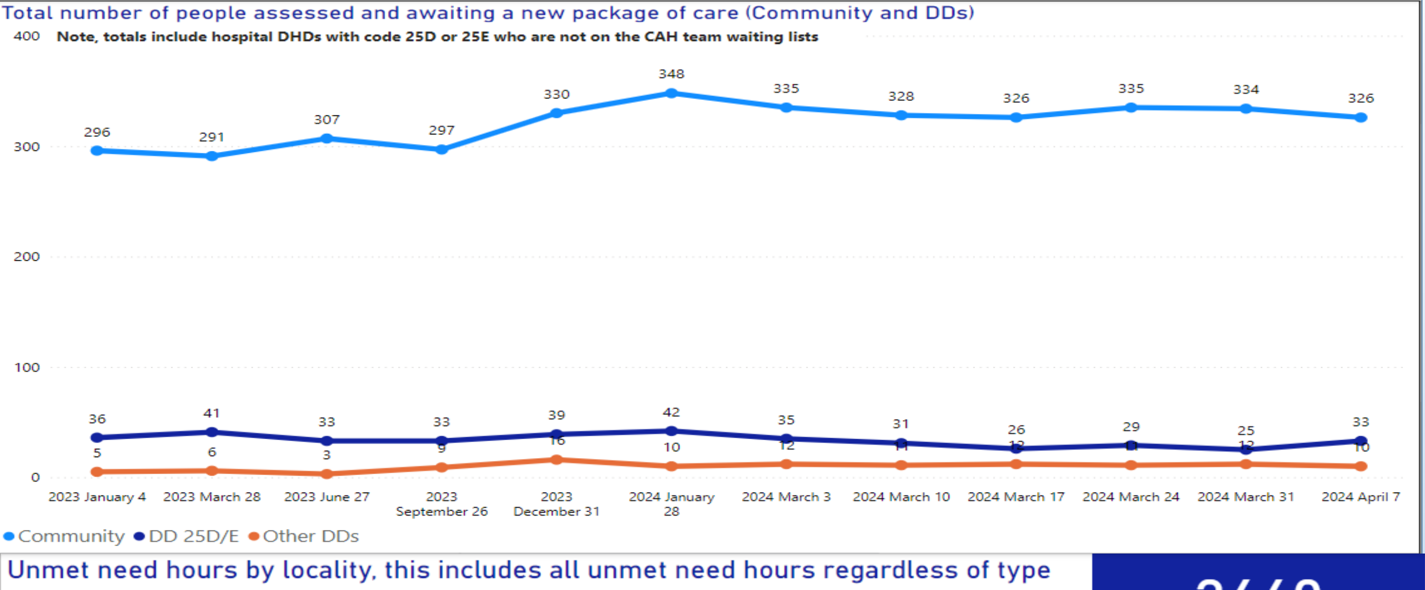
The Highland Health and Social Care Partnership (HHSCP) Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that the HHSCP provide as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported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

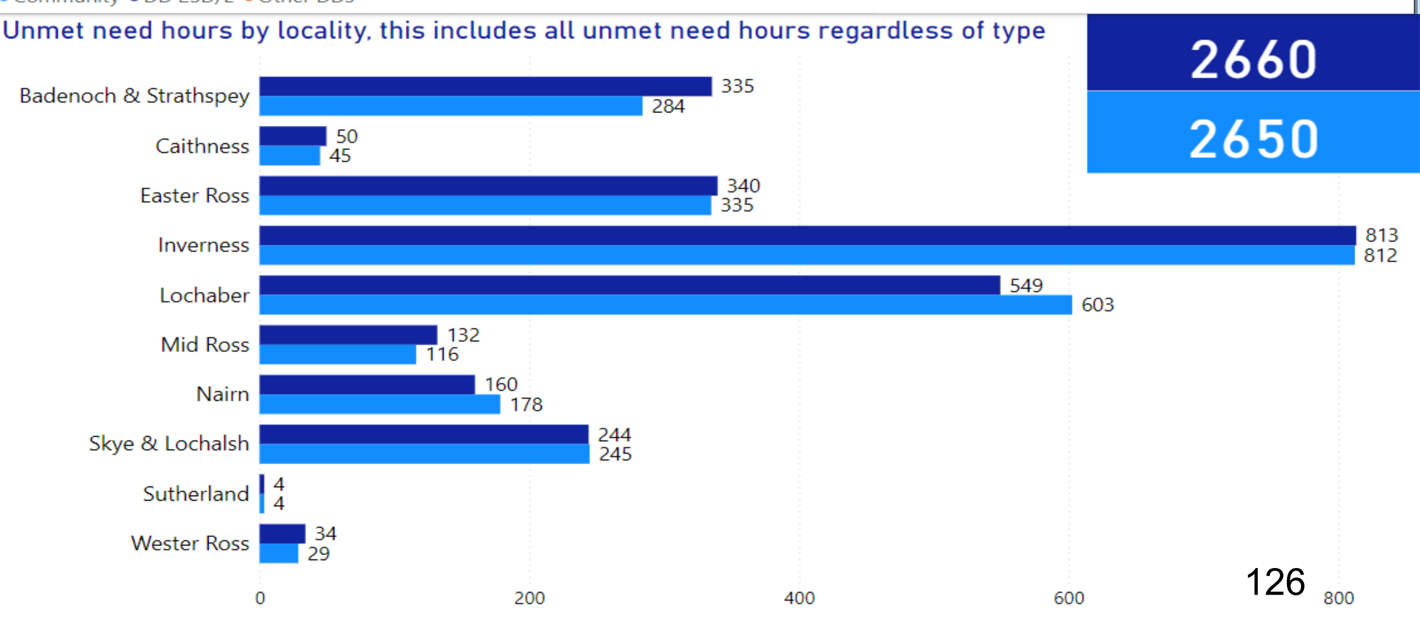
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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

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

HHSCP Care at Home – Unmet need





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

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

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

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

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

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

Update 18/04/2024

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

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HHSCP Care at Home – Unmet need

Care at Home waiting list for new service, by length of wait

includes hospital DHDs code 25D or 25E who are not on CAH team waiting lists

Date	up to 1 month	1 to 3 months	3 to 6 months	6 months to 1 year	more than a year	Total
2023 January 4	72	96	73	67	29	337
2023 March 28	64	81	75	60	58	338
2023 June 27	71	89	73	63	47	343
2023 September 26	67	81	71	67	53	339
2023 December 31	65	93	81	74	72	385
2024 March 3	63	93	79	67	80	382
2024 March 10	51	95	77	71	76	370
2024 March 17	41	96	75	75	77	364
2024 March 24	53	88	79	79	76	375
2024 March 31	51	94	69	80	77	371
2024 April 7	52	93	70	75	79	369

Care at Home waiting list for new service (those waiting 6 months and over), by level of need

Note, totals include hospital DHDs with code 25D or 25E who are not on the CAH team waiting lists

Date	Low	Moderate	Substantial	Critical	(Blank)	Total
2023 January 4	8	19	61			96
2023 March 28		23	71	11	9	118
2023 June 27		24	70	8	6	110
2023 September 26		32	71	9	6	120
2023 December 31		31	78	11	21	146
2024 March 3		28	79	10	28	147
2024 March 10	6	30	84	10	17	147
2024 March 17	7	32	88	8	17	152
2024 March 24	7	32	90	8	18	155
2024 March 31	6	31	93	10	17	157
2024 April 7		30	91	8	21	154

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

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

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

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

Update 18/4/2024

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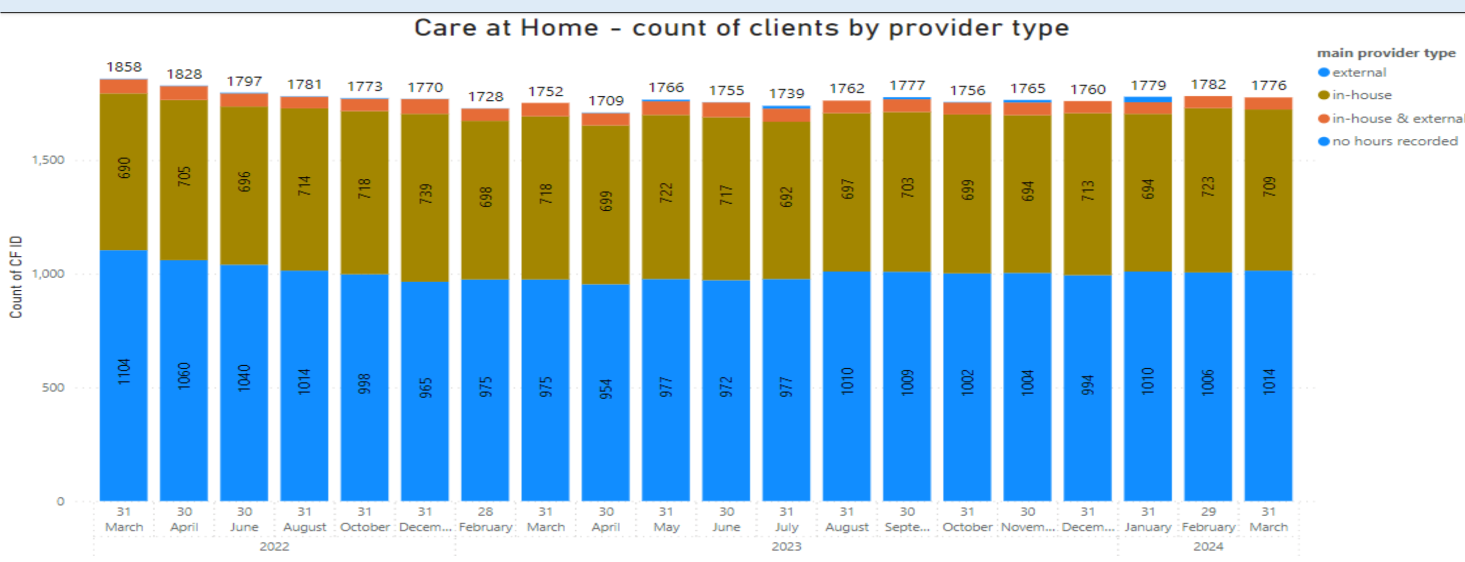
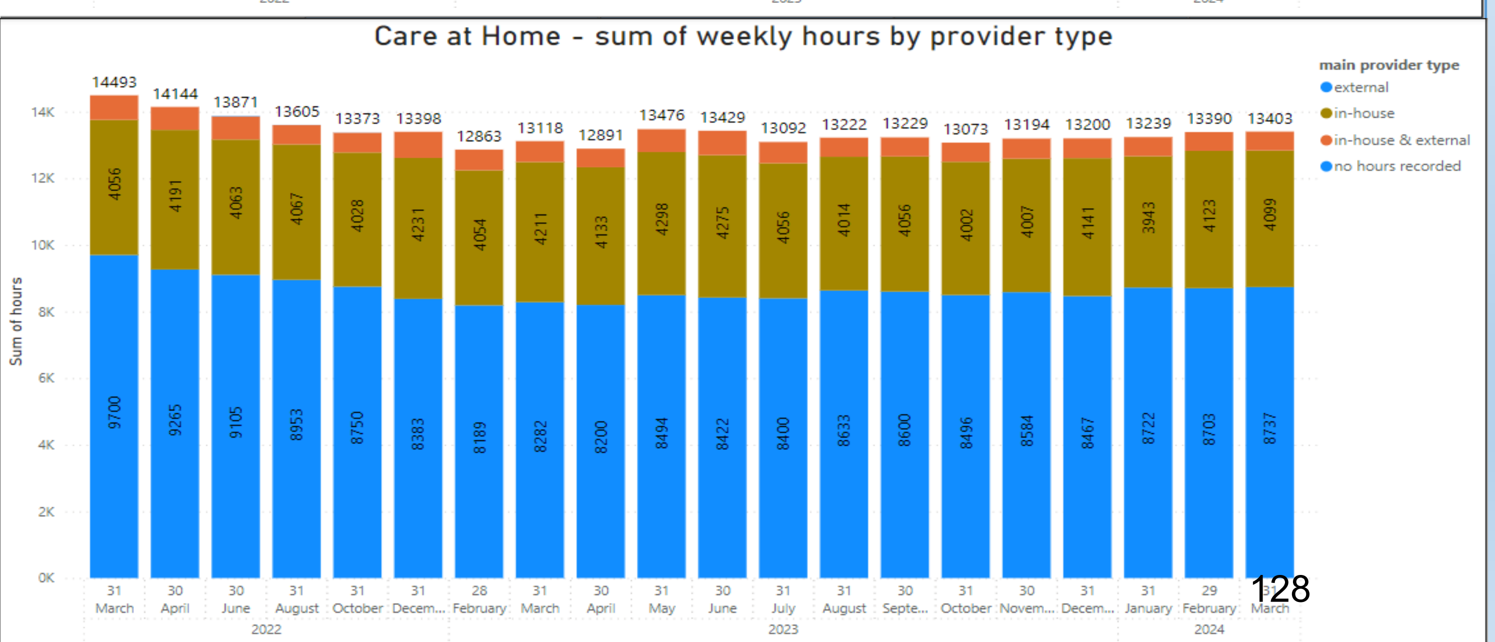
HHSCP Care at Home





HHSCP Care at Home

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

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

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

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

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

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

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

Update 18/04/2024

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

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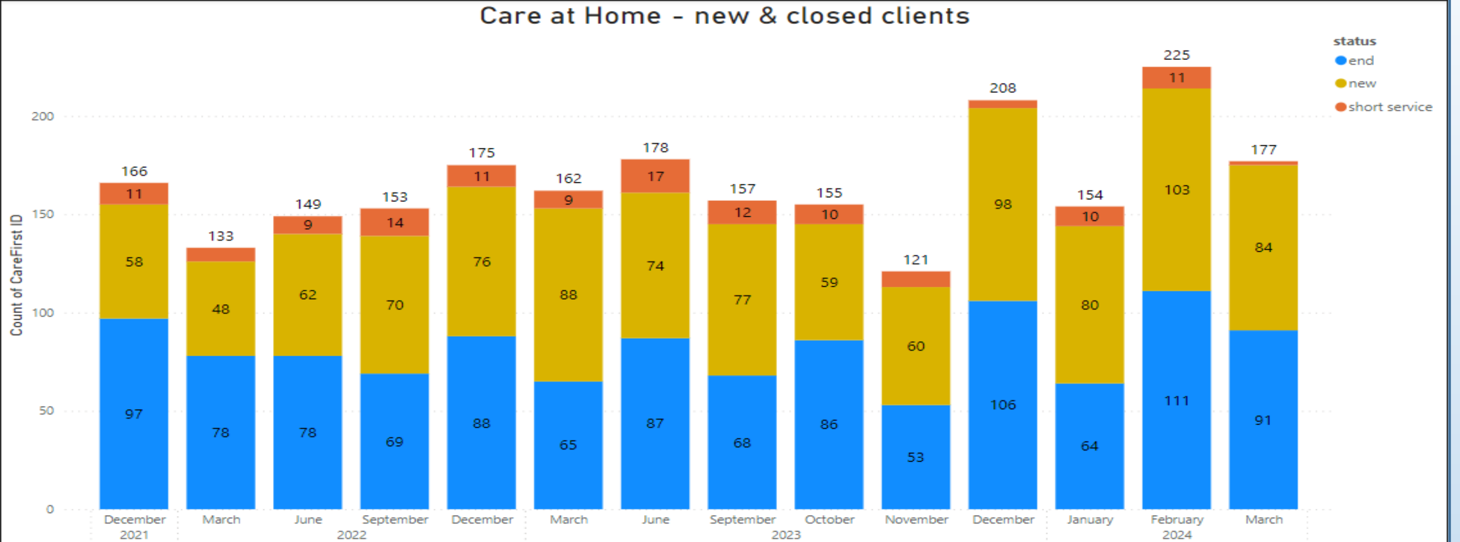
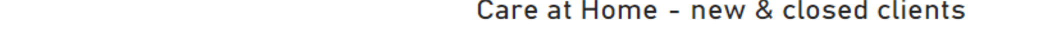
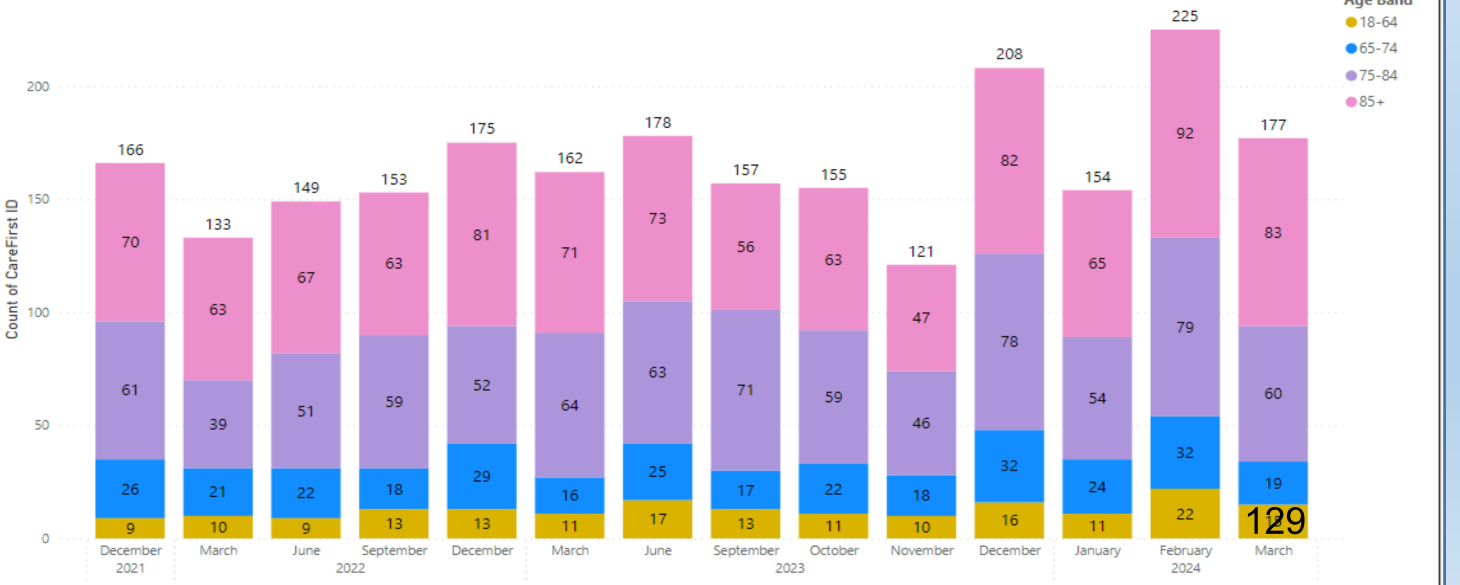
HHSCP Care at Home







Care at Home – New & Closed Packages

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

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

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

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

Update 18/04/2024

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

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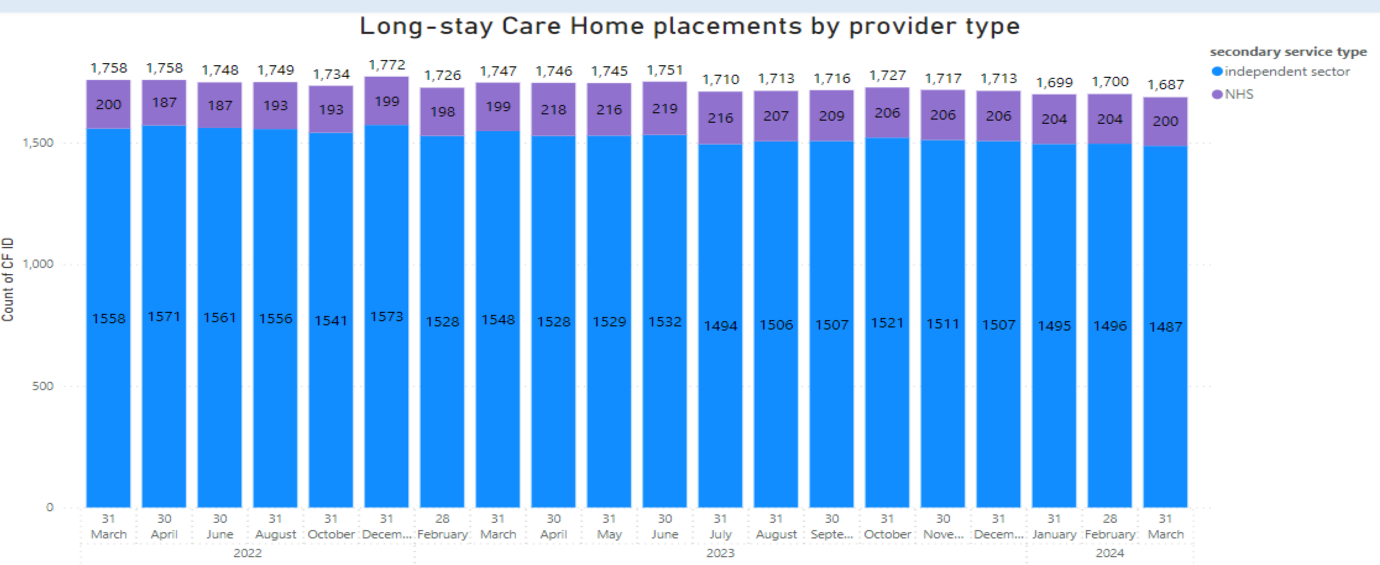

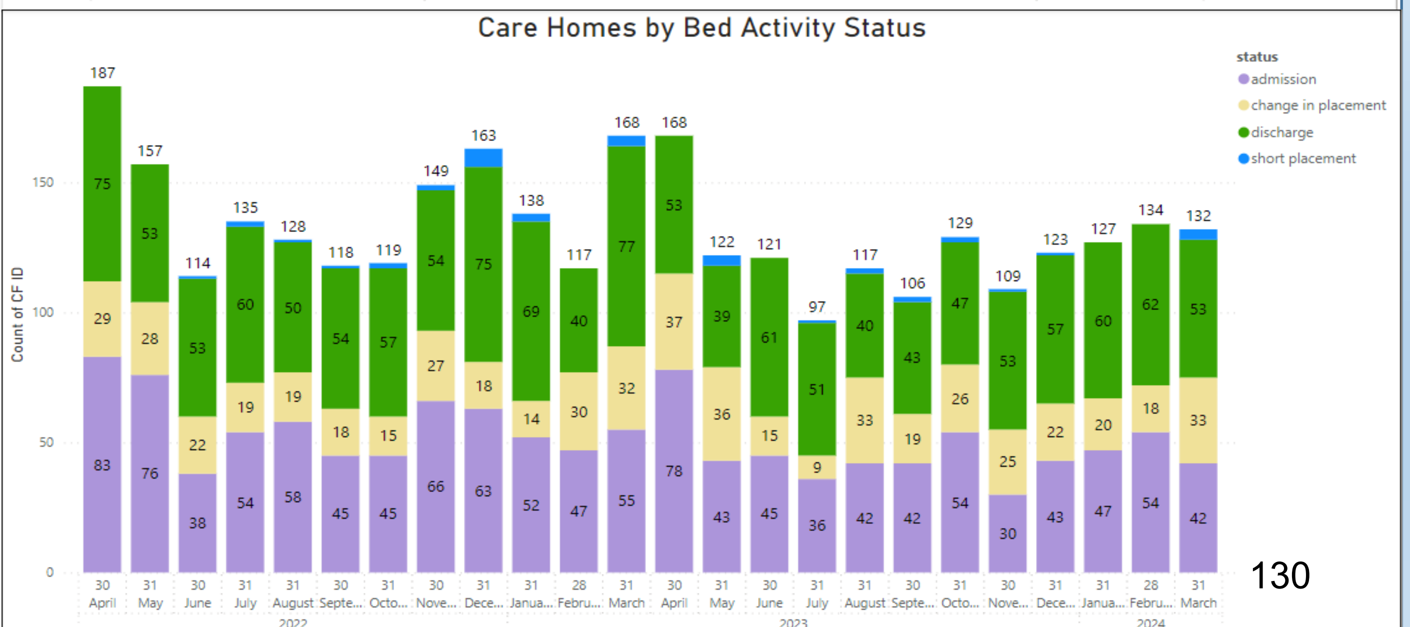

HHSCP Care Homes

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

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

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

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

3 in house care homes have also closed although two are closed on a temporary basis and the closures are in small rural and remote communities with closure due to acute staffing shortages.
This reduced care home bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.
There is a need for a Care Home strategy to be developed in 2024-25.
A **Care Programme Board** is established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

Update 18/04/2024

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

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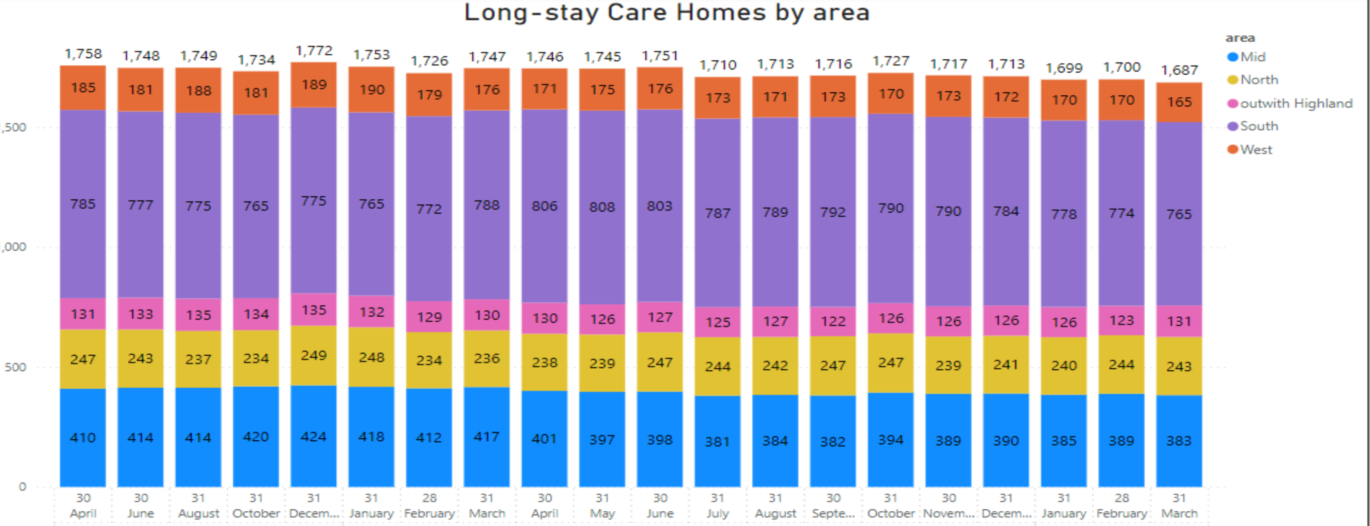
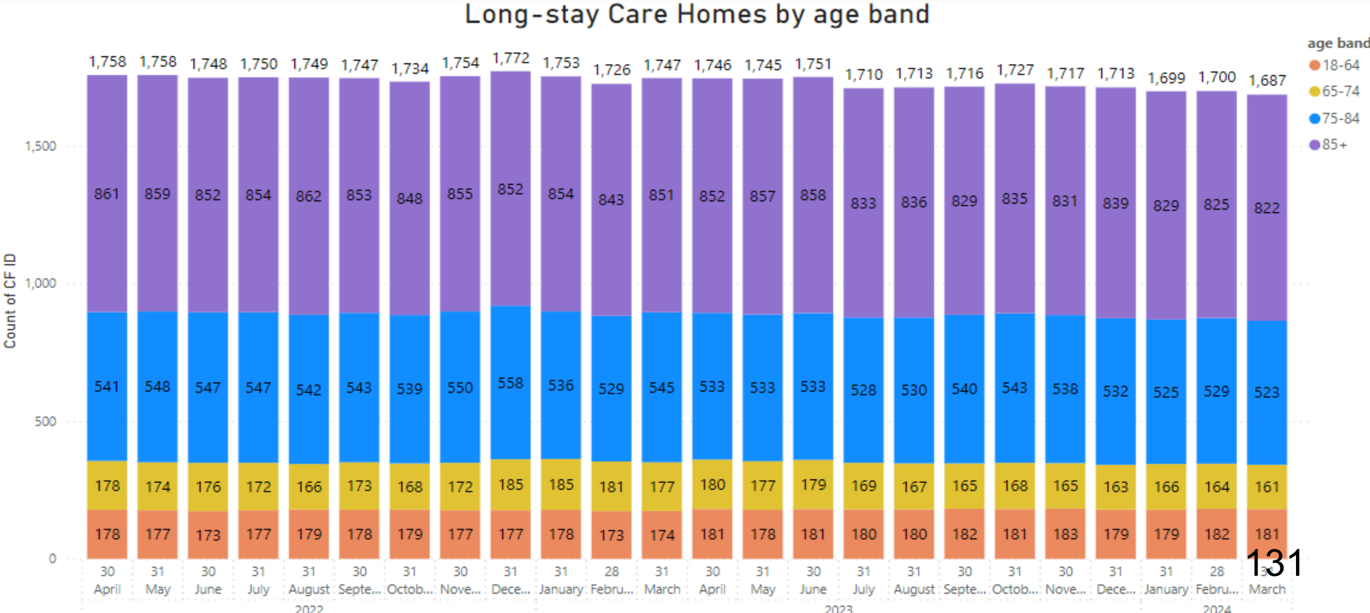




HHSCP Care Homes

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

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

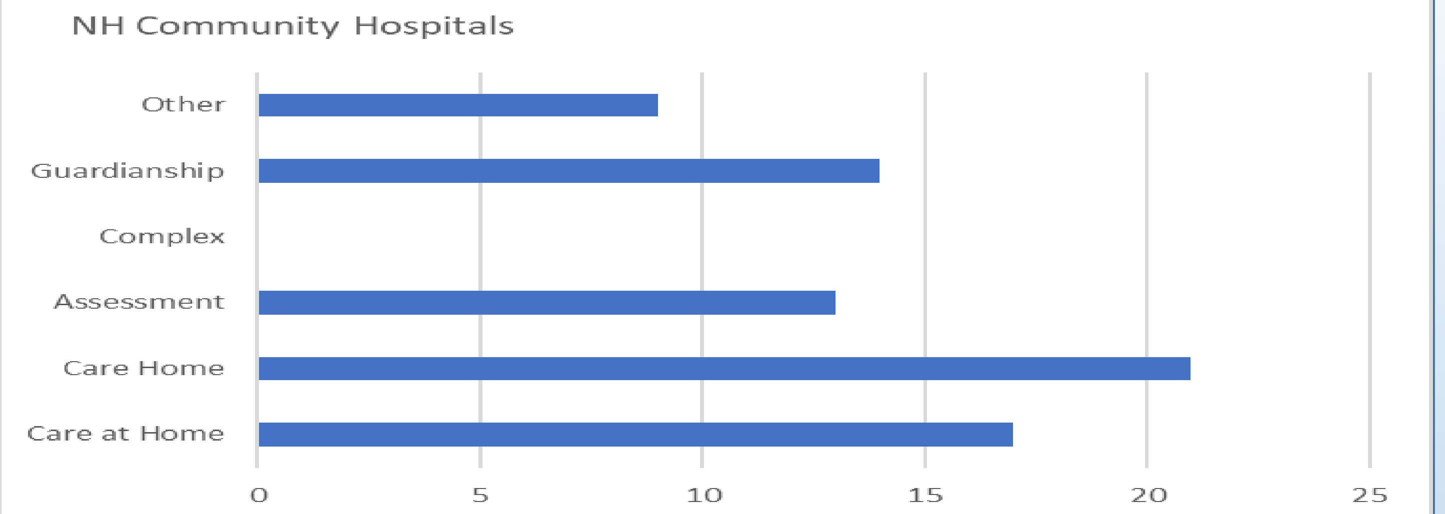
In addition, a further breakdown is provided by the current age of those service users for HHSCP only, **showing 49%** currently over the age of 85 in both residential and nursing care settings.

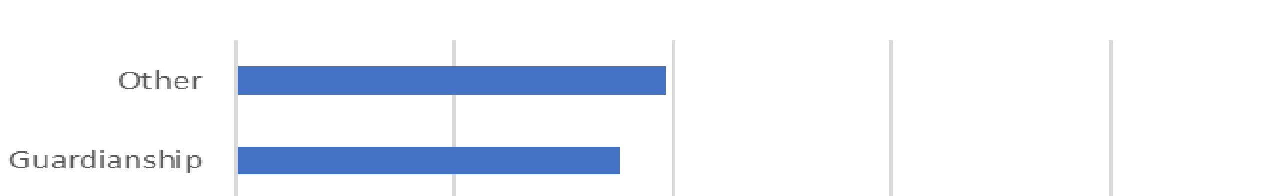
Update 18/04/2024

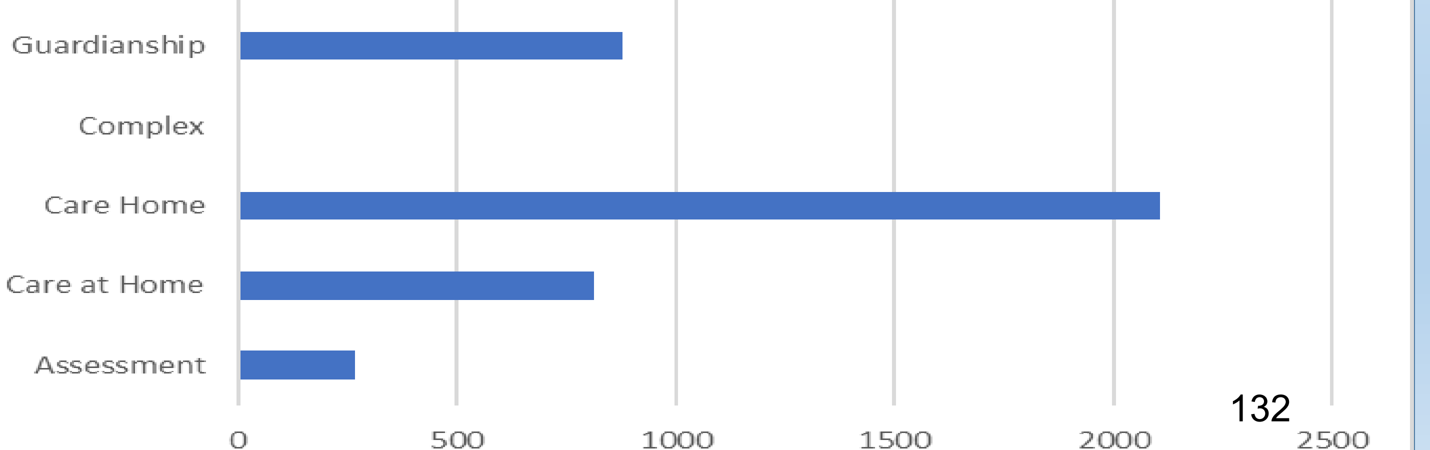
Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

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

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







HHSCP Community Hospital DHD's

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

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

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

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

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

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

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

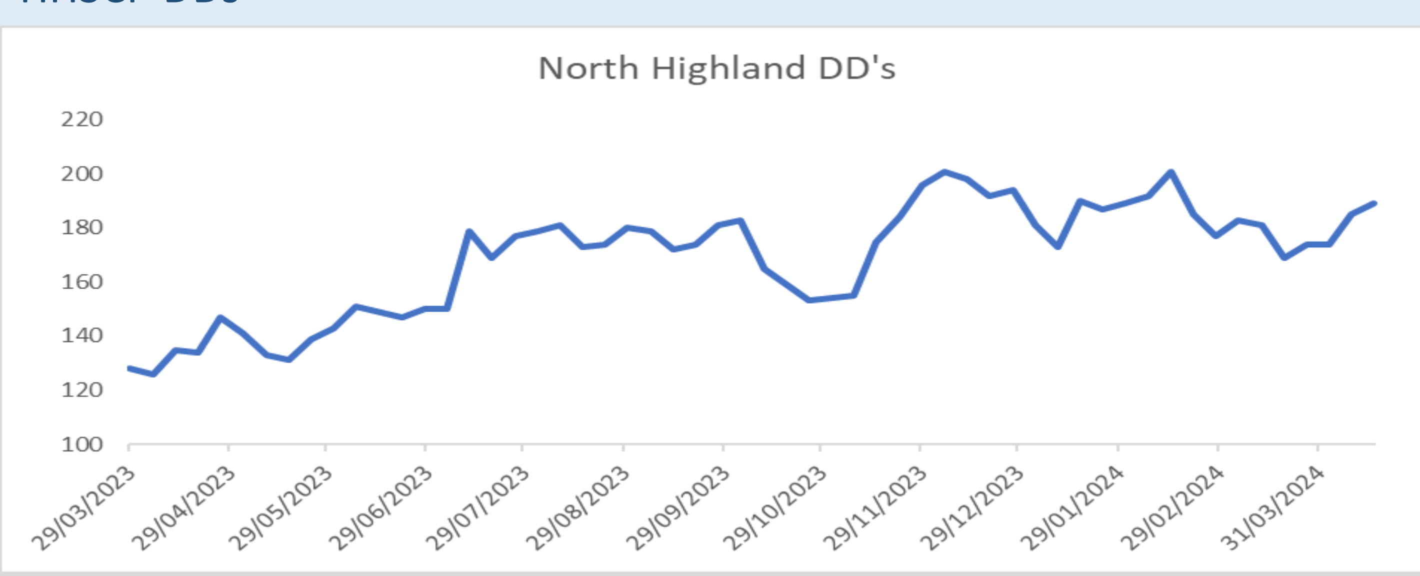
Update 23/04/2024

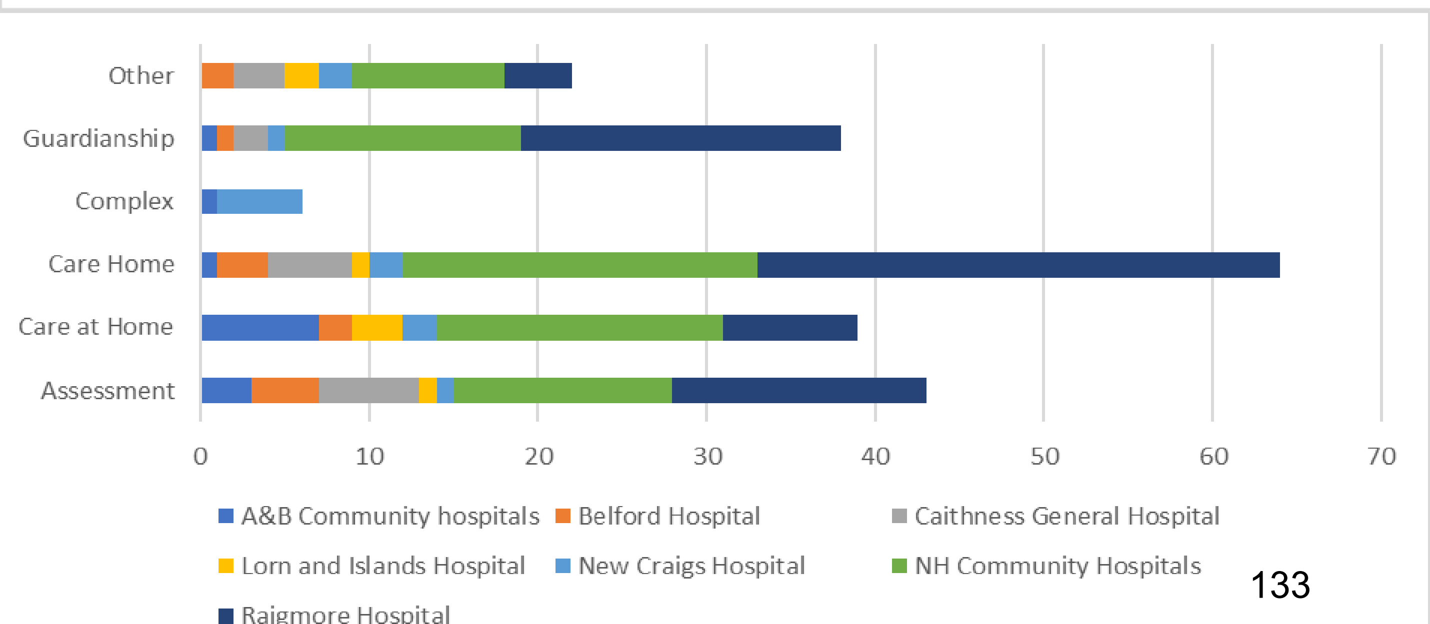
Strategic Objective 3 Outcome 11 – Respond Well

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

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

HHSCP DDs





HHSCP DHD's

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

•Delayed discharges remain a significant concern.

•Work is ongoing in the acute hospitals as in the community hospitals on slide 10

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

This work is overseen by the Unscheduled Care Programme Board.

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

Update 24/04/2024

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

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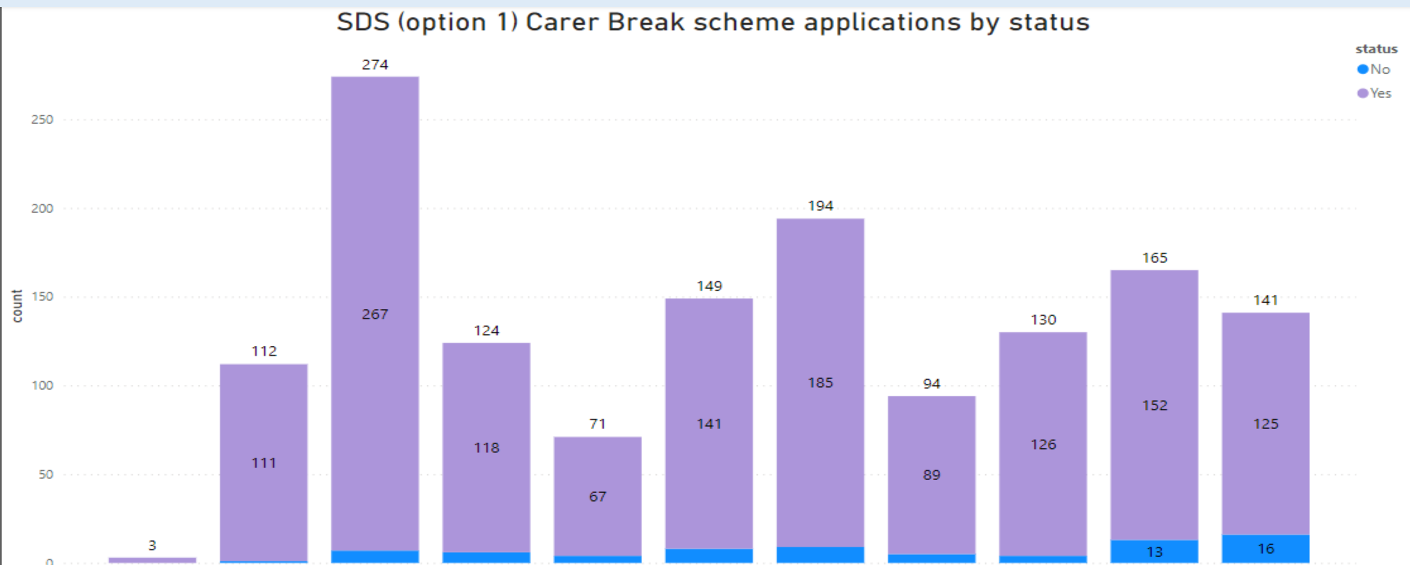

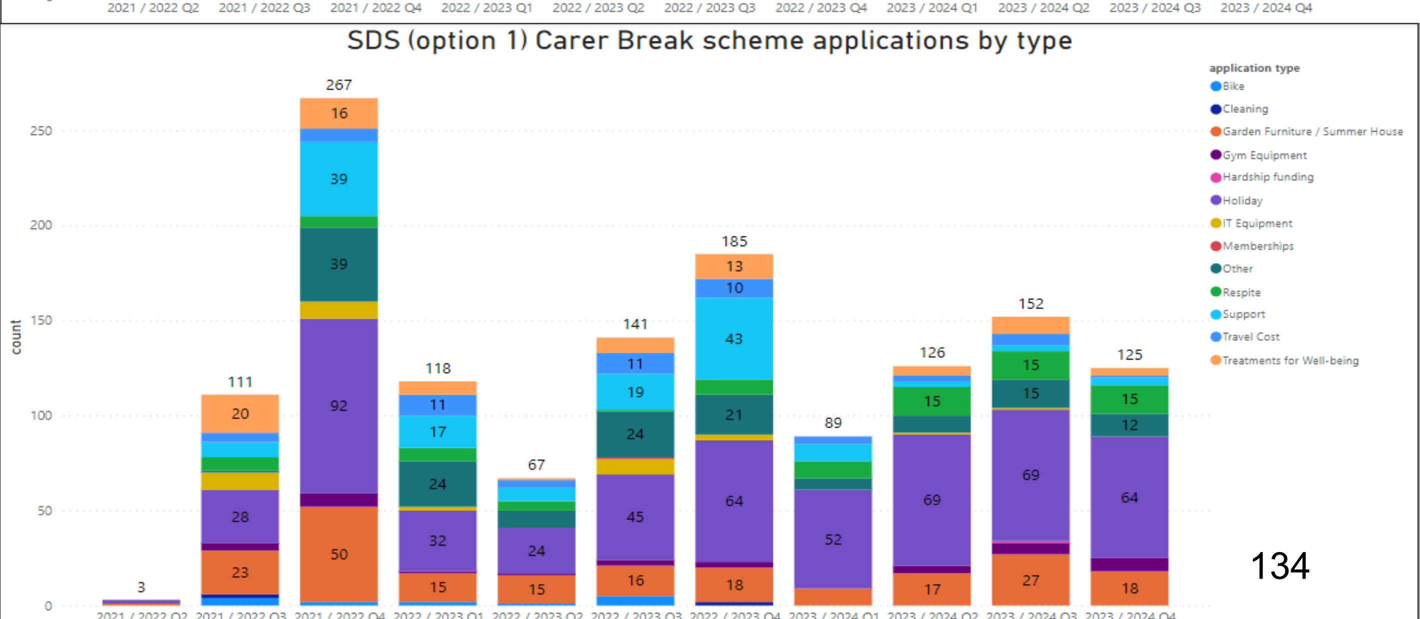

SDS Option 1 (Carer Well-being fund)

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

This is consistent with our aims to:

•Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support

•Maximise people's choice, control and flexibility over the resources available to them

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

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

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

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

Update 18/04/2024

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

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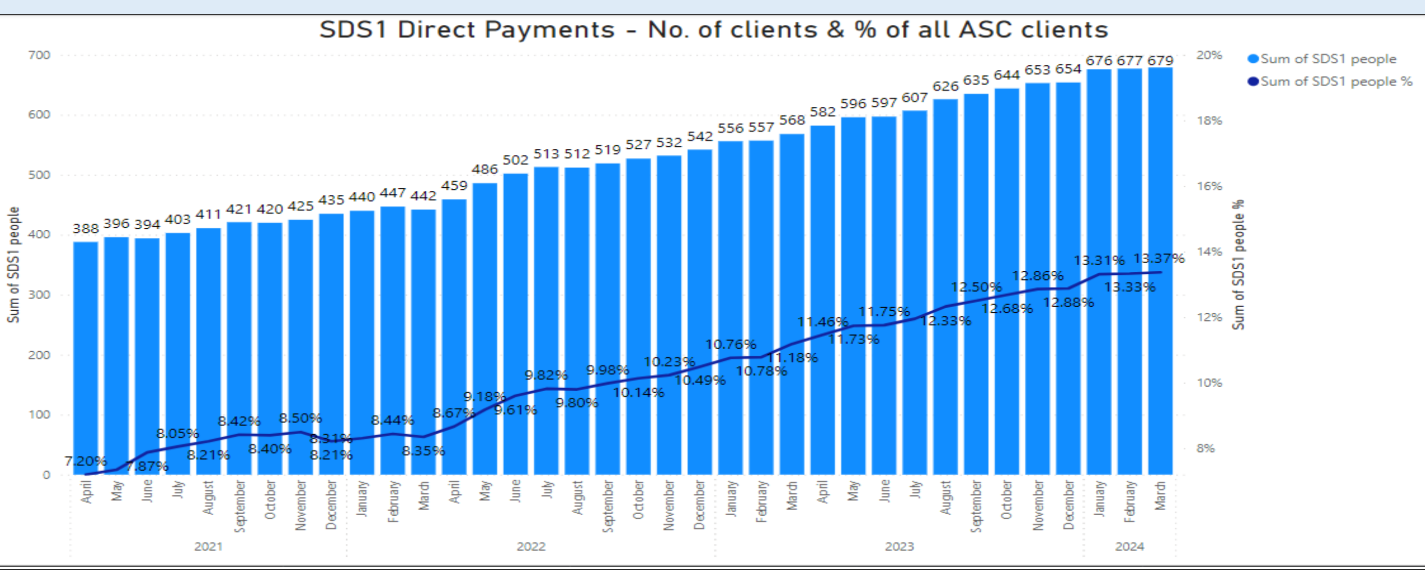
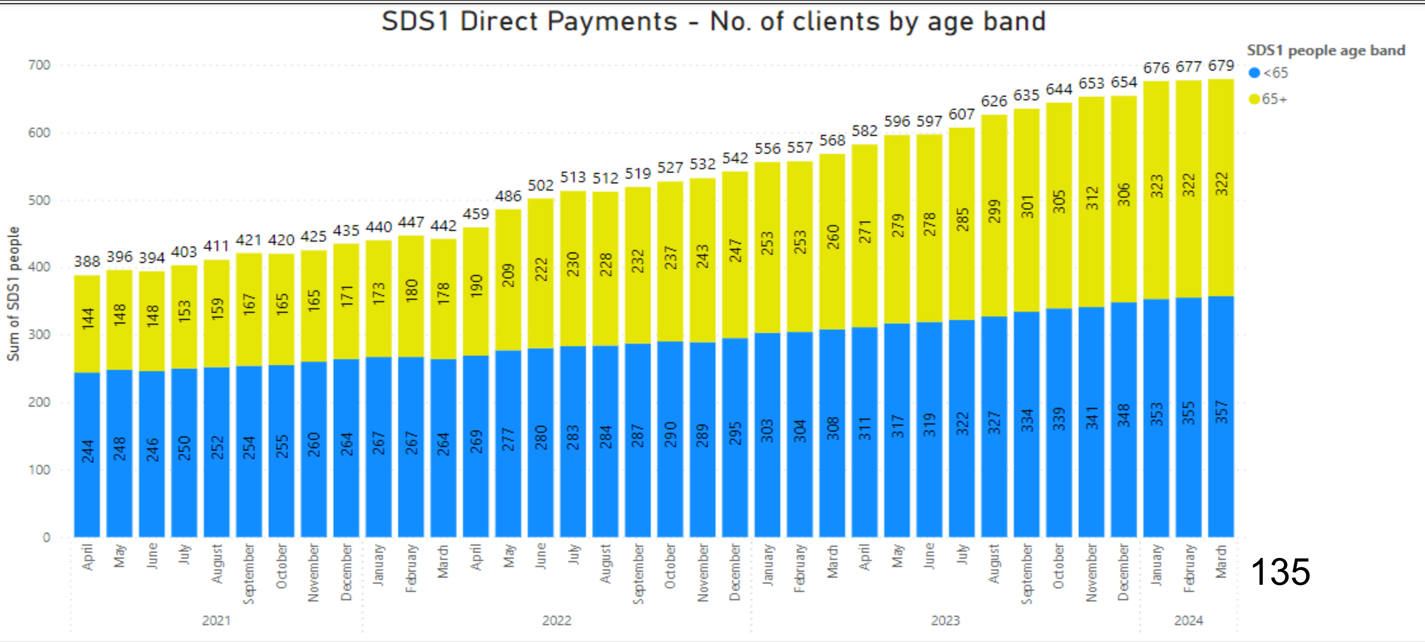
Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

Self Directed Support – Option1 (DP)





SDS Option 1 (Direct Payments)

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

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

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

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

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

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

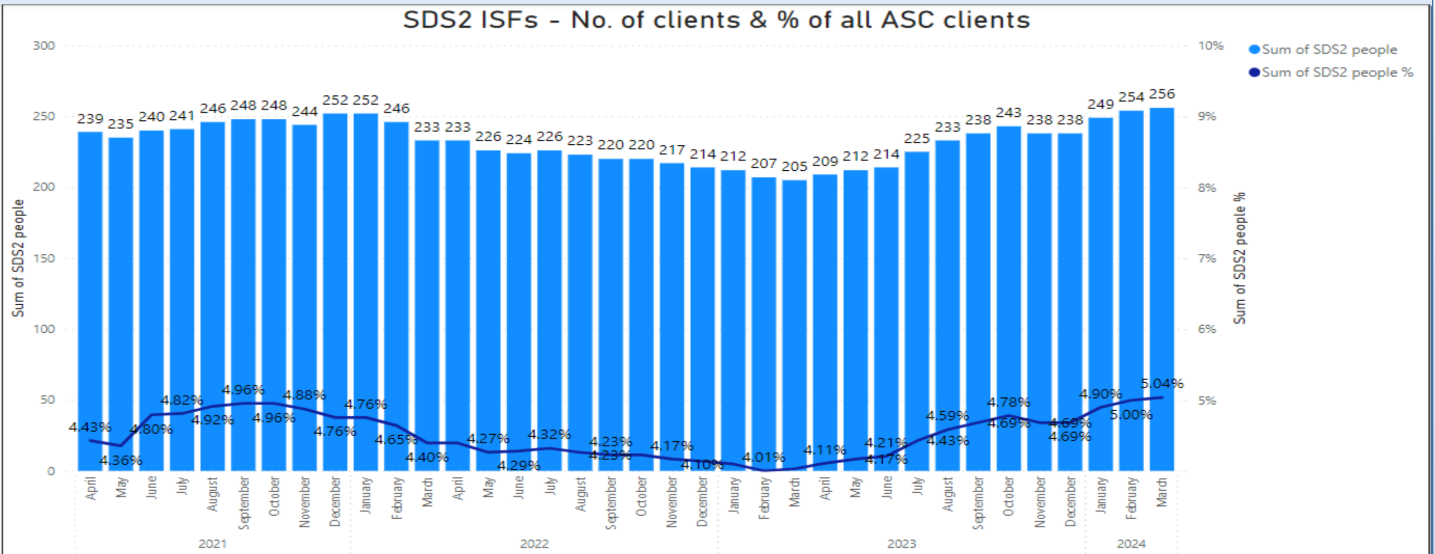
Update 18/4/2024

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

Self Directed Support – Option2 (ISF)



SDS2 ISFs - No. of clients by age band

SDS2 people age band: <65, 65+

Year	Month	<65	65+	Total
2021	April	151	88	239
2021	May	150	85	235
2021	June	152	88	240
2021	July	157	84	241
2021	August	160	86	246
2021	September	163	85	248
2021	October	160	88	248
2021	November	159	85	244
2021	December	164	88	252
2022	January	167	85	252
2022	February	166	80	246
2022	March	162	71	233
2022	April	161	72	233
2022	May	163	63	226
2022	June	162	62	224
2022	July	164	62	226
2022	August	163	60	223
2022	September	159	61	220
2022	October	159	61	220
2022	November	158	59	217
2022	December	156	58	214
2023	January	151	61	212
2023	February	152	55	207
2023	March	150	55	205
2023	April	153	56	209
2023	May	157	55	212
2023	June	154	60	214
2023	July	164	61	225
2023	August	170	63	233
2023	September	173	65	238
2023	October	174	69	243
2023	November	173	65	238
2023	December	174	64	238
2024	January	189	60	249
2024	February	194	60	254
2024	March	196	60	256

SDS Option 2 (Individual Service Funds)

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

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

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

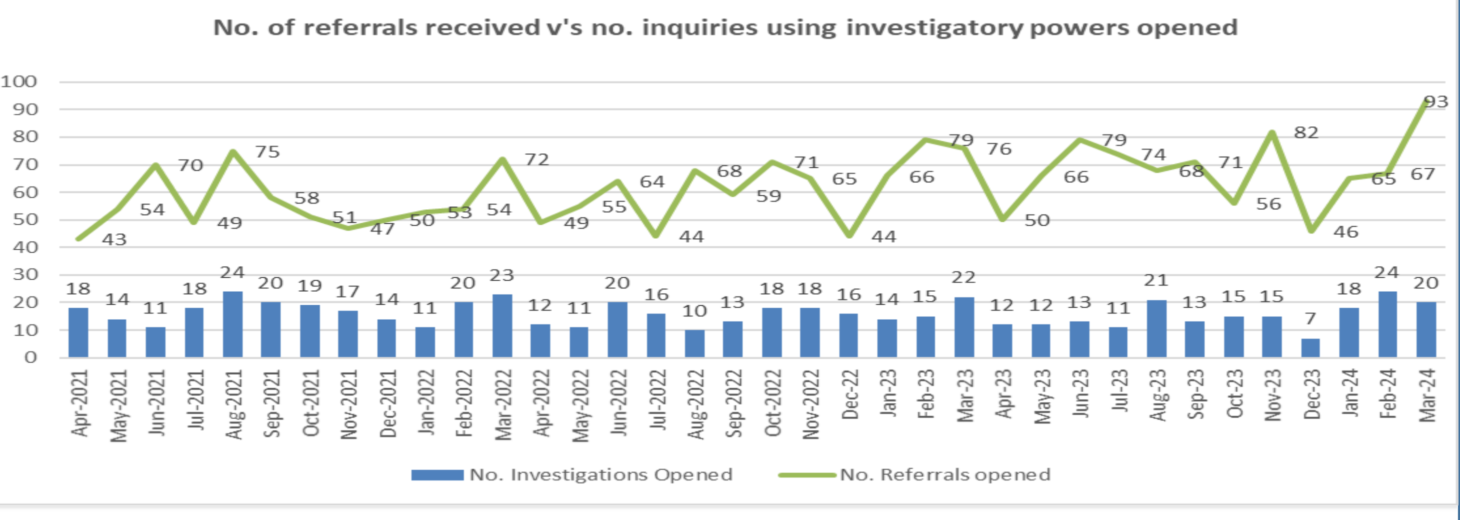
Graph 2 - Overall number of ISFs split by age band, noting over 76% of our current service provision is provided under this commissioning option to younger adults.

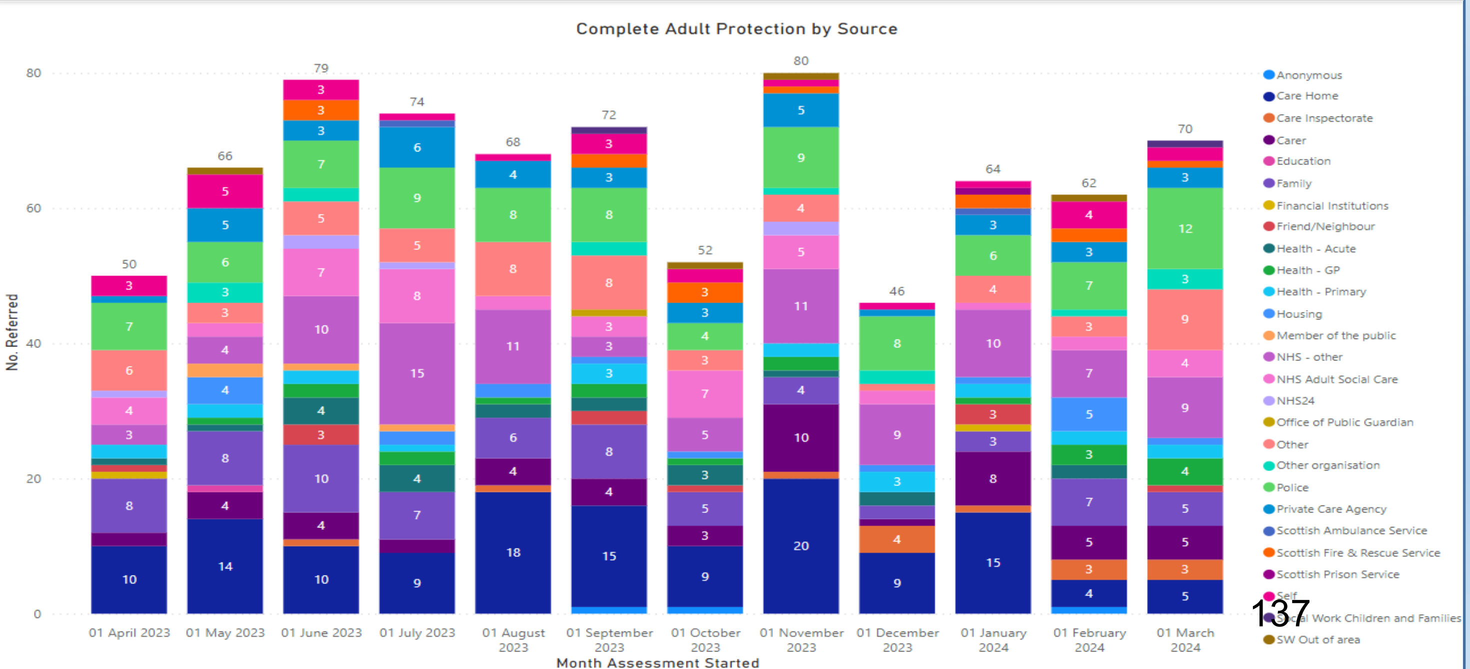
After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of ‘providers’ who can offer an ISF within an overall programme for Promoting choice, flexibility and control.

Update 18/04/2024

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

Adult Protection





Adult Protection

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

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

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

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

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

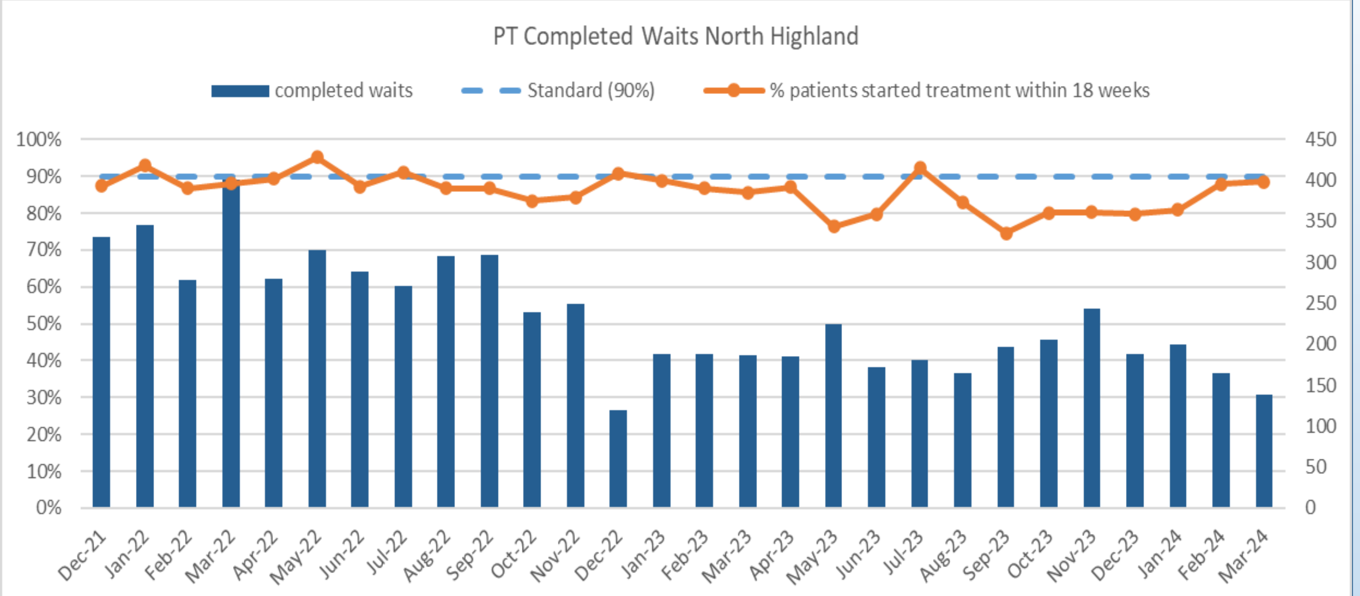
Highland's Adult Protection arrangements across Health, Social Work and Police are currently the subject of a Joint Inspection with the final report expected 1st May 2024.

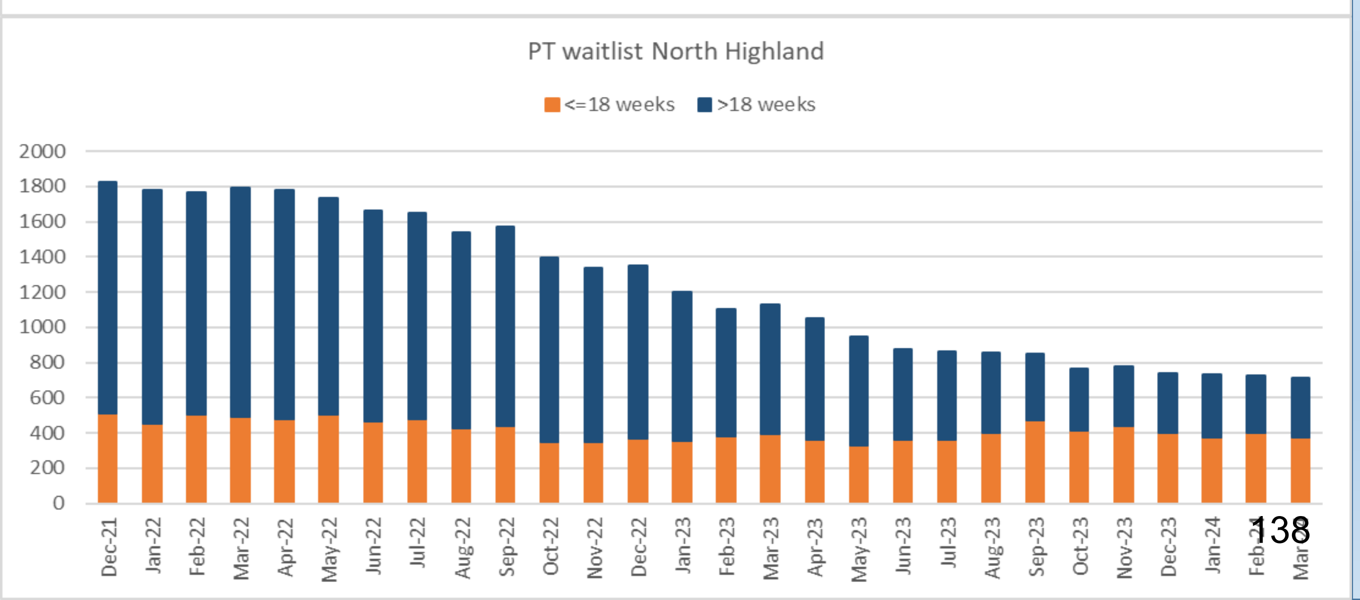
Update 18/04/2024

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

Priority 10A,10B,10C - *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 HHSCP Performance





Psychological Therapies Performance Overview - HHSCP

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

March 2024 performance: 88.5%

As at March 2024:

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

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

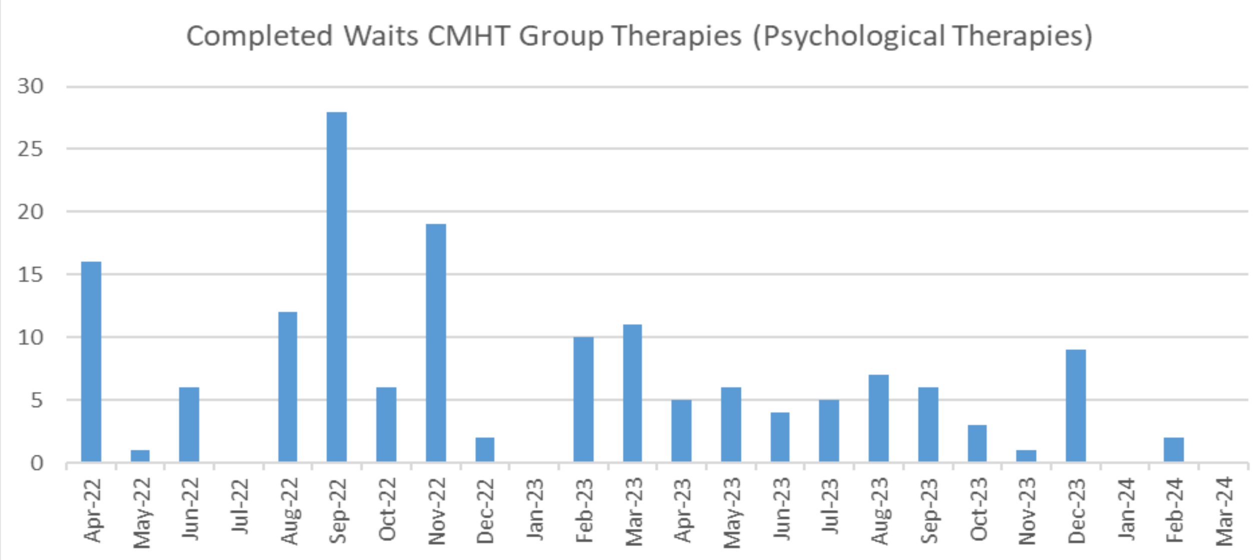
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking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

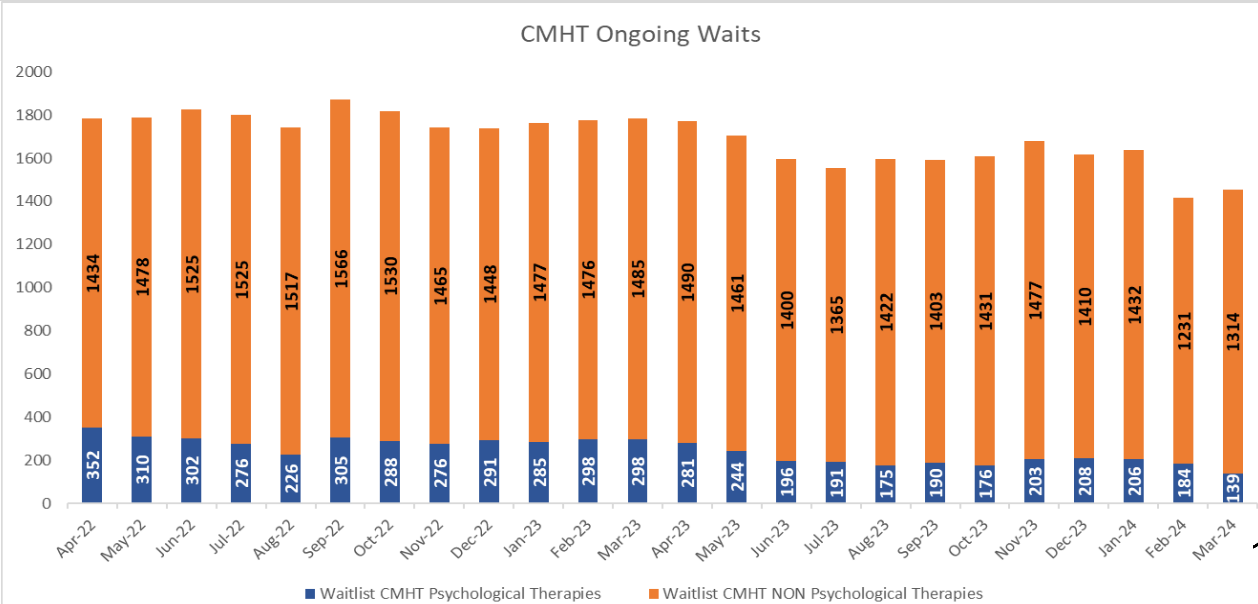
Updated 18/04/2024

Strategic Objective 3 Outcome 10 – Live Well

Priority 10A,10B,10C - *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"*

Community Mental Health Teams





Community Mental Health Teams

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

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

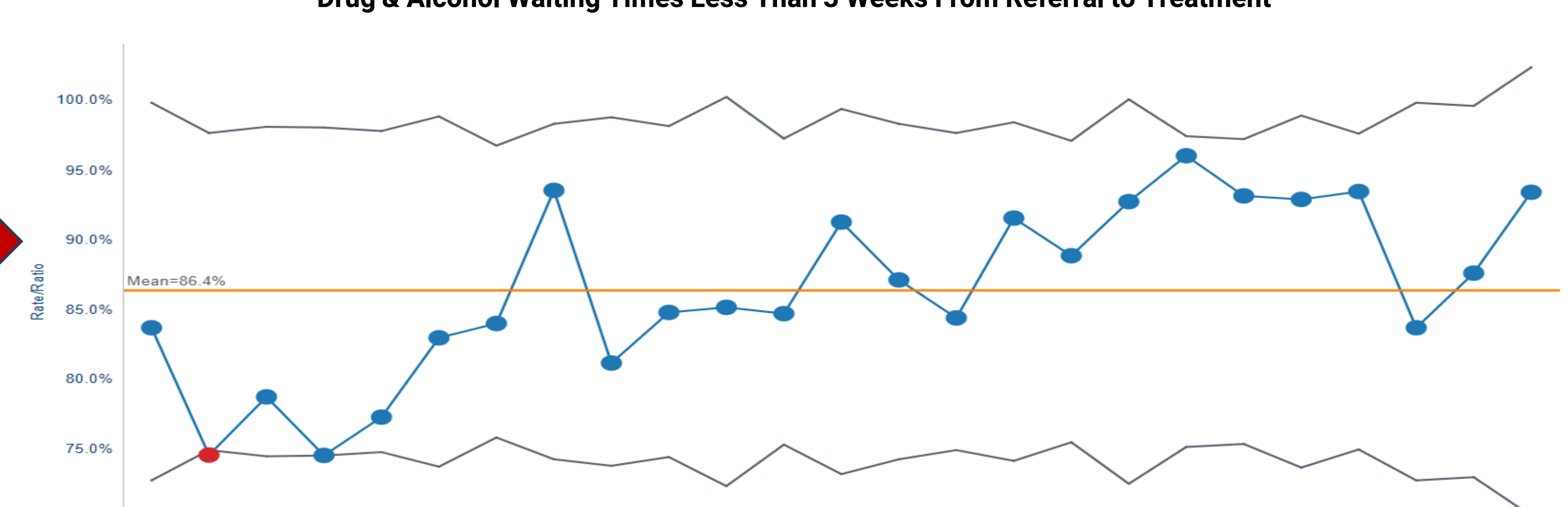
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.

Updated 24/04/2024

Strategic Objective 1 Outcome 3 – Our Population

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

Drug & Alcohol Waiting Times Less Than 3 Weeks From Referral to Treatment



HHSCP - Highland ADP only		
No. of referrals to community based services completed in quarter end 30/09/2023	**Highland ADP**	
Alcohol	*101*	
Drug	*84*	
Co-dependency	*14*	
Total completed	199	
% of referrals to community based services completed within target in quarter end	**Highland ADP**	**Scotland**
% completed <= 3 weeks - Alcohol	90.0%	89.3%
% completed <= 3 weeks - Drug	95.2%	91.8%
% completed <= 3 weeks - Co-dependency	92.8%	91.7%
% completed <= 3 weeks - All	**92.4%**	**90.5%**
TARGET	**90%**	**90%**
> 3 weeks	7.6%	9.5%
Ongoing referrals to community based services at quarter end 30/09/2023	**Highland A**	
Alcohol	23	
Drug	8	
Co-dependency	5	
Total ongoing	36	
<= 3 weeks	30	
> 3 weeks	6	
% breached ongoing waits as at quarter end 30/09/2023	**Highland A**	**Scotland**
% ongoing > 3 weeks - Alcohol	13.0%	20.6%
% ongoing > 3 weeks - Drug	25.0%	19.2%
% ongoing > 3 weeks - Co-dependency	20.0%	21.1%
% ongoing > 3 weeks - All	16.6%	20.3%

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 Other HHSCP Waiting Lists – Up to 24th April 2024

NHS Highland Non Reportable Specialties - Outpatient WL (Excludes Raigmore)

2500
2000
1500
1000
500
0
0-4 wks >4 wks >12 wks >26 wks >52 wks >78 wks >104 wks >130 wks >156 wks >182 wks >208 wks >234 wks >260 wks >286 wks >312 wks

Previous report Current report

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

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

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

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

NHS Highland

Meeting: Highland Health & Social Care Committee
Meeting date: 08 May 2024
Title: Chief Officer Assurance Report
Responsible Executive/Non-Executive: Pamela Cremin, Chief Officer
Report Author: Pamela Cremin, Chief Officer

1. Purpose

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

2. Joint Inspection Adult Support and Protection for Highland HSCP Area

The Inspection has concluded and feedback on the findings are being delivered in 2 feedback sessions (the same session run twice)

- Thursday, 09/05/24: 13:30 - 14:30
- Monday, 13/05/24: 14:00 - 15:00

Please contact Ian Thomson Head of Service: Quality Assurance; Adult Social Care NHS Highland if you would like to attend a feedback session: ian.thomson7@nhs.scot

3. Cradlehall Care Home

Cradlehall Care Home has now closed and all of the residents have been safely placed with other providers.

4. Vaccination Services

Vaccination performance within Highland HSCP has been escalated to level 2 of the national framework by Scottish Government reflecting a lack of confidence in the robustness of the service. There are monthly formal meetings between NHS Highland and Scottish Government as well as weekly informal meetings. The following targets and improvement areas have been put forward by NHS highland:

- Adult vaccination rates to be higher than Scotland Average

- Childhood vaccination rate fall to be stopped and reversed
- Complaints to be reduced to background level
- Measurement of staff and patient experience with positive outcomes
- Effective delivery model for Highland HSCP with locality alignment
- Robust pathways for post-exposure prophylactic vaccinations

Work is under way to address these issues, for example including the potential for tetanus vaccination to be delivered in primary care. Scottish Government have requested firmer project documentation with a specific emphasis on MMR vaccination among infants and HPV vaccination in schools.

In tandem with performance escalation work is being undertaken with Public Health Scotland acting as a critical friend. The PHS team has already visited in person and further specific support work is planned.

A principal management task for Highland HSCP is the review of the delivery model for vaccination with consideration of how best to marshal and deploy staff and resources in different localities and whether additional flexibility may be required in more remote and rural areas. Options appraisal paper is being developed and will be ready for wider stakeholder engagement mid May, with the aim of having any new service configuration in place for the winter 2024 vaccination programme.

5. DadPad App

In a first for Scotland, the DadPad app has been launched in NHS Highland by the Peri-natal and Infant Mental Health Team. The DadPad app is an easy-to-use resource that is free to download and has been developed with the NHS to provide support and guidance for new dads and dads-to-be. The app, which is available across Highland and Argyll and Bute, also provides dads with guidance on how to support and seek help, when needed, for their partners and themselves as they adjust to their new roles, and cope with the physical and emotional strains that this can place on individuals and relationships. It is intended that the app will help provide fathers the confidence they need to build strong attachments and therefore have a long-lasting impact on the mental health of future generations.

6. Community Link Worker (CLW) Service Update

The CLW service aims to impact on health inequalities as part of the Memorandum of Understanding between the Scottish Government and the General Medical Council to reduce pressure on GP's. Through a commissioning process, the CLW contract was awarded to Change Mental Health in July 2021. The service went live in April 2022 to 29 GP practices with the highest number of patients in SIMD 1 & 2. A key consideration for the service delivery was to ensure ease of referral for GP practice and a social prescribing platform called Elemental which links with Vision was procured. This system tracks and records referrals and social prescribing destinations for patients. Patients are supported with non-medical issues and helped to access support around the wider social determinants of health; directing them to the right help and freeing up GP time.

The number of referrals to the service to the end of Feb 2024 was 1782
The main reasons for referral were - mental health, loneliness and social isolation. Other reasons for referral have included - financial issues, bereavement, and housing and essential needs.
The Short Warick Edinburgh Mental Wellbeing Score tool is used to measure patient outcomes. For patients who completed the tool, the mean score increased from 18.5 at the first assessment to 21.7 at the final assessment. This is significant in relation to improved patient outcomes.

Number completed (SWEMWBS Pre)	Mean score (SWEMWBS Pre)	Number completed (SWEMWBS Post)	Mean score (SWEMWBS Post)
516	18.5	151	21.7

The new contract for the CLW service will run from 5th July 2024 for 3 years and has been awarded to Change Mental Health, the current provider. The service will be expanded to all 62 GP practices, with the expansion to new practice being allocated on a cluster basis, with the focus remaining on patients most in need of support.

UHI were awarded funding form the Chief Scientists Office to undertake an evaluation of the CLW service with a focus on remote and rural areas. The research uses a mixed method approach to capture the impact on i) patients, ii) the third sector and ii) the wider health care system. This research project is ongoing and will report in 2025.

7. Feedback from Joint Monitoring Committee

The following agenda items were discussed:
- Future Strategic Reporting to JMC
- Integrated Childrens Services Annual Report
- Adult Services Update Report
- NHS Highland and Highland Council Finance Reports

An update was provided regarding the implementation of the Joint Strategic Plan and the requirement for an implementation plan with appropriate metrics and outcome focussed delivery.

Mr David Fraser has reached the end of his tenure as Chair of the JMC and Sara Compton-Bishop (current vice chair) will take up the Chair for 12 months from 1 April, with Mr Fraser taking on the role of Vice Chair.

8. Enhanced Services

The proposal for Enhanced Services that was communicated to General Practice has been paused and a revisit of communication and engagement governance with GP Sub Committee and Local Area Medical Committee (LMC) representation has taken place. A governance and communication framework between NHS Highland and LMC has been agreed and negotiation is actively in place to develop and agree Enhanced.

9. Feedback from Joint Monitoring Committee

The following agenda items were discussed:
- Future Strategic Reporting to JMC

- Integrated Childrens Services Annual Report
- Adult Services Update Report
- NHS Highland and Highland Council Finance Reports

An update was provided regarding the implementation of the Joint Strategic Plan and the requirement for an implementation plan with appropriate metrics and outcome focussed delivery.

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Item 4.1

NHS Highland

Meeting:	**Health and Social Care Committee**
Meeting date:	**8 May 2024**
Title:	**Implementing the Blueprint for Good Governance Self-Assessment Findings**
Responsible Executive:	**Chief Officer, Community**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to Clinical Governance Committee for:

- Assurance

This report relates to a:

- Board Decision

This aligns to the following NHSScotland quality ambition(s):

- Effective

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	X
Care Well		Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well	X				

2 Report summary

2.1 Situation

This report provides an update on the delivery of actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that are of relevance to the Clinical Governance and Health and Social Care Committees.

2.2 Background

The Board agreed its Blueprint Improvement Plan on 25 July 2023 and that the relevant Governance Committees should oversee its progress and delivery.

In addition to Governance Committee oversight, the Board Secretary provides a formal six-monthly assurance report to the Board focussing on governance improvements as identified in the Blueprint Improvement Plan. The next Board-

level progress update is scheduled for the end of July 2024. Assurance rating will reflect delivery against agreed improvement actions.

2.3 Assessment

The Board has agreed that informal oversight of the progress of the improvement work is undertaken at relevant Governance Committee and Committee Chairs meetings.

The Board's Blueprint for Good Governance Improvement Plan contains 17 specific actions in total. Three of these commitments relate directly to the remit of both the Clinical Governance and Highland Health and Social Care Committee. Oversight of progress on the three specific actions is therefore being reported to both groups.

The appendix to this report now details the progress that has been made for Committee members' information and oversight.

2.4 Proposed level of Assurance

Formal assurance reporting on delivery of the Blueprint for Good Governance Improvement Plan will be provided to the Board on a bi-annual basis. Board-level Assurance will be based on delivery against the whole plan. This report is being presented to the Committee for oversight purposes only and indicates the following level of assurance at this stage:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Substantial assurance can be offered once the actions on the blueprint Improvement Plan have been completed. This report indicates that there is progress being made and hence the moderate assurance level.

3. Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been agreed by the Board on 25 July 2023 and discussed with all Board members.

3.9 Route to the Meeting

The subject of this report has been agreed by the Board on 25 July 2023.

4 Recommendation

The Committee is asked to take assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions.

4.1 List of appendices

- Appendix 1 Extract Blueprint for Good Governance Improvement Plan 2023 actions relating to this Committee's Terms of Reference

APPENDIX 1

DATE of MEETING	Exec Lead	Operational Lead	Objective	Specific Action	Status Update - 15/09/2023	Update requested 08/04/2024
CGC **2 November 2023 and 2 May 2024** **HHSC** **1 November 2023 and 2 May 2024**	**Director of People & Culture, Medical Director, Chief Officer Community,**	Head of Comms and Engagement	Embedding patient and community representation and feedback within the performance framework and governance structure	Pilot increased publicity of Care Opinion Pilot in Community services and decision made on whether or not to expand Care Opinion to Community services Report on learnings from pilots to HHSCC and CGC in November as part of Community Engagement reporting and capture Highland HSCP assessment of the Engagement Framework's progress as part of this. Ruth D asked B Mitchell and S Chase to include on agenda for November 23 meeting on 05/10/23 Continue Highland 100 panel recruitment - ongoing to end of 2023/24 - and send out	**Ruth Fry - 15/09/2023** Pilots going well with measurable increase in stories being received and responded to. New services seeking to join the pilot. Work ongoing between Strategy and Transformation and Communications and Engagement teams to embed engagement and feedback into planning and redesign protocols. HHSCC and CGC report being drafted. Highland 100 panel contact details being collated and first survey drafted. **Ruth Fry - 11/12/2023** Care Opinion pilots now wrapped up and final	**Ruth Fry 11/04/2024** The Care Opinion pilot has concluded and the service has been handed back to Clinical Governance/the Feedback Team. The pilot was successful with a 125% increase in stories submitted and more stories being responded to (over 51% within 7 days), more quickly and by more staff. This report has been shared with the Chief Officer for Highland HSCP along with information on the cost of extended Care Opinion to community services. The Highland 100 Panel has 30 members so far and an initial survey has been carried out.

				first survey by December 2023	report is being written (slight delay due to sickness absence). Report will be shared with chief officers to make decision on whether or not to roll out Care Opinion to Community Services. Administration of pilot teams now being handed back to the Feedback Team. Work continues between Strategy and Transformation and Communications and Engagement teams to embed engagement and feedback into planning and redesign protocols. Engagement Framework update report was considered by the HHSCC and CGC in November.	

CGC 7 March 2024 and 2 May 2024 HHSC 6 March 2023 and 8 May 2024	**Nurse Director** **Medical Director**		Establish and agree a plan to implement a Quality Framework arising from recent work undertaken with Amanda Croft.	Establish a clear definition, understanding and organisational prioritisation of quality that is underpinned by patient and colleague experience, and National Guidelines.	**Louise Bussell - 15/09/2023** The outcome of the Quality review has been presented and discussed at the Area Clinical Forum and is due to be presented at the Area Medical Committee (3 October) and the NMAHP Advisory Group (28 September) as part of the development of a consensus on a Quality Framework. It is going to the psychology leads meeting on 12th October and the area pharmacy committee on the 23rd October. (Just need a date for social care).	**Louise Bussell 12/04/2024** There is a joint development session between ACF and the Board on 23rd April focussing on the proposed quality framework to consider if it is the best fit for the work required
CGC 7 March 2024 and 2 May 2024 HHSC 6 March 2024 and 8 May 2025	**Nurse Director** **Medical Director**		Ensure that patient feedback is consistently collected, effectively shared, responded to and utilised across all areas of the Board.	Ensure systems and processes are developed to improve in the collection, reporting and use of patient experience feedback across the Board	**Louise Bussell - 15/09/2023** Exploring approaches being utilised internally and externally in order to put forward recommendations for establishing consistent patient feedback.	**Louise Bussell 12/04/2025** This is going to be a longer term action as it requires considerable development work. Currently mapping out board position in order to establish a plan