

District Profile

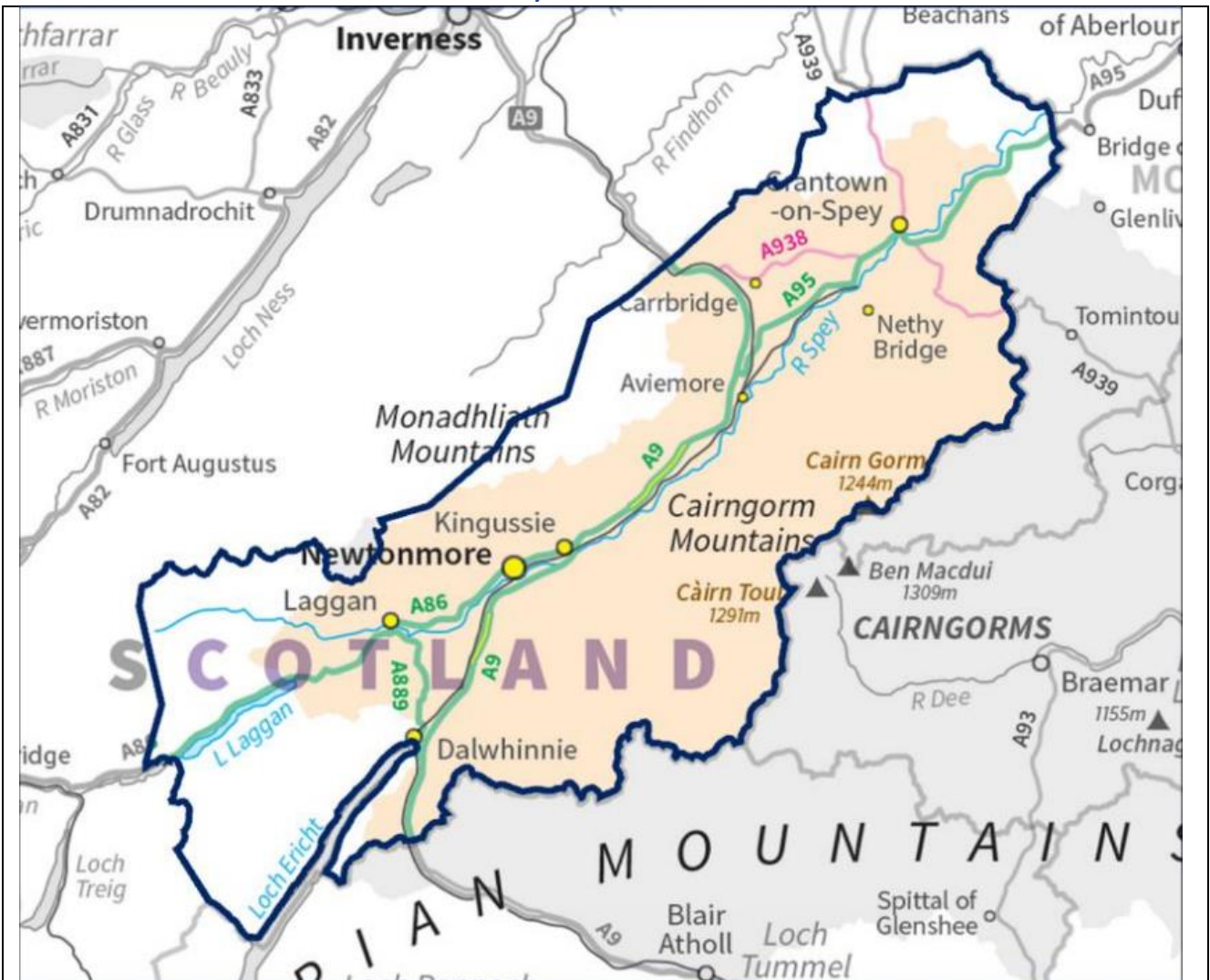
District: Badenoch and Strathspey

Manager: Gill Davidson

Locality Demographics

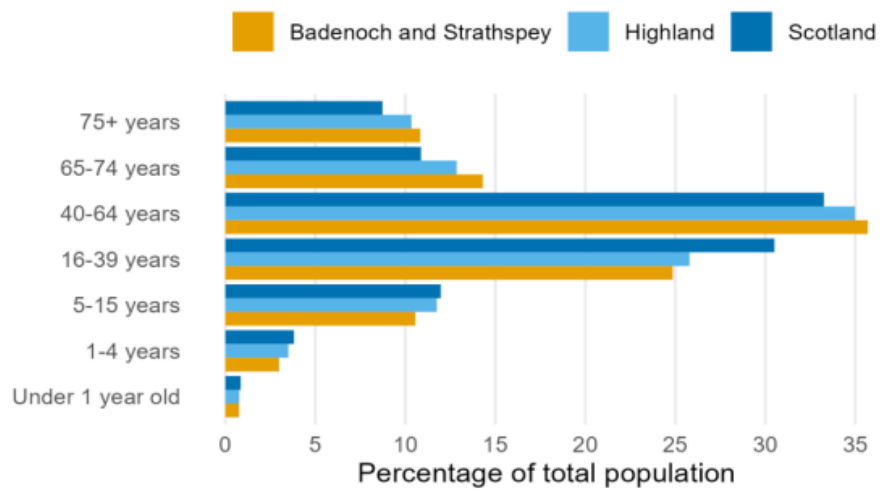
This information provides an overview of Badenoch and Strathspey's current and future population structure. It also provides information about the population dynamics of Badenoch and Strathspey and areas within Badenoch and Strathspey, the geography, and the life circumstances of people living in the area.

All data are presented for Badenoch and Strathspey and, where available, intermediate zones or neighbourhoods within Badenoch and Strathspey. Comparisons are made to the Highland local authority and Scotland.



- The partnership area of Badenoch and Strathspey includes the settlements of Aviemore, Grantown-on-Spey, Kingussie, Nethy Bridge and Newtonmore. The area covers much of the western part of the Cairngorms National Park.
- Just over a quarter of the population (27%) live in the remote small town of Aviemore. Almost three in four people (73%) live in areas classified as rural.
- As of 2021, Badenoch and Strathspey has a population of 14,041 people. 14.3% of the population are children aged 0-15 years, 60.6% are aged 16-64 years and 25.1% are people aged 65 years and over.

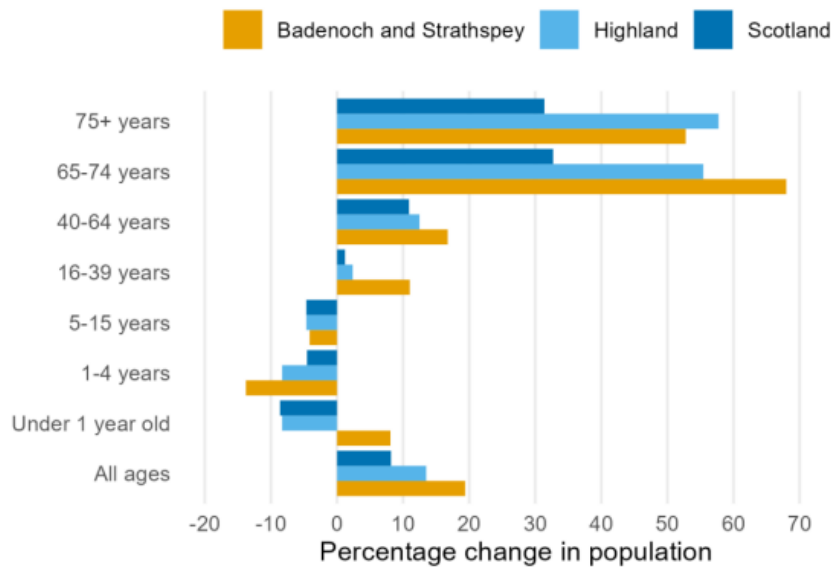
Figure 1: Percentage of the population by age group



Source: National Records of Scotland, Small Area Population Estimates 2021

- The age profile of the Badenoch and Strathspey population is similar to Highland.
- The population of Badenoch and Strathspey increased by 19% in the period from 2002 to 2021.
- Over this period, there was a 61% increase in the 65+ age group and a 6% reduction in the population aged under 16 years.

Figure 3: Percentage change in the population by age group, 2002 to 2021

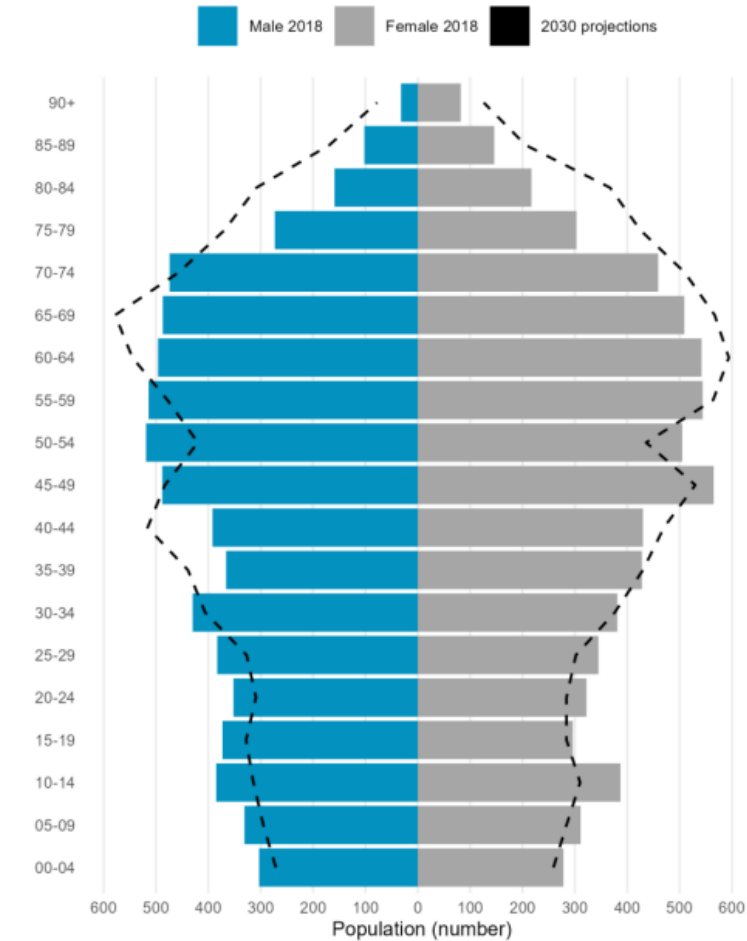


Source: National Records of Scotland, Small Area Population Estimates 2021

- The ratio of 2.4 people of working age (16-64 years) to older people (age 65 years and over) is lower in Badenoch and Strathspey than in Highland and Scotland.
- There were 85 live births to Badenoch and Strathspey residents in 2020.
- Birth rates have decreased over the last decade in both Badenoch and Strathspey and Highland. The birth rate in Badenoch and Strathspey has historically been slightly lower than in Highland.
- Birth rates are not significantly different in the small areas of Badenoch and Strathspey.
- The mortality rate in Badenoch and Strathspey has consistently been lower than that of Highland.
- Following the pattern seen in Highland and Scotland, improvement in the mortality rate in Badenoch and Strathspey has stalled⁶. It is a significant concern that a sentinel measure of population health and social progress is not improving.

- Population projections are informed by past trends in births, deaths and migration. NHS Highland, Public Health Intelligence team 2022 4
- The annual number of deaths in the area exceeds the number of births, and population growth depends on net migration gain.
- The latest available population projections estimate that the overall population of Badenoch and Strathspey will increase between 2018 and 2030.
- The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years and 45-64 years are projected to decrease.
- Projected demographic changes indicate that the ratio of people of working age to people aged 65 years and older will further decrease.
- SIMD 2020 identifies no data zones in Badenoch and Strathspey that are in the 20% most deprived small areas in Scotland. All the small areas of Badenoch and Strathspey have national deprivation ranks in quintiles three or four.
- In SIMD 2020, 6.8% of the population of Badenoch and Strathspey were identified as being income deprived and 4.6% of the working age population were employment deprived.
- Rural deprivation is a significant concern. Those identified as income or employment deprived are found in all intermediate geography areas

Figure 11: Estimated population in 2018 and projected population in 2030

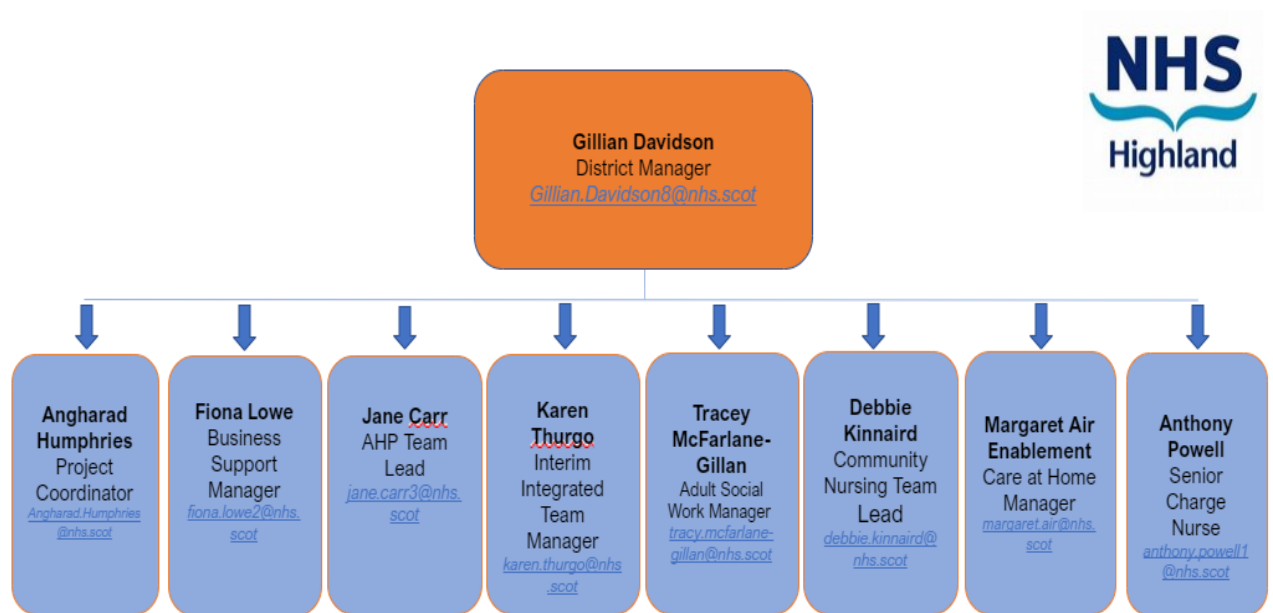


Source: Improvement Service Population Projections for Sub Council Areas 2018 based

Services managed within Badenoch & Strathspey as at 27/02are:

- AHP Services
 - Occupational Therapy
 - Physiotherapy
- Social Work
- Care at Home / Reablement
- Care Homes
 - Grant House, Grantown upon Spey
 - Wade Centre ,Kingussie
 - Mains House, Newtonmore (Transfer date 1st April 2023)
- Community Hospital
 - Badenoch and Strathspey Community Hospital, Aviemore
- Community Nursing
- Day Services
 - Glen Centre, Aviemore (Older Adults)
- Social Work Services
- Single Point of Access

The leadership team comprises the district manager, integrated team manager, Senior Charge Nurse in the Community Hospital, Community Nurse Team Lead, Social Work Team Manager, Care at Home Manager, Care Home managers.



Within B&S Hospital there is an Open Plan Office on the top floor, which hosts the Social Work team, Community Nurses, AHPs, Care at Home, Mental Health, Pharmacy and midwives. Highland Council Services are also based on this floor in a room within the Open plan office. Integrated working works really well in this environment – having everyone under one roof.

There are 3 GP practices in the area – Grantown Health Centre, Aviemore Health Centre and Kingussie Medical Practice. The Aviemore Health is within the Hospital building, and it is this practice that provides medical cover for the inpatient ward.

AHP Services

Badenoch & Strathspey Occupational Therapy & Physiotherapy Service, comprises a team of 18 staff, including the Band 7 AHP Team Lead.

Close working relationships across the two professions.

Provide patient centred care and cover many different clinical specialties – staff are required to work as ‘Specialist Generalists’.

OT team is fully integrated covering community and ward caseload seamlessly for patient continuity.

Physiotherapy covers both MSK and Rehab.

Both teams work within the B & S Integrated Health & Social Care Team, OT having the closer links with Care at Home and Social Work due to the nature of their role.

Scope for further development in DWD/D2A, preventative work/prevention of admission as well as input/working alongside care home staff to help improve quality of life for care home residents

Physiotherapy

7 Physiotherapists (3 MSK/4 Rehab) and 4 Physiotherapy Assistants . Total WTE = 7

Provide MSK, Pelvic Health, Rehab Out Patients ,ward in patients, domic visits, Cardiac and Pulmonary Rehab classes.

Physiotherapy Assistants play a huge part in managing patients with falls and frailty, including an in house Otago class which helps to engage/progress patients to HLH classes locally.

Close links with HLH and input into developing Phase 4 Cardiac/Dynamic Health & Wellbeing/Parkinsons classes.

(The FCP – First Contact Practitioner service is managed outwith this team but we have good working relationships with our FCP colleagues and while the FCP service is fully staffed, the model

functions relatively well. Patients are often referred by FCPs through to our mainstream Physiotherapy service. This fits with the original vision for the service.)

Occupational Therapy

4 Occupational Therapists and 3 Occupational therapy Assistants. Total WTE = 5.8

The service covers the ward and the community. Staff provide input for a mixed caseload of people with LTC and frailer/older people. OT carry out rehabilitation for people with LTC, functional assessments, minor and major adaptations, assessment/reviews for Reablement packages. Key role in promoting Reablement approach across ward and community.

There is demand for a Housing Practitioner to deal with major adaptations. This would allow the rest of the team to move back to a more rehab focussed model and work more effectively with people with LTC. Potential for more out patient clinics and further development of services for people with neurological LTC, chronic fatigue and similar conditions.

Social Work

The Community Care Social Work Team sits within the Badenoch and Strathspey Community Hospital Integrated Team. The day-to-day work of the team is overseen by the Social Work Team Manager who is responsible to the District Manager. The team compliment consists of one full time Senior Social Work Practitioner, Three full time Social Workers, three Social Work Assistant Practitioners (two part time on 21 hours and one full time) and one Health and Social Care Coordinator.

The work undertaken by the team consists mainly of assessments of the social and care needs of vulnerable adults over the age of 25 within the area of Badenoch and Strathspey. The Personal Option Plan (POP) is the assessment framework currently used to collate, analyse and present a clients information in order to make recommendations of support and meet needs. Both Social Workers and Social Work Assistant Practitioners complete these assessments of needs and carry out regular reviews to make sure needs are continued to be met appropriately. The team is also responsible for following and adhering to the Adult Support and Protection legislation (ASP 2007 Act), following due process to take steps to make sure that the most vulnerable adult clients in our community, care homes or in supported living are kept safe and protected from abuse. Social Workers in the team are responsible for managing, supporting and reviewing clients Welfare Guardianship Orders where the LA hold responsibility. The role of the Health and Social Care Coordinator is as a first point of contact for the intake of referrals into the Social Work Team and can support the integrated team through sign posting and early intervention.

Care at Home/Enablement

Enablement Care at home- currently covering the whole of Badenoch and Strathspey with enablement care packages and in house mainstream care packages, this has been a very challenging year with the Independent Providers pulling out of delivering care in our area. This was due to staffing issues – unable to recruit.

The Enablement care and home service has absorbed all the mainstream packages that leaves little room for the Enablement model to be implemented for those new referrals into the service for which we are registered with the Care Inspectorate. Recruitment has been another challenge; substantive posts are having candidates from other countries and not local people applying for this post.

The service is at capacity and I have asked Jill Brooks, contracts, to take the mainstream care packages to their weekly sector wide meeting on a Friday, to see if there is any interest from the private sector, otherwise the service is grinding to a halt.

There are pockets of capacity that we are looking at due to the number of DDs in Hospital and our unmet needs list, this will mean moving clients' times to fit new clients on the rota. areas of concern are Grantown and surrounding area. Aviemore could be tightened up to create capacity as could Kingussie.

Care Homes

There are 2 NHS run care homes in the area – Wade Centre, Kingussie and Grant House, Grantown. A 3rd is coming on line on 1st April, this will be Mains House, Newtonmore. Mains House is a nursing home, this was previously an Independent care home. The home went into administration in 2021, along with its sister home Grandview which was in Grantown. Grandview closed, and the Mains was placed up for sale as it was deemed a viable business. There was no purchaser found, this in turn has resulted in Highland Council purchasing the home, and NHS will take on the running of the home.

Within the 2 care homes there are what are known locally as Heather beds. Wade Centre Care Home has one flex-use bed and Grant House has two flexi use beds, known as the Heather Beds. The beds are utilised as flexible in use as possible for residents of the Badenoch and Strathspey District. The criteria for admission into one of these beds would be for – Rehab for a period of up to 2 weeks, requiring additional support for a short period of time, End of Life Care and Emergency Respite. These beds are well utilised through the valley.

Wade Centre

The Wade Centre situated in Kingussie is an eleven Bed Unit which consists of eight permanent bedrooms, two respite rooms and one Heather bed to facilitate emergency situations. Purpose Built, The Wade centre provided Day Care facilities prior to Covid Pandemic.

Staffing Issues is still compromised although Recruitment is improving , To provide a safe Environment the Wade centre has and continues to Rely on in house staff to cover extra , Bank staff to support and CRT when all options are Exhausted.

Grant House

Grant House Care Home

We are a 19-bed care home but due to staffing we are at present unable to open to full capacity. The care home is run by an interim manager and recently 2 new deputy managers.

We have 11 rooms in use at present with a Heather bed and palliative care bed for the community use.

We have two respite beds one of which have recently opened up for use again.

Over the last few years, we have found recruitment of staff to be difficult especially during the pandemic and the months after.

The Care response team are helping us recently through a challenging time, but with having a strong team everyone worked together to ensure our residents needs are met.

We currently have recruited 2 new staff and from the middle of march we should see a difference in staffing.

Community Hospital

The Badenoch and Strathspey Community Hospital is situated in Aviemore and was opened in September 2021 following the closure of the districts two existing Community Hospitals in Kingussie and Grantown-on-Spey. The Community Hospital site houses the Aviemore Medical Practice, an Outpatients Department, Out of Hours Service, Scottish Ambulance Service, the Districts Integrated Team and a 20 bedded Inpatient Ward.

The Inpatient ward is made up of 20 individual rooms with en suite facilities. There is also an Inpatient Physio gym and patient day room which leads out to an enclosed inpatient garden. The ward provides a range of care provision for the locality including rehabilitation, palliative care, treatment of acute and chronic conditions as well as well as occasional day case admission for IV infusions and blood transfusions. The medical cover for the ward is provided by the Aviemore GP Practice.

There is an X-ray facility within the hospital which is staffed on a Monday and Thursday.

The Outpatient Department houses the Dental and Podiatry Services as well as rooms available for visiting services and consultants

Community Nursing

There is one Community nursing team located in the Community hospital managed by the District Nurse Team Lead the team is divided into 2 areas each supported by a band 6 District Nurse (one of the Band 6 is a development post with them almost completed their diploma in Community nursing).

The community team provides preventative, reactive and maintenance clinical care to patients in the community and also runs a daily ITR clinic for secondary care generated work. We also manage highly complex patients with co-morbidities and treatments including chest drains, nephrostomy tubes, IV antibiotics. A highly satisfying part of our role is also providing end of life support to individuals, and their families, who wish to die at home.

The team also provides support to the 4 care homes in our area and also the Care @ Home service. The Team Lead also attends ASP meetings as Nominated Officer for Health.

Day Centre

The Glen Centre in Aviemore is a daycare /support service registered with the Care inspectorate for maximum 20 older adults.

We provide a service Monday to Friday at present with the aim to offering a service at the weekends also. The Glen Centre aims to provide a service which will assist and enable all to enjoy and enhance quality of life. We provide a safe, supportive and stimulating environment where attenders can enjoy lunch and afternoon tea .Staff support with appropriate physical and personal care needs when required. We can also support with accessing additional services and resources if needed. We involve attenders & relatives/carers and other health professionals so together we can construct a comprehensive care plan and review process. We ensure good practice is followed and regularly reflect and evaluate success by organizing/providing: Attenders meetings, Care planning and reviewing, A varied choice of activities and outings ,Newsletters , Questionnaire's . At present our staffing is adequate for the service we provide .Recruiting staff has been problematic at times in the past ,but this has improved and there are no staffing issues at present.

SPOA

The Single Point of Access provides a Single Point of Contact for service users, professionals and the public. They sit within the Open Plan Office and are invaluable to the day to day running of the District. They field the calls for nearly all of the Integrated Team – Care at Home have a direct line into their service.

Finance & Performance

The budget for 2022/2023 for Badenoch & Strathspey District is £11,879,621 of which £7,539,919 relates to Adult Social Care (ASC) while £4,339,702 relates to Health. At the time of writing an underspend of £601,599 was predicted - £279,464 in Health and £322,095 in ASC. Which can mostly be attributed to the large number of vacancies throughout the services.

Financial Position – M9

Annual Budget £000	Division	Budget	Actual	Variance	F'cast	F'cast
		YTD £000	YTD £000	YTD £000	Outturn £000	Variance £000
370	B+s Central	281	70	211	133	236
1,597	B+s Hospital	1,199	1,260	-61	1,678	-81
541	B+s Ahps	407	372	34	496	46
111	B+s Other Community	83	195	-111	237	-126
949	B+s OOH	712	672	40	905	43
772	B+s Community Nursing	581	453	128	611	160
4,340	Health	3,264	3,022	241	4,060	279
7,540	ASC	5,666	5,391	275	7,218	322
7,540	ASC	5,666	5,391	275	7,218	322
11,880	Total B&S	8,930	8,413	516	11,278	602

Health Forecast – M9

	YTD £000s	Forecast £000s	Comments
Cost Pressures - please list			
Pay Pressures - unfunded i.e maternity/unfunded posts	-130.237	-185.121	Community ward staffing pressures, excluding the additional £60k Winter Plan funding
Other non-pay	-111.054	-107.072	Aviemore/Grantown Medical agreements
Offsets and Compensation Underspends			
Vacancies	265.986	328.12	Recruitment issues throughout B&S
Other non pay	216.403	243.537	Redesign fund awaiting allocation

ASC Forecast – M9

	YTD £000s	Forecast £000s	Comments
Cost Pressures - please list			
Other non-pay		-15.01	ISC
Offsets and Compensation Underspends			
Vacancies - ASC	252.828	337.105	Recruitment Issues throughout B&S
Other non pay	22.422		

Additional

B&S secured an additional £60,000 funding via the winter plan, this was to release the staffing pressures currently facing the community ward. Funding was available from December 2022 – March 2023.

Opportunities and Developments

We are in the process setting up a Home to Assess Service. This is a service that was piloted in Mid Ross and we are looking to replicate this in B&S. The focus will be enabling individuals to be discharged from hospital sooner with their rehabilitation being provided in their home by Senior Development Workers from the Enablement/Care at Home Team. The Recruitment process has just started for this service and it is anticipated it will be up and running by Summer 2023.

Community Engagement**Community Planning Partnership (CPP)**

The B&S CPP meets on a 3 monthly basis and is chaired by Boyd Robertson – NHS Highland. The meetings are held on a quarterly basis, they are well attended from the various agencies and organisations within the area.

Independent Sector

There is now (from the 1st April 2023) only one Independent Care Home in the area – Lynemore at Grantown-on-Spey. This is a 40 bedded Nursing Home. The SW and DN team work closely with the Care Home, providing support, guidance, reviewing of the clients and joint working with the provider to provide the best outcomes possible for the clients. The Care Home does prefer their clients to be self funders.

Richmond Fellowship provide the bulk of support to our younger adults in the area. The SW Team have close links with the provider, there are weekly catch ups. This Provider is currently under LSI – Large Scale Investigation, concerns were raised in regards' to their practice and they are being supported by NHS Highland to bring their practice up to a standard that is acceptable.

Highland Council

Locality meetings occur once every 6 weeks, the local councillor attends these meetings. There are close links with Highland Council through the Care for People Group.

Voluntary Sector

The Voluntary Sector are active in the B&S area, NHSH work closely in partnership with them. VABS – Voluntary Action in Badenoch and Strathspey is a local organisation whose mission is to help the people of B&S to improve their quality of life through voluntary action. They support third sector organisations (community and voluntary groups, social enterprises throughout the area. The Community car scheme is a lifeline for those in the Valley. Public transport is sporadic.

Completed by:

Gill Davidson

Date: 28/3/2023

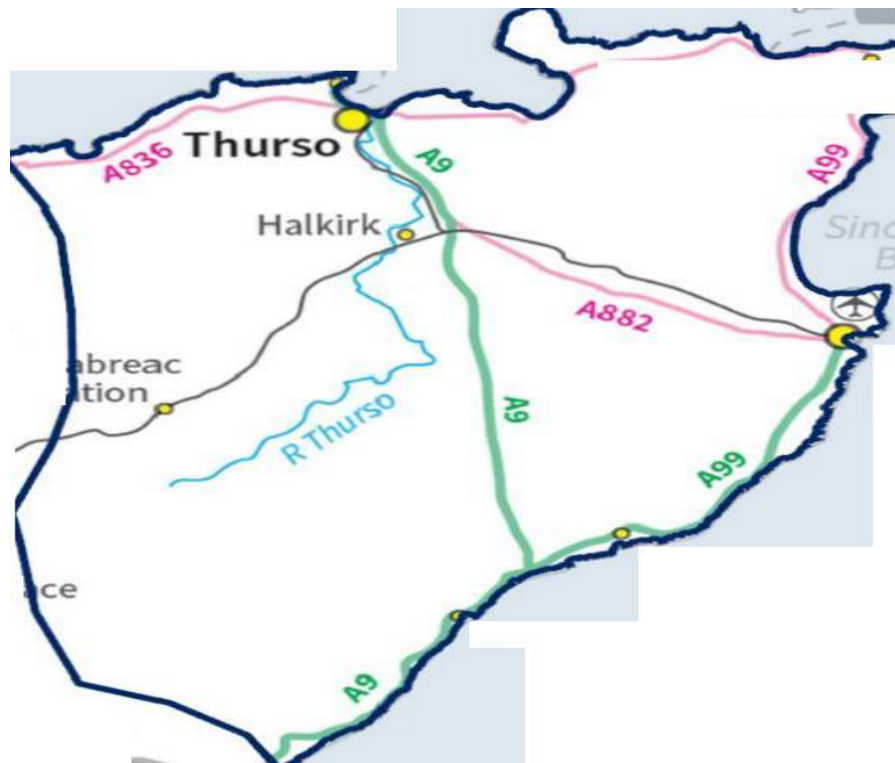
District: Caithness

Manager: Christian Nicolson

Locality Demographics

For information: The latest estimates are based upon the 2011 census, with an adjustment made annually for births, deaths and migration. Future estimates will be rebased on the 2022 census when the results become available. The population projections used in this report were produced by the Improvement Service (IS) and are based upon Housing Market Areas (HMAs) defined by the Argyll and Bute Council and the Highland Council.

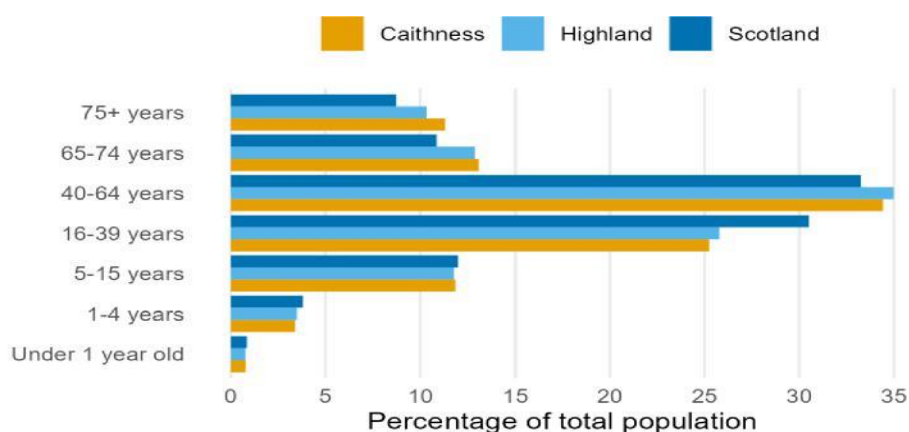
Caithness



As of 2021, Caithness had a population of 25,347 people. Of these, 16.0% were children aged 0- 15 years, 59.7% were people aged 16-64 years and 24.3% were people aged 65 years and over. The age profile of the Caithness population was similar to Highland as a whole

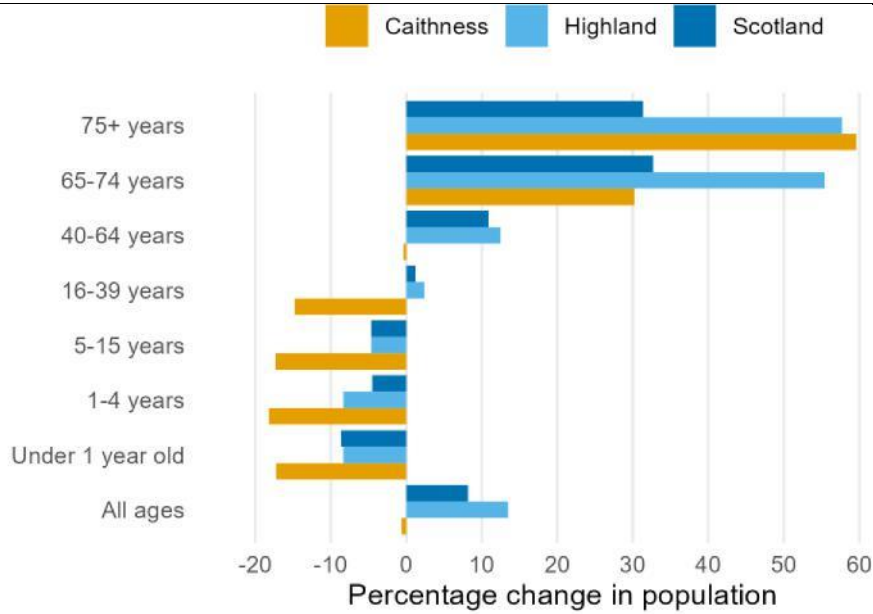
- Just over half the population (54%) live within the very remote small towns of Wick and Thurso. Almost one in two people (46%) live in very remote rural areas
- The population of Caithness decreased by 0.7% from 2002 to 2021. The total population increased to a high in 2011, then decreased between 2012 and 2020, followed by an increase in 2021.
- The patterns of population change differed by age group
 - There was a 42% increase in the 65+ age group between 2002 and 2021.
 - Compared to Highland or Scotland, Caithness has seen a larger percentage decrease in the population aged 0-15. The reduction in this age group has mainly occurred since 2008.

- The working-age population (16-64 years) has decreased by 7.0%, contrasting with Highland overall, where this age group increased by 8.0%.
- The ratio of people of working age (16-64 years) to older people (age 65 years and over) is lower compared to Highland and Scotland overall.
 - There were 197 live births to Caithness residents in 2020. The birth rate has decreased over the last decade in Caithness and Highland. There is variation in birth rates annually and between small areas in Caithness.
 - The death rate in Caithness decreased from 2002-2004 to 2010-2012. The death rate has since stalled and follows a pattern seen in Highland and Scotland.
 - The death rate in Caithness for the most recent three-year period was higher than Highland's and lower than in Scotland. There is variation in age-sex standardised mortality rates in the area. The death rates in the Caithness Northwest area were significantly lower than in Scotland.
 - Population projections are informed by past trends in births, deaths and migration. Pre-pandemic trends inform the current projections.
- 2018-based population projections estimate that the overall population of Caithness will decrease between 2018 and 2030.
- The population will continue to age. The number and proportion of people aged 65-74, 75-84 and 85+ are projected to increase, whereas the population aged 0-15, 16-44 and 45-64 years are projected to decrease.
 - The impact of long-term demographic changes will mean that the ratio of people of working age to people aged 65 years and older will further decrease. This pattern has implications for staffing and recruitment.
 - The SIMD 2020 identifies four data zones in Caithness that are in Scotland's 20% most deprived small areas. These are Wick Pultneytown South, Wick Hillhead North, Wick South Head and Wick South.
- A similar proportion (9.6%) of the population of Caithness live in the most deprived SIMD quintile in Scotland, compared to Highland (9.2%) overall. Most of the population (64.4%) live in quintile three and quintile four areas.
 - Rural deprivation is a concern. In the SIMD 2020, 11.4% of the population of Caithness were income deprived, and 9.6% of the working-age population were employment deprived



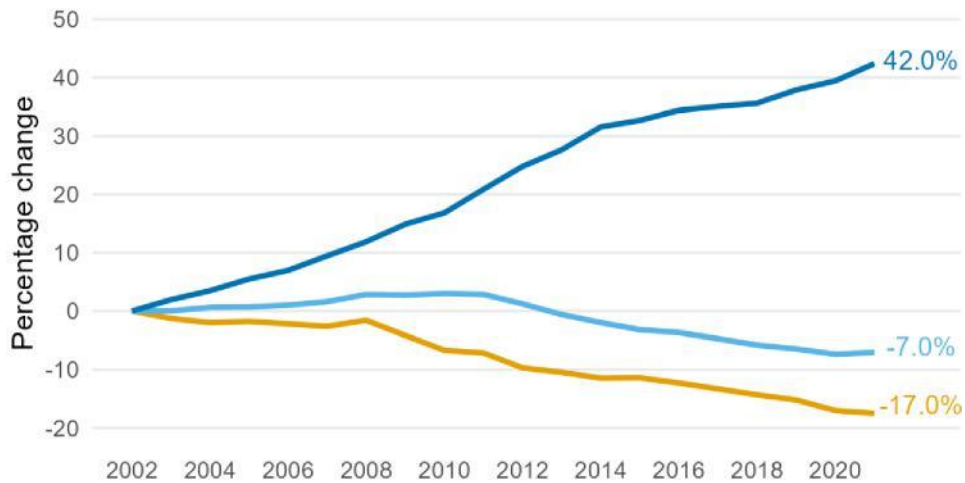
Source: National Records of Scotland, Small Area Population Estimates 2021

Figure: Percentage of the population by age group



Source: National Records of Scotland, Small Area Population Estimates 2021

Figure 2: Percentage change in the population by age group



Source: National Records of Scotland, Small Area Population Estimates 2021

Caithness: Percentage change in the population by broad age group

Services provided and current workforce

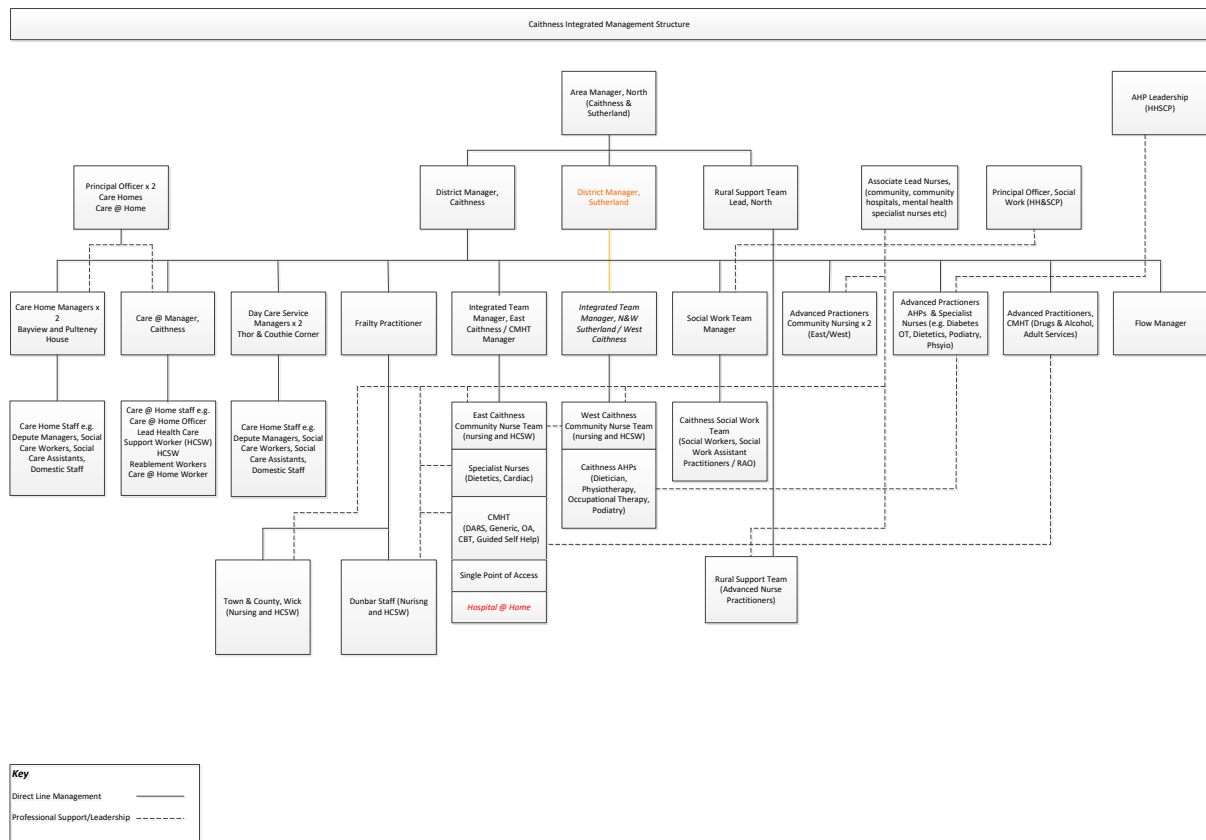
Services managed within Caithness District as at 21/02/23 are:

- AHP Services
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
- Care at Home / Reablement
- Care Homes
 - Bayview House, Thurso
 - Pulteney House, Wick
- Community Hospitals
 - Dunbar, Thurso
 - Wick Town & County

NHS HIGHLAND Community Directorate

- Community Mental Health Services.
 - Cognitive Behavioural Therapy (Sutherland & Caithness)
 - Drugs & Alcohol
 - Generic / Emergency & Unscheduled Care
 - Guided Self-Help
 - Learning Disabilities Nursing
 - Older Adult
- Community Nursing
 - East Caithness
 - West Caithness
- Day Services
 - Couthie Corner (Bayview) Thurso (Older Adult)
 - Thor House, Thurso (Adults with Learning Disability)
- Specialist Nursing services e.g.,
 - Cardiac/Heart Failure,
 - Diabetes
- Social Work Services
- Single Point of Access

The leadership team comprises the district manager, integrated team managers (east and *west Caithness), frailty practitioner, social work team manager, care at home manager, care home managers, day centre managers and advanced practitioners. They work closely with the Rural Support Team lead. Several advanced practitioner posts are shared across Caithness and Sutherland. See below for structure



*West Integrated Team Manager is “shared” with Sutherland where the post holder is also ITM for North & West Sutherland

AHP Services

Dietetics at present is managed within the district but at 01/04/2023 while remaining in the community directorate will under redesign of structures be managed as part of an overall dietetic service for North Highland Community Division. In terms of Caithness staffing numbers are small with a 1wte B7 Advanced Practitioner whose time is split between clinical and leadership. Approximately 0.8wte clinical for Caithness (inpatient and community) with 0.2wte leadership across the north (Caithness and Sutherland) area. Additionally, there is 0.45wte B6 for Caithness, again covering inpatient and community services. There are links locally to the highland wide work around type two diabetes with 0.4wte equivalent of a Health Improvement Specialist Practitioner based in Caithness (Highland wide the staffing is 2.4wte)

Occupational Therapy service is managed within the district (by the West Integrated Team Manager) and provides service to community and inpatients including the acute service in Caithness General Hospital (CGH). The team itself comprises B7 Advanced Practitioner, B6, B5 and B4. A part-time Trauma OT post is based within the team through funding from the North of Scotland Network. Recruitment in recent years and months has been challenging particularly at B6 level where redesign of posts has had to take place.

Physiotherapy like OT is managed by the Integrated Team Manager for the West and like OT (and the other AHP services) provides services in the community and hospital with staff based at Dunbar and CGH. Physio in Caithness covers all aspects of clinical service including trauma (0.5wte B7 funded via Trauma Network) rehabilitation, outpatient, MSK, cardiac and pulmonary rehab, falls, frailty, and pelvic care. Due to challenges in recruitment to qualified (mainly B6) posts the service in Caithness has recently been supported via agency which has had a significant cost implication. A local redesign of establishment and roles should see the use of agency stopped. There proposal includes additional senior practitioner and leadership at B7 level in Caithness (currently shared with Sutherland) supported by additional support worker hours. There is also a “First Contact Practitioner” service within Primary Care.

Podiatry as with Dietetics will in time “move” to a north highland wide management structure via communities’ division but at present is managed by the West Integrated Team Manger in the District. In general recruitment to podiatry services is a challenge but recently the team has been successful in appointing to a full-time B6 post, this in addition to the existing B3 admin, B6 podiatrist and B7 AP post holders (B7 0.2wte of her 1.wte is for leadership across the North Area). 1wte B6 podiatry post remains vacant in Caithness. In addition, there is vacancy in Sutherland along the north coast so patients who can travel are being asked to come to clinic on Thurso. This impacts on the patient in terms of travel outwith district but also on the team in Caithness which is also short-staffed.

Care at Home / Reablement

Care at Home / reablement services are provided across Caithness with a local manager based in Thurso. There are offices located in both Wick and Thurso with Care @ Home Officers, Co-ordinators, and Clerical Assistants. The offices also act as a “base” for the carers. Across Caithness at present there are 10 vacancies across a range of roles (admin, co-ordinator, officer, and carers). These posts are at various stages of recruitment. Long and short-term sickness also make it challenging in an area which is seeing an aging population and increased levels of frailty. In terms of working with the independent sector there are a couple of providers which the services contracts with. They too face similar challenges to the in-house service.

Care Homes

Bayview House, Thurso has 23 beds. At present all beds are used for “long-term” residents but prior to covid there were 22 beds with one permanent respite. Further discussion is required as to whether a bed is returned to respite on a permanent basis

Pulteney House, Wick has 18 beds, again one of which was prior to covid was a permanent respite bed. Further discussion is required as to whether a bed is returned to respite on a permanent basis.

Staffing and recruitment is challenging in both homes with a number of vacancies (eight across both homes for a range of posts such as depute manager, social care workers and assistants). In addition, there is both long and short-term sickness/mat leave.

In addition to the two in-house residential care homes there are three independent providers in Caithness. Two are run by Barchester Care Homes while Riverside is completely independent. The Barchester homes are Pentland View and Seaview which are nursing homes and are registered for 50 and 42 clients respectively. Both have ability for shared rooms. Riverside can accommodate 44 service users and is registered for both residential and nursing care

Community Hospitals

Dunbar, Thurso provides six in-patient beds (though can flex within the constraints of the building and infection control when required and has been operating with seven beds for some weeks) including palliative and end of life. In addition to the inpatient beds there is a Minor Injuries Unit (MIU) and an outpatient department. Outpatient Clinics are held daily for podiatry and physiotherapy and on a regular basis for other services such as Dietetics which can be a combined clinic with the Diabetes Specialist Nurse or Cardiac Nursing (which may be combined with Physio). Consultants from Caithness General and Raigmore use the outpatient department for consultation. Pre-operative appointments area also available at Dunbar.

Wick Town & County provides six in-patient beds (though can flex within the constraints of the building and infection control when required and has been operating with seven beds for some weeks) including palliative and end of life. Town & County has recently been re-awarded following Macmillan Quality Environment Mark following assessment in December. This award is valid for the next three years.

Both Town & County and Dunbar inpatient are “managed” by a Frailty Practitioner, a post developed a little over a year ago. The practitioner is supported by a senior staff nurse at B6 for nursing related issues. Feedback from the staff in both hospitals re this change has been positive with all noting a more rehab type focus. In addition to the role within the community hospitals the post holder carries a community caseload and works alongside the wider multi-disciplinary team (e.g., care at home, community nursing, social work, and specialist nurses) to keep people at home in the community for as long as possible.

Community Mental Health Team

As per the structure for North & West prior to the creation of the Communities Division, Community Mental Health Services in Caithness are managed by the Integrated Team Manager for East Caithness albeit this is likely to change in the coming months with a move of management to the Mental Health and Learning Disabilities Division. Psychiatry and Psychology services are managed centrally and have been traditionally. Staffing in the mental health team is a particular challenge with several vacancies at B6 level in learning disabilities older adult and generic teams. At present there are six vacancies at B6 level (vacancy also at B5 (two) Emergency & Unscheduled Care Practitioner (one) and Support Worker (B3). All are at different stages of recruitment. Positively interviews are scheduled to take place for a support worker for learning disabilities on 10/03/2023 and B6 for Older Adults (two posts) on 16/03/2023. Support via the nursing bank has been made available to the team from locally retired

staff and Inverness based staff. This is available until the end of June 2023 at least. In terms of emergency support and links to acute support via MHAU is available and has been invaluable.

Cognitive Behavioural Therapy while based in Caithness covers the north area (Caithness & Sutherland). The “team” is one member of staff who while managed in the district receives professional leadership via psychology team in Inverness.

Drugs & Alcohol in terms of the team locally is in a good place at present with recent successful recruitment and development for both qualified and support worker staff. There is a vacancy at B6 level, but discussions are ongoing re plans for this. The team is working with other members of the team and partners in Police Scotland to develop processes and pathways for the development of the MAT standards (Medication Assisted Treatment).

Generic / Emergency & Unscheduled Care as noted above there is vacancy in the E&UCP post. In terms of the post itself it is 1wte Mon-Fri which itself is challenging for a requirement which is 24/7. This is challenging to the generic team which as noted about is short of staff in permanent posts.

Guided Self-Help covers Caithness and North Sutherland

Learning Disabilities Nursing at present there is one substantive post holder who is nurse a B6 level. She has been on her own for some time with recruitment challenges for a second B6 post.

Establishment review provided additional B3 establishment

Older Adult supports adults >65years. The team is supported by a dementia link worker employed by Alzheimer Scotland.

Community Nursing

Community Nursing in Caithness is provided by two teams **East Caithness** and **West Caithness**. The teams provide preventative, reactive, maintenance and end of life care to patients in the community. The work with the wider MDT to support people to remain at home and improve community pull.

Recruitment has been very challenging in recent times for both teams with absence due to vacancy, sickness etc sitting at approx. ~40%. There are posts at B5 and B6 (Caseload Holder) currently out to advert.

Day Services

Couthie Corner (Bayview) Thurso provides assessed day care for older adults in the Thurso and West Caithness area. It provides social stimulation for clients and respite for carers. The service is delivered from Bayview Care Home which has had an impact on service provision following covid. During covid services were suspended with staff from the day centre providing an outreach service to clients (which necessitated a change of registration with the Care Inspectorate). The service has re-opened on a limited basis in terms of access to space within the care home which has impacted on numbers, but the outreach service has continued.

For Wick and East Caithness, the Laurandy Centre an independent provider with an SLA with NESH provides assessed day care to older adults

Thor House, Thurso provides assessed day care for adults with learning disabilities from across Caithness. The management of the service will move to the Mental Health & Learning Disabilities Division along with CMHT services. The day centre is housed under the same roof as services provided by Highland Council for children and young adults. Highland Council is currently reviewing the service provided

Out of Hours GP

Monday to Sunday between 18:00 and 08:00 **Out of Hours GP** services in Caithness are delivered via an SLA with Ash Locums. A rotational pool of GPs cover this service. Saturday/Sunday between 08:00 and 18:00 are open for GPs/ANPs to book onto shift via the Highland system. The GPs/ANPs for weekend

day cover can but do not tend to be staff working locally. Ash Locums provides accommodation for their weeknight pool while accommodation can be part of the requirement for staff covering weekend daytime. The service itself operates from CGH (though part of district rather than acute) with GPs supported by a driver. Public Holidays are treated as weekends for Out of Hours cover. When booking a shift GPs can book at “normal” hourly rate, “enhanced” rate or “emergency” rate. There is no continuity across districts re hourly rates.

Specialist Nursing

There are several specialist nurse posts across highland which are managed in different ways. In terms of those which are managed within the district (because of district development and use of district budgets differently to support development) the two are Diabetes and Cardiac Rehab/Heart Failure. In terms of **Diabetes** Caithness has 1wte B6 staff nurse and shares a B7 Advanced Practitioner with Sutherland (who also have a B6) so for the North there is a team of three. The team works alongside colleagues in community nursing, care at home, dietetics etc to support individuals living in the community with diabetes for example there a joint clinic with the dietician. They also provide support to care homes and community hospitals. They do provide an in-reach support service to patients known to them in CGH but cannot provide an emergency response service to acute. For **Cardiac Rehab/Heart Failure** Caithness has a 0.6wte B6 post. The post holder works with colleagues in physiotherapy etc to provide joint clinics. The establishment is historic establishment which has not been reviewed for some years. Senior Nursing leadership in the Community Division will support and establishment review in July which will cover a larger geography than Caithness.

Social Work

Social Work, work with people to find solutions. This may be helping protect vulnerable people from harm or abuse or supporting people to live independently. Social Workers work with clients, their families, and others around them. At time of writing there were 14 Adult Support & Protection active in Caithness, eight live at stage 1&2 and six live at state 4 onwards. There are a total of 84 Guardianships of which 37 are local authority Guardianships. Social Work in Caithness have an SLA with Highland Council to part fund a full-time social worker post which has a “housing” related focus. The social worker while employed by NHSH spends their time working with both the social work and housing teams. This post is in year two of its SLA. A recent restructure has seen the appointment of a Team Manager (the team was previously managed by Integrated Team Managers). The post of Senior will should be out to advert imminently. A Social Work Assistant Practitioner took up post on 20/02/23. A full-time Social Worker is due to commence in April. Despite this there remain issues and challenges with a mix of full and part-time vacancies at social worker level.

Single Point of Access

Like other parts of Highland Caithness employs **Health & Social Care Coordinators** working across the Integrated Teams. As part of the Caithness Redesign (a whole system redesign of adult services) there is work to develop their roles as part of a single point of access. Work to develop pathways and processes continues while challenges remain in terms of access to digital and shared systems. As part of the redesign an eHealth Facilitator is working with the team to support.

Other

As part of the redesign and in keeping with national and regional flow work Caithness has worked to develop new roles. As mentioned previously the post of Frailty Practitioner was appointed to in late 2021. In the summer of 2022, a **Flow Manager** was appointed for the North Area. A senior level posts the post holder works with the community teams, community hospitals, RGH and DGH to support flow. Following this appointment similar appointments were made to other parts of NHS Highland

While not managed as part of the district team in the North there is also a **Rural Support Team (RST)** which covers the North. The Team which consists of ANPs supports across the spectrum of community and hospital services.

Primary Care was until NHS Highland's restructure part of the district in the sense that 2C or Salaried Practices were managed via the district. Following the restructure in late 2021/2022 the management transferred to the Primary Care Division and Primary Care Managers. The three salaried practices in Caithness (Riverbank in Thurso, Riverview in Wick and Lybster) recently merged to become the "three harbours" practice. There are GMS practices in Dunbeath, Wick (Pearson), Canisbay & Castletown and in Thurso/Halkirk. As a district we work closely with all in terms of community nursing, care at home etc. Thurso/Halkirk, Canisbay & Castletown and Riverbank provide GP services to the Dunbar in Thurso.

Finance & Performance

The budget for 2022/2023 for Caithness District is £18,659 of which £5,142 relates to Health while £13,517 relates to Adult Social Care (ASC). At the time of writing an underspend of £351k was predicted which relates in large part to underspends due to staffing vacancy.

For more information see slides relating to Month 9 (December 2022)

Financial Position M9

Current Plan £000	Division	Plan YTD £000	Actual YTD £000	Variance YTD £000	F'cast Outturn £000	F/cast Variance £000
1,127	AHPs	852	793	59	1,048	79
565	Management	467	354	112	449	115
1,366	Nursing	1,028	1,055	(27)	1,402	(36)
1,763	Hospitals	1,324	1,432	(109)	1,907	(145)
1,095	Mental Health	790	583	207	820	275
48	Community	36	84	(49)	101	(54)
830	OoHs	623	592	31	789	41
36	Primary Care	24	3	21	8	28
0	Caithness CAC	0	0	(0)	0	(0)
6,829	Sub Total - Health	5,142	4,897	246	6,525	304
2,605	Care Homes & Respite	1,949	2,159	(210)	2,885	(280)
725	Community Care	543	555	(11)	741	(15)
702	ASC Management	537	434	102	565	136
1,996	Care at Home	1,498	1,416	83	1,885	110
11,954	ISC/SDS	8,990	8,847	142	11,903	51
17,982	Sub Total - ASC	13,517	13,412	106	17,980	2
24,811	Total for Caithness District	18,659	18,308	351	24,505	306

Health Forecast – M9

Health	YTD	Forecast	Anticipated	Comments
Analysis of Position	£000s	£000s	Spend 23/24	
Cost Pressures - pay				
cost pressures	60.29	80.38	80.38	All Pay Pressures - maternity, sickness cover and use of agency for vacant posts
Utilities	0.46	15.91	15.91	Increase in electricity and gas costs and no increase in budgets
Drugs	9.64	12.86	12.86	Majority overspends from Dunbar Hospital
Other non-pay	74.25	88.04	88.04	Various overspends including Surgical Sundries, Clinical Equipment, Cleaning, Post and Carriage
Savings				
Underachieved				
Housekeeping	36.50			Savings achieved in advance
Covid Costs -				
Other Additional Staff Costs	44.03	44.03	44.03	Costs for CAC Nurses who were in FTC until September 2022
Underspends				
Vacancies	325.86	448.63	448.63	Vacant Posts in AHPs and Mental Health+49:61
Other non pay	71.94	96.54	96.54	Transport, purchase of healthcare, travel and rates

ASC	YTD Variance	Forecast Var	Anticipated Sp	Comments
Analysis of Position	£000s	£000s	£000s	
Cost Pressures				
Pay Pressures - unfunded i.e maternity/unfunded posts	92.19	122.92	122.92	4 B3 CAH Staff for Overnight Care
Utilities	11.48	15.30	15.30	Overspend of Heat and Light in the care homes
Other non-pay	68.97	91.96	91.96	Surgical Appliances, provisions and Property Maintenance in care homes
ASC packages	160.56	75.39	75.39	
Underspends				
Vacancies - ASC	41.42	55.23	55.23	Vaccancies within the care homes
Other non pay	76.56	102.08	102.08	T & S Savings, Social Work HealthCare,

Caithness has been successful (along with Skye) in receiving funding for a Hospital at Home pilot. In total funding of £248, 499 has been received for the period 01/01/2023 to 31/12/2023. ATRs have been approved for a B7 ANP, a B5 Nurse, 0.5wte OT and B4 Co-ordinator. We are working with the Pharmacy Team in CGH to provide additional hours to the team there and working with clinical colleagues re Clinical Support. A challenge and delay to the project was the AfC matching process whereby without having had H@H in Highland previously there were no suitable job descriptions. New job descriptions have been developed but have not yet been banded therefore posts are being advertised without the correct descriptors.

Opportunities and Developments

As has been previously mentioned elsewhere in this report the Caithness Redesign is ongoing. This is a whole system redesign of health and social care services for adults. While the focus is on the delivery of services via “local care model” with new ways of working, workforce development etc there will be as part of the resign two new build hubs (Wick & Thurso) which will act as a base for the integrated teams, provide 24/7 beds (residential and in-patient community), day services and GP services will also be provided from the hubs. A redevelopment of CGH will also be part of the process.

Some of the work done as part of the redesign in terms of workforce has been highlighted in this report e.g., Flow Co-Ordinator and Frailty Practitioner. The Hospital at Home service as described above also forms part of the future development the local care model. Other developments/tests of change are listed below

Overnight Care

A pilot project to provide overnight care support in Wick and East Caithness staffed by B3 Health & Social Care Support Workers took place between February 2022 and December. The service provided a rapid response to non-medical emergencies by providing older people and those with complex care needs with additional support within their own homes in order to prevent hospital admissions, premature care home admissions, facilitate early hospital discharges and enable people to live independently in their own homes for as long as possible. Most importantly, the team support family members to keep their loved ones at home with them and provide support to those caring for their loved ones. The aims and objectives of the services are in line with the local care model, discharge without delay, home first initiatives of the Scottish Government, supported by the Board of NHS Highland. The service was operational between the hours of 10:00pm and 7:00am seven days a week. Staff were employed via the Care at Home service.

Up until end of August 2022 the service had supported 44 individuals (seven on a one-off basis, 30 over a short-term basis and seven who required longer-term support). Referrals came via community nursing, occupational therapy, hospital, ED, social work, and OOH GP.

The Tables below show current costs and the future costs of continuing the service in both the East and West Caithness.

Costs for Service in East from 14th Feb – 30th Sep 2022

	2020-21	2021-22	Total Cost
1 WTE B3	2,402	21,159	23,561
1 WTE B3	4,127	21,076	25,203
1 WTE B3	3,553	18,835	22,388
1 WTE B3	4,127	21,194	25,321
			96,473

Costs for East Caithness Annually

	2022-23 3 Months	2023-24 12 Months
Staff Costs	40,000	160,000
Fuel Costs	1,500	6,000

IT Costs	30	120
Total	41,530	166,120

Costs for West Caithness Annually

	2022-23	2023-24
	3	12 Months
	Months	
Staff Costs	40,000	160,000
Fuel Costs	1,500	6,000
IT Costs	1,030	120
Total	42,530	166,120

Ongoing funding was not secured, and the service ceased at the end of December 2022. It is known that at least some of those supported at home via the overnight service were subsequently admitted to hospital.

Step-up Beds

Pulteney House in was for many years the base for adult day care (delivered via Alzheimer Scotland). When this closed several years ago the area of the building became redundant. Via funding from Highland Council (owners of the building) it has been possible to develop this space to provide two ensuite rooms, a living room and kitchen area to be used as “step-up” beds. The purpose of which will be to avoid non-acute hospital admissions. Admissions will be for a short (approx. 72 hour) assessment by the MDT and will support the work of the Decision-Making Team (daily meeting). Work is ongoing to identify staffing requirements for the home directly.

Community Engagement

Community Planning Partnership (CPP)

The Caithness CPP is a strong active group which is chaired by HIE colleagues and meets on a quarterly basis. Sub-Groups are in place who meet on a more regular basis and are responsible for taking forward actions.

Independent Sector

Regular meetings take place with Care at Home Independent Sector providers. Four weekly review meetings are in place which includes Contracts, along with weekly allocation meetings with our local team.

Regular meetings also take place with the independent care home providers in Caithness, these are held between the DM and Contracts and incl. others as appropriate e.g., Social Work Team Manager

Highland Council

Informal meetings take place on a regular basis between reps of NHS Highland and Highland Councillors. At these meetings there is discussion re progress regarding redesign and an opportunity for councillors to question/feedback from local constituents.

The Ward Manager sits on the local Care for People Group.

Association of Community Councils

Quarterly meetings (Feb, May, Aug & Nov) of the Association of Community Councils are attended by the District Manager

Caithness Health Action Team (CHAT)

Meetings are held bi-monthly with representatives of NHS Highland (acute, primary and community divisions) and CHAT.

Enhancing Community Services

'Here for Caithness' pop-up hubs were first held in Spring of 2022. The first was held in Wick and was followed by events in Thurso, Lybster and Halkirk. The 'Here for Caithness' is a series of community pop-up hubs which highlight all the ways in which the community can help its population. Colleagues from NHS Highland, other organisations and 3rd Sector representatives attend to help the local community in Caithness understand what community led support is available to them from the various community groups that exist locally.

We aim to enable people to explore the wide range of options and services available to them in their community. These are drop-in events which will allow people to come along at a time and chat to those in attendance. This allows us to highlight all the different ranges of support available, not only from organisations such as the NHS or Council, but also voluntary groups who can also provide support and advice.

The events have been advertised via NHS Highland social media accounts, the general practice and by the local community groups and organisations involved. The community pop up hubs are part of the Community Led Support project, which was part of a Scottish Government initiative for which Caithness has been designated as a pilot site.

Dates for 2023 have been set and will be advertised widely

Other

As part of the ongoing work around communication and engagement for the Redesign a "diary of activities" and events is kept and a schedule of meetings to attend an update on. These includes woman's health group, community events and agricultural shows.

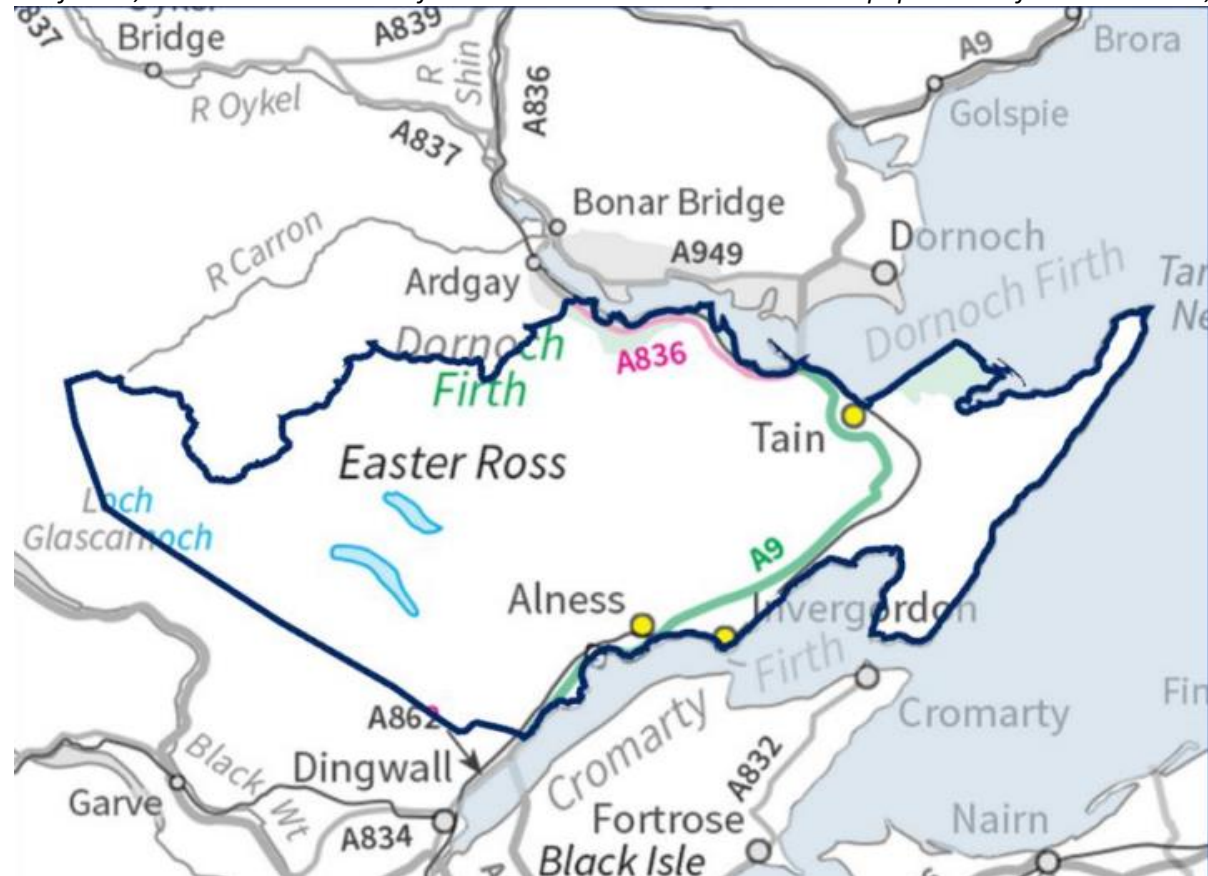
District Profile

District: East Ross

Manager: Kate Kenmure

Locality Demographics

As of 2021, the National Records of Scotland show that East Ross had a population of East Ross is 22,258.

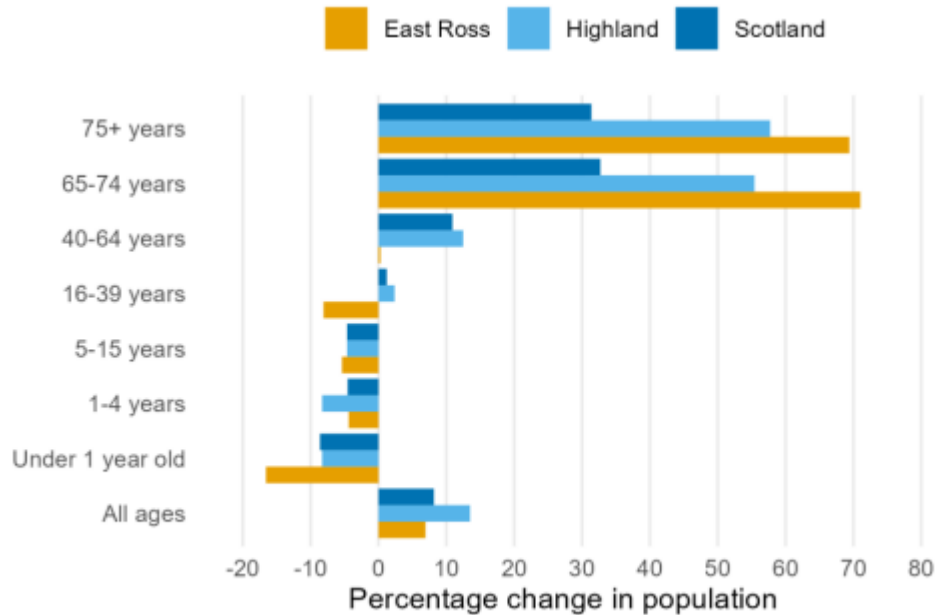


Current estimated population by age group,2021

Age Band	East Ross	Highland	Scotland
All ages	22,258	238,060	5,479,900
Under 1 year old	176	1,842	46,782
1-4 years	935	8,321	208,655
5-15 years	2,937	27,967	656,085
16-39 years	5,638	61,405	1,671,841
40-64 years	7,335	83,301	1,822,676
65-74 years	2,962	30,598	595,578
75+ years	2,275	24,626	478,283
85+ years	604	6,691	131,309
0-15 years	4,048	38,130	911,522
16-64 years	12,973	144,706	3,494,517
65+ years	5,237	55,224	1,073,861

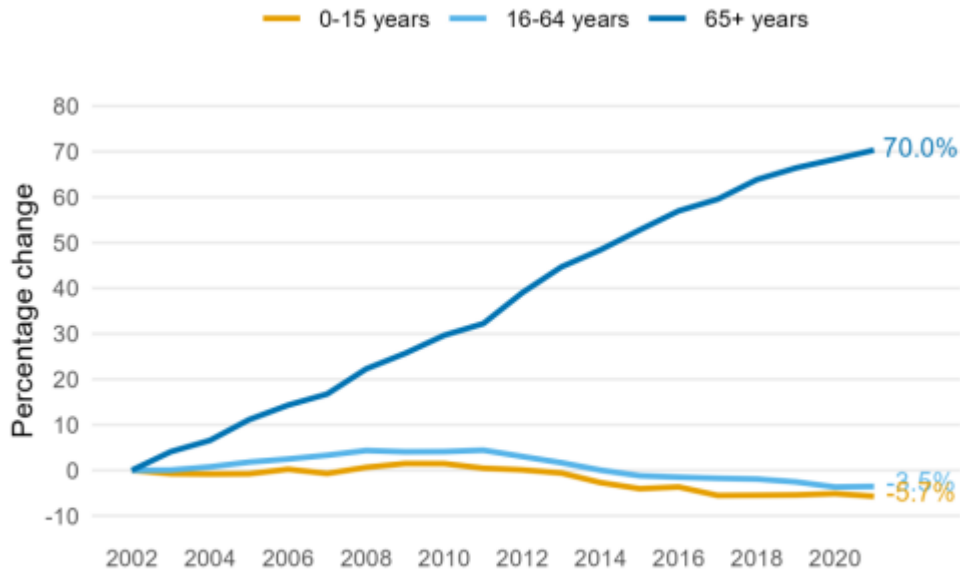
Source: National Records of Scotland, Small Area Population Estimates 2021

Percentage change in the population by age group, 2002 to 2021



Source: National Records of Scotland, Small Area Population Estimates 2021

East Ross: Percentage change in the population by broad age group

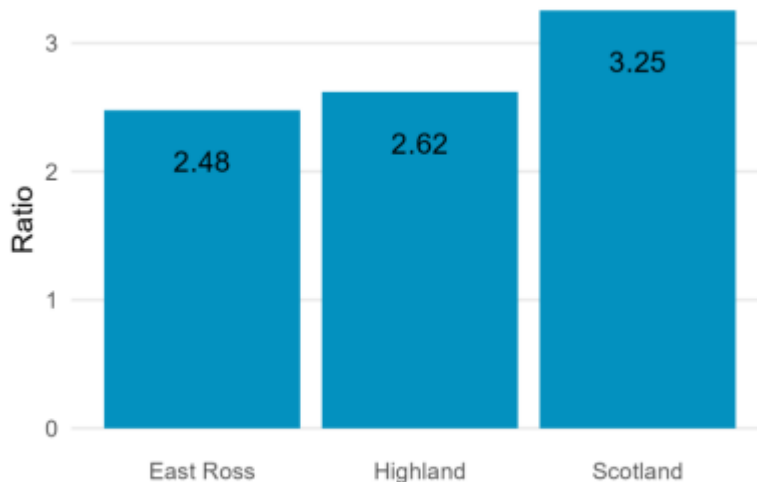


Source: National Records of Scotland, Small Area Population Estimates 2021

The latest available population projections estimate that the overall population of East Ross will decrease between 2018 and 2030.

The number and proportion of people in the 75-84 and 85+ age groups are projected to increase, whereas the population in all other age groups are projected to decrease.

People of working age (16-64 years) for every person 65 years and older 2021



Source: National Records of Scotland, Small Area Population Estimates 2021

The impact of long-term demographic changes will mean that the ratio of people of working age to people aged 65 years and older will further decrease. **This pattern has implications for staffing and recruitment.**

Number of people with health conditions: prevalence of chronic diseases (%)

Common long-term conditions include cardiovascular diseases, cancers, neurological disorders, mental health disorders and musculoskeletal disorders⁵. The prevalence of many conditions and the number of people with frailty will likely increase as the number of older people increases. Rates of cancer registrations have remained relatively constant, indicating earlier diagnosis and treatment may have driven previous improvements in premature deaths from cancer. Hospitalisations due to coronary heart disease (CHD) show decreases over time. Chronic obstructive pulmonary disease (COPD) rates have fallen in recent years. Both remain significant causes of poor health.

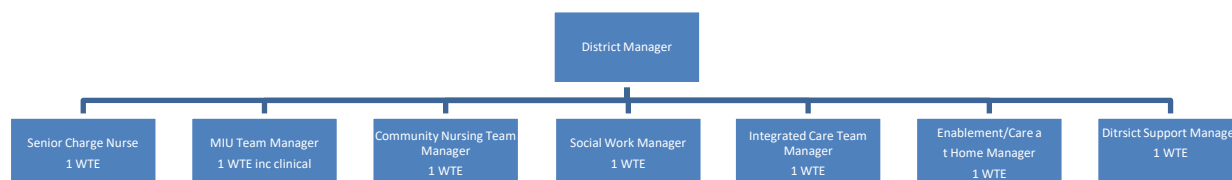
Services provided and current workforce

County Community Hospital houses various services/agencies with the staff and services within the district manager area of responsibility being:

- | | |
|-----------------------|-------------------------|
| Community Nursing | Enablement/Care at Home |
| 28 bed Inpatient Ward | Minor Injury Unit/PCEC |
| Physiotherapy | Occupational Therapy |
| Social Work | Support Services |

Podiatry, X-ray, CMHT, drug & alcohol recovery service, pharmacy, dental, midwifery and the general practice, whilst also based in the hospital are managed outwith the district management structure.

The District Manager directly line manages the Integrated and Hospital Team with a Team Lead in place for each service (1 for AHP). All services are situated within the same building allowing effective multi-disciplinary working which proves effective.



The teams within the District are small with any absences/vacancies causing significant impact. Of particular challenge are within the below teams as a result of vacancy/LTS/maternity along with any short term sickness combined with the level of complexity of work within the community.

	Mon-Fri	Sat/Sun	Team Establishment		Issues
			Qualified WTE	Unqualified WTE	
Ward	24 hour	24 hour	22.47	21.88	Staffing remains the main issue with 5 WTE RN posts slow to fill. GP cover following the end of the SLA has still to be resolved with Consultant and ANP cover stable at present

Minor Injury Unit	0800-1800 (1800-0800 – OOH Service)	Reverts to OOH service	1.61	0.0	MIU staffed by ANPs – no cover in the budget for AL and sickness which is mainly cross cover by ANPs in OOH
Community Nursing	08.30-16.30	08.30-16.30 Reduced Staffing	11.82	2.32	Experienced B6 retiring later this year, returning to a B5 post. 1 HCSW retiring Feb24. No additional funding for ITR and treatment room run from 2 bases – Tain & Invergordon Recent vacancy was out to advert 3 times before successfully recruited
Out of Hours	1800-0800	24 Hours	10.06	5.66	This service will be part of the OOH redesign and at present is East and Mid Ross service covered by a combination of GPs and ANPs. There has been increasing demand on this service over the a number of years
Enablement Team	08.00-21.00	08.00-21.00 Reduced Staffing(no manager/scheduler)	2.0	21.62	1.68 WTE vacancies with recruitment. Continuing to support ISP packages. Plans in place for contingencies
Social Work	09.00-17.00	Covered by OOH Social Work team	9.8	1.6	1 WTE qualified social worker on maternity leave, 1 PT (28 hours) unqualified on maternity leave and 1 WTE HCSW on long term leave.
Occupational Therapy	08.30-16.30	Unavailable	4.66	2.36	0.6 WTE B6 on maternity leave, not covered. Sutor ward staffed by one band 5 OT only.
Physiotherapy	08.30-16.30	Unavailable	3.52	1.93	0.6 WTE B6 maternity leave not covered. 1 WTE B5 advertised x3. No suitable applicants
Admin/Portering	08.30-17.00	Reduced staffing		9.91	Supporting ITR clinics takes up significant resource.

Services Provided

Ward

Sutor Ward is a 28 bed inpatient ward overseen by a Senior Charge Nurse. The ward plays a key role in ensuring community flow with the beds full the majority of the time (graph highlighted further below). The service provides rehabilitation and end of life care, with admissions generally coming directly from Raigmore. Community admissions can be accepted if agreed by DMT. The ward is

covered by an ANP Monday - Friday with some daily support from GP. There is a weekly consultant led ward round, generally led by Dr Martin Wilson, Consultant Physician. Qualified nursing staffing regularly runs below WFP requirements and B5 shifts filled where possible with a B2/3. It is a regular occurrence for the ward to be short of a B5 as a result of uncovered elements of maternity leave and short term sickness/COVID.

MIU

MIU is ANP led with a receptionist. This cover is from 8am-6pm Monday to Friday. On Mon, Tues, Wed and Thursday they also have the support and resource of a reporting radiographer from 09:30-13:00. The ANP works autonomously and is MIU trained. They see, treat and discharge. MIU calls are directed to the department from the Highland HUB via flow navigation if staffed. On occasion there are walk-in patients, but all patients are advised to call 111 to be seen.

Out of Hours

OOHs runs from Monday to Friday 18:00-08:00 hours and then Saturday and Sunday 24/7. Monday to Friday the cover may be by GP or ANP. There are two clinicians between the hours of 21:00-12midnight and outwith these hours there is one clinician and a driver. On Saturdays and Sundays there is a combination of GPs and ANPs on a variety of shifts but again after 12midnight the department is covered by a single clinician and driver.

OOHs cares for over 80,000 patients, covering a large geographical area spanning from Edderton to the start of Achnasheen and half of the Black Isle. We see all presentations of illness and deal with advice calls, palliative care calls, FNC calls, Home visits and appointments.

Community Nursing

The Community Nursing team provides preventative, reactive and maintenance clinical care to patients in the community. The elderly age profile and care homes in the area are above average. The team leads on End of life Care and are well above the national average supporting patients to die at home. There has been a real shift from secondary care to the community to provide high end complex clinical care. This impacts on team resource to provide care and also training to upskill on new procedures.

Ongoing workforce planning evidences the increased complexity and dependency of client group requiring the knowledge and skills of three band 6 nurses. Services requires to be reactive with minimal opportunity for any waiting lists. The aim is to avoid hospital and care home admissions and expedite timely discharges.

We provide a community nurse lead treatment room In Tain Health Centre not provided by practice nurse services. Patients are seen close to home, avoiding the need to attend secondary care.

Two Investigation and Treatment Room services (ITR) is covered by the community nursing team in Tain and Invergordon. Both ITR clinics run from 0900-1300 Monday - Friday Clinician AL, absence etc is not resourced leaving extra pressure on community team and other services. There is a small budget for ITR administrator support but no funding for nursing staff.

The number of patient facing visits and palliative/EOL care has doubled since pre covid increasing pressure on current staffing resources.

Physiotherapy

The physiotherapy service covers various aspects of clinical service delivery. It includes inpatient rehabilitation to the 28 bed unit, cardiac rehabilitation and pulmonary rehabilitation, falls and frailty intervention, community rehabilitation and neurological rehabilitation. Service is currently provided by part time clinical specialist physiotherapist, 3 part time qualified staff and 2 part time non registered staff.

The physiotherapy service in East Ross has been under established for some time and red on RAG rating for both staffing and service delivery for well over a year. Recruitment to vacant posts has been extremely challenging and no new staff has been able to be recruited for around 18 months due to a lack of relevant applications. However, even if the department was fully staffed to its current establishment, the service would not be covered safely.

Despite establishment setting work highlighting the need for a number of additional staff, no resource has been provided for this leading to increased pressure on staff and their own well being as well as growing waiting lists.

Staffing establishment:

B7 0.6 wte

B6 0.6 wte - on maternity leave and not covered

B6 0.8 wte

B6 0.72 wte

B5 1 wte - advertised x 3 times as either this post or 0.8 wte B6 but no suitable candidates applied on any occasion.

B4 - 0.45 wte

B3 - 0.6 wte

Occupational Therapy

The number of referrals for Occupational Therapy in East Ross is extremely high and the waiting list is consistently over a year for some people.

OT staffing in other districts appears to be more fairly distributed and East Ross has been under established for years. At present, the 28 bedded unit which includes a number of complex cases, is staffed by a Band 5 only. There is no support staff who can be allocated to the ward due to demands in the community and although Band 6 staff support where they can, they are also needed in the community. The risk is huge and the staff are increasingly finding that they are unable to provide rehabilitation due to lack of resource. The AHP lead has moved into the Integrated Team Manager role but previously had some clinical responsibility as an OT. This was never replaced so the team are short of this also.

Establishment for East Ross OT is as follows:

B6 - 1 wte

B6 - 1 wte

B6 - 0.8 wte - on maternity leave and unable to appoint a replacement

B5 - 1 wte

B4 - 1 wte

B4 - 1 wte

B4 - 0.6 wte □

Enablement/Care at Home Team

The team currently has 2x31.5h vacancies. We recently took back inhouse a number of packages due to withdrawal of a support provider from the Invergordon and Barbaraville area. We have submitted a business plan to develop a care and support team which will

be separate from our enablement team - awaiting outcome to start recruitment. We have seen a large increase in EOL referrals which can have an impact on our ability to respond quickly to re-ablement support packages.

Social Work

The Social Work Team currently consists of 13 staff with 2 staff on maternity leave-1 FT social worker and 1 PT RAO (28 hours). We have recruited a FT 14 month SWAP to provide maternity cover. We have one FT SW vacancy and as we have been unable to recruit, we are now recruiting a trainee. We have a HCSW who is on long term sick leave and this post was funded for 12 months as a pilot scheme due to end on 19.01.24.

We have 71 Guardianships currently with 34 of these being LA which require an allocated social worker to act in the role of welfare guardian. 37 private guardianships require annual supervision by a qualified social worker. It is anticipated this number will increase due to the local demographic of an ageing population and complexities associated with profound learning and physical disability. There are high numbers of ASP inquiries.

East Ross has 5 care homes housing 191 beds. The recent loss of a 36 bed nursing home has had significant impact on patient flow.

The Team promote the SDS options available to support people and utilise Option 1 wherever possible. However within the East Ross area there are ongoing recruitment and retention difficulties in all sectors of adult social care including personal assistants (self directed support option 1) and housing support.

Independent sector care homes within East Ross housing 151 beds

No of Care Homes	Client Group	No of Beds
4	Older People	163
1	Mental Health	28

General Practices

East Ross has 3 general practices, Tain & Fearn, Tain & District and Ainess & Invergordon, providing care for all of the population. The local GPs work closely alongside the hospital services linking in with the integrated team, inpatient ward, Minor Injury Unit/PCEC and all other services within the building.

Integrated Working/Complexity within the District

The teams provide integrated services to a population of approximately 22,000, the majority of whom, but not all, are registered with the local general practices. An ever increasing complexity of care is required, and whilst we as far as possible aim to ensure the Home First principles are embedded, and implement the recommendations in the NHS Enhancing Community Health and Care Model, this is challenging within our current resource and taking in to account our geography.

The Teams work closely together to ensure provision of services for the population are available utilising an integrated approach. Patients within hospitals are monitored daily with person centred wrap around care, with acute referrals from Raigmore directed to the ward senior charge nurse, and the integrated team linking in across all sectors.

Teams are linking to ensure our vulnerable people list is updated on an ongoing basis and

that ACPs and personal contingency plans are in place for everyone included on the list.

We work very closely with our local GP colleagues linking in around palliative and end of life care along with routine core services. Dying at home remains the first choice for the majority of patients who are coming to the end of life. East Ross has a high proportion of elderly population, and the community caseload is complex with workload continuing to increase.

We are fortunate in Invergordon as the hospital provides the opportunity for co-location of staff groups in the building. This means that health, social work and care at home teams are sharing offices with the wider integrated team, which promotes and enhances integrated working, and allows strong relationships with the general practice, hospital, mental health and Children’s Services colleagues.

The hospital also provides outpatient clinics as detailed below:

CMHT	Diabetic Retinopathy	Podiatry
Physiotherapy	X-ray	Alzheimers
Psychiatry	Pain Management	Cardiac/Heart Failure
Diabetes	Ultrasound	Retinal Screening
Older Adult	Highland Hospice	MS
Childrens Services	Paediatrics	SLT
Dietetics/Weight Management	Epilepsy	Learning Disability
Midwifery	Psychology	Parkinsons Disease
Viral Hepatitis	Sexual Health	Deaf Services

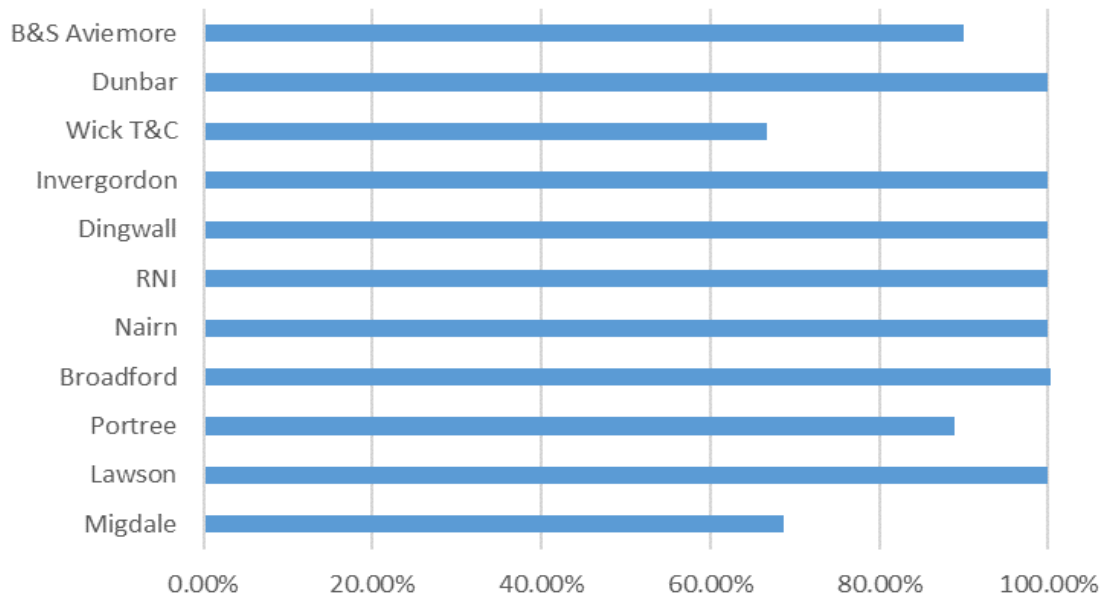
With the rollout of the Primary Care Modernisation as detailed in the GP contract we are seeing pressure on availability of both clinic and administration space as we have the additional need for pharmacotherapy, First Contact Practitioner, Primary Care Mental Health Services and Community Link Worker being embedded.

Finance & Performance

Finance

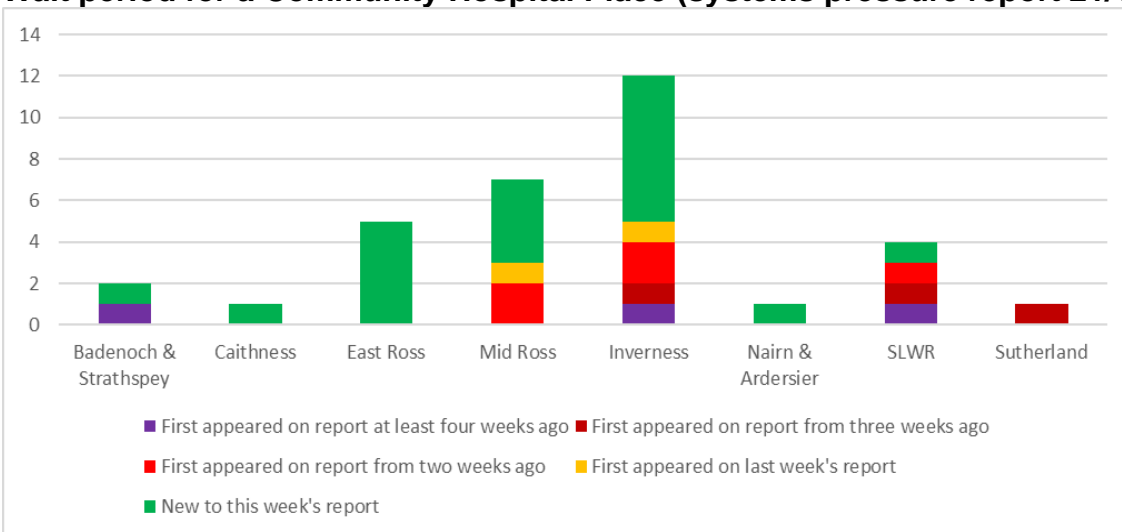
The budget for 22/23 for the District is c£21m. At the time of writing the projected year end is being forecasted at a £0.578m overspend. This overspend can be broken down into Health £0.173m and ASC £0.405m. The Health year end variance mainly relates to unfunded posts within the OT, Admin, community nursing and Integrated care budgets.

County Community Hospital Bed Occupancy (systems pressure report 21/11/2022)



The hospital runs at capacity 100% of the time.

Wait period for a Community Hospital Place (systems pressure report 21/11/2022)



While the hospital is running at 100% capacity the above graph demonstrates the efficiencies within the system that allow for short waiting periods for transfers. We have a daily system in place which brings oversight to people in hospital, and pull them through to either the hospital or out to the community where appropriate. We have currently implemented the use of PDD for patients

place to improve the unmet need, and allow for contingencies should further providers reduce or withdraw their services.

Opportunities and Developments

The District is compact and services are contained within 2 facilities (Invergordon Hospital and Tain Health Centre). This allows for close working relationships within the Integrated Team. There are opportunities to work across professional boundaries for the wellbeing and support of complex and frail patients.

The withdrawal of independent providers has afforded us the opportunity to realign our care at home provision and refocus our enablement service to support early discharge and possibly Discharge to Assess.

Financial constraints in this and coming years will possibly slow the progress of redesign and this will be an ongoing challenge.

ITR and CTAC services will be a priority development this year given the increase in demand and the benefits to individual patients to getting this service close to home.

Community Engagement

Links to the CPP and the CC are being forged at this time but have been neglected and non functioning for some time. This is being rectified and hopefully will be reinvigorated in the near future.

District Profile

District: Inverness

Manager: James Merriman

Integrated Team Managers: Janet Alexander/Linda Moir

Locality Demographics



HIGHLAND COMMUNITY PARTNERSHIP PROFILE

INVERNESS

POPULATION

Figure 1: Population pyramid 2015

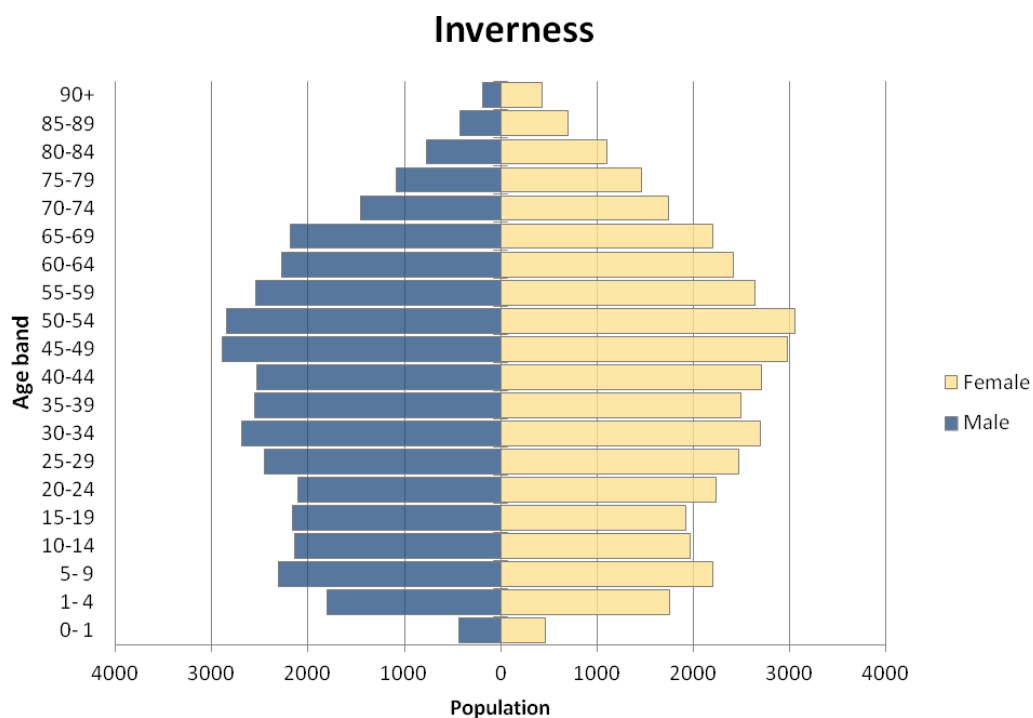


Figure 2: Population by age group 2015

Age group	Inverness		
	Male	Female	Persons
00-15	7,120	6,772	13,892
16-29	6,279	6,238	12,517
30-44	7,766	7,899	15,665
45-59	8,266	8,664	16,930
60-74	5,909	6,356	12,265
75-84	1,855	2,571	4,426
85+	609	1,139	1,748
Total	37,804	39,639	77,443

Data source: National Records of Scotland 2015 Small Area Population Estimates (SAPE). Best fit of data zone to Highland

Figure 3: Percentage of population by age group

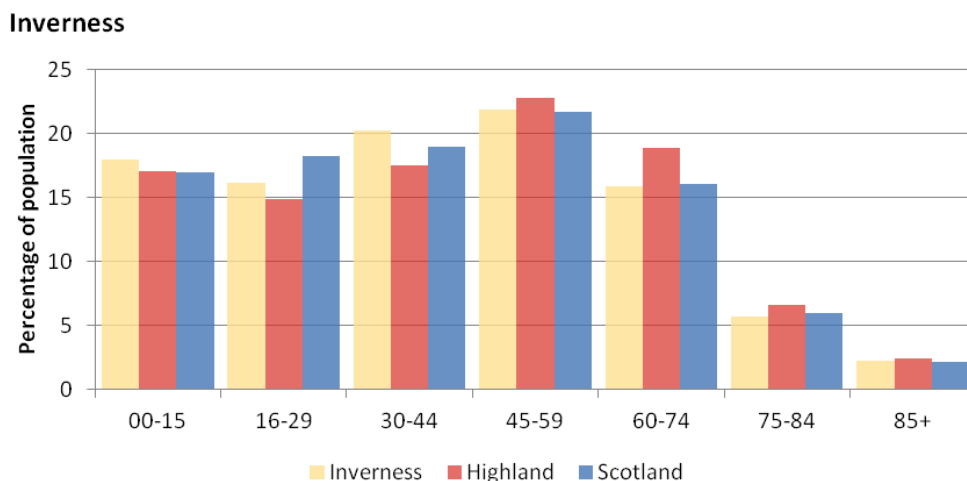


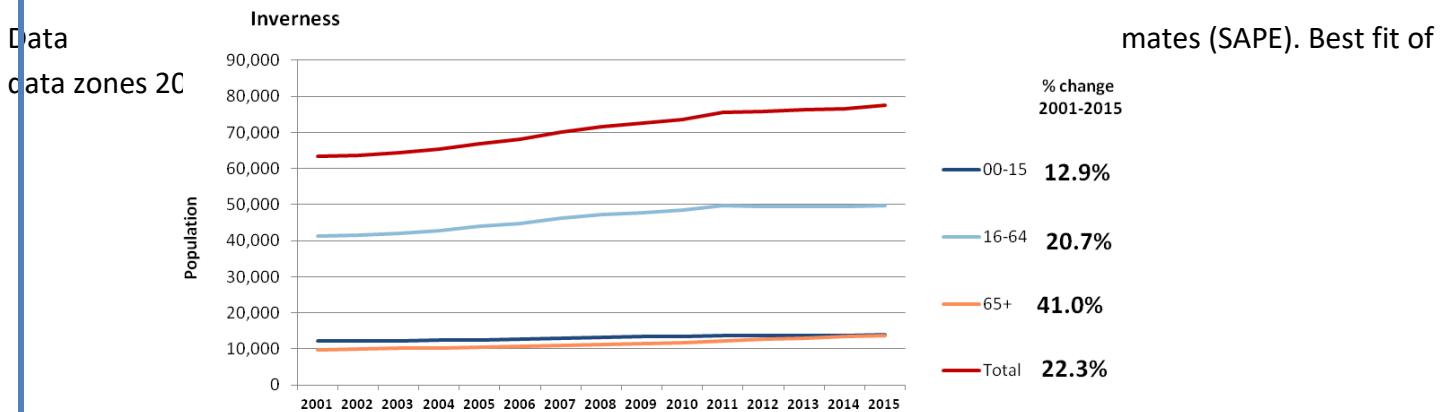
Figure 4: Percentage of population by age group

Age group	Inverness			Highland	Scotland
	Male	Female	Persons	Persons	
00-15	18.8	17.1	17.9	17.1	17.0
16-29	16.6	15.7	16.2	14.8	18.2
30-44	20.5	19.9	20.2	17.5	18.9
45-59	21.9	21.9	21.9	22.7	21.7
60-74	15.6	16.0	15.8	18.8	16.0
75-84	4.9	6.5	5.7	6.6	6.0
85+	1.6	2.9	2.3	2.4	2.2
Total	37,804	39,639	77,443	234,110	5,373,000

Data source: National Records of Scotland 2015 Small Area Population Estimates (SAPE). Best fit of data zone to Highland Community Partnership

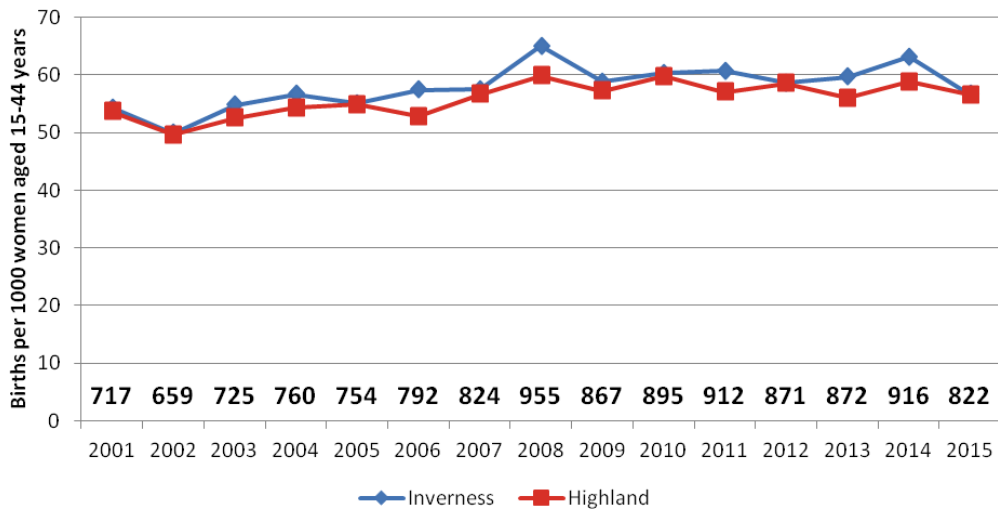
POPULATION CHANGE OVER TIME

Figure 5: Population over time



BIRTH TRENDS

Figure 10: Number of births and fertility rate per women aged 15-44 years

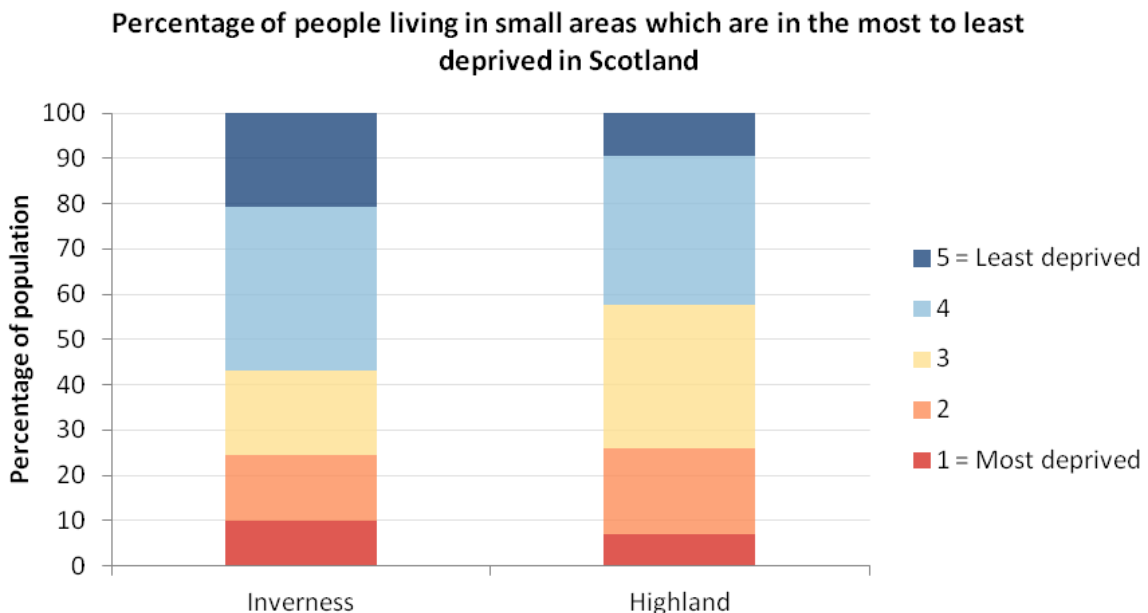


Number of births annually shown above the x-axis.

Data source: NRS vital event recording and NRS Small Area Population Estimates (SAPEs). Based upon best fit between data zones 2001 and 2011 and Community Partnership areas

DEPRIVATION

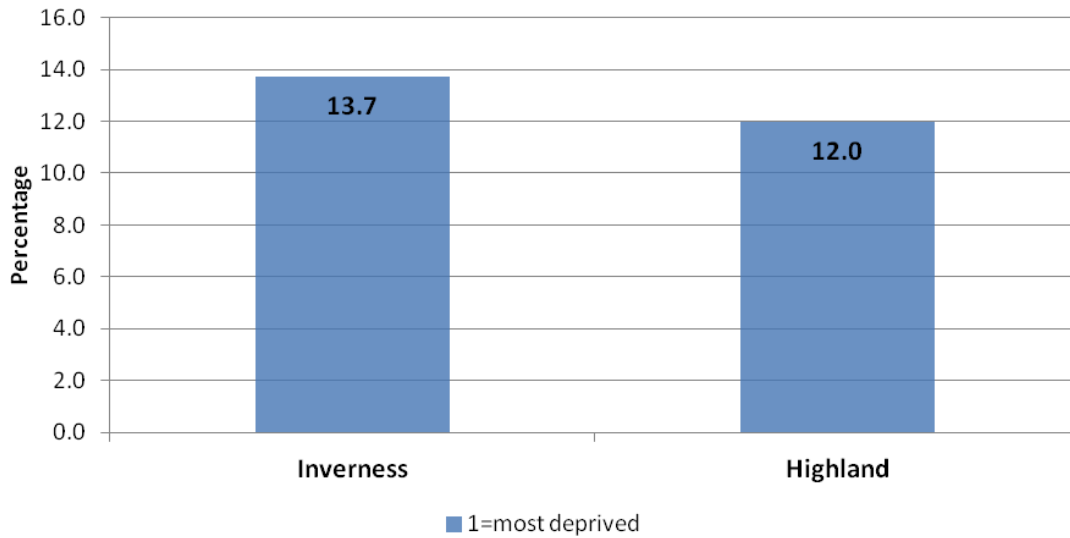
Figure 11: Scottish Index of Multiple Deprivation 2016



Data source: National Records of Scotland 2015 Small Area Population Estimates (SAPE) and Scottish Index of Multiple Deprivation (2016) Best fit of data zone (2011) to Highland Community Partnership

Figure 12: Children living in the most deprived areas in Highland

Percentage of children aged 00-17 years of age living in the 10 percent of most deprived small areas in Highland

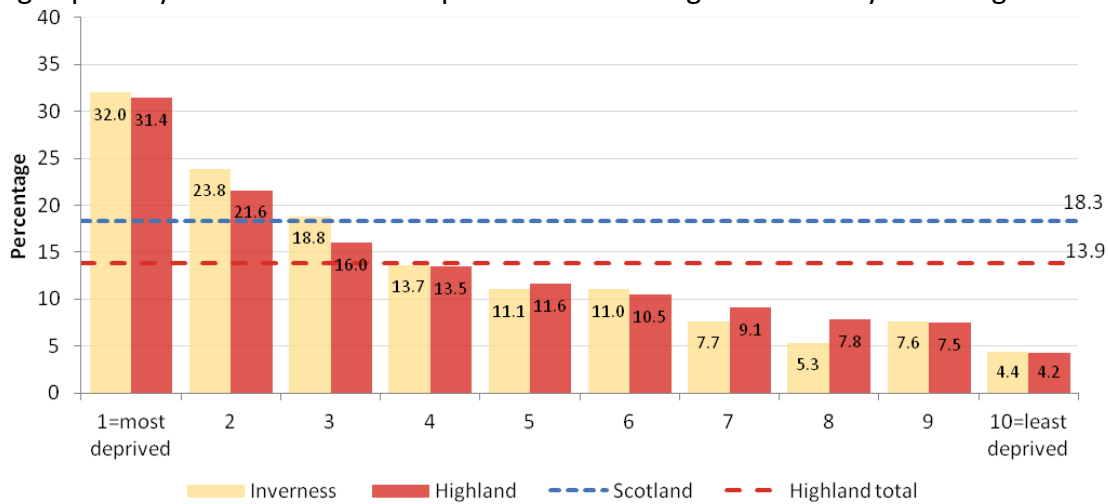


Data source: National Records of Scotland 2015 Small Area Population Estimates (SAPE) and Scottish Index of Multiple Deprivation (2016) Best fit of data zone (2011) to Highland Community Partnership

DEPENDENT CHILDREN LIVING IN POVERTY

Figure 13: Estimated number and percentage of children under 20 years of age living in poverty defined by tax credit receipt and stratified by decile of deprivation within Highland

Children living in poverty - total number of dependent children aged under 20 years of age in families receiving



Child Tax Credits (<60 % median income) or Income. Data source: HMRC. Deciles of deprivation based upon SIMD 2016 within Highland Council distribution

Figure 14: Number and percentage of children under 20 years of age living in poverty defined by tax credit receipt and stratified by decile of deprivation within Highland

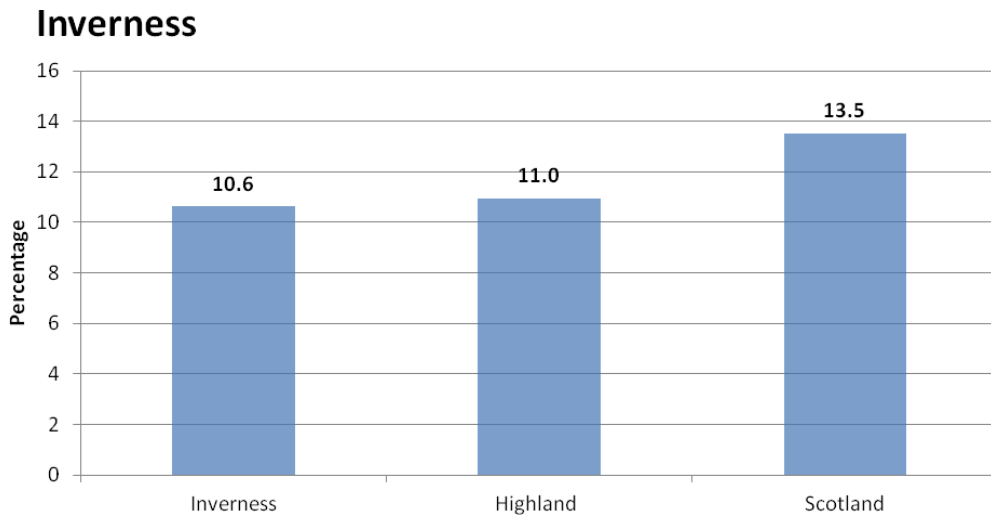
Estimated number and percentage of dependent children under 20 years of age in poverty by decile of deprivation in Inverness Community Partnership					
	Number of children	Percentage	lo 95% CI	up 95% CI	Percentage of all children in Inverness in poverty
1=most deprived	688	32.0	29.7	34.5	34.4
2	440	23.8	21.7	26.2	22.0
3	107	18.8	15.4	22.7	5.4
4	99	13.7	11.1	16.6	5.0
5	47	11.1	8.1	14.7	2.4
6	124	11.0	9.2	13.1	6.2
7	140	7.7	6.4	9.0	7.0
8	69	5.3	4.1	6.7	3.5
9	132	7.6	6.4	9.0	6.6
10=least deprived	152	4.4	3.7	5.2	7.6
total	1998	13.2	12.6	13.8	100

Children living in poverty - total number of dependent children aged under 20 years of age in families receiving Child Tax Credits (<60 % median income) or Income. Data source: HMRC. Deciles of deprivation based upon SIMD 2016 within Highland Council distribution



ADULT POPULATION IN RECEIPT OF OUT OF WORK BENEFITS

Figure 15: Percentage of the population in receipt of out of work benefits



Estimated number of Community Partnership working age population in receipt of benefit (May 2016) = 5195

Data source: DWP Small area statistics (Snapshot May 2016) – Working age population claiming out of work benefits includes claimants of key out of work benefits, not only jobseekers allowance (JSA). Each claimant is counted once. Population denominator NRS SAPE 2014

LIFE EXPECTANCY AT BIRTH

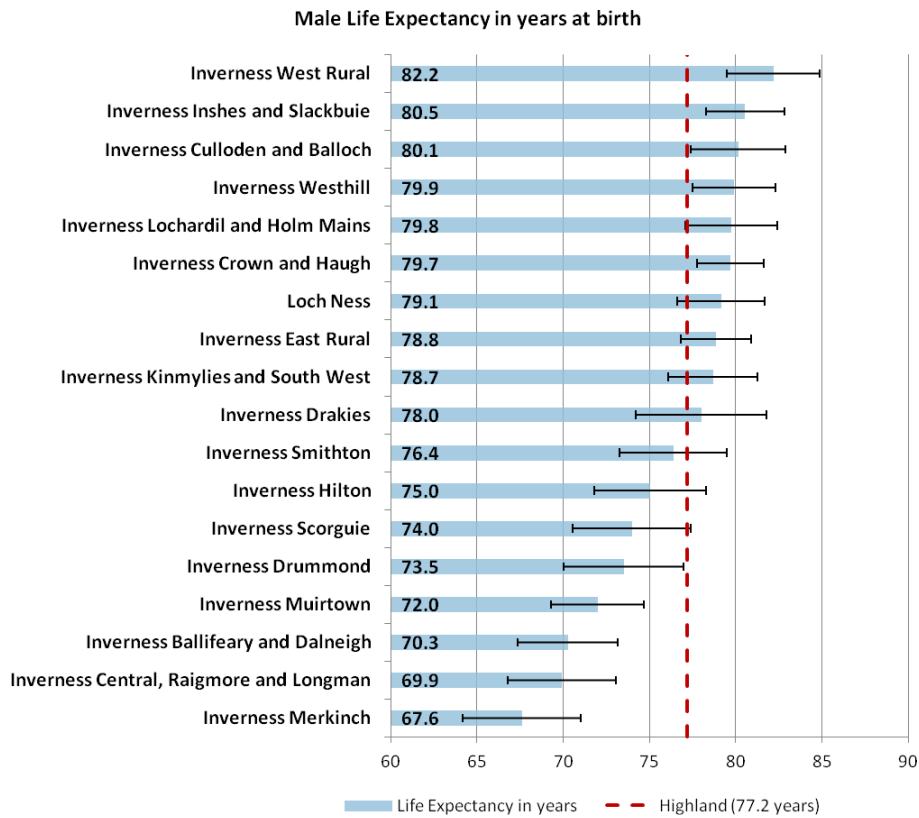
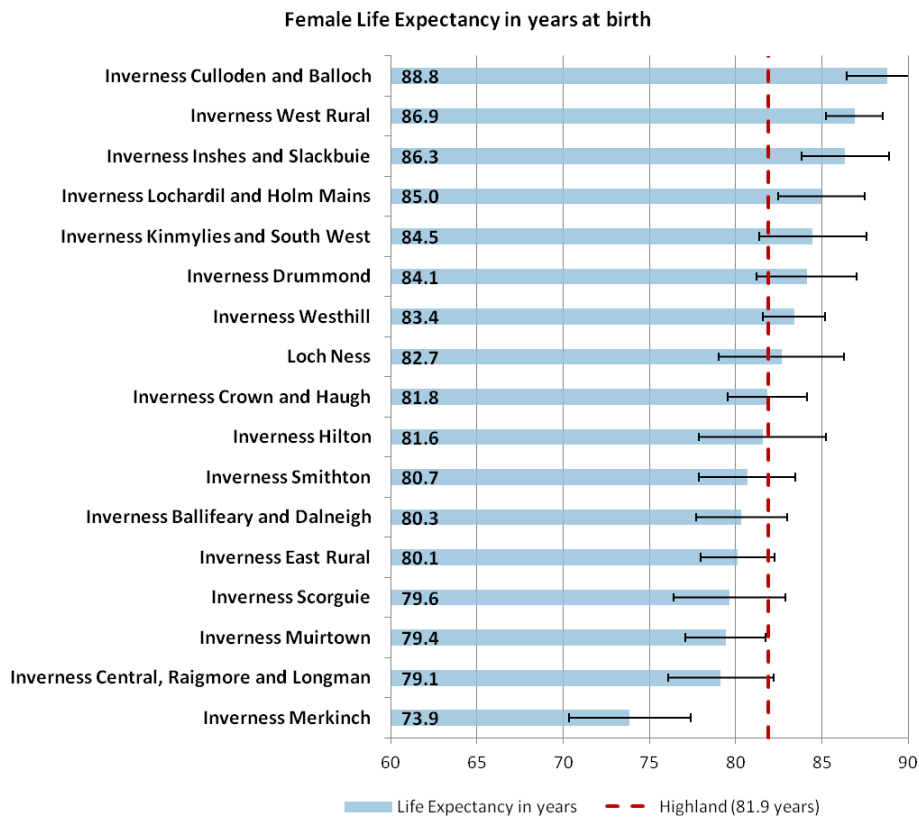


Figure 16: Inequalities in male and female life expectancy by Intermediate Geography (2009-2013)

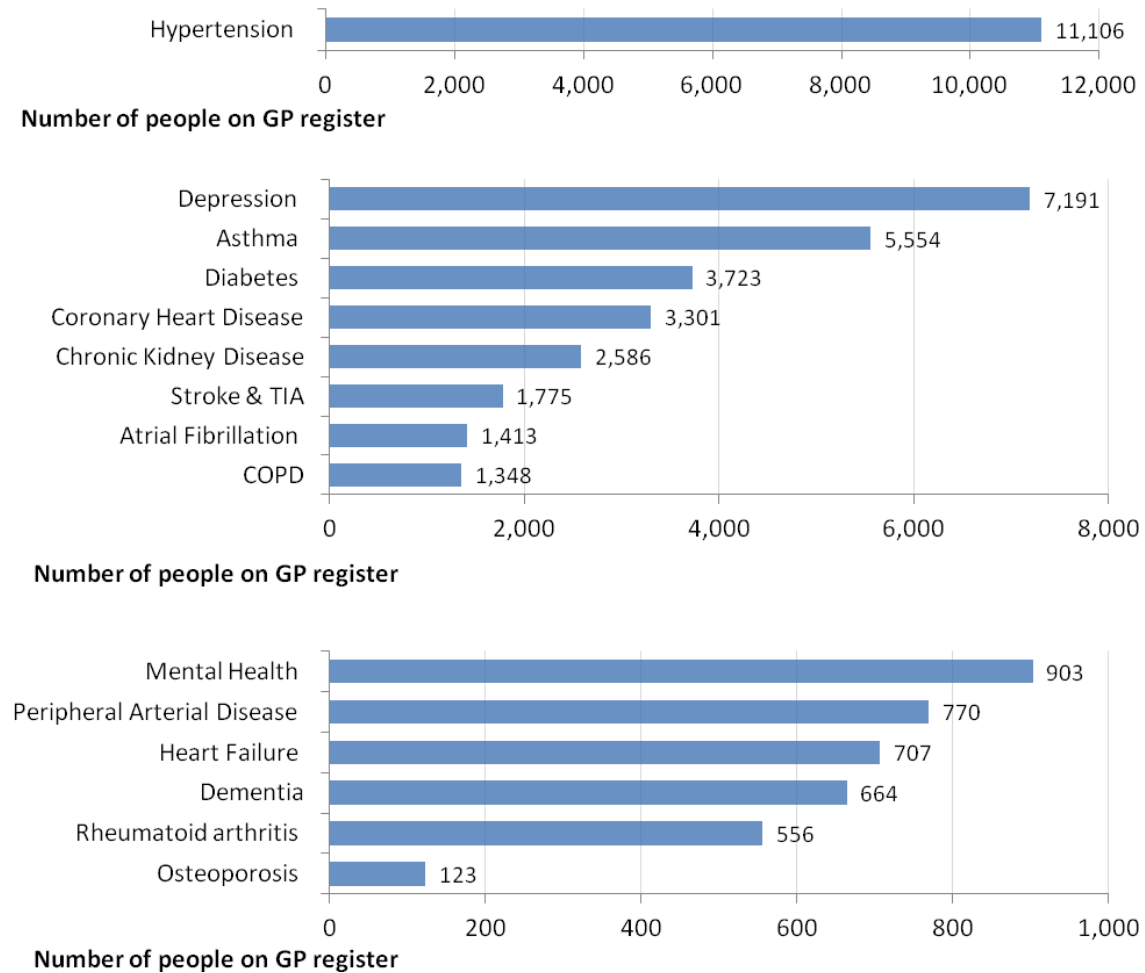


Data source: ScotPHO Health and Wellbeing Profiles Data for the five year period 2009-2013.

NUMBER OF PEOPLE WITH HEALTH CONDITIONS

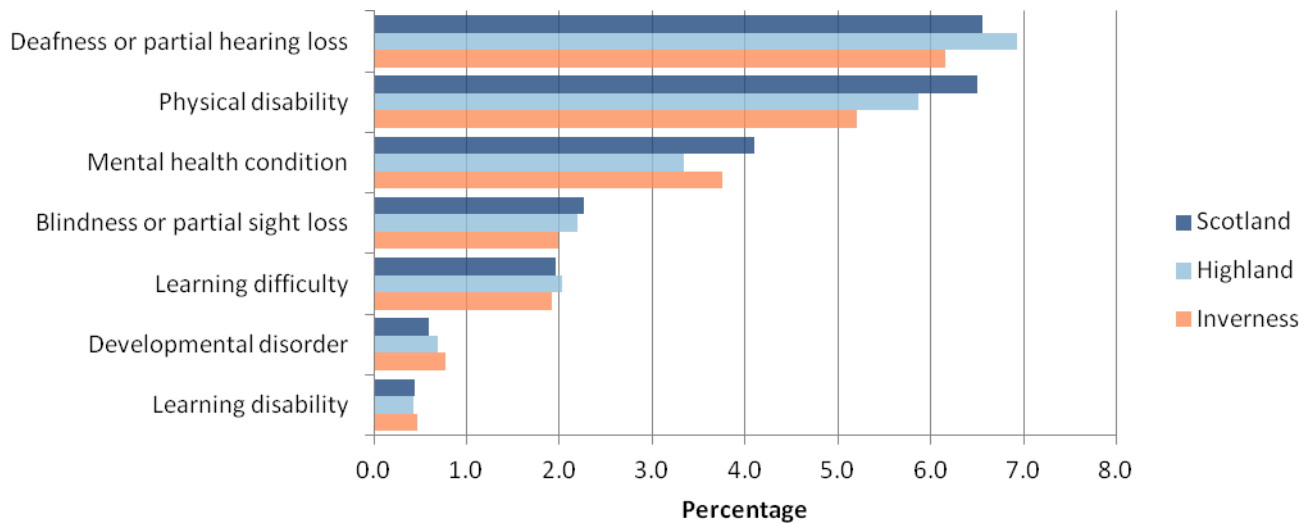
Figure 17: Number of people with chronic disease

Inverness



Data source: General Practice Quality & Outcomes Framework (QOF) for April 2015 - March 2016 – based upon reported practice prevalence within the Community

Figure 20: Percentage of the population with self-reported long-term conditions

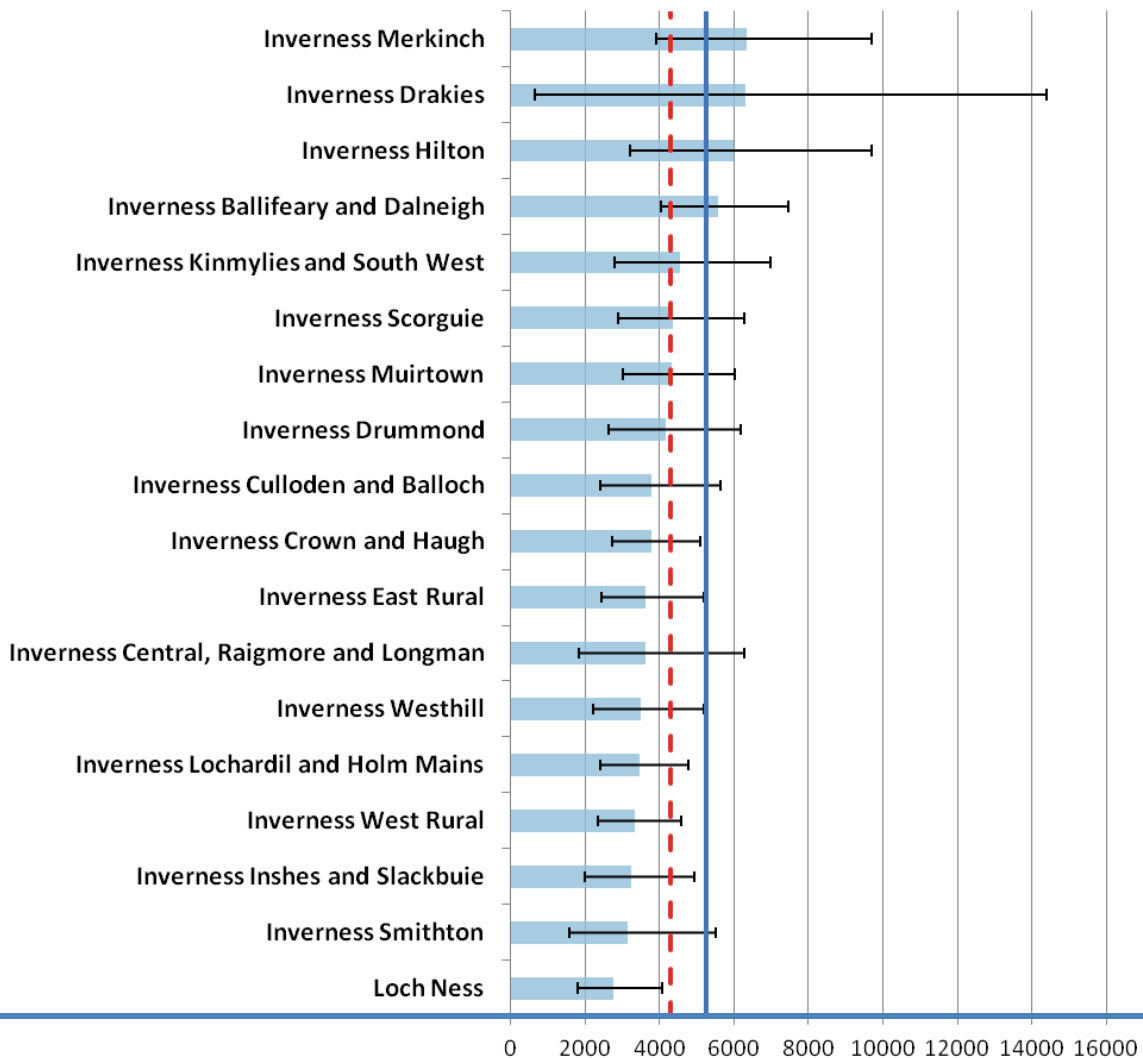


Data source: Census 2011 – Nature of long term conditions. Created from Census Table CT0033f

EMERGENCY HOSPITAL ADMISSIONS

Figure 23: Patient 65+ with multiple emergency hospital admissions by Intermediate Geography

Inverness 2013-2015: Patients (65+) with multiple emergency hospitalisations - Age-sex standardised rate per 100,000 population



Services provided and current workforce

The District of Inverness, covering the Urban City area and Rural areas of Drumnadrochit, Cannich, Foyers, Farr and Old Tornagrain.

The services delivered in Inverness include:

- Community Hospital Ward with 12 beds based in the RNI
- An Older Aged Adult Residential Care home with 24 beds, 6 of which are used for Bed Based Intermediate Care – Ach an Eas
- A Day Service based at the Mackenzie Centre
- 4 Social Work Teams
- 2 District Nursing Teams
- Community Occupational Therapy
- Community Physiotherapy
- Enablement Team delivering Care at Home
- Investigation and Treatment Room supporting work generated by Secondary Care based at the RNI

The Inverness District Professions and Services are providing Health and Social Care to people when they are in need of this. The Teams work closely to enable the delivery of high quality and effective integrated services.

The delivery of this is in a variety of ways including but not exclusively:

- Social Work professionals doing highly complex and urgent assessment and interventions to over 25 years olds with a variety of Mental and Physical Health needs.
- Reablement – supporting people at home, delivering person centred care plans
- Care Home – Providing high quality social care to older aged adults, as measured by the Care Inspectorate, in a homely setting
- Day Care Services – providing building based and outreach support to a multitude of people in need and supporting informal carers
- Multi-disciplinary rehabilitation on a community Hospital Ward, maximising function and achieving complex discharges
- Outpatient post-secondary care services
- District Nursing assessment and treatment to highly complex individuals and
- Providing highly specialised Occupational Therapy assessment and treatment

- Providing highly specialised Physiotherapy assessment and treatment
- Assessment of and for Covid positive patients

Current Workforce

Staff in post

Row Labels	Column Labels						Total Count of Payroll Number2	Total Sum of WTE
	Bank		Fixed Term		Permanent			
	Count of Payroll Number2	Sum of WTE	Count of Payroll Number2	Sum of WTE	Count of Payroll Number2	Sum of WTE		
Female	74	0.00	6	5.39	185	143.24	265	148.63
Male	6	0.00			14	12.86	20	12.86
Grand Total	80	0.00	6	5.39	199	156.10	285	161.49

Age Profile

Headcount (excluding bank staff)

Overall in each age group

Over 65	5	2.44%
Over 60	41	20.00%
Over 55	87	42.44%
Over 50	111	54.15%

Headcount/WTE

	Headcount	WTE
Ach An Eas Home {E Inv}	35	25.85
District Nursing Team {Inv East}	26	22.27

East Inv District Rural Team {Adult SC}	10	8.53
East Inv District Urban Team {Adult SC}	13	12.30
Mackenzie Centre {E Inv}	14	12.68
Occ Therapy Team {Inverness}	30	25.85
Physiotherapy {RNI}	16	12.43
Reablement - E Inv {East Inverness}	34	23.03
Reablement - W Inverness {West Inv}	24	15.54
Single Point of Access {Inv}	3	3.00
Total	205	161.49

The use of the daily management boards across the integrated teams and completion of the workforce planning tool which highlighted the deficit in staffing levels. An uplift was required to deliver a safe service for the current population and patient demographic. There is an increasing number of people receiving support with complex care needs from medical devices to rehabilitation.

Social Work leadership has looked at the number of adults in Highland and are aiming for 1.5 Social Workers per 1000 people.

Finance & Performance

See below the District Budgets for East Inverness and West Inverness respectively. Note the overspends (red) predominantly in Adult Social Care and underspends (black) within Health Teams, mainly due to vacancies in staffing.

Cost Centre	Annual Budget	Year To Date		
		Budget	Actuals	Variance
HHS207 - Rni Occ Therapy	843,356	843,356	675,447	167,909
HHX153 - Inv Single Point Of Access	61,325	61,325	60,499	826
HHX223 - Inverness East Dn Team	1,598,141	1,598,141	1,537,282	60,859
HHY219 - Inverness Clinical Governance	900	900	0	900
HHZ122 - Southside Nursing Home	2,900	2,900	2,082	818
HHZ123 - Cradlehall Nursing Home	7,276	7,276	6,151	1,125
HHZ126 - Inverness Gramp Nh Kingsmills	9,000	9,000	11,723	(2,723)
HHZ136 - Culduthel Care Home	2,846	2,846	3,455	(609)
HHZ140 - Castlehill Care Home	3,000	3,000	7,257	(4,257)
HWA733 - Ach-an-eas	1,356,308	1,356,308	1,401,943	(45,635)
HWA750 - R&n Care - Op - Isc - E Inv	6,599,514	6,599,514	7,079,606	(480,092)
HWA760 - Cah Team - Inverness East	65	65	8,773	(8,708)
HWA764 - Sds - Op - Inverness East	532,513	532,513	632,048	(99,535)
HWA766 - Cah - Op - Isc - Inv East	2,847,322	2,847,322	3,092,311	(244,989)
HWA767 - Home Based Respite Op - E Inv	106,469	106,469	111,567	(5,098)
HWA780 - Mackenzie Centre	659,172	659,172	564,474	94,698
HWA800 - Lunch Clubs	11,159	11,159	(2,799)	13,958
HWA817 - Day Care - Op - Isc - E Inv	945	945	0	945
HWA835 - Sds - Ld - E Inv	2,130,230	2,130,230	1,952,638	177,592
HWA837 - Day Care - Ld - Isc - E Inv	79,523	79,523	75,556	3,967
HWA838 - Home Supp - Ld - Isc - E Inv	6,530,460	6,530,460	6,785,207	(254,747)
HWA839 - R&n Care - Ld - Isc - E Inv	929,274	929,274	1,079,116	(149,842)
HWA870 - Aids To Daily Living - Inv	161,199	161,199	103,448	57,751
HWA875 - Sds - Pd- E Inv	712,977	712,977	821,522	(108,545)
HWA877 - Day Care - Pd- Isc - E Inv	42,095	42,095	16,620	25,475
HWA878 - Home Supp - Pd- Isc - E Inv	240,397	240,397	288,907	(48,510)
HWA879 - R&n Care - Pd- Isc - E Inv	323,783	323,783	396,727	(72,944)
HWA888 - R+n Care - D+a - Isc - E Inv	0	0	160	(160)
HWA890 - Reablement - Inverness	2,304,422	2,304,422	2,071,995	232,427
HWA912 - Carers Support - Inv East	442,215	442,215	442,215	(0)
HWA932 - Housing Support Isc Inv East	1,794,938	1,794,938	1,643,845	151,093
HWB895 - E Inv District Urban Team	648,044	648,044	550,164	97,880
HWC895 - E Inv District Rural Team	556,952	556,952	513,671	43,281
HWW809 - Meals At Home - Inbs	5,003	5,003	0	5,003
HWW818 - Overnight Care Service	218,909	218,909	218,468	441
Total	31,762,632	31,762,632	32,152,078	(389,446)

Cost Centre	Annual Budget	Year To Date		
		Budget	Actuals	Variance
HHS103 - Rni York Day Ward	108,385	108,385	80,171	28,214
HHS202 - Rni Admin	38,259	38,259	40,637	(2,378)
HHS204 - Rni Physiotherapy	560,952	560,952	515,165	45,787
HHS238 - Rni Ward 1	1,346,011	1,346,011	1,346,013	(3)
HHS240 - Rni Medical	167,984	167,984	128,544	39,441
HHT104 - Abban Street Clinic	471	471	187	284
HHX109 - Volunteer Transport Scheme	5,465	5,465	21,124	(15,659)
HHX143 - Virtual Ward	64,445	64,445	64,445	0
HHX202 - Inverness Locality Admin	167,325	167,325	147,624	19,701
HHX205 - Inverness Management	775,664	775,664	127,395	648,269
HHX206 - Inverness District Hub	70,456	70,456	63,463	6,993
HHX224 - Inverness West Dn Team	1,341,186	1,341,186	1,367,960	(26,774)
HHX225 - Investigation + Treatment Room	128,497	128,497	109,977	18,520
HHZ119 - Fairfield Nursing Home	542	542	0	542
HHZ120 - Highview House Nursing Home	11,491	11,491	15,246	(3,755)
HHZ127 - Highland Hospice	816	816	943	(127)
HKW024 - Blue Badge And Housing	22,550	22,550	17,840	4,710
HTB139 - Inverness Cac	918	918	152,975	(152,057)
HTB165 - Rapid Response Team	0	0	474,772	(474,772)
HTB175 - C19 Rm - Op Comm Treatment	30,232	30,232	30,231	1
HWE750 - R&n Care - Op - Isc - W Inv	6,963,491	6,963,491	7,119,506	(156,015)
HWE764 - Sds - Op - Inverness West	334,335	334,335	460,584	(126,249)
HWE766 - Cah - Op - Isc - Inv West	2,319,715	2,319,715	2,514,072	(194,357)
HWE767 - Home Based Respite Op - W Inv	125,813	125,813	89,203	36,610
HWE817 - Day Care - Op - Isc - W Inv	1,130	1,130	0	1,130
HWE835 - Sds - Ld - W Inv	464,175	464,175	402,241	61,934
HWE837 - Day Care - Ld - Isc - W Inv	64,350	64,350	63,108	1,242
HWE838 - Home Supp - Ld - Isc - W Inv	4,344,904	4,344,904	4,659,156	(314,252)
HWE839 - R&n Care - Ld - Isc - W Inv	1,154,183	1,154,183	1,091,396	62,787
HWE875 - Sds - Pd- W Inv	453,294	453,294	385,285	68,009
HWE878 - Home Supp - Pd- Isc - W Inv	114,502	114,502	114,787	(285)
HWE879 - R&n Care - Pd- Isc - W Inv	558,081	558,081	612,084	(54,003)
HWE912 - Carers Support - Inv West	134,789	134,789	134,789	(0)
HWE932 - Housing Support Isc Inv West	1,609,212	1,609,212	1,574,962	34,250
HWF895 - W Inv District Rural Team	508,746	508,746	421,300	87,446
HWG895 - W Inv District Urban Team	481,877	481,877	372,990	108,887
Total	24,474,246	24,474,246	24,720,176	(245,930)

Opportunities and Developments

Services need to move upstream as indicated by the life curve with a focus to preventative care, support and rehab and the need for housing solutions. We need services for unscheduled care and intermediate care needs, where a rapid response can be delivered at the time of need inclusive of bed based intermediate care, D2A, prevention of admission, front door frailty strategies, SAS collaborative approaches and development of hospital at home models. These are the things that we are taking on probably from secondary care/ooh/ What is the change in service look like in terms of demand.

2002-2018 saw an 18.5% increase in population across inverness with the largest demographic being 65-90 yr old. The trend in housing is 300 houses completed annually with a ratio of 2 people

per household. The estimated population growth by 2032 is 13000 addition houses, if current trends hold that will be a 26000 increase in population.

Potential Developments

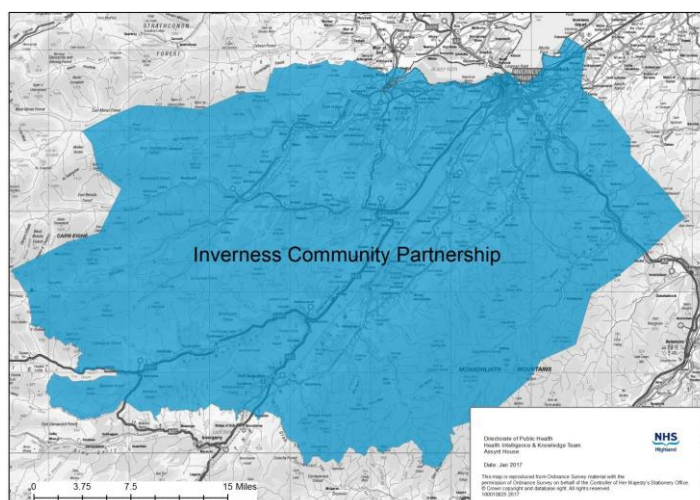
1. Implementation of 7 day week working.
2. Increased social care capacity to prevent hospital admission and support timely discharge by providing access to alternate options to support people in crisis. For example, our Day Services in the Mackenzie Centre 7 days a week and extended hours and Intermediate beds (step up step down beds).
3. Expansion of Social Work team to meet the demands of increasing Social Care needs and the expansion of both in house and Independent Sector.
4. Ach an Eas care home staffing needs.

Community Engagement

The Inverness District Community Planning Partnership has 2 NHS core members and 2 non-core members, one from the Executive Team and 1 from Mental Health. We meet quarterly and have a Inverness District Plan which is accessible by all partners. The plan is below and there are 3 main aims of this:

1. Poverty Reduction
2. Mental Health and Wellbeing and Access to Services
3. Community Safety and Resilience

COMMUNITY PARTNERSHIP LOCALITIES

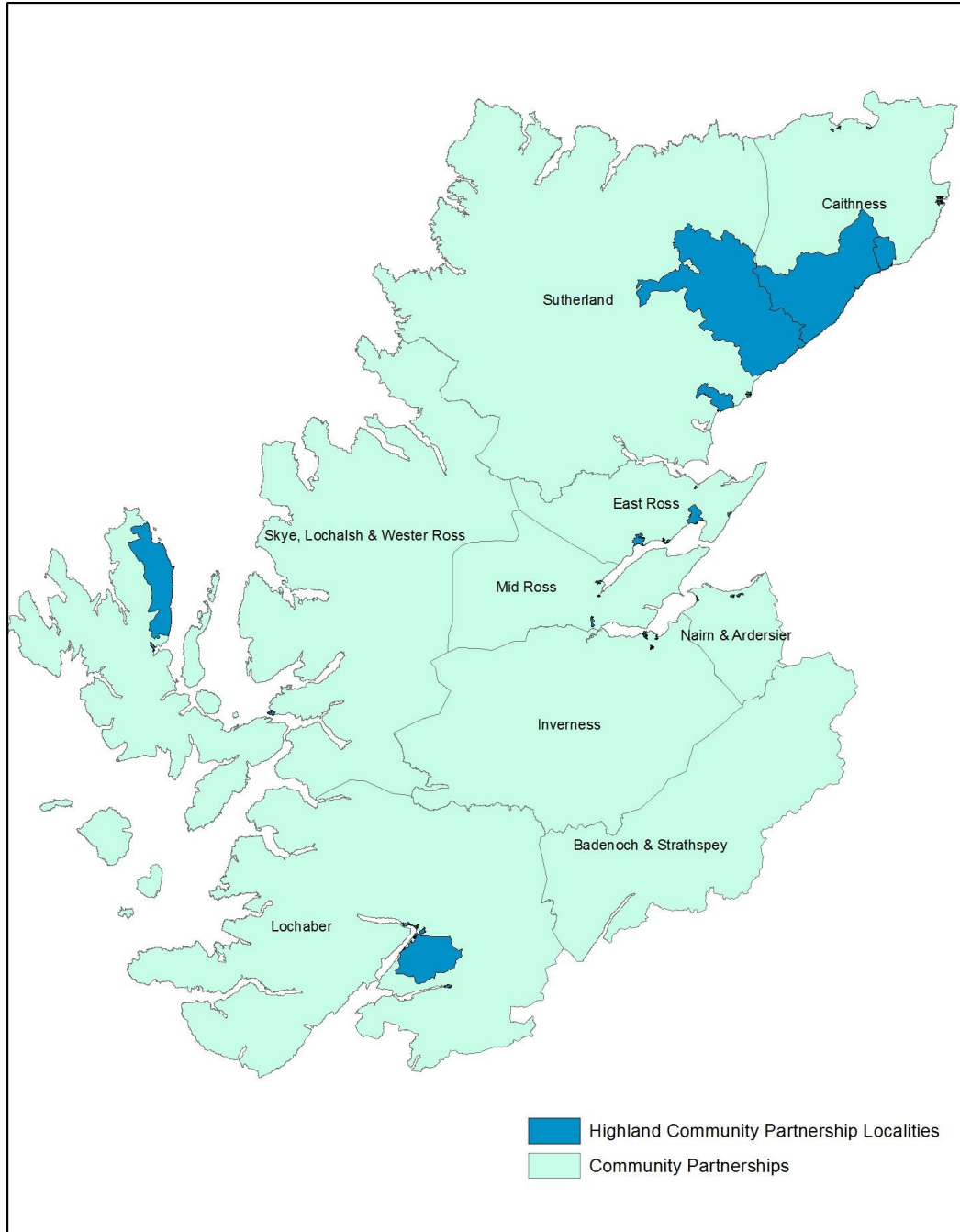


In August 2016 the Highland Community Partnership agreed on a number of communities within the nine Partnerships to be the focus for specific actions to reduce inequalities. Each of the Community Partnerships needs to develop plans for these areas to support implementation of the Community Empowerment Act in Highland. The areas were primarily selected using the Socio-Economic Performance (SEP 2015) index developed by the Hutton Institute.

The SEP combines twenty indicators that reflect the performance of small areas (data zones) across four themes (Wealthier/Fairer, Healthier, Safer/Stronger and Smarter). The underlying data comes from three sources: Scottish Neighbourhood Statistics, Census 2011 and from the Scottish Index of Multiple Deprivation (2016). Lower scores on the SEP indicate poorer performing areas.

The map below provides an overview of the data zone areas identified in Highland. The areas identified within this Community Partnership are shown in the table below.

Community Partnership	Zone code	Data zone name
Inverness	S01003860	Inverness Merkinch North
Inverness	S01003862	Inverness South Kessock
Inverness	S01003793	Inverness Hilton South
Inverness	S01003855	Inverness Merkinch South
Inverness	S01003839	Inverness Raigmore North
Inverness	S01003833	Inverness Central North West
Inverness	S01003796	Inverness Hilton West
Inverness	S01003845	Inverness Merkinch Telford
Inverness	S01003797	Inverness Hilton East
Inverness	S01003849	Inverness Merkinch East
Inverness	S01003801	Inverness Hilton North
Inverness	S01003790	Inverness Hilton South West



Highland Community Partnership: Locality areas

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 100010825 2017



Directorate of Public Health
 Health Intelligence & Knowledge Team
 Assynt House

Date: Jan 2017

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Poverty Reduction – Key Objective: More People in Inverness will live a life free from the experience of Poverty					
	Identified need		Actions	Lead/Who	How will the impact be
A	Information about services and facilities are readily accessible using a range of communication methods	A1	Work with local radio to promote ICP and a range of our services to reach members of the community who are not digitally aware		
		A2	Promote the Worrying about Money Leaflet in a variety of different settings and with different services as well as within our organisations to staff and employees		Number of people accessing services
		A3	Deliver Money Counts courses to a range of organisations and services that work with community groups/vulnerable people		Number of Course’s delivered Attendee numbers

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Poverty Reduction – Key Objective: More People in Inverness will live a life free from the experience of Poverty					
	Identified need		Actions	Lead/Who	How will the impact be
B	Improve access to food provision within the local community	B1	Create more sustainable Food provision through the implementation and use of Food Larders/Fridges		Number of Food Larder/Fridges created
		B2	Encourage and support groups in setting up community growing initiatives within the local area using available green spaces.		Number of new growing projects
C	To support those who are currently inactive in the labour market into training, volunteering, and employment.	C1	To work with the HEP & LEP to identify the numbers of people who are inactive in Inverness City & Area and understand the barriers that are preventing them to gain employment		Potential Measures: <ul style="list-style-type: none"> - Barriers to employment identified - Strategies to remove barriers are created and implemented Number of unemployed individuals in Inverness City and Area decreases

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Poverty Reduction – Key Objective: More People in Inverness will live a life free from the experience of Poverty					
	Identified need		Actions	Lead/Who	How will the impact be
		C2	Analyse the current levels of take up of apprenticeships across Inverness City and Area and highlight areas of under representation, then create a plan to target those areas most in need to improve take up.		Potential Measures: <ul style="list-style-type: none"> - Overall number of active apprenticeships increases - Under-represented/skills gap area apprenticeships increase Number of businesses offering apprenticeships increase
		C3	In partnership with the LEP Formulate a plan to address the identified gaps and barriers from C1 and C2		Potential Measures: Plan is created and implemented
D	Support individuals already in employment to flourish.	D1	Identify what support is available to help those in work to access training, opportunities and benefits which will allow them to become more resilient and access the right work for their circumstances and stage of life		Potential Measures: <ul style="list-style-type: none"> - ‘Map’ of existing support is created and shared with partners/businesses/organisations

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority: Poverty Reduction – Key Objective: More People in Inverness will live a life free from the experience of Poverty					
	Identified need		Actions	Lead/Who	How will the impact be
					<ul style="list-style-type: none"> - Gaps in support identified and potential solutions to address them identified and implemented <p>Number of individuals accessing further education and training in Inverness City and Area increases.</p>
E	Enabling the Skills Development partnership to be more effective in serving customers	E1	Building our collective capacity by sharing our intelligence insights into (the skills system partners) labour market threats and opportunities		<p>Potential Measures:</p> <ul style="list-style-type: none"> - Summary of data and intelligence is shared between partners every [insert interval here] <p>Clear ‘map’ of threats and opportunities is regularly refreshed to enable timely and appropriate responses to be identified and deployed by partners</p>

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Poverty Reduction – Key Objective: More People in Inverness will live a life free from the experience of Poverty					
	Identified need		Actions	Lead/Who	How will the impact be
		E2	Quarterly briefings at strategic points within the year to be held		Potential Measures: <ul style="list-style-type: none"> - More opportunities for collaboration and co-operation are identified More collaborative and co-operative work takes place
F	Support Families in a whole family approach to improve attendance and attainment for young people in Inverness City and Area	F1	Ascertain the whole family factors contributing to low attendance rates in the area		
		F2	Engage with families to understand their needs and the barriers affecting them		
		F3	Map existing services and provision available to support the needs and address barriers to educational engagement		

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES

Priority:

Poverty Reduction – Key Objective: More People in Inverness will live a life free from the experience of Poverty

	Identified need		Actions	Lead/Who	How will the impact be
		F4	Source funding to resource unmet needs		
		F5	Create a plan and implement (Partnership) projects the address the needs of local families and remove barriers to school attendance for 5 – 16-year-olds		

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Mental Health and Wellbeing – Key Objective: People in Inverness City and Area will benefit from good mental health and wellbeing					
	Identified need		Actions	Lead/Who	How will the impact be
A	Support activity in Inverness to improve Mental Health and wellbeing in children and young people	A1	Create and Promote Inverness Children’s mental health subgroup as part of the ICP to take forward suggestions made by children and young people.		Action created by group working this
		A2	Bring together and support the role and function of youth development officers and local key stakeholders.		
B	Local people will have a better understanding of mental health and Wellbeing	B1	Promote mental health and wellbeing, through awareness of support and resources available including information, education and training courses delivered by stakeholders		Number of courses that have been delivered ALISS is kept up to date with the resources available
C	People in Inverness can benefit from activities that improve mental health and wellbeing	C1	Work with ALISS (a Local Information System for Scotland) – to encourage Inverness Community Organisations and Groups to become participating members of the ALISS Service.		No of workshops run by ALISS Continued promotion of the ALISS service

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Mental Health and Wellbeing – Key Objective: People in Inverness City and Area will benefit from good mental health and wellbeing					
	Identified need		Actions	Lead/Who	How will the impact be
					ALISS is kept up to date with the resources available
		C2	Work with NHS Highland Public Health and HTSI to encourage community organisations and groups to participate in the Highland directory being developed locally		Create a Highland Third Sector Directory
D	People in Inverness are able to be more physically active	D1	Support the development and outcomes of the Active Highland Strategy.		

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Access to Services – Key Objective: People in Inverness City and Area will experience fewer barrier to accessing local services					
	Identified need		Actions	Lead/Who	How will the impact be
A	Communities and groups need safe spaces to use to deliver activities at no or reduced costs	A1	Identify local building resources which may be made available at reduced or nil cost to community organisations which are delivering activity which contributes to reducing outcome inequalities		
B	Explore the idea of community hubs to provide information and direct access to relevant services	B1	Using established community spaces - encourage services to work within these spaces in an informal way to reach those who are most in need.		
C	Communities will have access to more support to literacies and digital skills	C1	Bring the partners together to map what out what is happening to help develop communities in becoming more digitally aware and develop digital skills accordingly.		
D	Community Groups, Social Enterprises and Businesses in	D1	The priorities and support from Public and Third Sector organisations are mapped, shared and promoted between partners.		Potential Measures: <ul style="list-style-type: none"> - More private and third sector organisations are aware of who

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Access to Services – Key Objective: People in Inverness City and Area will experience fewer barrier to accessing local services					
	Identified need		Actions	Lead/Who	How will the impact be
	Inverness City and Area can access timely and appropriate support to enable them to fulfil their aspirations				<p>can help them at the various stages of their journey.</p> <p>Partners are aware of where to signpost organisations for support</p>
		D2	Promote Scottish Government 'One-Stop Shop' for support 'Find Business Support' https://findbusinesssupport.gov.scot/		<p>Potential Measures:</p> <ul style="list-style-type: none"> - More private and third sector organisations are aware of who can help them at the various stages of their journey. <p>Partners are aware of website to signpost to</p>

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority: Community Safety and Resilience – Key Objective: People in Inverness City and Area will benefit from living in strong, safer and more resilient communities					
	Identified need		Actions	Lead/Who	How will the impact be
A	Target prevention-based Road Safety activities to those most at risk	A1	Local Contribution to national targets & Initiatives	THC	Reporting on what has been delivered
		A2	Identify local issues and road safety hotspots within the local communities	THS/CAG Leads	Reporting on what has been done in response to what was reported

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Community Safety and Resilience – Key Objective: People in Inverness City and Area will benefit from living in strong, safer and more resilient communities					
	Identified need		Actions	Lead/Who	How will the impact be
B	Keeping Communities safe in a Digital world through awareness raising and training	B1	Ensure communities have an awareness of online fraud, bullying/harassment and exploitation of vulnerable individuals and groups	Police	Produce annual report on what has been done. Report figures on fraud reported to Police
C	Reduce the risk of Water related harm by raising awareness and initiatives	C1	Seasonal Led initiatives to reduce water incidents	SFRS	Delivery of risk reduction activities
		C2	Identify and respond to any community identified emerging risk or hazards	SFRS/CAG Leads	Reporting on what has been identified and actions as a result
D	Increase Public Safety, confidence and Wellbeing through multi-agency collaboration	D1	Support and develop local initiatives to reduce anti-social and violent behaviours	Police	Operation Respect
		D2	Multi-agency visibility to provide reassurance and confidence to the public	Police	Operation Respect
		D3	Identification and support for vulnerable groups and individuals	NHS	Community Mental Health

INVERNESS AREA LOCALITY PLAN – WIDER AREA PRIORITIES					
Priority:					
Community Safety and Resilience – Key Objective: People in Inverness City and Area will benefit from living in strong, safer and more resilient communities					
	Identified need		Actions	Lead/Who	How will the impact be
		D4	To develop local initiatives in response to emerging threats to public safety	ICP	Identification of what the threats are and actions as a result
E	To reduce the risk of harm within the Home through intervention and increased identification of those most at risk	E1	Targeted risk reduction by means of intervention for those most at risk	NHS/Adult Social Care	Identification of vulnerable people and asking Partner Agencies for actions.
		E2	Promote referral pathways amongst partners to assist those most at risk	NHS/Adult Social Care	Development and measuring use of pathways
F	Support Community led action to build local resilience and capacity	F1	Support the development of the Highland Resilience Network	HTSI/Locality Leads	The Highland Resilience Network website will be developed
			Establish the mechanisms to activate The Highland Resilience Network	HTSI/ICP	Pathways will be identified by the end of 2024

Completed by: James Merriman



NHS HIGHLAND

Date: 28/07/2023

Community Directorate

District Profile

District: Lochaber

N.B Lochaber is defined by Scottish Government and Highland Council geographical boundaries and is reported as such in NHS Highland 's Public Health Profile.

Lochaber District in terms of NHS Highland is expected to cover the area from Urquhart Castle through Invermoriston in the north including Fort Augustus (Inverness areas) and areas past the southern boundary of Lochaber (Argyll and Bute). Different services have different area boundaries, and these are sometimes unclear as they do not reflect the corporate or geographical area defined in reports.

Therefore, all demographic information does not include the Fort Augustus and other areas outside of the Lochaber geographical boundary. Public Health have been unable to split that information out from their records to date despite requests as the information from Scottish Government is reported in geographical tranches. The extra information is included in Inverness, Skye and Lochalsh and Argyll and Bute Districts.

Manager: Karen-Anne Wilson

Locality Demographics

The latest estimates are based upon the 2011 census for Lochaber only, with an adjustment made annually for the number of births, deaths and an estimate of migration. Future estimates will be rebased on the 2022 census when the results become available. The population projections used in this report were produced by the Improvement Service (IS). They are based on Housing Market Areas (HMAs) defined by the Argyll and Bute Council and the Highland Council.

Lochaber (Public Health Map)

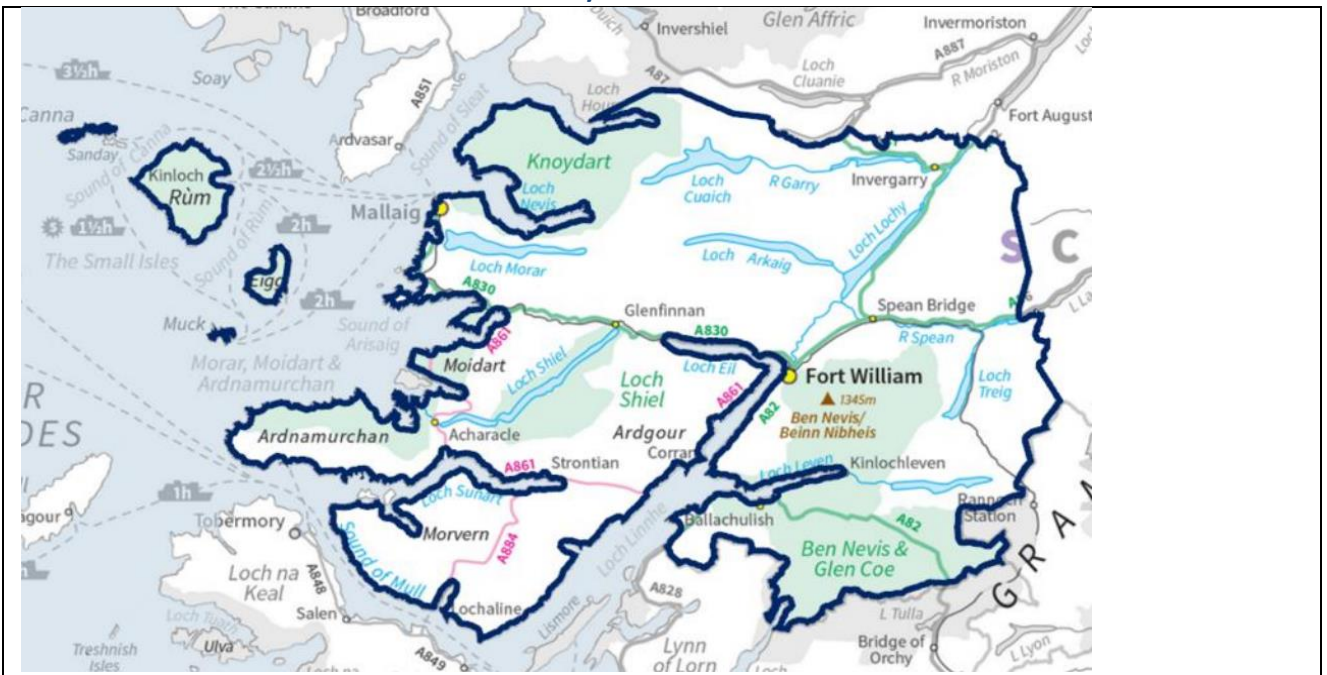


Fig 1 Geographic Public health Profile for Lochaber

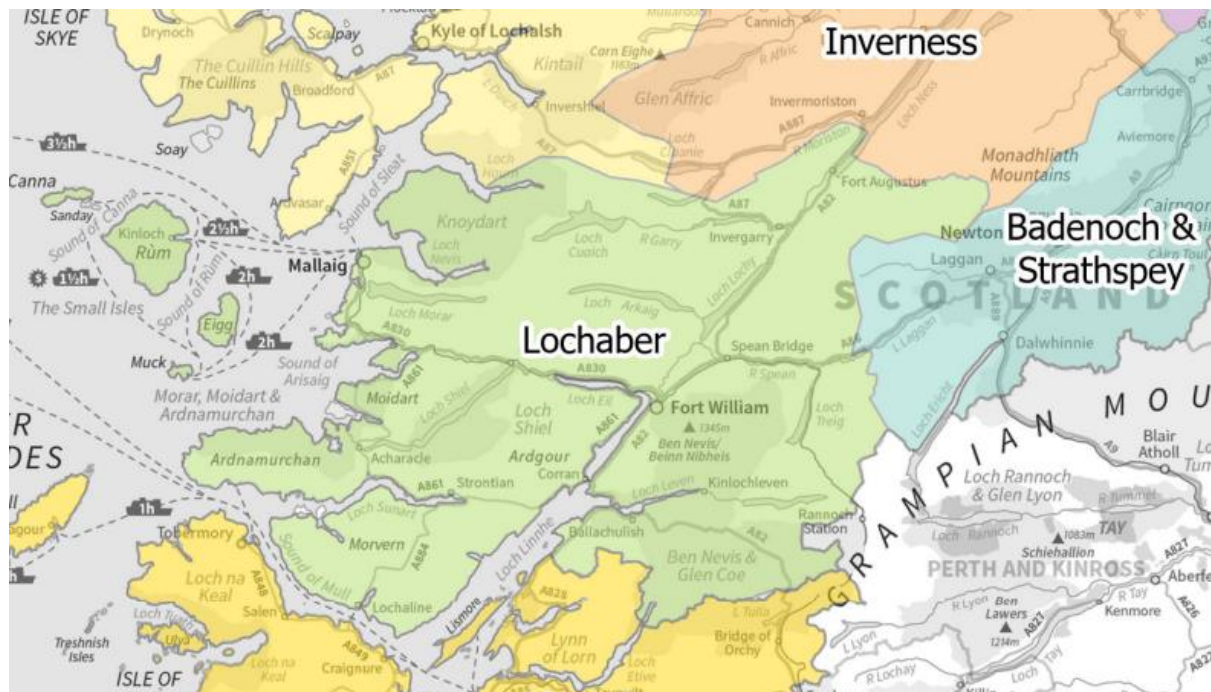


Fig 2 NHS Highland boundaries for Lochaber including Fort Augustus and surrounding areas.

As of 2021, Lochaber has a population of 20,042 people. 16.3% of the population are children aged 0-15 years, 61.9% are aged 16-64 years and 21.8% are people aged 65 years and over. The age profile of the Lochaber population is similar to Highland. The partnership area of Lochaber includes the settlements of Fort William, Spean Bridge, Mallaig and Kinlochleven. The area covers the island populations of the Small Isles.

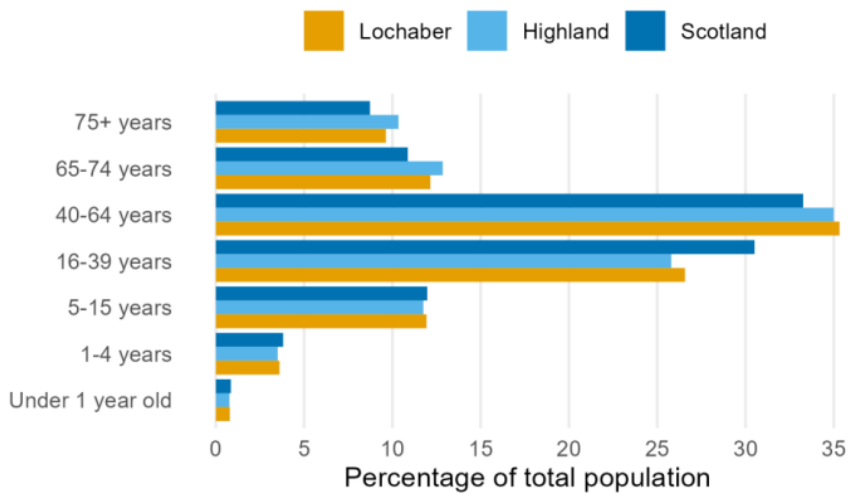
Current estimated population by age group 2021

Age Band	Lochaber	Highland	Scotland
All ages	20,042	238,060	5,479,900
Under 1 year old	158	1,842	46,782
1-4 years	722	8,321	208,655
5-15 years	2,392	27,967	656,085
16-39 years	5,326	61,405	1,671,841
40-64 years	7,078	83,301	1,822,676
65-74 years	2,435	30,598	595,578
75+ years	1,931	24,626	478,283
85+ years	519	6,691	131,309
0-15 years	3,272	38,130	911,522
16-64 years	12,404	144,706	3,494,517
65+ years	4,366	55,224	1,073,861

Source: National Records of Scotland, Small Area Population Estimates 2021

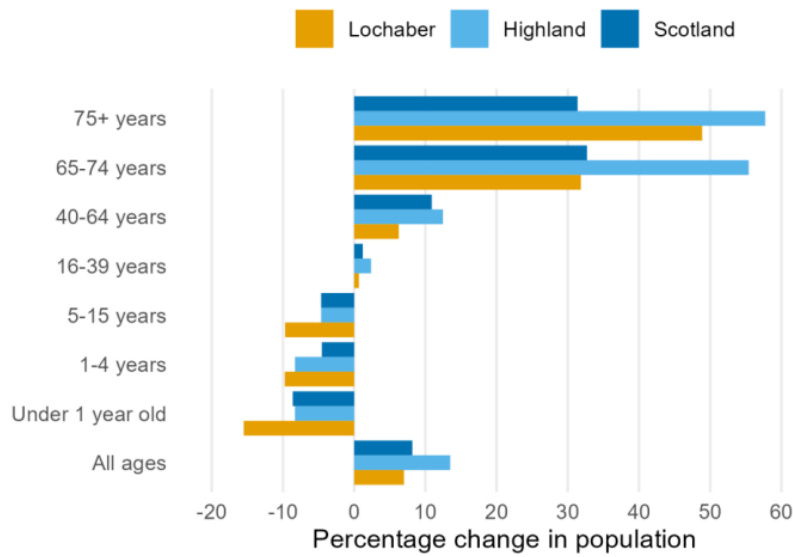
Fig 3 NRS Population Estimates 2021

Percentage of Total Population by age group



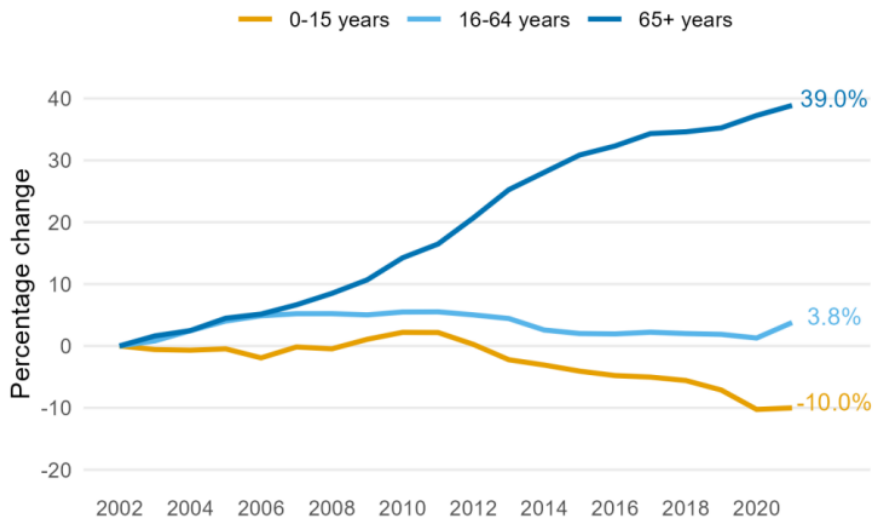
Source: National Records of Scotland, Small Area Population Estimates 2021

Fig 4 Percentage Change in Population by age group 2020 to 2021



Source: National Records of Scotland, Small Area Population Estimates 2021

Fig 5 NRS Small area Population Estimates 2021

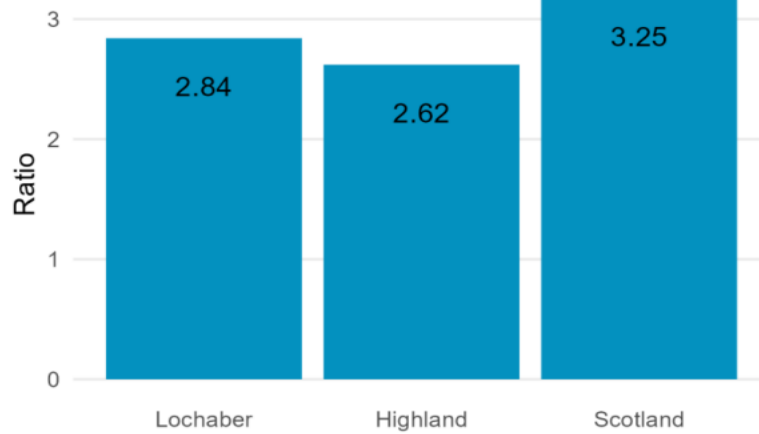


Source: National Records of Scotland, Small Area Population Estimates 2021

Fig 6 NRS Population Estimates 2021

It is estimated that the overall population of Lochaber will decrease between 2018 and 2030 and that the population will continue to age. The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years and 45-64 years are projected to decrease.

People of working age (16 0 64 years) for every person 65 years and older in 2022



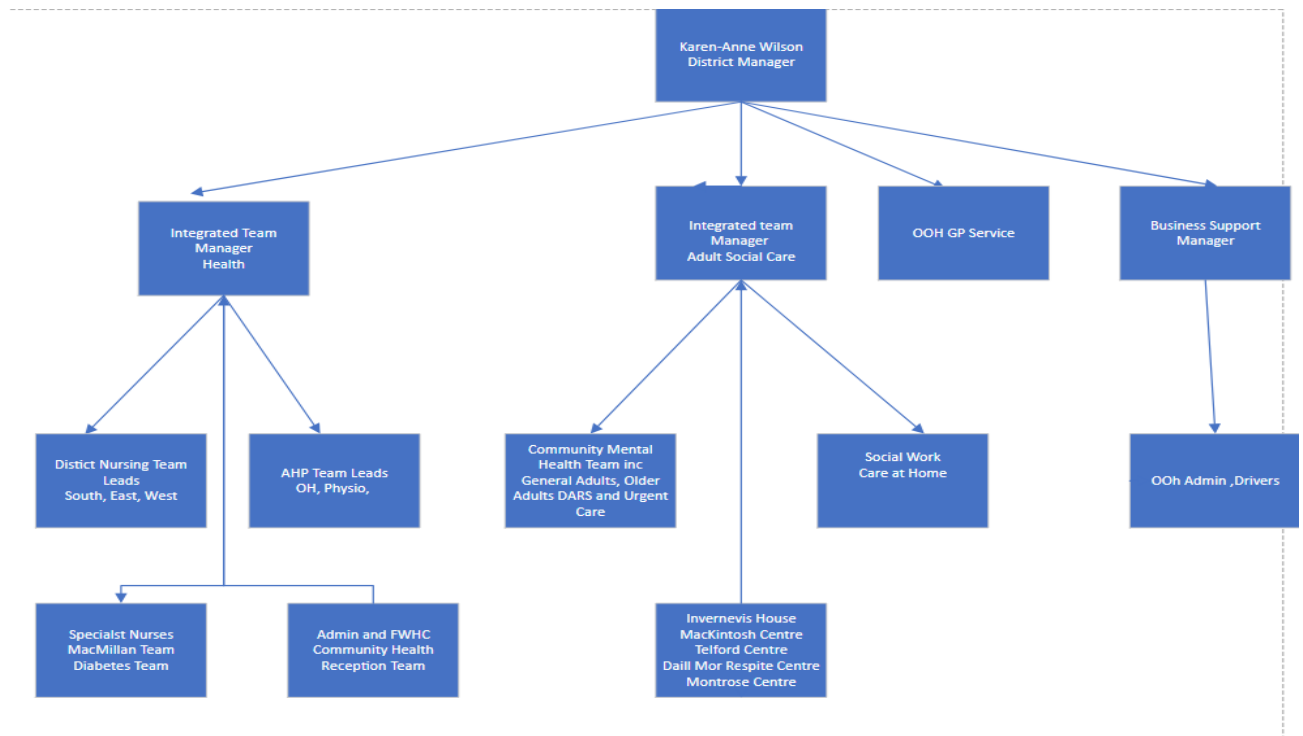
Source: National Records of Scotland, Small Area Population Estimates 2021

Fig 7 NRS Lochaber (geographical area estimates)

The impact of long-term demographic changes will mean that the ratio of people of working age to people aged 65 years and older will further decrease. This pattern has implications for staffing and recruitment. There are two documents appended which show the highlands and islands population projections for Lochaber in contrast to the National Records of Scotland information. The Highland's and Islands enterprise (HIE) population data is more encouraging as it takes into account the effect of the outdoor activities bringing young people into the area who are often willing to stay in Lochaber providing accommodation can be found. (*Lochaber plus population plus projections and report (HIE 2018)*).

Again, these figures are for the geographical boundaries of Lochaber.

Services provided and current workforce



Lochaber Teams

Team	Full Complement	Vacancies	Current LTS	Recruitment challenges
Social work	15 staff	1	1	Hope to be fully established in October 2023 for first time in over three years.
Physiotherapy	13	2	1	Current locums to be pulled due to financial reasons leaving team two more physio's short when current contracts run out.
Occupational Therapy	10	0	0	
Care at Home	93	16	5	Inc C@H Officer LTS. Vacancies across all areas. Regularly collapsing services to ensure everyone has some visits.
District Nursing East	25	4	2	Recruitment an issue.
District Nursing South and West	16	1	1	Recruitment and Accommodation an issue
Diabetes Nurses	3	3	0	Cover being provided from elsewhere
Learning Disability Nurses	2	0	1	Charge Nurse LTS
Mental Health Older Adults	3	0	1	
Mental Health General	6	4	0	Agency nurse use has used funding and unable to advertise for established posts until next financial year (re accountant).
Mental Health DARS	3	0	0	
Mental health urgent Care	3	1	0	
ITR	1	0	0	27 hours funding, no non-pay funding so costs in DN budget for non-pay. No holiday cover or sickness cover.
Health Promotion	2	0	0	Smoking cessation and some alcohol brief interventions but no-one to hand over to if complex.
MacMillan Cancer and Palliative Care	9	3	1	Recruitment on going. Also delivers chemo service and outlier for doing this in Scotland.
OOH Fort William	21	5	0	Agency overnight cover 365 days. Bank GP cover weekends, drivers and admin contracted staff.
Management	5	0	0	1 member of staff replaced in Lochaber following succession of continued failed redeployments (since 2018)
Administration	8	0	0	Supports Podiatry and Dietetics teams no longer managed by District meanwhile district admin bank services have to withdraw because of lack of funding and costs and senior staff now answering phones etc.
Dail Mhor House	10	3	2	Unable to staff appropriately so currently closed.
Invernevis House	58	5	2	Normal recruitment churn made more difficult and costs incurred due to one month to leave and 4-6 months to replace.
MacKintosh Centre	26	11	2	Currently moving to temporary cessation of services due to recruitment delays unable to fill posts within reasonable times.
Telford Centre	26	3	2	Recruitment difficulties.
Montrose Centre	10	0	1	

	367	63	21	
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Lochaber has moved to change the professional leads in the teams to Team Leads. This is to enhance professional governance, promote team working and prevent the split of responsibilities between the sole ITL in 2021 and the District Manager with the professional leads. Staff report the new way of working has more than proved itself and led to better working relationships across the District with staff being confident their professional lead and Integrated Team Manager have designated areas of responsibility and collaboration.

Absence rates have been driven down by application of Return-to-Work interviews for example which were not happening when one ITL had responsibility for around 150 staff who directly reported to her. The new arrangements mean that teams are operating much better, and time is not being split with different decisions being taken or the same decision needing two authorisations e.g holidays. One team remains with a professional lead as they were not willing to make the change although all new Team Leads have been employed as a Team Lead. In fact, there is one Team Lead (Admin) and one professional lead (OT) that have been in place since 2021, all other staff are new, or promoted posts.

Care Homes have had one deputy manager in place in 2021 that is still in post and one Deputy who has moved to a Manager post. The rest have been recruited and recruitment is ongoing for a Fixed term Manager to cover maternity leave at the MacKintosh while recruitment goes on to try and reopen the Home.

There has been a long period of settling down with this new format however it is starting to show both savings and efficiencies as budgets are being properly reviewed and a lot of work has been done with the accountants to return charges to other areas e.g 70K in Invernevis charges last year with another 20K unable to be reclaimed. This is because Invernevis was being used to place staff that had never worked there for some unknown reason. However regular review of this budget has proved invaluable as this is still happening but being identified and dealt with much, much quicker.

With the centralising of teams and the degradation of Integration, Cardiac rehab, Podiatry, Community Maternity services, Podiatry, Dietetics, as well as the management of GP surgeries has moved beyond the District Team and as such the links are less than previously. Community Mental Health Services will move shortly including Montrose Centre, DARS and Mental Health and will be managed by a central team.

The challenges are in recruitment mainly. With full teams anything is possible but the current rate of staff leaving in one month and not being replaced as the process from leaving to starting someone is 4-6 months. This is closing Care Homes and is stopping Care at home from running services. This is causing a huge risk for staff and services and is contributing to the resignation of existing staff who are fed up covering shifts above their contracts. The demographics of current Care Home Teams for example show many staff in the 50's 60's and 70's who are no longer able to pick up a large amount of extra work to keep Care Homes open.

This is exactly the situation in Daill Mor and MacKintosh just now. Staff who picked up shifts previously simply wish their work life balance back even if it means Care Homes close. They have done a huge amount to keep these Homes open through Covid and it is to be expected that reductions in hours and resignations would follow.

Finance & Performance

The budget for 2023/2024 for Lochaber District is detailed below as at Month 4.

Annual Budget £000	Division	Budget YTD £000	Actual YTD £000	Variance YTD £000	F/cast Outturn £000	F/cast Variance £000	Prev Mth Outturn £000	Movement Variance £000
372	Community Services	124	114	10	341	31	31	0
112	Management	40	149	(110)	113	(1)	(1)	0
1,017	AHP	347	404	(57)	1,069	(52)	(52)	0
918	Mental Health	311	348	(37)	930	(14)	(14)	0
1,289	OOH	433	401	31	1,219	69	69	0
2,134	Community Nursing	725	641	84	1,874	261	261	0
5,839	Sub Total - Health	1,980	2,058	(78)	5,546	294	294	0
4,392	Care Homes & Older People Other Care	1,487	1,524	(37)	4,459	(67)	(67)	0
584	Community Care for Adults	195	171	24	497	87	87	0
593	ASC Management	215	265	(50)	546	47	47	0
3,097	Care at Home	1,048	939	109	2,898	199	199	0
8,061	ISC/SDS	2,714	3,032	(318)	8,795	(734)	(611)	(122)
16,727	Sub Total - ASC	5,659	5,932	(273)	17,195	(468)	(346)	(122)
22,566	Total for - Area	7,639	7,989	(351)	22,741	(175)	(52)	(122)

Pay Pressures:			
HJJ010 Community MH	(26,711)	(14,139)	using agency for 2 B6s
HEZ118 Management	(5,063)	(20,881)	B6 unfunded post due to being on secondment & budget used elsewhere
HEJ009 Ft Wm HC	(3,639)	(10,428)	Overestablished B3
HJJ026 Physio	(40,807)	(49,483)	Agency covering B6 vacancy approved to end Aug
HEZ023 OOH Transport team	(7,456)	(27,940)	Sickness in Transport team
HEZ118 - Vacancy target	(40,307)	0	
	(123,983)	(122,870)	
Vacancies:			
HEB018 Macmillan Nursing	59,823	175,623	Various posts available to recruit B2, B5 & B6.
HGB009 Sth & East Nursing	15,326	49,716	2.5 B5s, 1.6 B6 & 0.8 B4 avail to recruit
HGF009 West Nursing	29,330	90,102	One B3 on LTS not being paid, going to put out FTC to Dec 23 & avail to recruit 0.7 B3
Various	37,800	78,143	
	142,279	393,584	
	(86,183)	(44,727)	
Per YTD	18,296	270,713	
	-104,479.02	-315,440.82	

Pay Pressures:			
IVL723 Invernevis	(67,387)	(208,784)	Overestablished at B2 by SWTE between here and bank shown above
IVL725 Mackintosh	(4,409)	(14,077)	B7 vacant from M4, considering part paying a B8a (cost pressure is £1555 per month)
IWE736 Telford	(26,357)	(49,020)	1 B2 LTS From M12 £13k YTD cost pressure
IVL951 Lochaber ASC savings	(67,271)	0	Vacancy target now in districts
	(165,424)	(271,882)	
Vacancies:			
IVL721 Dail Mhor	86,732	267,969	Sickness and travel time for Dail mhor staff travelling to mackintosh or invernevis
IVL760 Care at Home	126,069	231,405	B4 RADs est 6 months funding to be drawn down
IVL823 Montrose	14,867	48,776	working under establishment at 7.76 with establishment of 10.36.
IVL895 District team	19,395	76,195	1 B4 and 2 Grd 4 ATRs out to advert struggling to recruit.
Various	2,332	236	
	249,395	624,580	
	83,971	352,699	
Per YTD	83,971	352,699	
	0.06	0.10	

The main overspends relate to ISD/SDS and a temporary weekly award of around 6K is a large part of this for a client who cannot get care in the local area. The overspend on SDS is probably attributable to the reduction in local care at Home and some clients have gone to SDS so that packages can be made available. There is no way to predict spend in this area particularly in light of covid and the higher dependency levels we see coming out of covid.

Unmet Need (as at 07/08/23 CAH DD report)

CAH Wait List for New Service	49 (321 hours)
CAH Wait List >6 months (Critical)	1 (Lochaber B)
CAH Wait List <6 months (Substantial)	9 (Lochaber A) 3 (Lochaber B)
Unmet Need Hours (Lochaber)	420 hours
Existing Requests for Service	8
New Requests for Service	5

There are over 300 hours at recruitment or working through recruitment currently for Care at Home. Clearly if staff were to fill these 300 hours then the unmet need would reduce. In the meantime we continue to promote SDS as a way of reducing some of the delayed discharge issues from the local RGH.

Opportunities and Developments

As part of the Lochaber redesign opportunities are being explored by the community through Buchans Associates.

The current work in Lochaber is through a Hospital at Home bid to Scottish government. This will include a physio and nurses to keep people at home. A new SPOC team of HSCC has been created to give a robust receiving area for calls and a proposal for an OT aligned to Care at Home but reporting from a professional perspective to the OT professional lead should ensure we are able to see people earlier, and put aids into reduce the immediate need for services. A TEC lead is also being explored so that low level devices such as Alexa can be used for reminders and medication prompts etc.

Frances Hines from RD&I is collaborating with the Lochaber Team to look at the art of the possible.

A Palliative Care room is being added at Invernevis House to increase the offer to the public and to Invernevis residents to die with dignity in a room with an adjoining sitting room and kitchen where family can stay and support at this time. This has been funded from our Cancer and Palliative Care Team in memory of a local NHS highland member of staff from Belford Hospital. Samantha Butler was instrumental in making the case for this unit this unit will be open in a few months to honour her battle with cancer and make "Sams's Place", an occasional option for people, much easier and more comfortable for them and their families if they wish to use it.

The Hospital at Home team will work with the Care at Home team and new OT to specifically target people who are about to be in crisis and prevent admission to hospital or follow them home to support them in the first few days or weeks out of hospital. Traditional care at home is in short supply so discharging, assessing in the right place and providing the right level of care based on need once settled at home will mean better outcomes for clients and the care at home service. Families will be encouraged to participate in the care and the standard four times a day package to get out of hospital may decrease to fully encourage these clients to be the best they can be.

The enhanced SPOC team will provide signposting to the 3rd sector and other areas that people can go to, to live better lives and delay referral to statutory services for as long as possible. It may also mean that families know about respite and aids for daily living that will not mean they get to a crisis and then refuse to take relatives home as that is happening more regularly. If that crises can be delayed or prevented, then our services may be able to assist more clients at home for longer.

The new Daily Decision Making Team meetings with the RGH are proving successful as the hospital are required to participate in a way that makes the District contribution much more valuable and gets people home more quickly than before.

Community Engagement

Community Planning Partnership (CPP)

The District Manager sits on the Community Planning Partnership and contributes to the Caol Community Plan and the Kinlochleven Plan. The District Manager also sits on the Fort William 2040 board, Fort William Community Action Group, Urram Board as an advisor and the Care and Repair service Board again as an advisor. The District Manager is also involved with Lochaber Housing Association through the Management Group.

Independent Sector

Care at Home became a fully Lochaber service in August 2023 with the registration now sitting in the district. Meetings with the independent Care Sector have yet to involve the District Management Team but that should now start as the service splits completely from the West service.

The District Manager has regular meetings with the local independent Care Homes and is involved in discussions about admissions and attends feedback from the Care Inspectorate.

Highland Council

The District Manager attends a council meeting for Ward councillors regularly so they can be updated on what we are doing. This is organised by the Ward Manager and has meant good links with Highland Councillors including inviting them to the Lochaber Redesign meetings and then regularly getting in touch to ask about matters involving their ward residents.

Association of Community Councils

The District Manager attends community council meetings when invited. Recently that has been Urram (Ardnamurachan peninsula), Morar, Arisaig and Mallaig and others when requested. Members of other groups are met when requested e.g 3 Glens community company to discuss Fort Augustus Surgery use and Community Led support in the area.

Enhanced Community Services

Lochaber District Meetings happen every two months and invite Primary Care and all services that operate in the District including community link worker groups to speak at these meetings. The District has also tasked staff with providing a community directory to include ECS and provide better links than is currently in place.

Lochaber Outreach

Our Montrose Centre LD Team moved to outreach during Covid and now operate a vintage cafe in fort William three days a week. A green fingers project and reclamation of furniture are also part of their offering to their clients and the tearoom in particular is well attended locally and is providing work experience for our clients they may one day be able to use independently.

Completed by:

Karen-Anne Wilson District Manager

Date: 20th August 2023.

POPULATION AND DEMOGRAPHIC PROJECTIONS FOR LOCHABER

Executive Summary
November 2018

Overview

There are a number of major development projects currently under way in Lochaber. These projects are being delivered across housing, infrastructure and industry, which will have a significant impact on the Lochaber area. Arguably most high-profile of these is the GFG Alliance (Liberty) purchase of the Lochaber aluminium smelter, and the proposed development of an alloy wheel factory on an adjacent site, which is expected to lead to the creation of up to 400 jobs.

There will be a number of implications for service planning and prioritisation as a result of these developments. Therefore, ekosgen and Context Economics were commissioned by Highlands and Islands Enterprise (HIE) to undertake detailed socio-economic profiling, and revised population projections for Lochaber. The study included steering group representation from Highland Council and NHS Highland.

Socio-economic context

The population of Lochaber has decreased in recent years, by around 1% to just over 19,800 in 2016. This has been driven by a decrease in the working age population (-3%), whilst the older population has increased – by +13% for those aged 65-84, and +18% for residents aged 85+.

Future projections estimate that Lochaber's population will continue to decrease over the next 20 years, by around 7%. In contrast, there will continue to be an increase in people aged 65 and above. However, there is a disparity between past population projections and mid-year estimates that suggests that forecast decreases are over-estimated. Adjusted NRS population projections indicate that the decrease may only be in the region of -1%.

The employment rate in Lochaber is high. At 89%, it is above the regional and national average (78% and 73% respectively), indicating a tight labour market. The most highly represented sectors in the workforce are accommodation and food services, and retail. It is estimated that between 2016 and 2027 employment in the Highland area will increase by 2,500 (2%), and across the administrative and support service activities, construction and professional, scientific and technical activities sectors in particular.

Lochaber schools are currently at around 80% capacity. School rolls are projected to increase overall. This forecast growth is concentrated within the Lochaber High School catchment area, where capacity is forecast to reach around 95%.

Housing completions are projected to significantly increase in the short-term, with 895 houses forecast for completion by 2022. This increase could be sustained in the long-term if demand is maintained.

Current intelligence

There is a range of planned major private and public sector investment in Lochaber with the proposed new alloy wheel manufacturing facility in Fort William, new West Highland College Science and Technology Centre and the replacement of the Belford Hospital, as well as additional investment planned and underway to increase the number of houses in the Fort William area, almost all social/affordable housing.

This planned investment represents a 'policy on' scenario, which will have implications for existing population projections of the Lochaber area. Current 'policy off' population projections are not considered suitable or appropriate for service planning purposes, given the extent of planned investments, and the under-estimation of populations in the Highlands and Islands by long-term projections. Although a number of the investments are still provisional, there is enough certainty around proposals to take into account 'policy on', rather 'policy off' projections. This is reflected in the fact that some projections are already taking planned developments into account. Notably, this extends to the school roll data where the forecasts for school roll numbers already account for some of the private and public investment planned.

Scenarios for population growth

Taking into account the planned investment, as well as the adjusted NRS population projections, creates more realistic projection scenarios. In turn, this will be of greater benefit and use for future investment and service planning. There are some caveats to the scenario modelling set out in this section, since information available to the review is partial. The population forecasts use the latest intelligence available for a policy on scenario, however there are a number of assumptions inherent in the projections. Three impact scenarios have been considered:

- A **Low impact** scenario that considers the effect of the proposed Liberty investment only;
- A **Medium impact** scenario that considers the effect of the proposed Liberty investment, plus some, public sector investment –the West Highland College Centre for Science and Technology; and
- A **High impact** scenario, which considers a higher impact from the Liberty investment, plus additional public sector investment – the planned capital build at the new Belford hospital, plus significant housing investment.

These overall effects of each scenario on the population of Lochaber across the period 2018-2041 in terms of net change are set out below.

Table 1: Lochaber Population change scenarios, 2018-41

Scenario	Policy-off (unadjusted)	Policy off (adjusted)	Low impact	Medium impact	High impact
Change (N)	-1,100	-157	+612	+1,925	+3,263
Change (%)	-5.6%	-0.8%	+3.1%	+9.7%	+16.3%

Source: *ekosgen/Context Economics calculations based on adjusted NRS projections*

The major private and public sector investment planned will have a significant impact on the population of Lochaber over the forecast period to 2041. The effects of the investment in the new wheel manufacturing facility alone could reverse the (adjusted) forecast population decline of almost -1% and lead to an increase of around 3% in the population of Lochaber (612 persons). Factoring in the new College Centre for Science and Technology, including associated additional spend from attracted and retained students, and from additional construction worker spend, may result in a population increase of almost 10%, or 1,943 persons. When the new Belford Hospital and housing construction investment is included, the population increase may rise to over 16%, an increase of 3,263 persons. This is without additional private sector investment that may be levered in following the initial wheel plant investment.

Table 2: Anticipated economic impacts associated with forecast population change

Employment impacts	Expenditure impacts	Salary impacts
<p>Between 724 and 870 net additional and retained jobs</p> <ul style="list-style-type: none"> • Up to 475 direct jobs arising from the new Liberty facility <ul style="list-style-type: none"> ○ Up to 400 direct new jobs; ○ Up to 75 new jobs backfilled by those taking up employment at the new facility • 20 direct jobs at West Highland College Centre for Science and Technology • Up to 181 FTE construction jobs retained locally • Up to 86 induced jobs based on expenditure associated with re-locators • Up to 77 induced jobs based on expenditure associated with additional students and construction workers 	<p>Between £5.7 million and £7.3 million additional local annual spend</p> <ul style="list-style-type: none"> • Up to £4.1 million annual additional spend in the local economy arising from the new Liberty facility • Up to £0.8 million annual additional spend from College staff and students who stay long term in the area • Up to £2.4 million annual additional spend from construction workers 	<ul style="list-style-type: none"> • Increase of around £13.5 million in total salaries in Lochaber • Uplift in average salaries of between 1% and 2% across the whole Lochaber area

Source: *ekosgen/Context Economics calculations*

Policy implications

The three 'policy on' scenarios will have a number of consequences for Lochaber's demographic profile. Most important is that there will be a shift to population increase, driven by retention and attraction of workers, and an associated increase in birth rates. Population growth at this scale will require planning by all partners and agencies to ensure that their needs are met, which is likely to include further housing requirements. However, there are a number of dependencies and uncertainties relating to the projections.

There are a number of recruitment challenges in an already tight labour market. There will need to be adequate recruitment support to ensure that there is a net increase of workers across the Lochaber economy. Talent attraction is therefore critical to this, and in ensuring that opportunities through the Liberty projects and other developments in the area are attractive in comparison to employment and career opportunities in other sectors, elsewhere in the region and more widely in Scotland.

It is important that the mix of housing delivered both in the short and longer term meets the housing needs of Lochaber's existing and anticipated future population – and affordable housing is a critical component of this. The higher growth scenarios may also require more housing, and this should be factored into future iterations of the local development plan, and housing need and demand assessments.

Transport is an important consideration for developments in Lochaber. New activity and additional workers and residents will mean more people and goods moving around and through the area, which will increase pressure on the transport network. Digital connectivity and other infrastructure such as water and sewerage capacity are also important considerations, particularly for higher growth scenarios.

The retention and re-location of workers, and associated increase in the birth rate, will mean increased demand for services, exacerbating the pressure on health and social care services from an already ageing population, and from issues associated with health inequality. NHS Highland will need to cater for this additional demand alongside meeting need from existing issues.

Currently schools in Lochaber are operating below capacity. Existing projections indicate that roll numbers will increase in the Lochaber High School catchment area. However, school rolls could be significantly boosted if new workers and households are attracted in to the area and existing residents remain, with demand likely to be focused in Fort William. Consideration should be given to how these scenarios may impact on school roll projections, and the potential demand for school places. There are also implications for tertiary education. The new Centre for Science and Technology at West Highland College will boost provision, playing a crucial role in meeting talent retention and attraction objectives through expanded education provision.

There is strategic added value in the successful delivery of the Liberty investment and other public sector developments, which will bring a wider set of benefits. These developments will improve confidence, stimulate new business activity and act as 'anchors' to attract greater levels of inward investment. Partners on the Lochaber Delivery Group should work to ensure that these wider benefits are maximised.

In addition to existing developments, there are a number of significant projects and opportunities in the pipeline. These include the development of a deep-water facility at Corpach Port, provision of a mains gas network, and the ambitions of the Fort William 2040 Masterplan, which will offer significant economic development potential and have implications for employment and potentially housing, infrastructure and service provision. It is important that, along with current projects, the potential benefits of other developments are also realised.

Maximising opportunities

The scenarios set out here are encouraging, but growth is not guaranteed. An effective policy response from Lochaber project partners is required to enable current and future development. Wherever

possible, partners should provide strategic support and act to de-risk investment, by helping to remove any barriers to development, for example meeting high up-front infrastructure costs in relation to housing developments. This will help realise the opportunities presented to Lochaber.

To realise these growth scenarios, there is a need to maximise the number of workers re-locating. This is to take advantage of new employment opportunities through development such as the Liberty alloy wheel plant, and also to take up opportunities created or arising elsewhere in the local economy, as well as to address existing skills challenges. It is therefore important to sell and promote the benefits of Fort William and the wider Lochaber area. A programme of positive communications around the quality of life and opportunity presented by Lochaber's development plans should be put in place.

Adequate business support for start-up and growth companies should be in place. This should be allied to servicing the new investments, and taking advantage of related opportunities. There will also be a need to meet increased demand for services from households. Partners should ensure that businesses are best placed to respond to these opportunities.

Local FE and HE provision has a critical role to play in ensuring the right training and skills delivery to retain and attract workers. Local career progression pathways must be maximised, to provide as many career opportunities as possible to Lochaber's residents, and to young people in particular.

There should also be long-term planning and support for housing and infrastructure. Securing public sector investment to de-risk housing sites will enable a greater degree of private sector investment, where there is a limited amount currently, especially from volume housebuilders. This can ultimately help to secure a higher-specification and broader mix of housing, e.g. for first time buyers, family housing, down-sizers, etc. This will help to overcome a number of housing barriers faced by young people in particular. It will also potentially lead to a more balanced pattern of growth in Fort William, and reduce the reliance on windfall housing completions.

HIE, HI-TRANS and Highland Council, in conjunction with other partners should also make the specific case for transport investment to the Scottish Government. The recently completed pre-STAG appraisal for Fort William is the first part of this process. There is a clear opportunity to ensure that future iterations of the National Transport Strategy and Strategic Transport Project Review contain scenarios that reflect the challenges and opportunities present in Lochaber.

Finally, the Liberty investment and planned public sector investment should be seen as the start of the long-term renaissance and regeneration of Fort William and the Lochaber area. The investments, on which the population projections in this report are based, could be just the start of an ongoing long-term programme of investment and growth for the Lochaber area.

POPULATION AND DEMOGRAPHIC PROJECTIONS FOR LOCHABER

November 2018

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1 INTRODUCTION

OVERVIEW

1.1 In June 2018, ekosgen and Context Economics were commissioned by Highlands and Islands Enterprise (HIE) on behalf of the Lochaber Delivery Group to undertake a detailed socio-economic profiling of Lochaber, including population projections for the period 2017 to 2041. Steering group representation included Highland Council and NHS Highland. The study was undertaken in the context of a number of major development projects, across housing, infrastructure and industry, which will have a significant impact on the Lochaber area. This includes the GFG Alliance (Liberty) purchase of the Lochaber aluminium smelter, and the proposed development of an alloy wheel factory on an adjacent site, which is expected to lead to the creation of up to 400 jobs.

1.2 The purpose of the study is to provide an analysis of how these changes will impact on local demographics, labour market, wage levels and service delivery. There will be a number of implications for service planning and prioritisation as a result of these developments, and the findings will be used to inform the planning process. They will also be used in proposition development for the area.

OBJECTIVES

1.3 The objectives of the study are to:

- Develop a comprehensive socio-economic baseline for the Lochaber area, providing comparisons with the wider Highlands and Islands region;
- Analyse the socio-economic context for the Lochaber area, outlining historic trends and proposed developments and how these may impact on future growth of the region in the period to 2040;
- Provide a range of population projection estimates by age band for the Lochaber area, taking account of development plans and looking at the short, medium and longer term;
- Assess the likely impact of developments on the wider labour market, including on average wage levels for the Lochaber area; and
- Consider broader implications of these developments, trends and projections on local service provision in Lochaber, in the short, medium and longer-term, reflecting the type, nature and scale of provision that might be required to meet the needs of a growing population base in the years ahead.

STUDY APPROACH

1.4 The study methodology was based around three strands of activity:

- Consultation: Consultations were carried out with ten stakeholders from key strategic organisations in the area. Details of stakeholders consulted with are provided at Appendix 1.
- Desk research: Desk research consisted of a policy and programme review followed by gathering and analysis of data sources on current and projected population figures, past and planned house building and current and projected school rolls.
- Projection modelling and impact analysis: From the data gathered and analysed, and using the information gained from the consultations, impact analysis and projection modelling was carried out, using the baseline analysis from the desk research to calculate the potential impact of the Liberty development and other associated activities in the Lochaber area.

REPORT STRUCTURE

1.5 The report is structured in the following way:

- **Chapter 2** contains a socio-economic profiling of the Lochaber area ;
- **Chapter 3** sets out current intelligence on existing projections and perspectives on potential additional investment projects;
- **Chapter 4** presents revised population projection models, detailing scenarios for different growth profiles for Lochaber based on the Liberty investment and other scenarios involving different levels of additional public sector investment; and
- **Chapter 5** sets out our conclusions and implications for strategic policy to inform delivery.

1.6 The following appendices are also included

- **Appendix 1** sets out the stakeholders and key informants consulted with to inform this study;
- **Appendix 2** provides additional detail on Lochaber's population structure, and expected changes to this; and
- **Appendix 3** contains a comparative analysis of population projections and mid-year estimates.

2 SOCIO-ECONOMIC PROFILE AND CONTEXT

Headline messages

- The population of Lochaber has declined in recent years, driven by a decrease in the working age population, whilst the older population has increased.
- Future projections estimate that Lochaber's population will continue to decrease over the next 20 years, but there will continue to be an increase in people aged 65 and above. However, there is a disparity between population projections and mid-year estimates that suggests that forecast decreases are over-estimated.
- Employment rates in Lochaber are high, and are above the regional and national average, indicating a tight labour market.
- Housing completions are projected to significantly increase in the short-term, and this could be sustained in the long-term if demand is maintained.
- Lochaber schools are currently at around 80% capacity. School rolls are projected to increase overall. This growth is concentrated within the Lochaber High School catchment area.

INTRODUCTION

2.1 This chapter sets out the socio-economic profile of Lochaber. It is based on the data gathered and analysed as part of the desk research. It is important to note that this chapter sets out the baseline 'policy off' scenario, i.e. not taking account of the anticipated impacts from the Liberty development or public sector investments. The chapter starts by providing information regarding current population trends and workforce profile in the area. It then goes on to give an overview of existing projections in the area for population, employment, school rolls and housing completions.

SOCIO-ECONOMIC PROFILE

Overview of Lochaber

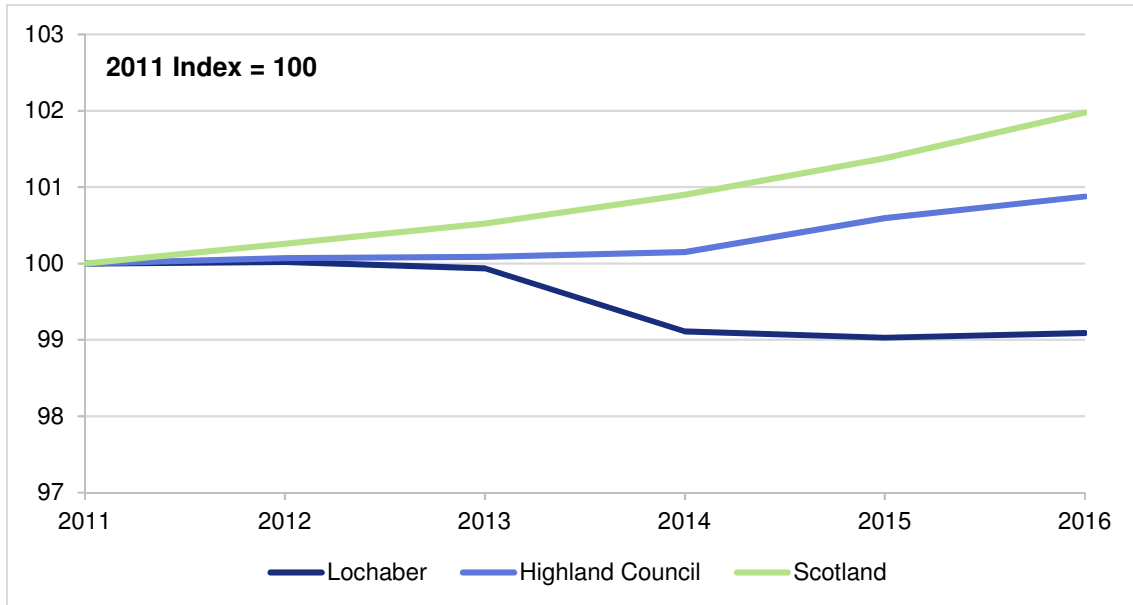
2.2 Lochaber is a large area in the West Highlands, which is known for its scenery and is a major centre for tourism and outdoor activities. Fort William is the main urban centre and has a population of around 10,000. Outside of Fort William there are a number of rural, fragile areas that have more limited connectivity and access to infrastructure. The population is ageing and has been declining. Lochaber has also experienced particularly high rates of out migration of young people. Employment is particularly concentrated in the retail and accommodation and food services sectors, reflecting the importance of tourism for the area.¹

Population trends

2.3 In mid-2016 Lochaber's population was estimated to be just over 19,800 representing a 1% decrease since 2011. Lochaber accounted for 8% of the total population of Highland Council area. Over the same period there was a 1% increase in the Highland population to 234,770, and a 2% increase nationally (Figure 2.1).

¹ HIE (2018) *Lochaber Labour Market and Skills Review*

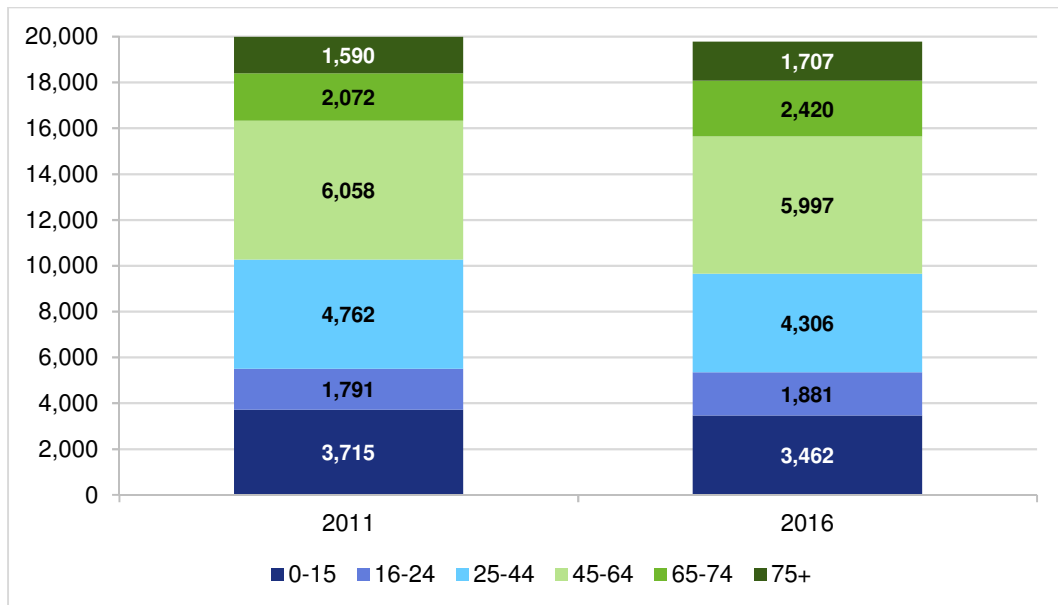
Figure 2.1: Index of population, 2011-2016



Source: National Records of Scotland (2018)

2.4 Figure 2.2 shows the population age structure of Lochaber in 2011 and 2016. In line with the national picture, the population is ageing – from 2011 to 2016 there was a 13% increase in 65-84 year olds and an 18% increase in residents aged 85+. Within most other age groups there was a decrease, except for 16-24 year olds where there was a 5% increase. In total, the working age population (16-64) in Lochaber decreased by 3% between 2011 and 2016. In terms of population structure, this meant that in 2016, 17% of Lochaber’s population was aged 15 or under, 62% were of working age (16-64) and 21% were aged 65. Over half (51%) of the population was female, although there has been a greater decrease in the female population since 2011 at 1.6%, compared to a 0.2% increase for males.

Figure 2.2: Lochaber population structure, 2011 and 2016



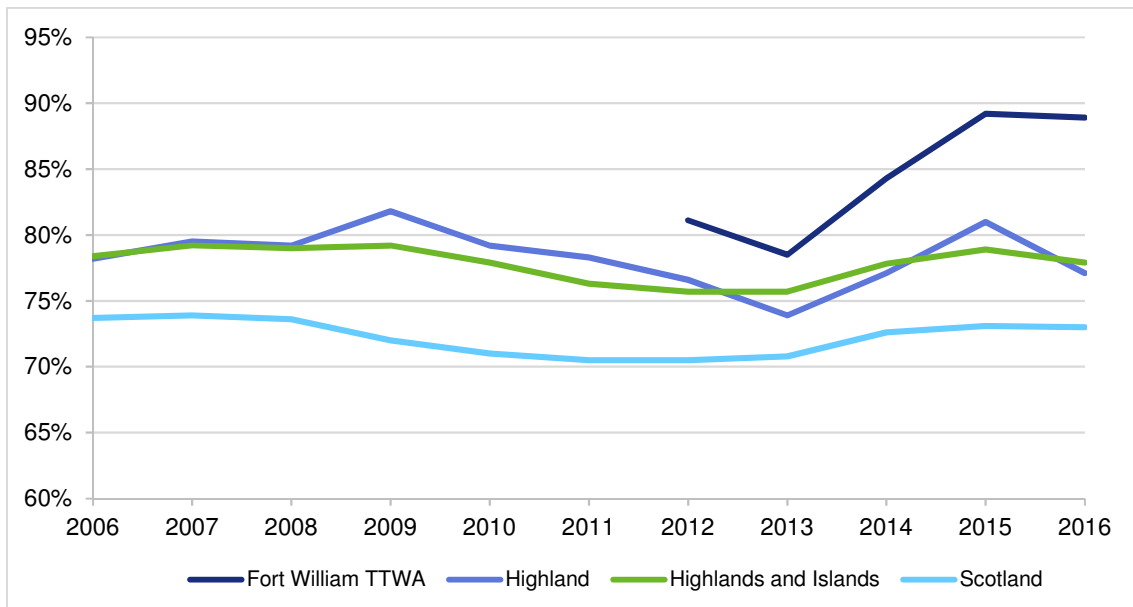
Source: National Records of Scotland (2018)

Workforce profile

2.5 In 2016 the working age population of Lochaber was estimated to be just over 12,000, representing a 3% decline since 2011. As mentioned above Lochaber’s working age population was

62% of the total population in 2016, the same as across Highland Council area, but slightly below the Scottish national average of 64%. In the Fort William Travel to Work Area (TTWA) there was a total working age population of approximately 10,000 in 2016 and an employment rate of around 89%, higher than both the wider Highland Council area (78%) and national (73%) averages (Figure 2.3). Whilst this figure should be treated with some caution as it is based on a small sample of the Annual Population Survey, data have consistently shown the Fort William TTWA to have an above average employment rate and anecdotal evidence supports these findings. There has been an upward trend in the employment rate in the area, with an eight percentage point increase from 2012 to 2016.

Figure 2.3: Employment rate, 2006-2016



Source: Annual Population Survey (2018) and Regional Skills Assessments (2018)

2.6 Reflecting the high level of employment, unemployment claimant rates are low in the Lochaber area, at just 1% of the working population². Total unemployment is estimated to be similar to the Highland Council rate of 4%. Similarly, it is estimated that the rate of part-time working are in line with the Highland Council average of 29%, which is above the national rate of 25%. Data showing the qualifications profile of Lochaber’s population is incomplete due to a small sample size, but it is estimated that 30% of the working age profile hold qualifications at NVQ Level 4 or higher, whilst 13% hold no qualifications.³ By comparison Regional Skills Assessment data shows that 9% of the working age population across Highland Council area hold no qualifications, whilst 42% hold qualifications at SCQF Levels 7-12 (SCQF Levels 8-12 are at NVQ Level 4 or higher).⁴

2.7 The most common sectors for people to work in are accommodation and food services (17%) and retail (14%). This reflects the importance of tourism to the area. By comparison with the national average, the most concentrated sectors in the area are accommodation and food services (location quotient of 2.31⁵), arts, entertainment and recreation (location quotient of 1.95) and transportation and storage (location quotient of 1.44).

² HIE (2018) *Lochaber Labour Market and Skills Review*

³ Ibid.

⁴ Skills Development Scotland (2018) *Regional Skills Assessments*

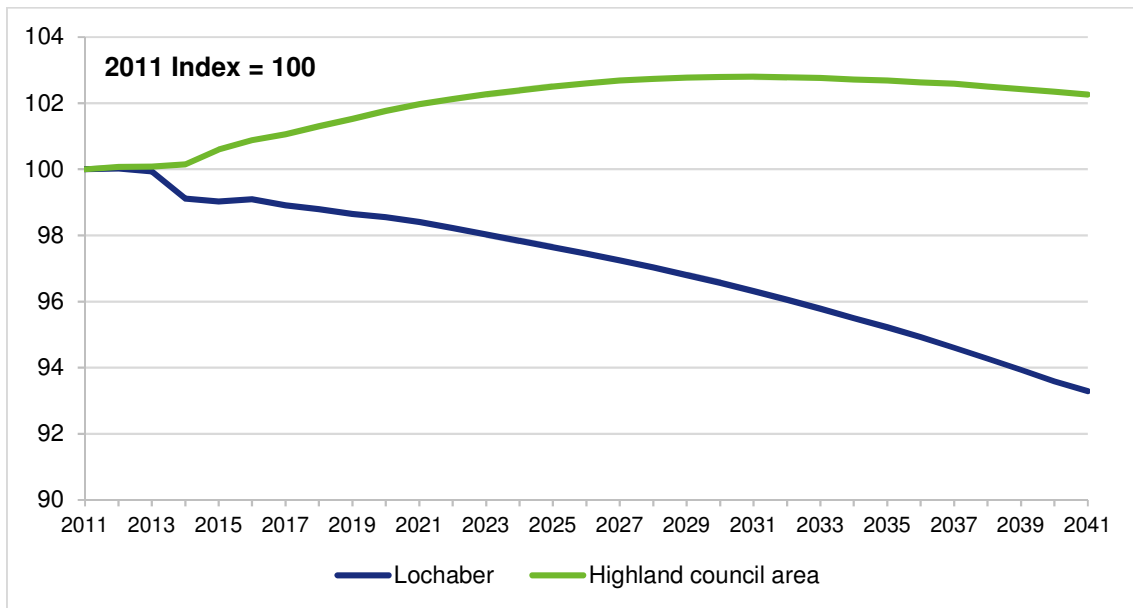
⁵ Location quotients compare sectoral employment with the national average, with a location quotient greater than one indicating a higher than national average concentration.

EXISTING PROJECTIONS

Population projections

2.8 The National Records of Scotland (NRS) population projections for the Lochaber area from 2011 to 2041 estimate that the population will decline by 7% over the period (and will decline by 5.6% between 2018-41), compared with a 2% increase across the Highland Council area from 2011 to 2041 (Figure 2.4). Within the overall projections, it is estimated that there will be decreases in all age groups up to 65, whilst there will be a 37% increase in 65-84 year olds and the number of people aged 85+ will nearly triple. People aged 65+ will account for almost one third of the Lochaber population by 2041 (see Appendix 2). The working age population in Lochaber is projected to decline by 19%, compared with 12% across Highland Council area.

Figure 2.4: Index of NRS population projections, 2011-2041

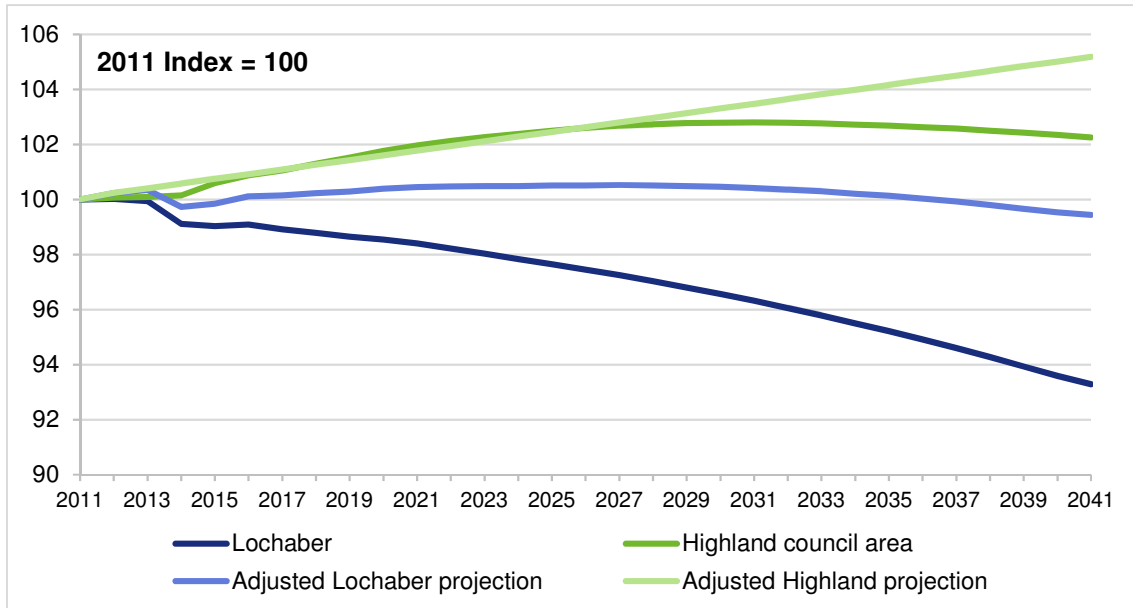


Source: National Records of Scotland (2018)

2.9 However, analysis of NRS data on population projections and mid-year population estimates shows that population projections consistently overestimate the rate of population decrease in the Highland Council area, and elsewhere in the region (see Chapter 4, paragraphs 4.3 to 4.8). Consequently, we have developed a set of adjusted population projections, in consultation with HIE and Lochaber Project Board partners. These have been calculated based on an average 6.1% difference between population projections and mid-year population estimates, to account for overestimation of population decrease. These adjusted calculations project a 0.8% decrease in the Lochaber population under a 'policy off' scenario, and a 5% increase in the Highland Council area population from 2011 to 2041 (Figure 2.5)⁶ For the period 2018-2041 this also equates to a 0.8% decrease in the Lochaber population, and a 3.8% increase for the Highland Council area.

⁶ From 2018 this is an adjusted increase of 3.8%

Figure 2.5: Index of adjusted NRS population projections, 2011-2041



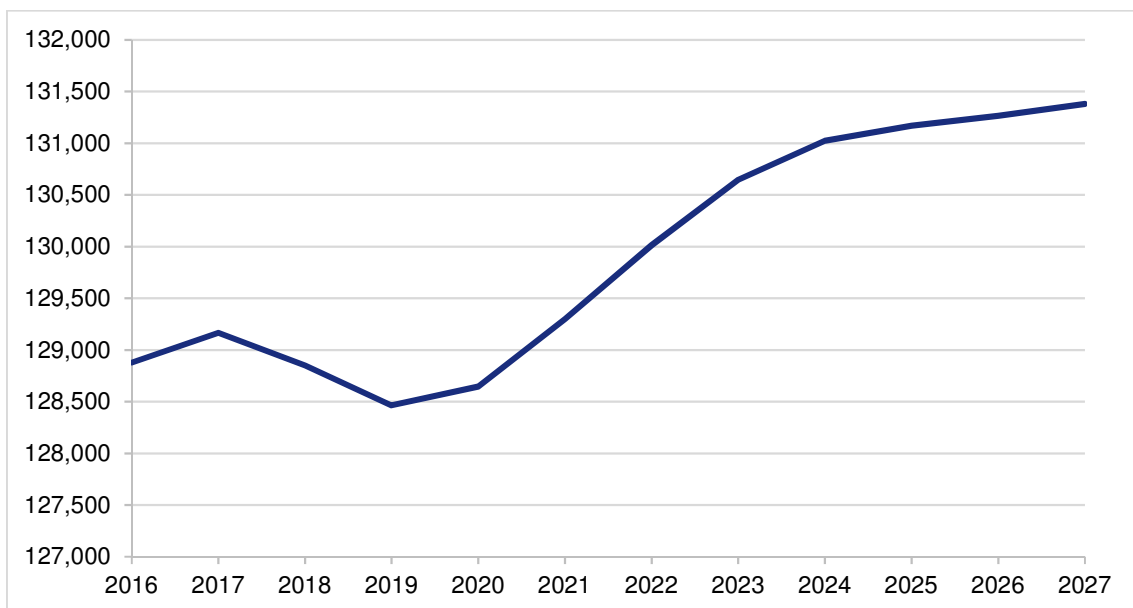
Source: ekosgen adjustment of NRS figures (2018)

Employment forecasts

2.10 Employment projections are not available at the Lochaber level but projections for the Highland Council area are provided in the Regional Skills Assessment produced by Skills Development Scotland, based on Oxford Economics forecasting. It is estimated that between 2016 and 2027 employment in the area will increase by 2,500 or 2% (Figure 2.6). However, there is expected to be a total employment demand of over 43,000 workers (both replacement and expansion) across the Highland Council area by 2027.

2.11 Particular sectors that are expected to see a significant increase in employment in the area include Construction (15% increase), Administrative and support service activities (14% increase) and Professional, scientific and technical activities (13% increase).

Figure 2.6: Employment in Highland Council area, 2016-2027

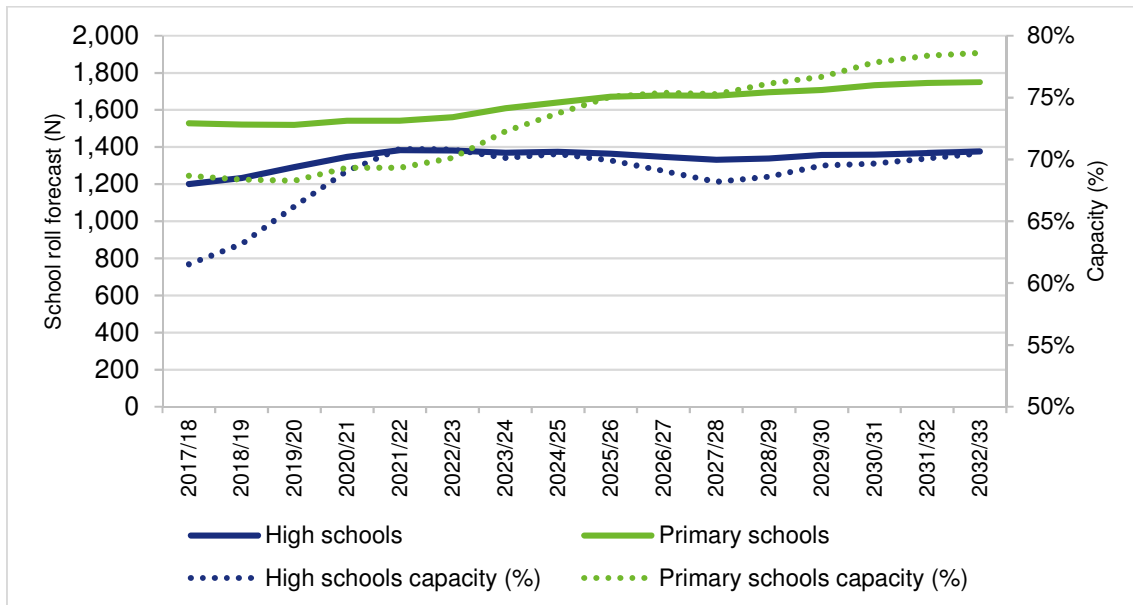


Source: Regional Skills Assessments (2018)

School roll forecasts

2.12 In total there are four high schools and 26 primary schools in the Lochaber area. Figure 2.7 illustrates that overall projections for the Lochaber school roll at primary and high school level from 2017/18 to 2032/33. Presently schools in Lochaber are at less than 80% of capacity. It is estimated that there will be a 15% increase in secondary school pupils and a 14% increase in primary school pupils. These school roll forecasts include some assumptions based on data from the Housing Land Audit (see below), programmed completion rates for Local Development Plan site allocations, GP registration figures, and Placing Request applications, as well as calculate intake numbers for Gaelic and Denominational schools.⁷ As such, they are considered to be reasonably accurate projections.

Figure 2.7: Lochaber school roll forecasts, 2017/18-2032/33

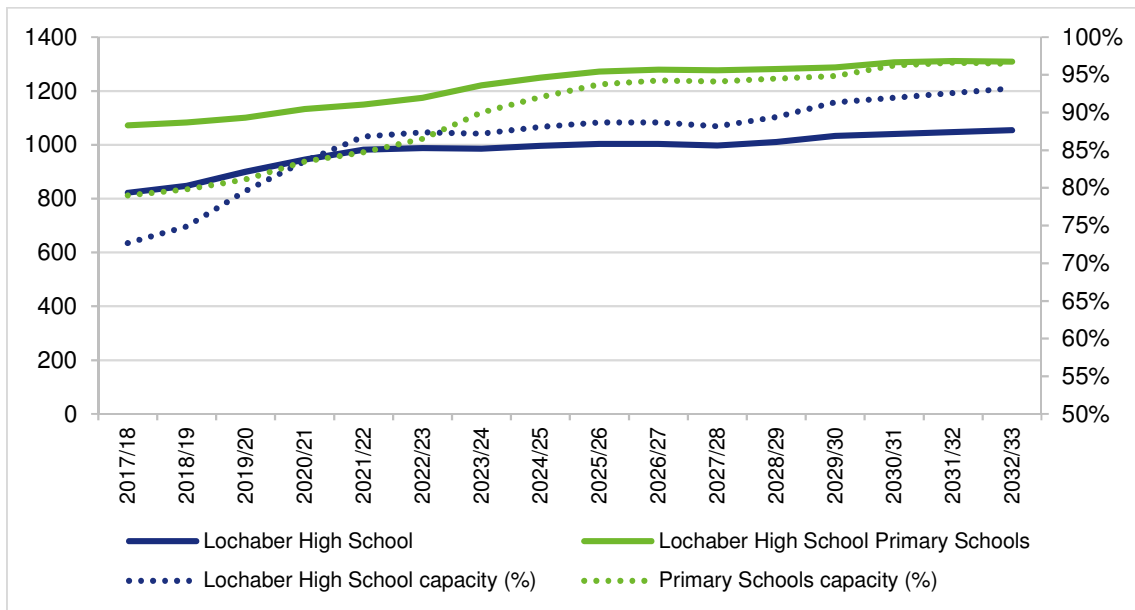


Source: Highland Council (2018)

2.13 Figures 2.8 and 2.9 show that there are significant differences in the school roll projections between different catchment areas. Some schools are close to capacity, whilst others are not. The overall increase is largely driven by Lochaber High School and the primary schools in its catchment area, which have by far the highest pupil numbers. The high school is projected to reach 93% capacity and the primary schools 96% capacity by 2032/2033. This is likely to reflect the fact that 85% of planned house building in the Lochaber area from 2018-2022 is based in Fort William. The concentration of home building in Fort William is set to continue into the long term with 98% of planned builds from 2023-2028 and 100% from 2028-2033 being based in the town. The projected increase in pupils in the catchment area is 28% for the high school and 22% for the primary schools. The other three high schools (Mallaig, Ardnamurchan and Kinlochleven) and their catchment primary schools are projected to remain below capacity, with some significantly below capacity. Several schools are projected to experience a decline in pupil numbers.

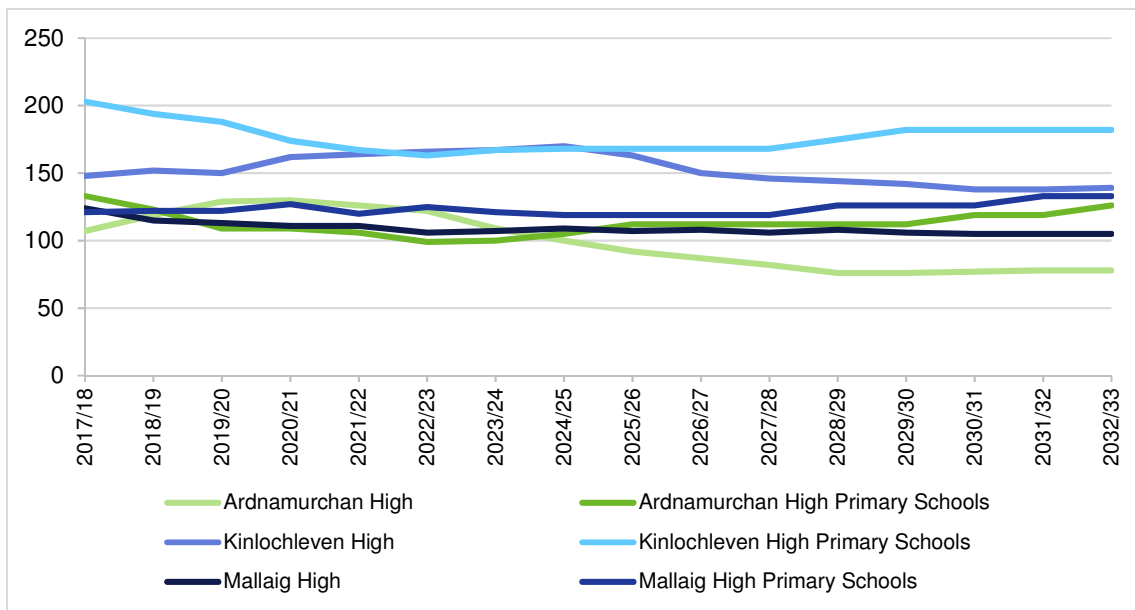
⁷ https://www.highland.gov.uk/downloads/file/19257/school_roll_forecast_methodology_september_2017

**Figure 2.8: Lochaber school roll forecasts:
Lochaber High School catchment area, 2017/18-2032/33**



Source: Highland Council (2018)

**Figure 2.9: Lochaber school roll forecasts:
Ardnamurchan, Kinlochleven and Mallaig High Schools catchment areas, 2017/18-2032/33**



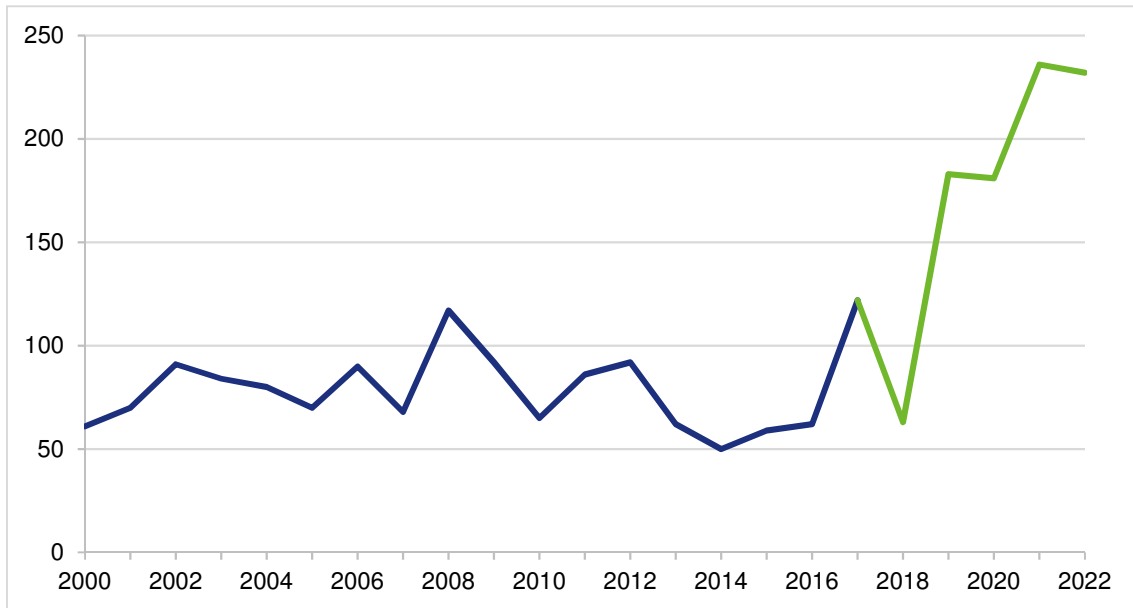
Source: Highland Council (2018)

Housing completions and programmed projections

2.14 The Highland Council’s Draft Housing Land Audit 2018 provides data on completions and programmed projections for new housing developments. From 2000 to 2017 there were 1,421 housing completions in the Lochaber area, equating to an annual average of 79. As Figure 2.10 demonstrates, there is a projected short term increase in completions in the period to 2022, which is a step-change in completions compared to historic trends. There are also longer term projections of a lower level of completion for the period to 2033. These are more difficult to forecast, which is understandable given the relatively short-term nature of the housing development pipeline: these are the *known* programmed completions. It is anticipated that these forecasts will increase as more housing development comes online, and completions are programmed into future Housing Land Audits. The uplift in the period to

2022 could be sustained over the longer term if demand continues. 'Windfall' completions also comprise a significant proportion of completions in Lochaber. This suggests that there is potential for future completions to be higher than currently forecast.

Figure 2.9: Housing completions in Lochaber, 2000-2022



Source: Housing Land Audit (2018)

3 CURRENT INTELLIGENCE

Headline messages

- Major private sector investment is planned with the proposed new alloy wheel manufacturing facility in Fort William.
- There is also major public sector investment planned, including a new West Highland College Science and Technology Centre and the replacement of the Belford Hospital.
- Further investment is planned and underway to increase the number of houses in the Fort William area, almost all social/affordable housing.
- Further private sector investment may be realised on the back of the proposed alloy wheel manufacturing plant.
- The timing of the planned private and public sector investment is not certain in all cases, although there is likely to be very major investment in the next 2-4 years.
- The planned investment represents a 'policy on' scenario, which will have implications for the population projections of the Lochaber area over the current forecast period to 2041.

INTRODUCTION

3.1 There is a considerable level of private and public sector investment planned or under consideration in Lochaber. The exact level of investment, and in particular the timing of these investments, is not clear in all cases, and is subject to change and modification. Nonetheless, for some of the proposed investments, there is more certainty and clarity. This section provides commentary on the planned and proposed investments in Fort William and the immediate surrounding area in the coming years.

3.2 The available intelligence on the latest status of public and private investment has a bearing on the anticipated population levels in the Lochaber area, as well as the population profile. Views on how the proposed investments are likely to affect the socio-economic baseline described in Chapter 2 are therefore also captured in this section.

PERSPECTIVES ON INVESTMENT PROJECTS

Private sector investment

GFG Alliance/Liberty House Group

3.3 The 2016 announcement of the £330 million deal for investment in Fort William by the GFG Alliance, was the most significant proposed investment in the area for several decades. The proposal is for a new alloy wheel manufacturing facility, designed to make use of the proximate aluminium smelter, now operated by Liberty British Aluminium. The capital expenditure for the facility alone is estimated as £70m.

3.4 The initial announcement was for 400 jobs at the alloy wheel manufacturing facility. During the course of this study the language used has been 'up to 400', indicating that the full 400 jobs may not be required. It is expected that 200 workers will be required within a short timeframe, i.e. with 6-12 months of the new plant opening, with expectations at the time of reporting that consent for the factory will be 2019, and that the facility may be completed in 2021. This is anticipated to take place over two recruitment phases of 100 workers each, the first phase in advance of opening, with employment growth more slowly thereafter.

3.5 At the time of reporting, the intention was for a contractor to be on site in early 2019, although there remained some uncertainty as to the start date for the actual plant construction, and the actual timing as to when Liberty would be on site. There were still a number of pre-planning conditions to be satisfied which were being worked through.

3.6 Full details of the composition of the workforce at the new facility are not available. However, indications are that around a third may be managers and professionals, a third skilled, notably product and process engineers, advanced maintenance and supervisory roles, and a third lower skilled, although this may vary as the project develops.

3.7 To meet their recruitment needs, Liberty are planning to recruit their workforce from the UK, including from the local area⁸. It is expected that employees, particularly those in higher paid positions, may be prepared to commute significant distances locally. In addition, it is anticipated that many workers will re-locate to the area to take positions at the new wheel factory, or to take up other opportunities in the local economy that become available, boosting the population of the area significantly.

3.8 The workforce requirements at the liberty plant will draw on a range of sectors where people may have relevant skills (construction, engineering, etc.). Liberty's approach is to target workers with adaptable skills (i.e. a 'train and change' approach), and they expect women to form a major part of the workforce. Liberty anticipate that it will be the recruitment of operatives that will be the greatest challenge for the business, with an expectation that it will be easier to attract higher paid workers (as in their experience, re-locators are typically the main wage earner).

Other private sector investment

3.9 There are a number of other large businesses in the Fort William area, including BSW, Nevis Range, Newco and the existing Liberty Group-owned smelter. A detailed review of business and investment plans of these companies was outwith the scope of the study. However, these will need to meet the ongoing challenges of retaining their workforce, recruitment of new staff and increasing their competitiveness, to ensure sustainability or growth. The smelter itself has recruited around 50 persons in the last 12-18 months (as those in their 50s take retirement packages) which has already caused displacement from other employers in the area.

3.10 Liberty is also aware of the need to ensure the existing smelter operation is effective and maintained. There is recognition that the workforce needs of the smelter will need to be taken into consideration when developing a recruitment strategy for the new wheel manufacturing facility.

3.11 There are also longer-term investment proposals, which may also impact on the economic performance and service needs of the Fort William and Lochaber area. These include the potential for establishing a mains gas network, for which a feasibility study is underway, and to develop Corpach deep-water port, which has the potential to be developed for in-bound raw materials and possibly the export of bulk goods.

The health sector

3.12 The major investment with respect to the health sector is the planned new hospital to replace the existing Belford Hospital. The new hospital is expected to be a capital project costing in the region of £20-£30 million. Latest intelligence suggests that construction on the hospital may commence in 2021, with completion and the opening of the hospital in 2022/3.

⁸ A comparison was made with commuting journey times into London which are commonly 90 minutes, time that would enable one to commute to Fort William from almost as far as Inverness. Therefore 'local' in this context includes areas within a 60-75 minute travel time to work.

3.13 Overall, Health and Social Care provision is particularly challenging in remote and rural areas. This is a result of the dispersed nature of the population, and older demographic compared to urban areas, and transport issues. Further, NHS Highland faces recruitment difficulties and higher than average vacancy rate for posts outside of its Raigmore Hospital workforce.

3.14 The recruitment challenges faced by NHS Highland are particularly acute in Lochaber. Across the Belford's establishment of 10 consultant posts, including three general surgeons, three consultant physicians and three anaesthetists, there were eight vacancies (47%).⁹ In addition, there are 80 posts that need to be filled across Lochaber each year as a result of staff turnover. Despite these vacancies, there is not currently expected to be a significant change in the total numbers employed. However, the composition of the workforce may change. The Belford hospital development is at the centre of a wider service redesign, in response to changing need and demand, demographic change, and technological development. As a rural general hospital, there will continue to be a high demand for services placed on the Belford hospital, including specialist facilities (e.g. in relation to accommodating mountain rescue admissions). Replacing its estate to ensure ongoing functional suitability is therefore imperative.

3.15 What remains clear is that Lochaber is experiencing the increasingly complex challenges associated with an ageing population, and health inequalities that are being seen elsewhere. Currently one in five are over the age of 65 but this is expected to increase to almost one in three in the Lochaber area by 2035. The area also has particularly high incidences of respiratory, cardiac and alcohol misuse-related illness.

Education

3.16 The major new development in relation to education is the planned investment for West Highland College to create a new £12-£15 million Centre for Science and Technology. The headline numbers proposed in the Business Plan are: 150 full-time students and 250 part-time students. These are additional students to the current West Highland College numbers of circa 3,500 across its Fort William and Portree campuses and eight learning centres, which represents an increase of around 10% in student numbers.

3.17 The Centre is expected to include a broader and more advanced curriculum and facilities, along with construction, engineering and wider design and ICT/digital course provision.¹⁰ The College considers there to be significant potential demand amongst local construction and engineering companies, and are therefore looking to support required Continuing Professional Development (CPD) and other forms of skills and training development, not least Modern Apprenticeships. Indeed, the College has already undertaken employer engagement work to gauge levels of interest and ensure provision meets local business needs.

3.18 At present, modelling of student numbers by age or by other characteristics has not been carried out. However, the College expects that the up to two thirds may come from the local area, which may play a significant role in helping to retain young people who currently leave the area to attend College.

⁹ As of August 2018

¹⁰ Outline Business Case, July 2017. Specifically, the WHC Centre for Science and Technology has four aims:

- To deliver FE/HE curriculum in Science, Technology, Engineering and Mathematics (STEM) subjects, linked to local business needs, and offering progression to further study from school-based learning to technician and degree levels.
- To play a key part as a regional hub for the UHI School of Health
- To deliver commercial courses in STEM subjects, offering Continuing Professional Development (CPD) opportunities to businesses and people in work.
- To inspire and boost interest among children, young people and the wider community in technology, design and science and professional careers in these areas.

3.19 The plans for the new Science and Technology Centre also include a Centre for Health Science/School of Health (which may provide some training ward facilities for the new Belford Hospital) and additional student accommodation.

3.20 There has already been considerable investment in the schools in Lochaber, which has increased local capacity and enhanced the local schools offer. Further investment in schools may also occur into the medium term, including the possible expansion of the Gaelic primary school and/or a new primary school at Blar Mhor.¹¹

Housing

Social housing

3.21 There has been, and continues to be, major investment in housing in Fort William, the main focus of housing investment in Lochaber, as well as some investment elsewhere in the area. This is almost entirely affordable/social housing development led by the public sector, with no large scale private sector investment planned at present. The key planned social housing developments are the Blar Mhor site, expected to be 250 houses, and at Upper Achintore, at c.400 houses. A number of smaller housing developments are also under construction or have recently been completed, including 60 homes at the former Lochyside school site, and 21 houses at the former distillery. There is approximately £50 million of investment in housing development projects in the short term.

3.22 The Blar Mhor site is the most advanced. Phase 1 is expected to see 115 houses, a mix of 1, 2 and 3 bedroom properties, although the precise mix is not yet clear. These are all expected to be affordable or mid-market rental homes. The site is the large former Tesco site, now in public ownership following its purchase by Highland Council in 2015. The site is expected to include the new Belford Hospital and West Highland College's new Centre for Science and Technology; the new Police station, already on an adjacent site, is to be accompanied by the proposed housing.

3.23 For Upper Achintore, the 400 units are again affordable housing units. The timescales for development here are less clear, and these may slip beyond the short-term programmed completions; given the need for further site investigation works, it may be 12-18 months before construction commences. The development is being brought forward by Lochaber Housing Association, with LINK as the development partner. Latter phases may include some private housing.

3.24 There is certainly demand for social housing, stakeholder consultations identified that there are around 800 people currently on Highland Council's waiting list. This is a high number even allowing for the fact that many place themselves on the list just in case a better property becomes available.

Private sector housing

3.25 In terms of the private sector, the key indicator for volume housebuilders is the rate of change in the second hand market, and their profit margins after costs. In the case of the second hand market, private developers have not yet seen enough movement to encourage them to invest.

3.26 The principle barrier for private sector housing developers in the Fort William area are infrastructure costs. These largely relate to the increased costs of peat removal. The sites for development are limited given the Nevis range and the Mamores to the East and South of Fort William, and Loch Linnhe and Loch Eil to the West. However, even with available sites, private sector developers cannot get the 20%-25% margins they are seeking, and which they can achieve elsewhere. The cost-to-value ratio is not sufficient. The lack of a major local construction sector also drives up their costs and reduces their margins. That said, anecdotal evidence from stakeholders indicate there has been a recent upturn in private sector housing developer interest, in light of the scale of proposed total public and private sector investment.

¹¹ West Highland and Islands Local Development Plan Proposed Action Programme, May 2017.

3.27 There is certainly a perception amongst businesses that housing is a barrier to their recruitment. The Chamber of Commerce has recently conducted a survey on the issue with its members. Evidence of the lack of housing acting as a barrier to recruitment would help strengthen the case for increased public sector investment in housing and/or site assembly.

3.28 The Liberty Group themselves have expressed a desire to provide housing for their workforce. However, their sites are not currently considered viable for housing, and there would need to be a joint venture with the public sector if they were to release any government funding to support these proposals.

Transport

3.29 A Strategic Transport Study for Fort William (pre-STAG appraisal report) has been completed and published¹². This provides a baseline, and in line with STAG guidance, defines the transport issues for the area. It also provides a strong case for change to the Fort William transport network, setting out a shortlist of options for more detailed consideration. These include a new A82-A830 link road (possibly including a link road to Caol), an integrated travel hub at Banavie, improvements to public transport services and the sustainable (walking and cycling) travel network in the area, and travel information and behaviour change initiatives. Subject to Transport Scotland progressing the next stages of the STAG for Fort William, these major road infrastructure and transport investments can form part of the mix of solutions to overcome transport capacity issues in Lochaber.

3.30 Although the STAG process has not yet progressed beyond the pre-appraisal report stage, there is an increasing recognition of the range and scale of investment (both public and private) likely to come forward in the Lochaber area. There is also a recognition of the growth in tourism across the west Highlands, and the effects this has on the volume of traffic in the area, e.g. on the A82 through Fort William.

3.31 No decisions have as yet been made; however, the forthcoming update to the Scottish Government's Strategic Transport Projects Review provides an opportunity to make the case for national investment in Fort William's transport network. There is also the potential for proposed transport investments to be incorporated into the Local Development Plan process.

OBSERVATIONS ON EXISTING PROJECTIONS

3.32 The general view amongst stakeholders is that the current 'policy off' population projections are not suitable or appropriate for service planning purposes, given the extent of planned investments. Although a number of the investments described are still provisional, there is enough certainty around proposals for stakeholders to want to take into account 'policy on', rather 'policy off' projections.

3.33 The desire to take into account the 'policy on' is reflected in the fact that some projections are already taking planned developments into account. Notably, this extends to the school roll data where the forecasts for school roll numbers already account for some of the private and public investment planned.

3.34 The view is also strongly expressed that the NRS long-term projections persistently underestimate the populations in the Highlands and Islands. This specific feedback has been factored into the population projections in the next section.

3.35 It would also be helpful for specific employment projections to be generated, based on industrial sectors, and accounting for expansion and replacement demand. This is not readily available, or easily generated at sub-local authority level; however given the unique circumstances in Lochaber some sub-local authority employment forecasts under a 'policy-on' scenario may be helpful.

¹² https://www.highland.gov.uk/download/meetings/id/74111/item_10_-_fort_william_strategic_transport_study

4 SCENARIO MODELLING FOR GROWTH

Headline messages

- The major private and public sector investment planned will have a significant impact on the population of Lochaber over the forecast period to 2041.
- The effects of the investment in the new wheel manufacturing facility alone could reverse forecast population decline of -0.8% and lead to a 3.1% increase in the population of Lochaber (612 persons) over the period to 2041.
- Factoring in the new College Centre for Science and Technology, including associated additional spend from attracted and retained students, and from additional construction worker spend, may result in a population increase of 9.7%, or 1,943 persons.
- With the new Hospital and housing construction spend included, the population increase to 2041 may rise to 16.3%, an increase of 3,263 persons. This is without additional private sector investment that may be levered in following the initial wheel plant investment.
- Population growth at this scale will require planning by all partners and agencies to ensure that their needs are met, which is likely to include further housing requirements.
- The population forecasts use the latest intelligence available for a policy on scenario, however there are a number of assumptions inherent in the projections.

INTRODUCTION

4.1 This section seeks to develop more realistic, and therefore more helpful, projections for the Lochaber area. Chapter 3 sets out investment that is planned by both the private and public sectors, and the extent to which this means that the existing 'policy off' projections are not credible. Taking into account the planned investment creates more realistic projections, which in turn will be of greater benefit and use for future investment and service planning.

4.2 There are some caveats to the scenario modelling set out in this section, since information available to the review is partial. In some instances, this is because no further information is available at this stage or in other instances, the level of detail required is not available. This has required a number of assumptions to be made in developing the scenarios; these are set out in the commentary.

ADJUSTING FOR NRS PROJECTIONS

4.3 The previous chapter indicated that a number of stakeholders in the Highlands and Islands consider the NRS population projections to be overly pessimistic, and that they routinely under-estimate the long-term population, a point of view borne out by the analysis set out in Chapter 2 (Paragraph 2.8 and Figure 2.5).

4.4 The NRS mid-year population estimates are based on historic trends. They take into account birth rate, death rates and net migration, i.e. the difference between in-migration and out-migration. It is the in-migration data that is generally regarded as an under-estimate in the Highlands and Islands, and so records higher levels of net out-migration than should be the case.

4.5 Migration estimates are derived from three key sources of data: National Health Service Central Register (NHSCR); Community Health Index (CHI); and International Passenger Survey (IPS). The NHSCR is used to calculate moves between NHS Board areas within the UK, with migration at council area and below estimated using anonymised data from the CHI. The IPS provides information on overseas moves into and out of Scotland, and on asylum seekers.

4.6 Appendix 3 presents analysis into the differences in the NRS long-term population forecasts and the actual population. This has been produced in detail for the Highland and Eilean Siar local authorities. The analysis highlights that the 2002-based estimate for 2015 (latest data at the time of the analysis) under-estimated the actual 2015 mid-year estimate in Highland by some 15.9%, and in Eilean Siar by 19.6% (as set out in Table 4.1). The 2004-based estimates were slightly more accurate, but still these under-estimated the population by 7.4% and 9.6% respectively.

Table 4.1: Comparison of NRS population projections and mid-year estimates, Eilean Siar and Highland

Year estimate for 2015	Population estimate for 2015	Actual mid-year estimate 2015	Under-estimation (N)	Under-estimation (%)
Eilean Siar				
2002 estimate for 2015	22,638	27,070	4,432	19.6%
2004 estimate for 2015	24,707	27,070	2,363	9.6%
2006 estimate for 2015	26,103	27,070	967	3.7%
2010 estimate for 2015	25,827	27,070	1,243	4.8%
2012 estimate for 2015	26,037	27,070	1,033	4.0%
Highland				
2002 estimate for 2015	201,967	234,111	32,143	15.9%
2004 estimate for 2015	218,007	234,111	16,103	7.4%
2006 estimate for 2015	226,872	234,111	7,238	3.2%
2010 estimate for 2015	231,799	234,111	2,311	1.0%
2012 estimate for 2015	230,010	234,111	4,100	1.8%

Source: HIE analysis of NRS population projections and mid-year estimates

4.7 It is not possible to accurately assess the under-estimation in long-term population projections for Lochaber, given the levels of uncertainty associated with those forecasts, however neither is it right to assume the NRS population forecasts (currently available to 2041) fairly reflect the policy-off scenario.

4.8 What we have assumed therefore – and this is a key assumption – is that the NRS population forecasts for Lochaber under-estimate the population by 6.1%, or 1,230 persons, over the period 2011 to 2041.¹³ Adjusting for this suggests the overall population in Lochaber would decline by -1% by 2041, rather than the forecast -7% (as set out at Figure 2.5).¹⁴ **Given what we know about Highland and Eilean Siar – where a 12-year population forecast was more than 10% below the actual mid-year estimates – our NRS adjustment of 6.1% over 30 years for Lochaber may be a conservative adjustment.**

¹³ This is a cautious adjustment, given there is no definitive basis for adjusting the NRS projections. The 6.1% adjustment is based on the midpoint of the 2004 and 2006 under-estimations for 2015 for Highland and Eilean Siar.

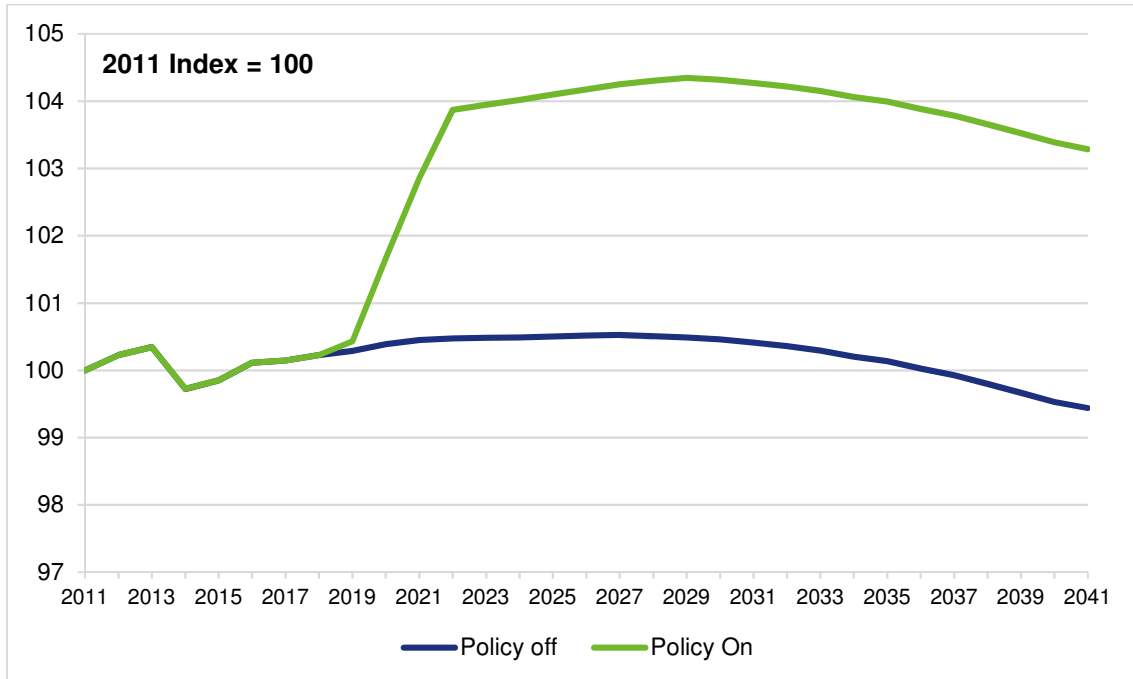
¹⁴ Note, for clarity: the decline is -1% (adjusted) and -7% non-adjusted 2011-2041; the decline is -0.8% (adjusted) and -5.6% (non-adjusted) 2018-2041. The following scenarios consider change over the period 2018-2041.

LOW IMPACT: LIBERTY INVESTMENT ONLY

4.9 Chapter 3 indicates the range of private and public investment planned for Lochaber. However, if we consider the impact of the proposed Liberty investment only, we can see the long-term effects on population.

4.10 The new wheel manufacturing development alone could see the total population increase by +3.1% (612 persons) over the period 2018 to 2041, compared to the NRS adjusted policy off scenario, which indicates a population decline of -0.8%. The +3.1% increase compares to a population decrease of -5.6% based on unadjusted NRS projections.

Figure 4.1: Population projection scenario, Liberty investment only



Source: *ekosgen/Context Economics calculations based on adjusted NRS projections*

4.11 Given that much of the existing intelligence is based on partial knowledge, including understanding of what the actual composition of the workforce at the new Liberty facility will be, there is a degree of uncertainty regarding where these employees will be drawn from and their age profiles. Consequently the forecasts adopt a number of assumptions, for example in relation to birth rates.¹⁵

Liberty investment only assumptions:

- That there will be demand for 300 workers at the Liberty wheel manufacturing facility – 225 of these jobs will be filled by those directly relocating to work in the alloy wheel factory or to backfill jobs that arise elsewhere in the economy, and 75 by those staying in the area to take up jobs in the wheel factory or elsewhere (who would otherwise have left). It is assumed that 100 of those that relocate will have families (based on half of those working in the alloy wheel factory having families, and a third of those taking up posts in other parts of Lochaber’s economy having families), as will half of those retained. Of these 300, the rate of jobs take up will be 100 per year over the period 2020 to 2022;

¹⁵ It should be noted that because there is little intelligence regarding the likely age and sex of in-migrants, assumptions on fertility rates are subject to a degree of uncertainty.

- That the average number of people with the relocating or retained main employee is 2.3, i.e. those with families have an average of 3.3 per household, compared to approximately 2.2 for Scotland and the Highland Council area as a whole¹⁶;
- That there is a modest short-term (10-year) increase in births per 1,000 population (25 per 1,000 versus national average Scotland 11.3 per 1000), associated with families moving into the Lochaber area;
- That there is a very modest uplift in the death rate towards the end of the forecast period;
- That there are 86 jobs induced by the additional spend, both from the additional and retained Liberty plant workers, and from the additional posts in other parts of the Lochaber economy. We have adopted a modest assumption that there are 1.5 persons attracted/retained in the area per 1 induced job (in this scenario 129 in total), with the induced jobs profiled over a 10 year period; and
- That there are 83 construction jobs (10 year Full Time Equivalent (FTEs)) that are additional to the area, based on the Liberty investment build, profiled from 2019-21. This is based on the assumption that 15% of the 555 temporary construction jobs become permanent jobs in the Lochaber area.¹⁷ The 555 construction jobs uses £126,000 turnover per employee (from the Scottish Annual Business Statistics) and is based on £70 million of capital investment. It is assumed half of the 83 permanent construction jobs are taken up by those new to the area (over the assumed three-year capital build period 2019-2021) and half are taken up by those retained in the local area (over the same period).

4.12 In reality, the effects on the population of Lochaber arising from the Liberty investment alone may be higher than these stated. There are a number of modest assumptions, including a key one that just 225 workers relocate to Lochaber, when this figure may be higher if a greater proportion relocate and fewer are recruited locally. What we also know is there is considerable additional planned investment in Lochaber which will increase the local population further. The following scenarios reflect planned public investment at different levels.

¹⁶ <https://statistics.gov.scot/home>

¹⁷ It is noted that this assumption of 15% of the temporary construction workers becoming permanent residents in the Lochaber area may require some supportive policies/actions to encourage larger construction companies to establish a permanent base e.g. the establishment of a regional construction office in Lochaber.

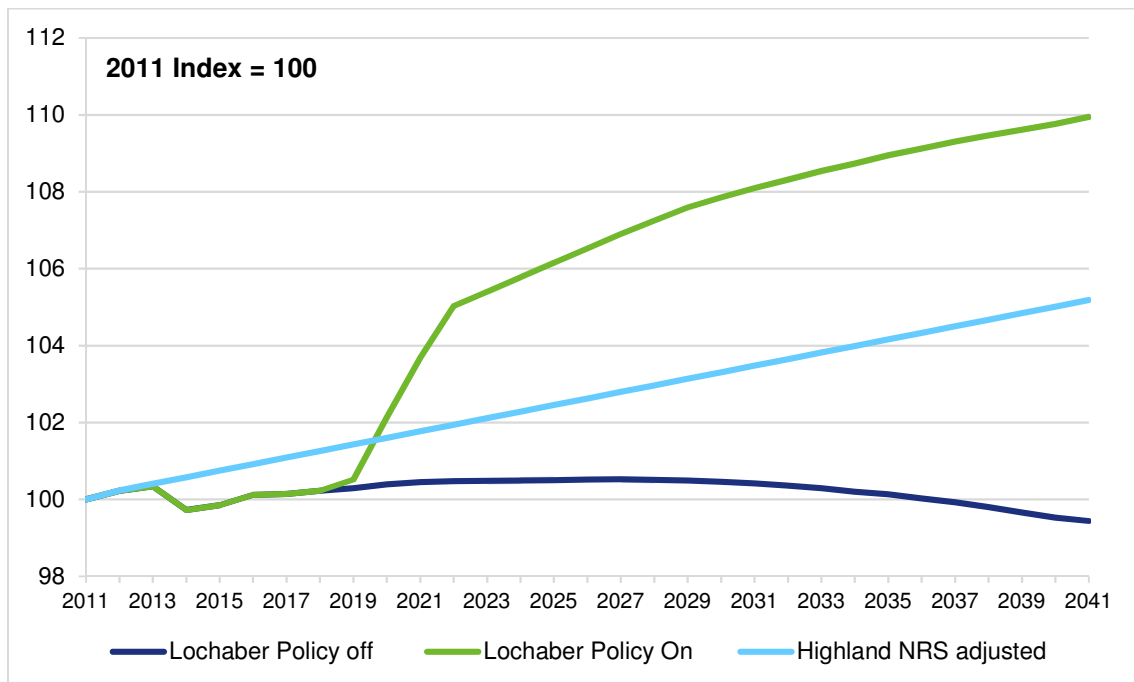
MEDIUM IMPACT: LIBERTY AND SELECTED PLANNED PUBLIC INVESTMENT

4.13 The medium impact scenario also presents the forecast impact once the NRS adjustment of 6.1% over the 2011-2041 period has been applied. It also takes into account some, but not all, of the planned public sector investment, that is, the proposed £12-£15 million West Highland College Centre for Science and Technology. Under the medium impact scenario (2018-41), there is:

- An increase in population in the Lochaber area of +9.7%, or +1,925 (the Lochaber medium impact policy on scenario); compared to:
 - The Lochaber 'policy off' scenario of -0.8%, or -157; and
 - The Highland 'policy off' scenario (also NRS adjusted) of +3.8%.

4.14 The medium impact scenario shows a population increase in percentage terms more than double that for the Highland Council area as a whole. As indicated earlier, the NRS adjusted Highland Council-wide projection is a policy off scenario, and does not include the effect of the Liberty investment, or other planned investment in the Highland Council geographic area.

Figure 4.2: Population projection scenario, Liberty (base) plus selected planned public sector



Source: *ekosgen/Context Economics calculations based on adjusted NRS projections*

4.15 There are again a number of key assumptions for these forecasts.

Liberty and selected planned public investment assumptions

- The Liberty investment assumptions remains as above, which indicates 225 re-locators, 100 with families, and 75 retained, again half with families;
- That the new College Centre for Science and Technology has a total of 20 additional staff (based on the latest West Highland College estimates), from 2020;
- That of the 150 extra full-time students expected at the new Centre for Science and Technology, 15% of these are retained in the area long-term per annum each year from 2020 and over the forecast period to 2041, (23 persons per annum) and of the 150, 5% are attracted to the area to stay long-term (8 persons per annum over the forecast period to 2041);

- That of the 200 extra part-time students, 10% each year are retained in the area long-term, (20 persons per annum 2020 to 2041) and 2% are attracted to the area to stay long-term (4 persons per annum);
- That there is an increase in births per 1,000 population to 33 per 1,000 versus 11.3, which is the national average. This reflects the increase in the number of younger people retained/attracted to the area as a result of the College development and expansion, as well as the increase in births as a result of families moving in the area for work;
- That the induced spend generates an additional 102 jobs (154 persons in total), based on the additional/retained Liberty workforce, the additional spend from new workers elsewhere in the Lochaber economy, plus the additional spend by College staff and the additional/retained College students; and
- 98 FTE construction jobs, arising from the £82 million capital investment in the College (£12 million) and Liberty build programmes (£70 million), and again assuming 15% of 651 temporary construction jobs created are retained long-term in Lochaber.

HIGH IMPACT: LIBERTY (GROWTH) AND FULL PUBLIC INVESTMENT

4.16 The High Impact scenario assumes that there is a greater impact from the Liberty investment on the local population, and assumes that more of the planned public sector investment occurs. The high impact scenario therefore factors in the planned capital build of the new Hospital, and also considerable investment in housing (assumed to be £50 million, although in reality this may be higher still).

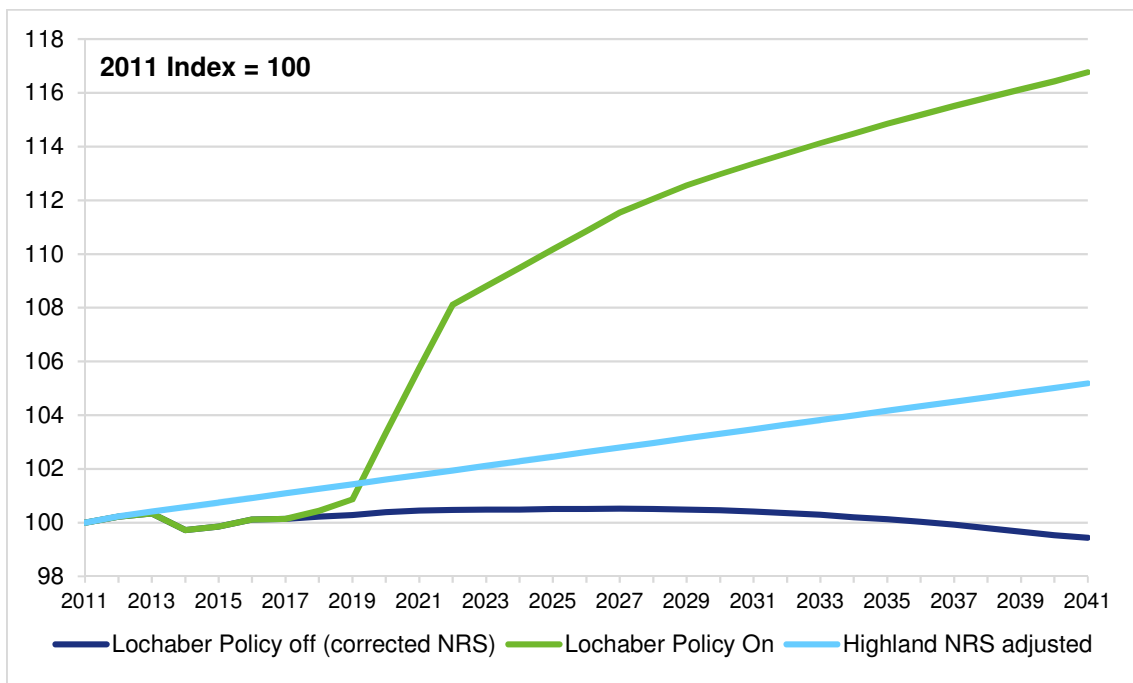
4.17 It is worth noting that whilst this is termed the High Impact scenario, it still *does not* take into account further potential investment. This includes, for example, the potential provision of mains gas across the town, or the development of Corpach port. Additionally, it does not factor in any major transport investment and development.

4.18 Nonetheless, considering the Liberty investment, the College, the Hospital and planned housing development alone, we can see under the High Impact scenario (2018-2041) that:

- There is an increase in population in the Lochaber area of +16.3%, or +3,263 (the Lochaber high impact policy on scenario); compared to:
 - The Lochaber 'policy off' scenario of -0.8%, or -157; and
 - The Highland 'policy off' scenario (also NRS adjusted) of +3.8%.

4.19 The high impact scenario shows a population increase in percentage terms of more than four times that for the Highland Council area as a whole. Again, the NRS adjusted Highland Council-wide projection is a policy off scenario, and does not include the effect of the Liberty investment, or other planned investment in the Highland Council geographic area.

Figure 4.3: Population projection scenario, Liberty (growth) plus full public sector



Source: *ekosgen/Context Economics calculations based on adjusted NRS projections*

Liberty (growth) and full public investment assumptions

4.20 The key assumptions are that:

- There are 400 workers required for the wheel factory, profiled over the three year period 2020-2022, - 325 relocating to work directly in the alloy wheel factory and taking up employment elsewhere in the Lochaber economy (to replace local workers recruited to work at the factory), and 75 retained in the local area working at the facility who would otherwise have left the area;
- The high growth scenario assumes two thirds of those retained and relocating as a result of the alloy wheel factory have families, higher than the 50% assumed in the other scenarios;
- That the new College centre has a total of 20 additional staff (based on the latest West Highland College estimates), from 2020;
- That the additional 150 full-time College students leads to 20% being retained long-term each year (30 per annum, over the period 2020 to 2041) and leads to 10% being attracted to stay in the area long-term (15 persons per annum over the same period);
- That the 200 additional part-time students leads to 10% being retained long-term each year (20 per annum over the same 2020-2041 period) and leads to 5% being attracted to stay in the area long-term (10 persons per annum);
- That the new Hospital is developed, but that there is no net change in the total workforce, or profile of the workforce;
- That there is an increase in the number of births per 1,000 of the population (34 per 1,000 versus 11.3 national average), as per the medium growth scenario;
- That there are 118 induced jobs arising from Liberty workers' additional spend plus that from those taking posts elsewhere in the Lochaber economy, at 1.5 persons per job, a total of 177 persons. This is higher than the medium growth scenario given that more of the Liberty workforce are expected to relocate to Lochaber under this scenario;
- That there are 77 induced jobs from additional College spend by the long-term attracted and retained students, plus the College staff and from additional construction worker spend, 115 persons in total;
- 181 FTE construction workers, again based on 15% of the construction workforce retained locally and based on £152 million in capital investment, comprising £50 million housing, £20 million for the new Hospital, £12 million for the College and £70 million Liberty. The construction workers attracted and retained in the area are profiled over a 10-year period for the housing and hospital construction, and over five years for the Liberty and College construction.

4.21 As with the low and medium impact scenarios, many of the assumptions are conservative, even under this High Impact scenario. For example, the scale of the capital build investment may well be closer to £200 million over 10 years (the estimate of £50 million for housing is at the conservative end of the spectrum), and it may well be that more than 15% of the construction workforce is retained permanently in the Lochaber area.

INITIAL IMPACT ASSESSMENT

4.22 The increase in population in the Lochaber area is expected to translate into very considerable net economic impacts for the local area. There will be both significant numbers of net additional new jobs, and a considerable injection of expenditure into the local community.

Employment impacts

4.23 In terms of employment impacts, the following can be anticipated:

- Between 375 and 475 direct jobs arising from the new Liberty facility, including additional posts created elsewhere in the Lochaber economy. Liberty anticipate recruiting their workforce from the UK, including the local area, although the balance between locally recruited persons and re-locators will not be fully known until Liberty has completed its workforce recruitment. However, it is expected that the jobs created by local workers recruited will be backfilled;
- 20 direct jobs at the new West Highland College Centre for Science and Technology – this is the estimated number of additional staff required;
- 181 FTE construction jobs – as per the High Impact scenario above this is based a total of £152 million of capital build investment (£102 million Liberty/College/NHS + £50 million housing), and assuming 15% of all construction jobs are retained locally;
- 86 induced jobs, based on the expenditure associated with 225 Liberty plant related re-locators; rising to 118 jobs (for 325 re-locators), and including the induced jobs arising from the spend by those in posts in other parts of the economy; and
- 62-77 induced jobs, arising from the additional long-term additional College students staying in the local area, and arising from the additional spend by construction workers. The range indicates the difference between smaller and greater numbers of full-time and part-time students staying on in the local area post-study.
- This provides net additional and retained jobs of between 724 and 870 jobs

4.24 It is also worth noting that this does not include further additional jobs possible through subsequent private sector investment, for example at Corpach Port. Neither does it explicitly take into account additional jobs that may be created in the supply chain. The new wheel manufacturing facility is unlikely to have a significant supply chain, other than a small number of maintenance jobs and additional services jobs in catering and sundries, although any such jobs created will increase the number of net additional jobs. Similarly, further jobs may be created in the supply chains for construction companies and others involved in delivering the large capital build programme anticipated.

Expenditure impacts

4.25 The annual additional expenditure in the Lochaber area is expected to comprise:

- £3.0-£4.1 million annual additional spend in the local economy arising from the new Liberty facility and posts elsewhere in the economy – again this is based on 225-325 re-locators and 75 persons retained. The annual expenditure figure assumes that the Liberty workforce is a third professional/ managers (at an average annual gross salary £40,000); a third are skilled workers (at £30,000 per annum¹⁸); and a third are lesser skilled (at £20,000 per annum, based on a modest uplift on the average factory worker pay of £18,465 per annum¹⁹). We have

¹⁸ £30,292 is the average annual gross salary for a mechanical engineer in Glasgow
<https://www.payscale.com/research/UK/Location=Glasgow-Scotland%3a-Glasgow/Salary>

¹⁹ https://www.payscale.com/research/UK/Job=Factory_Worker/Hourly_Rate

assumed that 30% of wages are spent locally, and have assumed one part time worker for each additional Liberty employee.

- £0.3 million College (staff only) rising to £0.8 million for students who stay long-term in the local area having been attracted or retained post study. We have not taken into account the additional annual spend from additional/retained College students whilst they are studying;
- £2.4 million annual additional spend from construction workers, at an average of £25,000 per annum gross, and based on 15% of the total construction workforce retained locally, as per the population projection scenarios. We have not included any expenditure associated with temporary construction workers;
- Which provides total ongoing net additional local annual spend of somewhere between £5.7 million and £7.3 million.

4.26 The additional annual expenditure in the local economy is therefore likely to exceed the upper end of the range above of £7.3 million. In particular, with as many as 1,200 construction jobs created to deliver the £152 million in capital build works over the next 10 years, there will be additional expenditure in the local area from temporary construction workers, over and above the 15% who may stay on in the area into the longer term.

Salary impacts

4.27 The additional employment set out in the scenarios above is likely to have an impact on average salaries in the area. The average (median) salary in Ross, Skye and Lochaber in 2017 was £20,836, based on Annual Survey of Hours and Earnings (ASHE) data.²⁰ Assuming the direct employment impacts above –additional employees at Liberty at the occupational balance set out plus employment created elsewhere in the local economy as a result of the Liberty development, additional college staff, and construction employment retained in the Lochaber area – then there will be an increase of around £17.3 million in total salaries in Lochaber, which equates to an uplift in average salaries of between 1 and 2% across the whole Lochaber area.

²⁰ No data on salaries is available below either the Highland Council or the Ross, Skye and Lochaber constituency areas

5 CONCLUSIONS AND IMPLICATIONS

INTRODUCTION

5.1 As the analysis has demonstrated, there are a number of opportunities that can be capitalised upon to improve the economic and demographic outlook for Lochaber. However, there are undoubtedly challenges and implications that will need to be addressed in order to realise ambitions for the area.

5.2 The key implications relate to where new workers to the area – and workers who choose to stay to take advantage of new opportunities – will live; what the impact on service provision will be; and what the projected increase in population and employment will mean for transport, traffic management and other essential infrastructure.

POLICY IMPLICATIONS: POLICY OFF

5.3 As the report sets out, the ‘policy off’ scenario shows that, even taking adjusted NRS projections into consideration, the population of Lochaber is forecast to decline over the period to 2041. Trends to date indicate that the population structure will also continue to age which will have a number of implications for service delivery.

5.4 An ageing population structure means an increase in demand for health and social care services. This will be compounded by a shift in the dependency ratio (the ratio between those of working age, and children and pensioners), and the lag between expected increases in life expectancy, and healthy life expectancy. More people will be living longer with ill health and, therefore, with increased and changing health and care support needs. This will put increasing pressure on public expenditure and demands on services such as Personal and Nursing Care, which has already increased significantly in recent years.

5.5 Along with an ageing population, projections indicate a decrease in demand for school and other education services. Outside of Fort William, Lochaber’s schools are not operating at full capacity, and a reduction in demand for places will exacerbate this. The ‘policy off’ scenario indicates continued out migration, especially those of working age, a trend that has been a feature of the Lochaber economy over the recent decades. Between 2011 and 2016, Lochaber’s working age population decreased by around 3%.

POLICY IMPLICATIONS: POLICY ON SCENARIOS

5.6 The three ‘policy on’ scenarios detailed in Chapter 4 will have a number of consequences for the area’s demographic profile. The most important of these is that for all three scenarios, there will be a shift from population decrease to population increase. This will be driven by an increase in the working age population as a result of retention and attraction of workers in Fort William and the wider Lochaber area and associated increase in birth rates. This will have a number of policy and service provision implications and the principal ones are discussed in the following sections.

Dependencies and uncertainties

5.7 There are a number of dependencies and uncertainties around the ‘policy on’ projection scenarios. Many of these are linked to the proposed Liberty development.

5.8 At the time of writing, the proposals for the new alloy wheel processing plant have not met all planning conditions, so development cannot commence. However, these conditions are anticipated to be in place by early 2019 which would enable construction to start shortly afterwards, with production coming on stream during 2021/22, scaling up to full capacity by mid-2020s.

5.9 The opening of the new processing plant will bring a number of recruitment challenges – the Lochaber labour market is already tight. The high employment rate means that recruitment from the local area is challenging, though it is acknowledged that, in some sectors at least, there is a degree of underemployment.

5.10 The Liberty development – and subsequent industrial/sector developments – will necessarily attract workers from other sectors. This is a particular concern for engineering, where there is already a shortage of skills, and strong competition for engineers in the region. As well as engineering companies, employers in other sectors such as aquaculture have struggled to fill engineering vacancies. While the scenarios make a number of assumptions net increases in employment, there is clearly a potentially negative impact on the local and regional economy – not least on Liberty’s likely supply chain of contractors. There is therefore a degree of uncertainty as to whether Liberty will manage to recruit large numbers locally. However, the Liberty development is a significant employment opportunity, and one which may attract and retain young people in the local area. A greater number of young people choosing to stay in or move to the area to work may offset any negative impact from Liberty’s recruitment in the local area.

5.11 It is also not certain that Liberty will succeed in meeting its targets for recruiting re-locators. This is in part due to whether the employment opportunities are attractive in comparison with other sectors and locations in the Highlands and Islands, and further afield. Talent attraction is therefore critical to its overall success, and in ensuring that opportunities through the Liberty projects and other developments in the Lochaber area are more attractive in comparison.

5.12 The age profile of re-locating recruits in the ‘policy on’ scenarios is not certain, and has not been factored into scenarios. The population projections that we have based the scenarios on are not sufficiently detailed to include age groups of people. The age profile of re-locators is important as it will determine the specific need for services, schools, housing types and so forth. For example, whereas a younger worker with a family would require a larger family home, places at a local school, and possibly employment for another adult in the household, an older worker may require a smaller home, but could place more demand on health services over time, particularly over a longer time period. However, there is limited information regarding the likely age and sex of in-migrants, so assumptions on fertility rates are subject to a degree of uncertainty. Nevertheless, Highland Council and Lochaber Deliver Group partners should closely monitor population trends to identify any changes in the area’s age profile, so that service provision can be adequately planned on accurate information.

Housing

5.13 Without accurate information on the profile of new workers and residents, it is difficult to plan the right mix of residential properties. However, it is critical to have affordable, attractive housing that meets the needs of current and potential residents to attract and retain workers and take advantage of new employment opportunities. This can contribute to addressing demographic challenges faced by the area, and the region. Poor availability of suitable, affordable housing for young people is a key barrier to employment – and a driver of out-migration from the region. Those relocating to the area for work will include those with families, and ensuring a sufficient supply of family and aspirational housing should be part of the considerations.

5.14 It is important that the mix of housing delivered both in the short and longer term meets the housing needs of Lochaber’s existing population, but also anticipates the likely profile of workers who migrate into the area. Workers in different age groups will also result in different longer-term impacts on the housing market – different rates of churn, upsizing, downsizing, etc.

5.15 Housing construction and its associated employment has been factored in to the projections of the high impact ‘policy on’ scenarios, but even here only in a modest way. The central focus of the projections has been on developments that will drive a significant increase in *permanent* employment. It is also assumed that existing housing development is factored into the current employment and population estimates. Construction in itself may attract and retain workers in the area at rates well above

those in the high impact policy on scenario, where we assume 15% of those employed in additional construction work are attracted/retained. As well as providing initial construction employment opportunities, the additional housing may also in itself enable people to stay, find more permanent employment or start a business.

5.16 The higher growth scenarios may also require more housing, and this should be factored into future iterations of the local development plan, and housing need and demand assessments. A higher volume of anticipated demand could unlock greater private sector investment in housebuilding: it may attract volume housebuilders, who currently have limited interest and activity in Lochaber, and the Highlands and Islands as a whole.

5.17 Windfall developments form a considerable component of housing completions in Lochaber, so there is a question of how best to factor this into the housing pipeline. This is particularly important given that the Liberty project, and other developments, may stimulate a higher rate of windfall housing growth. Re-locating workers, especially those on higher salaries, may see self-build as a viable housing solution, particularly in the absence of other options. Such windfall developments may occur both in Fort William itself, but also in surrounding communities.

Infrastructure

5.18 Transport is an important consideration for developments in Lochaber. New activity and additional workers and residents will mean more people and goods moving around and through the area – therefore there will be more vehicles on Lochaber’s roads. The area’s transport network is a particular constraint in terms of capacity, and pressure on interchanges. Stakeholders agree that it is not just a peak-season, peak-time challenge for Lochaber and the Highland Council area; however, this has not been reflected in national strategic transport planning to date.

5.19 The Liberty development is likely to attract workers from the wider Lochaber TTWA which will increase pressure on the transport network. However, proposed shift and delivery patterns for the new Liberty plant mean that travel flows would largely fall outside of normal peak hours, which may minimise the impact.

5.20 The area’s existing water and sewage treatment infrastructure is adequate and can accommodate future housing and industrial development. However, sewerage pipe capacity may be a constraint in the long-term, particularly in high-growth scenarios. This should be an area of consideration for Highland Council, Scottish Water and partners to ensure that an essential component of development infrastructure can meet potential future demand.

5.21 Digital connectivity is increasingly critical for businesses, service provision and of course for individuals and households. It can prove to be a decisive factor in making an area an attractive proposition to remain in or locate to. There have been considerable improvements in digital connectivity across the region in recent years.

5.22 The Inverness and Highland City Region Deal’s ultrafast broadband plans mean that there is potential to ensure that Lochaber is more capable of attracting and retaining workers. It can also potentially offset a lack of amenities available in Lochaber in comparison to elsewhere in Scotland. HIE, Highland Council and partners should continue to work to maximise the potential of broadband roll-out across the region.

Health services

5.23 An ageing population such as Lochaber’s will put pressure on health and social care services. The retention and re-location of workers will mean increased demand for services, exacerbating this pressure. GP and dental registration will increase. The anticipated increase in the birth rate, even in the short term, will likely mean more demand for maternity provision. These issues are faced across

the UK, but the challenge can be more acute in rural areas, where services are more expensive to deliver, and staff can be harder to recruit and retain.

5.24 NHS Highland will need to cater for this additional demand alongside meeting need from existing issues – age-related health and social care requirements, as well as those associated with health inequality and deprivation in Lochaber. Given the recruitment and retention challenges NHS Highland currently faces, there is a clear need for a more strategic approach to filling vacancies, and reducing staff turnover. This should form part of the redesign of services in the area, alongside the redevelopment of the Belford hospital.

Education

5.25 Currently schools in Lochaber are operating below capacity. Existing projections indicate that roll numbers will increase in the Lochaber High School catchment area, and remain constant elsewhere, since they assume some levels of development in the Lochaber area. However, school rolls could be significantly boosted if new workers and households are attracted in to the area and existing residents remain. In the short term, this increased demand is likely to be focused in Fort William, and in the Lochaber High School catchment area. Despite there being some assumptions on population growth built into school roll projections, a higher growth scenario will push demand close to – or above – school capacity.

5.26 Highland Council should give consideration to how these scenarios may impact on school roll projections, and the potential demand for school places. It is difficult at this stage to predict the profile of households who may move in to the area. It would therefore be helpful to consider the impact of a range of scenarios on school rolls, and so plan provision, building in flexibility where possible.

5.27 There are also implications for the provision of tertiary education. We know that the lack of availability of subjects and courses is a major barrier to retaining more young people. Though there has been some recent progress in curriculum development and networking of courses across UHI's partner institutions through remote learning opportunities, the establishment of a new Centre for Science and Technology at West Highland College will boost provision, and will retain, and potentially attract, students to the area. It will therefore play a crucial role in meeting talent retention and attraction objectives through expanded education provision.

Wider economic activity

5.28 The Liberty investment is not expected to require a significant local supply chain when the processing plant becomes operational. There is therefore a need for adequate recruitment support to ensure that there is a net increase of workers across the Lochaber economy. This will help to maintain the supply chain workforce, particularly where there are recognised skills shortages in specific roles, e.g. engineering.

5.29 Conversely, the Liberty development and other 'policy on' activities will undoubtedly provide wider economic opportunities, such as in maintenance and service provision. There is a requirement for the necessary support to maximise the opportunity for local business start-up and growth, and also to support recruitment and training needs. HIE and partners should consider ways in which this can best be achieved. Consideration should also be given to the potential to attract service companies to locate operations near Liberty, and expand the business base in Fort William and Lochaber.

5.30 The Liberty development, along with other major developments in Lochaber, will also mean a short-term requirement for construction workers which will bring a temporary boost in local employment. It may also mean an increase in demand for accommodation and other services. Previous research around housing markets and stimulating housing development in the region, and the attitudes and aspirations of young people, has shown that there is a relatively limited supply of rental properties in the area. Long term rentals can be difficult to find as holiday rentals servicing the demand from the tourism industry are more lucrative for landlords.

5.31 Recently, portakabins have been used as temporary accommodation for some construction projects in Lochaber and indeed elsewhere. Providing a more permanent solution, such as increasing rental opportunities, can help to capture greater economic impact from temporary employment.

5.32 At the same time as the new Liberty plant becomes operational, its existing smelter must be sustained, including its workforce. There is a risk that workers in the smelter will seek employment in the new alloy wheel plant. This movement of workers may be inevitable. Consequently, there needs to be a strategic, multi-agency approach to ensuring that no employer, sector or operation is detrimentally impacted in the longer term.

5.33 There is strategic added value in the successful delivery of the Liberty investment and other public sector developments, which will bring a wider set of benefits. These developments will improve confidence, stimulate new business activity and act as 'anchors' to attract greater levels of inward investment. The Lochaber project partners should work to ensure that these wider benefits are maximised.

5.34 In addition to existing developments, there are a number of significant projects and opportunities in the pipeline. These include the potential for the development of a deep-water facility at Corpach Port, and the provision of a mains gas network which, if taken forward, will offer significant economic development potential and have implications for employment and potentially housing, infrastructure and service provision. It is important that, along with current projects, the potential benefits of other developments are also realised.

5.35 Wider still are the ambitions associated with the masterplanning for Fort William for 2040. FW2040 envisages a wide range of ancillary improvements and investment in the area, from waterfront improvement, to environmental projects, to public realm. Given the level of proposed public and private sector investment, these additional projects to knit developments together and create additional foci will improve the quality of the experience of Fort William for residents and visitors alike, helping to 'bed in' the major investment proposals.

MAXIMISING OPPORTUNITIES

5.36 The scenarios presented in this report are encouraging, but growth is not guaranteed. An effective policy response from the Lochaber Delivery Group partners is required to enable current and future development. Wherever possible, partners should provide strategic support and act to de-risk investment, by helping to remove any barriers to development, for example meeting high up-front infrastructure costs in relation to housing developments. This will help realise the opportunities presented to Lochaber.

5.37 To realise the growth scenarios that the report sets out, there is a need to maximise the number of workers re-locating. This is to take advantage of new employment opportunities through development such as the Liberty alloy wheel plant, and also to take up opportunities created or arising elsewhere in the local economy, as well as to address existing skills challenges. It is therefore important to sell and promote the benefits of Fort William and the wider Lochaber area. A programme of positive communications around the quality of life and opportunity presented by Lochaber's development plans should be put in place.

5.38 Adequate business support for start-up and growth companies should be in place. This should be allied to servicing the new investments, and taking advantage of related opportunities. There will also be a need to meet increased demand for services from households. Partners should ensure that businesses are best placed to respond to these opportunities.

5.39 Local FE and HE provision has a critical role to play in ensuring the right training and skills delivery to retain and attract workers. Local career progression pathways must be maximised, to provide as many career opportunities as possible to Lochaber's residents, and to young people in particular.

5.40 There should also be long-term planning and support for housing and infrastructure. Securing public sector investment to de-risk housing sites will enable a greater degree of private sector investment, where there is a limited amount currently, especially from volume housebuilders. This can ultimately help to secure a higher-specification and broader mix of housing, e.g. for first time buyers, family housing, down-sizers, etc. This will help to overcome a number of housing barriers faced by young people in particular. It will also potentially lead to a more balanced pattern of growth in Fort William, and reduce the reliance on windfall housing completions.

5.41 HIE, HI-TRANS and Highland Council, in conjunction with other partners should also make the specific case for transport investment to the Scottish Government. The recently completed pre-STAG appraisal for Fort William is the first part of this process. There is a clear opportunity to ensure that future iterations of the National Transport Strategy and Strategic Transport Project Review contain scenarios that reflect the challenges and opportunities present in Lochaber.

5.42 Finally, the Liberty investment and planned public sector investment should be seen as the start of the long-term renaissance and regeneration of Fort William and the Lochaber area. The investments, on which the population projections in this report are based, could be just the start of an ongoing long-term programme of investment and growth for the Lochaber area.

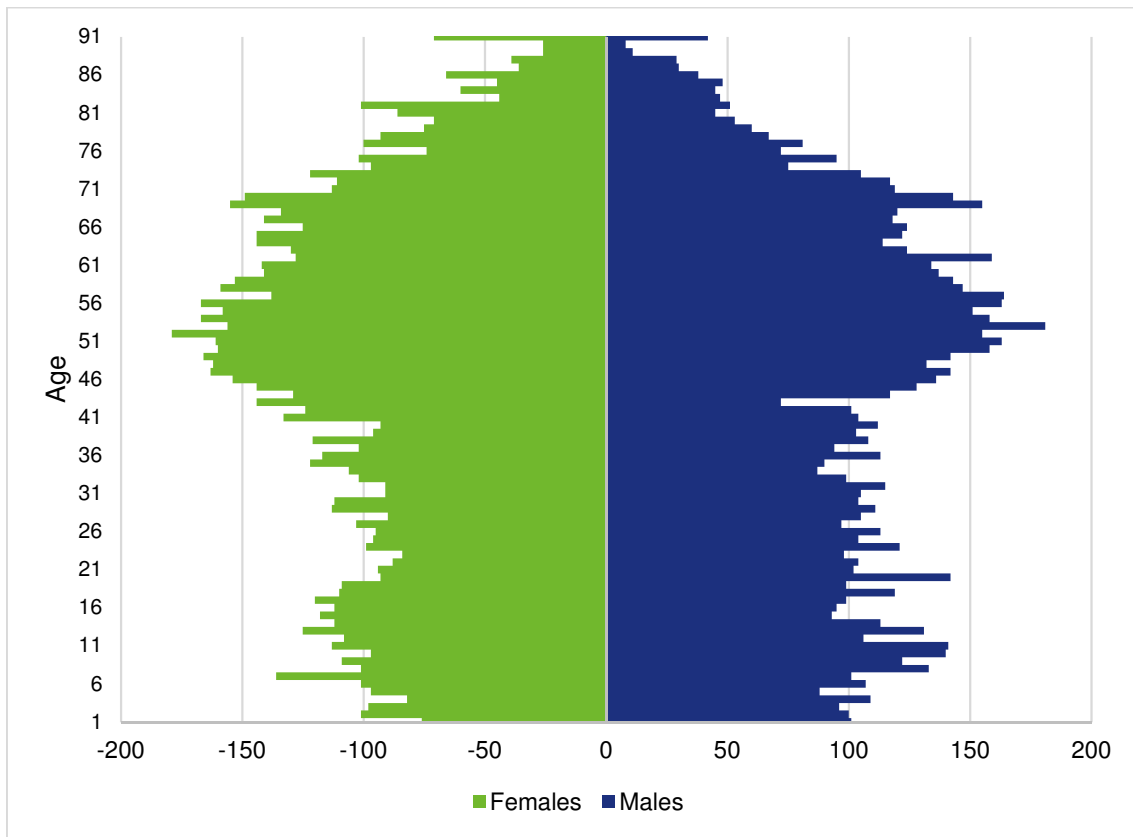
APPENDICES

APPENDIX 1: CONSULTEES

Consultee	Job title	Organisation
Lesley Benfield	Chief Executive	Lochaber Chamber of Commerce
Stuart Black	Director for Development and Infrastructure	Highland Council
Scott Dalgarno	Development Plans Manager	Highland Council
Dot Ferguson	Ward Manager	Highland Council
Brian King	Managing Director	Liberty
Ged Kilcoin	Recruitment and Talent	Liberty
Marie Law	District manager	NHS Highland
Allan Maguire	Head of Development and Regeneration	Highland Council
Matt Simpkinson	West Highland College	West Highland College
Tim Stott	Principal Planner	Highland Council
David Torrance	Senior Transport Planner	Transport Scotland

APPENDIX 2: POPULATION STRUCTURE IN LOCHABER

Figure A2.1: Population structure in Lochaber, 2016



Source: National Records of Scotland (2018)

Figure A2.2: Index of Lochaber population change by age group, 2011-2041

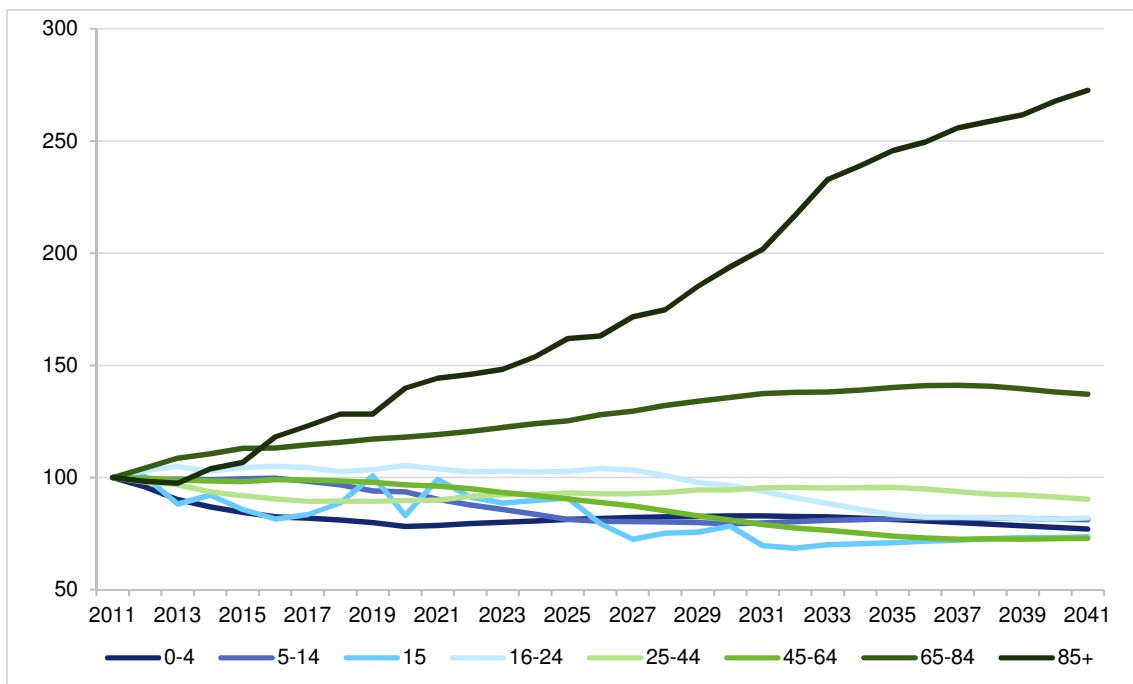
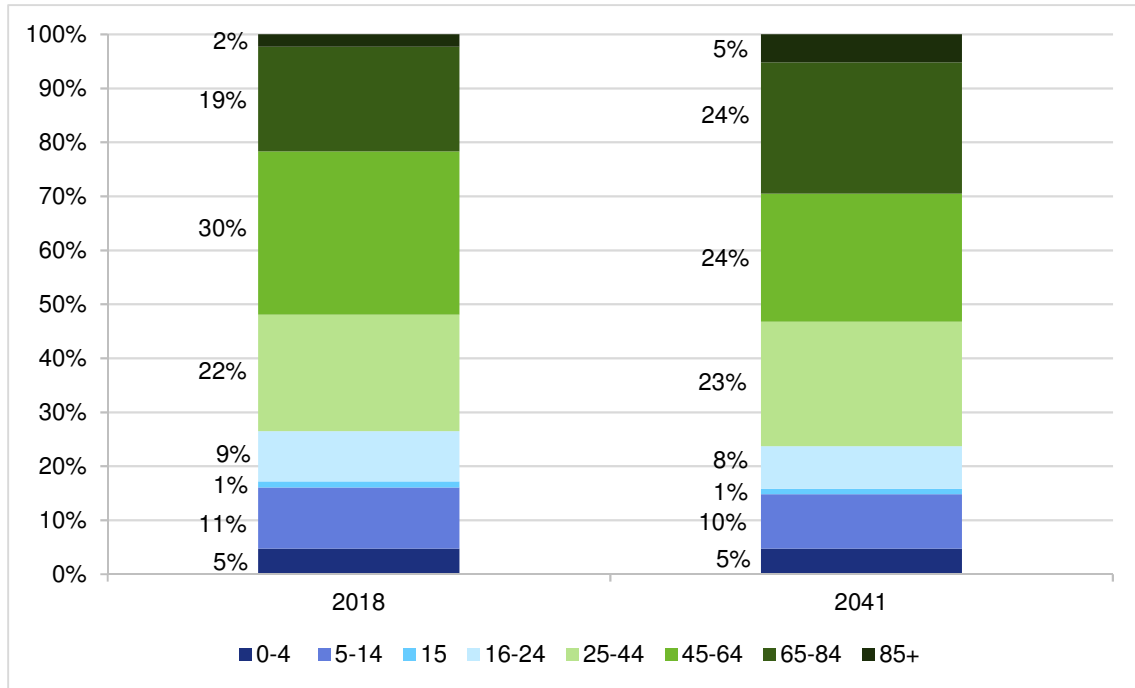


Figure A2.3: Change in population structure by age group in Lochaber, 2018-2041

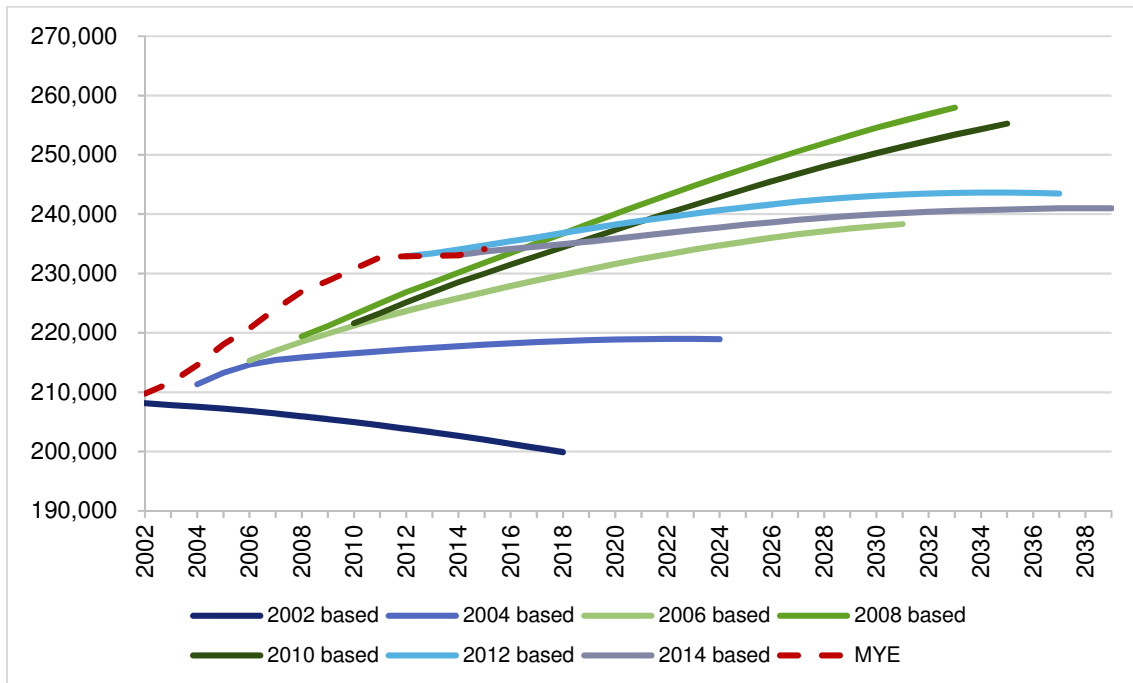


Source: National Records of Scotland (2018)

APPENDIX 3: PROJECTION/MID-YEAR ESTIMATE ANALYSIS

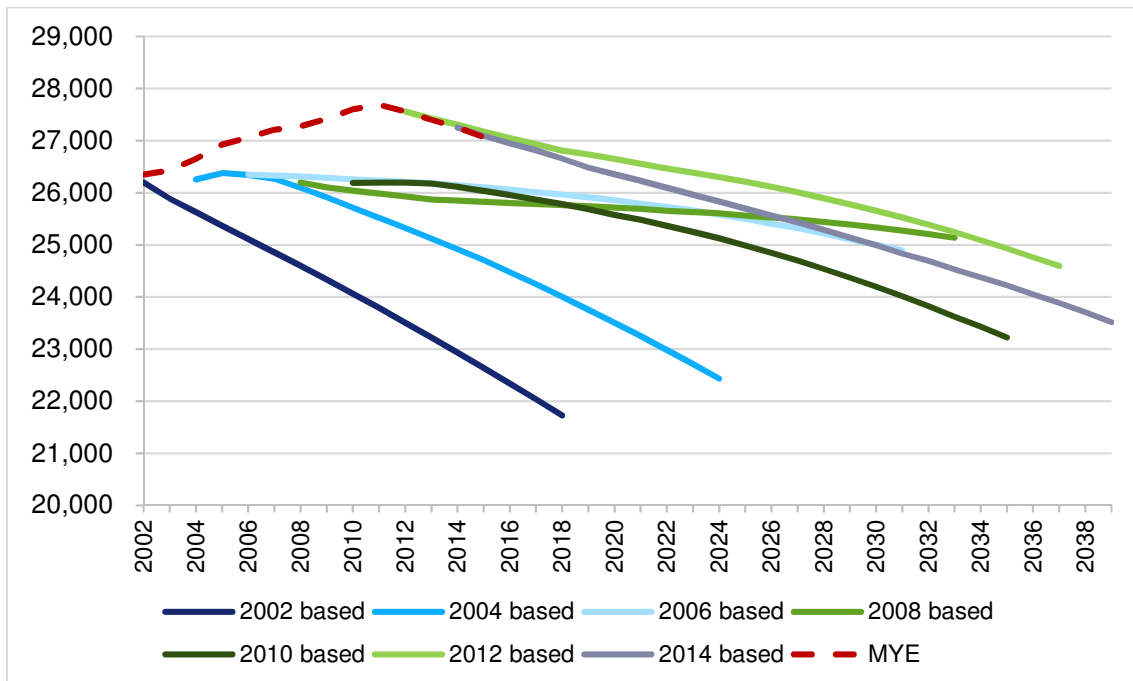
The following presents the HIE analysis of long-term population projections, for two areas in the Highlands and Islands. The first is for the Highland Council area, the second for Eilean Siar.

Figure A2.1: Population projections v. mid-year estimates, Highland



Source: HIE analysis of NRS population projections and mid-year estimates

Figure A2.1: Population projections v. mid-year estimates, Eilean Siar



Source: HIE analysis of NRS population projections and mid-year estimates

FOR MORE INFORMATION CONTACT:

hie.co.uk

T: +44 (0) 1463 245 245

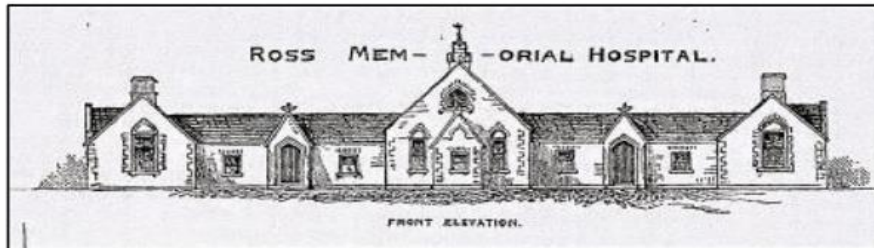
E: hieresearch@hient.co.uk

Highlands and Islands Enterprise
An Lòchran
10 Inverness Campus
Inverness
IV2 5NA



Highlands and Islands Enterprise
Iomairt na Gàidhealtachd 's nan Eilean

District Profile



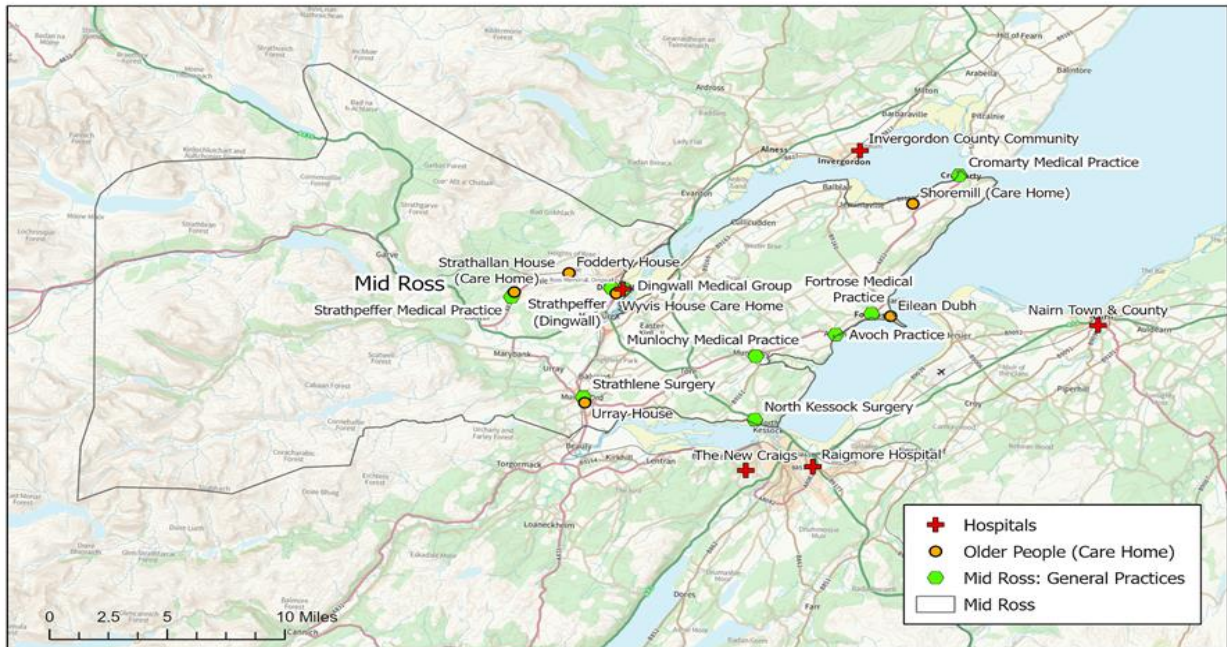
Original Front Elevation⁸⁸

District: Mid Ross District

Manager: Kenny Rodgers

Locality Demographics

Mid Ross District serves the geographical area of Dingwall, Seaforth and the Black Isle.



Mid Ross Health and Social Care Services

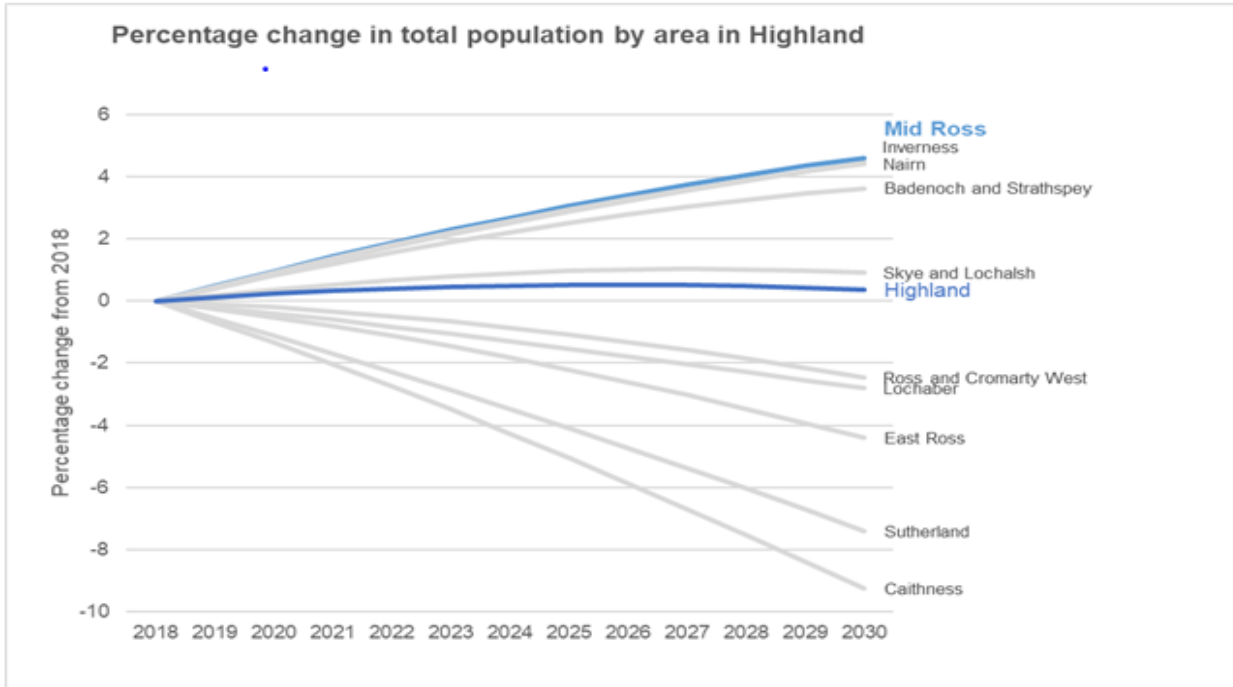
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Directorate of Public Health
Public Health Intelligence Team
Larch House, Inverness

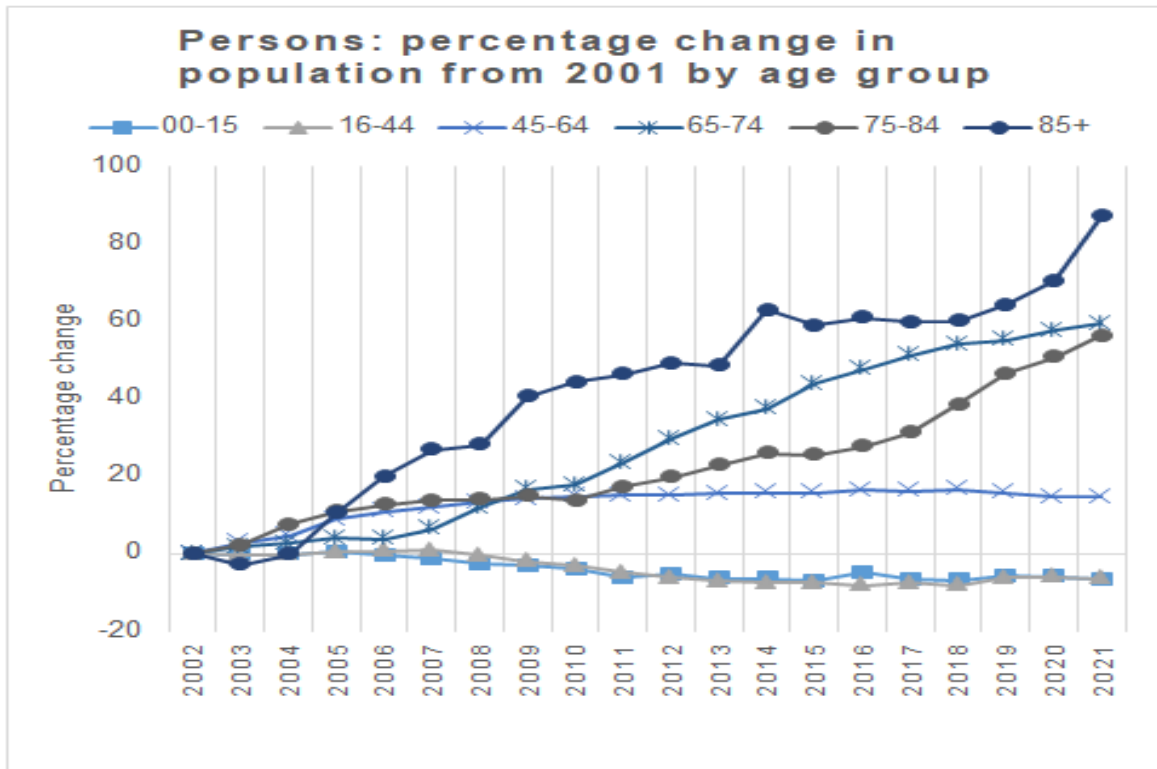


Date:

The population is just under 25,000 people with the main population centred in the county town of Dingwall. Other key population centres are Strathpeffer, Muir of Ord, Munloch, Fortrose, Cromarty and Culbokie. There are significant rural populations around Strathconon, Garve, Leanaig and the Black Isle.



The population is the highest projected change in population growth in Highland in the main due to inward migration from increases in housing in Muir of Ord, Dingwall, Munloch, Fortrose and Avoch.



The population is increasingly elderly with an increasing demographic in the over 85 age group since 2018.

The over 65 population has increased from 17% of the population in 1998 to 25% in 2021 and is forecast to be 31% in 2030.

The increase in the over 65 population and in particular the over 85 population increases the demand for older people care services as more people are living longer with increased frailty, dementia and co-morbidities.

Services provided and current workforce

Mid Ross district provides health and social care services from the base at Ross Memorial Hospital in Dingwall.

These services encompass the community hospital, District Nursing, Enablement, Community Rehabilitation Physiotherapy, Occupational Therapy and Social Work. The district also oversees the services provided by the independent sector care homes (x6) and care at home services (x6). Services to the district are accessed via a single point of access.

Community Teams provide care across a wide geographical area and provide vital services to support people in their own homes. The increased number of older people with co-morbidities is a particular challenge as are the increasing complexity of care needs that can be provided in the home. Insulin administration is a particular problem for District Nurses where the numbers of patients has increased significantly leading to challenges in delivering safe care at the right time. An increase in demand for supporting end of life care at home has had a significant impact on our district nurses and enablement care at home provision.

Occupational Therapy and Physiotherapy provide key services such as inpatient, community, neurological rheumatology, pulmonary and cardiac rehabilitation and also significantly support the Enablement / Assess at Home service in preventing hospital admission and early supported discharge home.

Mainstream Care at Home is provided by the independent sector and is a key service to ensure that people can remain at home with the support they require following a period of assessment and rehabilitation. These services are vital in ensuring care is delivered to people in the right way, at the right time. Unfortunately, due to recruitment and retention challenges (older workforce and unattractive terms and conditions), the capacity of this service is continually reducing whilst demands for care are increasing due to people living longer with more complex conditions and the desire of people to continue living in their own home. The largest provider in Mid Ross has in the last 9 months handed back 300 hours per week of care on the Black Isle which has presented significant challenges in sustaining care for existing clients and has negatively impacted on support available for those who do not have the care they require. Mid Ross District works closely with the 6 providers and local communities to encourage and grow a pool of care staff that are local to the area and ensure that these providers have long term sustainability. Independent sector providers strive to grow their staff capacity to meet the unmet need in the community, but in reality maintaining existing services is a challenge in itself.

The Enablement Service is our in house care at home service that supports assessment and care over a short term period. The focus of this team is ensuring that robust assessment of needs takes place and that care is delivered with rehabilitation focused approach to maximise independence of those living at home and ensuring that ongoing care delivered by the independent sector is tailored to patient need.

The Assess at Home service has been developed from within the enablement service and primarily focuses on a functionally based assessment which a rehabilitation first approach to support people to be discharged home from hospital with the right care at the right time or to prevent the need for admission to hospital.

The recently redesigned Highland Rheumatology Unit (HRU) provides a Highland-wide service for Rheumatology patients and includes 5 inpatient beds, consultant and specialist nurse outpatient clinics, specialist inpatient and outpatient Occupational Therapy and Physiotherapy services and an infusion service. All Rheumatology care now takes place in Dingwall reducing pressure on Raigmore and improving holistic access to services in one location for patients. The unit works closely with the Puffin Pool on the hospital site and patients access the pool as part of their care during an inpatient stay or as an outpatient.

The general ward has 9 beds and forms part of the Mid Ross community care model. Patients belonging to Mid Ross are 'pulled' from Raigmore to the ward for rehabilitation, end of life care or complex discharge planning. The community teams work with inpatients and families to support early discharge home with the right care in place supporting an independence approach.

The outpatient department accommodates a wide range of services including dental, musculoskeletal outpatient physiotherapy, ENT, Orthopaedics, Audiology, Care of Elderly, Cardiology, Scotcap, X-Ray and Bone Density scanning. There is significant demand for outpatient accommodation at Ross Memorial and there are not enough rooms to meet demand. Additional spaces have been opened up to provide additional outpatient rooms however these rooms are not bespoke and are in poor condition. Ross Memorial is popular with visiting services that provide regional services as it is a central location with easy access away from the Raigmore site.

The biggest challenge in Mid Ross District is the age and condition of Ross Memorial Hospital. The hospital is the oldest in the NHS Highland estate and celebrates 150 years of service to the community in 2023.

There are significant issues in respect of backlog maintenance, fire compliance, infection control and accessibility for disabled people. The floors on the ward slope through years of subsidence on old foundations on a tidal plane.

Urgent works are required to improve fire compliance in both wards to the standards expected by Scottish Fire and Rescue Service (SFRS). Capital Funding was earmarked in the NHS Highland capital plan however this has since been rescinded. This issue has been escalated within NHS Highland for resolution as the status quo is not acceptable to the NHS Fire Advisor or SFRS.

HAI (Hospital Acquired Infection) audits have highlighted an increasing number of essential works over the last few years such as compliant wash hand basins and internal maintenance / decoration that have not progressed. These concerns have been escalated by auditors to NHS Highland committees as a concern in terms of non-compliance with infection control issues.

A series of high profile visits over the last year have recognised that Ross Memorial provides a high standard of innovative care with well-established and trained staff but the overall picture is an outdated facility of poor condition that does not meet modern hospital standards. These visits have been well received by staff who have been recognised for their hard work and dedication to quality improvement and innovation in order to ensure a high standard of innovative care is provided to the people of Mid Ross.

There continues to be a strong demand for clinical accommodation at Ross Memorial however there are not enough clinical rooms to meet demand and some buildings on site are earmarked for closure by Estates team.

The hospital is highly valued by local communities, and local authority members and community councils are escalating their concerns for the future of Ross Memorial with senior leaders in NHS Highland.

There is currently no strategic plan in place for the future of Ross Memorial Hospital.

Protecting our local hospital



I had the pleasure of visiting the Ross Memorial Hospital in Dingwall where I was able to meet with and listen to staff. I had the opportunity to see first-hand some of the fantastic facilities the hospital has to offer. This includes the rheumatology unit - one of the few of its kind in Scotland. The Ross Memorial is also home to the only DEXA scanner (used to measure bone density) in the Highlands and serves patients from across Dingwall, the Black Isle and further west encompassing communities between Dingwall and Achnasheen. The Ross Memorial was built in 1873. Despite the challenges of working in an ageing hospital, the original hospital building allows health care staff to deliver vital community services that strive to meet the demands and challenges of the Mid-Ross area.

The local team have done a tremendous job in reducing delayed discharge because they know their patients and other healthcare teams. My commitment is to protect the hospital at all costs - and hopefully see a new hospital built on the site.

Finance & Performance

The total budget for the District is £16.5m and in 2020-21, underspent by £78k.

£13.4m of the budget relates to Adult Social Care services with £6m spent on Care Home services and £1m spent on Care at Home services.

£2.8m of the budget relates to community health services with £1m spent on District Nursing, £1.5m on hospital services and £800k on AHP services.

Care at Home capacity is now a significant challenge to support people in their own homes and facilitate timely hospital discharge.

The challenge of an increasing elderly population, living longer with increased co-morbidities and frailty set against a reducing number of home carers to deliver care is a 'wicked' problem that is a national and societal issue as well as a local challenge. The district currently has 264 hours per week of unmet need with the main pressure areas being Dingwall, Conon and Muir of Ord.

We are fortunate in Mid Ross to commission care at home services from 6 providers, all covering different geographical areas. We have a good working relationship with these providers and we work

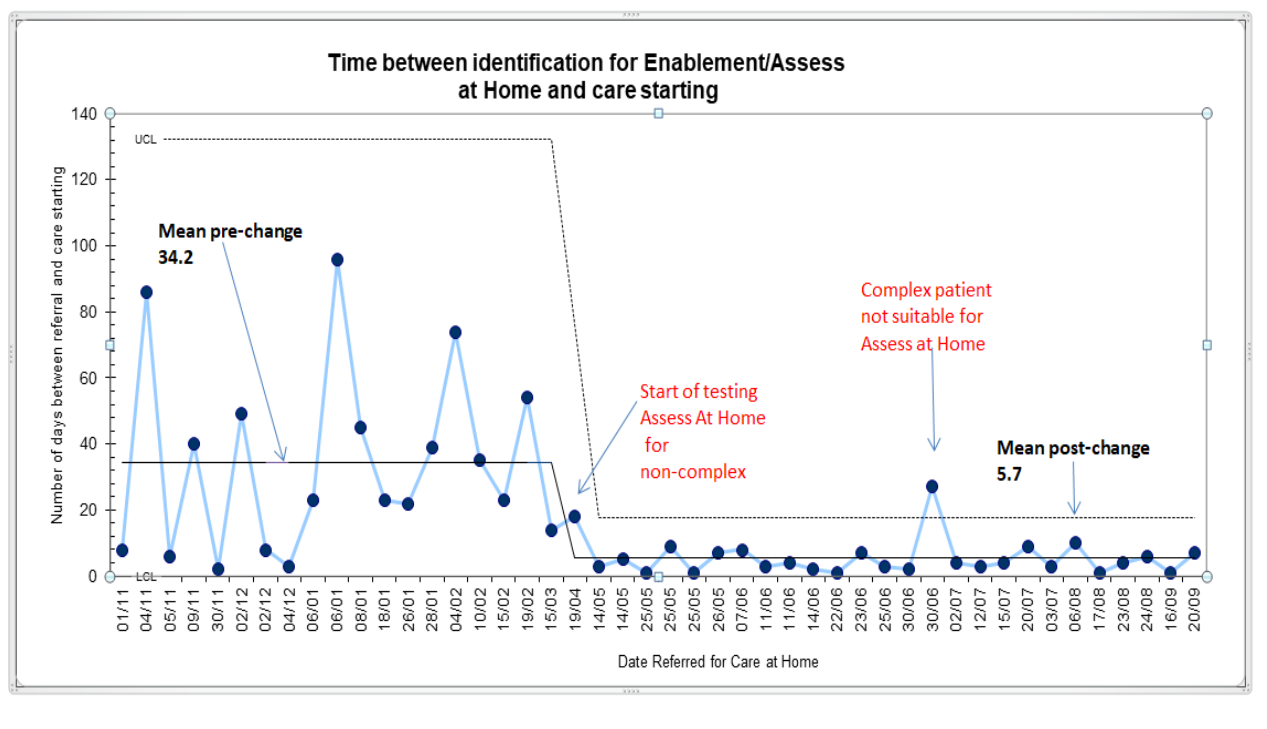
together to manage the existing care capacity to ensure that capacity is maximised and travel time minimised.

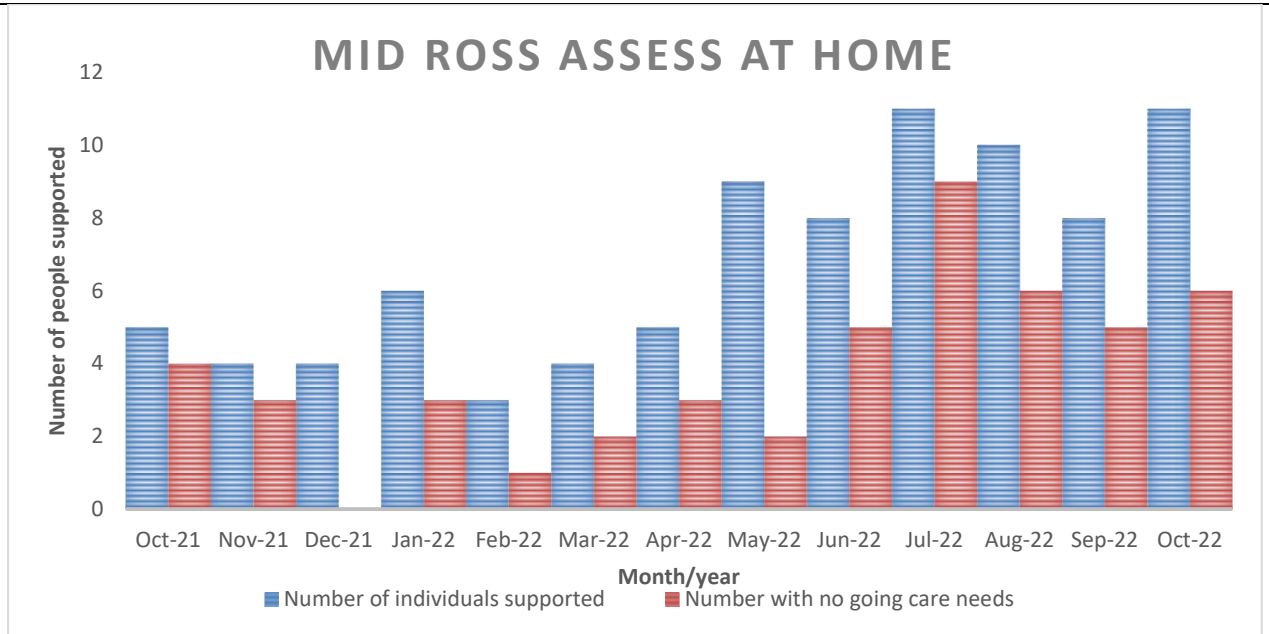
We have been working with our local communities and care providers to identify ways of increasing care provision using local people encouraged by their communities to enter the care profession. This approach is working well with Eilean Dubh Homecare on the north Black Isle and Top Care on the south Black Isle.

Opportunities and Developments

Mid Ross District has developed an Assess at Home service using the Rehabilitation framework which seeks to support early discharge from acute care with a functionally based assessment and delivery of rehabilitation focused care. This avoids the wait for care capacity following assessment which prevents the historical delay between assessment and care being available. The model seeks to promote a home based assessment of need as opposed to a hospital based assessment with a focus on regaining / promoting independence. This means that we can provide the right care in the right place at the right time for our patients. 54% of the individuals supported by assess at home were discharged with no ongoing care needs which has had a huge impact on our ability to manage the shrinking independent sector care at home capacity.

The Assess at Home service has been developed using non-recurring funds from within the District budget. Whilst recurring funding was allocated by NHS Highland for this service and staff recruited on permanent contracts, the future of this service is in doubt due to financial constraints on NHS Highland's budget.

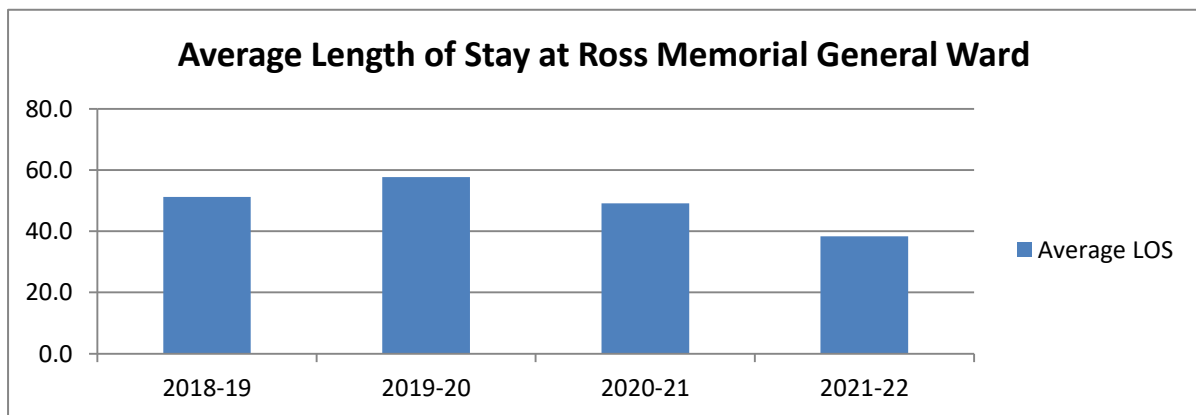




Mid Ross District has been developing a Discharge without Delay model that identifies and ‘pulls’ patients from the acute hospital into community services and seeks to plan care early in the acute phase of an individual’s admission to minimise delay of assessment and discharge. Through use of community services, care homes, care at home, assess at home and community hospital, the District Team is able to forward plan early assessment and identification of care capacity to reduce length of stay in hospital and provide the appropriate care improving outcomes for patients.

The use of the inpatient general ward beds at the Ross Memorial has been a key driver in improving patient flow and supports the integrated team to rehabilitate patients prior to returning home with an appropriate discharge plan. It also allows comprehensive multi-disciplinary team working to ensure complex discharges are well planned. Activity shows that generally, Mid Ross has 9 patients in Ross Memorial and 5 patients in County Community Hospital Invergordon at any given time indicating that the bed capacity best fit is around 14 beds.

Through the use of the community pull model, early assessment and discharge planning, the average length of stay in the general ward has reduced from 57 days to 38 days and the number of discharges has increased from 66 to 80 per annum. This means that more patients receive care in the ward and their stay is shorter. It has also meant that Mid Ross patients are cared for closer to home which is really important for people.



Community Engagement

The District Manager has recently embarked on a series of engagement sessions with the 15 community councils in Mid Ross District, local GP Practices, Local Authority Members and local interest groups.

These sessions have focused on the public view on 'what works well' and 'what works not so well' in the District and these sessions have been lively and productive with lots of contribution from local communities.

Whilst this work has not yet been concluded, (10/15 community councils visited), common themes have emerged as follows:

What Works Well

- Wide range of outpatient services at Ross Memorial
- Preference to receive care locally in Dingwall rather than Raigmore or Invergordon due to accessibility
- Value the services at Ross Memorial especially the care on the ward
- Strong support for District Nursing service in the community
- Good access to Physiotherapy services in Ross Memorial and community
- Strong sense of Ross Memorial being part of the community

What Works Not So Well

- Local demands for the reopening of the Minor Injury Unit
- Strong concern about the condition of the Ross Memorial Hospital and fear of possible reduction in services.
- Access to GP services
- Availability of home care to meet current and future care needs – demographic and recruitment issues.
- Would like more access to outpatient services locally at Ross Memorial

Generally, there is significant support within the community for the services delivered by Mid Ross District. We openly share the challenges with communities and elected members and they have been constructive and mature in their dialogue with us.

Communities are well positioned for future discussions on the future of health and social care in the District, in particular the future of Ross Memorial.

This relationship should form the platform for discussing the way forward for the Ross Memorial Hospital and organisationally NHS Highland are asked to support the development of a strategy of care in the District including replacement buildings on the Ross Memorial Campus.

Afterward

Finally, A quote from The History of Ross-shire Hospitals:

In 1938, there was a survey of all Scottish hospitals and this coincided with visits to the Ross Memorial by personnel from the Department of Health. Their joint visit of the hospital was not encouraging for its

future. It was considered by 'no means an up to date hospital and could never be so'. There were said to be drainage problems due to its low altitude so that the drains apparently backed up at high tide. The main building was overcrowded and its 'but and ben arrangement and bitty organisation made it difficult to operate.

Plus ça change – 84 years later, Ross Memorial still provides a high standard of care to patients despite the challenges with the hospital estate.

Source: History of Ross-shire Hospitals
JC Leslie and SJ Leslie

Completed by: Kenny Rodgers, District Manager

Date: 24 November 2022

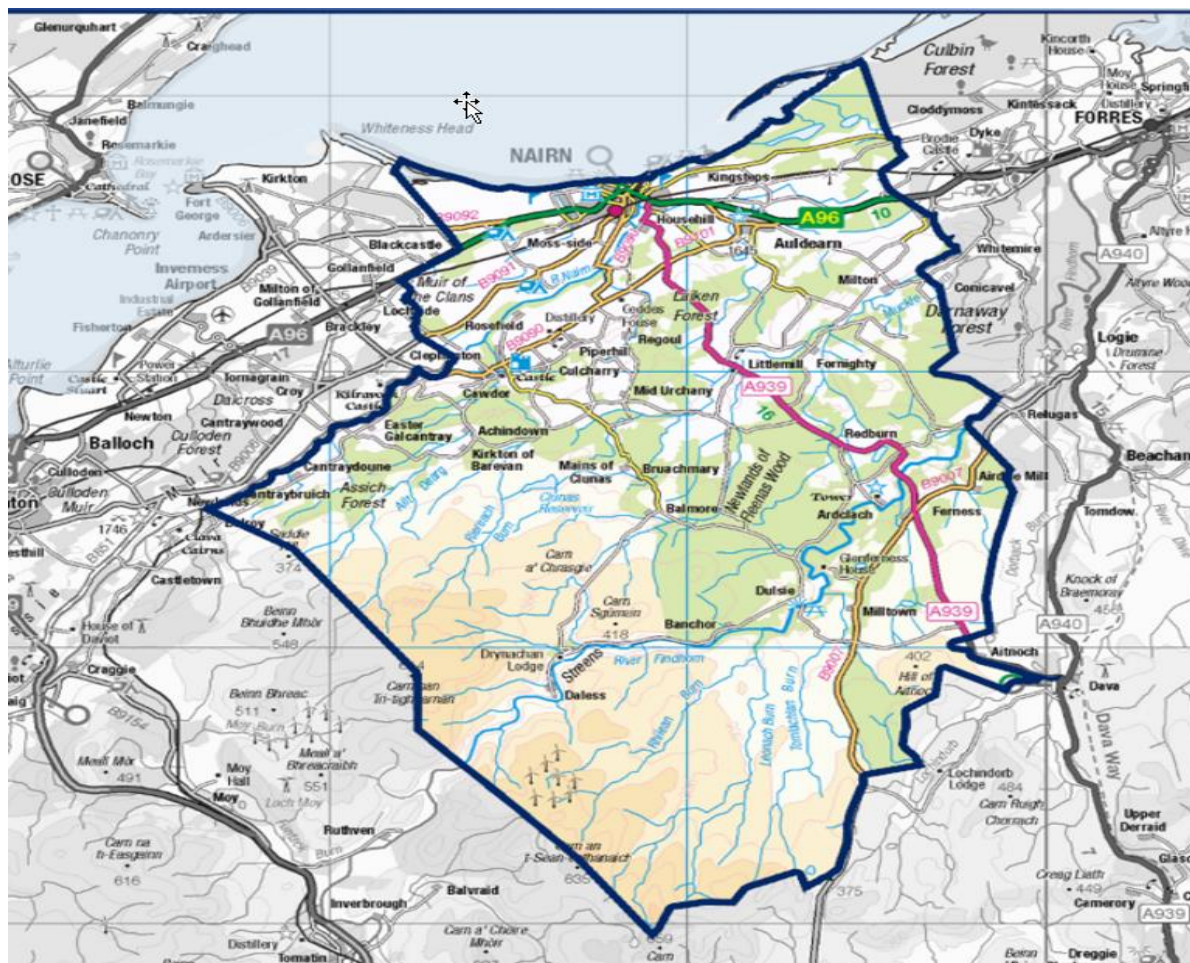
District Profile

District: Nairn

Manager: Ros Philip

Locality Demographics

As of 2021 the National Records of Scotland show that Nairn and Nairnshire had a population of 13,670 people as detailed below. However the boundary used to formulate the reports for Nairn & Nairnshire (as per below map) reflects the Council boundary which does not include our entire health and social care boundary which reaches out to the new Tornagrain area and Arderseir. Each of the demograph graphs within this document therefore are not a full representation of the population we deliver services to.

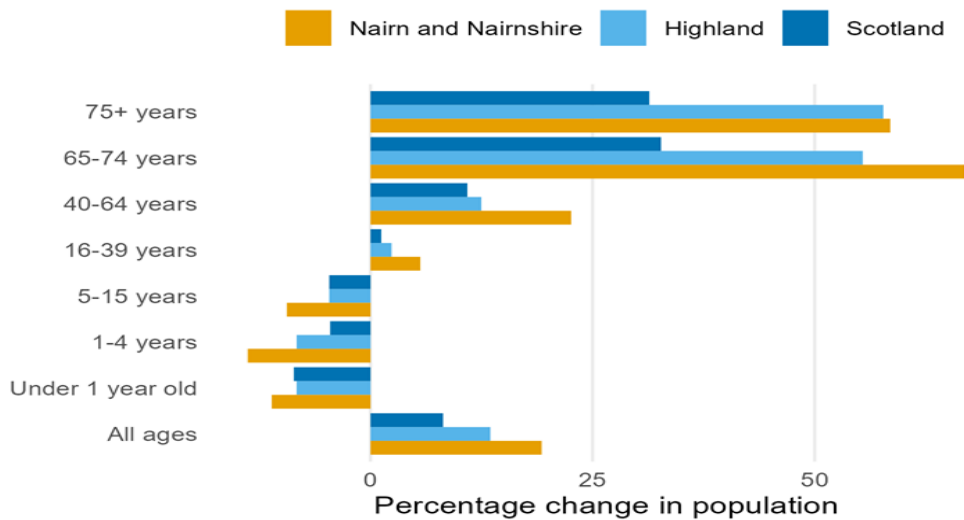


Current estimated population by age group,2021

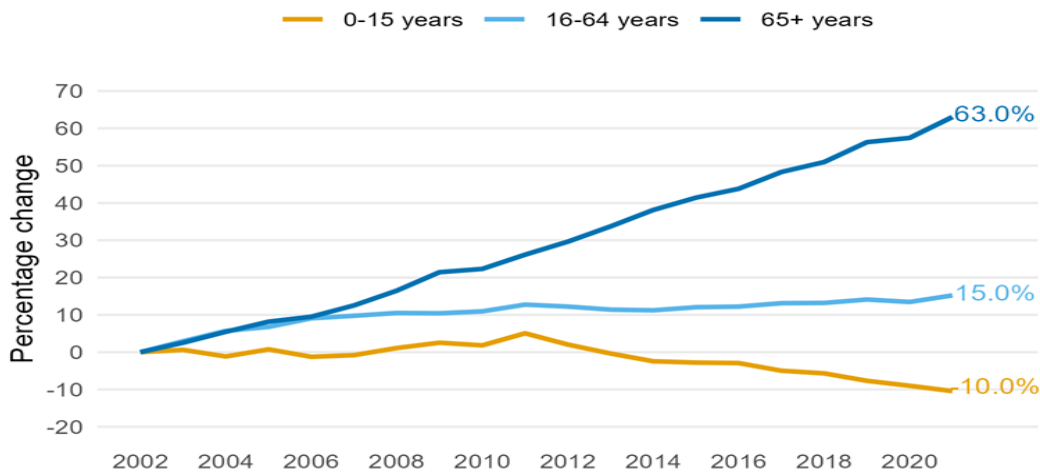
Age Band	Nairn and Nairnshire	Highland	Scotland
All ages	13,670	238,060	5,479,900
Under 1 year old	88	1,842	46,782
1-4 years	418	8,321	208,655
5-15 years	1,511	27,967	656,085
16-39 years	3,223	61,405	1,671,841
40-64 years	4,879	83,301	1,822,676
65-74 years	1,958	30,598	595,578
75+ years	1,593	24,626	478,283
85+ years	452	6,691	131,309
0-15 years	2,017	38,130	911,522
16-64 years	8,102	144,706	3,494,517
65+ years	3,551	55,224	1,073,861

Source: National Records of Scotland, Small Area Population Estimates 2021

Percentage change in population by age group, 2002 to 2021



Source: National Records of Scotland, Small Area Population Estimates 2021

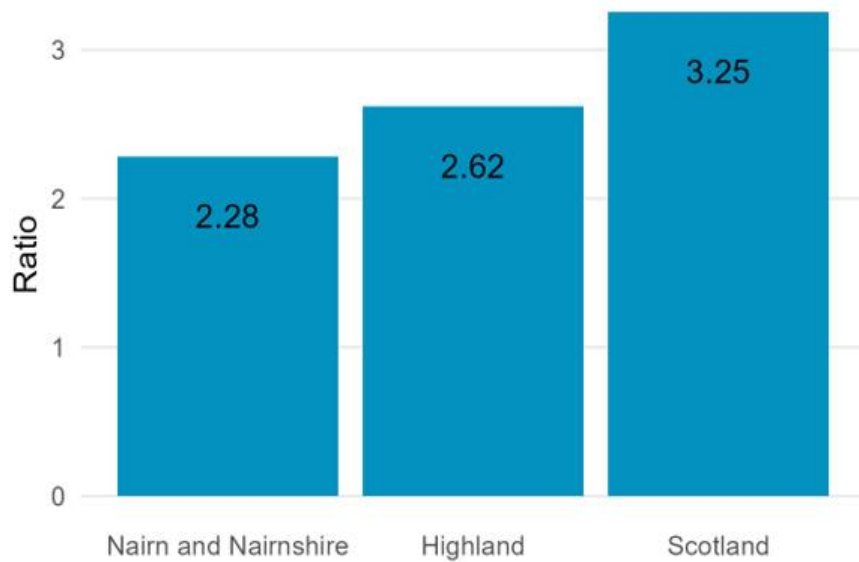


Source: National Records of Scotland, Small Area Population Estimates 2021

It is estimate that the overall population will increase between 2018 and 2030 and that the population will continue to age. The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years and 45-64 years are projected to decrease.

The ratio of people of working age (16-64 years) to older people (age 65 years and over) is lower compared to Scotland overall.

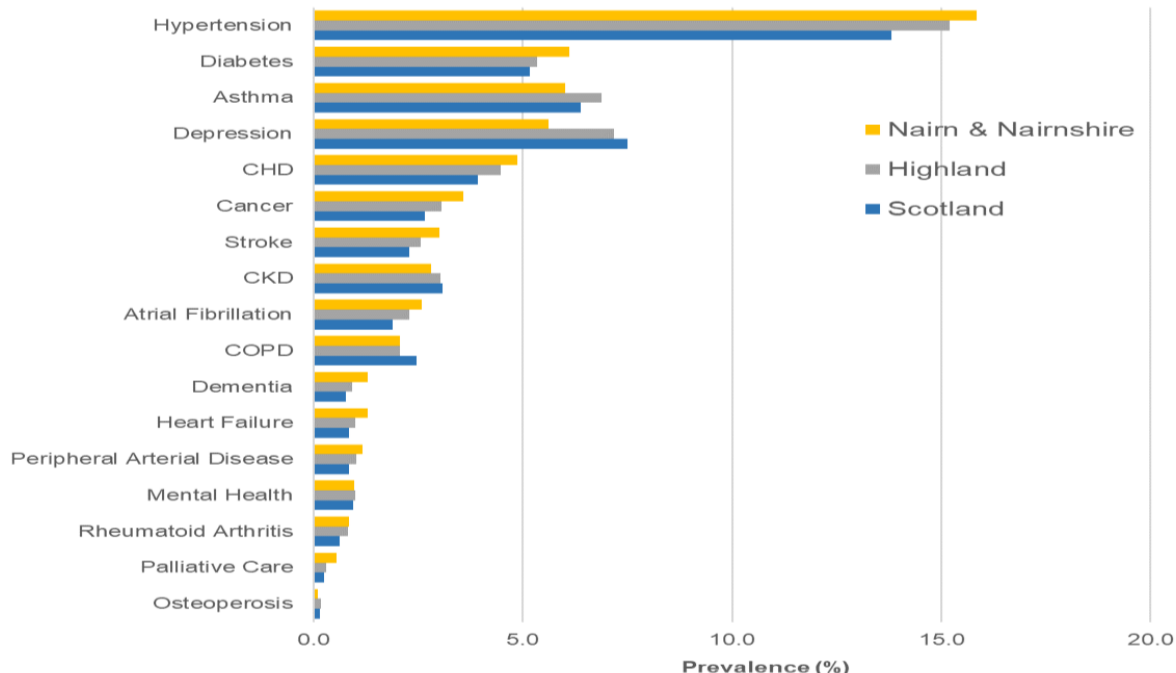
People of working age (16-64 years) for every person 65 years and older in 2022



Source: National Records of Scotland, Small Area Population Estimates 2021

The impact of long-term demographic changes will mean that the ratio of people of working age to people aged 65 years and older will further decrease. **This pattern has implications for staffing and recruitment.**

Number of people with health conditions: prevalence of chronic diseases (%)



Aggregation of General Practice disease registries to Community Partnership areas for 17 chronic conditions

The graphic is based on data published from QoF (Quality and Outcomes Framework) disease registers. Data was extracted by ISD (now Public Health Scotland(PHS)) from QoF and is available here:[The data is based on Read codes entered by practice staff in the GP practice system.](#) Rates per 100 population are based on the populations included in the data and so can be considered as broadly accurate.

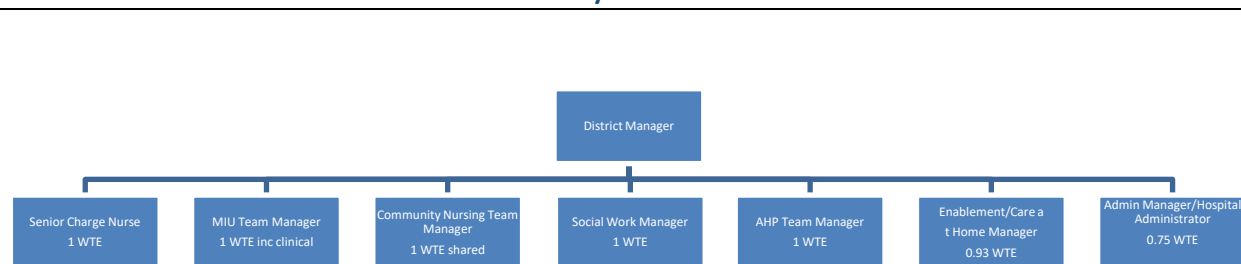
Services provided and current workforce

Nairn Town & County Hospital houses various services/agencies with the staff and services within the district manager area of responsibility being:

- | | |
|-----------------------|-------------------------|
| Community Nursing | Enablement/Care at Home |
| 16 bed Inpatient Ward | Minor Injury Unit/PCEC |
| Physiotherapy | Occupational Therapy |
| Social Work | Support Services |

Children’s services (including child social work), podiatry, X-ray, CMHT, SAS, pharmacy, dental, midwifery and the general practice, whilst also based in the hospital are managed outwith the district management structure.

The District manager directly line manages the Integrated and Hospital Team with a Team Lead in place for each service (1 for AHP). All services are situated within the same building allowing effective multi-disciplinary working which proves effective.



The teams within the District are small with any absences/vacancies causing significant impact. Of particular challenge are within the below teams as a result of vacancy/LTS/maternity along with any short term sickness combined with the level of complexity of work within the community.

	Mon-Fri	Sat/Sun	Team Establishment		Issues
			Qualif ied WTE	Unqualif ied WTE	
Ward	24 hour	24 hour	14.21	10.71	1.53 WTE qualified maternity leaves only partial cover picked up.
Minor Injury Unit	24 hour	24 hour	6.07		Unsuccessful in WFP 0.71WTE. Career break imminent with no applicants.
Community Nursing	08.30-16.30	08.30-16.30 Reduced Staffing	8.72	0.96	Increasing complexity and caseload with up to 60 visits per day being undertaken by the nurses. Team also provide ITR clinic demand exceeds resourced capacity. Admin post vacancy unable to appoint to date impacting on Team as no capacity in district to provide admin outwith the admin heavy resource required to support ITR clinics. Post out to advert again.
Enablement Team	08.00-21.00	08.00-21.00 Reduced Staffing(no manager/scheduler)	15.4	0.8 WTE (2 posts)	1.68 WTE vacancies out to recruitment. Continuing to support ISP packages. Plans in place for contingencies.
Social Work	09.00-17.00	Unavailable	5	4.87	1 WTE qualified maternity leave and 1 WTE unqualified on long term leave. No HSCCs from 6/12/2022
Occupational Therapy	08.30-16.30	Unavailable	2.58	2.53	1.44 WTE qualified out to recruitment. (1 qualified reducing from January 2023 + utilising Band 5 hours as unable to fill B 5 post).

Physiotherapy	08.30-16.30	Unavailable	2.15	1.6	0.7 WTE qualified unable to recruit. Only 1 qualified staff member available for rehabilitation service currently (who is the AHP Team Manager).
Admin/Portering	08.30-17.00	Reduced staffing		5.08 (6 are part time)	Supporting ITR clinics takes up significant resource.

Services Provided

Ward

The Ward is a 16 bed inpatient ward overseen by a Senior Charge Nurse. The ward play a key role in ensuring community flow with the beds full the majority of the time (graph highlighted further below). The service provides rehabilitation and end of life care. Two community access beds are allocated and admissions to these beds are utilised both for community admissions but also to transfer end of life care patients from Raigmore or directly from Raigmore A&E where appropriate. Medical cover is provided by the local general practice and Dr Andrew Jamieson Consultant Physician attends all MDT meetings. Qualified nursing staffing regularly runs below WFP requirements and B5 shifts filled where possible with a B2. It is a regular occurrence for the ward to be short of a B5 as a result of uncovered elements of maternity leave and short term sickness/COVID.

MIU

Nairn MIU is nurse led with a GP on call for support if required. In hours Mon-Fri the on call GP is available from the Practice via the emergence mobile. Out of hours the GP is available on the emergency mobile from home although they are in attendance at weekends and several GPs stay in the hospital overnight when on shift. The MIU staff support the ward night shift 7 nights a week. This involves being present on the ward once all MIU work is complete (returning to MIU to see patients as required), covering breaks, assisting with patient care and being included in staffing numbers to ensure fire safety overnight.

This is a complex job requiring specialist skills and knowledge. The majority of the nurse shifts are worked alone. The nature of the job requires staff to make complex decisions in sometimes challenging and urgent situations. In order to carry out the job safely and avoid risk they require appropriate skills, training and support in terms of regular clinical supervision and personal development planning.

Workload can include falls/collapse, drug overdose, fractures/dislocations, burns, wound care, head injury, MSK injury, chest pain, infection/sepsis, breathing difficulties, assaults, mental health, Stroke, RTC, pregnancy complications. Consultation time can vary and can take up to 2 hours. With current pressures on SAS delays of 4+ hours are common with a lone working nurse juggling a busy MIU department and monitoring for a deteriorating patient awaiting onward transfer.

Community Nursing

The Community Nursing team provides preventative, reactive and maintenance clinical care to patients in the community. The elderly age profile and care homes in the area

are above average. The team leads on End of life Care and are well above the national average supporting patients to die at home. There has been a real shift from secondary care to the community to provide high end complex clinical care. This impacts on team resource to provide care and also training to upskill on new procedures. Ongoing work force planning evidences the increased complexity and dependency of client group requiring the knowledge and skills of band 6 nurses. Services require to be reactive with minimal opportunity for any waiting lists. The aim is to avoid hospital admissions and expedite timely discharges.

We provide a community nurse lead clinic for complex care not provided by practice nurse services. Patients are seen close to home, avoiding the need to attend secondary care.

Investigation and Treatment Room service (**ITR**) is covered by the community nursing team. It runs at over 125% of the resource allocated. Clinician AL, absence etc is not resourced leaving extra pressure on community team and there is no resource for the associated administration required for the ITR service.

We have been unable to recruit to the community nursing admin post which impacts on the team who are trying to cover this role. The post is out to advert again.

Physiotherapy

The Nairn physiotherapy service covers all aspects of clinical service delivery. This includes inpatient rehabilitation to the 16 bed unit, medical out patients, MSK, Pelvic dysfunction, Cardiac rehabilitation and Pulmonary rehabilitation, Falls and Frailty intervention and Community rehabilitation. Service is currently provided by the AHP Lead, 2 part time qualified staff and 3 part time non registered staff.

Resource was taken from mainstream physiotherapy to fund the development of FCP service. Whilst this was a good opportunity for staff and service development, it led to a shortfall in funding for mainstream physiotherapy services. Patient flow into MSK services has reduced from GP referrers but all other referring sources have continued to grow. The Band 6 rehab staff member resigned at the end of August 2022. As this is a part-time post it has been difficult to recruit which has resulted in services having to stop including falls, cardiac and pulmonary rehabilitation and community rehabilitation will be severely reduced causing significant delays that will impact on admission prevention and discharge support. The WFP undertaken had recommended an additional 1.5 WTE B6 and 1 WTE Band 4, however this was not resourced.

Occupational Therapy

There are high levels of volume of referrals being received and with the ever increasing complexity in a high elderly population the team are having difficulty with an increasing waiting list for services. The team are aware of the OT staff levels within other similar areas appearing to be higher than this district which impacts on staff morale and raises concerns regarding staff's willingness to remain in post in this area. Currently there are qualified staff vacancies in the team and from 1 January 2023 unless we recruit we will have only 1.14 WTE qualified staff.

Enablement/Care at Home Team

The Team currently have 2 vacancies and the team continue to support ISP packages which have been handed back which brings challenges however solutions are detailed further below in the document. As in other districts we are seeing increasing elderly population with increase frailty and co-morbidities which increases the need and level of care.

Social Work

The Social Work Team currently have 2 long term leaves and 2 vacancies which is impacting on the service. Due to the high number of elderly clients and complex learning disability/disability clusters they generally have a high number of Guardianship orders that require to be reviewed. At one stage they had 54 clients who were subject to a Guardianship Order and required a review or are subject to a member of the team (qualified Social Worker) being their legal guardian. It is anticipated this number will increase as the population continues to grow in the local area. High numbers of ASP inquiries are common. Nairn has 7 care homes housing 196 beds which is a high number within a small district.

The Team are cognisant of the SDS options available to support people and utilise Option 1 wherever possible, however within the Nairn area there are ongoing recruitment and retention difficulties in all sectors of adult social care including self directed support option 1, and housing support.

Independent sector care homes within Nairn housing 196 beds

No of Care Homes	Client Group	No of Beds
4	Older People	88
1	Older People/Learning Disability	42
1	Learning Disability/Physical Disability/Severe and Complex	43
1	Mental Illness	23

General Practice/s

Nairn has 1 general practice which provides care for all of the population in Nairn, along with patients registered who reside in Arderseir and Croy. The local GPs work closely alongside the hospital services linking in with the integrated team, inpatient ward, Minor Injury Unit/PCEC and all other services within the building.

Integrated Working/Complexity within the District

The teams provide integrated services to a population of approximately 16,000, the majority of whom, but not all, are registered with the Nairn general practice. An ever increasing complexity of care is required, and whilst we as far as possible aim to ensure the Home First principles are embedded, and implement the recommendations in the NESH Enhancing Community Health and Care Model, this is challenging within our current resource and taking in to account our geography.

The Teams work closely together to ensure provision of services for the population are available utilising an integrated approach. Patients within hospitals are monitored daily with person centred wrap around care, with acute referrals from Raigmore directed to the ward senior charge nurse, and the integrated team linking in across all sectors.

Teams are linking to ensure our vulnerable people list is updated on an ongoing basis and that ACPs and personal contingency plans are in place for everyone included on the list.

We work very closely with our local GP colleagues linking in around palliative and end of life care along with routine core services. Dying at home remains the first choice for the majority of patients who are coming to the end of life. Nairn has a high proportion of elderly population, and the community caseload is complex with workload continuing to increase. Data shows the end of life care provided at home ratios are higher in Nairn in comparison to other areas (based on 2018/19 GP Cluster data).

We are fortunate in Nairn as the hospital provides the opportunity for co-location of staff groups in the building. This means that health, social work and care at home teams are sharing offices with the wider integrated team, which promotes and enhances integrated working, and allows strong relationships with the general practice, hospital, mental health and Children’s Services colleagues.

The hospital also provides outpatient clinics as detailed below:

CMHT	Diabetic Retinopathy	Podiatry
Physiotherapy	X-ray	Alzheimers
Psychiatry	CAB	Cardiac/Heart Failure
Childrens Services	Paediatrics	SLT
Dietetics/Weight Management	Epilepsy	Learning Disability
Midwifery	Psychology	Parkinsons Disease
Viral Hepatitis		

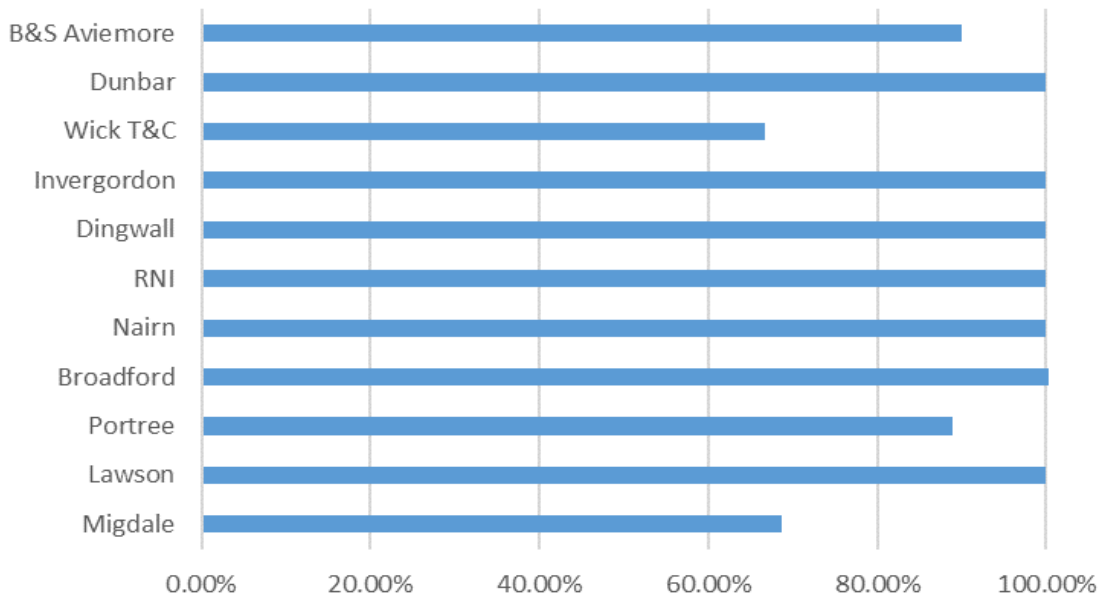
With the rollout of the Primary Care Modernisation as detailed in the GP contract we are seeing pressure on availability of both clinic and administration space as we have the additional need for pharmacotherapy, First Contact Practitioner, Primary Care Mental Health Services and Community Link Worker being embedded.

Finance & Performance

Finance

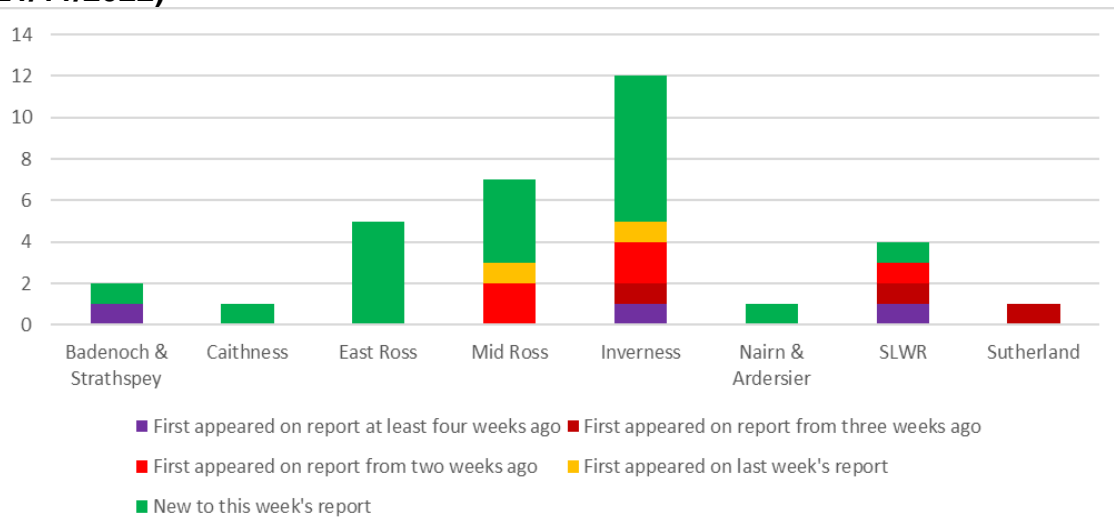
The budget for 22/23 for the District is £13.178m of which £0.045m relates to hospital and community services, and the balance of £0.865m being ASC. At the time of writing the projected year end is being forecasted at a £0.447m overspend. This overspend can be broken down into Health £0.119m and ASC £0.327m. The Health year end variance mainly relates to inflationary pressures of £0.082m due to rental costs and increased prices and the balance being mostly staffing pressures due to maternity and sickness. ASC overspend of £0.327m is due to ISC mainly in younger adult and LD packages where costs have increased post pandemic.

Nairn Hospital Bed Occupancy (systems pressure report 21/11/2022)



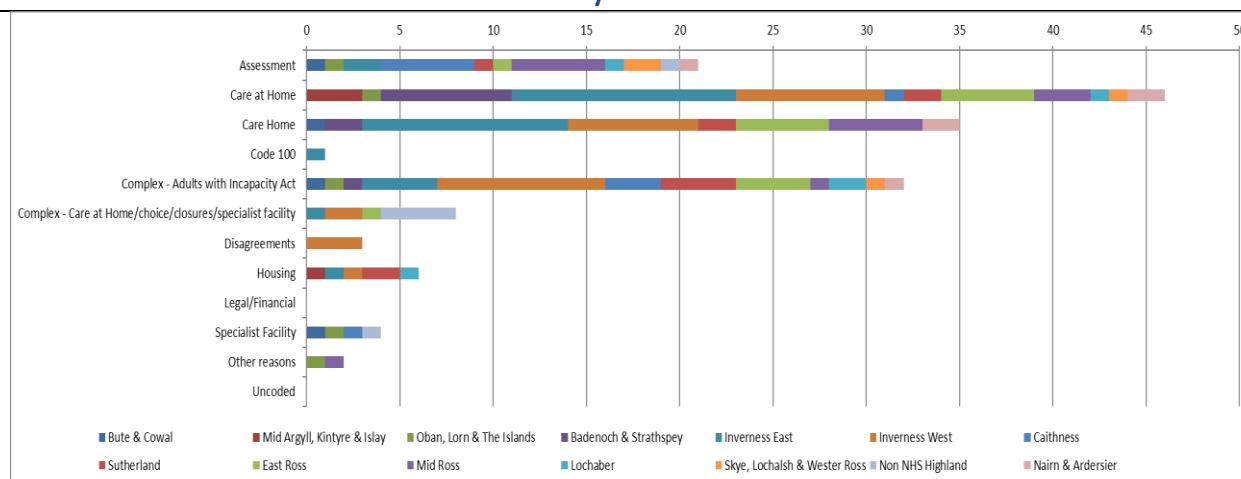
The hospital runs at capacity 100% of the time.

Wait period for a Community Hospital Place (systems pressure report 21/11/2022)



While the hospital is running at 100% capacity the above graph demonstrates the efficiencies within the Nairn hospital system that allow for short waiting periods for transfers. We have a daily system in place which brings oversight to people in hospital, and pull them through to either the hospital or out to the community where appropriate. We currently use an EDD for patients however meetings are arranged to discuss embedding PDD within the district.

Delayed Discharges by District (systems pressure report 21/11/2022)



A system is in place to review our DDs on an ongoing basis. Pressures exist with the long wait for guardianship processes and many areas utilising any care home beds that become available. The above table highlights the 4 main areas of delay pressure which are care home, care at home, AWI and assessment by social work.

Unmet Need Hours by Locality (systems pressure report 21/11/2022)

Insert current unmet need here – care at home

Despite the withdrawal of Providers from Nairn described further below in this report, Nairn has managed to maintain a level of control of the unmet need and plans are in place to improve the unmet need, and allow for contingencies should further providers reduce or withdraw their services.

Opportunities and Developments

Opportunity to raise what you are currently developing and the good work that is ongoing on within the districts improving C@H discharge to assess etc clinical bridge..

Recognising the financial constraints what can you do differently or let go?

Clinical Bridge

The Clinical Bridge which is being piloted in Nairn is a software package aimed at supporting integrated teams to better manage their “at risk” patients. There have been connectivity issues and we are hopeful these can be fully resolved. This will allow us to move forward to develop our “virtual ward” accessible by the teams allowing easy access to information for at risk patients. The system works through Bridge interfaces/viewing screens which include patient details, ACP in place, AWI/Guardianship and all team actions/outstanding actions. These interfaces are situated in the GP Duty Room, ward, integrated team office and the physiotherapy gym where AHPs have their daily huddle.

Currently within this “virtual ward” we have included patients who are inpatients at Nairn but are not DDs, patients who are recently discharged from hospital as well as

patients who are on end of life care, or who have Just in Case medications in their home. The plan is to develop this further in liaison with the general practice and the integrated team to include other vulnerable patients. The Bridge allows each team to add in their actions to allow the other teams to identify what is in place and what is outstanding. Maximising the potential is dependent on improving the Bridge connectivity, as well as our ability to staff vacant HSCC posts who will be responsible for inputting information.

Care at Home Redesign

Independent Sector provision of Care at Home has been challenging for several years. New providers came into the area in 2020 however unfortunately, over the last two years we have seen the withdrawal of three providers. Recruitment and retention are cited as the reason for withdrawal. We have one new provider to the area who came in 2021, and we have also as a result of rural location being developing our in house service.

As part of the enhancement of our service the focus is on our unmet need and to reactive patient flow. This will significantly expand our in house care at home service, and further recruitment is currently in hand. Our aim is to enhance both in house enablement and care at home services. The enablement part of the service will also be expanded to ensure that service users potential for independence is fully maximised, and this will be a supportive branch of the overall team. We foresee a key link being supporting patient discharges home from hospital for assessment, with appropriate ongoing rehabilitation from the wider team.

FIT Homes

Nairn is set to benefit from a new generation of advanced assisted living homes. We expect that the FIT homes will meet the needs of people at all stages of life including those with health conditions that affect their mobility and who may need care and support at home. The FIT homes are being built on land just north of the Hermitage, St Olaf Manor, Cawdor Road to provide accommodation for tenants with various medical needs that allows them to be supported while maintaining their independence. There are 6 x 1 bedroom and 4 x 2 bedroom flats with completion due in September 2023.

We expect priority will be given to individuals:

- who are likely to benefit from the key FIT Home features (additional space, fully accessible, easily adaptable, digital support opportunities, cluster setting)
- whose existing home no longer meets their needs
- who currently receive care and support services at home, or are likely to in the near future, including those who may be considering residential care or who cannot return home from hospital
- whose physical mobility is reduced as the result of a long-term health condition or ageing
- who already live in Nairn

The NHS, Highland Council and the Albyn Housing Society are the 3 partners who will be involved in considering allocations of the Homes. Meetings are ongoing on these

considerations and it is likely there will be agreement to maintain a balance of needs within the FIT Homes cluster to keep a self- supporting environment alongside care and support provision.

Community Engagement

How are you linking into the CPP and the Community Councils also generally members of the public and our partners including third sector – the meetings that you have with the independent sector etc

Community Planning Partnership (CPP)

The Nairn CPP is a strong active group which is chaired by our police colleagues which meets on a quarterly basis. Sub groups are in place who meet on a more regular basis and are responsible for taking forward actions.

We had undertaken community engagement sessions in May 2019 in Nairn and Arderseir supported by the community engagement officers which were allocated to the Community Planning Partnership related to NHS performance in Nairn. Feedback received related to the GP practice, transport, discharges from Raigmore and schools. Any issues were passed on to the appropriate department/organsation and a response fed back to the Community Planning Partnership.

Independent Sector

The General Practice has routine meetings with the Independent Care Home managers to which the District and Social Work Manager are invited. Whilst these meetings stopped as a result of the pandemic, they have now been restarted. This provides a platform to discuss any issues and concerns and is welcomed. The Social Work team have developed strong links with the providers, which has proved beneficial.

Regular meetings take place with our Care at Home Independent Sector providers. Four weekly review meetings are in place which includes Contracts, along with weekly allocation meetings with our local team. We have strong links with our providers, and whilst there has been delay in some pick up of packages with one particular provider, we anticipate some improvement.

Highland Council

Monthly locality meetings take place to which a local Councillor is invited and attends along with representatives from children’s services. The Ward Manager sits on the local Care for People Group.

Community Councils

The 7 Community Councils that exist in Nairn are invited to and frequently attend and engage at the Nairn Community Planning Partnership. A meeting is arranged with the Council Ward Manager as to how we can further engage with the community councils to look at community resilience. To date it has been challenging to bring these groups together, or to bring them in to both the Care for People group, and the previous Adult Plan Sub Group.

The Adult Plan had completed all the actions allocated with the direction from NCPP to

focus on the Community Led Support (CLS) HUB.

CLS

The first community ‘Here for Nairn’ pop up hub took place on the morning of Thursday 30 June 2022 in the Library in Nairn, and these have taken place monthly until November. The ‘Here for Nairn’ is a series of community pop-up hubs which highlight all the ways in which the community can help its population. Colleagues from NHS Highland, other organisations and 3rd Sector representatives attend to help the local community in Nairn understand what community led support is available to them from the various community groups that exist locally.

We aim to enable people to explore the wide range of options and services available to them in their community. These are drop-in events which will allow people to come along at a time and chat to those in attendance. This allows us to highlight all the different ranges of support available, not only from organisations such as the NHS or Council, but also voluntary groups who can also provide support and advice.

The events have been advertised via NHS Highland social media accounts, the general practice and by the local community groups and organisations involved. The community pop up hubs are part of the Community Led Support project, which was part of a Scottish Government initiative for which Nairn has been designated as a pilot site.

The agencies/groups who have expressed their interest in attending includes:

Highland Third Sector Interface	Move On Project	CAB
Home Start	High Life Highland	Housing
Mikey’s Line	Sense in Mind	Listen Well Scotland
Highland Senior Citizens Network	Alzheimers Scotland	Connecting Carers
Welfare Team	Home Energy Scotland	SFRS
Wellbeing Project 23:3 Project	KOMP (tech enabled care)	Health Walks in Nairn
Social Security Scotland		

The footfall to the HUB has been disappointing and we have only supported 16 people to date with no footfall at all on 2 occasions. We currently have free use of an area in the High Life Highland library in the High Street which limits the number of organisations we can invite on each HUB session. The format will be reviewed and we are trying to source funding from the Council Discretionary Fund in liaison with the Ward Manager, to allow us to resource using a larger venue and arrange a large event which may bring greater success.

Completed by:

Date:

District Profile

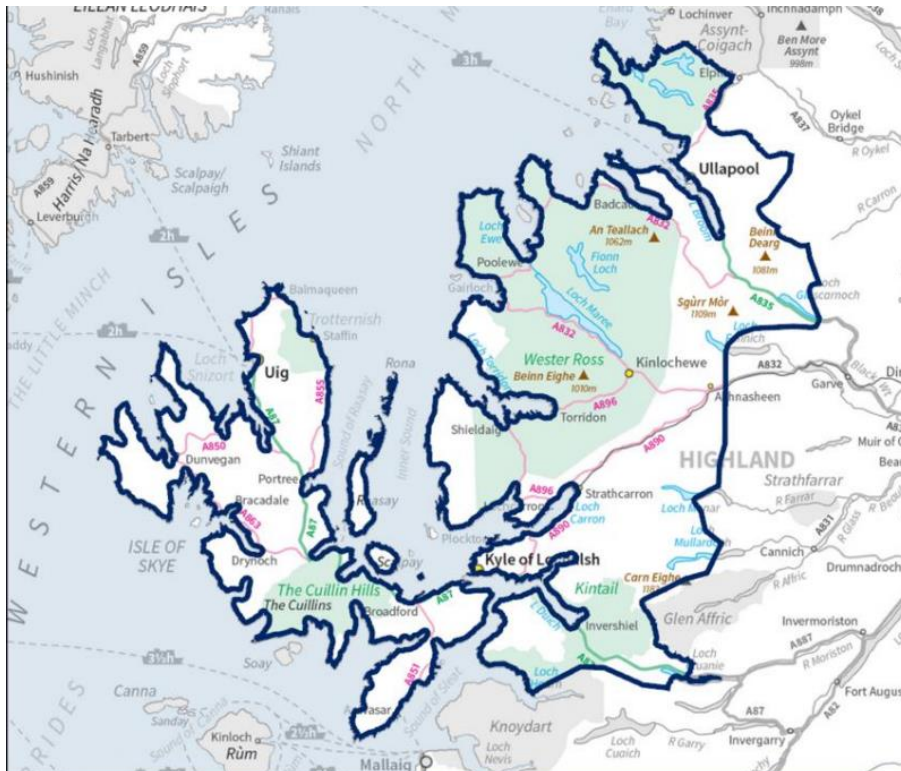
District: Skye, Lochalsh and Wester Ross

Manager: Kate Earnshaw / Dawn Pridham

Locality Demographics

This information provides an overview of Skye, Lochalsh and Wester Ross current and future population structure. It also provides information about the population dynamics of Skye, Lochalsh and Wester Ross, the geography, and the life circumstances of people living in the area. *All data is presented for Skye, Lochalsh and Wester Ross and where available, intermediate zones or neighbourhoods within Skye, Lochalsh and Wester Ross.* Comparisons are made to the Highland local authority and Scotland.

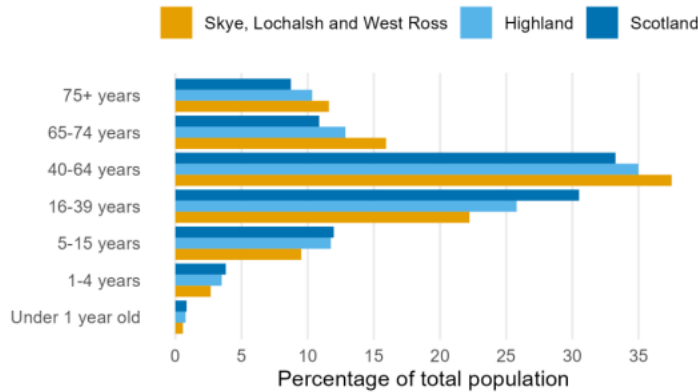
[Population & Health Profiles \(scot.nhs.uk\)](http://scot.nhs.uk)



- The partnership area of Skye, Lochalsh and West Ross includes the settlements of Broadford, Gairloch, Kyle of Lochalsh, Portree and Ullapool. The area covers the island populations of Isle of Ewe, Isle of Raasay, Rona / Ronaigh (Skye), Scalpay (Skye), Isle of Skye and Soay.
- Just under a third of the population (32%) live within the partnerships settlement areas of Portree, Ullapool, Broadford, Gairloch and Kyle of Lochalsh. All of the population (100%) live in areas classified as very remote rural.

- As of 2021, Skye, Lochalsh and West Ross has a population of 19,944 people. 12.8% of the population are children aged 0-15 years, 59.7% are aged 16-64 years old and 27.5% are people aged 65 years and over.

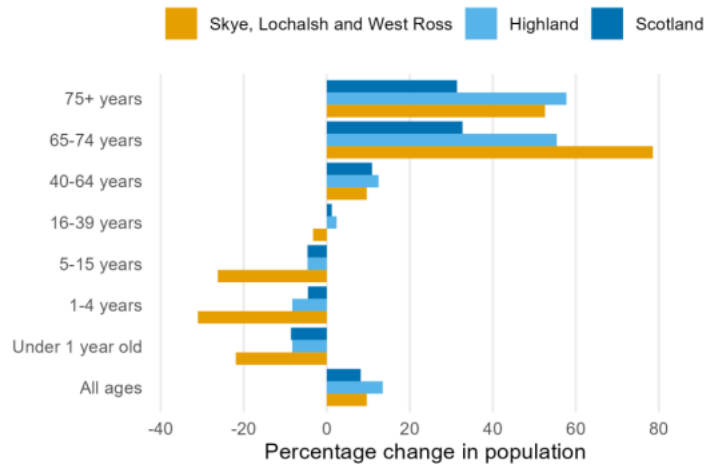
Figure 1: Percentage of the population by age group



Source: National Records of Scotland, Small Area Population Estimates 2021

- The age profile of the Skye, Lochalsh and West Ross population is older than Highland.
- The population of Skye, Lochalsh and West Ross increased by 9.6% in the period from 2002 to 2021.
- Over this period, there was a 67% increase in the 65+ age group. The population aged 16 - 64 increased by 4% and the population under 16 years decreased by 27%.

Figure 3: Percentage change in the population by age group, 2002 to 2021

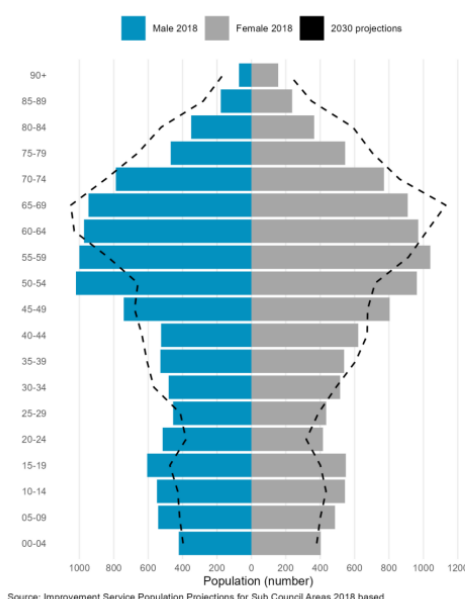


Source: National Records of Scotland, Small Area Population Estimates 2021

- The ratio of 2.2 people of working age (16-64 years) to older people (age 65 years and over) is lower than Highland and Scotland.
- There were 111 live births to Skye, Lochalsh and West Ross residents in 2020.
- The birth rate has decreased over the last decade in both Skye, Lochalsh and West Ross and Highland.
- The mortality rate in Skye, Lochalsh and West Ross has consistently been lower than that of Highland. Variations in the mortality rates in the area are not significant.
- Following the pattern seen in Highland and Scotland, improvement in the mortality rate in Skye, Lochalsh and West Ross has stalled. It is a significant concern that a sentinel measure of population health and social progress is not improving.
- Population projections are informed by past trends in births, deaths and migration. NHS Highland, Public Health Intelligence team 2022 4

- The annual number of deaths in the area exceeds the number of births, and population growth depends on net migration gain.
- The latest available population projections estimate that the overall population of Skye, Lochalsh and West Ross will decrease between 2018 and 2030.
- The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years, 16-44 years and 45-64 years are projected to decrease.
- Projected demographic changes indicate that the ratio of people of working age to people aged 65 years and older will further decrease.
- SIMD 2020 identifies no data zones in Skye, Lochalsh and West Ross that are in the 20% most deprived small areas in Scotland. The majority of the population (82.3%) live in areas ranked in quintiles 3 and 4 of national deprivation.
- In SIMD 2020, 7.6% of the Skye, Lochalsh and West Ross population were identified as being income deprived and 6.0% of the working-age population were employment deprived.
- Rural deprivation is an important concern. Those identified as income or employment deprived are found in all intermediate geography areas.

Figure 11: Estimated population in 2018 and projected population in 2030



Services provided and current workforce

SERVICES MANAGED WITHIN SLWR DISTRICT 01/08/23 ARE AS FOLLOWS:

- AHP Services
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
 - Radiology (including Sonography)
- Care at Home
 - North Skye & Raasay Team

- South Skye & Lochalsh Team
- West Ross Team
- Reablement Team

- Care Homes
 - Home Farm, Portree
 - An Acarsaid, Broadford
 - Strathburn, Gairloch
 - Lochbroom, Ullapool

- Hospital Services
 - Broadford Hospital (community Hospital + 1)
 - Emergency Department
 - In patients
 - Out patients
 - Chemotherapy / Infusion service
 - Renal Service
 - Pre Op Assessment service
 - Minor Surgery services
 - Radiography
 - Sonography
 - Echo Clinics
 - Physiotherapy
 - Occupational Therapy
 - Community Midwifery Unit
 - Advanced Practitioner Service
 - Rural Emergency Physicians
 - SAS base
 - Medical Records / Administration
 - Portree Hospital (Community Hospital)
 - In patients (GP support Mon – Friday 8 – 6pm; Weekends UCC and REP’s Broadford)
 - Out patients
 - Medical Records / Administration
 - Urgent Care Centre

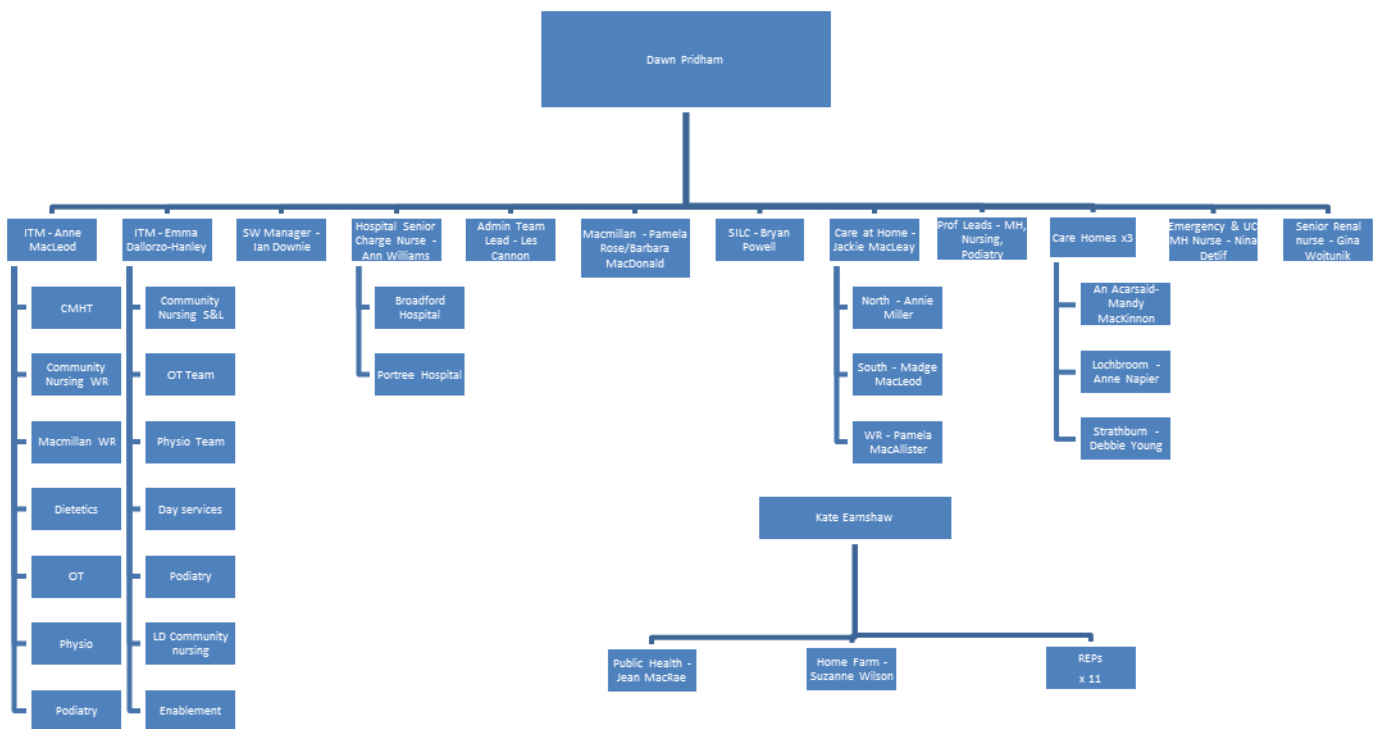
- Community Mental Health Services.
 - Severe and enduring
 - Drugs & Alcohol
 - Emergency & Urgent Care Practitioner
 - Guided Self-Help
 - Learning Disabilities Nursing
 - Older Adult

- Community Nursing
 - North East Skye
 - North West Skye
 - South Skye
 - Mainland
 - Lochcarron, Torridon and Applecross
 - Gairloch & Aultbea
 - Ullapool & Achiltibuie

- Day Services

- Aird Ferry, Dornie (Older Adult)
 - Tigh na Drochaid, Portree (Older Adult)
 - Tigh na Drochaid, Portree (Learning Disabilities)
- Specialist Nursing services e.g.,
 - Advanced Practitioner District Nursing; Mental Health; Public Health Practitioner – Health Improvement Advisors
 - Social Work Services
 - North Skye Team
 - South Skye and Lochalsh Team
 - West Ross Team
 - Support Independent living in the community (Learning Disability Outreach/In reach services)
 - Single Point of Access
 - Admin Team

The leadership team comprises the district manager, integrated team managers (Skye, Localsh and West Ross), social work team manager, care at home manager, care home managers, day centre managers and advanced practitioners. They work closely with the Clinical Lead for the Rural Support Team. See below for structure



The main challenges in the district are recruitment and retention of staff across all sectors and affordable accommodation for incoming staff to the area. We have significant challenges in Home Farm Care Home and Hospital in patient care with a high number of vacancies. We have set up a Skye Recruitment Group involving community members to look at innovative ways in trying to address some of these issues.

AHP Services

Occupational Therapy service is managed within the district (by Integrated Team Manager) and provides service to community and inpatients including the acute service in Broadford and Portree Hospitals. The team itself comprises

B7 Advanced Practitioner, B6's, B5 and B4. Recruitment in recent years and months has been challenging particularly at B6 level where redesign of posts has had to take place.

Physiotherapy like OT is managed by the Integrated Team Managers and provides services in the hospitals and domiciliary as required. Physio covers all aspects of clinical service including rehabilitation, outpatient, MSK, cardiac and pulmonary rehab, falls, frailty, and pelvic care. There is also a "First Contact Practitioner" service within Primary Care.

Podiatry will in time "move" to a north highland wide management structure via communities' division but at present is managed by the Integrated Team Manager in the District. In general recruitment to podiatry services is a challenge but recently the team has been successful in appointing to a full-time B6 post ensuring the team is at full establishment. B6 podiatrist x 2 and B7 AP post holders (B7 0.2wte of her 1.wte is for leadership across the West Area).

Care at Home / Reablement

Care at Home / reablement services are provided across the District with a local manager based in Broadford. There are offices located in Ullapool, Broadford and Portree with Care @ Home Officers, Co-ordinators, and Clerical Assistants. The offices also act as a "base" for the carers. Across the district we have vacancies in all teams, with significant pressures in Raasy, North Skye and South Skye. Long and short-term sickness also make it challenging in an area which is seeing an aging population and increased levels of frailty. In terms of working with the independent sector there are a couple of providers which the services contracts with in West Ross only and these have limited hours. They too face similar challenges to the in-house service.

Care Homes

Home Farm has 35 beds only 23 open currently. At present all beds are used for "long-term" residents but prior to covid one of these had been used for respite. Until the staffing situation within the home is stabilised and safe beds will remain closed and no respite reinstated.

An Acarsaid has 10 beds, One bed is step up step down and one respite bed.

Strathburn has 14 beds, one bed respite – due to staffing this has been temporarily closed

Lochbroom has 11 beds, one emergency respite bed.

Staffing and recruitment is challenging in all the homes with a number of vacancies (for a range of posts such as depute manager (LBH), nurses (HF) social care workers and assistants). In addition, there is both long and short-term sickness/mat leave. An SBAR has recently been submitted to senior management for Home Farm recruitment challenges.

In addition we have one independent provider in Aultbea (Isle View) which has 25 beds. Two recent closures of care homes across the district have seen a reduction of 50 care home beds being lost.

Hospital Services

Broadford Hospital is a non-bypass facility and the main hospital on Skye. Inpatient beds 24 (4 rooms dedicated renal rooms). Currently due to extreme staffing challenges we have 12 beds operational with an additional 2 beds to cover emergency department admissions. The hospital is over 2 floors with in-patients being on the upper floor and all other services including the emergency department being based on the ground floor. The staffing ratio should be 2 x RGN and 2 x HCA days including Senior Charge Nurse and Staff Nurse Monday – Friday. The actual ratio's are often 1 x RGN and 1 x HCA with the SCN and SSN having to fill in to ensure safe cover. There are currently vacancies for RGN's x 5.47 WTE and HCA 6.32 WTE. Renal services have 1.56 WTE vacancy. There is a high use of agency to cover all the gaps in the rota.

The Emergency Department based on the ground floor is run as a separate unit and works with the Advanced Practitioners who cover both the ED in Broadford and Urgent Care in Portree. The medical team are Rural Emergency Physicians who cover both the ward; ED and minor injury clinics.

Portree Hospital is a community facility with 12 beds (currently only 7 – 9 open) due to staffing challenges. The current vacancies in Portree are 2.17 WTE RGN's and 1.84 WTE HCA's. The urgent care centre is based in Portree for

North Skye and is covered by the Advanced Practitioners. A new model for OOH and unscheduled care has been proposed following on from the Sir Lewis Ritchie (SLR) report which is being implemented in a phased basis as follows:-

- Phase 1 – Weekends and Public Holidays 9 – 6pm cover Portree Urgent Care
 - Broadford ED x 7 day cover 8am – 20.30 hours
- Phase 2 (**current**) – Friday – Monday (4 days) – 8 am – 2030 hours Portree Urgent Care
 - Broadford ED x 7 day cover 8am – 2030 hours
- Phase 3 – (April 2024) 7 day cover Portree – 8am – 2030 hours Portree Urgent Care
 - Broadford ED 24/7

The original business case for the new hospital in Broadford was based on in-patients in Portree ceasing and all in-patient care moving to Broadford. SLR report that focussed on OOH recommended that Portree remained open until an appropriate alternative was found for North Skye. This has put significant pressure on the district resulting in beds remaining closed on both sites, affecting community pull and flow.

Community Mental Health Team and Learning Disability services

As per the structure for North & West prior to the creation of the Communities Division, Community Mental Health Services in Skye, Lochalsh and West Ross are managed by the Integrated Team Manager for West Ross albeit this is likely to change in the coming months with a move of management to the Mental Health and Learning Disabilities Division. Psychiatry and Psychology services are managed centrally and have been traditionally. Staffing in the mental health team is a particular challenge with a vacancy at B6 level in generic mental health team in Skye. Given the geographical spread across the district the team are very stretched in delivering services. The Emergency and urgent care mental health practitioner is based in Broadford hospital and is the conduit between acute and community services.

Guided Self-Help covers West Ross and Lochalsh only, no service in Skye.

Learning Disabilities Nursing establishment is stable, with the B5 post holder just returned from maternity leave. Older Adult supports adults >65years. The team is supported by a dementia link worker employed by Alzheimer Scotland in Skye. The dementia link worker in West Ross is employed 50/50 between Alzheimer Scotland and the District.

Supporting Independent Living in the Community (SILC) is an outreach support service for people with learning disabilities living in their own tenancies based in North Skye. The team support 14 individuals with varying needs in all aspects of daily living and housing support.

Community Nursing

Community Nursing in Skye Lochalsh and West Ross. The teams provide preventative, reactive, maintenance and end of life care to patients in the community. They work with the wider MDT to support people to remain at home and improve community pull.

Recruitment has been very challenging in recent times for a number of the teams with absence due to vacancy, sickness etc. sitting at approx. ~40%. There are posts at B5 currently out to advert. Caseload holder posts (B6) have been especially challenging with no applicants applying with the District Nursing qualification. This has resulted in the district creating development posts. Over the past 5 years, 4 such posts have been supported to gain their DN qualification and currently one other B5 CN is undertaking this process

Day Services

Tigh na Drochaid, provides assessed day care for older adults in the North Skye area. It provides social stimulation for clients and respite for carers. There are 30 registered places. The day service also has services for people with learning disabilities although this has moved to a more in reach model of support using TnD as a base for the start of the day only.

Aird Ferry, provides assessed day care for older adults in the Lochalsh area, providing social stimulation for clients and respite for carers. There are 12 registered places.

Kyleakin Connections is a day service for people with Learning Disabilities run by the Third Sector and based in Kyleakin, Lochalsh area.

Out of Hours

Skye, Lochalsh OOH services are via the PCEC in Broadford Hospital which is a 24/7 service and supported by the REP's and Advanced Practitioners based in the Emergency Department. North Skye provision is through the Urgent Care Centre, based in Portree Hospital – please refer to hospital services section for operational hours.

West Ross OOH services

- The current service for the Ullapool area runs Monday to Sunday between 18:00 and 08:00 Out of Hours GP services are delivered via an SLA with Ash Locums. A rotational pool of GPs cover this service. Saturday/Sunday between 08:00 and 18:00 are open for GPs/ANPs to book onto shift via the Highland system. The GPs/ANPs for weekend day cover can but do not tend to be staff working locally. Public Holidays are treated as weekends for Out of Hours cover. When booking a shift GPs can book at “normal” hourly rate, “enhanced” rate or “emergency” rate. There is no continuity across districts re hourly rates. This is in place until the Rural Support Team (Advanced Practitioners) are in a position to pick this service up. Currently they have staff in training but should be ready by the new financial year.
- Gairloch area is currently covered by the local GP practice Monday – Thursday and then OOH locum GP's Friday – Monday am, booked via the Highland Hub. The practice have recently served notice to NHS so a new model has been put to the SLT for an RST OOH service from April 2024.
- Lochcarron area is covered 7 days a week by the RST (Advanced Practitioner) team, based in Lochcarron and covering all surrounding areas – Torridon; Kishorn; Shieldaig and Achnalt.
- Applecross area is covered by the single handed GP or locum GP's when she is on leave. Two weekends a month the RST Advanced Paramedic Practitioner covers from Friday – Monday am.
- Glenelg Ooh is covered by the GP practice (2 x GP's) with locum support as required.

Specialist Nursing

When the integrated teams were established professional leadership was seen as vital in ensuring good governance and quality standards were maintained. Posts were developed for Mental Health and District Nursing, B7. SLWR also has B7 Public Health Practitioner who supports the health improvement and public health agendas. Working collaboratively with the third sector and other key partners in co-productive developments and initiatives. She also manages and supports the Health Improvement advisors for the West (x 3 PT posts including one admin post).

Social Work

Social Work, work with people to find solutions. This may be helping protect vulnerable people from harm or abuse or supporting people to live independently. Social Workers work with clients, their families, and others around them. The team are one but have a west ross and Skye Lochalsh teams due to the geographical coverage. They operate one duty social work service. The team cover ASP; AWI; Guardianships; LSI's; as well as their standard work. A recent restructure has seen the appointment of a Team Manager, previously this had been an Advanced Practitioner role (the team was previously managed by Integrated Team Managers). Also development of Senior Practitioners, one for each area. A remodelling of the district team has also introduced Referral and Assessment Officers to support the routine work and reviews. A full-time Social Worker is due to commence in October in Skye. Despite this there remain issues and challenges with a mix of part-time vacancies and long term absences at social worker level.

Single Point of Access

Like other parts of Highland SLWR employs Health & Social Care Coordinators working across the Integrated Teams 1 WTE Skye and .6 WTE for West Ross.

Admin Team

Out admin team covering both medical records; ward clerks and health centres/service points are the backbone to local community services but have been under significant pressure with a number of posts vacant at the time of

writing (0.4 WTE Portree Ward Clerk and 0.6 WTE Medical Records Portree). High turnover in admin roles is common often leaving gaps between posts being filled.

Other

Rural Support Team

While not managed as part of the district the RST cover both acute and GP services both in hours and OOH's and work closely with the integrated services and hospitals. The Team which consists of ANPs and APPs work at an advanced level (B7).

Primary Care was until NHS Highland's restructure part of the district in the sense that 2C or Salaried Practices were managed via the district. Following the restructure in June 2021 the management transferred to the Primary Care Division and Primary Care Managers. The six salaried practices in SLWR are (Applecross, Torridon, Glenelg, Broadford, Sleat and Carbost). There are GMS practices in Portree, Dunvegan, Kyle, Gairloch & Ullapool. As a district we work closely with all in terms of community nursing, care at home etc. The practices in Portree, Gairloch and Ullapool all support and work closely with their local care homes. Portree practice also have a SLA for covering Portree Hospital Mon – Friday 8am – 6pm for in-patient care.

Finance & Performance

Skye, Lochalsh & Wester Ross Financial Performance SUMMARY - MONTH 4 JULY 2023/2024

OFFICIAL

SKYE, LOCHALSH & WESTER ROSS FINANCIAL PERFORMANCE SUM

Overall Rag Rating									
GREEN									
Current Plan £000	Division	Plan	Actual	Variance	F/cast	F/cast	Prev Mth	Movement	
		YTD £000	YTD £000	YTD £000	Outturn £000	Variance £000	Outturn £000	Variance £000	
2,302	Hospital Services: Hospital costs & Medical staff	761	680	81	2,068	235	235	0	
3,186	Hospital Services: Nursing	1,078	1,100	(22)	3,451	(265)	(265)	0	
2,884	OOHs	973	899	74	2,922	(38)	(38)	0	
2,312	Community: Nursing Inci Macmillan	786	734	52	2,351	(39)	(39)	0	
197	Community: Health Centres and Nursing Homes	79	90	(11)	229	(32)	(32)	0	
1	Management	5	234	(229)	(53)	54	54	0	
1,029	Allied Health Professionals	364	417	(53)	1,201	(172)	(172)	0	
1,106	Mental Health	376	337	39	991	116	116	0	
23	Primary Care	8	7	1	17	6	6	0	
13,040	Sub Total - Health	4,430	4,498	(68)	13,176	(136)	(136)	0	
6,389	Care Homes & Respite	2,141	2,197	(57)	6,345	44	44	0	
1,013	Community Care for Adults	343	262	81	770	242	242	0	
728	ASC Management	248	276	(28)	530	198	198	0	
3,241	Care at Home	1,098	1,058	40	3,272	(32)	(32)	0	
7,317	ISOSDS	2,459	2,584	(125)	7,900	(583)	(311)	(272)	
18,687	Sub Total - ASC	6,289	6,377	(88)	18,818	(130)	142	(272)	
31,728	Total for - Area	10,719	10,875	(156)	31,994	(266)	6	(272)	

MONTH 4 SAVINGS

	Target £000s	YTD Target £000s	Achieved YTD £000s	Variance £000s
Workstreams	463	154	77	77
Housekeeping				0
ASC Workstream	261	87		87
Total	724	241	77	165

**LOCUM/ AGENCY/ BANK
SPEND**

	In Month £'000	YTD £'000
Locum	40	93
Agency (Nursing)	197	629
Bank	37	173
Total	274	895

Opportunities and Developments

Skye was successful (along with Caithness) in receiving funding for a Hospital at Home pilot. The pilot commenced in March 2023 and has been very positive currently saving over 100 hospital bed days to date. This is the first Remote and Rural pilot. It is hoped that the pilot will be continued and further funding bid has been submitted to the Scottish Government.

Sir Lewis Ritchie was commissioned by NHSH to look at out of hours for North Skye. His report published in 2018, set out 15 recommendations which were fully accepted with commitments given by NHSH to implement. A number of these recommendations have been completed e.g. Raasay Nursing service; Glenelg GP cover; Review of evacuation services for Raasay; Centre of Excellence and Digital innovation. Co-production was a key theme which has continued in the remaining groups which are focusing on Portree Urgent Care; workforce challenges and Community Beds. A number of other recommendations have been merged as they were clearly linked e.g. first responders; rapid response SAS; NHS 24; housing. A steering group chaired by our local counsellor with community reps meets 3 monthly with the work streams meeting as required. An offshoot of these meetings has been the development of the Skye Recruitment group who are looking at ways to encourage applications across the services. The below meeting is an example of the discussions ongoing and RAG status.

[SLR\N Skye Improvement & SLR Delivery Group notes and update on SLR Recs 6.6.23.docx](#)

Community Engagement

The SLWR CPP has not met in over 3 years. All community engagement work is primarily through the SLR work streams and recruitment group work which is ongoing.

Completed by: Kate Earnshaw

Date: 17.8.23

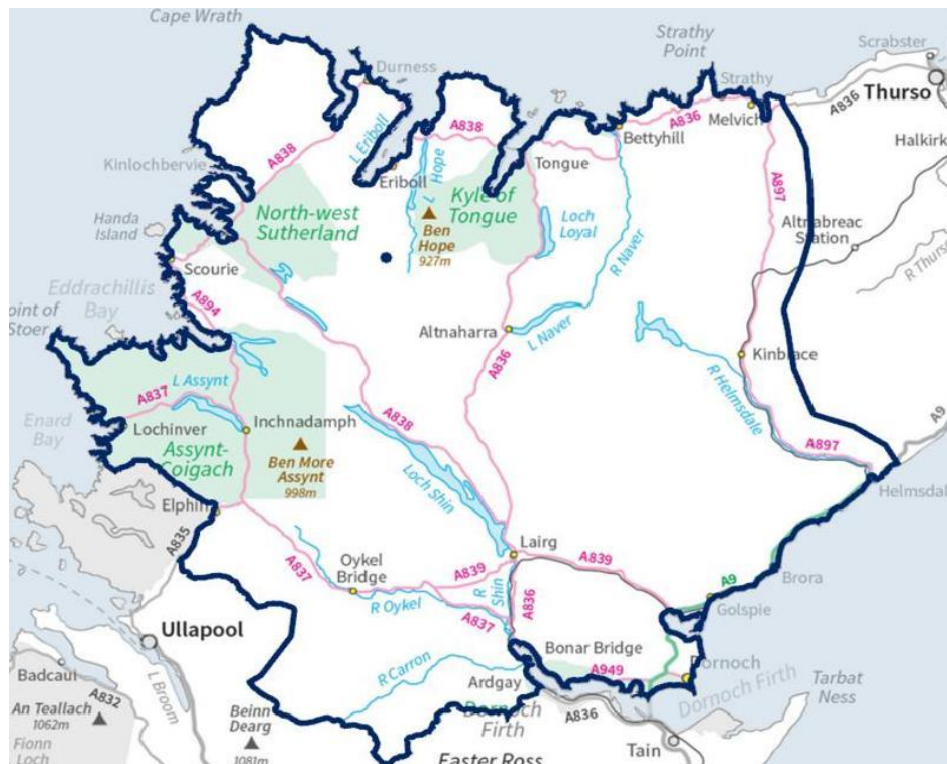
District Profile

District: Sutherland

Manager: Kate Kenmure

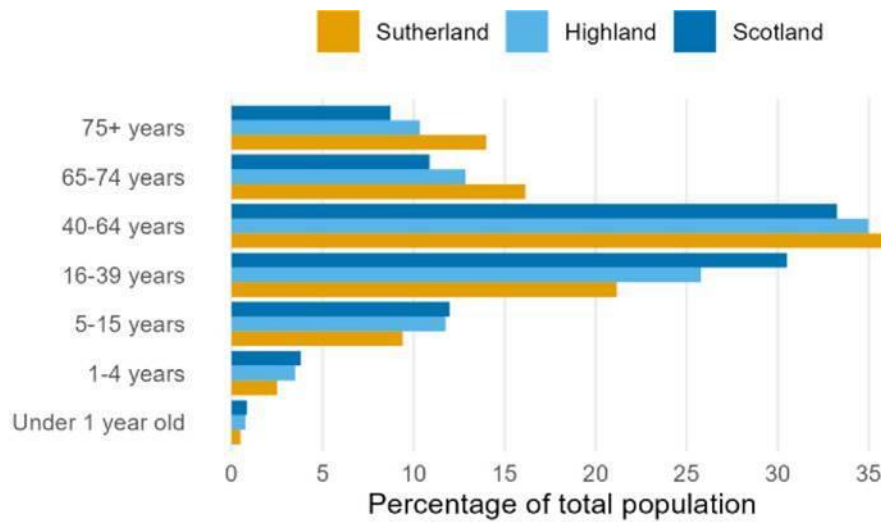
Locality Demographics

For information: The latest estimates are based upon the 2011 census, with an adjustment made annually for births, deaths and migration. Future estimates will be rebased on the 2022 census when the results become available. The population projections used in this report were produced by the Improvement Service (IS) and are based upon Housing Market Areas (HMAs) defined by the Argyll and Bute Council and the Highland Council.



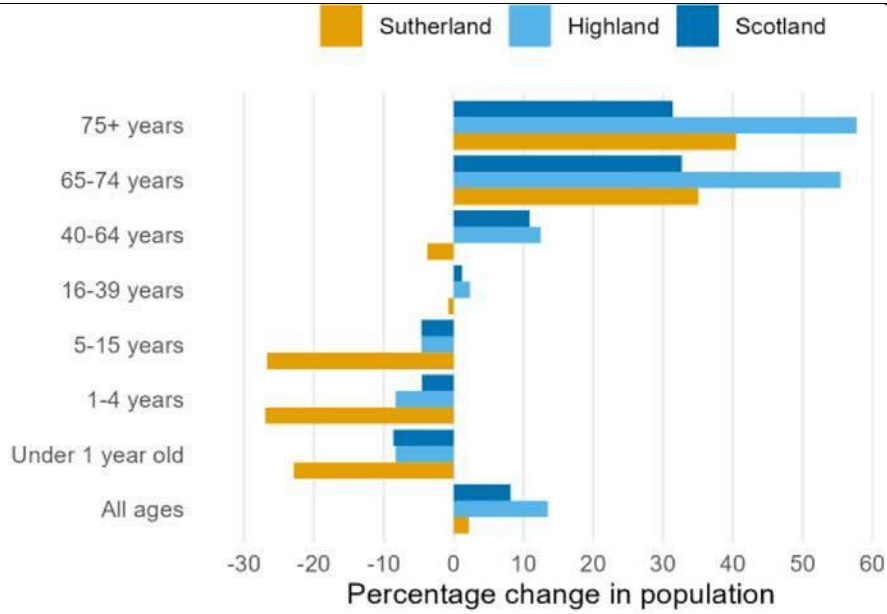
- As of 2021, Sutherland has a population of 13,142 people. 12.4% of the population are children aged 0-15 years, 57.5% are aged 16-64 years, and 30.1% are people aged 65 years and over.
- Just under a third of the population (31%) live in settlement areas of Brora, Dornoch and Golspie. All of the population (100%) live in areas classified as very remote rural.
- The age profile of the Sutherland population is older than Highland.

- The population of Sutherland increased by 2% over the period from 2002 to 2021.
- Over this period, there was a 38% increase in the 65+ age group. The population aged 16-64 decreased by 3% and the population under 16 decreased by 27%.
- The ratio of 1.9 people of working age (16-64 years) to older people (age 65 years and over) is lower than in Highland and Scotland.

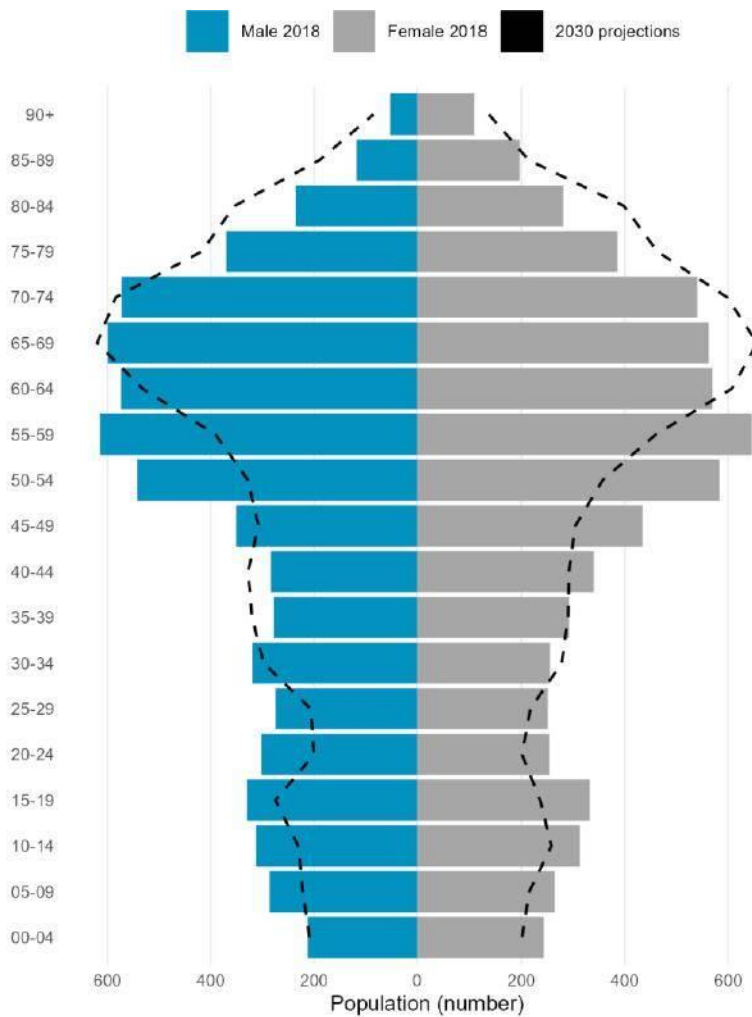


Source: National Records of Scotland, Small Area Population Estimates 2021

- There were 60 live births to Sutherland residents in 2020.
- The birth rate has decreased over the last decade in Sutherland and Highland.
- The mortality rate in Sutherland has consistently been lower than that of Highland.
- Following the pattern seen in Highland and Scotland, improvement in the mortality rate in Sutherland has stalled⁶. It is a significant concern that a sentinel measure of population health and social progress is no longer improving.
- The annual number of deaths in the area exceeds the number of births, and population growth depends on net migration gain.
- The latest available population projections estimate that the overall population of Sutherland will decrease between 2018 and 2030.
- The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years, 16-44 years and 45-64 years are projected to decrease.
- Projected demographic changes indicate that the ratio of people of working age to people aged 65 years and older will further decrease.



Source: National Records of Scotland, Small Area Population Estimates 2021



Source: Improvement Service Population Projections for Sub Council Areas 2018 based

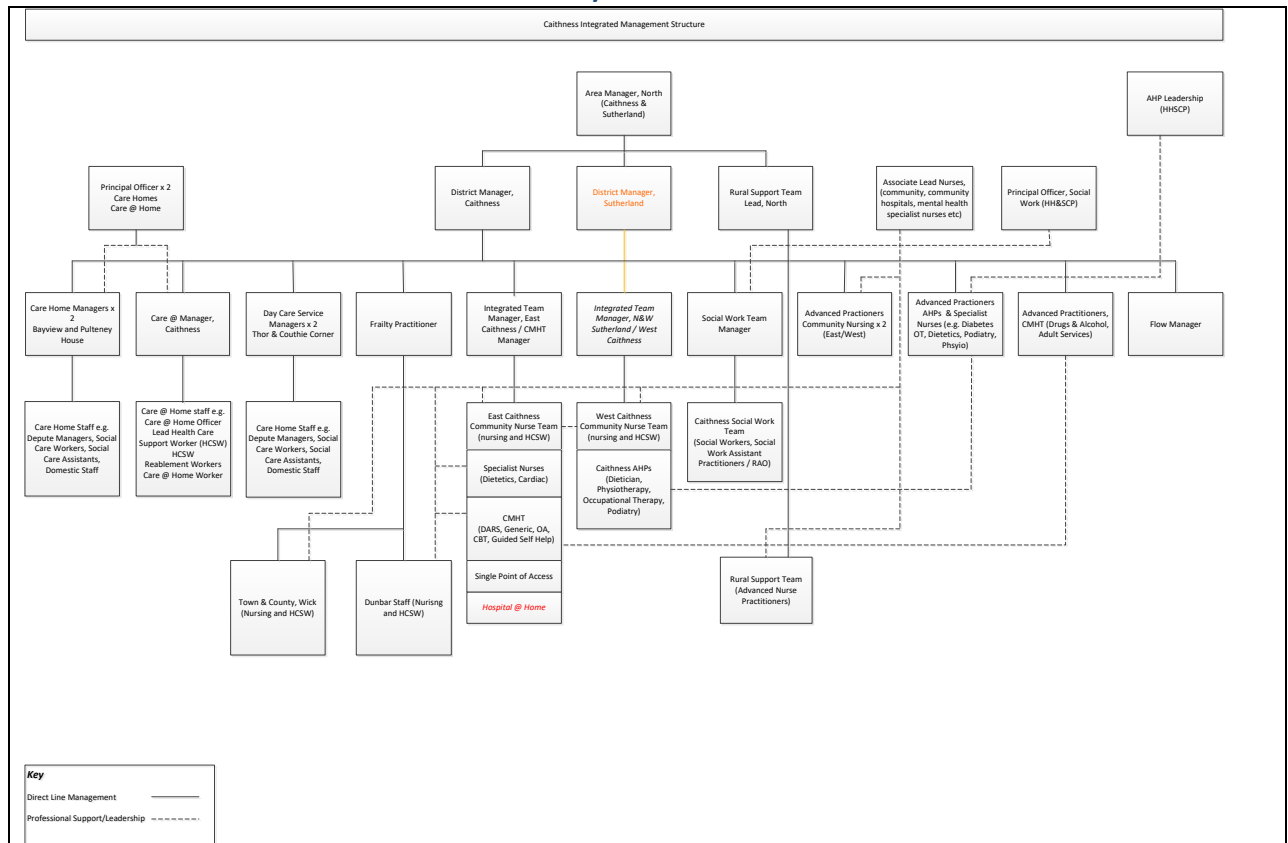
- SIMD 2020 identifies no data zones in Sutherland that are in the 20% most deprived small areas in Scotland. The majority of the population(83.8%) live in areas ranked in quintiles 2 and 3 of SIMD.
 - In SIMD 2020, 9.8% of the population of Sutherland were identified as being income deprived, and 7.6% of the working-age population were employment deprived.
 - Rural deprivation is an important concern. Those identified as income or employment deprived are found in all intermediate geography areas.
-
-

Services provided and current workforce

Services managed within Sutherland District as at 21/02/23 are:

- AHP Services
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
- Care at Home / Reablement
- Care Homes
 - Seaforth House, Golspie
 - Melvich Care Home, Melvich
 - Caladh Sona Care Home, Talamine
- Community Hospitals
 - Migdale Hospital
 - Cambusavie Unit, Lawson Memorial Hospital, Golspie
- Community Mental Health Services.
 - Cognitive Behavioural Therapy (Sutherland & Caithness)
 - Drugs & Alcohol
 - Adult Generic
 - Guided Self-Help
 - Learning Disabilities Nursing
 - Older Adult
- Community Nursing
 - East Sutherland
 - West Sutherland
 - North Sutherland
- Day Services
 - Health and Wellbeing Hubs in Brora, Helmsdale, Kinlochbervie, Bonnar Bridge, Lochinver
- Specialist Nursing services e.g.,
 - Cardiac/Heart Failure,
 - Diabetes
- Social Work Services
- Single Point of Access

The leadership team comprises the district manager, integrated team managers (East and North & West Sutherland), Senior Charge Nurses in each Community Hospital, Social Work Team Manager, Care at Home Manager, Care Home managers and Advanced Practitioners. Several advanced practitioner posts are shared across Caithness and Sutherland. See below for structure



AHP Services

Dietetics at present is managed within the district but at 01/04/2023 while remaining in the community directorate will under redesign of structures be managed as part of an overall dietetic service for North Highland Community Division. In terms of Sutherland staffing numbers are very small with a 0.6wte B6 practitioner. There are links locally to the highland wide work around type two diabetes and the orth Area Health Improvement Practitioner.

Occupational Therapy service is managed within the district by the Integrated Team Managers and provides service to community and inpatients in both Community Hospitals. The team itself comprises B7 Advanced Practitioner (new), B6 and B4. Recruitment in recent years and months has been challenging particularly at B6 level where redesign of posts has had to take place with a recent B7 post put in place to bolster leadership. There is also a B7 post who works in specialist housing post attached to THC team.

Physiotherapy like OT is managed by the Integrated Team Managers and, like OT, provides services in the community and hospitals with staff based at Lawson Memorial and Migdale Hospitals as well as in North and West Sutherland integrated team. Physio in Sutherland covers all aspects of clinical service including rehabilitation, outpatient, MSK, cardiac and pulmonary rehab, falls, frailty, and pelvic care. Due to challenges in recruitment to qualified (mainly B6) posts the service in Sutherland has recently been supported via agency which has had a significant cost implication. There is a senior practitioner and leadership role at B7 level which was for both Caithness and Sutherland. This role has been redesigned recently and will be only for Sutherland to support staff and increase capacity. There is also a “First Contact Practitioner” service within Primary Care.

Podiatry as with Dietetics will in time “move” to a north highland wide management structure via communities’ division but at present is managed within the District. In general recruitment to podiatry

services is a challenge with a vacant post in the North/West Sutherland which we have been unable to recruit to. Some patients are seen in Caithness if they live in North Sutherland and the podiatrist in Wester Ross is providing a service in West Sutherland. The B7 AP post holder (B7 0.2wte of her 1.wte is for leadership across the North Area).

Care at Home / Reablement

Care at Home / reablement services are provided across Sutherland with a local manager based in Golspie along with the Care @ Home Officer, Co-ordinator, and Clerical Assistant. The office also acts as a “base” for the carers. The staffing in the North and West of Sutherland is challenging with vacancies leading to unmet need in the community. A project to look at remote support worker roles may help recruitment and retention but is only at the beginning of the process.

Capacity and demand within this service has been under scrutiny recently with delayed discharges continuing to be an issue due to unmet need particularly in North and West Sutherland.

Care Homes

Caladh Sona is a 6 bed care home on North Coast in remote rural area of Melness with increasing issues in recruitment of all staff groups but particular band 4 Social Care Workers who lead shifts, and hotel services domestic services workers. Recruitment is not an issue that affects Caladh Sona in isolation on North Coast – hospitality industry has and continues to have similar struggles in recruiting staff, and some business within Tongue have increased their rates of pay to attract staff.

Agency staff are used regularly with support from CRT when there is availability, and as of July 22, 2 x B5 nurses have been sourced from agency on 3 month contracts (rolling) with accommodation provided, but this is clearly not sustainable in the medium term, nor financially viable.

Melvich care home is in Melvich, further along the north coast. It is also a 6 bedded unit with similar staffing. Both Agency and CRT are used to ensure staffing stability with recruitment continuing to be an issue.

Caladh Sona was originally a 3 bed house with garage used by the warden for the sheltered housing units, but converted into a care home some 30 years ago, with no ensuite facilities and one shower for the use of all the residents. Over the years a replacement build for Caladh Sona has been raised, and in 2007 following a public meeting with Leader of HC, and the then Director of Social Work, the Caladh Sona Action Group emerged within the local community, and campaigned against any closure of Caladh Sona without a replacement built locally. In 2015 consultations with NHSH/HC and local communities regarding a replacement build for both care homes on North Coast (Melvich & Caladh Sona) began with the outcome of a care hub in Tongue. It is anticipated that the hub will be functional in 2026 as of Dec 2022. Planning permission will be sought for the plans and recently at a local drop-in session the plans and timetable was presented to the wider public.

Melvich Care Home was similarly transferred over from Highland Council at Integration and although a larger facility is still in need of upgrade and modernisation.

Seaforth House is a 15 bedded residential care home in Golspie which was transferred over to NHS Highland at Integration. There have been some staffing challenges with turnover significant but recruitment is healthy.

Community Hospitals

There are 2 community hospital within Sutherland, one in Golspie (Cambusavie) and one in Bonar Bridge (Migdale).

Cambusavie Unit, Lawson Memorial Hospital Golspie is a 16 bedded unit. The unit mainly covers Rehabilitation, palliative care and end of life care as well as GP assessment function to reduce need for an acute bed.

In addition to the inpatient beds there is a Minor Injuries Unit (MIU) and an outpatient department. Outpatient Clinics are held daily for podiatry and physiotherapy and on a regular basis for other services such as Dietetics which can be a combined clinic with the Diabetes Specialist Nurse or Cardiac Nursing (which may be combined with Physio). Consultants from Caithness General and Raigmore use the outpatient department for consultation. There are procedures taking place from ENT, Gynaecology, orthopaedics and Chronic Pain as well as clinics.

Migdale Hospital in Bonnar Bridge consists of 2 10 bedded wards and 2 beds which can be used in either ward areas. Kylscue ward is a traditional community hospital ward to support rehab, end of life care and GP assessment beds. Strathy ward was an older adult mental health assessment ward and has been temporarily closed during the pandemic. Part of it is being currently used as community hospital provision with no decision made to its long term future. A consultation was undertaken with the community and an overwhelming opinion that the facility was needed and should be used as a community hospital.

Community Mental Health (Psychology/Psychiatry provided via Mental Health Directorate)

As per the structure for North & West prior to the creation of the Communities Division, Community Mental Health Services in Sutherland are managed by the Integrated Team Managers albeit this is likely to change in the coming months with a move of management to the Mental Health and Learning Disabilities Division. Psychiatry and Psychology services are managed centrally and have been traditionally. Staffing in the mental health team is a particular challenge with several vacancies at B6 level in learning disabilities, older adult and generic teams. At present there are vacancies in Learning disability, older adult CPN (Sutherland wide) and the generic vacancies in North Sutherland)

Cognitive Behavioural Therapy while based in Caithness covers the north area (Caithness & Sutherland)

Community Nursing

There are 3 community nursing teams – East, North and West. There is an Advance Practitioner in each team who supports the staff, provides supervision and act an expert practitioner in the area. The team is managed by the ITM while the AP is managed by the District manager.

The community team provides preventative, reactive and maintenance clinical care to patients in the community. The elderly age profile and care homes in the area are above average. The team also provide end of life care to support individuals who wish to die at home. They manage highly complex patients with co- morbidities in the community.

Day Services

There are no registered daycare services in Sutherland with the resources allocated to Health and Wellbeing Hubs managed by the 3rd sector. These hubs are based throughout Sutherland and provide social interaction and lunch for both elderly and people with a learning disability. They are supported, if they need personal care, with support workers allocated from the ASC budget. The funding for these Hubs are through an SLA and have not been increased since integration in 2012.

Specialist Nursing

There are several specialist nurse posts across highland which are managed in different ways. In terms of those which are managed within the district (because of district development and use of district budgets differently to support development) the two are Diabetes and Cardiac Rehab/Heart Failure. In terms of **Diabetes** Sutherland has 1wte B6 staff nurse and shares a B7 Advanced Practitioner with Caithness (who also have a B6) so for the North there is a team of three. The team works alongside colleagues in community nursing, care at home, dietetics etc to support individuals living in the community with

diabetes for example there a joint clinic with the dietician. They also provide support to care homes and community hospitals. They do provide an in-reach support service to patients known to them in the community Hospitals but cannot provide an emergency response service. For **Cardiac Rehab/Heart Failure** Caithness has a 0.4wte B7 post. The post holder works with colleagues in physiotherapy etc to provide joint clinics. The establishment is historic establishment which has not been reviewed for some years. Senior Nursing leadership in the Community Division will support and establishment review in July which will cover a larger geography than Caithness.

Social Work

The social work team has benefited form an investment from the Scottish Government and is a stable team with no recruitment issues. The numbers of ASP cases are small but the large number of elderly people ensures that POA, guardianships as well as long term care assessments make the team very busy.

Single Point of Access

To encourage and support streamlining of service access Sutherland has a single point of contact for service users, professionals and the public. With the commencements of the DMTs the role of the HSSC Co-ordinator has become pivotal to the management of flow between Secondary care, community hospitals and community services.

RST (managed via RST Manager but part of community division)

The rural support team based in the North Sutherland will provide OOH services when recruited. At present OOH services are provided by locum GPs North and West Sutherland while a consortium manages the East Sutherland OOH service. It is based at Lawson Memorial Hospital.

Primary Care formerly part of District now division on own

Finance & Performance

Projection M9

Current Plan £000	Division	Plan	Actual	Variance	F'cast	F/cast
		YTD £000	YTD £000	YTD £000	Outturn £000	Variance £000
918	AHPs	685	571	113	767	151
655	Management	527	393	134	541	113
1,190	Nursing	893	1,056	(162)	1,406	(216)
3,142	Hospitals	2,328	2,650	(323)	3,480	(338)
789	Mental Health	593	474	118	631	158
(258)	Community	(194)	(217)	23	(289)	31
1,070	OOHs	803	876	(73)	1,168	(98)
13	Primary Care	7	5	2	11	2
7,518	Sub Total - Health	5,640	5,808	(168)	7,715	(197)
2,447	Care Homes & Respite	1,833	2,021	(187)	2,696	(250)
232	Community Care	172	66	106	102	129
557	ASC Management	459	472	(14)	576	(18)
1,728	Care at Home	1,297	1,343	(45)	1,788	(60)
5,946	ISC/SDS	4,462	4,504	(42)	6,044	(98)
10,910	Sub Total - ASC	8,224	8,405	(181)	11,207	(297)
18,429	Total for Sutherland	13,864	14,214	(349)	18,922	(494)

Health Forecast M9

Health	YTD Variance	Forecast Variance	Anticipated Spend	Comments
Analysis of Position	£000s	£000s	£000s	
Cost Pressures				
Pay Cost Pressures	300.67	313.76	313.76	Staff Overspends due to use of agency and staff sicknesses
Pay Pressures - unfunded i.e maternity/unfunded posts	26.75	35.67	35.67	
Utilities	0.17	0.19	0.19	Total Overspend on Heat and Fuel
Drugs	10.71	9.71	9.71	Drugs overspend relating to Migdale/Lawson and OOH
Other non-pay	89.11	130.68	130.68	Surgical Sundries Overspend accumulated 38K and paramedical supplies 12k, misc - 74K Strathy GP Cover Invoices
Travel	55.46	73.94	73.94	Travel and Transport - Car Lease over spends, Other various travel overspends
Savings Underachieved				
Housekeeping - HDL160	41.36			Savings achieved in advance
Covid Costs				
Other Additional Staff Costs	29.94	29.94	29.94	CAC Costs
Offsets and Compensation				
Vacancies	244.41	316.16	316.16	Vacancies within AHPs, Mental Health
Other non pay	59.22	80.80	80.80	This is Partly Strathy Savings (74K) as ward closed but offset by having 4 beds reopened

ASC Projections

ASC	YTD Variance	Forecast Variance	Anticipated Spend 23/24	Comments
Analysis of Position	£000s	£000s	£000s	
Cost Pressures				
Pay Cost Pressures	98.73	131.65	131.65	Maternity/Agency/sickness Costs less unfunded post and CAH costs below
Pay Pressures - unfunded i.e maternity/unfunded posts	47.08	62.76	62.76	CAH Manager
Utilities	23.97	31.96	31.96	Care Home Overspend on Heat and Light
Other non-pay	45.62	60.83	60.83	Cleaning, Surgical Sundries and General Services
Travel	7.38	9.84	9.84	CAH Teams
ASC packages	55.32	115.88	115.88	Care package line from North & West and East Caithness Cah Team
Care at Home	58.78	78.38	78.38	
Offsets and Compensation				
Underspends				
Vacancies	40.20	53.60	53.60	Trouble Recruiting Staff in Care Homes
Other non pay	115.30	141.13	141.13	Underspends in Transport, Paramedical supplies and Property Maintenance

What savings can be achieved

- Discussion around the overnight service, savings are in hospital admission avoidance and early admission into a care home due to a lack of overnight care.
- Rural Support Worker for the North Coast which will encourage recruitment retention and focus on patient centred care.
- **Additional Workforce Requirements**
- How are these to be funded? – Ageing population in Sutherland, very historic budget in CAH, an establishment review is needed to determine if staffing meets demand.

Investment Requirement

- Investing in Community Services which would be CAH, OT, Physio and District Nursing
- This is to allow people to manage complex medical conditions in their own home, therefore reducing the need for hospital admissions
- Investment in the OOH service (GP budgets) which is being discussed at the assurance board
- Community Hospital Investment in expanding services to support the local community
- **Co-dependencies**
 - Supporting people to stay in their own homes will reduce the number of admissions and length of stay in Raigmore

Opportunities and Developments

A pilot of an overnight community service comprising of a Registered nurse and support working evaluation well and was shown

- to prevent admission to hospital if safe and suitable to provide Hospital at Home.
- To facilitate seamless hospital discharges
- To provide palliative care/End of Life care in the patients chosen place of death.
- To reduce Long Term Care admissions.

Rural Support Workers in North Sutherland will allow a more reactive service to ensure the population of the area get the service/ care they need to stay in their own community (either in the local care home or in their own home)

Community Engagement**Community Planning Partnership (CPP)**

The Sutherland CPP is a strong active group which is chaired by our police colleagues which meets on a quarterly basis. Sub groups are in place who meet on a more regular basis and are responsible for taking forward actions. This includes Fuel and food poverty subgroups, Emotional wellbeing, Transport and Housing subgroups.

Independent Sector

Regular meetings take place with our Care at Home Independent Sector providers for East Sutherland. Four weekly review meetings are in place which includes Contracts, along with weekly allocation meetings with our local team. We have strong links with our providers, and whilst there has been delay in some pick up of packages with one particular provider, we anticipate some improvement.

There are no Providers in the North and West Sutherland.

Highland Council

The District Manager meets monthly with the local Councillor. The Ward Manager sits on the local Care for People Group.

Community Councils

The Community Councils in Sutherland are invited to and frequently attend and engage with the Sutherland Community Planning Partnership. Although the District Manager is not routinely invited to the community councils they are very receptive if contacted and happy to invite the District Manager to attend to discuss any issues .