



Together We Care
with you, for you



North Highland Health and Social Care Partnership Performance and Quality Report

28 June 2023

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

North Highland Health & Social Care Partnership

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

It is **recommended** that:

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



Development

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

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

Content:

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

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

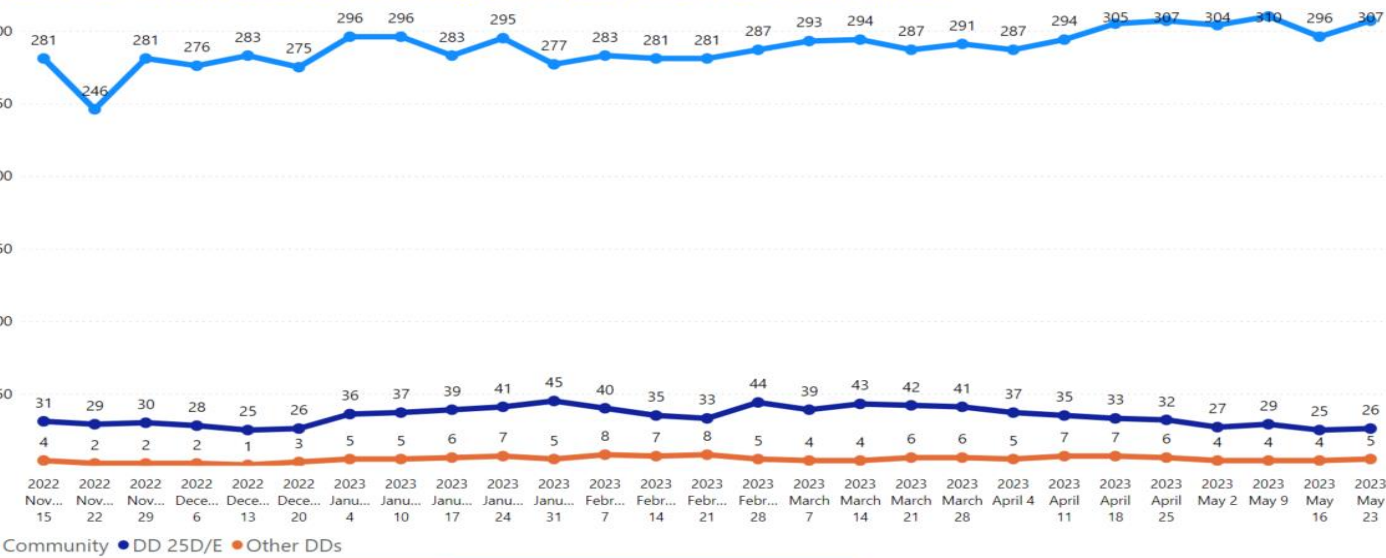
Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

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



North Highland Care at Home – Unmet need

Total number of people assessed and awaiting a new package of care (Community and DDs)



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

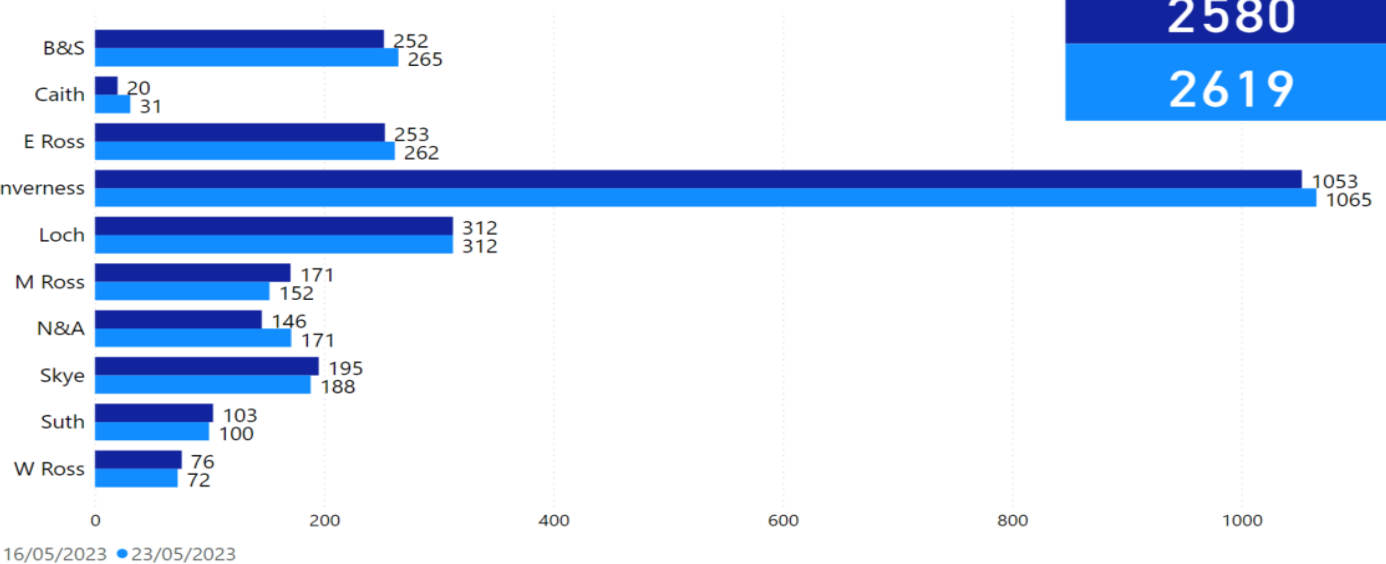
This manual data return commenced late in 2021 and data is provided by internal care at home (CAH) colleagues.

Graph 1- All North Highland hospital DHD’s are included which shows those assessed as requiring CAH in either a hospital, or at home.

- Community - 307 awaiting care at home service
- DHDs – 26 awaiting a care at home service
- DHDs – 5, 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.

Unmet need hours by locality, this includes all unmet need hours regardless of type



2580
2619

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

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH continues to be around 2600 planned hours per week.

Update 06/06/2023

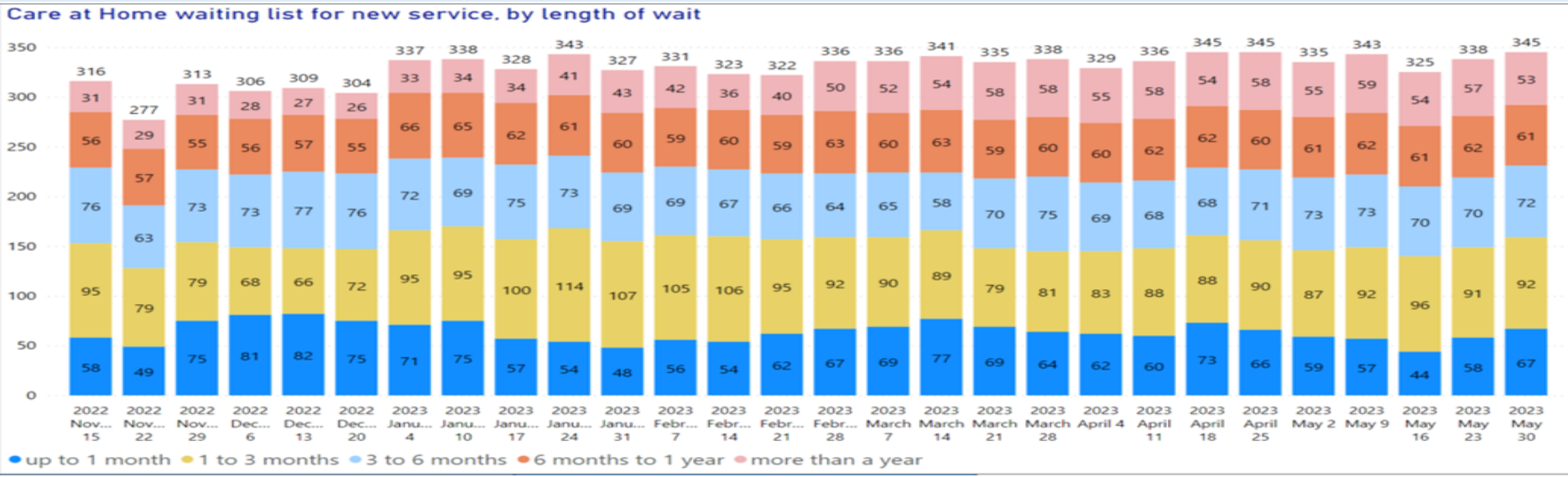
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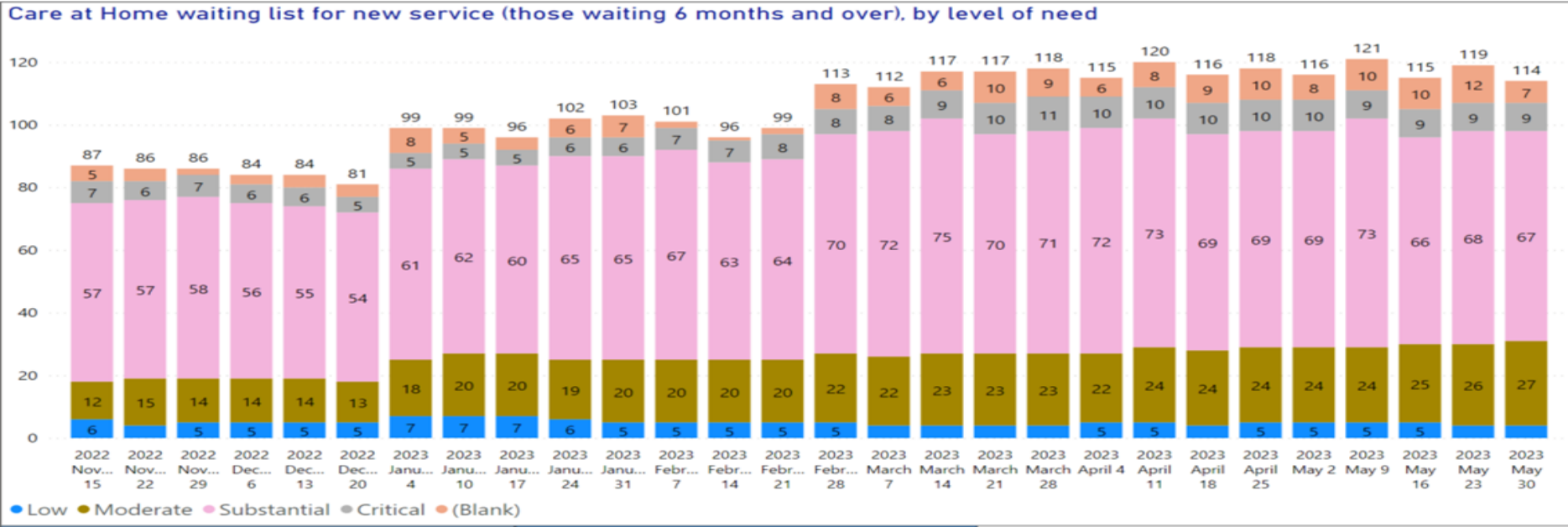
North Highland Care at Home – Unmet need



Graph 1- All North Highland unmet need for care at home, including waiting times

- Up to 1 month – 67
- 1 to 3 months – 92
- 3 to 6 months – 72
- 6 to 12 months – 61
- More than a year - 53

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



Graph 2 – Further breakdown of those waiting longer than 6 months by current waiting list criteria.

These charts are provided for the first time as per the request from the last committee

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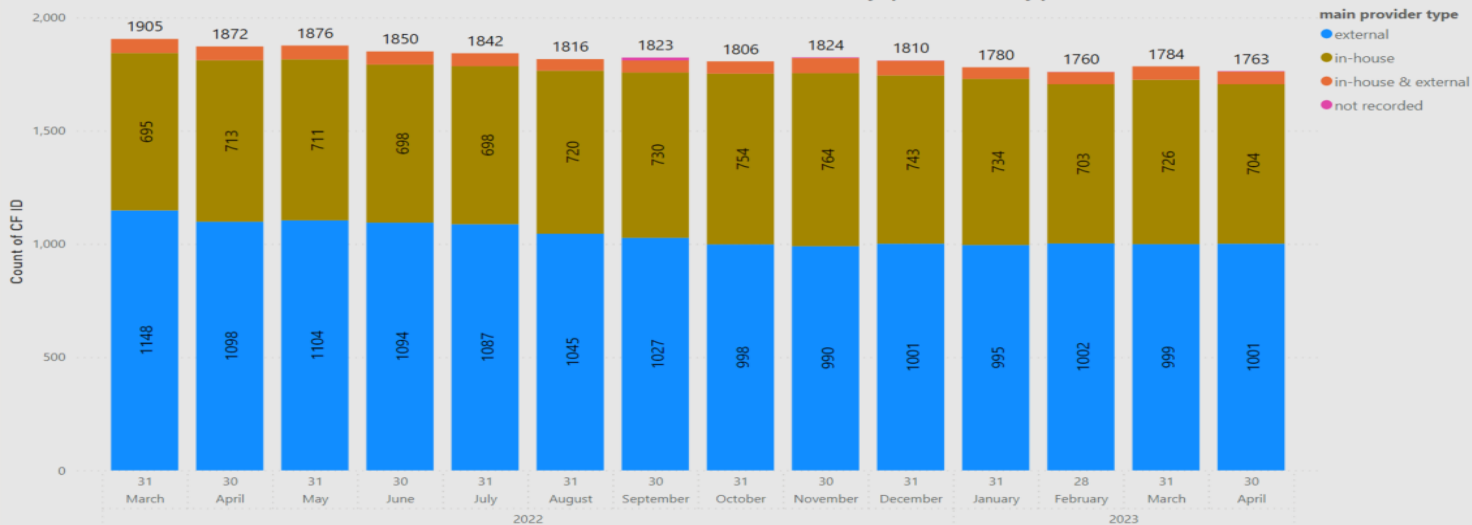
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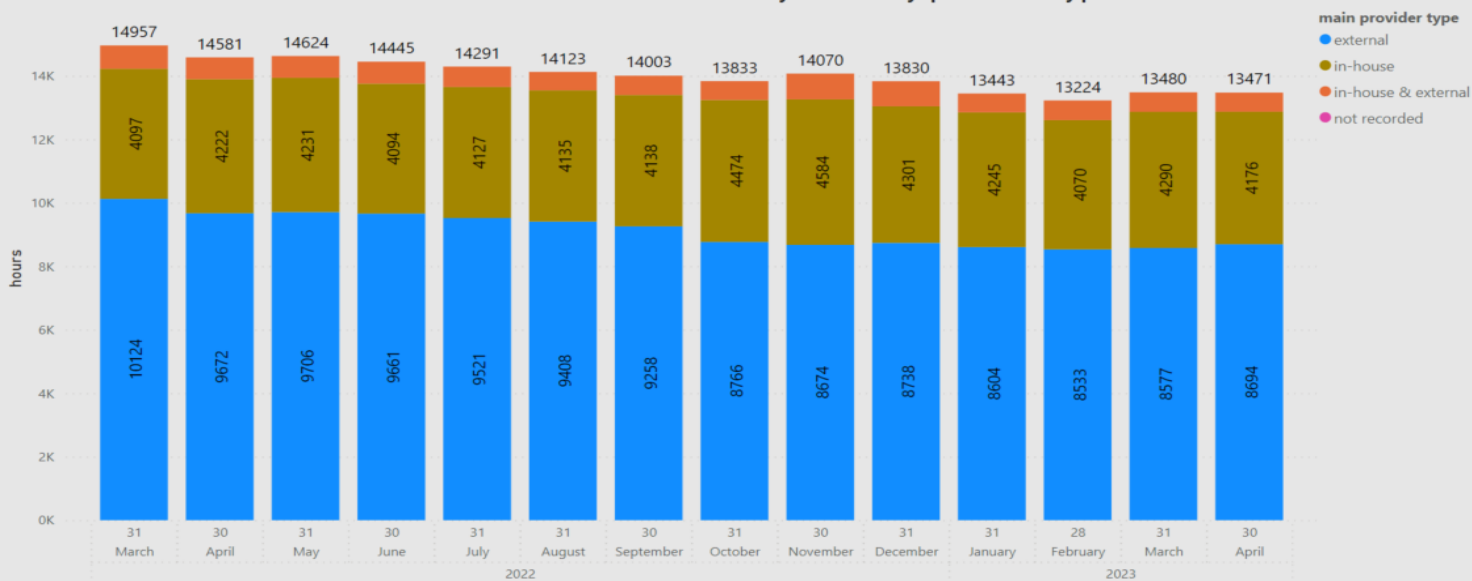


North Highland Care at Home

Care at Home - count of clients by provider type



Care at Home - sum of weekly hours by provider type



Care at Home

Overall numbers continue to fall after a period of significant and sustained reductions during 2021 and 2022.

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

The impact of care at home 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.

It is therefore proposed that a specific programmed area of work is established to co-create and co-develop a medium-term care at home delivery vision and supporting commissioning approach.

The programme would seek to deliver the following **five key objectives** below:

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

NHS Highland and external care providers continue to operate in a pressured environment.

Update 06/06/2023

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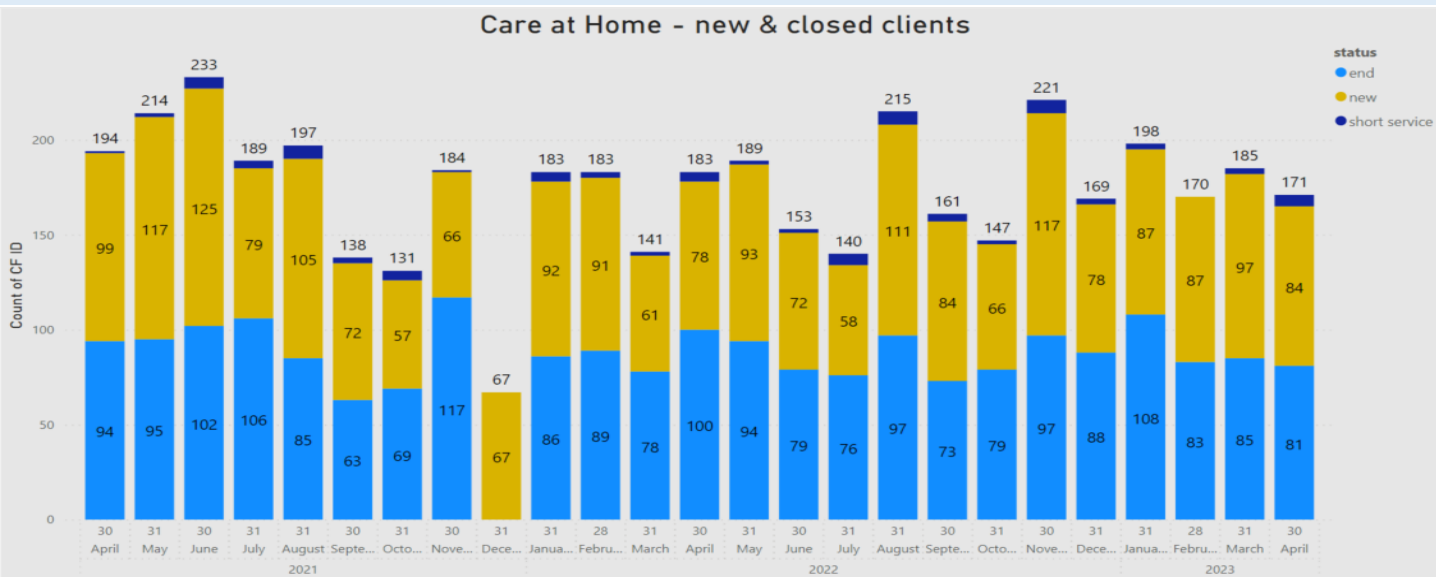
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North Highland Care at Home

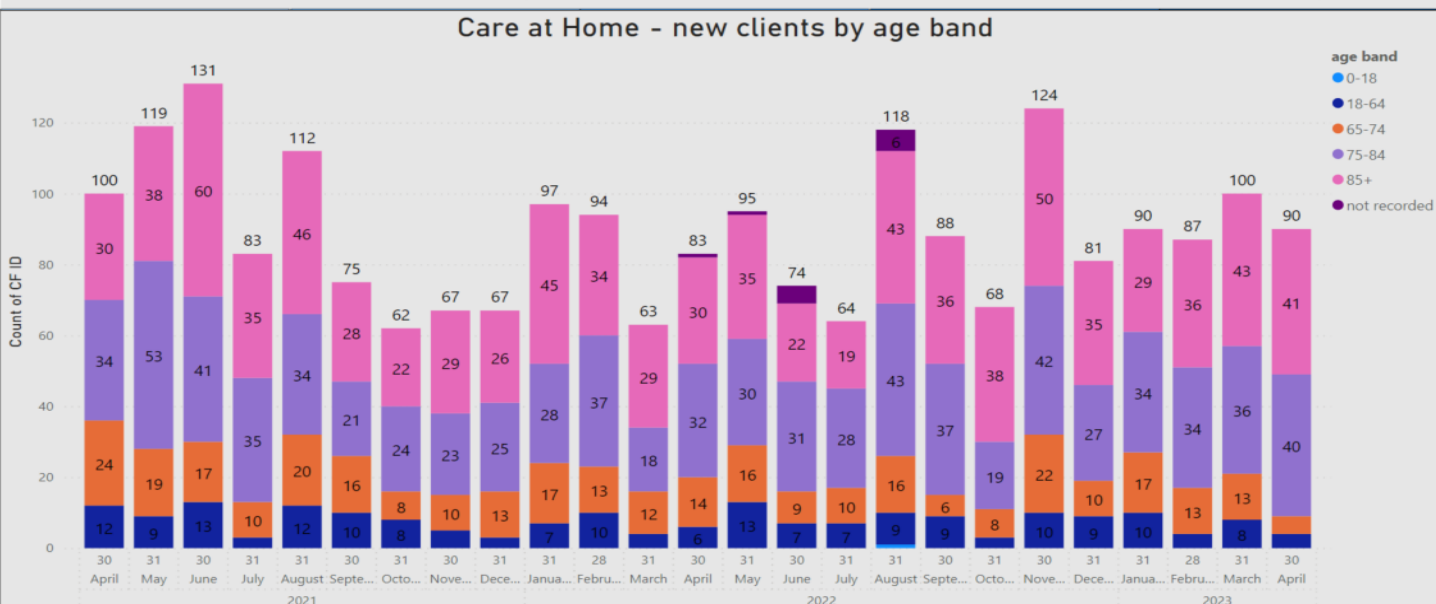
Care at Home – New & Closed Packages



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

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

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



Update 06/06/2023

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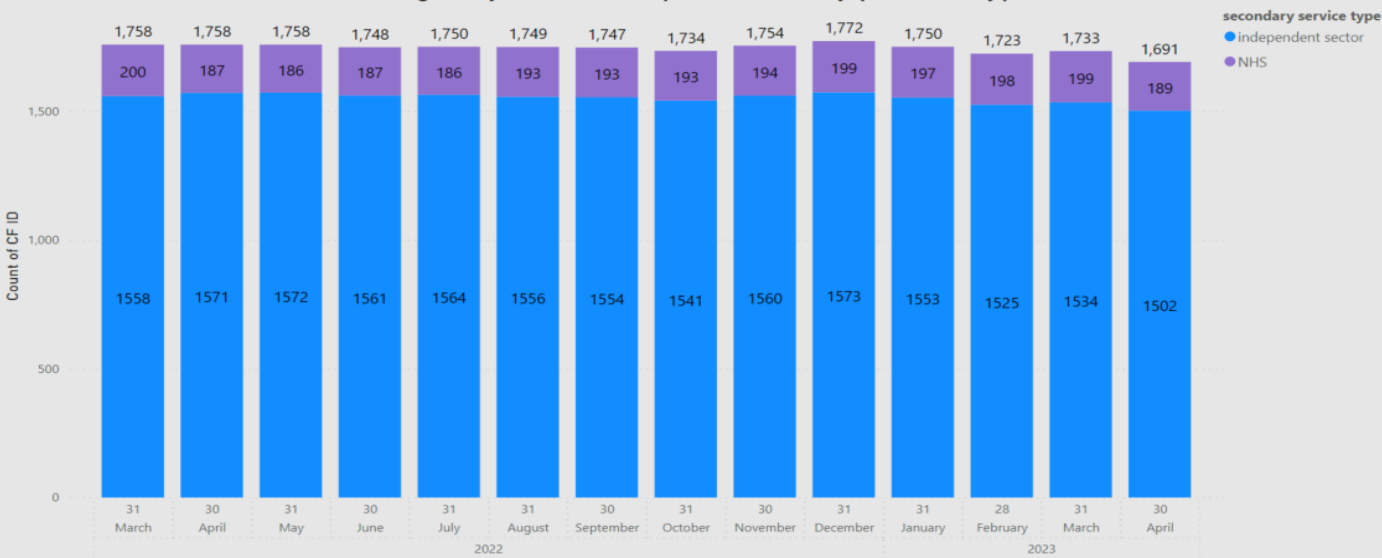
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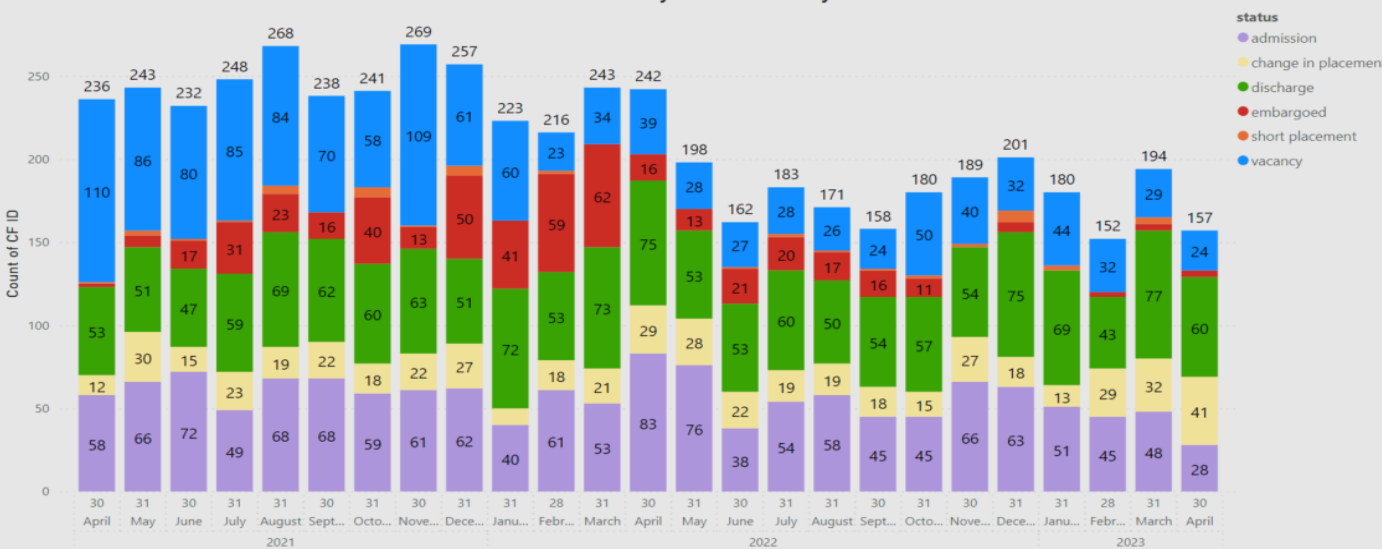


North Highland Care Homes

Long-stay Care Home placements by provider type



Care Homes by Bed Activity Status



North Highland Care Homes

There has been significant independent sector care home fragility during 2022-23 and many are still under pressure. The single biggest challenge is the ability to recruit and retain staff in the remote and rural context that the services work within as many are competing with the NHS, tourism and other workforce sectors.

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

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

The total number of independent sector occupied beds at April 2023 is 1502 which is the lowest for many years. This reduced bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital settings.

Since March 2022, there have been 4 independent sector care home closures, with a further closure announced in March 2023, which is expected to conclude June 2023. Also, during this period, the partnership acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

The HSCP are still working with the Highland Council to develop a strategy for care homes and an implementation plan to span the medium to longer term care environment.

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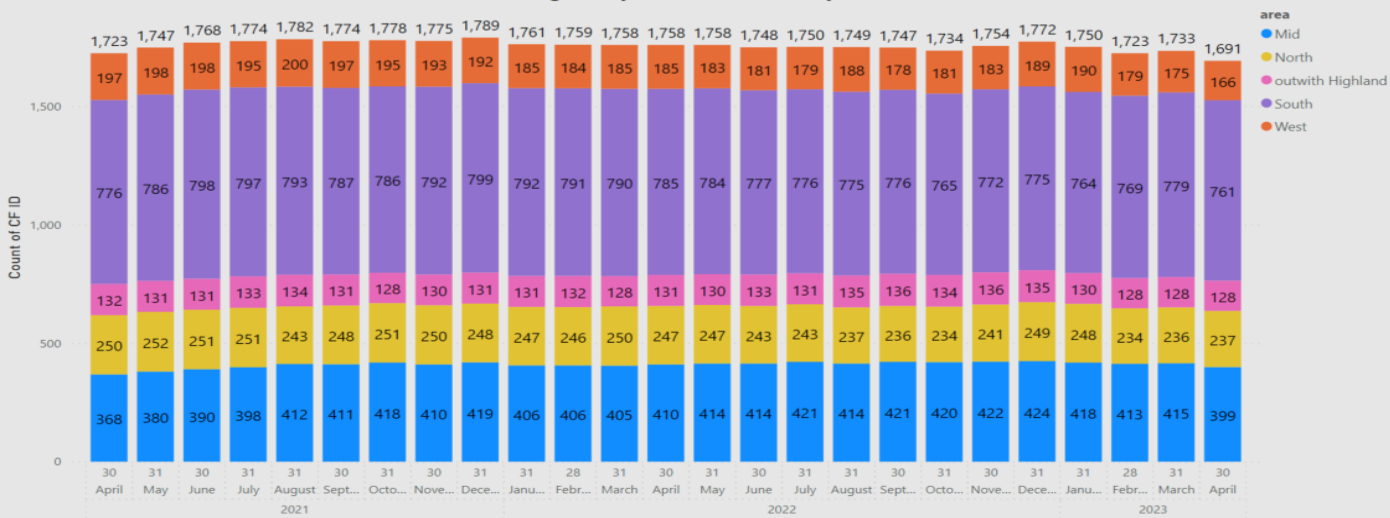
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North Highland Care Homes

Long-stay Care Homes by area



North Highland 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 North Highland.

South: 761 occupied beds

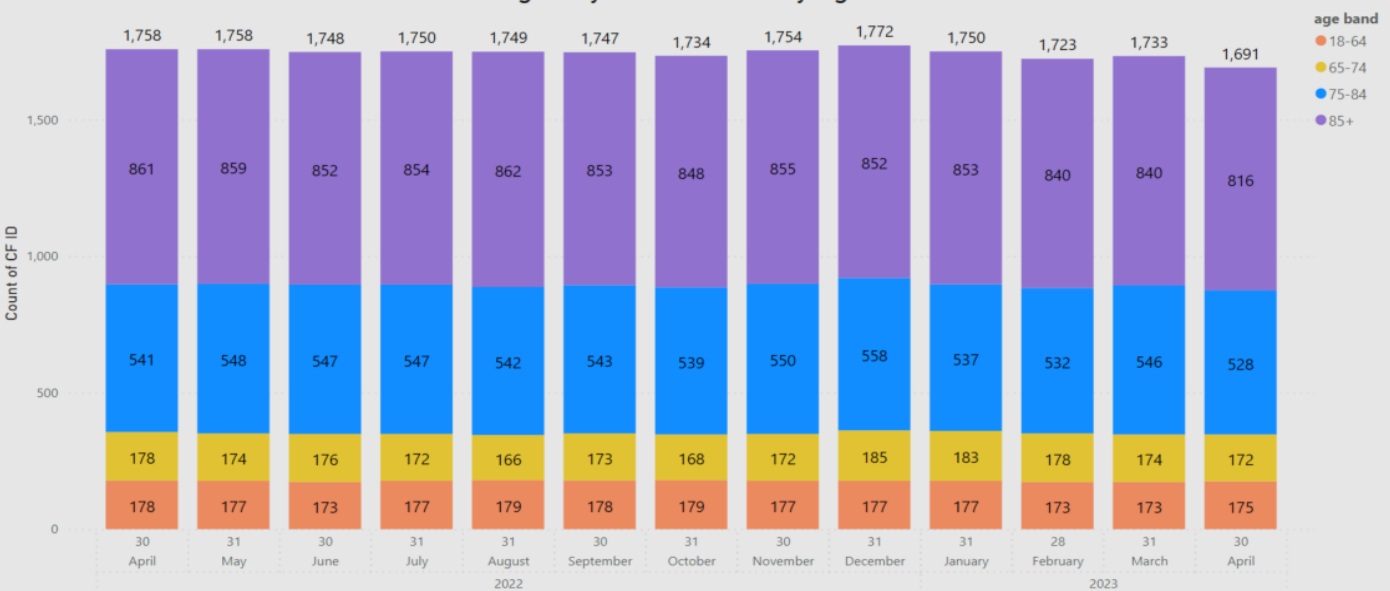
Mid: 399 occupied beds

North: 237 occupied beds

West: 166 occupied beds

Out of Area: 128 occupied beds

Long-stay Care Homes by age band



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

Update 06/06/2023

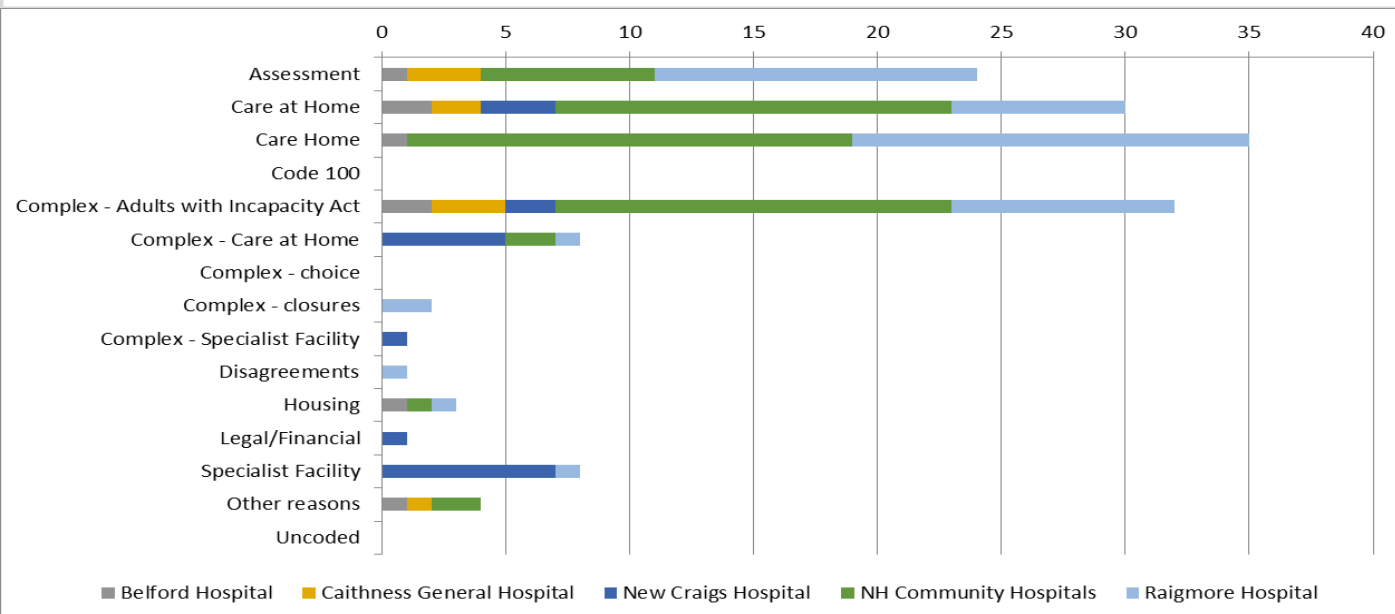
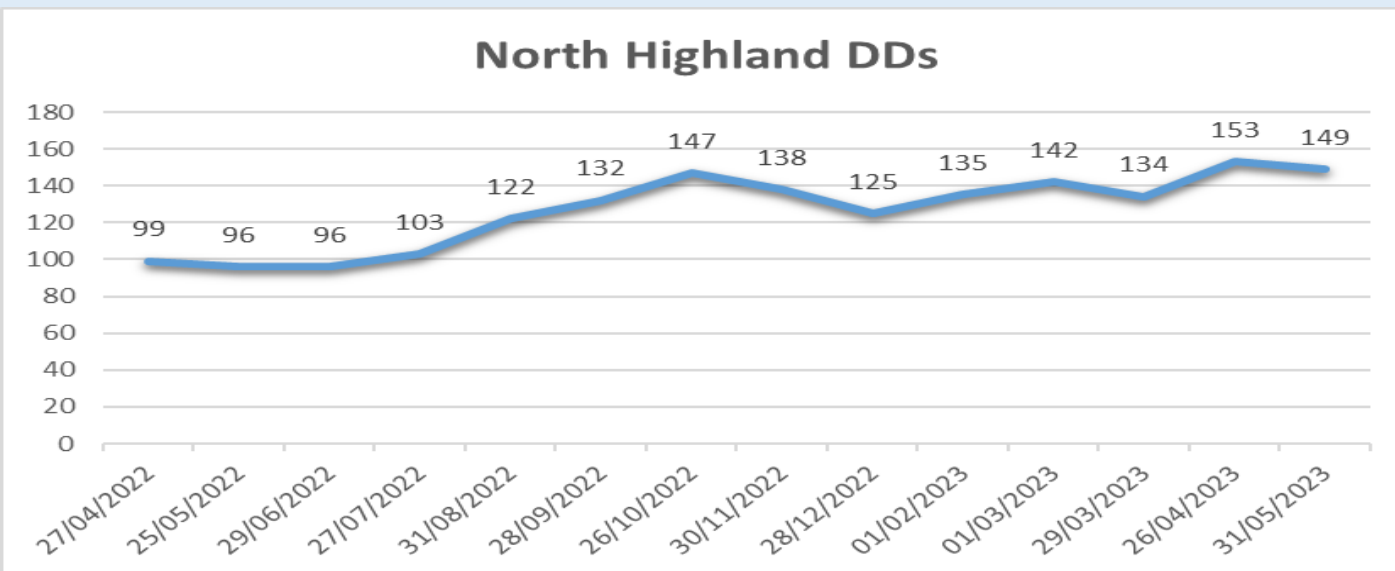
Strategic Objective 3 Outcome 11 – Respond Well

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

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



North Highland DDs



Performance Overview North Highland

Update: 149 delayed discharges @ 31/05/2023 with 22 of those code 9 (complex-AWI), 30 awaiting social care arrangements to return home (care at home/adaptations), 24 awaiting assessment and 35 awaiting care home placement.

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

- Delayed discharges remain a concern. Hospital flow has undoubtedly been impacted by the latest independent sector care home closure (35 beds) and a total loss of 140 care home beds within the last year.
- The Discharge without Delay Delivery Group continues to focus on strengthening community pull activity, implementation of planned date of discharge across all hospital sites and daily oversight and planning for all people who are delayed, in addition to facilitating timely discharge of patients before they become delayed.
- Daily MDT Decision-Making Teams within each District also focus on preventative support for people in the community to avoid inappropriate hospital admissions.
- Additional areas of focus include a review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.
- Cross system working and adopting a whole system approach remains key to ensuring the success of this work.

Update 08/06/2023

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

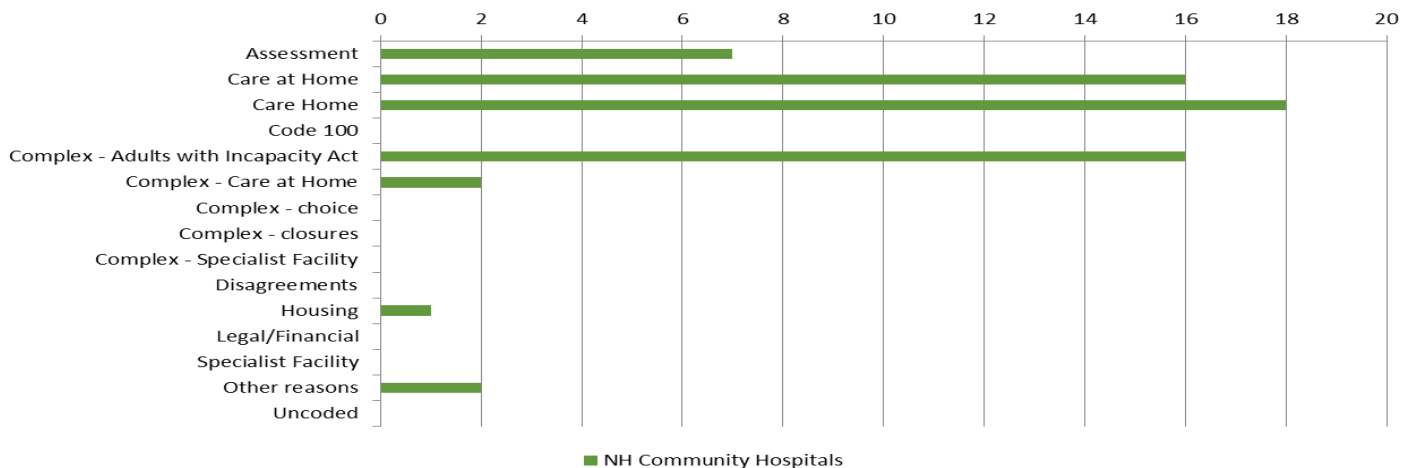
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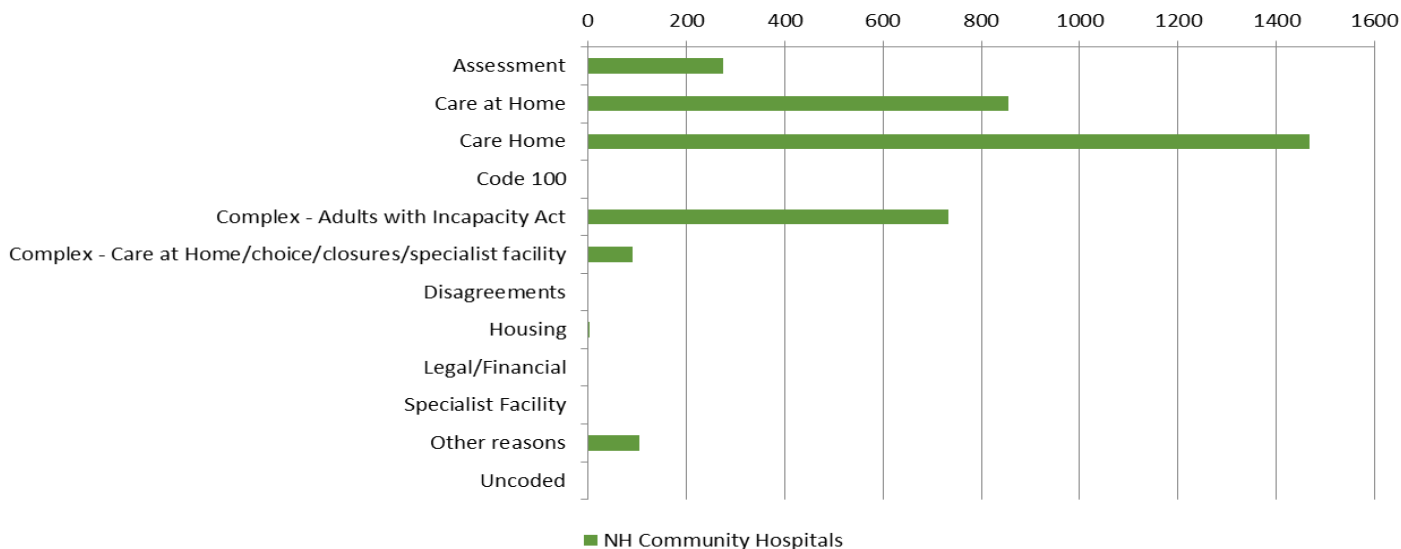


North Highland Community Hospitals DDs

NH Community Hospitals 31/05/2023 by Reason



NH Community Hospitals - Bed Days by Reason



Performance Overview North Highland

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

Of the 149 delayed discharges at 31/05/2023, 62 are in North Highland Community Hospitals, an increase of 12 on the March reported position. 19 are in New Craigs hospital (-1 on March position) and the remaining 68 are delayed in acute hospitals.

All teams are focused on ensuring patients are discharged home as early as possible. Daily oversight and collective problem-solving is a key feature of DMT meetings in each of the Districts. These meeting also have oversight of those patients who are subject to AWI process to ensure focus and monitor progress.

Ongoing challenges with reduced care at home and care home capacity continue to impact throughout all of North Highland area.

Update 08/06/2023

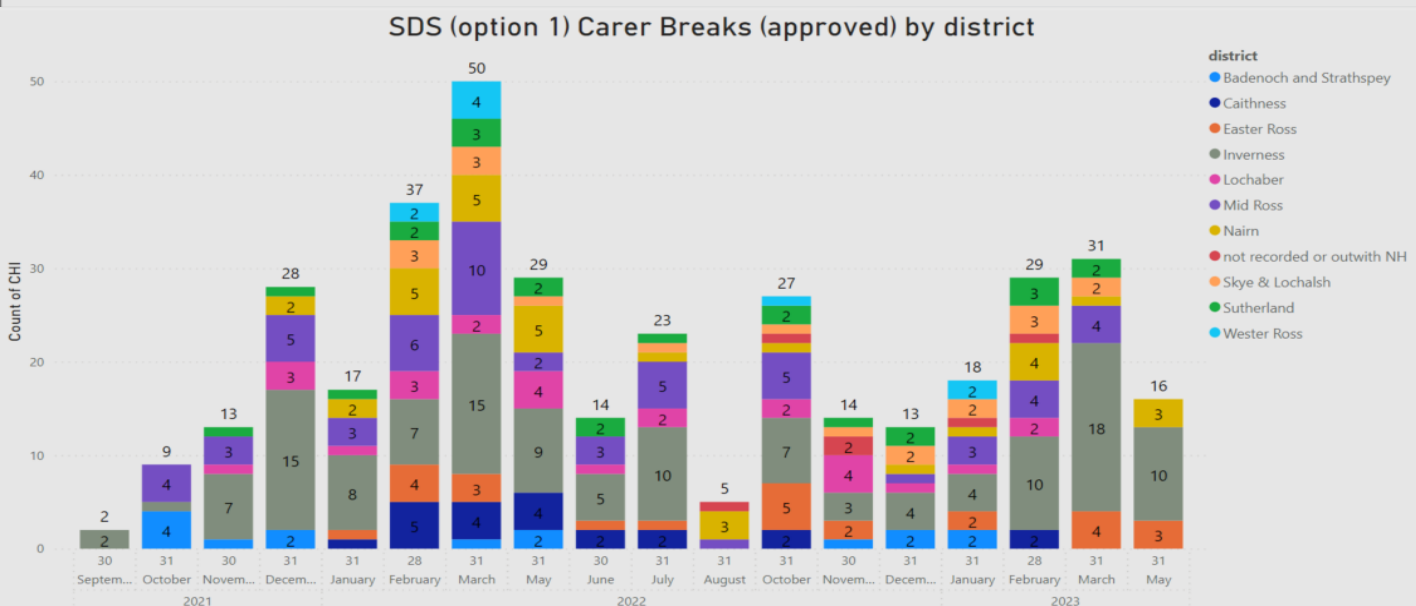
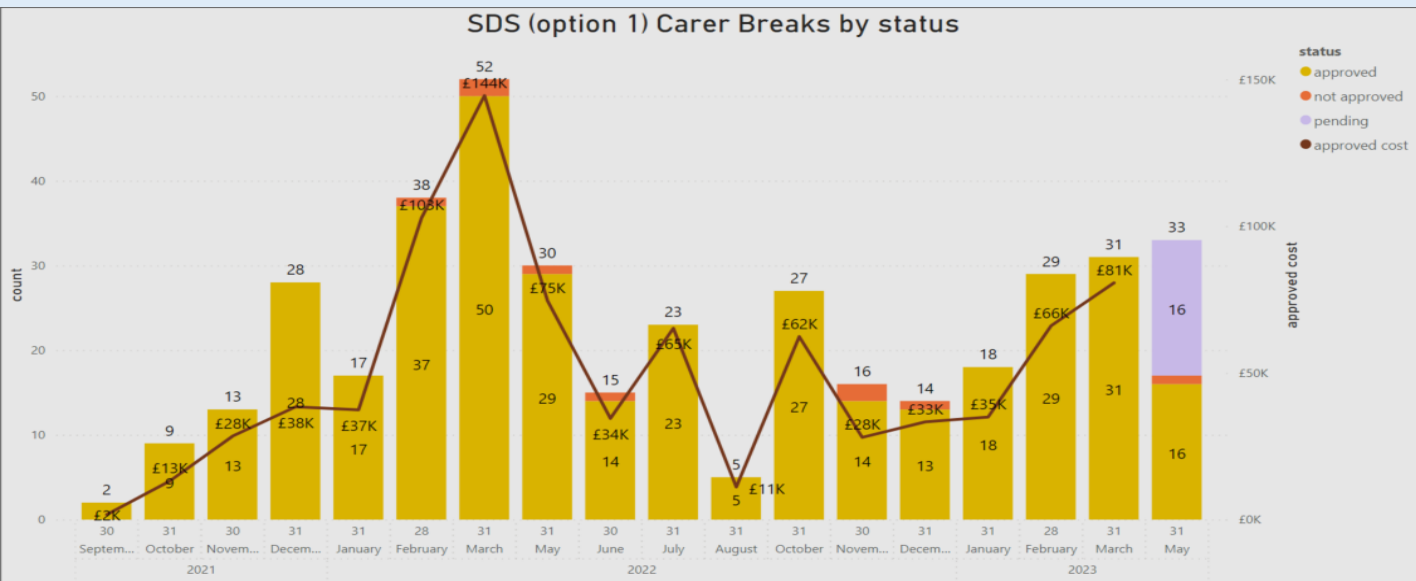
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Carer Breaks – Option 1 (DP)



SDS Option 1 (Carer Break scheme)

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

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

The scheme continues to be well received by carers and their families with the number of approved applications starting to increase again during recent months.

NHS Highland has partnered with a number of organisations to host a special event for unpaid carers on Thursday 15th of June.

NHS Highland Carer Support Services as well as many other support organisations such as Connecting Carers, Carr Gomm, and Befrienders Highland will be there to chat and offer support for carers.

The event comes as part of NHS Highland’s celebration of Carers Week (5 – 11 June 2023), an annual campaign raising awareness of caring and highlighting the challenges unpaid carers face.

Update 06/06/2023

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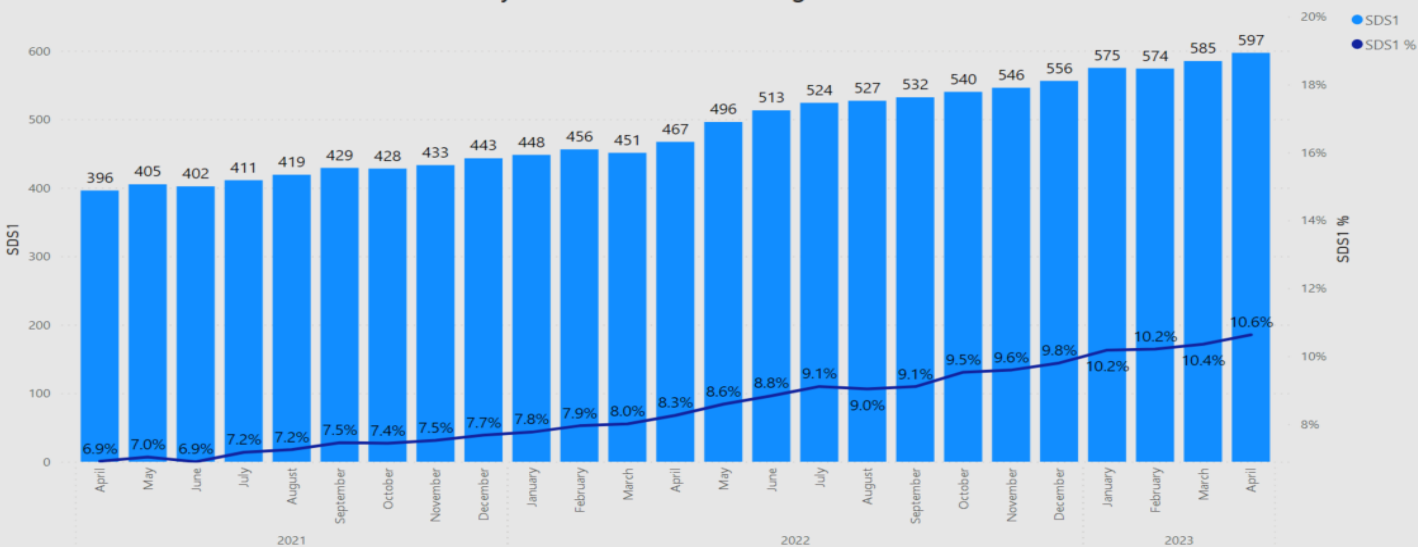
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Self Directed Support – Option1 (DP)

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



SDS Option 1 (Direct Payments)

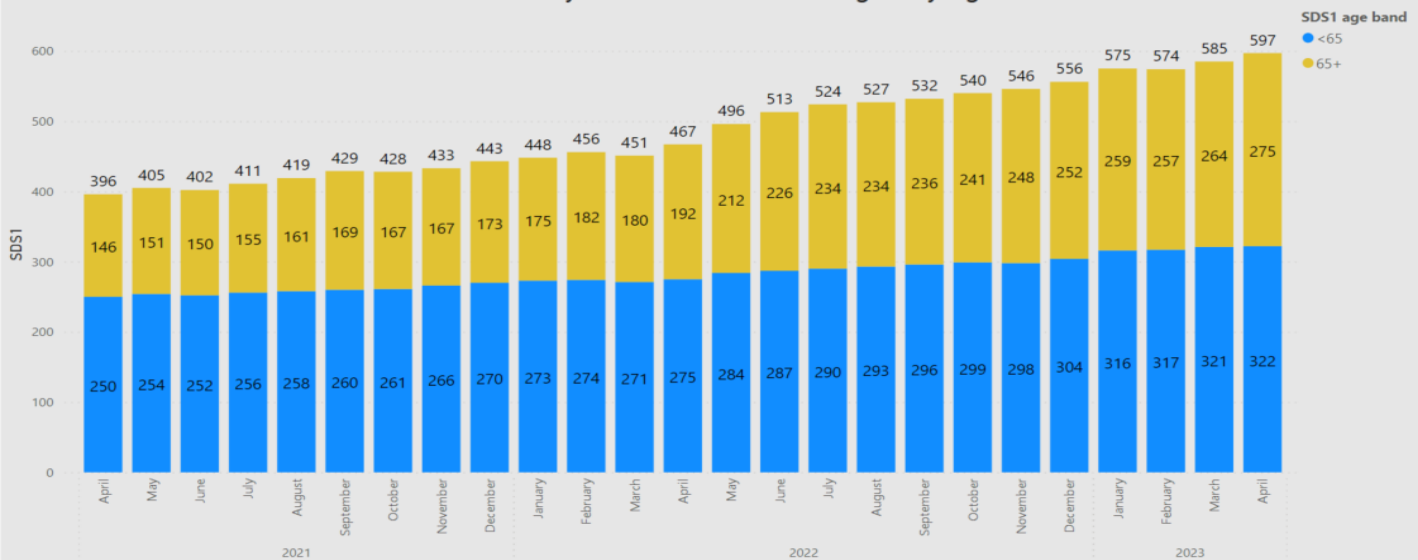
Sustained growth in Option 1s for both younger and older adults in some of our more remote and rural areas. An overall increase of 201 since March 2022 with further growth expected this year.

The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission other care services.

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

Our current number of active service users receiving a direct payment as at Apr 23 is 597, with a projected cost of around £11.4m.

SDS1 Direct Payments - No. of Packages by age band



As an integral component of our Self Directed Support Strategy, work on identifying the core cost components of a personal assistant has concluded with the group agreeing on a co-produced new reference rate hourly proposal in March 2023 which has been considered within the appropriate governance and assurance structures of NHS Highland and will be presented to a future committee for consideration and final decision.

Option 1 service users who employ a personal assistant are currently paid based on an initial rate of £15.52 per hour from April 2023.

Update 06/06/2023

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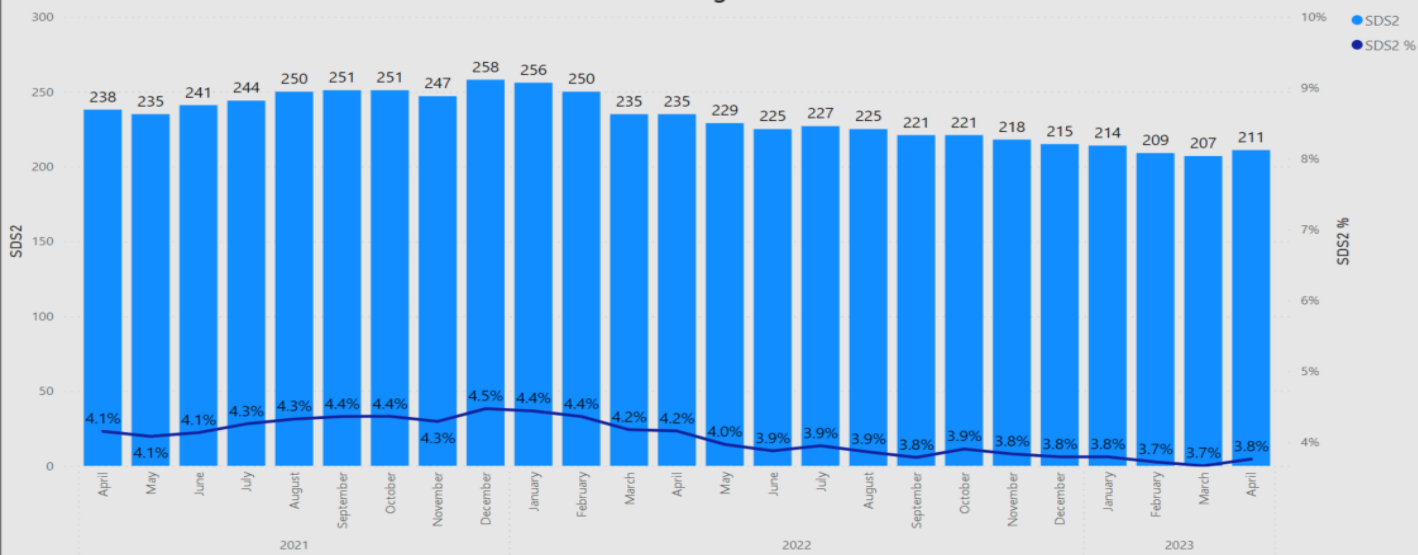
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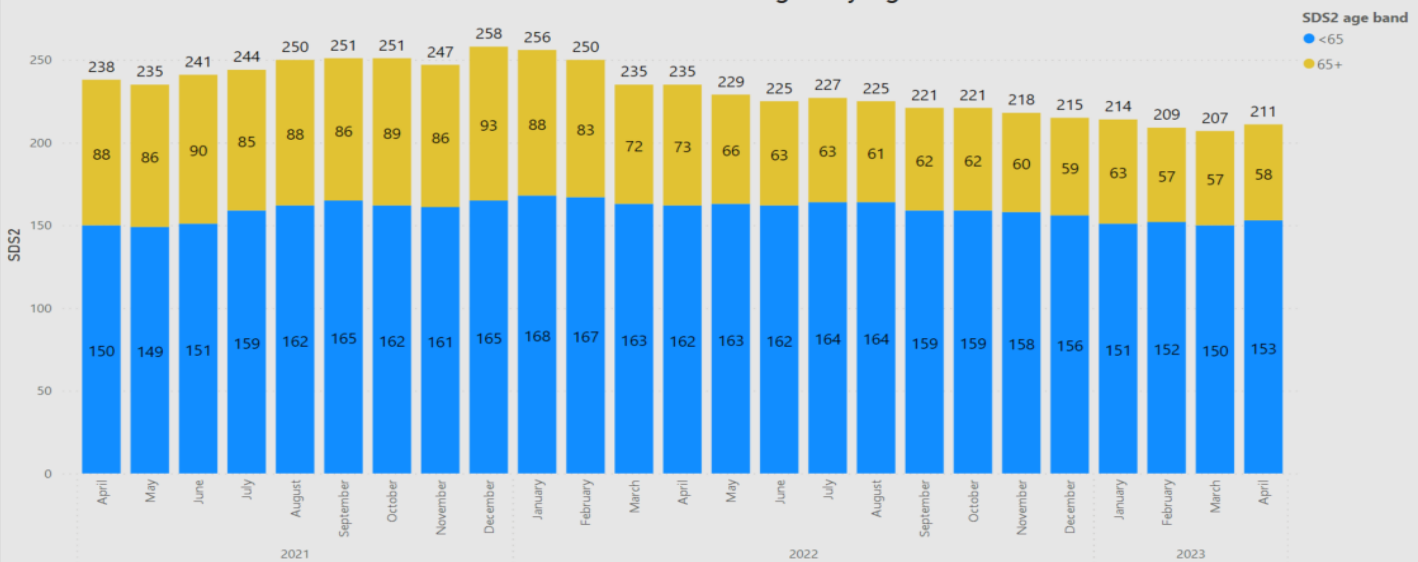


Self Directed Support – Option2 (ISF)

SDS2 ISFs - No. of Packages & % of all ASC clients



SDS2 ISFs - No. of Packages by age band



SDS Option 2 (Individual Service Funds)

ISFs continued to reduce during 2022 after a peak of 258 in Dec 2021, although we have seen a stabilising of the position so far in 2023.

Overall number of ISFs split by age band, highlighting resource pressures which is a recurring theme across Health and Social Care.

Our current number of active service users receiving an ISF is 211 as at April 2023 with a projected annual cost of £5.1m.

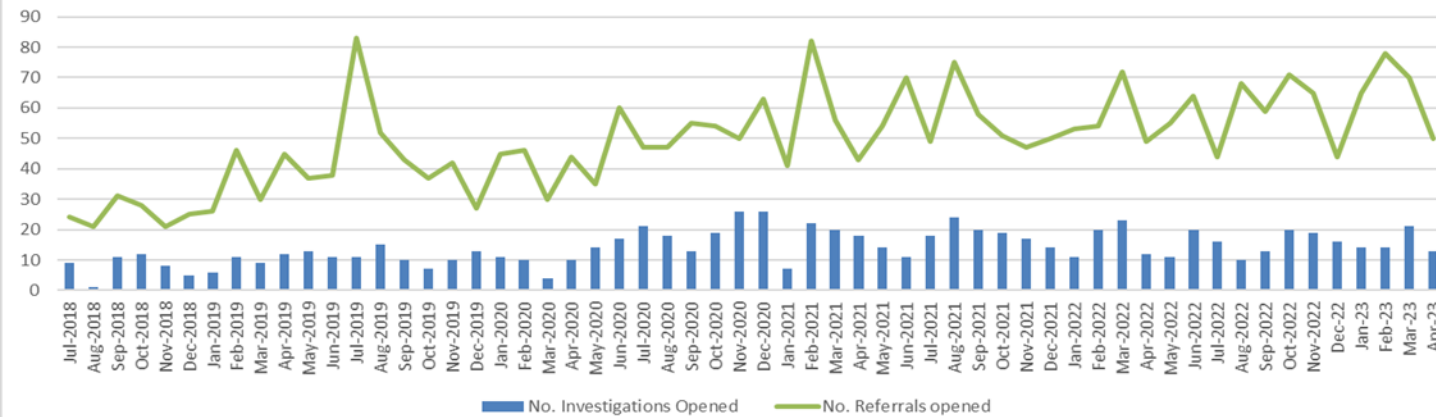
Plans are now in development to better understand and resolve any process barriers to growing the overall number of ISFs.

A restructure of the operation of Option 2's was agreed as a key work stream component within an overall programme for Promoting choice, flexibility and control.

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

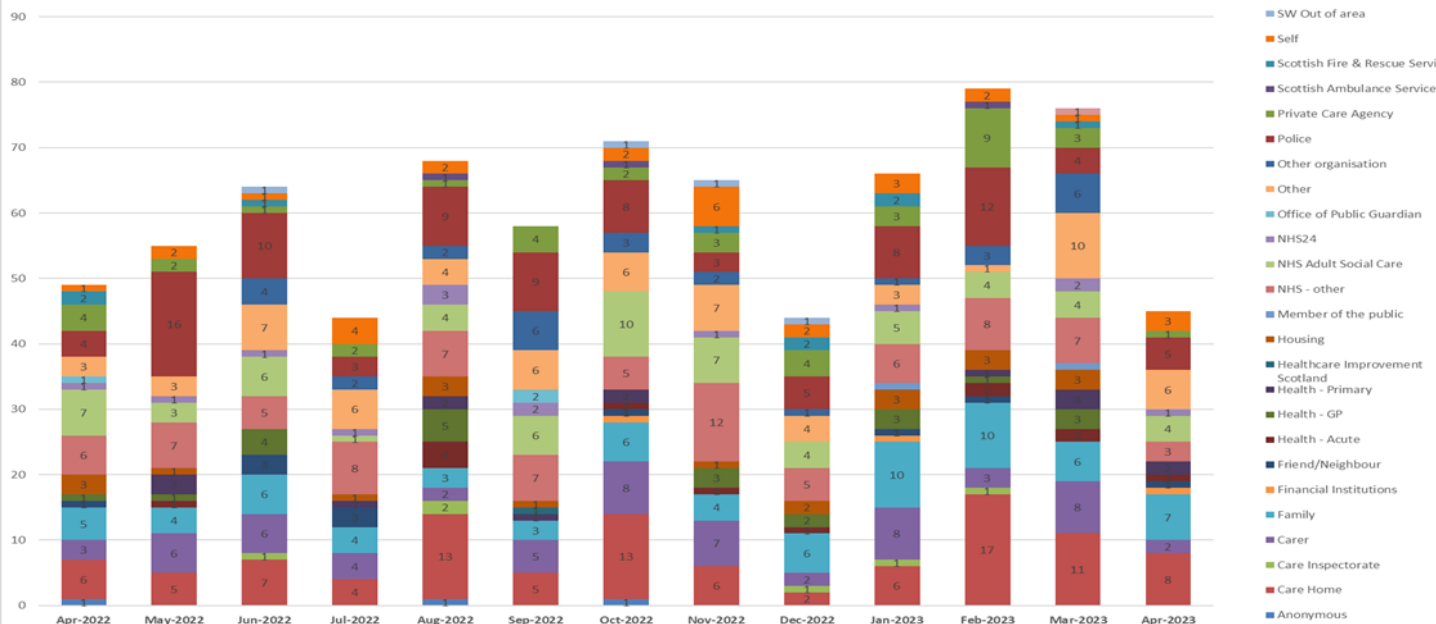
Adult Protection

No. of referrals received v's no. investigations opened



■ No. Investigations Opened — No. Referrals opened

Complete Adult Protection Referrals by Source



- Mental Welfare Commission
- SW Out of area
- Self
- Scottish Fire & Rescue Service
- Scottish Ambulance Service
- Private Care Agency
- Police
- Other organisation
- Other
- Office of Public Guardian
- NHS24
- NHS Adult Social Care
- NHS - other
- Member of the public
- Housing
- Healthcare Improvement Scotland
- Health - Primary
- Health - GP
- Health - Acute
- Friend/Neighbour
- Financial Institutions
- Family
- Carer
- Care Inspectorate
- Care Home
- Anonymous

Adult Protection

Currently Adult Protection information is provided as part of an annual return to PHS.

A new National dataset is currently being introduced with guidelines received in January 2023. This will require an amendment to quarterly reporting and some amendment to data collected. These amendments are being progressed.

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

The number of referrals that progress to a full investigation following the initial inquiry is approximately 25%.

Update 06/06/2023

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

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



Psychological Therapies North Highland 87% April Performance

Psychological Therapies Performance Overview - North Highland

The national target:

90% of people commence psychological therapy based treatment within 18 weeks of referral. April 2023: Current performance 87%

As at April 2023:

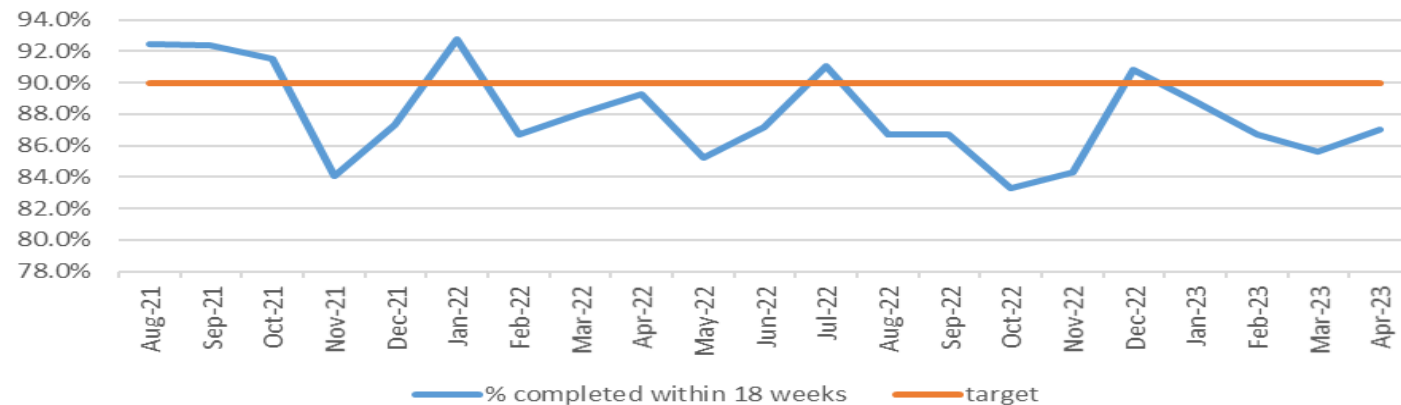
- 1053 of our population waiting to access PT services in North Highland.
- 689 patients are waiting >18 weeks (65.4% breached target) of which 393 have been waiting >1year.
- Of the 393 waiting >1 year, 38 of those are waiting for North Highland Neuropsychology services, this is a significant reduction, 121 awaiting group therapies and 210 awaiting AMH make up the majority of waits > 1 year,

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

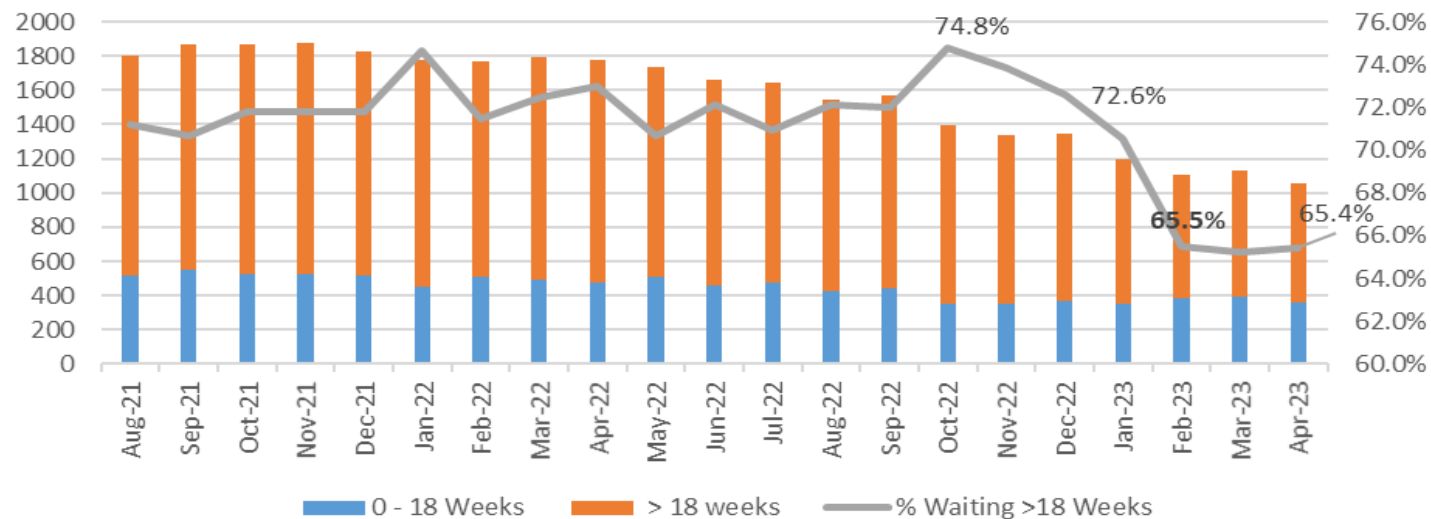
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking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

Updated 06/06/2023

North Highland Psychological Therapies Completed Waits <=18 weeks



North Highland Psychological Therapies Ongoing Waits



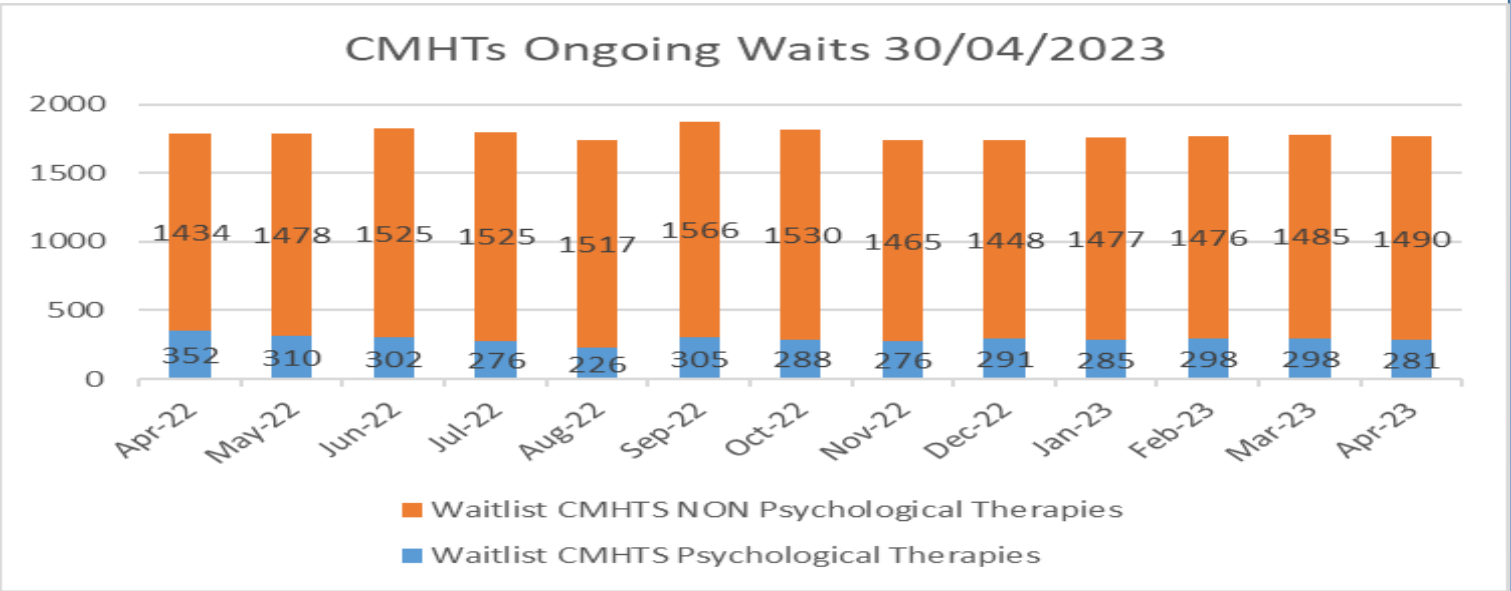


Community Mental Health Teams

Community Mental Health Teams



The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity. There are now 2 completed groups. 2 groups starting in parallel on 2nd November.



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

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

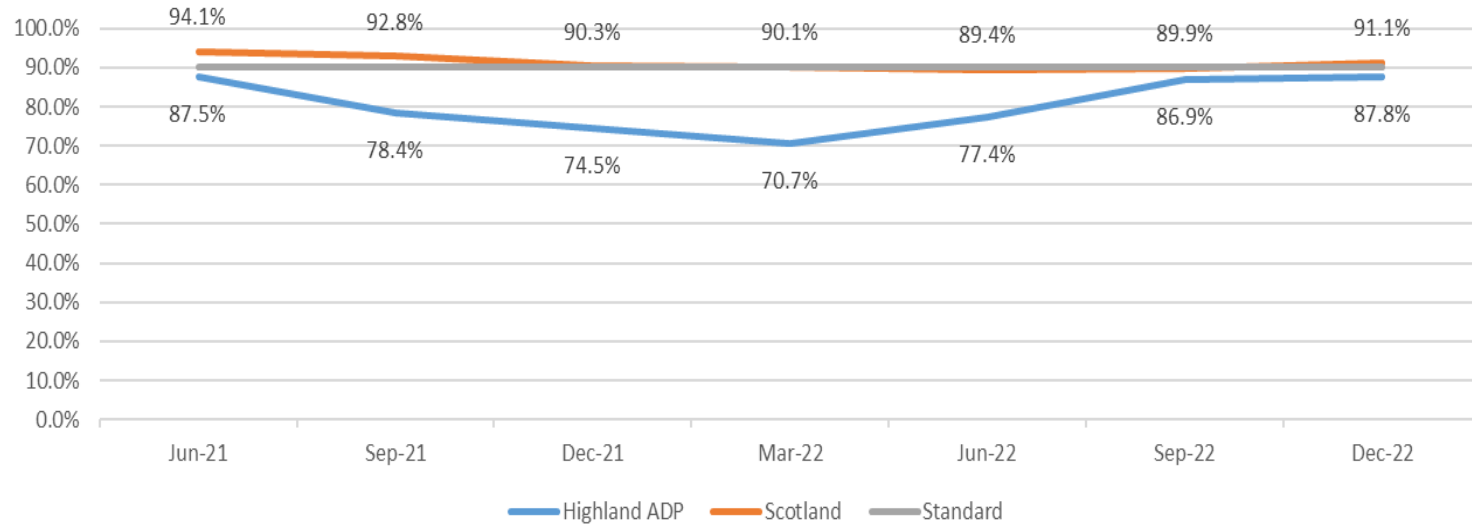
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.

Updated 06/06/2023

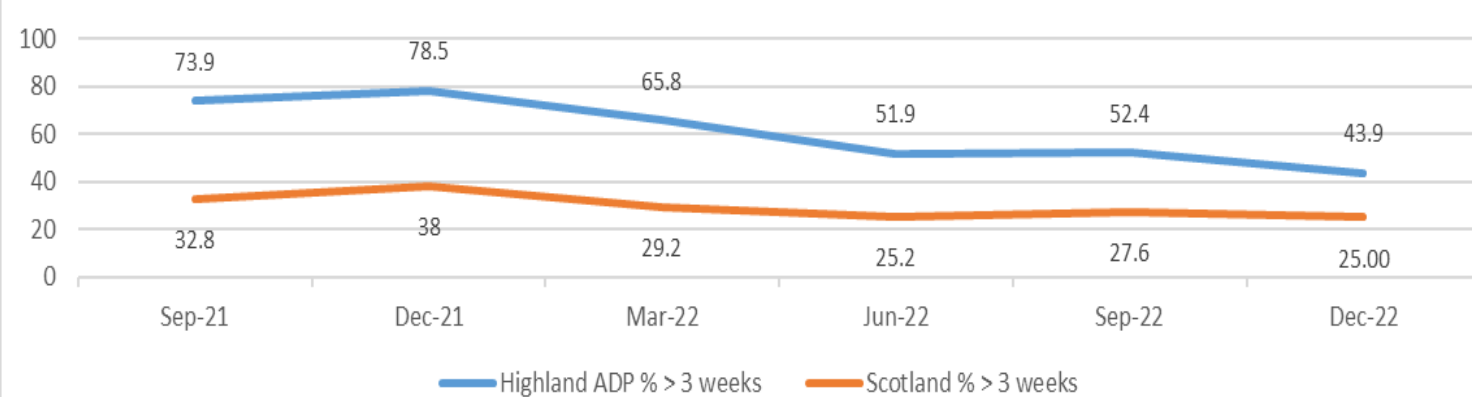


Highland Drug & Alcohol Recovery Services

Highland ADP Performance against Standard for Completed Waits



Highland ADP - % Ongoing waits at quarter end waiting more than 3 weeks (breached target)



North Highland Drug & Alcohol Recovery Services Update PHS Publication December 2022

**North Highland Drug & Alcohol Recovery Service 87.8%,
 Scotland 91.1%**

Main points Completed Waits from Publication

No. of referrals to community based services completed in quarter end 31/12/2023		Highland ADP	
Alcohol		118	
Drug		72	
Co-dependency		6	
Total completed		196	
<= 3 weeks		172	
% of referrals to community based services completed within target in quarter end		Highland ADP	Scotland
% completed <= 3 weeks - Alcohol		87%	89.3%
% completed <= 3 weeks - Drug		89%	93.0%
% completed <= 3 weeks - Co-dependency		83.3%	93.8%
% completed <= 3 weeks - All		87.8%	91.1%
TARGET		90%	90%
> 3 weeks		12.2%	8.9%

Main points Ongoing Waits from Publication

Ongoing referrals to community based services at quarter end 31/12/2022		Highland ADP	
Alcohol		32	
Drug		4	
Co-dependency		5	
Total ongoing		41	
<= 3 weeks		23	
> 3 weeks		18	
% breached ongoing waits as at quarter end 31/12/2022		Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol		46.9%	25.9%
% ongoing > 3 weeks - Drug		25.0%	26.6%
% ongoing > 3 weeks - Co-dependency		40.0%	17.3%
% ongoing > 3 weeks - All		43.9%	25.0%

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.

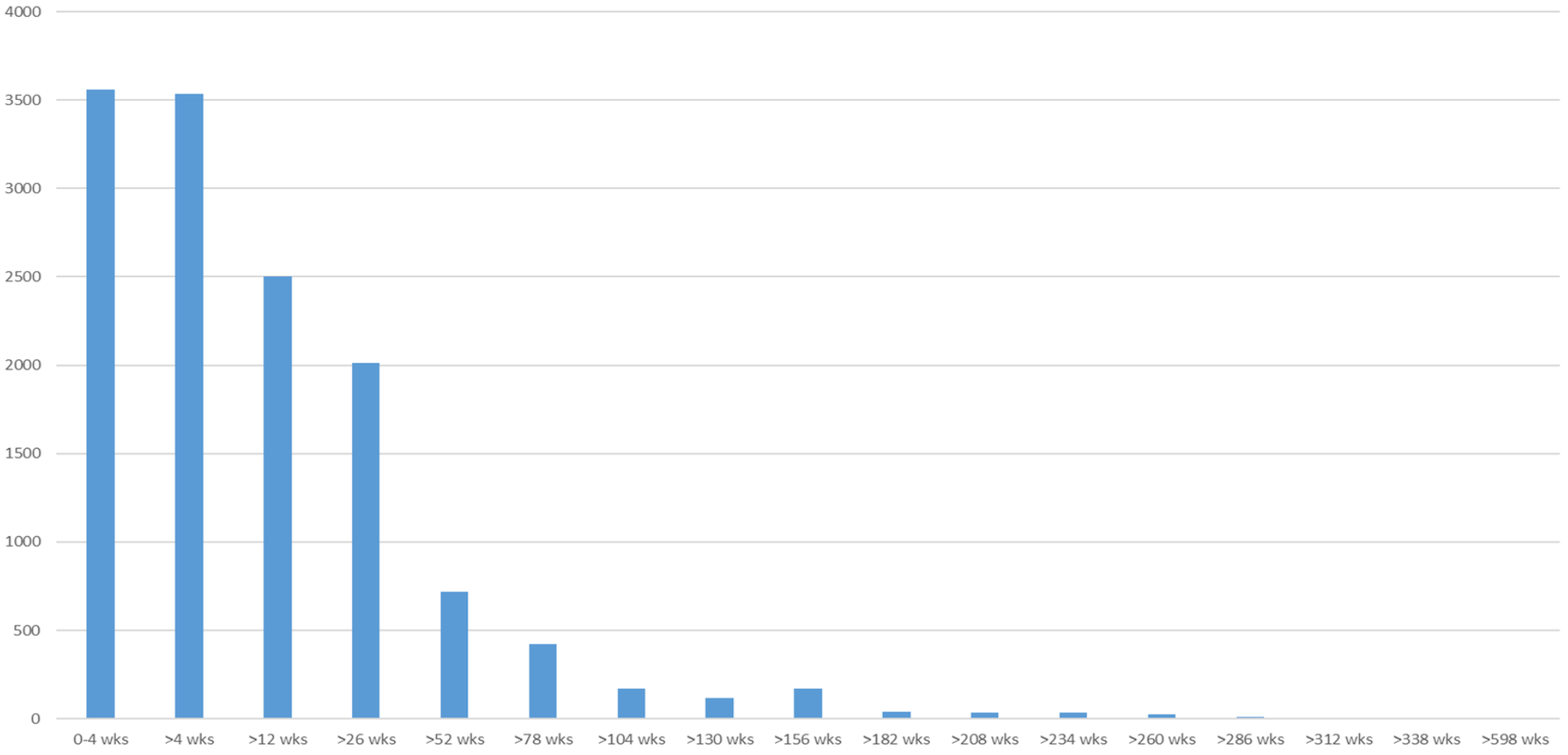
Updated: 11/04/2023



Non Reportable Specialties – Ongoing Waits 29/03/2023

Total Waiting List – 13,355
Longest Wait > 598 weeks

NHS Highand Non Reportable Specialties - Outpatient Ongoing Waits 31/05/2023 (Excludes Raigmore)



This is new data to the service so requires further consideration of what it is showing. We need closer scrutiny in each of the areas in relation to data cleansing, waiting list management, waiting time targets and forward service planning.

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.

11/04/2023

Current Overview of Community Waitlists

NHS Highland Non Reportable Specialties - Outpatient Ongoing Waits 31/05/2023 (Excludes Raigmore)

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	>338 wks	>598 wks	Total
Aviemore CMHS	17	18	11	20	14	2		4	9									95
Caithness CMHS	49	25	16	53	43	51	16	14	10	12	13	15	14	7	1	1		340
Child and Adolescent Psychiatry	25	27	24	19	2													97
Chiroprody	685	484	146	51	1													1367
Clinical Psychology	16	12	17	34	39	40	7	3		1								169
Community Child Health				2														2
Community Dental	5	2	1	1	1				1									11
Community Paediatrics	18	39	51	56	3													167
Dietetics	256	306	246	90	18	17	12	6	1	1	1	1						955
East Ross CMHS	64	51	52	21	22	3												213
Electrocardiography	118	159	208	365	58	5	1		1									915
General Psychiatry	275	344	227	113	54	19	8	1	1	1							1	1044
GP Acute	91	92	42	20	4	1	2											252
Highland Community Mental Health Team	27	33	49	72	49	23	13	3	2	2	2	1	1	1				278
Inverness CMHS	20			5														25
Investigations and Treatment Room			4	1	1				1				1					8
Learning Disability	10	29	28	88	55	34	18	20	15	20	16	18	7	1			2	361
Lochaber CMHS	27	32	21	40	35	47	10	28	17									257
Mental Health Nursing MHN	26	33	52	35	21	13	7	4	1									192
Mid Ross CMHS	23	17	17	48	5													110
Nairn CMHS	17	17	18	25	24	1	3	8	42									155
Obstetric	11	7	2															20
Obstetrics Antenatal	13	2	2	2														19
Occupational Therapy	30	40	3	5	3	5	3		1									90
Ophthalmology - Cataract		3																3
Optometry	89	112	140	136	13	1												491
Orthoptics	26	30	37	14	5													112
Orthotics	62	73	63	44	7													249
Physio Orthopaedic Service	57	32	7															96
Physiotherapy	1224	1265	756	360	65	33	13	6	14				1					3737
Psychiatry of Old Age	150	79	75	40	25	3												372
Psychological Services	103	147	154	160	109	98	52	15	2	2	1	1						844
Psychotherapy							2											2
Skye and West Ross CMHS	26	25	30	93	42	27	3	3	51									300
Social Work				1			1	1	1									4
Sonography		1	1			1												3
Total	3560	3536	2500	2014	718	424	171	117	169	39	33	37	23	9	1	3	1	13355

Total Waiting List – 13,355
Longest Wait > 598 weeks

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