HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE
Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 30 August 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Committee Chair, Non-Executive Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health (until 3pm)
Cllr, Chris Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Kate Dumigan, Staffside Representative
Cllr, David Fraser, Highland Council (until 3pm)
Julie Gilmore, Nurse Representative
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)

In Attendance:
Rhiannon Boydell, Head of Strategy and Transformation
Jo McBain, Deputy Director of Nursing (for Nurse Director)
Sarah Compton Bishop, NHS Highland Board Chair
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Head of Integrated Children's Services, Highland Council
Fiona Malcolm, Head of Integration ASC, Highland Council
Jill Mitchell, Deputy Chief Officer
Nathan Ware, Governance and Assurance Co-ordinator
Stephen Chase, Committee Administrator

Apologies:
Mhairi Wylie, Louise Bussell.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

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The Chair offered apologies for the length of the agenda and noted the difficulties around the timely production of papers due to system pressures.

The Chair requested that item 3.9 follow 2.1 to assist the Committee with context for the information delivered.

1.2 DECLARATIONS OF INTEREST

There were none.

1.3 Assurance Report from Meeting held on 28 June 2023 and Action Plan

The draft minute from the meeting of the Committee held on 28 June 2023 was approved by the Committee as an accurate record pending the removal of a typo at the end of p.4.

- The Chair noted regarding the Action Plan, that he had met with the Chairs of the Audit and Clinical Governance Committees, and that the Chief Officer had been in discussion with the Director of Adult Social Care, the Deputy Medical Director and the Chief Social Worker for Highland Council to develop a Care Governance Framework.
  The Deputy Medical Director noted that there had been constructive dialogue and that a plan of action would be articulated by the end of September and that an update would be brought to the next meeting of the Committee.
- Further consideration would be given to reintroducing Staff Experience items to the Committee perhaps as part of development sessions.
- The Childrens Report item would be closed off following the November report to the Committee.

The Committee
- **Approved** the Assurance Report
- **Noted** the Action Plan.

1.4 Matters Arising From Last Meeting

It was confirmed that the Self-Directed Support item had gone back to the senior leadership team of the HHSCP to ensure the plan could be operationalised and that arrangements were being put in place to allow change in the payment rates. It was hoped that the changes could be implemented from October. The Director of Adult Social Care added the caveat that these actions were dependent upon successful recruitment of staff to undertake or provide support for self-directed care.

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

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report of the position to month 3 was circulated ahead of the meeting having been previously considered by the Community SLT. The report offered limited assurance to the Committee due to the limited progress on savings delivery and the ongoing utilisation of locums and agency staff. The development of robust savings plans was progressing with the aim of supporting an increase in the level of assurance.

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At the meeting an update to the report was presented and circulated showing the position to month 4:

- A total year-to-date overspend of £25.519m was reported with the overspend forecast to increase to £55.774m by the end of the 2023/2024 financial year. The year-to-date position included slippage against the Cost Improvement Plan (CIP) of £8.171m. Cost improvement/reductions of £28.843m were assumed within the year end forecast and the forecast position was £12.898m better than that presented within the financial plan submitted to SG in March 2023. This reflected additional funding received from SG in respect of Sustainability & NRAC Parity (£8.030m) and additional New Medicines Funding (£6.590m).
- Within the partnership, the year-to-date overspend was reported at £4.492m and was forecast to increase to £5.335m by the end of the financial year. Slippage of £2.998m against the CIP was reported with full delivery forecast for the financial year end.
- Pressure on the position of the Partnership had been driven by the impact of locum usage within Mental Health and 2C practices. Focussed work was underway within the 3 Horizons programme to deliver cost reductions/improvements.
- The rising costs of drugs and the volume of prescriptions were noted as carrying a risk of costs increasing ahead of the forecast position.
- North Highland Community Hospitals had been reviewing the costs of unfunded services within Chronic Pain and Enhanced Community Services, and supplementary staffing pressures for in-house care homes had added pressure.
- The forecast for Adult Social Care projected a breakeven position and assumptions around potential additional costs had not materialised at the anticipated levels and the position was supported by funding held by Highland Council from the 2021/22 financial year. However, a number of sustainability issues were noted around an increase in the number of high-cost LD packages, and NHSH were working with the independent sector to address challenges faced by partner organisations.
- A number of schemes were underway to address, agency nursing, medical locum costs, prescribing (wound management and continence products in particular), OOH redesign and digital systems.
- The Finance Innovation Group (FIG) had been implemented as a forum to generate and share ideas to identify efficiencies for consideration by service leads and the Partnership.

During discussion,

- It was clarified that within the partnership, there was a target of £10.7m which included £4.113m within Adult Social Care. £555,000 worth of savings had been achieved to date with overall slippage of £3m. Work was underway using the 3 Horizons template to produce a refined position and address the risks by the Efficiency and Transformation Governance Group on a fortnightly basis.
- The pressures on staff within Adult Social Care were noted in relation to areas such as retirement due to stress, and the demands on staff who have to travel across the Highland region to see patients.
- The efforts of staff at local and national levels to address the financial situation were acknowledged in terms of assurance to the Committee that all avenues within the Partnership's control were being explored.
- It was noted that there was work at a national level to address issues around increased volumes of prescribing and drug approvals.
- It was noted that the assumption around savings, had been taken at an early stage because additional cost containment work was underway to address plans for this in order to gain more control over areas such as recruitment.
- With regard to professional support packages for people with complex needs, the Head of Service noted that these packages were expensive but that they were assessed on an ongoing basis to see which areas could be reconsidered or stepped down in order to be most effective. The costliest packages had tended to be for those individuals living in

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isolated tenancies instead of cluster arrangements which were simpler to support and conversations with providers and the Highland Council were underway around the strategic direction and supporting people to live within their own homes.

- It was also noted regarding LD packages, that a key issue was that all commissioned services were struggling to meet staffing needs and that the number of young people coming into the system via Transitions requiring 24/7 support had seen a rise.
- It was requested that an update on the overspend in the context of the overall adult social care situation be brought to the Committee in order to better understand the driving pressures.
- The Director of ASC commented that support work had been under significant pressure and was beginning to see the fragility already seen in the Care Home and Care At Home sectors, and that addressing care hours was as important if not more so than finding money to support packages and that there was significant risk around equitable access to care with unmet need. The difficulty of assessing care packages with a long-term focus at the funding stage was acknowledged.
- The Director of ASC gave assurances that the concerns over risks around unmet needs are being addressed in a joint report with the Chief Social Work Officer which will go to the next meeting of the Joint Monitoring Committee

The Committee:

- **NOTED** the report and accepted **limited** assurance.
- **Requested** that an update on the overspend in the context of the overall adult social care situation be brought to the Committee in order to better understand the driving pressures.

3.9 Chief Officer's Report

The Chief Officer gave a presentation which provided an overview of the Horizon transformation and efficiency programme of work which had been presented to members of the Board the previous day.

- The importance of maintaining an eye on longer term planning from Horizon 1 through to Horizons 2 and 3 in order to achieve transformation plans, workforce redesign and team and service integration.
- Digital solutions were being explored to address unfunded posts and reduce the burden on Corporate Services in recruiting to positions when the labour market is limited in terms of available GPs and other specialist roles.
- Internal analysis had shown that systems needed to be put in place for locality planning and work with Community Planning Partnerships. An example was given of the temporary closure of the Macintosh Centre where the speed of the situation had not allowed for engagement with the public or elected members.
- The CO noted that the focus of Horizon 1 was foundational in terms of transformation planning and therefore required proper public engagement with the public and staff to ensure a good, shared understanding of the larger strategy.
- It was commented that the strategy was about using buildings in the best and most efficient way which may include changing some hospitals into community hubs following a collaborative and co-produced model following successes in North Highland.
- It was noted that unscheduled care is a big focus for community services and therefore work was underway to consider out-of-hours redesign and aligning primary care emergency with community. The Urgent and Unscheduled Care Programme Board was reviewing these areas which included Winter Planning Readiness (see item 3.4), and reducing waits.
- Cost containment had been engaged with addressing unfunded posts with vacancy control principles by stopping recruitment to unfilled vacancies and considering workforce redesign.

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- Work around Contracts had been assessing care at home packages and new contract arrangements which were under development and being tested for effectiveness. A consensus workshop had been held the previous week for the senior leadership teams in Acute and Community Services to better understand the challenges across each part of the organisation such as delays to care at different stages.
- The Digital and technology-enabled care workstream was working in partnership with housing services around care delivery such as E-Rostering.
- Eight high impact changes were articulated by the government for the Urgent and Unscheduled Care Programme Board, and conversations had been ongoing with the Centre for Sustainable Delivery to produce five portfolios around community urgent care with consensus across Acute and Community Services senior leadership teams to ensure the right direction of travel and that the right systems were in place to deliver at pace.

- Changes to Ross Memorial Rheumatology Unit plans: Discussions and engagement work were ongoing with community members, Rheumatology clinicians and service users on progress to undertake fire upgrade work at RMH, and the Chief Executive and Chief Officer, met with Dingwall Community Council on 29 July.
- The Committee's attention was drawn to the Scottish Social Services Awards which had opened for nominations and was noted as a way of acknowledging the hard work of colleagues addressing the various system pressures.

In discussion,
- Assurance was given that the strategic work described was fully communicated to Third Sector and external partners, especially in terms of the redesign work with community planning partnerships.
- It was clarified that the report mentioned would go to the Joint Monitoring Committee and that discussions would be had about the appropriate governance route for the NHS Highland Board to have sight of the report. The Chair noted that he would pick this item up with the Chief Officer for consideration.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Primary Care Overview Report

The Chair noted in introducing the item that the report purposely did not include work on the Primary Care Improvement Programme due to a substantive item on this topic scheduled for the November meeting.

The Deputy Chief Officer introduced the paper which was offered for awareness and moderate assurance.

During discussion,
- It was confirmed, regarding the planned closure of the Culloden practice, that information would be shared on the practice website and a comms plan to help patients with accessing registration and reassigning patients would be put in place as part of the process.
- It was noted that similar to the situation with Dental Services and access, the learning around gaining intelligence to be forewarned about practice closures was being monitored closely with monthly meetings to address mitigating actions such as group arrangements with practices in areas of more chronic need.
- The issue of an increase in dental treatment fees was raised but at present the details were with Scottish Government for negotiation and would likely follow the implementation of the new contract which was expected in November.

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The Committee:
- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance.

3.2 District Reports & Community Services Overview

The Chair, by way of introduction to the report, noted that the full suite of reports was for information and in order for the Committee to discuss how reporting could be standardised and best used by the Committee.

During discussion

- The Chief Officer suggested that the district reports ought to inform points of discussion in terms of current services, costs, challenges and areas of good practise, and would usefully serve in discussions with the Community Planning Partnerships. The reports could also serve to make connections between the larger partnership strategy and work at an operational level and providing evidence to assist with messaging for both workforce and public.
- Councillor Birt thanked the teams who had worked on the documents and the large amount of useful information, but expressed disappointment at the lack of data on areas such as obesity in different age groups across Highland and a general lack of health data for health improvement purposes.
- The Chief Officer noted the importance of reframing the information in order to find consistency in reporting and assist districts with achieving an integrated model.
- A Clark commented on the role of the committee in relation to Community Planning and a recent Internal Audit report on the topic which identified improvements needed in terms of Board governance and Community Planning. She also noted the need to address different arenas such as local community planning partnership and Community SLT and that therefore the reporting ought to have broad content from which items could be selected to address the requirements of different audiences.
- The need to address the differing timelines and data sets in finding measurable consistency was raised.
- It was noted that access to the reports was currently via the Committee's publicly available papers on the NHS Highland website.

The Chair noted that he would discuss with the Chief Officer the best way to take this matter forward through the use of a development session for the Committee where the Community Planning Internal Audit recommendations would play a role.

The Chair asked the Deputy Chief Officer to let the teams involved in the reports know that they had been well received.

The Committee:
- **NOTED** the reports and that there would be a fuller discussion at a forthcoming development session.

3.3 Children and Young People Services Plan

The Chair of the Integrated Children's Services Planning Board spoke to the latest iteration of the plan and noted how it had been developed in close partnership between public sector bodies and the Third Sector, and how it had been informed by the voice and testimony of children, young people and their families.

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I Kyle noted that the plan had taken a three-stage life course approach to more readily identify opportunities and help minimise risks and enhance protective factors.

- In a bid to improve continuity and prevent duplication in service delivery, where pre-existing partnership groups exist, they had been brought them together into the Children's Services planning landscape which included the Highland Child Protection Committee, the Promise Board (previously the Corporate Parenting Board), and the Highland Alcohol and Drug Partnership. The existing Community Planning Partnership delivery groups now also have discrete subgroups for integrated children's services, with a focus on poverty and mental health. The plan sets out the partnership's aspirations to develop a community-based whole family wellbeing approach, aims to reduce inequalities of health and wellbeing of the Highland population.
- The plan was formally launched the week preceding the present meeting in Inverness with an event that brought together over 70 organisations and teams and was attended by over 500 people during the day. The event showcased the range of services and support that is currently available in Highland for children, young people and their families.

The Chair noted that the November meeting would see the 6-month update on delivery but given the timing of the launch of the new plan it was felt important to provide further context which would inform fuller discussion at the November meeting.

In discussion,

- A number of members noted the successful launch event and the useful and important recommendations in the report.
- Councillor Birt noted the lack of any item in the report to address data on nutrition which was a large determinant of future health outcomes. I Kyle noted that there was a commitment to adding to the data sets via the Joint Strategic Needs Assessment but that also there were a number of initiatives ongoing outwith the plan to address the themes raised.
- The issue of children who move around the country with their families such as those in the Armed Forces was raised in terms of engaging these communities to avoid disadvantaging them from the continuity of available care afforded to other families. It was noted that though this was not positioned as a priority it had been factored in to the planning and would require further consideration.
- It was suggested that consideration be given to the integration work across Children's and Adult services for further discussion.

The Committee:
– **Noted** the report.

3.4 Winter Planning

The report outlined the task of the NHS Board and integration authorities to undertake Winter Planning activities and that this work was supported by collaboration, engagement, assessment and learning across Scotland. Draft Winter Priorities and Actions had been outlined by Scottish Government and these had been considered at an NHS Scotland Winter Summit held in Glasgow on 22 August, attended by a number of NHS Highland employees in key roles across urgent and unscheduled care, scheduled care and strategy and performance roles. The Board is in planning to be prepared for Winter Planning Readiness for 2023/24 by working collaboratively and learning from across Scotland to maximise planning and resilience for the forthcoming winter period.

The Chief Officer gave a presentation that outlined the learning from winter planning approaches in 2022/23 and the approach to be taken for the Highland Partnership to develop and deliver a robust Winter Plan for 2023/24.

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Learning from last winter included the usefulness of twice weekly meetings of senior leadership teams who were action focused delivering against key performance indicators within the Urgent and Unscheduled Care Programme, and the current focus was on five portfolios focussed on sustainability of delivery following a joint workshop last week.
Issues around areas where the detail could have been better for key performance indicators had been considered as were communications with the public about how to use services effectively. The development of the OPEL escalation framework had been a good support to addressing challenges for staff across the system.
The offer of moderate assurance to the Committee was based on assessment of the learning to achieve a state of readiness going in to the winter period 2023/24.

In discussion,
- It was noted how Winter Planning is in essence 'business as usual' in terms of the wider transformation programme aimed at getting the system back into balance.
- It was suggested that some of the protection measures ought to be revisited in order to encourage mask wearing and good patient hygiene measures where appropriate and continue to emphasise prevention methods to avoid having to go to hospital.

The Committee: - **Noted** the report and accepted **moderate** assurance.

[The Committee took a rest break from 3.20 to 3.30]

3.5 Draft Mental Health Strategy

The Chair noted that the report was a draft of the strategy and should be taken by the Committee as an opportunity for comment.

The Head of Service gave a presentation outlining the strategy and noted that it would be shared at an event with the newly formed Mental Health and Longevity Strategic Partnership Group to receive their feedback.
- The strategy team carried out 76 'conversation cafes' and network engagement events in which included meeting with street pastors and providers in informal settings to hear what people wanted from a strategy and what was important to them about the mental health and learning disability services.
- It was clarified to those involved that this engagement work was about Mental Health and Learning Disability services and that mental wellbeing sat within a different strategy.
- The strategy for Highland sits within a newly launched Scottish Government Mental Health and Wellbeing strategy 'Coming Home' and reports on MAT standards.
- A central message received from the engagement work was that good care cannot exist without good relationships, and this message had been key in creating a strategy.
- The Strategic Partnership Group consists of a 50/50 split between NHS staff who deliver services and partner colleagues with the aim of strengthening ties.

In discussion,
- The issue of independent living and independence via employment as an aim was addressed in terms of both supporting those who live on their own and those who may live with their family. It was suggested that this aim might be better thought of in terms of enablement in order to emphasise the aim to understand what each individual wants.
- The challenges to implementing a strategy were raised in terms of the difficulties around recruitment and the pressures upon existing staff. It was felt that the strategy could serve as a way to help teams prioritise what neds to be done at an operational level.
- It was suggested that reference be made in the strategy document to the new Workforce Planning Standards from Scottish Government to emphasise a multidisciplinary approach to service delivery.

- The issue of making a principle-based approach to service redesign was raised and that this was an area that could be strengthened in the report via examples.

The Head of Service confirmed that after the forthcoming meeting with the Strategic Partnership Group the report will be revised to reflect feedback received. Checks will be carried out to ensure public engagement and quality impact assessment work is complete after which the strategy will go the Board for approval.

The Committee noted receipt of the strategy and had discussed it and the Committee looked forward to the progression of the strategy via the formal Board approval process. Members who have further comments should contact the Head of Service, A Johnstone (arlene.johnstone2@nhs.scot).

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

3.6 Highland Drug and Alcohol Recovery Services (DARS) Summary Report

Following the launch of the National Mission DARS service delivery had been undergoing improvement work aimed at delivering MAT, mindful that alcohol use remains the main reason for referral into the specialist service. Progress had been slow, primarily due to existing skill sets across NHS Highland to deliver MAT and recruitment challenges. The report notes an improving picture with 2023 having seen continuous improvement across the service as a whole. The report provided a summary of progress to date.

The Interim Head of DARS spoke to the report and noted the recent publication of the Alcohol Death figures which illustrated the real need to address the issues. Moderate assurance was offered to the Committee based upon the planned actions.

- Work was ongoing to implement the Medication Assisted Treatment (MAT) standards, introduced nationally in 2021. Highland had got off to a slow start but in the last quarter report it had started achieving the national treatment standard that nobody should wait longer than three weeks from referral to service and start treatment. The aim is for all patients across the region to be able to access this service and standards and steering groups are in place to act as an interface between drug and alcohol services and primary care to ensure a seamless service for anybody who presents.
- Psychological interventions and trauma-informed care had been seeing more challenges of implementation with a lack of rooms in some areas to deliver therapies. The steering group is picking this challenge up and recruitment had increased in terms of psychological expertise within the service.
- Much work had been carried out with custody services to address drug-related deaths following data that 26% of deaths occurred in custody.

During discussion,

- The issue of addressing rural communities, older women and drink driving was raised and it was noted that there is quality improvement work underway to consider the issues at a local level and work with locality teams to develop plans.
- The Inverness and Caithness outreach teams were noted for their work and that these models were under consideration regarding a wider and effective Highland roll out.

The Committee: – **NOTED** the and accepted **moderate** assurance report, and noted that a further update to the committee would be presented in 12 months.

3.7 IPQR

The Interim Head of Strategy spoke to the report and noted the graph on Drug and Alcohol waiting times which were progressing towards the Scottish average, and that 18 week waits for CMHT had seen improvements. Adult Social Care had seen a steadying off in the numbers of people who had previously been awaiting receipt of a care package and a slight improvement in the numbers around Care At Home and Delayed Discharges. Although the overall position remains very challenging, the data indicated that the revised processes implemented by staff were having a positive effect in slowing the overall rate of increase in Delayed Discharges despite the adverse impact of reducing care home beds, reducing care at home hours and other significant system pressures.

In discussion,

- It was suggested that seasonal spikes in numbers could be an area to articulate in order to address the issues.
- In terms of the position around delayed hospital discharges, the Deputy Director of Nursing commented there had been a significant programme of work over the past 12 months to improve the flow and management of people within the system. However, there had been a loss of capacity within North Highland of both care home beds and Care At Home hours. It was noted that despite new process in place for locum and agency staff to address recruitment issues embedding these systems was proving difficult. In addition, anecdotal evidence had shown that there had been a change in the level of complex conditions from people presenting at hospitals.
- It was noted that the average length of hospital stay in Highland is well below the Scottish average.

The Committee:

- **NOTED** the report and accepted **moderate** assurance noting the stressors on the system.
- **The Chair noted** comments from the previous meeting by J McCoy to be picked up in a development session around the IPQR.

3.8 Annual Performance Report

The Chief Officer introduced the report which was for noting by the Committee ahead of going to the Board to be approved for publication alongside the Annual Performance Report for Argyll and Bute. It was noted that the document was intended for the public and addresses outcomes, the commissioning of services and effectiveness of service activity. The report recommended substantial assurance to the Committee due to it following the national framework guidelines for its publication.

Thanks were given to the Interim Head of Strategy and her team for producing a readable and useful document.

The Committee:

- **NOTED** the report.

3.9 Chief Officer's Report

(See above, between 2.1 and 3.1.)

4 HEALTH IMPROVEMENT

District Reports

(See item 3.2 above.)

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5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Work Plan

The Chair noted that he would meet with the Chief Officer and colleagues to discuss the work plan and get the most value for the Committee while addressing the large agenda.

The Committee
– **noted** and **agreed** the Work Plan for 2023-24 in its current form.

5.1 Committee Terms of Reference

The Chair invited the Committee to consider the Terms of Reference and that if any changes were identified to contact him in advance of the next meeting where the Terms of Reference were due to be agreed and sent to the Audit Committee for recommendation to the Board.

The Committee
– **noted** the Terms of Reference.

6 AOCB

There was none.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 1 November 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.20pm

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HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE ROLLING ACTION PLAN

Those items shaded grey are due to be removed from the Action Plan.

	Item	Action / Progress	Lead	Outcome/Update
04/09/2019	**Clinical Governance**	Agreed detailed report on ASC Clinical & Care Governance to be submitted to future meeting.	**Chair**	Report to November meeting by Deputy Medical Director.
03/03/2021	**Staff Experience Item**	Suggestion: Team involved in savings on PMO workstreams. Other suggestions to be discussed with L Bussell's team.	**R Boydell/L Bussell**	To be included in future Development Sessions.
15/01/2023	**Integrated Children's Report**	Interim 6 month update	**P Cremin/T Gervaise/I Kyle**	Added to Workplan: September committee

Meeting: Highland Health and Social Care Committee

Meeting date: 1 November 2023

Title: Engagement Framework update

Responsible Executive/Non-Executive: Gareth Adkins, Director of People and Culture

Report Author: Marie McIlwraith, Community Engagement Manager

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Over the last 12 months, we have been further developing and implementing the ambitions within the Communications and Engagement Strategy, specifically relating to the creation and development an Engagement Framework.

This report provides an overview of the progress made over the last 12 months, for implementing the ambitions of the Engagement Framework.
It highlights:

- Progress of the implementation plan,
- progress with initial indicators,
- main themes from colleague and stakeholder feedback,
- next steps and future focus.

2.2 Background

NHS Highland has a statutory duty to involve and engage people in decisions and outcomes that affect them.
https://www.legislation.gov.uk/ukpga/1978/29/contents

The Communication and Engagement Strategy set out a three-year plan for NHS Highland, including developing comprehensive engagement framework stating;

'We will put in place a community engagement framework that supports colleagues to engage proactively, ensuring we not only meet legal requirements for engagement, equalities, and accessibility, but also encourage ongoing engagement and relationship building. The framework will include training, templates and examples, and a governance structure that will both enable colleagues to reach relevant audiences and quality-check engagement projects.'

In November 2022, NHS Highland Board approved the Engagement Framework, a vision and set of tools, templates, and training, to support a new way for NHS Highland to plan and deliver its statutory duties as set out in Scottish Government Guidance. https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/

2.3 Assessment

2.3.1 Progress of the implementation plan

Achieved

- Framework Approved by NHS Highland Board
- Templates and flowcharts live on staff intranet
- Request for communications and engagement support process live and operating
- Care Opinion test sites live and operating
- Framework values, methods test sites identified and mentoring approach live
- Sharing practice and learning with peers live and ongoing
- Programme of engagement training and awareness sessions delivered
- Baseline data collected, to support first year and subsequent reporting

Working on

- Developing governance and reporting structures in partnership
- Testing engagement processes & protocols within ADP structures
- Analysing baseline data to inform next steps with training and development
- Procuring Engagement Management Platform
- Developing networks and Forums - Highland 100 Panel
- Supporting development of plain language uniform reporting templates
- Ensuring equalities and related programmes and agendas, are cohesively linked
- Working with colleagues, Chairs and representatives on meaningful involvement

Planning

- Evaluate test areas to inform improvements
- Identify and arrange next level training, supporting co-design approach
- Use Engagement Management Platform to create external engagement channels and internal peer support structures
- Run baseline survey with Highland 100 Panel and create a rolling programme
- Develop equalities networks to support non digital engagement (no one left behind)
- Test and launch governance and reporting structures
- Show how feedback and lived experience informs policy and improvements
- Raise colleague awareness and confidence in communication and engagement
- Embed engagement in existing processes

As part of the implementation of NHS Highland's Engagement Framework, a small number of teams and project leads are trying new approaches, alongside well-established methods for engaging with people, listening to concerns, and identifying where we can make improvements.

Case study: Mental health and learning disability review

The mental health and learning disability review used conversation cafés, to capture people's lived experience of services, which is directly informing the development of the draft strategy for future services. These took place both in person, at various locations across the Highlands, as well as online. So far over 1000 people have taken part in this work. These include people who need services, carers, families, communities, our staff, and partners.

The Scottish Recovery Network has been a key partner, supporting the development of the conversation café approach and the overall engagement process for this work, hosting many of the conversations. Many other trusted partners also shared their experience and expertise, some hosting their own conversation cafes with the people they work with and support, including Lochaber Hope, Mickey's line, in Inverness and The Caithness Drug and Alcohol Forum, online.

A stakeholder group has recently been established to support ongoing conversations and future engagement, as the draft strategy begins to take shape.

2.3.1i Highland 100 Panel

To support our corporate communication and engagement channels we have recently launched our Highland 100 Panel recruitment drive and have 27 people signed up so far.

The Highland 100 panel will be held virtually and made up of a diverse range of people, who live across the Highlands and who are happy to share their views once or twice a year on key questions.

Questions will have set themes and will support NHS Highland with our understanding of people's perception and experiences of local services and will help support strategic planning and decisions. We are aim for the Panel to be operational by December 2023.

2.3.1ii Care Opinion

Over the last few months, a small number of test sites based within our hospitals, and one Highland wide community service have been using Care Opinion, as one of the main ways to hear people's experience. Care Opinion is available to all NHS Boards across Scotland and is funded by the Scottish Government.

Health and Social Care Partnerships and Integrated Joint Boards are not part of this arrangement and need to pay a subscription fee to use the platform.

Due to NHS Highlands Lead Agency Model and unique configuration, and we are currently working with Care Opinion to test a small number of areas that would be provided by IJBs (Integrated Joint Boards) in other areas, to test the viability of extending our current subscription to incorporate all Health and Social Care services across the Highland Council area.

Early findings from our test sites are positive; showing a steady increase in the number of stories received and responded to. (See Appendix 2 for summary reports).

2.3.1iii Support and training

We continue to develop our engagement approaches and supports to help us to better hear the voices of our communities and partners.

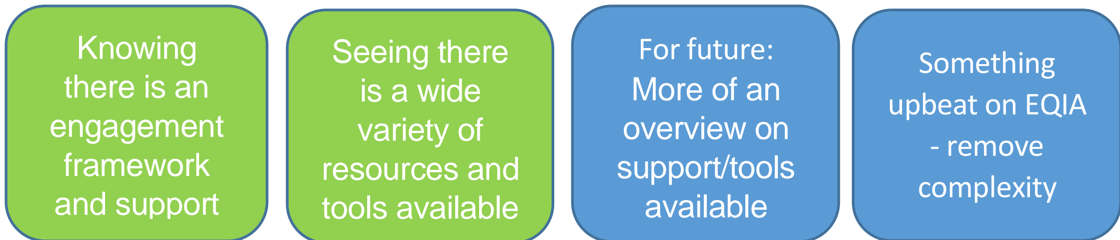
A range of tools, templates and online training sessions have been created and provided over the last 12 months, to support the implementation of the Engagement Framework and upskill staff to engage with people in a meaning full way. The majority of these are available on the staff intranet page, for people to use when they need them.

We have supported the procurement of external additional resources to support several of our larger redesigns. For example, Morrison Media, who were commissioned to

support ongoing communication and engagement as part of the Lochaber and Caithness Redesigns (contract now taken over by Streets UK).

A series of training and awareness sessions have been delivered by us and a range of partners in the last 12 months including:

- HIS (Healthcare Improvement Scotland) – Community Engagement Planning Effective Engagement
- HIS- Community Engagement, Duties and Principles of Engagement
- HIS-Community Engagement, Planning with People information session
- HIS – Community Engagement, development of Voices training for strategic representatives
- Ability Net – 2x Digital Inclusion sessions
- NHS Highland – 2x Introduction to the Engagement Framework (advertised open sessions via Teams)
- NHS Highland – EQIA (Equality Impact Assessment) training (delivered by Public Health Colleagues)
- NHS Highland –Introduction to engagement delivered at team meetings (numerous teams and workstreams)
- Care Opinion – various sessions, introduction, responder, and promotion sessions
- The Alliance –Introduction to ALISS - A Local Information System for Scotland sessions, (delivered in various locations online and in person)
- The Samaritans – Conversations with Vulnerable People



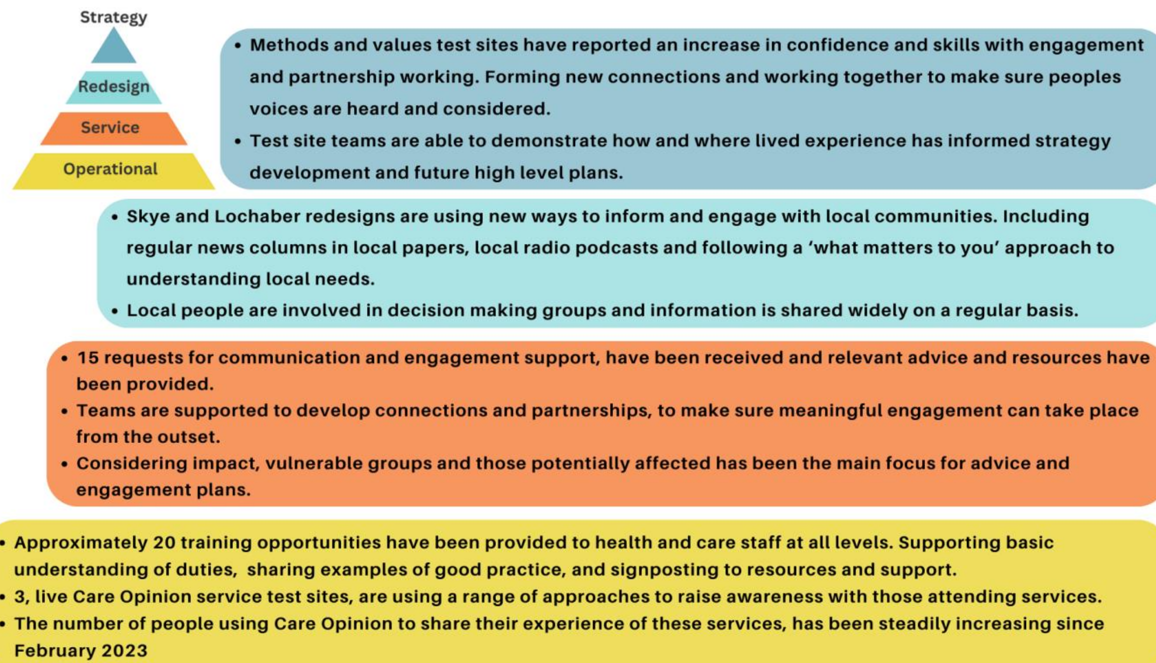
Feedback from the Introduction to the Engagement Framework Sessions

2.3.1iv Governance

Colleagues within Strategy and Transformation are currently working with us to support the development of the proposed governance structure. This will include the formation of an Oversight Group that will report to the Highland Health and Social Care Committee (HHSCC) and Clinical Governance Committee (CGC).

Discussions are in progress with the Chairs of these and other potentially relevant committees, to determine the setup and practical functions of the governance structure. This will ensure it is fit for purpose and appropriately connects and links in with existing and new structures, such as the Diversity and Inclusion (D&I) forum and the Audit, Finance, Resources & Performance and Staff Governance Committees.

2.3.2 Progress with Initial Indicators



Full size diagram included in Appendix

2.3.3 Main themes from colleague and stakeholder feedback

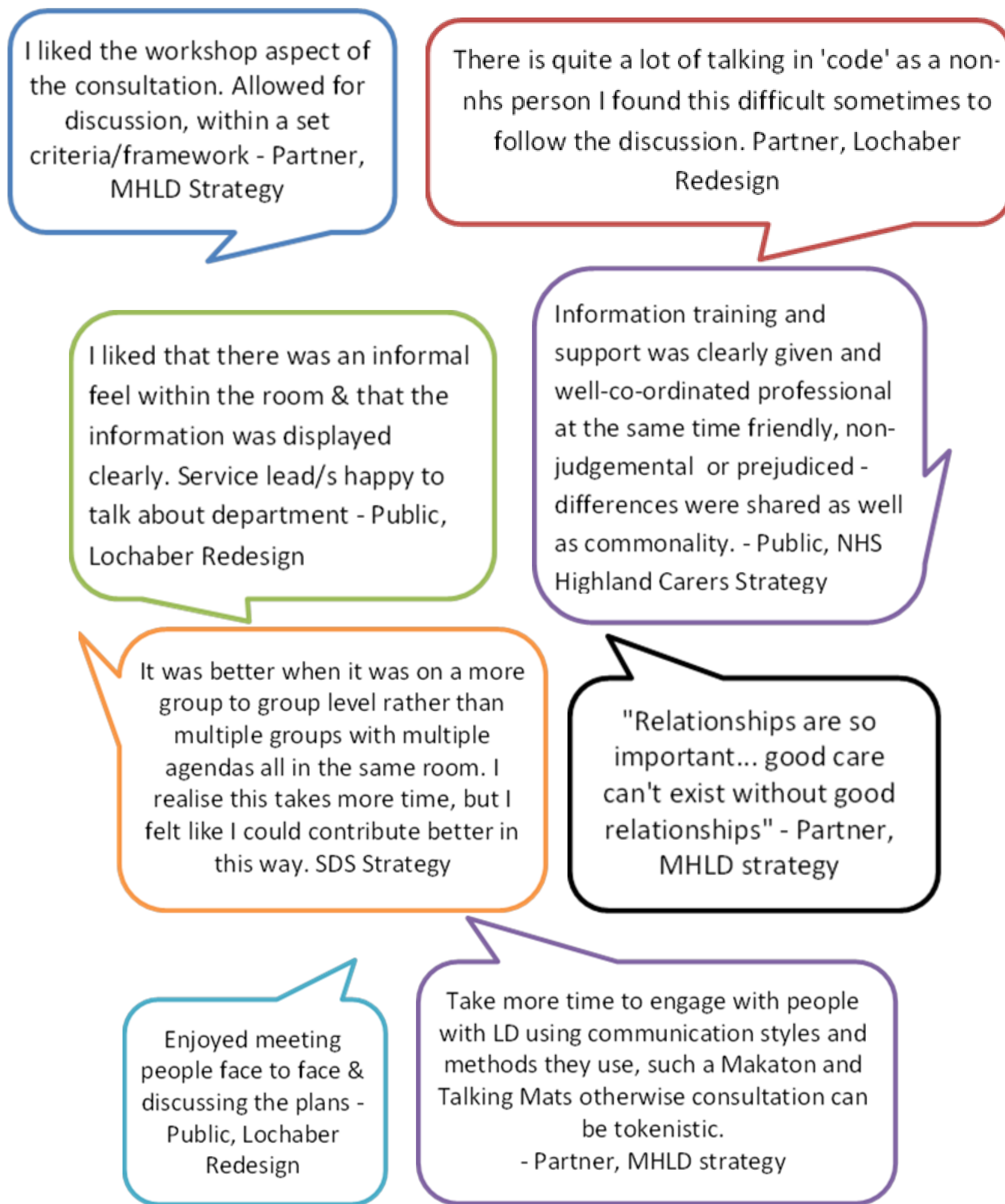
During 2023 we collected feedback in a range of ways from the people we care for and work with, including;

- Care Opinion stories (NHS Highland wide)
- Surveys (Chairs of Community Planning Partners and Public Representatives from a range of project and working groups)
- Feedback tree (public engagement event Lochaber June 2023)
- 'What Matters to You' leaflets & discussions (public engagement event Lochaber, June 2023 and Mental Health and Learning Disability engagement)
- Feedback from range of sources as part of Mental Health and Learning Disability Strategy development

The diagram below depicts how the 127 people, who shared their stories on Care Opinion, felt about the services they received.

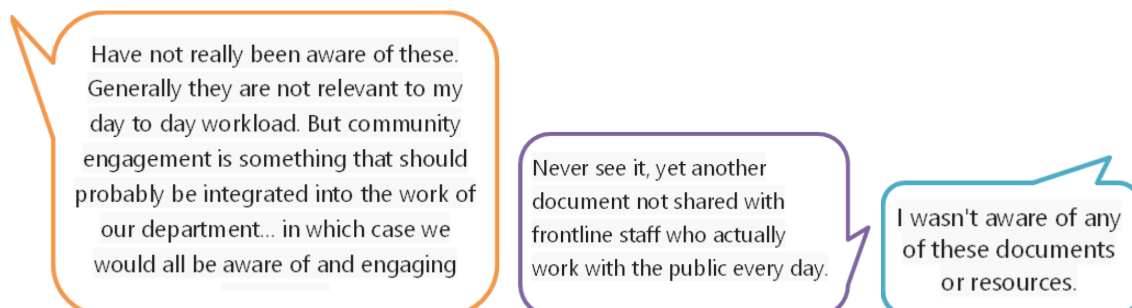
The main themes from the feedback collected by conversations, surveys, and other methods about how we engage with people include:

- People valued face to face opportunities with staff and service leads.
- People valued open and honest conversations.
- People prefer information to be shared regularly, in clear and simple ways, so it makes sense to those not working within the NHS or public sector.
- Safe spaces to share experiences, ideas and feedback are important.
- People welcomed working together, in partnership. Building trust, mutual respect, and good relationships.
- Using external trusted facilitators to support conversations with people was welcomed, particularly when sharing lived experience.
- Making sure we communicate and engage with people in ways that suit them best is essential – particularly considering non-digital information and people from protected or vulnerable groups. For example, ‘Talking Mats,’ BSL (British Sign Language).
- Working with trusted partners and representatives early on in our work and co designing engagement plans and methods was valued and welcomed.
- Providing training and support to help people to fully participate is imperative. This should be flexible to cater for differing needs.
- People need to know that we are listening, hearing, and responding to feedback, including the difference shared experiences has made.



2.3.3ii Workforce Survey and Feedback

We asked NHS Highland colleagues to complete a survey in June 2023, about their engagement experience, knowledge, and confidence. This showed that most of the colleagues who are aware of the Engagement Framework and resources, found them beneficial to their work. Most respondents were not aware of the Framework, however, so more work needs to be done to help them access this support.



2.3.4 Next steps and future focus

As highlighted in this report, there are many areas of improvement and good practice relating to community engagement within NHS Highland, particularly with the development of our strategies and high-level plans. Most of these are strongly linked to the development and implementation of the Engagement Framework. Feedback from those involved indicate that people welcome the partnership approach to working and strong relationships have, and continue to be built, to support ongoing dialogue and engagement.

We recognise that the scale of this progress is small, relatively speaking, often through targeted pockets within the organisation. We also recognise that there are examples of excellent practice within NHS Highland, out with the test sites and targeted areas, and there is much we could learn and share, to support the development and confidence of our workforce towards this new way of working. For example, the excellent work taking place in Caithness demonstrates established co-design approaches to service redesign that could be shared and used in other areas.

We plan to organically extend the progress made to other areas of NHS Highland, building on the good work that exists and supporting colleagues to build confidence and experience within communications and engagement, adopting inclusive and meaningful ways to involve people in all aspects of health and social care planning and delivery.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

A working group is currently being formed to support the development of the required infrastructure within NHS Highland as part of our ongoing implementation and development. This will ensure effective and meaningful communication and engagement takes place at all levels across the organisation, as part of business as usual, strategic planning and redesign developments, in line with the ethos and values set out within the Engagement Framework.

An action plan and tracker will be developed to inform and track the continuation of this work. We will adopt a partnership approach to develop effective means to:

- Deliver targeted training and support for senior and service managers, relating to our duties and meaningful, timely communications and engagement.
- Deliver relevant training to teams and team leads to increase awareness and confidence with practice, for frontline colleagues.

- Raise awareness of available engagement resources and where to find them.
- Develop ways for colleagues to share practice and access peer support relating to engagement and associated areas, like equalities, accessibility, feedback, and complaints.
- Develop a fit for purpose, supportive, infrastructure, for our networks, processes, and governance arrangements, to support roll out of the framework and the consistent movement towards partnership working at all levels.

3 Impact Analysis

3.1 Quality/ Patient Care

It is too early to clearly demonstrate the impact of effective and inclusive engagement on patient care, within the timeframe of this first report.

However, feedback from the people we have worked with over the last 12 months suggests that there has been an improvement in how we involve people in planning, redesigning, and delivering services.

We plan to build on this progress, over the coming year, with the development of the Highland 100 Panel, the introduction of the Engagement Management Platform and the formation of the many networks that will support and inform the continued development of how we meaningfully involve people in the planning, designing, and delivering of local services.

The use of Care Opinion gives us the opportunity to hear patient and carers experience of the care they have received and understand where this has gone well and where improvements can be made. We are working with the Feedback and Complaints team to make full use of Care Opinion to hear people's feedback at the point of accessing care to inform continuous improvement and person-centred care.

3.2 Workforce

It is too early to clearly demonstrate a significant impact to colleagues from the introduction of the Engagement Framework, due to the scale and short timeframe for this first report.

However, colleagues who have had direct support or advice have shared positive experiences of working with the team, using the resources, and following the ethos of the Engagement Framework.

From the information collected, there is still much to do with raising awareness of the Engagement Framework, its principles and values and the resources and tools that are available. More support is also needed to help increase colleagues' confidence and experience in delivering inclusive and meaningful engagement as part of our work.

This coming year we will be working on threading engagement ethos and values within key internal processes, to help embed good practice in a seamless and organic way from start to end.

3.3 Financial

A reoccurring budget of £20,000 has been allocated to support Community Engagement. This budget was previously allocated to Communications for printing purposes that is no longer required. From this budget we expect an annual spend in the region of £13,000, for engagement management software.

Required resources should be factored into project plans and budgets, from the start, to ensure meaningful and inclusive communication and engagement takes place at the appropriate times and levels, with those most affected.

3.4 Risk Assessment/Management

Engagement has been de-escalated as a corporate risk, due to the production of the Engagement Framework and its progressive implementation. The procurement of the Engagement HQ platform will support 'citizen' engagement that will better inform our plans, strategies, and services, helping us reach groups who are less likely to engage by other means, at a time and method that are best suited to their personal and lifestyle needs.

The platform will also provide us with ways to oversee, manage and measure the impact of engagement plans and activities across the organisation and help us to identify gaps and groups that need tailored and personalised engagement.

The development of the governance structure will ensure that we are meeting our statutory duties relating to engagement, with particular focus on health and societal inequalities. Once operational, it will help provide assurance of the quality and standards of engagement taking place.

3.5 Data Protection

Information provided within this report has been taken from a range of sources, including public and colleague feedback, observations, and surveys.

Where appropriate, consent was sought for data to be used to inform our practice and reporting.

3.6 Equality and Diversity, including health inequalities

The Engagement Framework was created in partnership with others and is based on current good practice and ethical approaches. Significant emphasis is placed on engaging with groups highlighted within the Equality 2010 Act and Fairer Scotland Duty.

Valuing lived experience and considering the impacts for those most affected by decisions, plans and developments is at the centre of the models within, as is engaging with people in ways best suited to their needs and wishes.

3.7 Other impacts

An impact assessment for the procurement of the Engagement Management Platform is currently being completed, along with DPIA (Data Protection Impact Assessment) and SSP (System Security Policy) risk assessments.

Mitigating actions will be taken, to ensure people are not excluded or adversely impacted by the introduction of the Engagement Management Platform.

EQIA along with other relevant impact assessments should be completed for each project, redesign, or strategy development, by project teams and relevant stakeholders. Subsequent communication and engagement should be informed by the findings and recommendations of the initial focused EQIA and project plans, which should be updated periodically, throughout the duration of the project or redesign process.

3.8 Communication, involvement, engagement, and consultation

The information in this report has been taken from various engagement and information sources, including:

- Mental Health and Learning Disability Strategy Engagement
- Lochaber Redesign Engagement Event 6th of June 2023
- Care Opinion Website
- Engagement Framework Training Feedback Survey 2023
- Stakeholder survey, 27th July - 28th August 2023
- Workforce survey, 13th July – 10th of August 2023
- Request for Support data, via MS Forms

3.9 Route to the Meeting

This report has not been previously considered but will be presented to Clinical Governance Committee on 2 November.

4 Recommendation

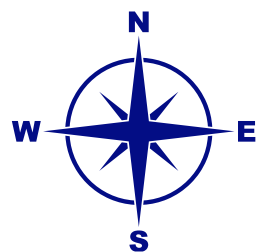
- **Assurance** – To give confidence of compliance with legislation, policy, and Board objectives. This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1: Implementation Progress Diagrams
- Appendix 2: Care Opinion Summary Report
- Appendix 3: Internal Survey Summary



Engagement Framework Implementation

Where are we now

Achieved

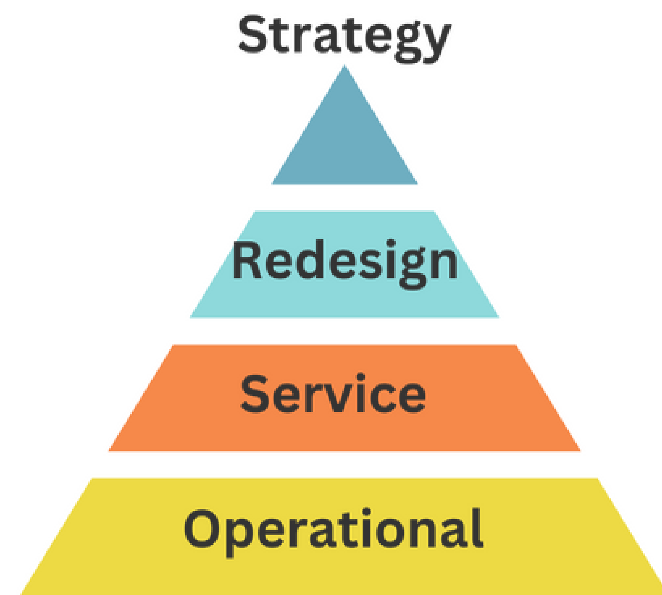
- Framework Approved by NHS Highland Board
- Templates and flowcharts live on staff intranet
- Request for communications and engagement support process live and operating
- Care Opinion test sites live and operating
- Framework values, methods test sites identified and mentoring approach live
- Sharing practice and learning with peers live and ongoing
- Programme of engagement training and awareness sessions delivered
- Baseline data collected, to support first year and subsequent reporting

Working on

- Developing governance and reporting structures in partnership
- Testing engagement processes & protocols within ADP structures
- Analysing baseline data to inform next steps with training and development
- Procuring Engagement Management Platform
- Developing networks and Forums - Highland 100 Panel
- Supporting development of plain language uniform reporting templates
- Ensuring equalities and related programmes and agendas, are cohesively linked
- Working with colleagues, Chairs and representatives on meaningful involvement

Planning

- Evaluate test areas to inform improvements
- Identify and arrange next level training, supporting co-design approach
- Use Engagement Management Platform to create external engagement channels and internal peer support structures
- Run baseline survey with Highland 100 Panel and create a rolling programme
- Develop equalities networks to support non digital engagement (no one left behind)
- Test and launch governance and reporting structures
- Show how feedback and lived experience informs policy and improvements
- Raise colleague awareness and confidence in communication and engagement
- Embed engagement in existing processes



- Methods and values test sites have reported an increase in confidence and skills with engagement and partnership working. Forming new connections and working together to make sure peoples voices are heard and considered.
- Test site teams are able to demonstrate how and where lived experience has informed strategy development and future high level plans.

- Skye and Lochaber redesigns are using new ways to inform and engage with local communities. Including regular news columns in local papers, local radio podcasts and following a 'what matters to you' approach to understanding local needs.
- Local people are involved in decision making groups and information is shared widely on a regular basis.

- 15 requests for communication and engagement support, have been received and relevant advice and resources have been provided.
- Teams are supported to develop connections and partnerships, to make sure meaningful engagement can take place from the outset.
- Considering impact, vulnerable groups and those potentially affected has been the main focus for advice and engagement plans.

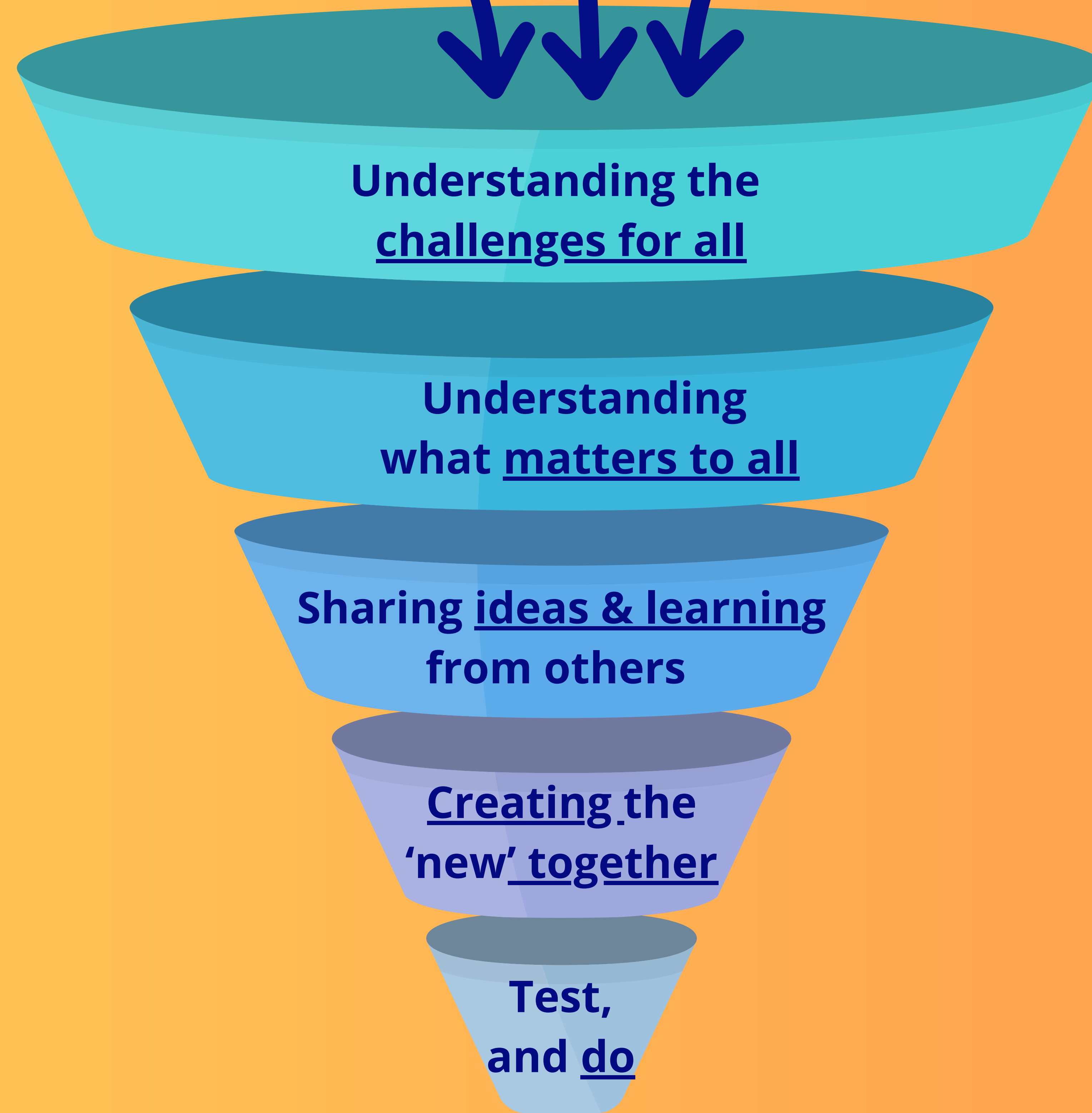
- Approximately 20 training opportunities have been provided to health and care staff at all levels. Supporting basic understanding of duties, sharing examples of good practice, and signposting to resources and support.
- 3, live Care Opinion service test sites, are using a range of approaches to raise awareness with those attending services.
- The number of people using Care Opinion to share their experience of these services, has been steadily increasing since February 2023

NHS
Highland

Moving to co-design and partnership working

Transforming services - Improving lives

Together



Better plans, better use of resources, better services, better health and care outcomes for people

Stories in summary

About this report

This report shows summary information about a selection of stories published on Care Opinion.

It was created on **18 September 2023.**

Which postings are included?

This report shows stories in the **NHS Highland** subscription, which includes all stories about NHS Highland (Health).

The report is also filtered to show only all stories submitted on or after 18/09/2022

Frequently asked questions

How is story criticality rated?

Story criticality is rated by our moderations at the time each story is moderated. It is a measure of how critical the most critical part of a story is, according to a criterion-based system. Criticality is rated in order to support our filtered email alerting system for staff, and is not intended for publication.

What do the story counts mean?

To the right of an organisation/service you will see a count. This tells you the number of stories listed in the report about that organisation or service (including any services run by that organisation/service).

What does "most popular" mean?

The most popular stories are those which have been read most often per day, since publication. This measure does produce a small bias towards more recent stories, but at least it is simple to understand.

Why might unexpected services appear in my report?

The services listed in the report depend on the stories that are included, and that depends on how you have filtered the report. So, for example, if you have filtered only according to where authors live, you may find they have used services some distance away.

Sharing and reuse

Contributors to Care Opinion want their stories to get to those who can use them to make a difference, so we encourage you to share this information with others.

Postings submitted via Care Opinion itself can be shared subject to a Creative Commons licence. You can copy, distribute and display postings, and use them in your own work, so long as you credit the source.

Material submitted via NHS Choices is licenced under Crown Copyright.

About Care Opinion

Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes.
For more information, contact us via: https://www.careopinion.org.uk

Care Opinion
What's your story?

This report summarises **127** stories

To date, the stories in this report have been viewed on Care Opinion **10,666** times in all

These are the three most popular stories, out of all the stories included in this report

You can click the story title to see the story online

Every woman should have a single room - 579 views

Posted by **First time mum far from home** as the patient 6 months ago

I found out at my 20 weeks scan in Raigmore, Inverness, that there may be something wrong with the development of my baby’s heart and was sent down to the QEUH, Glasgow, and seen very quickly within 2 days! A further scan there confirmed that my baby had a heart defect and would most likely require surgery immediately after being born, if he were to survive at all. The staff within the Feotal Medicine department couldn’t have been any better in…

Maternity care and Induction - 528 views

Posted by **sculptorrc98** as the patient 9 months ago

I gave birth in October and the maternity care we received throughout the pregnancy and birth was amazing. The maternity team in Oban hospital were all brilliant. Kirsty was our main midwife and her help, advice and support she gave us was so appreciated and she was so friendly and made us feel super comfortable and relaxed the entire process. The rest of the team that we dealt with were also all so lovely and knowledgeable. (Rosie, Eva, Sheila,…

I would not be alive today if not for the care I received. - 422 views

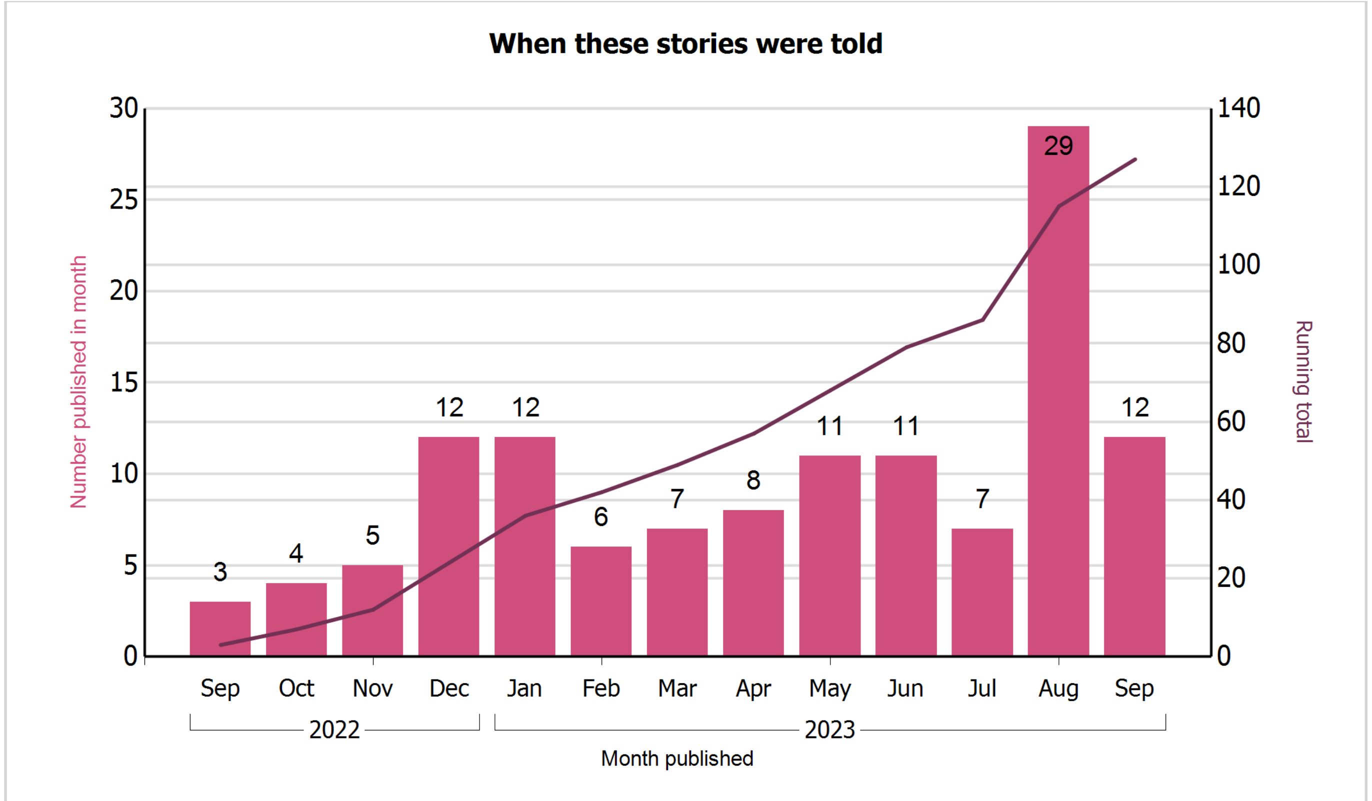
Posted by **COSTELLO** as the patient 10 months ago

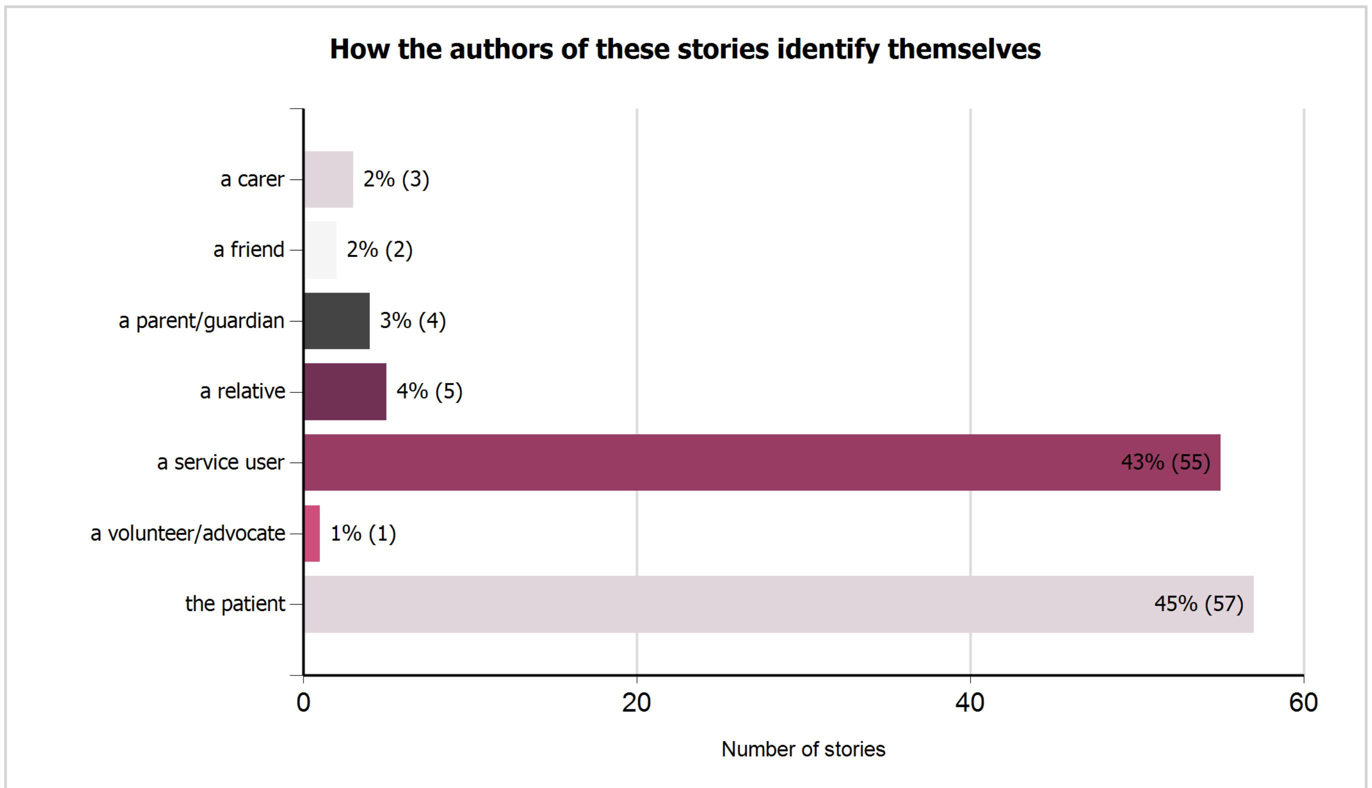
My husband died in September 2022, 2 weeks later I was rushed into hospital with suspected Covid.

I was triaged, the next thing I was aware of was that I was being told I was in the Intensive Care Unit (ICU) and was hooked up to an oxygen supply. I was in and out of consciousness.

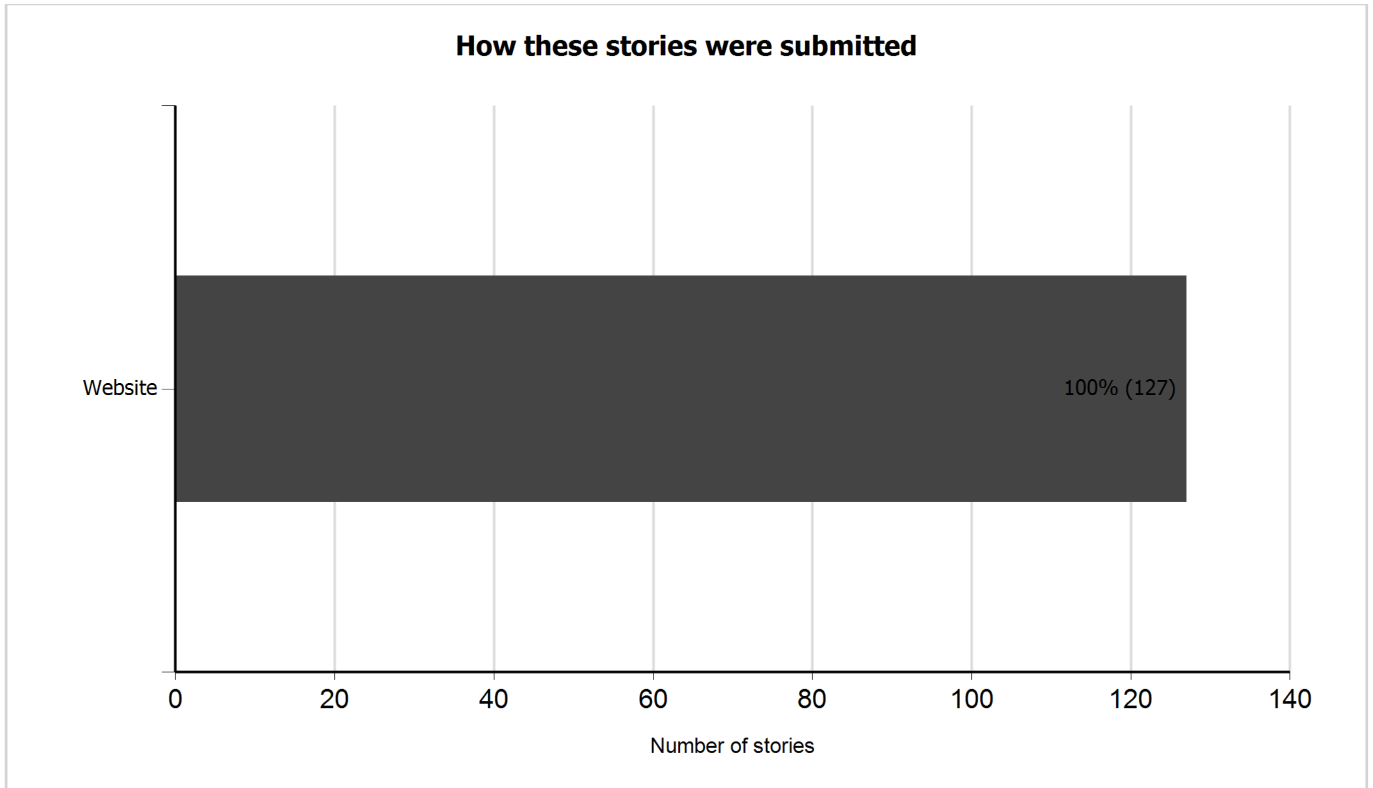
The Consultant told me I was very ill and that I might have to go on a ventilator I said that I didn't want to which they replied I may not have a choice (my…

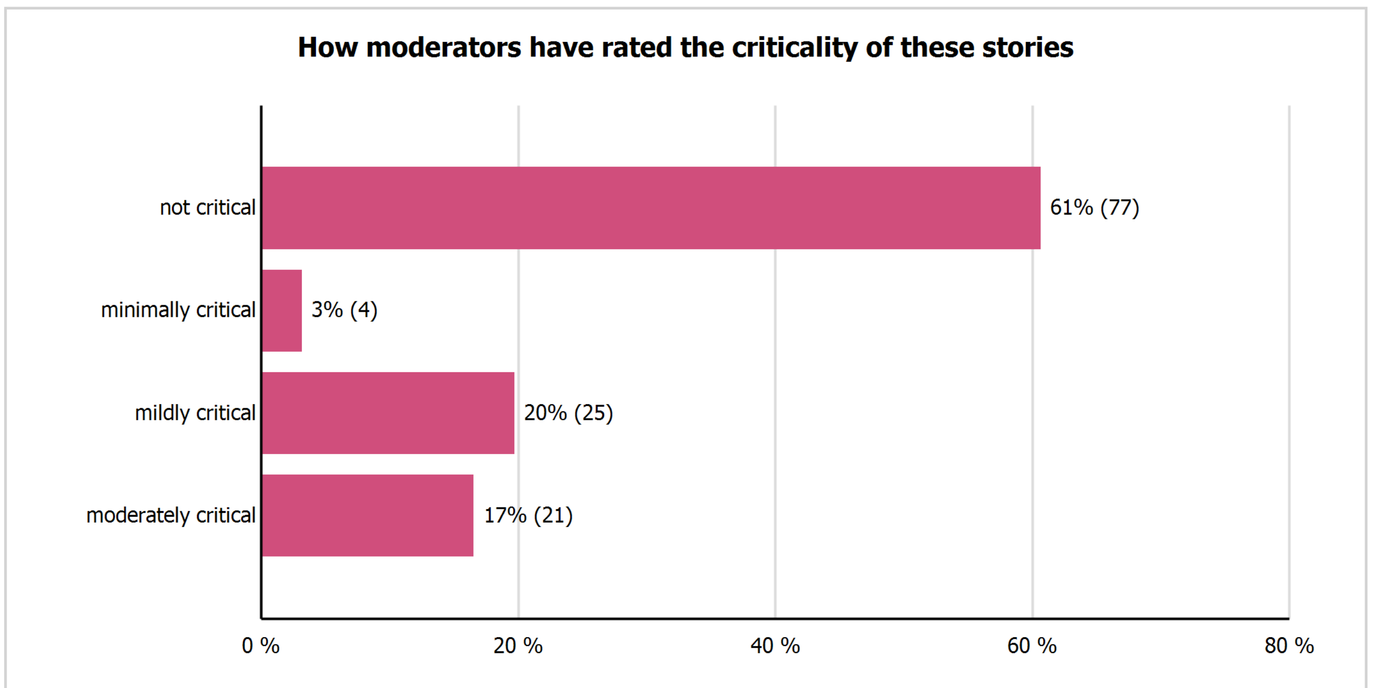
Care Opinion
What's your story?





Care Opinion
What's your story?





NB: criticality scores are assigned by moderators (not the public) to stories to support our alerting service. They are assigned *per story* not *per service*, so may reflect criticism of services other than your own. We provide them here purely for information, with these caveats in mind.

Care Opinion
What's your story?

Where these stories have come from

Source	Stories
NHS Highland (Health)	**101**
Unknown	**19**
NHS Western Isles	**2**
NHS Grampian	**2**
NHS Tayside	**1**
NHS Lothian	**1**
NHS Forth Valley	**1**

Most common tags added by authors to these stories

What's good?	
staff	23
helpful	17
friendly	16
professional	16
Care	12
kindness	12
midwives	11
communication	10
advice	9
efficient	9

What could be improved?	
communication	18
staff attitude	7
appointments	6
waiting time	6
information	5
doctor	4
waiting times	4
not listened to	3
advice	2
appointment	2
compassion	2
Directions	2
facilities	2
food	2
not treated	2
painful	2
spoken over	2
staff	2
staffing levels	2
support	2
travel	2
uncomfortable	2
understanding	2
waiting list	2

Feelings	
grateful	19
supported	13
reassured	12
cared for	11
put at ease	11
comfortable	10
frustrated	10
relaxed	10
safe	9
upset	9

NHS Highland Internal Community Engagement Survey 2023

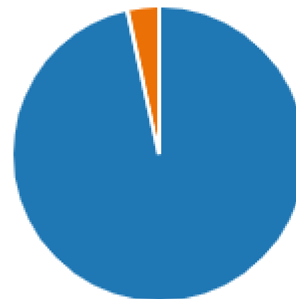
58
Responses

06:33
Average time to complete

Closed
Status

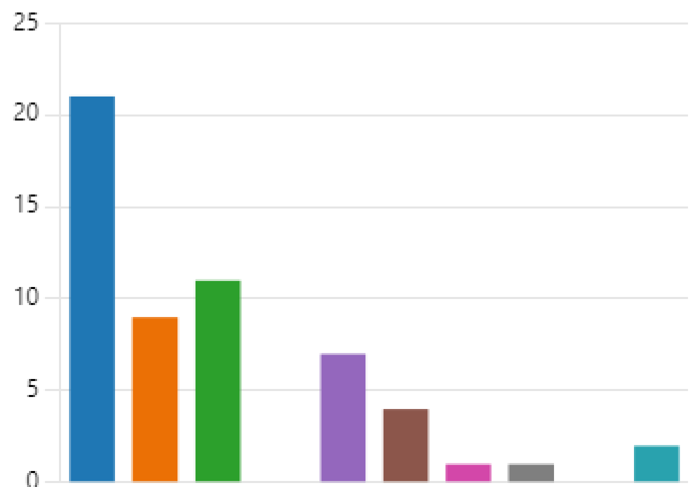
1. To continue, please indicate your consent below

Option	Count
Yes, I consent	56
No, I do not consent	2



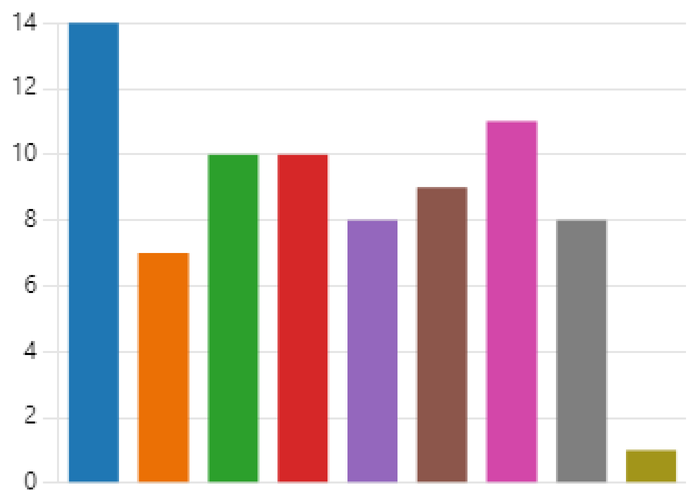
2. Which staff group to you represent?

Option	Count
Nurse/Carer/Frontline Worker	21
Project/Programme Worker/Ma...	9
Office Administrative like (com...	11
Support Services non clinical lik...	0
Clinical Support Services, (like R...	7
Clinician/Consultant/GP	4
District/Local Management	1
Senior Management	1
Board, Executive Management	0
Other	2



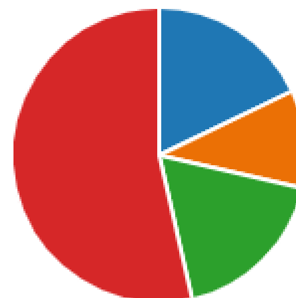
3. What geographical area(s) do you cover?

North, (Caithness, Sutherland)	14
West, (Skye, Lochalsh, Wester R...	7
Mid, (Mid Ross, East Ross)	10
South, (Inverness, Nairn & Arder...	10
Raigmore Hospital	8
Argyll and Bute (Oban, Lorn & Is...	9
Highland Wide (Including Argyll...	11
Highland Council Area (except A...	8
Other	1



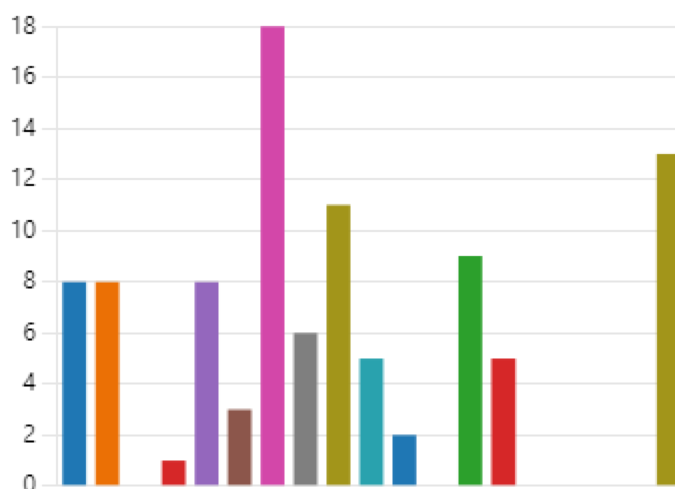
4. Do you have an established local network for sharing information and seeking feedback from people, *staff, people who need services, carers and members of the public?

Yes we have a functioning local ...	10
We are currently developing a l...	6
We do not have a local network	10
Not sure if we have or use a loc...	30



5. How do you currently communicate or seek feedback from patients or members of the public? Please tick all that apply to you.

Community meetings	8
Stakeholder group	8
Patient Council	0
Local Radio	1
Newsletter	8
Care Opinion	3
Patient Survey	18
Comments Cards	6
Email	11
Website	5
Local newspapers/spotlight bro...	2
WhatsApp	0
Facebook	9
Twitter	5
Instagram	0
Snapchat	0
LinkedIn	0
Tiktok	0
Other	13



6. Please tell us how often this communication takes place for each of the choices you have made

40

Responses

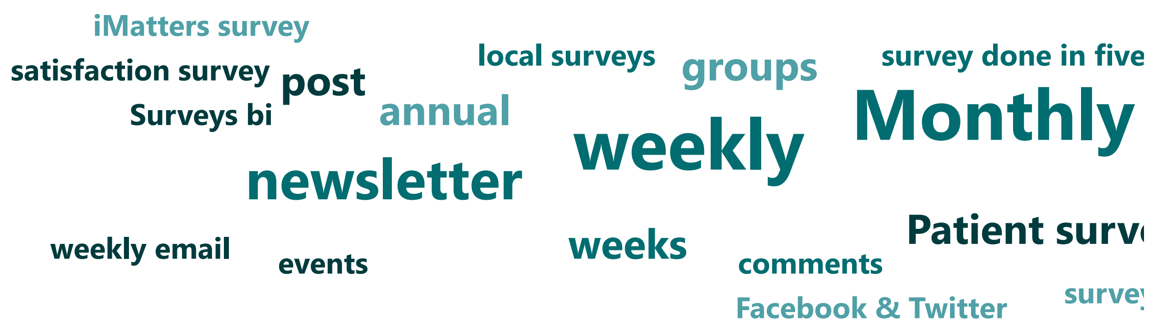
Latest Responses

"If relevant info comes in via email, for public info, it is forwa...

"Frequently on a one-to-one basis."

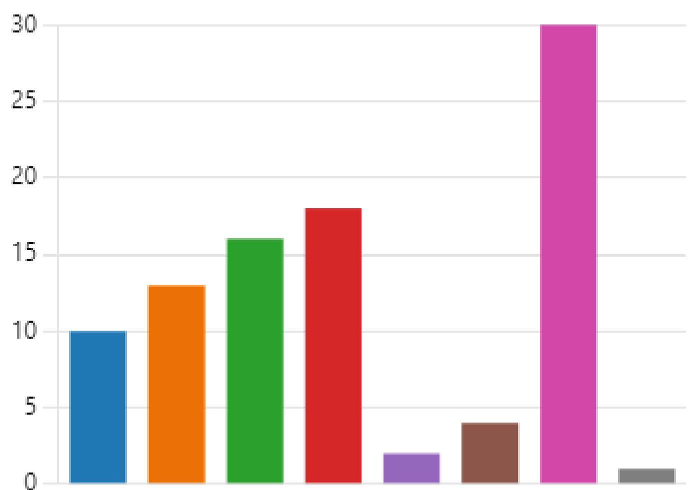
"Quarterly"

5 respondents (**13**%) answered **weekly** for this question.



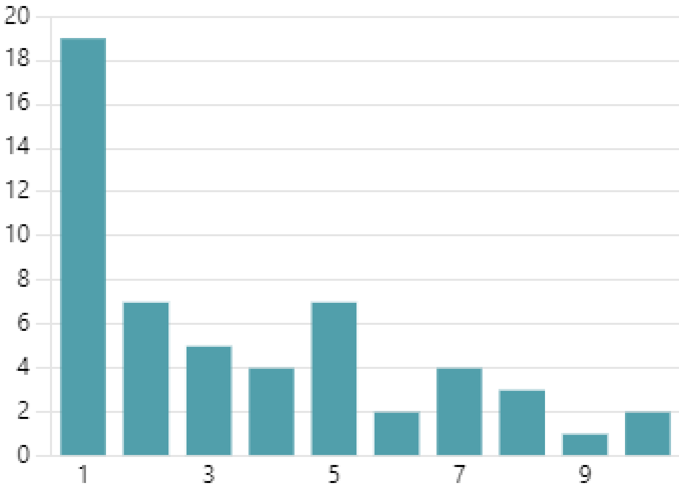
7. What experience of community engagement do you have?

I have facilitated and chaired on...	10
I have supported a colleague at ...	13
I have attended community me...	16
I have conducted patient survey...	18
I have responded to a story on ...	2
I have promoted Care Opinion a...	4
I have not experienced any of th...	30
Other	1



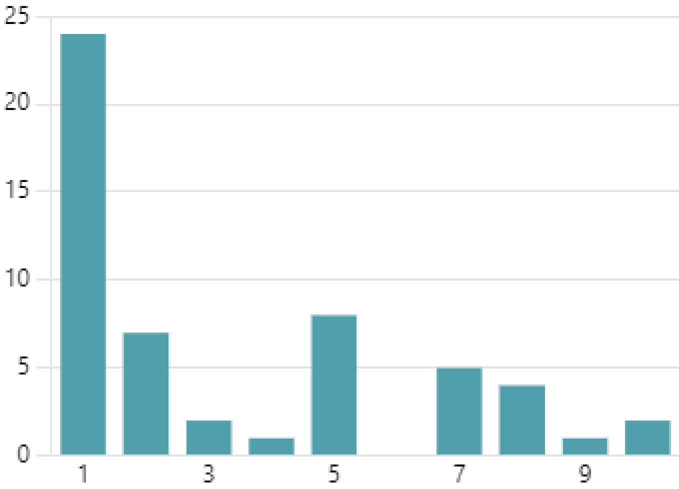
8. Following the Scottish Government Community Engagement Guidance - Planning with People.

3.56
Average Rating



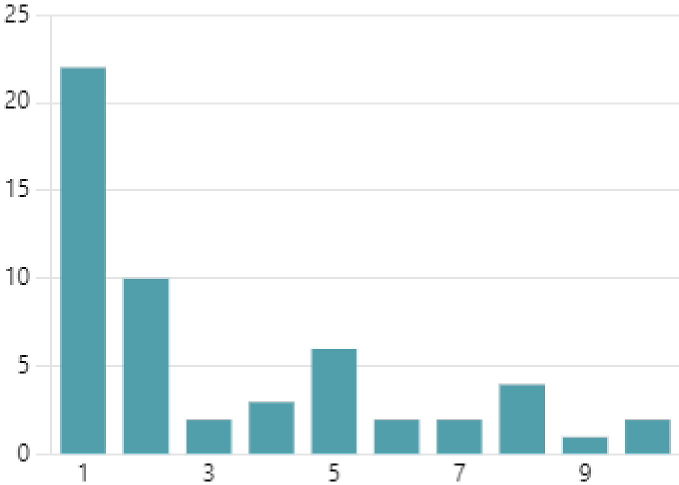
9. Carrying out a stakeholder analysis.

3.41
Average Rating



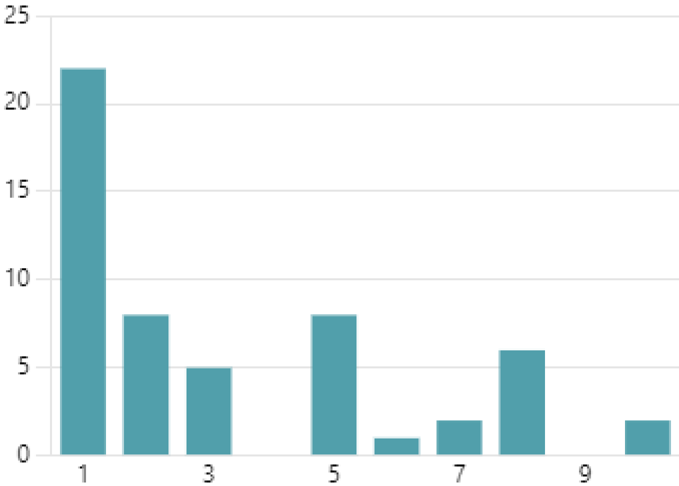
10. Completing an Equality Impact Assessment (EQIA).

3.28
Average Rating



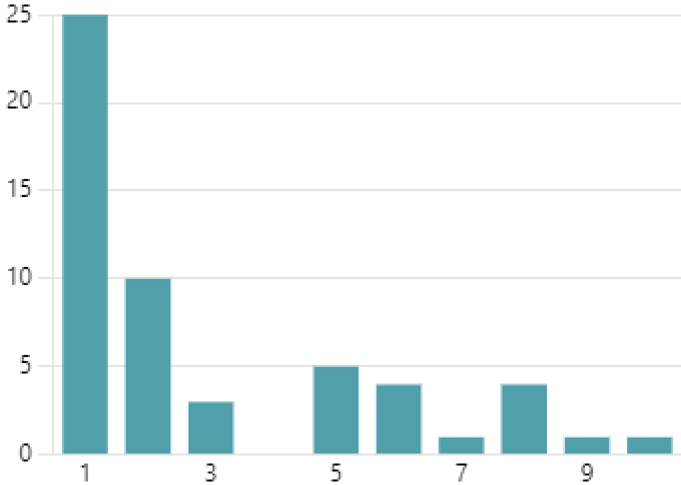
11. Creating a communications and engagement plan.

3.35
Average Rating



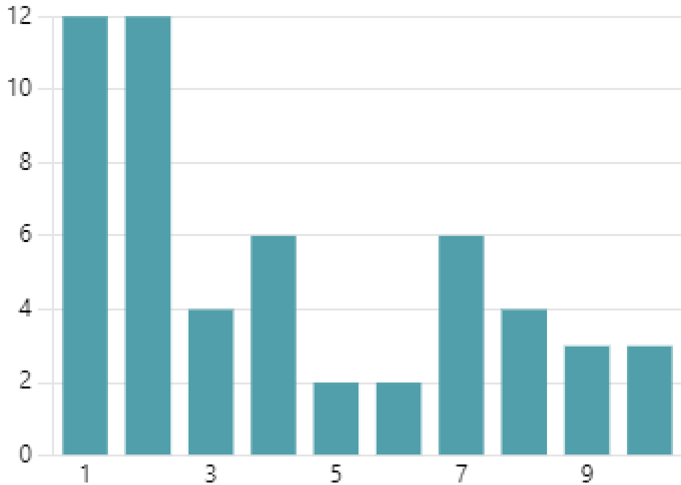
12. Following the statutory community engagement process for major service change.

2.98
Average Rating



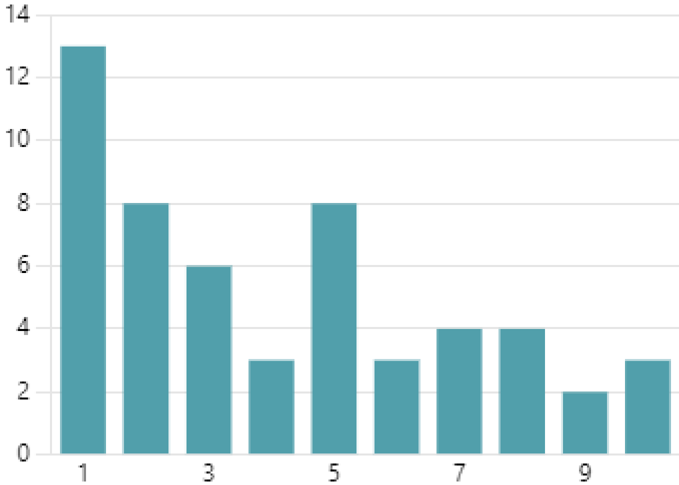
13. Communicating and engaging with relevant groups and communities, including vulnerable or less heard from groups.

4.17
Average Rating



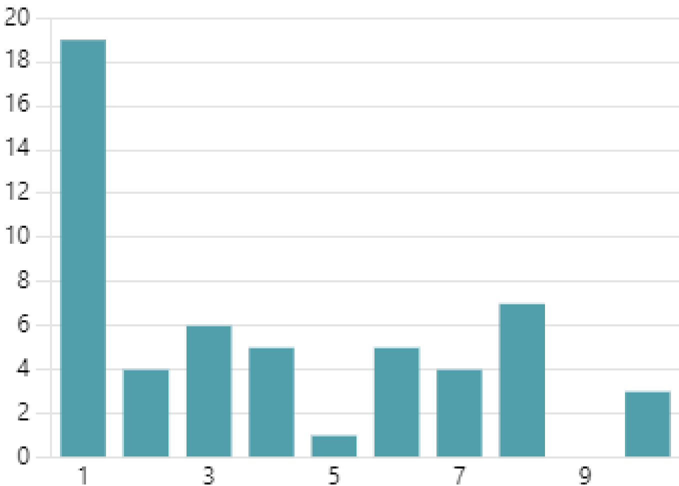
14. Using digital methods to meaningfully engage with people.

4.17
Average Rating



15. Managing difficult conversations or challenging behaviour with stakeholders.

3.96
Average Rating



16. Please tell us what would help build confidence in the areas that scored low on the scale.

29

Responses

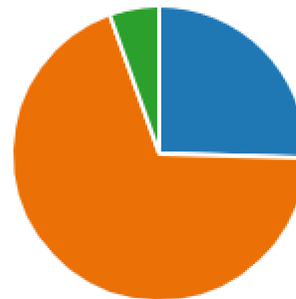
Latest Responses

"On the job training"

10 respondents (**34**%) answered **training** for this question.

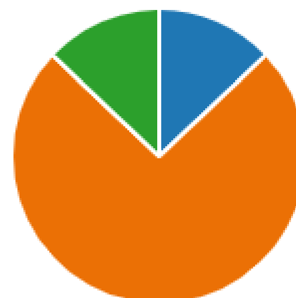
17. Have you read the NHS Highland Engagement Framework

Yes	14
No	38
I don't know	3



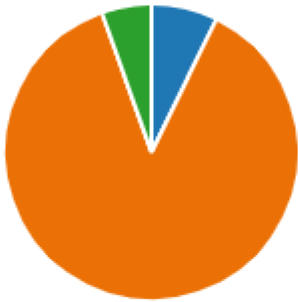
18. Have you used elements of the Engagement Framework to support your work? Like the Engagement Cycle, Levels of Engagement and Engagement Values

Yes	7
No	40
I don't know	7



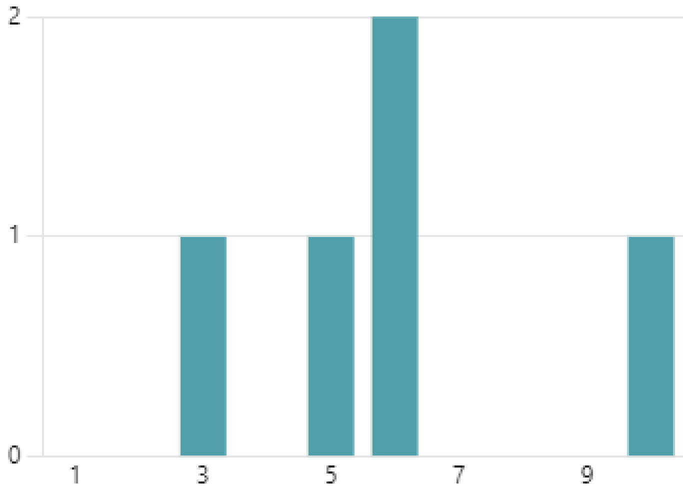
19. Have you used any of the templates or resources, like the Planning Tool or the 6 Tips to Improve Involving People Skills guide?

Yes	4
No	48
I don't know	3



20. If you said yes to any of the answers above, please tell us how helpful was the Framework, training and resources are or were, in supporting your work.

6.00
Average Rating



21. Please use the space below to tell us more about this,

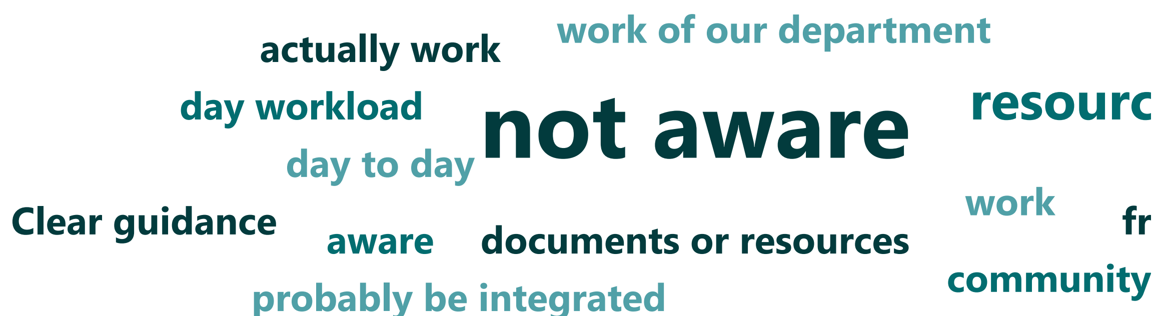
9

Responses

Latest Responses

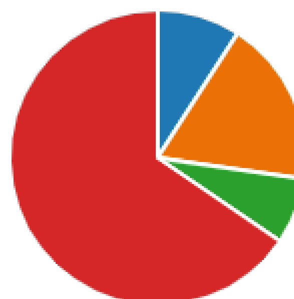
"Not reached a point yet where I can apply the resources but ...

5 respondents (**56**%) answered **not aware** for this question.



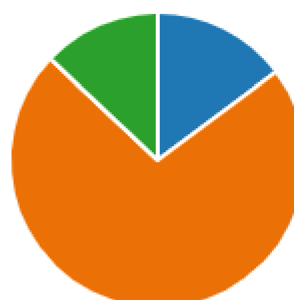
22. Overall, since the same time last year, how do you feel community engagement is being delivered by NHS Highland

Better than this time last year	5
About the same as this time last...	10
Worse than this time last year	4
I don't know	36



23. Have you received any advice or help from the Communications and Engagement Team in relation to engaging with patients, communities or staff?

Yes	8
No	39
I don't know	7

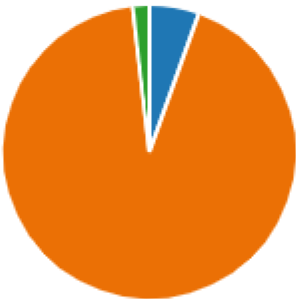


24. How helpful was the support or advice you recieved

Very helpful	6
Somewhat helpful	3
Neither helpful nor unhelpful	5
Somewhat unhelpful	0
Very unhelpful	0

25. Have you attended training or information sessions about engaging with people, using the framework or Equality Impact Assessment and Engagement?

Yes	3
No	51
I don't know	1



26. Tell us more about your experience, what was good and what would be helpful for the future?

5
Responses

Latest Responses

2 respondents (**40**%) answered **training** for this question.

27.

6

Responses

Latest Responses

Agenda Item 3.2

Meeting:	**Health & Social Care Committee**
Meeting date:	**1st November 2023**
Title:	**Social Care Governance**
Responsible Executive/Non-Executive:	**Pam Cremin, Chief Officer**
Report Author:	**Ruth MacDonald, Interim Deputy Director Adult Social Care** **Dr Claire Copeland, Deputy Medical Director**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

To update stakeholders on risks, actions undertaken and future planning to ensure that there are robust governance processes in place for the Partnership that can be used purposefully for audit, action and development.

2.2 Background

It has been recognised that governance in its broadest terms jointly across health, social work and social care can be problematic to streamline. This has been recognised by Integrated Joint Board's (IJB) across Scotland and has been an unresolved issue for the Highland Health and Social Care Partnership.

During 2023 there has been specific work undertaken to understand the extent of the issue and to work towards potential improved ways of working to have robust processes in place. This SBAR relates to the work required for the social work and social care elements of the Partnership to be aligned with other areas of service delivery.

The work has been defined as the following areas;

1. NHS Processes
2. Interface with other established processes
3. Internal and external recommendations
4. Professional Practice competence and continuous improvement
5. Workforce
6. Social Care resource availability – internal and external
7. Risk Assessment

2.3 Assessment

Ruth MacDonald – Interim Deputy Director Adult Social Care (ASC), Dr Claire Copeland – Deputy Medical Director and Mirian Morrison – Clinical Governance (CG) Manager, along with other team members have worked to develop an action plan in relation to the key areas with some actions well underway.

<u>NHS Processes</u>

- A specific social work and social care dashboard has been created and the first report will be available at September 2023 month end.
- The Datix system is under review, with some changes already in place to ensure is relevant for social work and social care reporting. Worked examples are being added to the system to audit any changes and further adaptations are made as required.
- Monthly meetings between DD ASC & CG Team Lead to work through any live issues.

<u>Interface with other established processes</u>

- Adult Protection (AP) Principal Officer is working to create processes to ensure flow between AP Committee and Clinical Governance.

<u>Internal and External Recommendations</u>

- Consideration is ongoing in relation to linking action plans developed as a result of eg Care Inspectorate (CI) or SPSO (Ombudsman) recommendations are built into reporting dashboards.

Professional Practice competence and continuous improvement

- Agenda for Change for all social work team staff is now complete and there is a single management and professional structure for all staff to an 8a Team Manager level.

Workforce

- Links have been made with workforce planning and Districts in relation to clearly documenting the current establishment for social work and social care teams employed by NHS Highland.

Social Care Resource Availability

- Adult Social Work &Social Care Leadership team are working to understand data available and areas of knowledge gap before linking to build onto single dashboard.

Risk Assessment

- This has been a gap in practice for Social Workers and other integrated team professionals since the introduction of the Personal Outcome Plan. A working tool is being adapted from another authority for testing in Highland.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

While there have been areas of progress over the past 3 months it is important to note that the level of work required to have a whole system approach that is fit for purpose in place is significant and requires dedicated time from leadership teams to develop. There is a commitment to take this forward as a priority area of work and report directly to Joint Officer Group.

A final and significant area for consideration is the requirement to work with NHS Highland and Highland Council to achieve the required culture change. Governance is still referred to as clinical in NHS Highland, references on papers, social media posting, language by execs reaffirm that this is seen as a health process. Each person working in governance has a responsibility to work to change the narrative to ensure that social work and social care are given due consideration in any agreed future processes.

3 Impact Analysis

3.1 Quality/ Patient Care

This will improve overall quality and person centredness by embedding this process into the HSCP Quality, Patient Safety framework.

3.2 Workforce

As commented above, there will need to be a cultural shift in how we think about Adult Social Care and Work in the context of Health.

3.3 Financial

N/A

3.4 Risk Assessment/Management

3.5 Data Protection

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

This work has been led by Ruth MacDonald, Claire Copeland and Mirian Morrison.
It has been shared with a wider stakeholder group via the HSCP QPS membership and Senior Leadership Team (SLT).

3.9 Route to the Meeting

4 Recommendation

- **Assurance**

4.1 List of appendices

The following appendices are included with this report:

- Action Tracker update
- Dashboard Care Homes

Action Tracker – Care and Practice Governance
Project Leads:
Project Sponsors:

Date of Action	Action Number	Action	Lead	Progress/Comments	Date Completed
	1	**NHS Processes**			
	1a	Ensure that the Datix system allows for the appropriate reporting fields for social work and social care, then to ensure the correct permissions are in place for professional leadership to review.	Ruth MacD Mirian Morrison	• Testing of adding social work adverse events to Datix w/c 18/09 – Claire Watt • 'Adult Protection' tick box added to reporting form. To include link to refer to Nominated Officer for Health/ relevant SW Team. Weekly report to be sent to Principal Officers for a 4 week cycle to build assess and agree final process.	
	1b	To have compliance from social work and social care teams once the system is more intuitive for this staff group a suite of training along with instruction will be reissued.	Ruth MacD	• Training for all social work team managers and seniors once system has been revised. – Claire Watt/ CG Team • Assurance that all training is up to date for all social care managers. – Jackie Hodges/ CG Team	
	1c	Regular meeting between clinical governance team lead and ASW &SC to embed practice principles to team culture.	Ruth MacD Mirian Morrison	• Monthly meeting in diary to work through live issues and to assess how these fit into processes being built.	
	1d	Develop process and associated actions that relate to adverse events that happen within services that are commissioned but not delivered by NHSH staff.	Ruth MacD/ Claire Copeland/ Mirian Morrison	• To be developed through test of change by logging incidents on Datix and using worked examples. • To link with head of contracts and commissioning to ensure working within contract requirements.	
	1e	Review current governance structure and agree what social work and social care membership is required at each point.	Fiona Duncan/ Fiona Malcolm/ Simon Steer	• Representation for reporting, governance and decision making. • Representation from weekly check in to committee.	
	1f	Datix Reporting for ASC and Social Work	Mirian Morrison/ Ruth MacDonald	• Dashboard being produced from Datix. To include complaints and adverse events. • First report due 30th September 23 • (to consider how this data merges to a wider ASW & SC dashboard)	

	1g	Culture – Work associated to the Partnership is still viewed as an addition. How is this embedded into NHS Highland through the whole system?	Board	• Ruth and Claire C to consider messaging and support for the whole service.	
	2	**Interface with other established processes**			
	2a	Agreeing the junctures and the process whereby a piece of works steps out of clinical and care governance to adult protection (or child protection) committee and then feeds back when complete to ensure appropriate comms, feedback etc.	Mirian Morrison/ Molly Gilbert	• Learning Review Sub Group has set a specific action on this to work with Clinical Governance to agree process. There is one current example and two further reviews almost at completion to be used to build process.	
	2b	Develop process when they are across agency eg involving MHO, CJS or children's services and how this fits into the NHS and HC governance processes.	Ruth MacD/ Mirian Morrison/ Fiona Malcolm	• There are cases that should be fed though for escalation and governance that have direct involvement crossing NHS/HC SW staff.	
	3	**Internal and External Recommendations**			
	3a	Agree as a partnership the central point plans will be held, themes across plans will be considered and reviewed	Ruth MacD	• To link with performance and planning to create single dashboard, building on the dashboard that is being built by the clinical governance team.	
	3b	CI inspections and grades, vulnerable and closing services or subject to LSI		• To link with performance and planning to create single dashboard	
	3c	LSI, learning reviews, data. Deaths and injuries (including suicide) that have triggered processes (links with care governance above), AWI compliance, ASP compliance (links with AP committee		• To link with performance and planning to create single dashboard	
	4.	**Professional practice, competence and continuous improvement**			
	4a	Risk assessment and risk management to be recorded, monitored and audited	Ruth MacD	• Risk assessment tool being developed (action below) • Process to be built to link the data to reporting. • This will assist with broadening risk from individuals to professional groups and the Partnership.	
	4b	Evidence codes of practice, legislation standards and local guidance are complied with.		• To link process with 4a	

	4c	Mechanism to routinely share practice learning		• To link process with 4a& 4b • Professional leadership to consider shared learning across teams via development sessions.	
	4d	Effective supervision of staff via an effective line management system.	Ruth MacD	• Single Social Work Structure is now in place in Highland whereby there is a senior social worker and team manager within every social work team. There should be no person working for the social work service that is not within this structure. • Supervision Policy to be revisited and implemented.	
	5.	**Workforce**			
	5a	Including conduct and capability and the interface between the employer, CSWO and SSSC	Fiona D/ Pam C/ Gaye B/ Fiona M	• To agree a Partnership approach to conduct and capability processes. • Considering HR policies for both organisations and how they can complement the Partnership. • Clearly document areas of risk whereby policy does not support Partnership working.	
	5b	Clear data in relation to workforce. Establishment, vacancies and sickness	Ruth MacD	• To link with community huddle data and workforce planning to build this reporting into one single ASW &SC dashboard.	
	6.	**Social Care Resource Availability (internal and sector)**			
	6a	To have up to date data in relation to resource availability across all services. To be able to be reactive to crisis areas but create the ability to be proactive as a Partnership. when risk areas are emerging	Ruth MacD	• Working with James Bain, Head of Transactions and Income to create template to build onto ASW &SC dashboard. • To include in-house data from community huddle • To request in house and external data from LD&MH	
	7.	**Risk Assessment**			

		Risk Assessment	Claire Watt	• There is clear guidance for workers about balancing risk, needs and human rights relevant to their roles • Model of tested risk assessment tool being adapted for Highland to assist social work and social care assessments. • Work with Claire C and Louise B to consider if this can be adopted as a partnership tool. • To create process for alert and reporting through governance once tool is in use. •	

B	Completed
G	On course for completion to timescale
A	Progressing but some slippage
R	No significant progress
	Progress not yet required

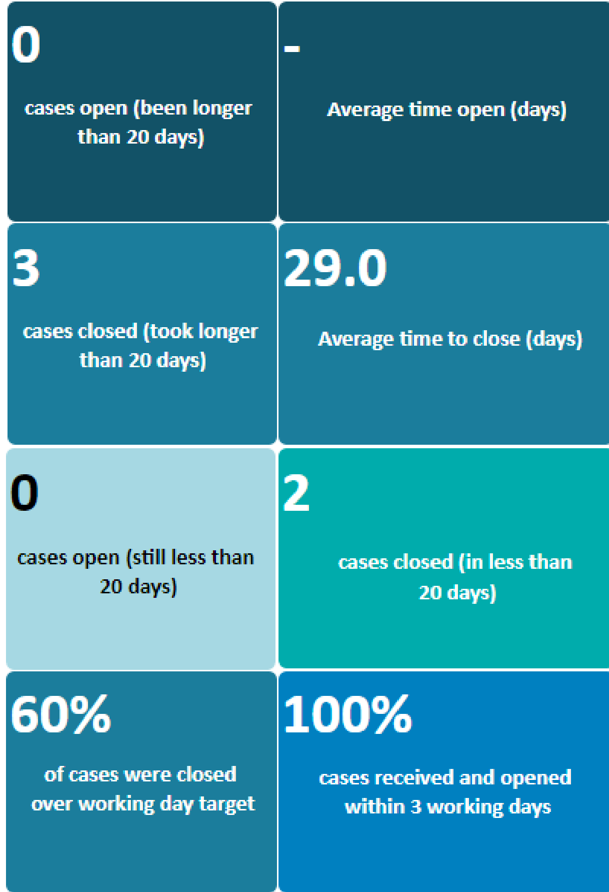
NHSH Care Homes
Stage 2 Complaints | October 2023

August 2022 to August 2023 (EXTRACT 05/10/2023) *excludes cases with stage of further correspondence and SPSO*

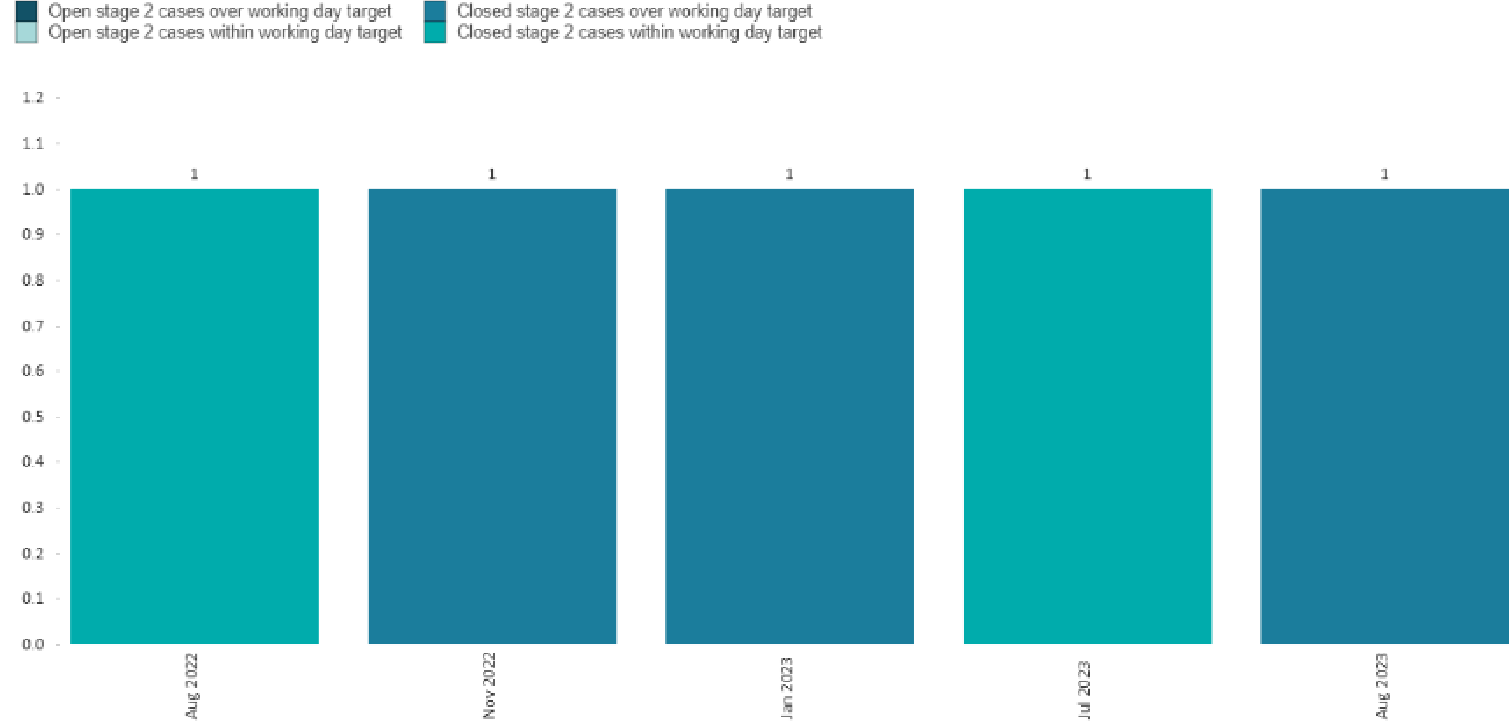
Together We Care
Building a brighter future for health and care 2022 - 2027

Context/narrative

Stage 2 case overview | Last 13 months



Working day status graph displaying number of stage 2 cases received | last 13 months



Working day performance (closed within 20 days) for stage 2 cases | Last 13 months

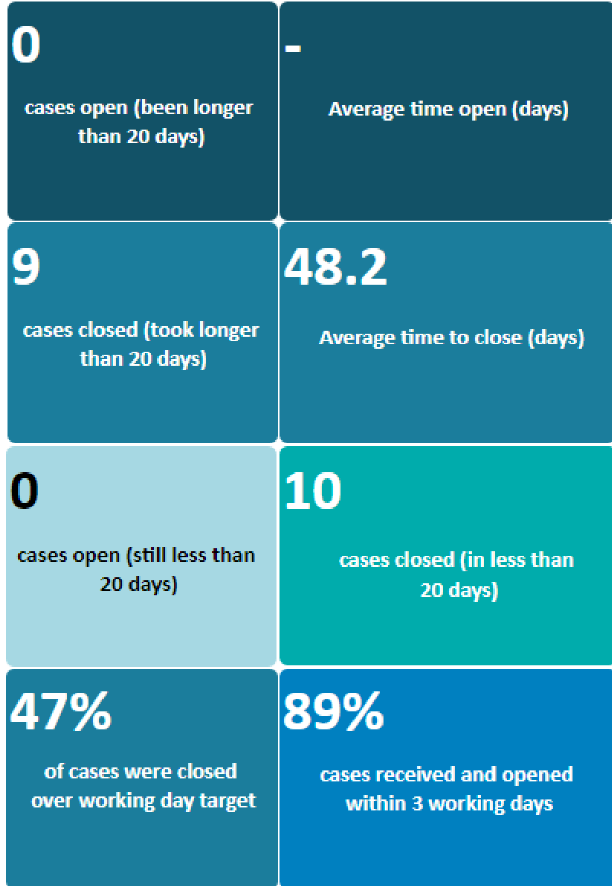
	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Care Homes	100%	n/a	n/a	0%	n/a	0%	n/a	n/a	n/a	n/a	n/a	100%	0%
Highland	61%	53%	32%	45%	35%	43%	24%	35%	53%	47%	49%	35%	38%

NHSH Care At Home
Stage 2 Complaints | October 2023

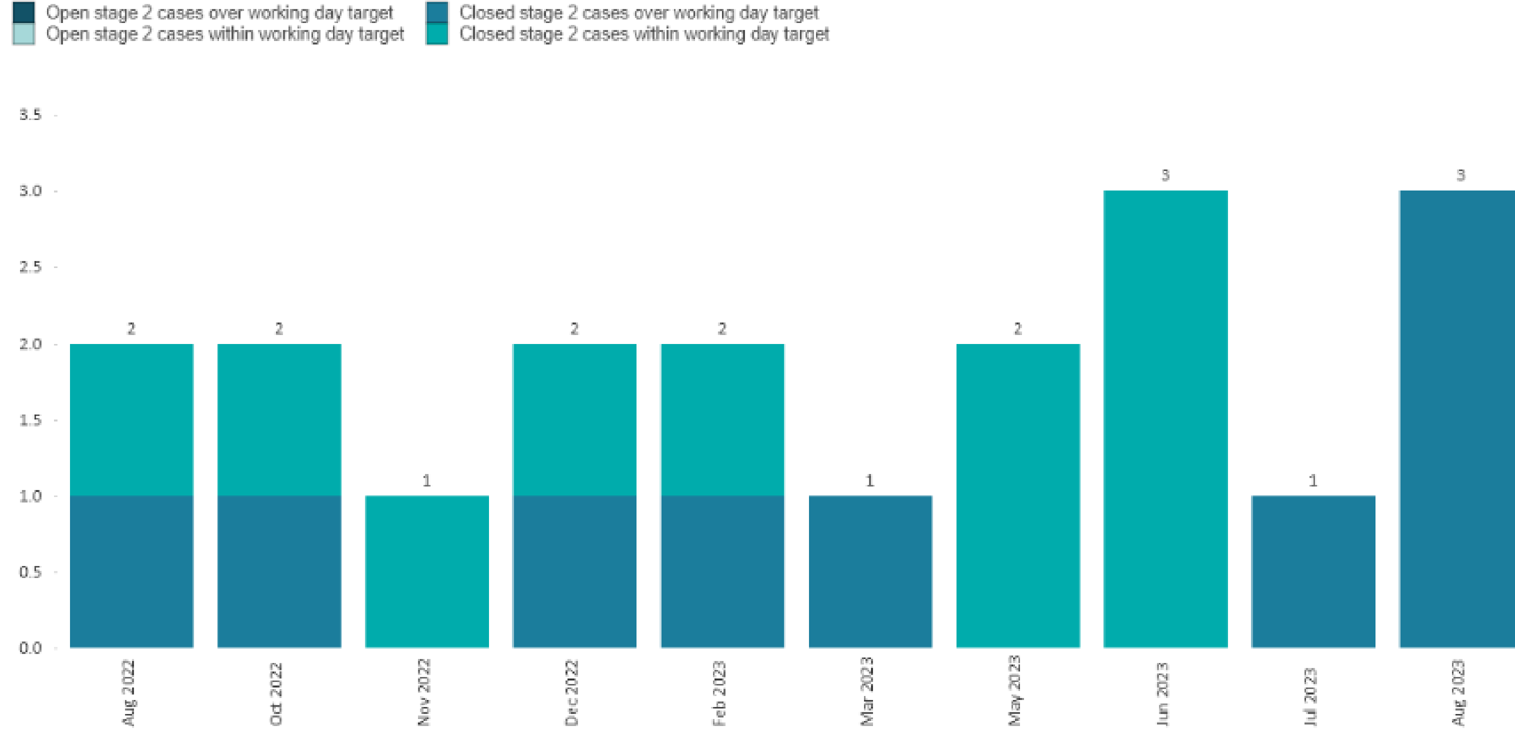
August 2022 to August 2023 (EXTRACT 05/10/2023) *excludes cases with stage of further correspondence and SPSO*

Context/narrative

Stage 2 case overview | Last 13 months



Working day status graph displaying number of stage 2 cases received | last 13 months



Working day performance (closed within 20 days) for stage 2 cases | Last 13 months

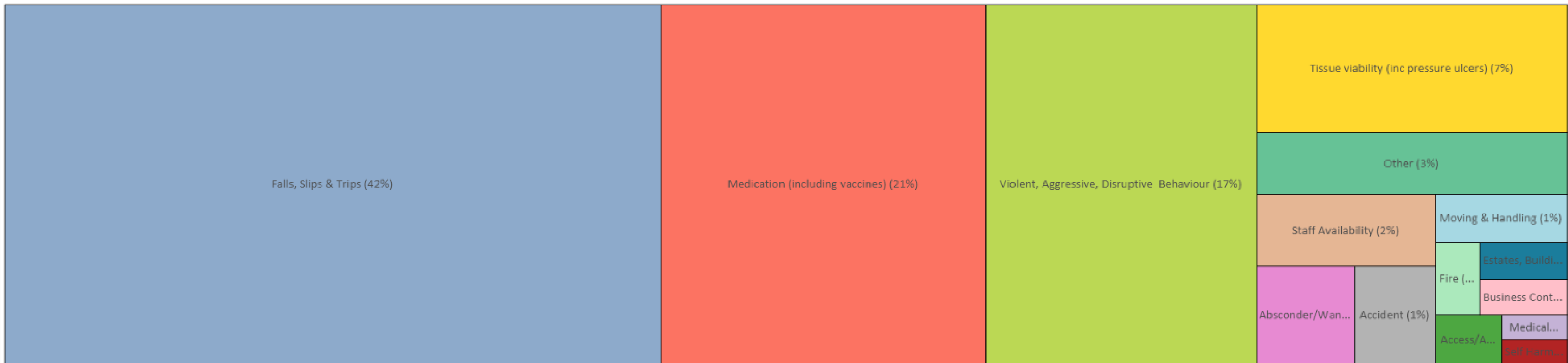
	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Care At Home	50%	n/a	50%	100%	50%	n/a	50%	0%	n/a	100%	100%	0%	0%
Highland	61%	53%	32%	45%	35%	43%	24%	35%	53%	47%	49%	35%	38%

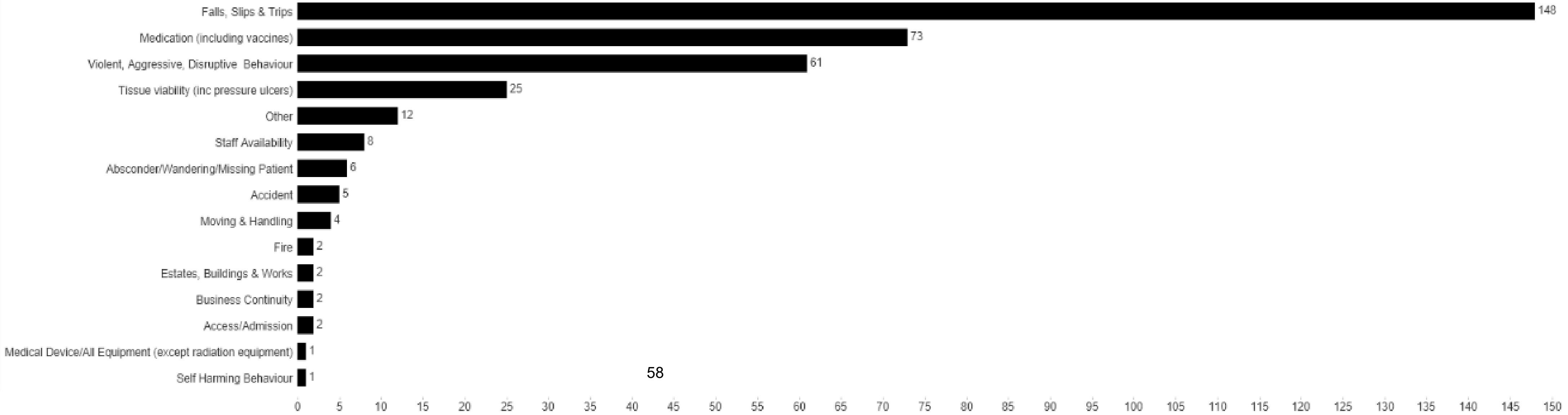
NHSH Care Homes
Adverse Events | October 2023

July 2023 to September 2023 (EXTRACT 05/10/2023)

Context/narrative

Top 15 adverse event categories recorded last 3 months | % Share and count | July 2023 to August 2023



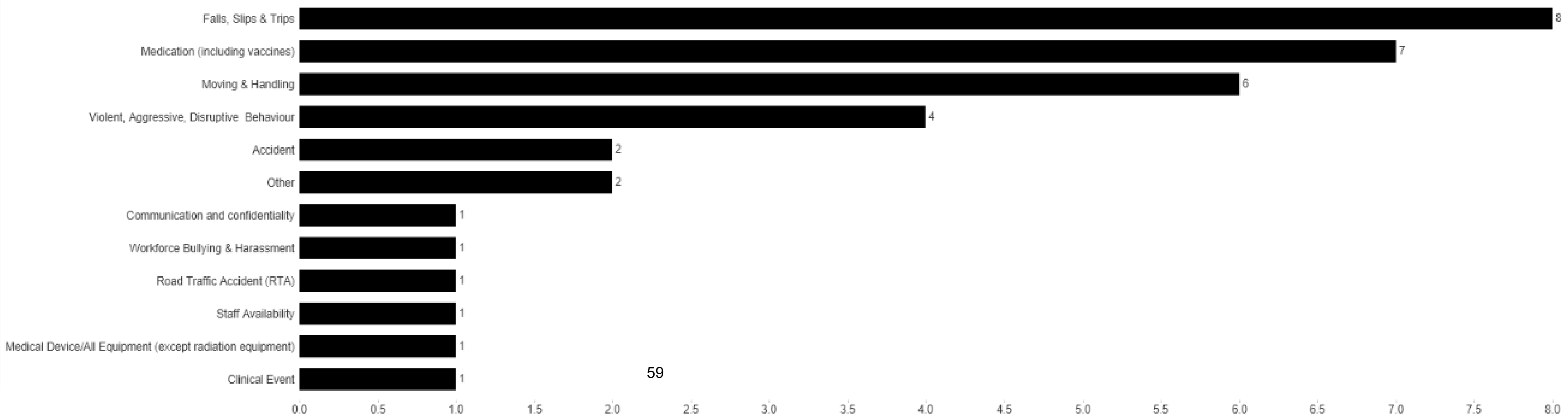


NHSH Care At Home
Adverse Events | October 2023

July 2023 to September 2023 (EXTRACT 05/10/2023)

Context/narrative

Top 15 adverse event categories recorded last 3 months | % Share and count | July 2023 to August 2023

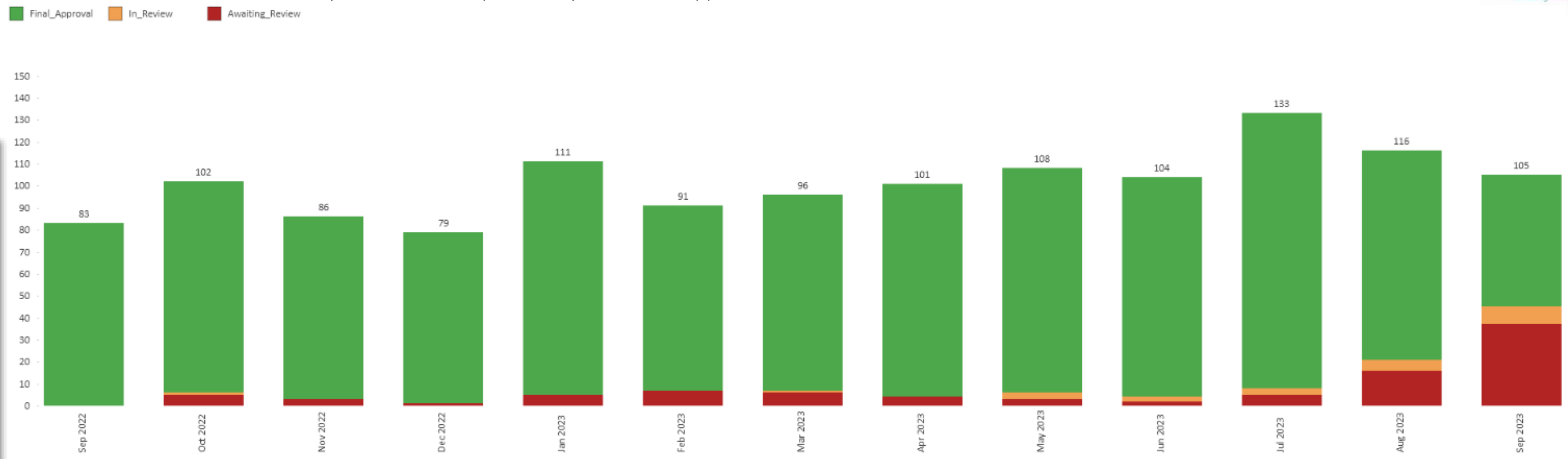


NHSH Care Homes
Adverse Events | October 2023

September 2022 to September 2023 (EXTRACT 05/10/2023)

Context/narrative

Total number of incidents recorded | Last 13 months | Shown by month and approval status



Total number of incidents recorded by Top 15 sites | Last 13 months | Shown by approval status (descending order of 'awaiting review')

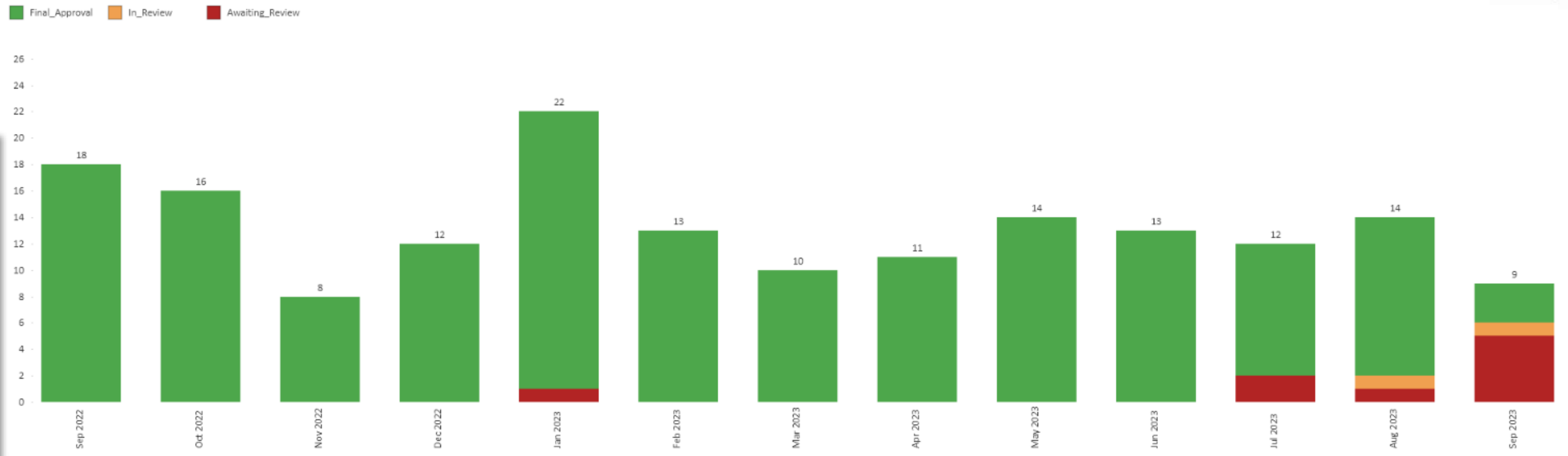
Site	Count	Awaiting_Review	In_Review	Final_Approval
	1315	**94**	**23**	**1198**
Care Home (NHS) - Fort Augustus - Telford Centre	186	2	2	182
Care Home (NHS) - Mallaig - MacKintosh Centre	106	0	0	106
Private Care Home	104	10	10	84
Care Home (NHS) - Fort William - Invernevis House	104	3	0	101
Care Home (NHS) - Newtonmore - Main's House Ltd	81	14	1	66
Care Home (NHS) - Thurso - Bayview House	81	1	1	79
Care Home (NHS) - Golspie - Seaforth House	79	3	1	75
Care Home (NHS) - Kingussie - Wade Centre	77	32	0	45
Care Home (NHS) - Gairloch - Strathburn House	73	0	1	72
Care Home (NHS) - Portree - Home Farm Care Home	72	4	3	65
Care Home (NHS) - Melvich - Melvich Community Care Unit	66	15	1	50
Care Home (NHS) - Ullapool - Lochbroom House	60	0	1	59
Care Home (NHS) - Wick - Pulteney House	56	0	1	55
Care Home (NHS) - Inverness - Ach an Eas	40	6	0	34
Care Home (NHS) - Broadford - An Acarsaid	36	0	0	36

NHSH Care At Home
Adverse Events | October 2023

September 2022 to September 2023 (EXTRACT 05/10/2023)

Context/narrative

Total number of incidents recorded | Last 13 months | Shown by month and approval status



Total number of incidents recorded by District/Division | Last 13 months | Shown by approval status (descending order of 'awaiting review')

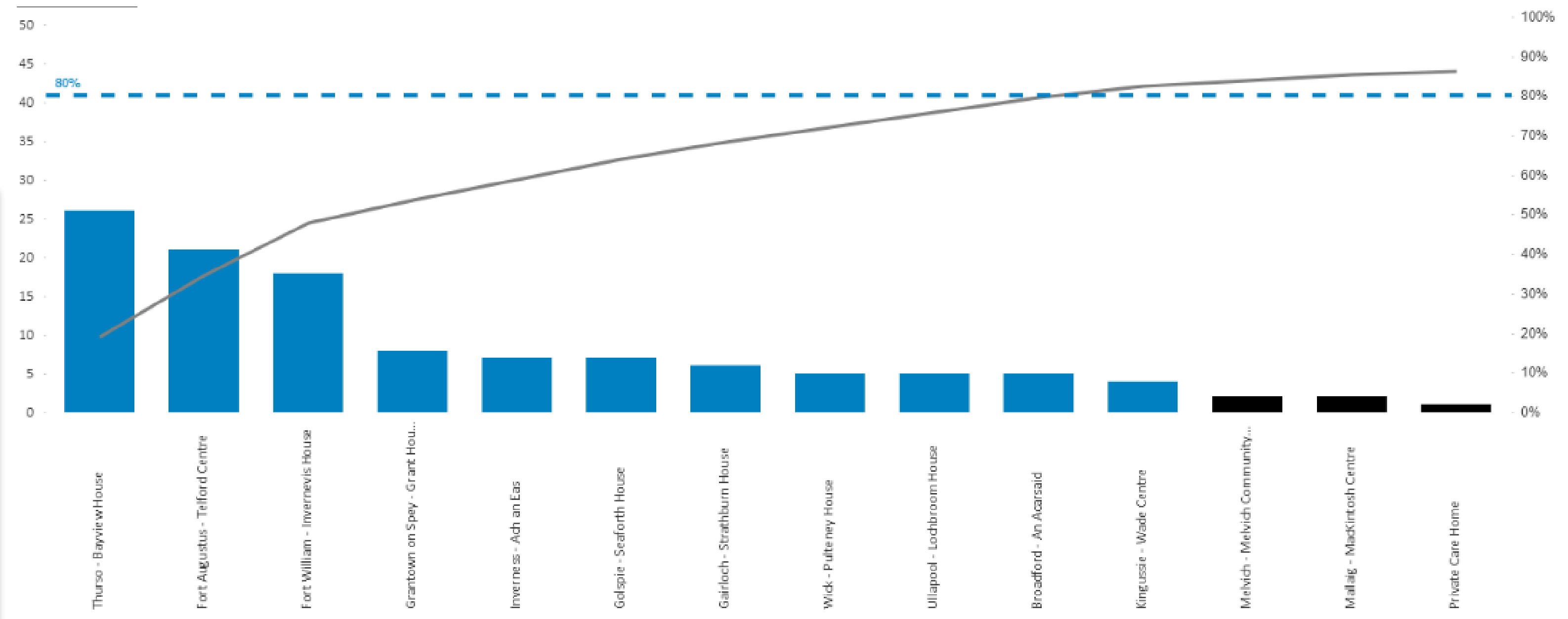
District Division	Count	Awaiting_Review	In_Review	Final_Approval
	172	**9**	**2**	**161**
Skye, Lochalsh and W Ross	51	3	0	48
Badenoch and Strathspey, Ardersier and Nairn	26	1	0	25
Inverness East	20	0	0	20
Caithness	17	0	0	17
Sutherland	16	0	0	16
Lochaber	11	3	0	8
East Ross	11	0	1	10
Mid Ross	10	0	0	10
Helensburgh	4	1	0	3
Inverness West	4	0	0	4
Medical Division (Raigmore)	1	1	0	0
Cowal and Bute	1	0	1	0

NHSH Care Homes
Falls | October 2023

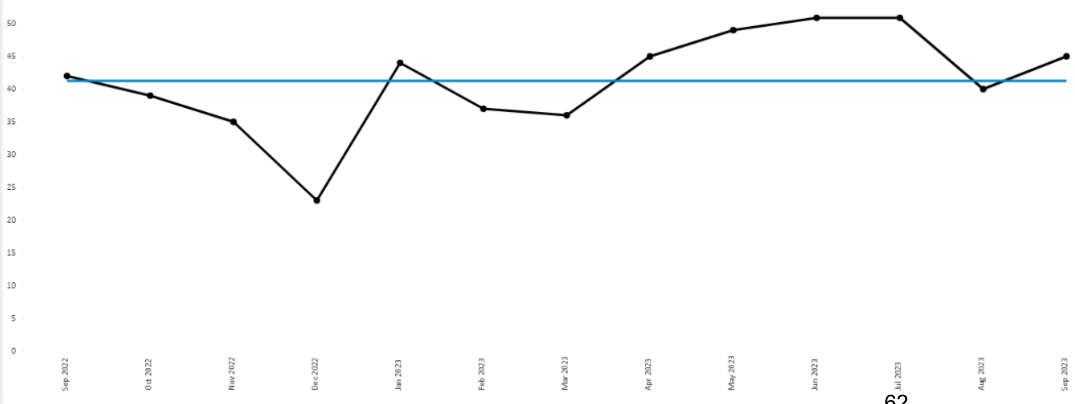
September 2022 to September 2023 (EXTRACT 05/10/2023)

Context/narrative

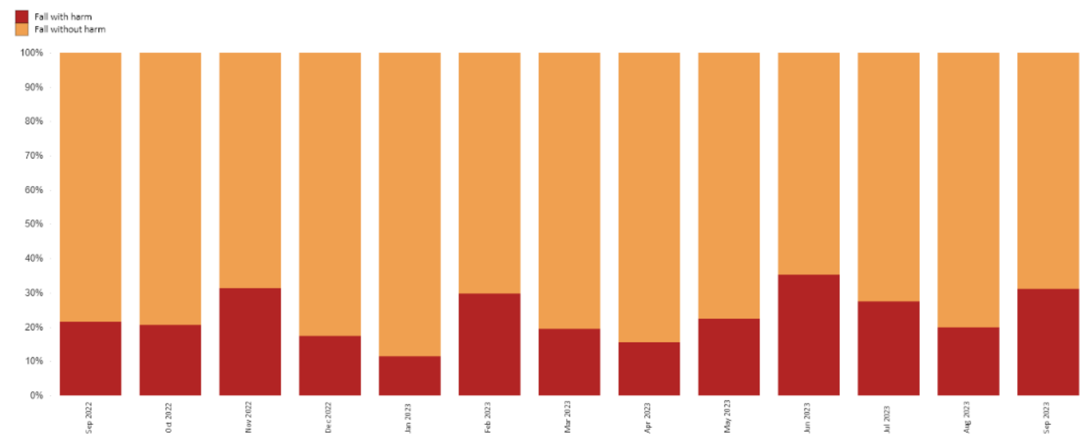
Pareto graph count of patient falls by site | last 3 months (July 2023 to September 2023)



Run chart of falls | last 13 Months



Falls | Harm and No Harm (% share) | last 13 month

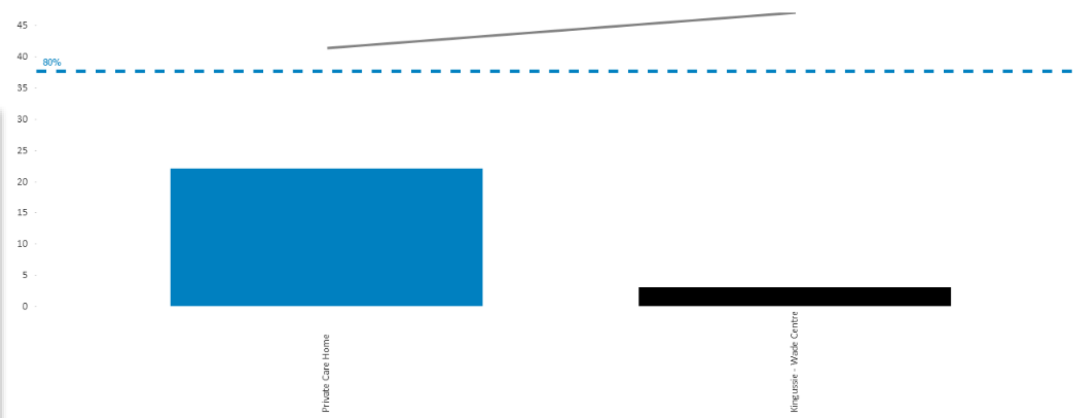


NHSH Care Homes
Tissue Viability | October 2023

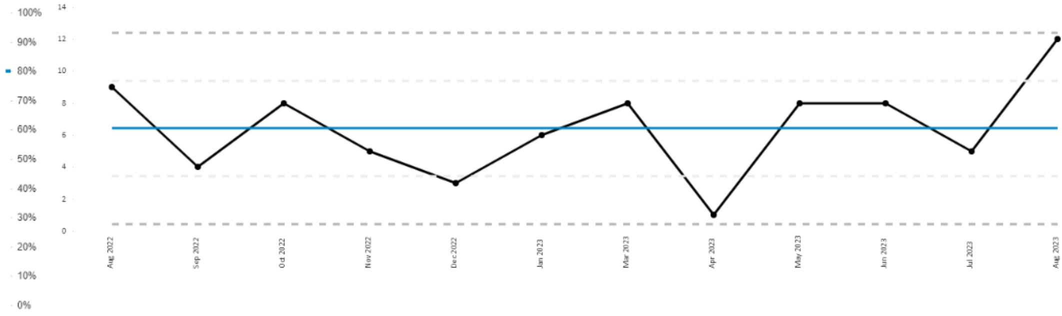
August 2022 to August 2023 (EXTRACT 05/10/2023)

Context / narrative

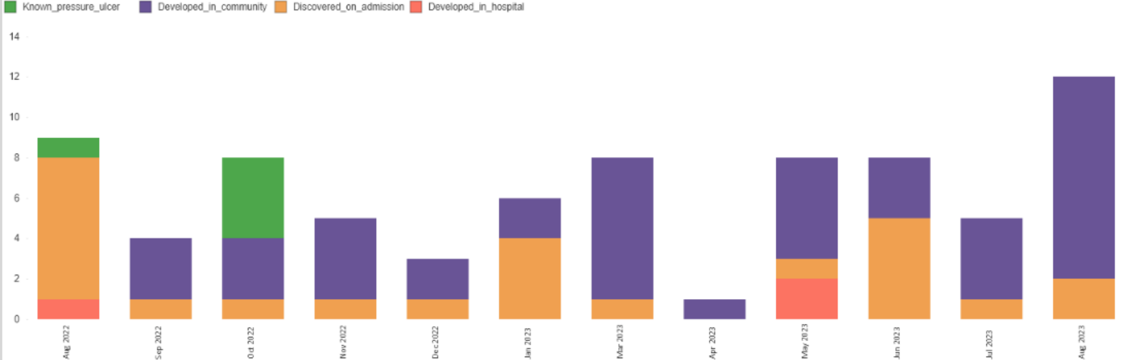
Pareto graph count of grade 2-4 pressure ulcers by site | Last 3 months (June to August 2023)



Run chart of grade 2-4 pressure ulcers | Last 13 months

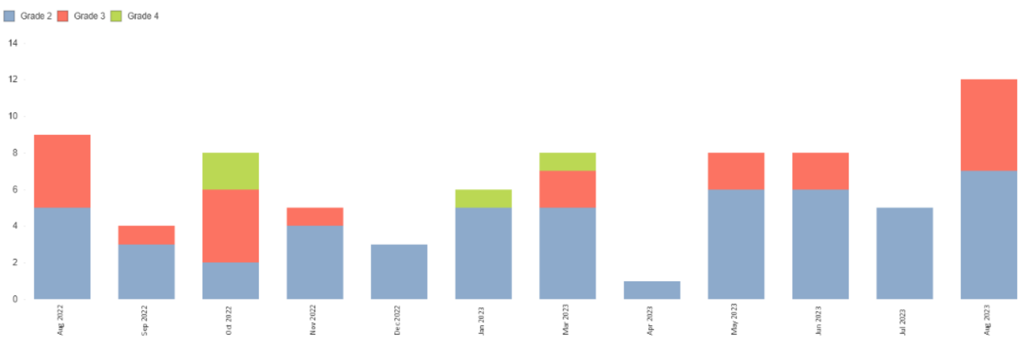


Number of grade 2-4 pressure ulcers split by subcategory | Last 13 months



Developed in hospital	3
Discovered on admission	25
Developed in community	44
Known pressure ulcer	5

Number of grade 2-4 pressure ulcers split by injury grade | Last 13 months



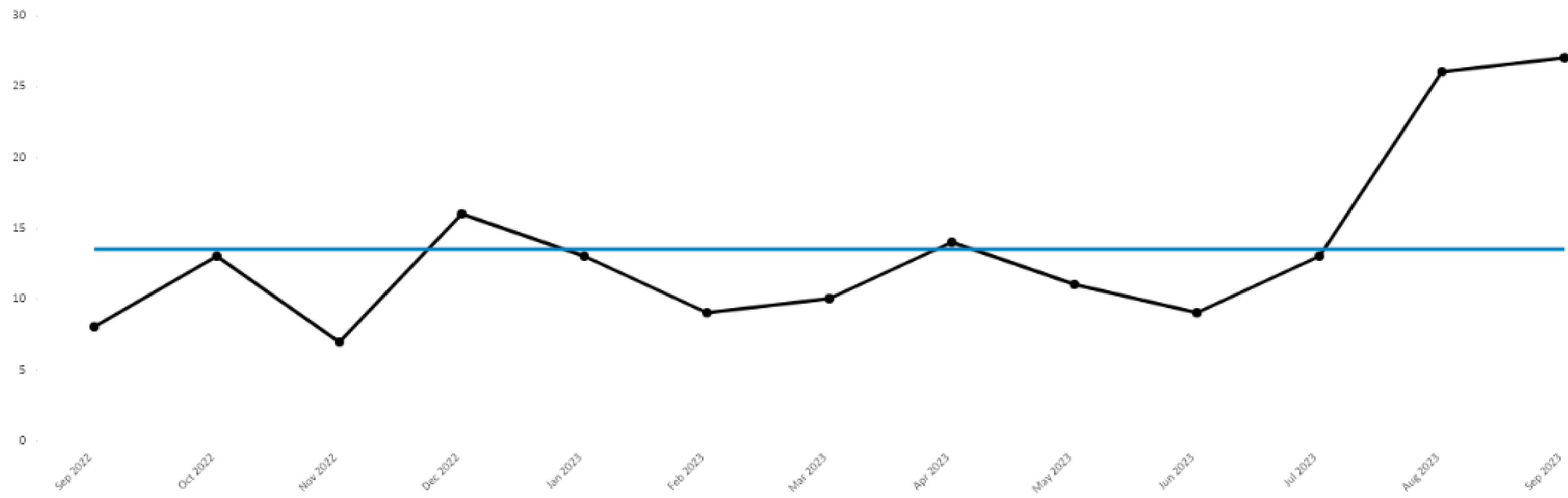
Grade 2	52
Grade 3	21
Grade 4	4

NHSH Care Homes
Medication Errors | October 2023

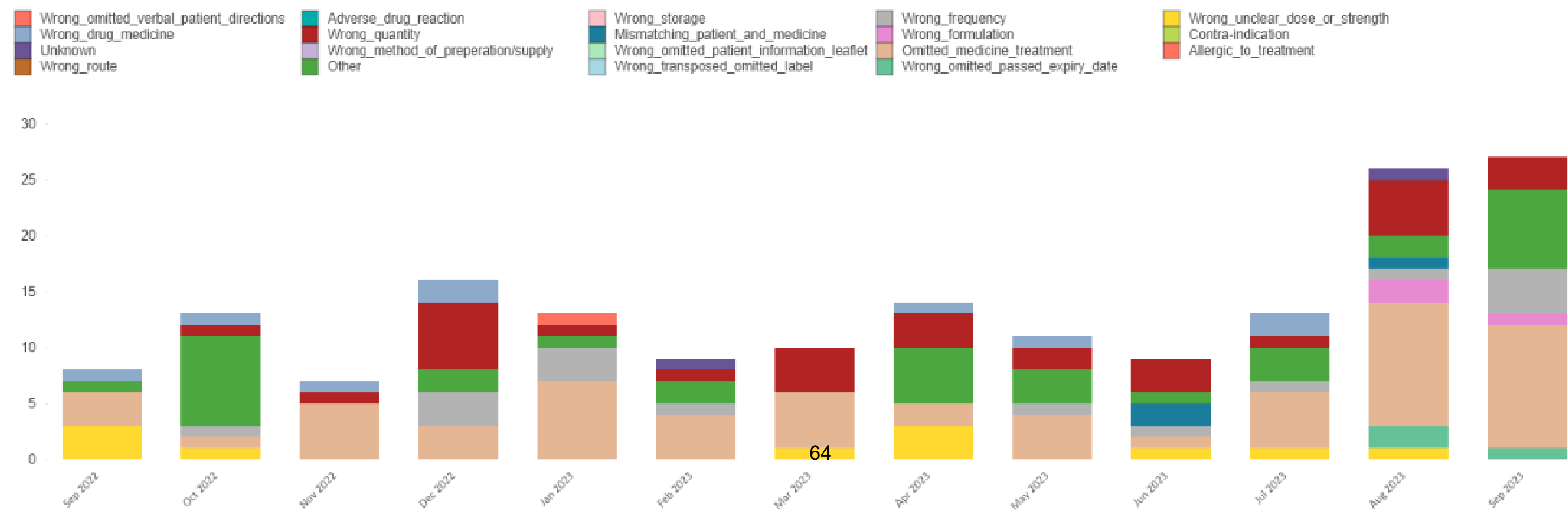
September 2022 to September 2023 (EXTRACT 05/10/2023)

Context / narrative

Run chart of medication errors (clinical only) | last 13 Months



Volume bar chart of medication error type (clinical only) | last 13 Months



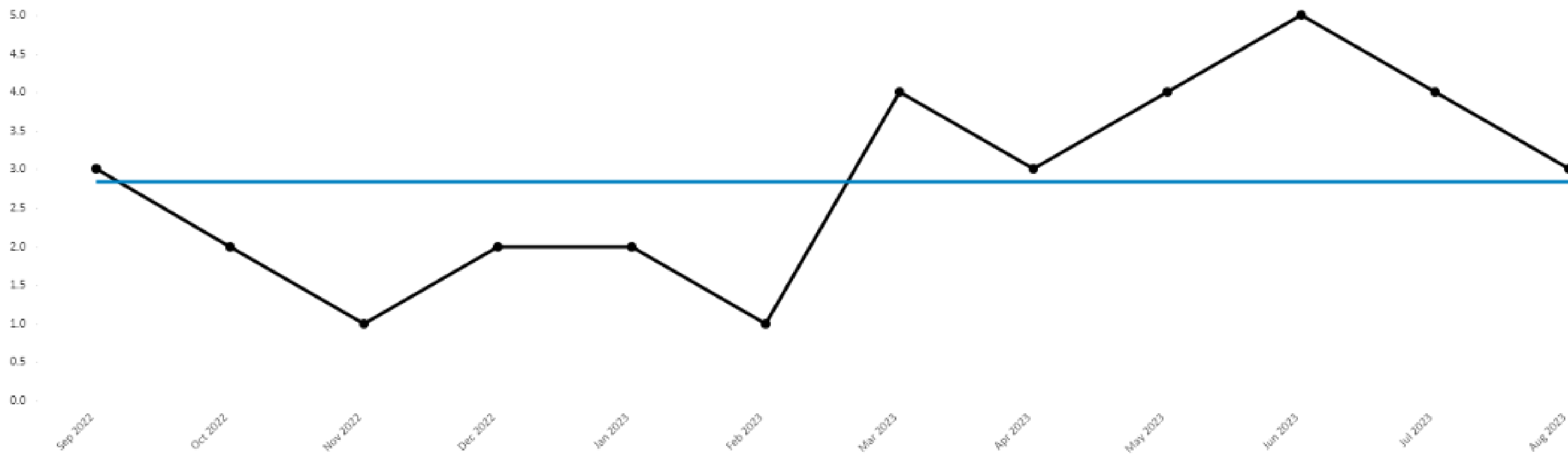
Omitted_medicine_treatment	62
Other	35
Wrong_quantity	31
Wrong_frequency	16
Wrong_unclear_dose_or_strength	11
Wrong_drug_medicine	9
Wrong_omitted_passed_expiry_date	3
Wrong_formulation	3
Mismatching_patient_and_medicine	3
Unknown	2
Wrong_omitted_verbal_patient_directions	1
Allergic_to_treatment	0
Contra-indication	0
Wrong_transposed_omitted_label	0
Wrong_omitted_patient_information_leaflet	0
Wrong_storage	0
Wrong_method_of_preperation/supply	0
Adverse_drug_reaction	0
Wrong_route	0

NHSH Care At Home
Medication Errors | October 2023

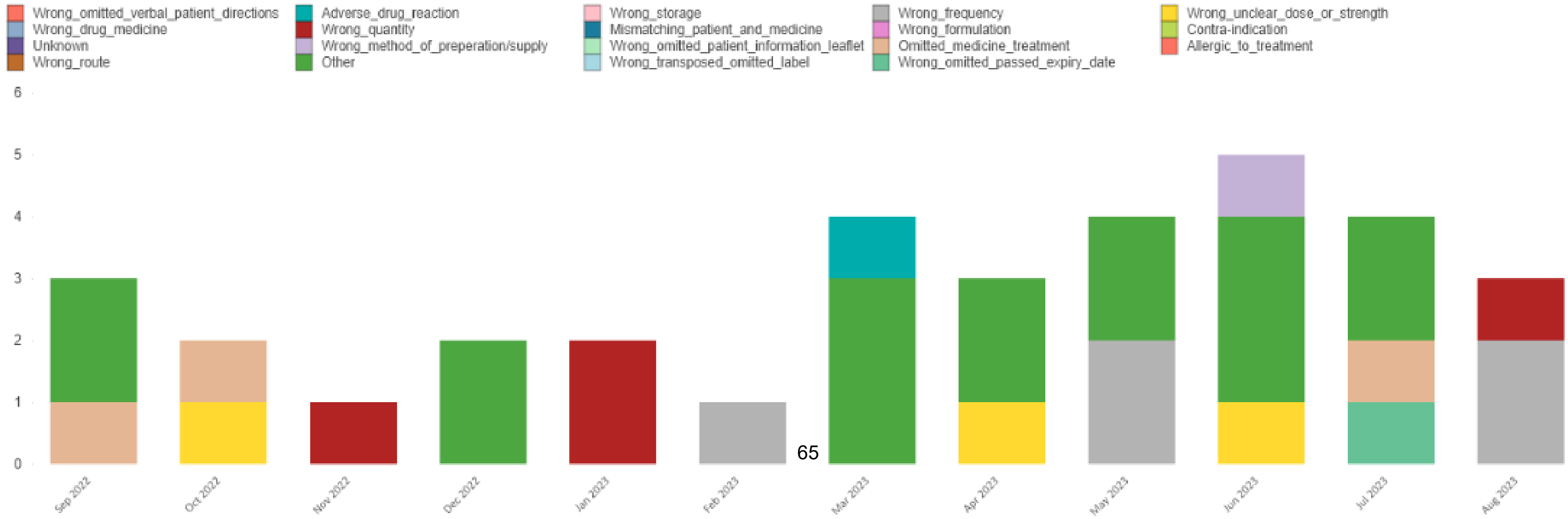
September 2022 to September 2023 (EXTRACT 05/10/2023)

Context / narrative

Run chart of medication errors (clinical only) | last 13 Months



Volume bar chart of medication error type (clinical only) | last 13 Months



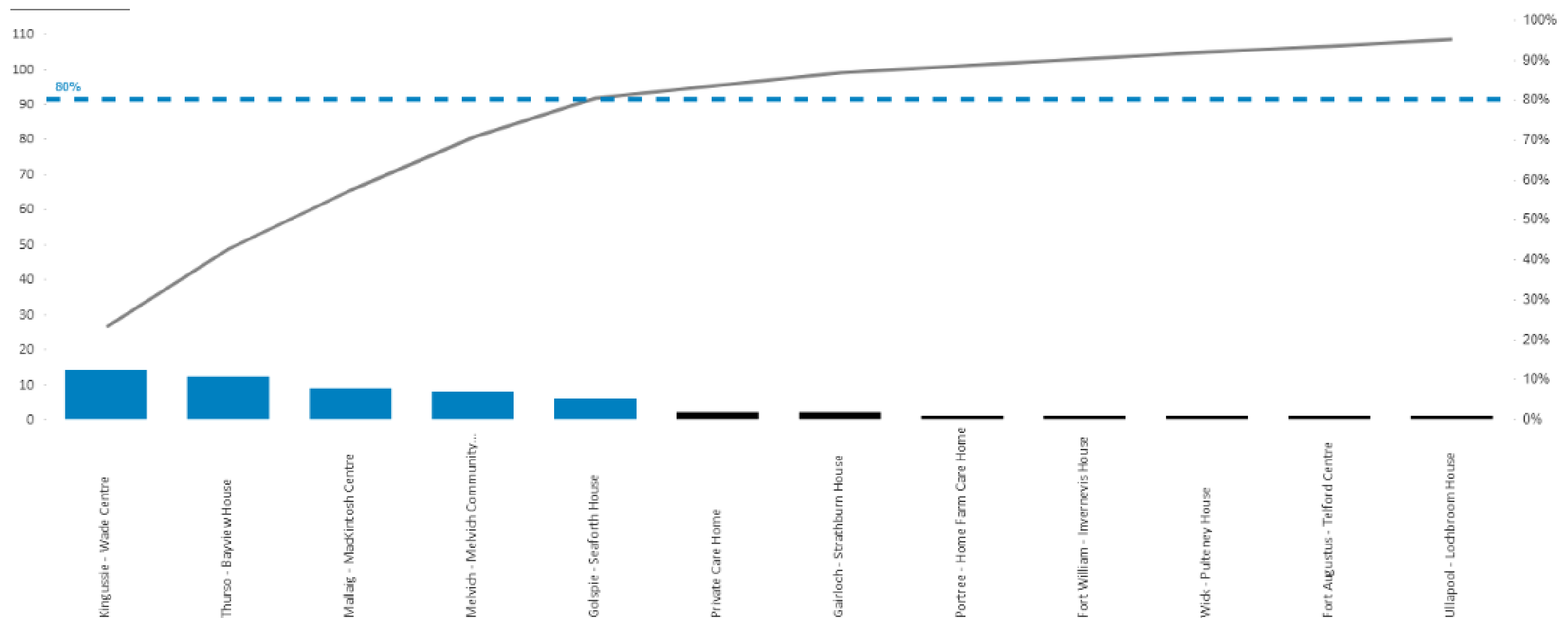
Other	16
Wrong_frequency	5
Wrong_quantity	4
Wrong_unclear_dose_or_strength	3
Omitted_medicine_treatment	3
Wrong_omitted_passed_expiry_date	1
Wrong_method_of_preperation/supply	1
Adverse_drug_reaction	1
Allergic_to_treatment	0
Contra-indication	0
Wrong_formulation	0
Wrong_transposed_omitted_label	0
Wrong_omitted_patient_information_leaflet	0
Mismatching_patient_and_medicine	0
Wrong_storage	0
Wrong_route	0
Unknown	0
Wrong_drug_medicine	0
Wrong_omitted_verbal_patient_directions	0

NHSH Care Homes
Violence and Aggression | October 2023

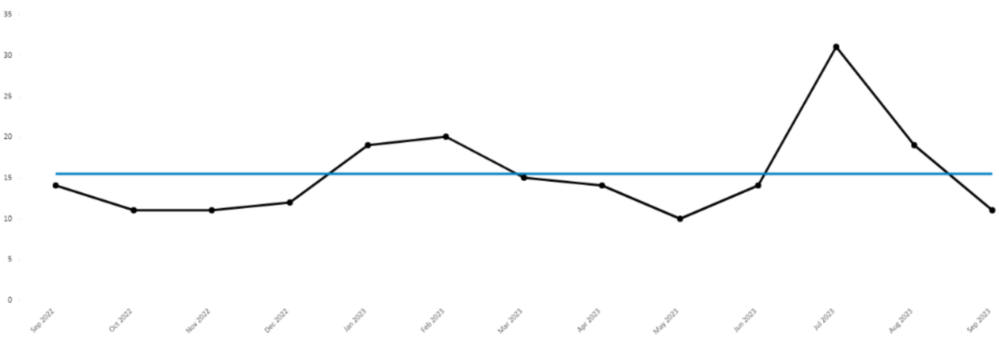
September 2022 to September 2023 (EXTRACT 05/10/2023)

Context / narrative

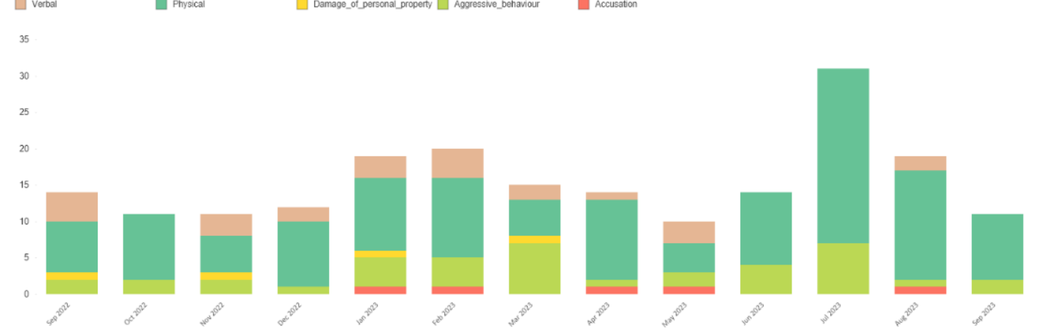
Pareto graph count of V&A incidents by site | last 3 months (July 2023 to September 2023)



Run chart of V&A incidents | last 13 Months



Volume bar chart of V&A incidents | Sub-category | last 13 months



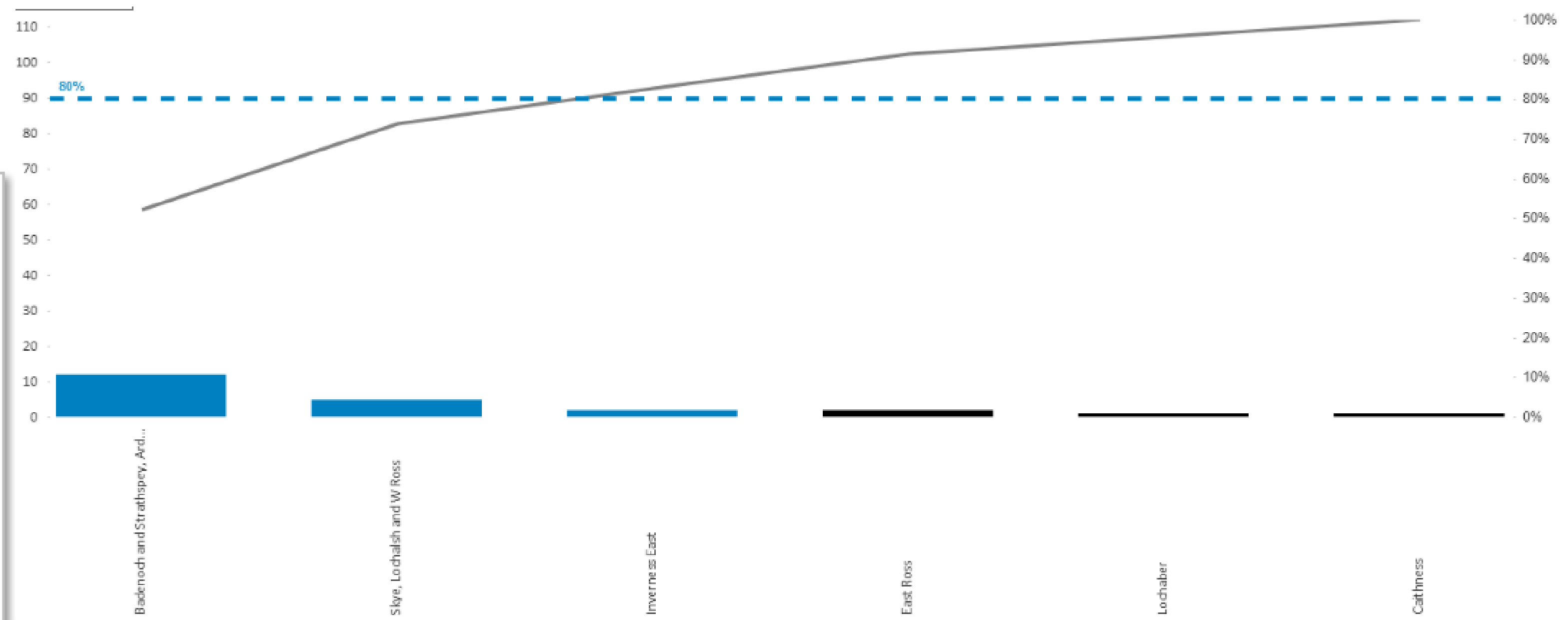
Accusation	5
Aggressive behaviour	39
Damage personal property	4
Physical	129
Verbal	24

NHSH Care At Home
Violence and Aggression | October 2023

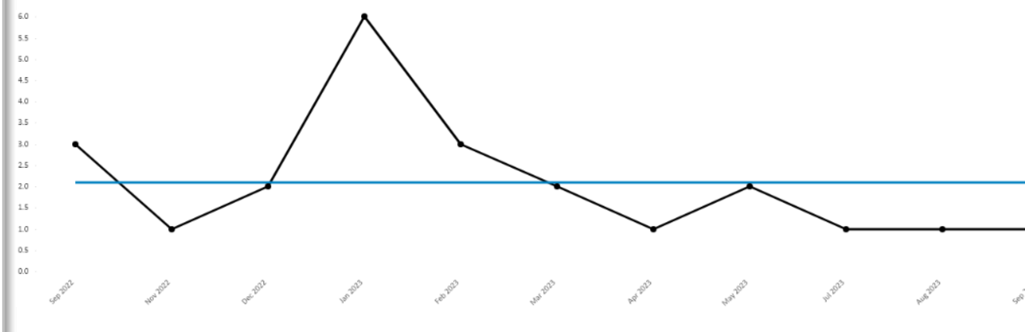
September 2022 to September 2023 (EXTRACT 05/10/2023)

Context / narrative

Pareto graph count of V&A incidents by district | last 13 months



Run chart of V&A incidents | last 13 Months



Volume bar chart of V&A incidents | Sub-category | last 13 months

Accusation	1
Aggressive behaviour	6
Damage personal property	0
Physical	12
Verbal	4

Agenda Item	**10**
Report No	**HC/29/23**

The Highland Council

Committee: **The Highland Council**

Date: **14 September 2023**

Report Title: **Chief Social Work Officer Annual Report 2022/23**

Report By: **Chief Social Work Officer and Executive Chief Officer Health and Social Care**

1. Purpose/Executive Summary

1.1 This report introduces the Annual Report by the Chief Social Work Officer, for 2022/23. The report is attached at **Appendix 1**.

1.2 The report provides Members with information as to the range of activities that have been carried out during the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

2. Recommendations

2.1 Members are asked to:

i. Note and comment on the issues raised in the annual report and the implications for social work and social care services within Highland Council and NHS Highland.

3. Implications

3.1 Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk, Health and Safety, Gaelic

There are no particular implications to highlight. However, the report does refer to the numerous challenges that may emerge in future years that could have implications in many of these risk categories. Any risk will be highlighted in future reports to Health, Social Care and Wellbeing Committee and Full Council.

4. CSWO Annual Report 2022/23

4.1 The requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 45 of the Local Government (Scotland) Act, 1994. This report is prepared in line with the national guidance – The Role of the Chief Social Work Officer – published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual

report on the activities and performance of the social work and social care services within The Highlands.

4.2 The template being used is one that has been updated by the Scottish Government Office of the Chief Social Work Advisor. The purpose of the summary report is to review local activity, then provide a concise overview of CSWO work nationally. This can be used and cross-referenced to share experiences, challenges, learning, and good practice.

4.3 The report highlights the delivery of services across all social work services (children and families, justice, mental health officers, child health and adult social work) as well as adult social care. It provides an overview of the professional activity within Highland via the delivery of statutory functions and responsibilities held by the CSWO.

4.4 2022/23 has produced some significant challenges for all services, with recruitment being a major issue. However, there have also been some noticeable achievements during this time. The report provides an informed view of these challenges and achievements and the impact these could, and will have, on future service delivery due to the financial challenges and budget restraints that we face.

4.5 The report, attached as **Appendix 1**, covers the period 2022/23. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

Designation: Chief Social Work Officer

Date: 29th August 2023

Author: Fiona Duncan

Appendices: Appendix 1 - Chief Social Work Officer Report

Appendix

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

Author: Fiona Duncan
Chief Social Work Officer
August 2023

The Highland Council, Health & Social Care Service

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1. GOVERNANCE, ACCOUNTABILITY AND STATUTORY FUNCTIONS

Role of Chief Social Work Officer

The role of the Chief Social Work Officer (CSWO) is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership, and accountability for the delivery of social work and social care services, whether provided by the local authority, the health board, or purchased through the third sector or independent sector.

Within The Highland Council (THC), the CSWO position currently sits with the Executive Chief Officer of Health and Social Care. This directorate includes Children's Social Work Services; Child Health; Justice Service and the Mental Health Officer Service.

The CSWO retains overall professional accountabilities for all social work and social care provision. As a statutory officer of the Council, she reports directly to the Chief Executive of Highland Council on these matters.

In addition to that, the CSWO requires to work closely with key stakeholders and has the delegated authority to make direct reports to the Chief Executive, Elected Members, and the Joint Monitoring Committee (JMC), in her professional capacity to ensure that critical risks can be raised.

The CSWO is a member of the Extended Leadership Team within THC, as well as being a member of key strategic committees. These include:

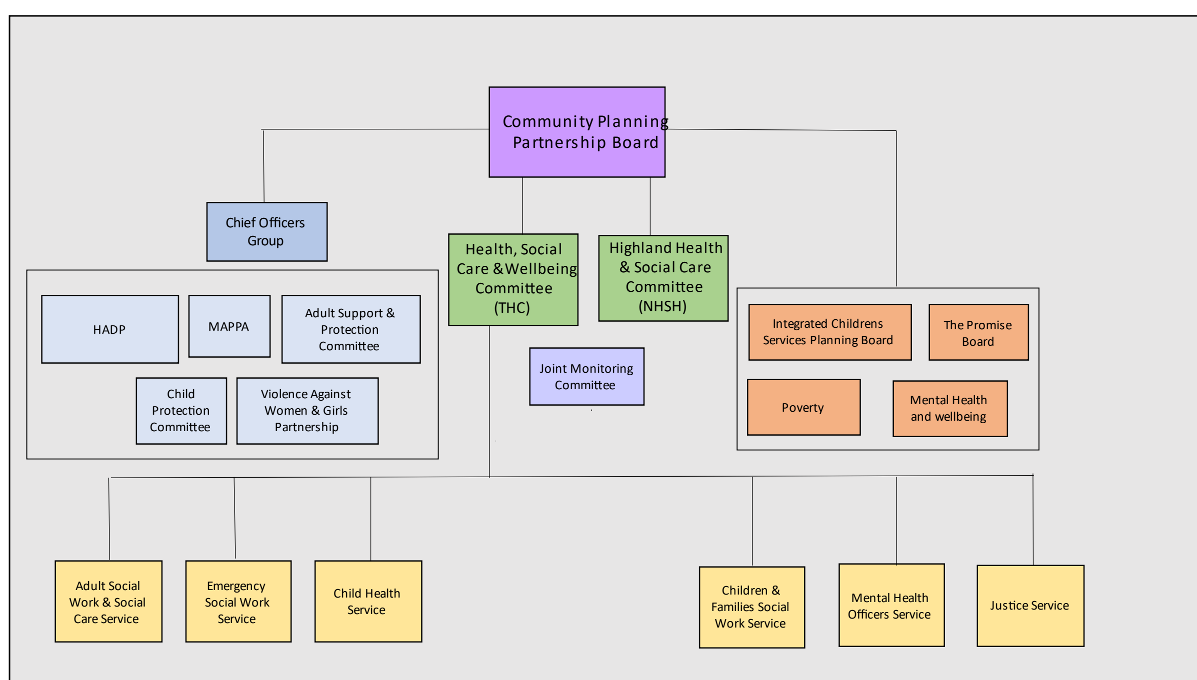
- Public Protection Chief Officers Group
- Integrated Children's Services Board
- Joint Monitoring Committee
- Community Planning Partnership Board
- The Promise Board (Corporate Parenting)
- The Joint Officer Group and the various groups reporting to that in terms of partnership business

The CSWO is also the chief advisor to the Health, Social Care and Wellbeing Committee Membership and representation on these groups is key to ensure strategic scrutiny and oversight of all relevant service delivery.

Overview of Governance Arrangements

In 2012, The Highland Council (THC) and NHS Highland (NHSH) used existing community care legislation to take forward the integration of health and social care through a Lead Agency model. As such, the Council acts as the lead agency for delegated functions relating to children and families, whilst NHSH has delegated functions relating to adults with a view to delivering an integrated health and social care function.

This model continues to operate today having been formalised as a result of specific legislation since 2014. This law requires that there be an Integration Scheme in place - with the partnership agreement set up in 2012 being superseded by that Scheme which governs service delivery and partnership working.



Governance and Assurance Structure for THC and NHSH

THC as lead agency for Children's Services has delegated functions for Child Health Services including Health Visitors, School Nurses, Specialist Nurses and Allied Health Professionals. It also retains the functions of Justice Services and the Mental Health Officer Service.

The partnership is managed by the Joint Monitoring Committee (JMC) - which in other integration authority areas would be the Integration Joint Board (IJB). This Committee is

chaired by the Council and NHSH on an annual rotating basis and membership includes Third Sector partners and interested groups including users and carers. The JMC provides principal governance for the business of the partnership and additional governance is routed through the Community Planning Partnership Board as well as the strategic committees of the lead agencies.

THC, NHSH and the Community Planning Partnership have formal arrangements for engaging with Third Sector and Independent partners, service users and carers and that engagement has been key this year in taking forward the partnership's strategic plan for health and social care services for adults.

The integrated Children's services plan is governed through the Community Planning Partnership which has delegated responsibility to the Integrated Children's Services Board to deliver on the **Integrated children's services plan 2023 – 2026.**

With regard the Multi-Agency Public Protection Arrangements (MAPPA), the Responsible Authorities within the Highlands and Islands are:

- The Highland Council & NHS Highland
- Orkney Islands Council & NHS Orkney
- Western Isles Council & NHS Eilean Siar
- Shetland Islands Council & NHS Shetland
- Police Scotland
- Scottish Prison Service
- The State Hospital for Scotland

The operation of MAPPA is directed and overseen by the Highlands & Islands Strategic Oversight Group (HIMSOG). This Group consists of senior representatives from each of the Responsible Authorities, with representatives of the Duty to Co-operate agencies attending as appropriate or necessary. This group reports into the Highland Public Protection Chief Officers Group (PPCOG) and ultimately, the Community Planning Partnership Board. The CSWO is a member of both these groups to ensure assurance and governance.

In terms of the delivery of adult social care, the Chief Officer for NHS Highland supports the role of the CSWO in providing professional accountability for social work practice in the services delegated to the Lead Agency. A priority this year has been the further development of professional care governance in relation to the delivery of the integrated functions by the partnership such that the CSWO has a role to play in terms of care governance for both children's and adult's services

Senior social work managers in adult services consult with the CSWO about practice issues in terms of service delivery and work force planning and management. Further, regular meetings with front line staff and managers across all social work services take place as a forum to discuss practice issues and arising national issues.

The CSWO, working closely with the Chair and Vice Chair of the Health, Social Care & Wellbeing Committee has increased transparency, accountability and governance by scoping and planning an increased volume of reports being presented at the Committee. Further, Elected Members have been invited to several workshops to develop and enhance their role and understanding within the scrutiny and assurance arena.

Since 2021, there has been considerable change of senior executives across all organisations. These include:

- THC Chief Executive and the Interim Chief Executive
- Executive Chief Officer Health & Social Care Highland Council
- Chief Social Work Officer
- Head of Children's Services
- Senior Justice Services Manager
- Chief Officer NHS Highland
- Chief Superintendent Police Scotland

As a consequence, we have also seen a number of retirals of strategic chairs in key strategic committees. These have included MAPPA, Violence Against Women and Girls (VAWG), Corporate Parenting Board and PPCOG.

There is no doubt that the above has impacted on leadership continuity particularly after the impact of the pandemic and lockdown periods. Whilst organisations and partners have made conscious efforts to maintain scrutiny and governance whilst driving change, progress has been affected. This is something we are aware of and are implementing a number of development sessions/workshops to ensure these strategic forums are informed and comfortable with their role.

Whilst there have been a number of changes in key positions, we have continued to push forward. Examples of significant milestones which have and are continuing to take place include:

- The Partnership's Improvement plan following the Joint Inspection of Services for Children at Risk of Harm. Whilst the CSWO has oversight of this plan, it formally

reports into the Child Protection Committee and the Integrated Children's Services Planning Board.

- Developing the Integrated Children's Service Plan 2023-2026 and the Integrated Children's Services Board process of self-evaluation and review in 2022. This included the completion of the Joint Strategic Needs Assessment with all partners actively involved.

- Corporate Parenting Board – the journey of review and self-evaluation began in 2022, with developments identified to align to the aspirations of the Promise. Agreement that the newly named 'Promise Board' will be achieved in 2023.

- Partners have worked together to create the Highland Health and Social Care Partnership Joint Strategic Plan. This is out for public engagement with a formal launch expected towards the end of 2023. This has been a significant piece of work but a vital one for providing the vision and direction within Adult Social Care.

The Promise

THC and all partners remain committed to The Promise. There has been significant work done in relation to improving our practice and ensuring the voice of the child, young people and families are not only heard, but informing what we do now as well as future plans and strategies. Our Promise Manager is playing a key role in working with all of us to ensure the ethics, values and understanding of The Promise are embedded in everything that we do.

Appendix 5 provides a summary of the work that has been taken forward during the year, alongside work on Trauma informed practice.

2. Service Quality & Performance

2.1 Children & Families

Data and Information Gathering

The Child Protection Dataset is extensive. However, in order to gain an informed understanding of what the data means, narrative is required. Highland is in the process of

implementing the National Minimum Dataset Version 2 which will provide further sources of data to support analysis of practice and outcomes for children and young people. The Child Protection Minimum Dataset report is attached ***(see Appendix 1).***

During 2022/23, child protection registrations have remained relatively stable ***(Charts 1+2, appendix 1).*** However, unless we have a better understanding about assessment, risk assessment and planning processes for children, young people and families, these charts do not give us an informed position. To assist us, a multi-agency audit of child protection cases is due to take place in July 2023.

Concerns recorded in child protection registrations continue to show domestic abuse, parental drug and alcohol use and parental mental health problems as key reasons for registration **(*chart 10, appendix 1)***. However, data also suggests an increase in neglect over the past four quarters, possibly as a result of increasing family pressures due to the cost-of-living crisis. There will be an increased focus on use of the Graded Care Profile tool to encourage strengths-based approaches with families.

The number of concerns/risk factors recorded in child protection registrations has also increased steadily over the past 12-18 months suggesting increasing complexity within child protection cases and families experiencing a number of difficulties at one time e.g. domestic abuse, parental mental health issues and drug/alcohol issues ***(chart 9, appendix 1).***
The number of referrals to the Reporter have remained higher than the national average in 2022/2023 although this has decreased year-on-year since 2016/17 ***(charts 13 and 14, appendix 1).***

SCRA have worked with services to assess the appropriateness of referrals and are confident that inappropriate referrals are not an issue. However, further work is underway to better understand the data and establish if further work is required in this area.

In 2022/23, there was further development of the Quality Assurance Framework agreed by the Child Protection Committee. This framework sets out an active annual planned process of self-evaluation, linked to single and multi-agency audits - focused on practice and decision-making regarding child protection processes.

Joint Children's Inspection

Highland received an evaluation of Adequate, in The Care Inspectorate's Report published in December 2022. This applies where there are some strengths, but these just outweigh

weaknesses. Highland has taken the inspection findings seriously and is committed to making substantial changes to ensure that practice is appropriate and responsive to need.

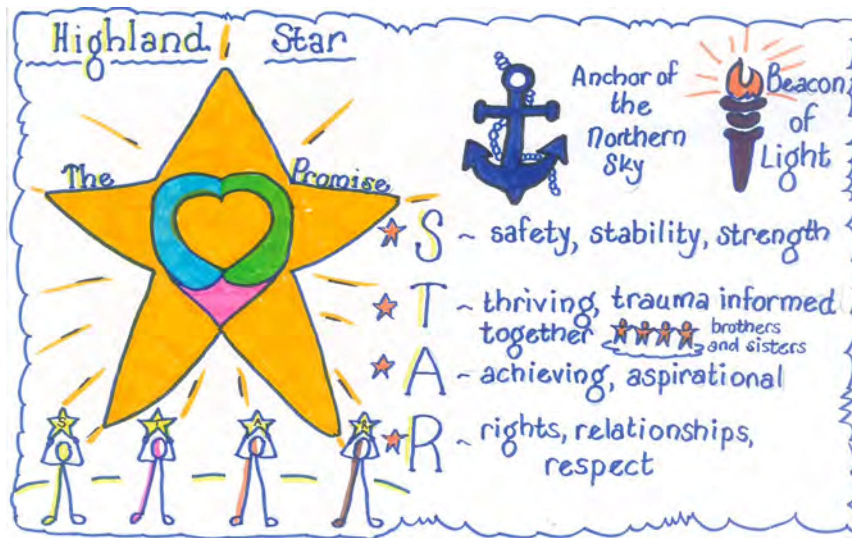
The Partnership Improvement Plan was developed and shared with the Care Inspectorate, who noted the ambition and comprehensiveness of the Plan. The Plan was agreed by the Highland Child Protection Committee (CPC), with the added scrutiny of Public Protection Chief Officers Group (PPCOG). This Plan is now live, with robust monitoring and tracking in place to ensure delivery of active improvements.

The Development of Children's Services Families' 1st Strategy

Linked to improvement of services, Highland Council agreed to invest an additional £1m to develop our Families 1st Strategy, designed to safely keep Highland children at home in the Highlands. The strategy has a strong focus on family and community networks. This strategy was developed in recognition of the high numbers of care experienced children in the Highlands, particularly noting high numbers of young people in residential care in comparison to other areas of Scotland. This work is underpinned by strategic alignment to the Promise, Whole Family Support and Children's Rights.

As part of our Families 1st strategy, we developed our **Highland Outcome STAR** setting out the underpinning principles and outcomes we aim to achieve. The Highland STAR has a focus of protecting and upholding the rights of children and their families across the Highlands:

S – Safety, Stability & Strengths
T – Thriving, Trauma (informed) & Together (families, brothers and sisters)
A – Achieving & Aspirational
R – Rights & Relationships-Respecting



The Promise is at the heart of the Highland STAR.

Child Health

Working as part of the family teams, with a focus on early prevention and intervention, health visitors provide universal support to all Highland's infants, through the implementation of the national public health child health pathway and through providing leadership and co-ordination of care and support through the role of Named Person.

Highland's health visitors work closely with colleagues across the partnership, in particular those in Early Learning and Childcare Settings, delivering family support in the earliest stages of life in local communities.

During the past year, there has been an acceleration of this community-based approach through increased involvement with schools, nurseries and family centres with health education, promotion and prevention opportunities and a focus on enablement, empowerment and building resilience into families to self-manage their health and wellbeing.

Home 2 Highland (H2H)

Home 2 Highland was previously known as the Placement Services Programme. This was changed to H2H to promote a shift away from 'systems' language to ensure we hold the young people in mind. We have continued to invest in our H2H programme to safely return

Highland children from external high-cost residential care, often out of area, back to the Highlands.

In 2021/22, we returned 17 young people back to the Highlands and had the lowest figures since initiation of the team, of 18 young people in external provision. This focus has continued during 2022/23, with work ongoing in relation to 9 children and young people with a view to their coming home to the Highlands.

The cost avoidance savings of H2H are in the millions. It is estimated from June 2018 to June 2022/23, £16.8m would have been spent on external residential provision if those young people had remained in their external provision for a year. An evaluation of the H2H work has been initiated and will include quantitative and qualitive data.

Family Group Decision Making

Children's Services have several active implementation groups focused on delivering the Families 1st strategy and the outcomes STAR. This has resulted in investment in developing a Family Group Decision Making Team in the Highlands, which is a strengths-based approach that brings families together to make decisions about the safety and welfare of the child, including what the family think needs to happen to support the child. This team is due to commence in mid-2023.

Highland Residential Care

THC has 9 residential homes for children and young people – 6 are HC houses whilst 3 are commissioned through 3rd Sector partnerships with Barnardo's and Aberlour.

In 2021/22, inspections of residential childcare services resumed by the Care Inspectorate – including a new inspection methodology. Following very poor inspections of two children's homes in 2021, added to our commitment to keeping children at home, when possible, the decision was taken to close these houses. The small number of young people in these houses were carefully transitioned home, closer to home, and into supported adult accommodation.

With a more focused lens on continuous improvement, inspections carried out in 2022/23, have resulted in grades of good, very good and excellent. There are now individual house

improvement plans, in direct response to inspection findings, and houses are now self-evaluating - using Care Inspectorate methodology.

Fostering and Adoption Service Registered Inspection

THC is registered as both a Fostering, Adoption and Adult Placement (Continuing Care) Agency with the Care Inspectorate. In 2022, the services were inspected under the new inspection methodology. The overall evaluations were noted to be Weak in 7 areas; Adequate in 1; and Good in 3 areas. The leadership team were clear that these inspection findings were not acceptable and that significant improvements were to be made. Subsequently, a comprehensive improvement plan was drawn up with scrutiny and assurance meetings in place. A comprehensive post inspection improvement plan was developed to target the improvements. This improvement plan is discussed and scrutinised directly with the Head of Service with additional scrutiny from the CSWO and Agency Decision Maker. An annual Family Based Care (Fostering & Adoption) report will go the Health, Wellbeing & Social Care Committee. The first report, detailing the significant improvements made within timescales, was discussed in May 2023 at committee. Leadership support, scrutiny and accountability will ensure the service is aiming for excellence in the delivery of Family Based Care Services.

Fostering

In 2022/23, there were 57 new children (admissions) accommodated in foster care with 46 children placed with Highland Council foster carers and 11 children placed with independent fostering providers. This is a reduction from 2021/22, when there were 74 new admissions to foster care, which is a notable 43% reduction in new fostering admissions.

The total cumulating number of children (new and existing) placed in all categories of Foster Care during 2022/23 increased from 148 children in foster placements to 153.
(Chart 1 - Appendix 2 Number of children in Foster Care Provided and Purchased)

There continues to be a shift in the age groups requiring foster care, with a marked increase in the number of very young children being accommodated, many of whom have serious health and developmental needs. This has an impact on the skills and experience required from foster carers.

The number of brothers and sisters who need foster care continues to present challenges to the service. As in line with The Promise, we are committed to keeping brothers and sisters

together where possible and where it is appropriate to do so. During 2022/23, we placed 15 sibling groups together in their foster placement, and where this is not practically possible, we support maintaining contact between the children as a priority. These sibling groups range from 2 to 5 children, and are often characterised by profound neglect, with the eldest often having been a carer for younger siblings.

Recruitment and Retention of Foster Carers

Fostering is an integral part of the Family First strategy and in order for this to be successful the service needs to retain their current cohort of carers as well as recruit many more carers. As a consequence, the service embarked on a media campaign in 2023. The impact of this is currently being evaluated but if successful, will become a core part of our recruitment strategy.

In March 2023, Highland Council elected members agreed to increase allowances paid to Kinship, Foster Carers and to a small number of families who adopt from 1st April 2023. This was to bring these allowances in line with other Local Authorities across Scotland. By investing in Family Based Care, members were acknowledging the commitment and valuable contribution made by Kinship and Foster Carers.

Fostering Preparation courses are held throughout the year dependent on demand with four virtual courses being held in the 2022/23 period. The service provides a wide range of training to all current and prospective carers across the Local Authority area. There has been an increase in the number of carers accessing training since it has been delivered online, as this appears to make it more accessible to those who work full or part time and those who live in the more remote and rural areas.

Adoption

There is recognition that children who are adopted are not a distinct population but are primarily children who have been on the child protection register and looked after in foster care who cannot return to or remain at home safely. Adoption gives these children the chance for some emotional recovery. Outcomes for younger children, who have been abused and neglected who are adopted, are generally better than for children who remain ‘looked after’ and in a permanent fostering placement.

During the year, there were 8 prospective adoptive families approved and 13 children matched with prospective adopters. Four of these children were placed out with Highland with prospective adopters approved by another local authority or independent adoption agency.

The service was also supporting 22 children in pre-adoptive placements where the legal process to secure them with their new and permanent families was underway. However, the legal and court process for these children was seriously affected by the pandemic resulting in considerable delay for some children.
(***Chart 2 - Appendix 2 - Number of children matched)***

There were a further 26 children in foster care, with an age range from 6 months to 9.5 years of age where permanence decisions had been made and who were waiting to be matched with their prospective adoptive family.
(Chart 3 - Appendix 2 - Number of children waiting to be matched)

During 2022/23, there were 40 orders in total granted, 10 Permanence Orders, 8 Permanence Orders with Authority to Adopt, 22 Adoption Orders, granted in Courts for Highland children, within and out with the Local Authority area.
(***Appendix 2, Chart 4 - Number of orders granted)***

There have been no relinquished babies placed for adoption in the past year.

Kinship

Every child has the right to family life and for those children who are unable to remain in the care of their parents and require to be accommodated, being able to live with members of their extended family in Kinship Care should be the first choice. “The Promise” has emphasised the need for children to have the opportunity to be looked after by family or friends whenever this is possible and the need to ensure they are provided with the supports to enable this to happen.

During 2022/23 there has been a decrease in the number of children who are looked after and placed with Kinship carers. However, we saw a positive increase in the number of

children whose Kinship carers have obtained a Kinship Order so that the children are permanently and legally secured with their carers.
(Appendix 2, Chart 5 - Kinship)

This area remains a priority for 2023 onwards.

2.2 Adults

Commissioned Care Home Services

At April 2023, there are 65 care homes across north Highland, 48 of which are operated by independent sector care home providers and 17 of which are in house care homes operated by NHSH. Spend on commissioned care home provision is around £50.5m pa and £14.6m in house – a total of £65.1m pa care home spend.

During 2022/2023, there has been significant sustainability related turbulence within the independent sector care home market within north Highland. The following represents key concern areas:

- There is a higher proportion of smaller size of operator and scale of provision within north Highland (43% of providers and 31% of beds are operated by small scale providers, who collectively deliver 541 beds and whose average size of care home is 25 beds). Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50-bed care home, operating at 100% occupancy.

- Independent providers and NHSH care homes continue to experience difficulties in recruiting and retaining staff and this represents a very high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. The difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to rural locations. The consequence of this is that because a nursing home must have nursing staff in the home, agency staff are being used more and more routinely with the subsequent impact on finances

and care (as agency staff are not familiar with the home, residents or paperwork). Some care providers are engaging in recruitment from abroad, but this is a slow process with its own risks including finding accommodation for new workers as well as supporting them to settle and integrate into a foreign country.

These concerns therefore relate to operating on a smaller scale, and also the challenges associated with more rural operation, particularly the difficulties of recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

NHSH / THC have been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is strategic work in progress which will be set out within the Partnership's Strategic Plan.

Strategically, we will always need a level of care home provision, but increasingly we are seeing the dependency levels in care homes increase. In the coming years, we have the opportunity to work within the partnership to develop housing with support models where, with the use of technology, we could support more people without nursing needs to live in accommodation with their own front door. Technology will not replace people caring but it can improve people's resilience and help us use the carers more efficiently.

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

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

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

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

There have been 4 x concluded care home closures since March 2022, these being as noted below:

- Shoremill in Cromarty (13 beds), March 2022
- Grandview in Grantown (45 beds), May 2022
- Budhmor in Portree, (27 beds), August 2022
- Mo Dhachaidh in Ullapool, (19 beds), March 2023

In addition, there is also a care home closure currently in progress (April 2023), this being Castle Gardens in Invergordon, operated by HC-One, which is registered for 37 beds. It is also of note that the Mains House in Newtonmore which is registered for 29 beds has been operated by NHS Highland since April 2023 after it was acquired by the Highland Council as a result of the previous provider ceasing to trade.

These combined closures represent a total loss of 141 care home beds in Highland.

Commissioned Care at Home Services

There are 21 independent sector care at home providers, who collectively deliver 8,900 hours of care at home provision per week, at an annual cost of £13.5m. 74% of provision is delivered in urban areas, 16% in rural and 10% in remote. The size and scale of provider varies considerably, with NHSH commissioning between 30 hours and 1,800 hours per week across these 21 providers.

NHSH also operates a care at home service, delivering a total of 3,900 hours per week via 7 separate registered services. Enablement services deliver around 900 hours per week in addition to mainstream delivery. The total spend area around this activity is £15.7m pa.

Collectively therefore, there is a minimum of 13,700 hours per week of care at home provision, at a total cost of £29.3m pa.

This figure does not include Options 1 and 2 where there is flexibility, choice and control although a large proportion of the support, around 80%, is to employ personal assistants. There are also 322 older people receiving a service via an Option 1 or 2 care delivery model, at a cost of £5m pa. Option 1’s in particular, continue to increase due to the lack of alternative commissioning service delivery options.

The key objectives around this area of provision are to achieve stable, resilient and assured provision and capacity release / growth.

Since August 2021, NHSH and THC have been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as:

- High attrition and unsuccessful recruitment, impacted by role pressures (perception of); sector / role inequity; and fuel costs
- Staff wellbeing issues
- Specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

Over the course of 2022/23, there has however been a significant reduction of available commissioned services (1,430 hours pw), despite the measures put in place by the Partnership to seek to stabilise provision and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.

Current unmet need for care at home is circa 2,600 hours per week and there are currently 307 people assessed and awaiting a care at home service who are in hospital or in the community.

The reduced capacity is due to the challenges noted above and have therefore impacted on the inability of providers to deliver to agreed baseline activity levels and in some instances, resulted in service “hand back” to the Partnership.

Actions and interventions to date have not had the intended impact or desired outcome of increased capacity and stabilised provision and we are on a trajectory of increasing demand and unmet need, with reducing service availability.

Hospital Flow

Delayed discharge patterns remain a concern both nationally and within NHSH. There is a close relationship between unmet need across the system in terms of the availability of care at home and care home placements and the level of delayed discharges alongside the

competing challenges within acute and community services. A key observation is that whilst practice and efficiency of process are improving, the sheer unavailability of placements and care hours is maintaining delay levels.

Promoting choice, control and flexibility across the Adult Social Care and Social Work system in Highland

Self-directed support (SDS) is the central approach to delivering Adult Social Care in Highland – we see embracing an SDS ethos as the key to putting the principles of independent living into practice to enable people to be active citizens in their communities. As part of this, we are bringing people affected by services (service users, unpaid carers and professionals) 'around the table' to explore how we can do this best. Forming relationships, building trust, sharing intelligence and co-producing new ideas and solutions will be required if we are to deploy this approach successfully. In particular, the participation of people affected by our service design and delivery has been pivotal in shaping our SDS implementation plan.

As part of this approach, we have also outlined a programme of work which seeks to bring together five key areas where the need for significant system change and/or development requires organisational support. It covers work to:

- support improved multi-agency 'core processes' and worker autonomy;
- increase flexibility in care planning;
- increase the levels of independent support available across the Options;
- to use collaborative commissioning approaches to realise the aspirations of our unpaid carers and local communities.

Unpaid carers in Highland explain that they will often try to carry-on caring up to, and indeed past, the point where they are willing or able to cope with their role. Carers say that, for the longer term, it is important that someone is available to "join them on their journey" – someone who can get to know them and help them find the solutions that work for them.

Currently we are operating an Option 1 Short Breaks scheme in Highland which has given many unpaid carers the opportunity to create a personalised break. This complements the supports that are available to carers via a range of Carer services (introduced to mitigate the worst impacts of covid-19) and from our Carers Centre – Connecting Carers – who can engage unpaid carers across the steps of completing and implementing the Adult Carers Support Plan.

Currently we are bringing unpaid carers and providers together to explore how we will shape our carers services into the future. Health Improvement Scotland's iHub is supporting us to ensure this is a collective and collaborative response to meeting unpaid carers needs locally. We are also working to increase the availability of independent support for unpaid carers in respect of accessing SDS for themselves and those they care for.

Adults with Incapacity

Currently in NHSH, there are a 911 statutory Welfare Guardianship orders that require to be reviewed and supervised by qualified social work staff. Of these, 11 are interim Orders, 277 are Local Authority Welfare Guardianship Orders and 623 are Private Welfare Guardianship Orders.

Six-monthly Performance information, in the table below, shows there has been a steady increase in demand for statutory orders since September 21. At March 2023, of the 949 Guardianships, around 41% (389) had fully up to date reviews.

Total Number of Guardianship Orders in Highland	Sep-21	Mar-22	Sep-22	Mar-23
	833	919	925	949

These statutory duties require a significant amount of time to discharge but are an important component of adult social work teams' workload, alongside the other statutory duties, such as Adult Protection.

Adult Protection

We have seen continued high levels of demand (initial concerns and investigations) on the receiving social work teams. The total number of referrals received in 2022/23 was 740, up 65 on 2021/22 and up 396 in the past 4 years since 2018/19. 183 of the 740 referrals for 2022/23 resulted in investigations.

This places unprecedented pressures on already pressurised services where adult support and protection work requires prioritisation.

2.3 Justice

During lockdown, the majority of Justice Services ceased, aside from the ongoing supervision of offenders. As a result, workload increased significantly during 2022/23. Whilst most returned to similar levels of demand, areas such as Restriction of Liberty Order Assessments saw an astronomical rise due to new orders and restrictions being made available for Court disposals, including bail.

REPORT TYPE	21/22	22/23	% DIFFERENCE
CJSWRs	815	812	0
Caledonian Assessments	44	58	+ 32
DTTO Assessments	50	60	+20
DTTO Reviews	296	269	-9
Home Background	53	65	+23
MF:MC	33	47	+42
Parole	22	9	-59
RLO Assessments	9	211	+ 2244
Home Detention Curfews	25	22	-12
Diversion Assessments	158	161	+2

The use of electronic monitoring is being promoted by the Government with a new Electronic Monitoring (EM) Bail condition and a Restriction of Movement Requirement for Community Payback Orders available to the Court after assessment from Justice Social Work. Whilst Electronic Monitoring of Bail commenced in Scottish Courts in May 2022, Highland saw a delay in this due to recruitment issues.

Restriction of Movement Requirement was previously only available after review or breach of a Community Payback Order. However, it is now available at the sentence stage, often being used as an additional safety measure for individuals who have been victims of Domestic Abuse. This is illustrated in RLO Assessment figures listed above.

Justice continues to implement new policies and guidelines as directed by the Scottish Government. In 2022/23, we saw the introduction of the new Throughcare Assessment for Release on Licence (TARL) which substitutes in some instances Home Background Reports (HBR). TARL reports encourage collaborative working between Prison Based Social Workers and Community Based Social Workers to produce one single report to the Parole Board. This is a positive change in helping to streamline process.

Justice continues to use resources within the third sector in order to create a wider variety of unpaid work experiences for individuals sentenced to such an order. We currently offer work in traditional squads, but we are exploring and developing further individual placements and therapeutic work.

Traditionally, Justice Social Work has not experienced recruitment issues. However, we have found it difficult to recruit to short-term, temporary positions. As some funding streams are aligned to these positions, it has meant that new initiatives have not always been able to commence when expected.

Community Justice

During 2022/23, Criminal Justice Social Work continued to contribute to the new arrangements for the delivery of Community Justice through the Community Planning Partnership. One initiative which highlights collaborative working across our organisations is:

a) Custody Link Worker Project

The Custody Link Worker Project has continued to support those individuals coming into police custody in Inverness, assisting them to identify aspects of their life which are placing them at risk of offending and returning to custody. By helping people identify actions, access support and provide assistance to reduce those risks, the aim is to enhance their quality of life and improve their life chances.

Since its commencement in January 2020 (albeit with a pause in referrals due to Covid 19 restrictions), the Project has seen:

- 1086 offers of a referral made with 589 accepted and 497 declined
- 275 individuals have engaged with a Link Worker
- 134 individuals have completed a programme of support
- There are currently 61 active cases

The top 5 issues requiring addressing were: mental health, referral & signposting to other services, drug and alcohol issues, emotional support and housing.

An evaluation of the project by Stirling University was published in summer 2023.

Custody Link Workers | HTSI main (highlandtsi.org.uk)

2.4 Mental Health Officer Service

There is an established structure to manage and support the delivery of Mental Health Officer (MHO) Services in Highland with the MHO team located within the HSCW Directorate.

Adults with Incapacity Act 2000 (AWI 2000)

This part of the service is led by a Practice Lead who is supported by a number of MHOs. The bulk of statutory AWI work undertaken by MHOs is in the form of reports in respect of Local Authority and Private Welfare Guardianship applications. Welfare Guardianship Orders and/or Intervention Orders are used to provide a legal basis for the provision of care and support to individuals deemed to lack the mental capacity to make specific decisions themselves, where this is necessary. In many cases, a family member will apply.

During 2023/23, 358 AWI report requests were made, with 221 Orders being granted. ***(charts 1 & 2, appendix 3)***

Aside from aforementioned pressures, there continues to be an increasing demand for MHO reports from solicitors instructed by private applicants. This year-on-year increase must be managed within current capacity, and it has intermittently been necessary to operate a waiting list. This reflects the pressures and demands on the service and is kept under continuous scrutiny to prioritise vulnerable adults in the community and those delayed in hospital. Further, Highland demographic projections indicate a sharp rise in our aging population, which will likely lead to a continual increase in AWI referrals.

The Mental Health (Care & Treatment) (Scotland) Act 2003

This part of the service is led by a Practice Lead who is supported by a number of MHOs. The 2003 Act involves MHO consideration of compulsory detention under the 2003 Act for the purpose of providing mental health care and treatment. Specific tasks include providing or withholding consent to detention and providing applications to the Mental Health Tribunal. A substantial part of work under the 2003 Act is unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention. As part of this, the MHO may be required to apply to Sheriff Court for warrants to enact emergency protective measures and must often execute these warrants. Compulsory Treatment in hospital or in the community can be ordered under the 2003 Act. A daily MHO duty rota operates pan-Highland, and the duty MHO participates in the daily multi-agency ‘huddle’. In addition,

MHOs in this team manage a caseload of both inpatients and outpatients subject to compulsory mental health care and treatment.

The demand for Mental Health Act work has increased year-on-year following the COVID-19 pandemic, which has had a lasting impact on general mental health. Of note is the increased number of individuals presenting to mental health services for the first time. It appears presentations have been influenced by a multitude of social stressors including, the impact of the COVID-19, the cost-of-living crisis, and pressure on primary services and hospital bed availability. This has resulted in a portion of those receiving mental health care and treatment to require detention under the 2003 Act.

Despite the increase in the combined use of Emergency Detention Certificates (EDC) and Short-Term Detention Certificates (STDC) this year, there is a healthy trend in the reduction of EDCs in favour of an increased number STDCs this year, which is in-keeping with best practice. Use of the STDC affords the right to appeal against compulsory measures where the EDC does not. ***(Graph 3, appendix 3)***

There were eleven warrants applied for under Section 292 of the 2003 Act this year which is an increase from last year. Our Mental Health Act Practice Lead continues to support the development of the Highland-Wide Psychiatric Emergency Plan by providing legislative expertise to the multi-agency working group. Particular progress has been made with the draft document in the past twelve months.

Forensic MHO Service

This part of the service is led by a part-time Practice Lead supported by 2.5 whole time equivalent MHOs. Aside from newer members of the team, all Forensic MHOs maintain a criminal justice social work practice commitment and have substantial criminal justice experience. Forensic MHO practice requires an understanding of the relationship between mental disorder and crime.

Forensic MHOs work with multi-agency partners such as Criminal Justice Social Work, Police Scotland, the Crown Office and Procurator Fiscal Service, the Court, Prisons services, MAPPA (Multi Agency Public Protection), the Scottish Government Health Directorate (SGHD), and the NHS. The over-arching consideration of Forensic Mental Health Practice is public protection. Forensic MHOs work with inpatients within low, medium, and high secure hospital settings, and with outpatients in the community, who are subject to statutory mental health legislation (sometimes concurrent with criminal justice measures).

This year has seen the development of the Forensic Clinical Governance Forum and the Highland Forensic Service Operational Policy, which is currently in draft. Both the clinical

governance process and the policy document are an achievement of collaboration between NHS Highland and Highland Council Forensic colleagues. The Forensic MHO service demand almost mirrors last year's statistics, with a slight increase in assessment requests. ***(Graph 4, appendix 3).***

2.5 Emergency Social Work Service

The "Out of Hours" team staffed by THC, offers a service pan Highland in terms of all services (ie for both children and adults) and for both THC and Adult Social Care. Over this year, we have been seeking to re-establish it as an Emergency Social Work Team to better describe its function as it is considered that there ought to be a focus on the emergency nature of its work rather than business as usual which happens outwith "normal" office hours.

The team is made up of 5.5 FTE and .5 of a management post and operates such that one professional member of staff is on duty and one on call. There is also a bank of staff which can be called upon for particularly busy periods and this year we are looking to extending that bank to include other support staff who need not necessarily be professionally qualified as a social worker.

The team responds to between 5000 and 6000 calls per year and in general terms there are 30% more calls in relation to adults than there are for children although it should be noted that again in general terms the work in relation to children is likely to take longer. Work can extend to child and adult protection including county lines work and appropriate adult input and also includes dealing with care at home cover and mental health act work. All members of staff are qualified mental health officers.

Having a 'stand-alone' Emergency SW Team works well in Highland and is enabling us to carry out our social work duties and responsibilities to the most vulnerable in our communities, when required to do so.

3. Challenges and Improvements

Joint Inspection of Children's Services

Between April and October 2022, Highland were involved in the Care Inspectorate's joint inspection process for children at risk of harm. The final report was published in December 2022 leading to a significant period of reflection and planning for all services and agencies. A

series of ‘People Connected’ sessions ensured findings and areas for improvement were shared widely, and a joint Inspection Improvement Plan developed. There is a key focus on improving outcomes for older young people, particularly those at risk from community harm.

Without doubt, the Joint Inspection was resource intensive over a sustained 6-month period. However, whilst it brought challenges, it also assisted us in clearly articulating, and adding to, our improvement plan which had been identified pre-inspection. This brought renewed focus and energy for all services and organisations with the focus firmly on improving outcomes for our children, young people and families.

Implementation of New National Guidance for Child Protection

Whilst Highland is on track to have local procedures in place by September 2023, there are challenges around implementation of the new national guidance in relation to 16- and 17-year-olds in particular. We recognise these are challenges which have been highlighted at a national level but yet to be resolved.

Recruitment and Retention

As in many other areas in Scotland, recruitment and retention of staff within all social work and social care services remains a challenge. For more detailed information, refer to next three sections of the report. However, at the heart of this is risk due to unmet need. This includes waiting lists (with tasks and people we are aware of) as well as tasks not being done. The latter is an area which managers have focussed on to ensure that we are making decisions to allocate or not allocate based on risk priorities.

To be expected, vacancies within social work – and particularly the children’s services family teams – has created additional pressure elsewhere. The increase in Child Health Visitors being the Lead Professional has risen from around 200 in 2020 to 550 in 2023, including a number of highly complex, non-statutory, Child’s Plans.

The development of new initiatives also impacts on existing resources. However, Highland is currently working to develop a recruitment campaign and it is anticipated that the development of new initiatives to support earlier intervention for families (children and adults) will attract staff to the area and the service.

Development of New Initiatives

There have been a variety of planning and progress initiatives in all services during the past year. However, Children’s Services are implementing a significant re-focus of practice with a

number of new initiatives being introduced as a result. Many of these are collaborate workings with partners. Examples include:

a) Family Group Decision Making (FGDM)

The aim is to safely keep Highland's children within their own families and communities. A Service Manager has been appointed to lead on the introduction of FGDM and a test for change pilot is due to start in May 2023 in the Inverness West area before a wider rollout across the authority later in the year.

b) Scottish Child Interview Model (SCIM)

Highland is in the process of identifying a cohort of Police and Social Work staff to undertake the national SCIM training programme with a 'go-live' date of August 2023. This aims to reduce the re-traumatisation of children and young people who are required to give evidence in legal proceedings.

c) Safe and Together (domestic violence and coercive control)

Highland received funding from Delivering Equally Safe to implement the Safe and Together model in 2021/22. This funding has been extended to March 2024 with an indication of further funding until 2025. Training is currently being rolled out across all services.

d) PLACE (child exploitation)

Highland has piloted the PLACE referral process, aimed at identifying key issues relating to child exploitation in local areas. The process aims to highlight groups of young people being targeted for exploitation, 'hot spot' areas and potential perpetrators in order to respond to local need and disrupt exploitation. Initially, the process was piloted in the Lochaber area but has now expanded across Highland with four PLACE groups meeting to identify and respond to exploitation in Highland communities. This works alongside the Barnardo's RISE project and Police Scotland to support our residential services and young people on the edge of care.

e) Re-imagining Youth Justice

Care and Risk Management processes were updated in 2022 with an increased focus on Care elements. In 2022, Highland was one of three areas that participated in the Scottish Government Harmful Sexual Behaviour audit pilot. Supported by the NSPCC, Highland reviewed multiagency practice in relation to harmful sexual behaviour and now have an action plan to be delivered over the next three years. Highland is also working with the

Children and Young People's Centre for Justice to look at wider youth justice issues and practice in re-imagining youth justice for Highland.

f) Whole Family Wellbeing Programme

During 2022, Highland have been establishing and developing a team to ensure families have access to early support at the point of need, and in their local area. This will be based on local need and brings services together to ensure joined up approaches and sharing of resources where appropriate. Particular focus will be on supporting adults. This is due to commence in July 2023.

g) Child Health

2022/23 has seen the removal of immunisations from the role of school nursing with subsequent clinical modelling, with a focus on whole family mental health support. This brings an opportunity for school nurses, in their role as advanced nurses, to provide targeted mental health assessment and support for highland's families. There will be a particular focus on families at risk; those affected by inequalities; and those suffering the impacts of adverse childhood experience.

Learning from Case Reviews

Highland have adapted the National Learning Review Guidance (Scotland) 2021 and are currently supporting a multi-agency team to undertake learning reviews. An addition 11 members of staff received training from Barbara Firth, author of the National guidance and will be involved in Review teams to build capacity to undertake learning reviews locally.

Quality Assurance and Reviewing Team

The review process for every child who is Looked After at home or in residential/foster care or who has a Child Protection Plan continues be chaired by a Quality Assurance & Reviewing Officer (QARO) or a manager who is independent of the responsible operational team.

The team conducted an audit of 225 plans based on questions adapted from the Care Inspectorate Audit tool. The findings were that only 31% rated good in respect of children's involvement and views recorded, with a rating of 42% good in respect of parents and carers involvement and views being recorded.

The findings of the audit were shared to all teams, and improvement work commenced. This workshop was attended by over 70 Social Workers from across Highland, with presentations including the UNCRC, the Promise to underline the legal duty to ensure the child is heard in

the planning for their wellbeing, followed by presentations of innovative methods of capturing views. Follow up work included a practitioner questionnaire, and a self-evaluation piece of work to evidence improvement.

This work will be part of the overall service audit cycle, on an annual basis, with improvement work based on findings.

The Principal Officer and the QARO team joined forces with Moray Council, Children's Hearing Scotland and the Scottish Reporters Administration to create a practice framework, Better Meetings with the voice of children and young people shaping and designing what they want to happen before, during and after their meetings.

MHO Scheme

A key success in relation to workforce planning has been the successful development of the Trainee Mental Health Officer Scheme, which was developed in partnership with Robert Gordon University, Aberdeen. The Trainee MHO Scheme attracted national recognition as the service won a 2023 SASW Award in recognition of the forward-thinking approach to recruitment and retention difficulties.

Adult Protection

Highland Adult Protection Committee (HAPC) now has seven well-established, multi-agency sub-groups (Practice Improvement, Quality Assurance, Participation, Learning and Development, Learning Reviews, Community Awareness, and Young People at Risk of Harm) which are tasked with advancing action plans which support HAPC's identified improvement objectives.

Achievements over the period include the following:

- A case file audit process now in situ
- Closer links have been established between HAPC and Highland Public Protection Chief Officer Group
- An Adult Protection Training Officer is in post and development of a new, comprehensive, multi-agency training programme across Highland is now well progressed
- High levels of training of Council Officers have been maintained
- Learning Review activity has increased significantly with substantial progress on two external reviews, including a joint review with Health

HAPC has this year hosted a development day to refresh its improvement objectives, which, looking ahead, will include a focus on promoting the participation of adults at risk of harm in our protection processes, gathering information on their understanding of that involvement and the outcome of it; and, more broadly, ensuring that the voices of adults at greater risk of harm and their carers are heard, and shape the agenda for the committee going forward.

4. Resources

The Health, Wellbeing and Social Care Revenue budget for 2022/23 was £188m. Of this:

ACTIVITY	BUDGET £'000	ACTUAL £'000	YEAR END VARIANCE £'000
Service Management + Support	4,037	1,948	-2,090
Adult Services (Including commissioned Adult Services)	142,138	142,127	-11
Children's Services (Including 'commissioned Child Health Services)	41,878	39,944	-1,935
NET TOTAL	**188,054**	**184,019**	**-4,035**

Of this £4m underspend, £2.33m was accounted for from vacancies – the majority being social work posts within the Family Teams.

In 2022, the leadership team within HSCW Directorate commenced a comprehensive review of the services establishment, by way of an extensive analytical input by the business intelligence officer. This information was then interrogated alongside a broad range of data and research (eg. Social Work Scotland, Setting the Bar, etc) to give an informed assessment

of appropriate workforce numbers required to work safely whilst meeting statutory duties and requirements.

HSCW savings targets of £3.7m for 2022/23 were achieved through a carefully managed reduction of establishment, through long standing vacancies. The restructure of senior and middle management posts and broader efficiency savings across budget lines, resulted in the HSCW directorate achieving its highest ever annual saving target, at a time when demand was increasing across all services.

Children and Families Services

The main resource challenges and pressures are within the context of increasing demand and complexity across all services. However, Children and Families Social Work are also on a significant improvement journey – which has required investment. THC has given financial backing to this with an additional investment of £1.3m for fostering and adoption payments, whilst also allocating £1m to the Family First Strategy. Further, £1.3m per year for two years has been forthcoming from the Scottish Government to invest in and develop our Whole Family Wellbeing Programme.

The balance of care - where children are placed to ensure their safety, care and protection - is of critical significance to 'following the money'. Keeping children in families, and local communities, is well evidenced in promoting positive outcomes associated with community connections, bonds and identity. It is also much more cost effective than 'placements' such as purchased fostering, commissioned through the independent sector, and external residential provision. Home 2 Highland is focused on these specific 'placements.

Highland's Families 1st Strategy is designed to actively disrupt the increasing trajectory of children coming into the care system by ensuring we support, grow and invest in earlier interventions, through our commissioning arrangements, our universal partnerships, and realignment of workforce - particularly our family support workers. This is the direction the service has been pivoting towards from 2022.

We can evidence some early impact. In 2020 we had 495 'looked after children'; this reduced to 467 in 2021; and again reduced to 402 in 2022 (Social Work Statistics 2021/22 Children Looked After Returns, 2023). This is a 19% reduction of children looked after at home and away from home. Highlands decrease from 2021 to 2022 was 3.4%, whereas our

comparator local authorities decrease, was 0.4% and the Scottish average decrease was 1.7%.

Of note, emerging evidence is highlighting the impact on the social development of young children, possibly as a result of the pandemic. This is creating significant pressure to Allied Health professionals where the need in the population is not met by available resource with increased requests for assessment and intervention. This is particularly around speech and language therapy service and occupational therapy where waiting times have increased significant to around 18 months for general services and to 3 years for neurodevelopmental assessments.

SDS and Disability Teams

This year again showed increased spending as families emerged from the pandemic. However, recruiting personal assistants is a challenge for families – both in adult and children's services. However, whilst Scottish Government has provided additional funding for adult personal assistants, they have not for assistants in children's services. This disparity is starting to impact on recruitment.

SDS statutory guidance on the National Standards came into force in November 2022, and there is a national agreement that we need to improve and promote SDS, adhering to the SDS Standards. Highland Children and Adult Services are currently carrying out a 100-day self-evaluation of the service. Colleagues from Social Work Scotland are working with us on this self-evaluation, with the intended outcome being that the findings will help inform future practices, improve social work core processes and align help Highland align with the SDS National Standards.

A significant pressure during 2022 and continuing into 2023, has been the restriction of overnight respite. Whilst the variations and choices of SDS has reduced the need for short breaks in traditional residential respite centres, there remains a vital need for some families to access short overnight breaks in respite houses. We are currently scoping the need across Highland to ensure we have enough short-break provisions. This includes the use of short break foster carers for children with a disability.

Adult Social Care

In the year ended 31 March 2023, Adult Social Care achieved a breakeven position. However, this was only possible by drawing down £5.218m of funds held over from the previous financial year end. Slippage on the Cost Improvement Programme of £2.100m has been covered by this funding drawdown. If this non-recurrent funding had not been available ASC would have shown a £5.218m overspend.

Appendix 4 details a breakdown of the financial position across Adult Social Care Service Categories. It shows significant financial pressures in the 'Independent Sector Care Homes' and 'Care at Home' and 'People with a Learning Disability' categories brought about by national recruitment and retention difficulties and inflation, exacerbated by the rural nature of the Highlands. 'People with a Learning Disability' has also been affected by the increasingly complex packages of care required.

As mentioned, in other sections of the report, work is on-going to support providers to remain in the sector and maintain/increase capacity. However, a number of providers have withdrawn from contracts resulting in significant additional costs.

Since 2021-22, discussions have continued between THC and NHSH to implement a three-year cost containment and transformational plan within a joint governance and programme management structure. This is necessary to address the known budget quantum gap with continued support from Scottish Government as required with precise detail of plan, scale of savings and joint ownership to deliver on this ambitious transformational change programme.

- Year One – cost containment, transformation planning and resourcing of programme management team.
- Years Two and Three – continued cost containment and transformation opportunities.

Going forward and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership's Strategic Plan.

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

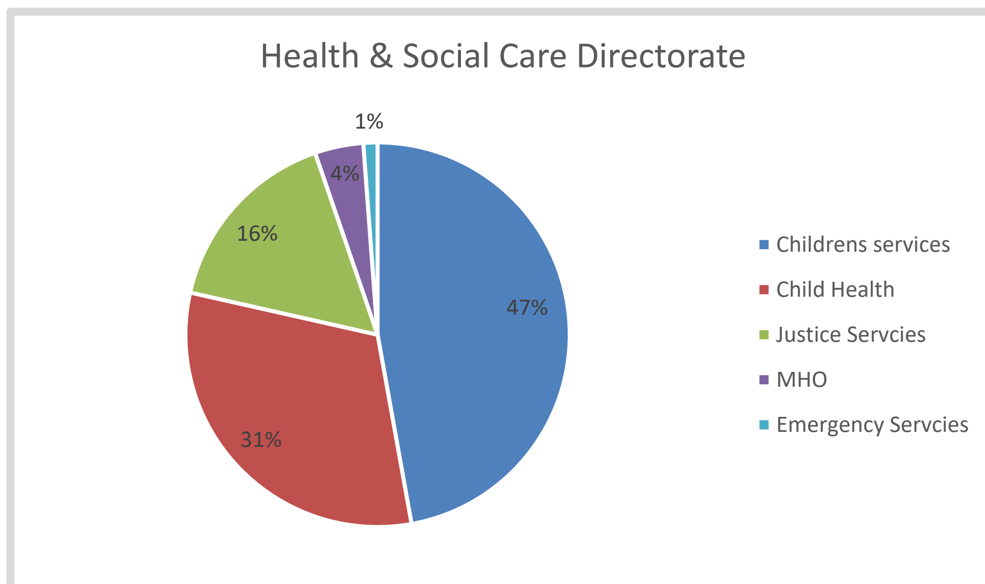
This programme will seek to deliver the following five key objectives for the future delivery of care at home services, focussing on both in year priorities and a medium-term plan:

1. Maximise provision through processes, training and technology
2. Enable market and delivery stability

3. Create, sustain and grow capacity
4. Recognise, value and promote the paid carer workforce
5. Improve affordability

5. Workforce

Within the HSCW directorate, the workforce equates to 814 FTE, with approx. 1000 posts. The following graph demonstrates the different services and subsequent staffing ratios.



In May & June 2022, the extended senior management team attended 2 workforce planning workshops facilitated by Human Resources (HR). The purpose of the workshops was to develop a plan of action to ensure that the appropriate workforce will be available to provide quality services now and in the future. A six-step workforce planning model was used:

The Six Steps

1. Context and environmental analysis
2. Current workforce profile
3. Future workforce profile
4. Workforce Implications/Gap Analysis
5. Action Plan
6. Review & Evaluate

This resulted in the Workforce Planning report which was presented at the HSCW Committee. A detailed action plan was developed and shared for the services to take forward, with support from HR, the Talent Management Team, ICT & Finance.

Within the HSCW Directorate, the key staffing and workforce issues were identified as:

- The staff demographics across the Highland Health & Social Care workforce
- Recruitment & Retention
- Turnover
- Staff Development
- Staff Wellbeing & Performance
- New Ways of Working
- Restructure of the Senior Management team

The turnover rate for Health & Social Care staff in 2021/22, was 14.7%, with figures for 22/23 at a similar level. Major contributors to this related to an aging workforce, as well as "The Big Resignation" which appears to have been an international issue across all workforces.

Services have identified many difficult to recruit vacancies. Whilst there is a recognised national shortage of qualified social workers, as well as social care staff within Adult Social Care, there is also enhanced difficulties in rural areas of the Highland Region – particularly in the far North and Western areas. Housing is a particular issue in the West due to pressures from the cost of available housing. Further, seasonal work (due to the tourist industry), has constricted the potential employment pool available to ASC, with preferential pay levels in sectors outwith the care profession.

The deteriorating staffing position and subsequent increasing risks can clearly be articulated during the past year. The HC Staff Survey, which was conducted in June 2022, had some notable positive comments. These included:

- I am interested in my work 98%
- I am trusted to carry out my job effectively 91%
- I am sufficiently challenged by my work 90%

With regard resources:

- 28% of staff responded negatively to the statement I have a reasonable workload

However, in March 2023, the social worker establishment within children's social work had a 41% vacancy rate, with Justice and MHO Service just slightly less. This resulted in the CSWO submitting a paper to the Senior Leadership Group (elected members) stating the risks to

service delivery and subsequent pressures on the workforce themselves, advising that this needed to be placed on the Corporate Risk Register – which the Audit and Scrutiny Committee has subsequently done. The position is being closely monitored both in Highland itself as well as Social Work Scotland who are liaising directly with the Scottish Government on the national picture.

In order to try and address our recruitment and retention issues – specifically within THC - we have focussed on developing our recruitment strategy and putting in mitigating factors to address the vacancy pressures. This includes:

- Grow our own
- Rolling trainee programme
- Review of the current recruitment process
- Refreshed Job Descriptions
- Development of career paths
- Exploring options with the local University to develop a high-quality Social Work qualification course to prevent future workforce moving away from the Highlands to study
- Reviewing long standing vacancies and determine if work can be divided differently
- Working with Housing & Property to explore potential housing options for staff
- Using the revised exit interview process to analyse reasons for leaving and resolve where possible
- Reviewing the Induction programme to improve support for new staff to increase the chances of long-term employment

One major positive has been the grow your own social work trainee programme which has been in place since 2021. In 2023, 5 trainees are due to qualify and take up permanent social work positions, with a new recruitment campaign in progress for an intake of 6 new trainees. This is a key strategy for THC and one we will continue to build and develop.

Advanced Nurse Training Programme

The service has driven forward a highly successful post graduate masters advanced nurse training programme This programme supports recruitment, development and career progression for nursing staff and is underpinned by the national transforming roles programme. Through the recruitment and development of experienced staff nurses, the directorate has addressed the recruitment crisis in nursing (vacancy rate of around 30%

versus vacancy of 8% in 2023), provided development opportunity for staff and future proofed service delivery.

The service has extended the opportunity for advanced training to wider eligible staff groups, in order to support the directorates vision to have a workforce which is qualified, skilled, capable and confident to meet the needs of families who are suffering the impact of inequalities, at risk or in need of care and protection. Additional resource has been applied into the youth justice service through this training programme with the appointment of an advanced nurse with the remit of drugs, alcohol and justice support.

Succession planning remains a priority within Child Health. A key challenge is that the majority of child have staff are specialist paediatric trained and there are very few opportunities for career advancement within their discipline. This is an unintended consequence of the Lead Agency Model. Additional opportunities have been injected into Child Health, reconsidering how/when/where/why things are done – being outcomes and early intervention focussed, enabling a challenge to professional boundaries notwithstanding the need for the core functions of each role. A "ready now – ready later" approach is in place through nursing, where all staff in a leadership role at any level, work with their teams and have an understanding of who is "ready now" for a promoted post – and who will be "ready later", and how the staff member requires to be supported to get there, as evidenced in their PDP.

MHO Postgraduate Certificate Award

The MHO Service has seen a number of different workforce challenges. Several members of the team are retiring whilst recruitment from outwith Highland has been difficult. In the coming year, the service is expected to see a significant reduction in staff resource as approximately 20% of the workforce is eligible to retire.

The service made a conscious effort to grow and develop its trainee scheme. This year, there are two members of staff due to complete the Postgraduate Certificate MHO Award, having initially gained employment as Trainee MHOs. Another 2 Trainee MHOs are due to commence their training in September 2023.

A financial reward which acknowledges MHO status was implemented in 2022. This has been welcomed by the team and gives recognition to the skills and experience required to carry out these duties and the autonomy that the MHO role brings.

Social Work Service in NHSH

Social Work leadership have developed a workforce plan for Social Work teams within NHSH. The purpose of this is to ensure service development is in line with demographic changes across our communities, and that teams are strengthened to support demand and deliver best practice. The workforce plan has focused on the following:

- The changing demographic of Highland
- Greater percentage and number of older adults (>65yo)
- Increased population in urban areas; with rapid growth in some specific small populations.

Due to above, the social work role is being re-imagined:

- Stronger, relationship based and person-centred approaches are recommended.
- Greater time and creativity are seen to be necessary for social work staff to effect community-based solutions thus matching individuals' needs and aspirations to a flexible range of community resources.

Workforce planning has supported the decision underpinning the use of additional recurring funding from the Scottish Government during the past few years to support social work in undertaking complex assessments, reviews and rehabilitation as well as AWI work to avoid inappropriate hospital admissions and support timely discharge of people out of hospital. This has equated to an increase in staffing establishment of 18.3 wte Social Workers and 9.7 wte Social Work assistants.

As per our workforce plan, this year we have worked to ensure a Social Work team structure of Social Work team managers supported by a Senior Social Worker is implemented across all adult teams. This structure will be fully in place across Highland by July 2023, following some challenges in recruitment in some of our more remote and rural districts. The structure allows for both clear career pathways to be supported, as well as strengthening practice support to social workers and social work assistants.

NHSH Reserves

NHSH reserves is a new initiative aimed at recruiting people who are not able to work in part time or full-time permanent roles but who do have some capacity to support on a more

flexible basis. Recruitment commenced in December 2022 with initial focus on NHSH colleagues, later broadening to include the general public.

To date, the reserves have 66 people in the team with 33 ready for deployment having followed NHSH recruitment and induction process. The initiative focus on values-based recruitment and employment, seeks to ensure that colleagues' experience of working in a care setting is positive and is supported by the wider management team.

Team members come from a range of backgrounds some with significant experience in care and others with a keen interest but little experience of formal care roles. The reserves support care home, day care and care at home services and can also support in health care settings if the need is directly related to social care.

The reserves began supporting services in March 2023 following due recruitment and training processes and have to date provided:

- 62.5 Hours in Hospital settings
- 167.5 Hours to Independent sector providers
- 753 Hours to In-house services.

Summary/Conclusion

The pressures being faced by Highland is clearly articulated – as are our mitigating actions. However, staff shortages across all service areas in both social work and social care is placing severe pressure on our ability to deliver safe services. Further, the impact this is having on the wellbeing of the workforce cannot be underestimated. All these factors, as well as the need to make significant savings within our organisations, makes the current situation very precarious and one that is being monitored closely.

6. Training, Learning & Development

Social Work Trainee Programme

As part of workforce planning, and the focus of recruitment and retention, a scheme was developed based on a previously successful initiative which recruits suitable candidates from within internal staffing across the Council including Hi-Life Highland and Health colleagues employed in Children's Services. The Further Education Provider is the Open

University, chosen for their high standard undergraduate and post – graduate courses. Vitally, they have significant experience and success regarding remote learning, which, given Highland's geography, is a significant and necessary consideration.

Highland subsequently appointed 4 trainees who were placed in teams across Highland, employed whilst studying for their Social Work qualification. This scheme will run approximately every two years with plans for an increase in provision. We are conscious however, that there will also need to be development around the provision of high-quality support to assist the trainees to become a confident and competent workforce.

New Qualified Supported Year initiative

NQSW Supported Year is a national approach based on a best practice model to support newly qualified social workers transition into the workforce ensuring an increasingly confident and competent workforce. Highland, along with Moray, Eilean Siar, Argyll and Bute, Orkney, and Shetland LAs, were successful in securing funding to be one of the pilot sites taking forward this initiative. Further, we have recruited part time posts to provide enhanced support and development for NQSW. An evaluation will inform the roll out across Scotland which is intended to take place in September 2024.

Practice Support Officer role

The Practice Support Officer is an integral role in workforce planning, including supporting and developing the Trainees, the Newly Qualified Social Workers, and experienced Social Worker who are undertaking their Practice Learning Qualification. A key responsibility is the placement of students as requested from Higher Education Institutes (HEI), and Social Work Trainees. The Officer negotiates with Statutory and Third Sector organisations across Highland, balancing the need of incoming students alongside Trainee needs. This brings significant challenges as demand exceeds the supply of placements. The role involves negotiating with HEI to ensure best value and best quality of course provision.

Modern Apprenticeships in Adult Social Care

With workforce development colleagues in NHSH, a project manager from adult social care developed a small test of change to assist with recruitment in remote and rural areas. The modern apprentice scheme offers paid employment for a fixed term period of one year and includes formal teaching and qualifications support by UHI. We currently have four young

people on the MA scheme. This will be monitored and reviewed with a view to expansion later in the year with a particular focus on school leavers.

Training

Alongside a number of thematic training courses based on Social Work specific needs which is devised and delivered locally, THC annually purchase places on the PG Certificate Course Child Welfare and Protection, and the Practice Learning Qualifications (Social Services) award (SSSC).

The Child Protection Training Team have developed online training via MS Teams and continued to deliver core child protection training for Social Work practitioners within NHSH and THC, as well as all statutory and third sector agencies.

In 2022/23, emphasis was placed on re-introducing a range of face-to-face training courses (these had stopped during the pandemic), to encourage and promote collaborative working. Particular focus was on child protection and trauma. For example:

- Recognition & Response in Child Protection
- Vulnerable Pregnancy Pathway
- Graded Care Profile
- Harmful Parent-Child Interactions
- The Promise Sessions
- Childhood Trauma & Adversity
- Contextual Safeguarding
- Child Exploitation

In addition, staff across all services had access to e-modules such as:

- Children Affected by Drugs and Alcohol
- The Child's Plan / Chronologies / Neglect
- Understanding the new National Child Protection Guidance
- Adult Support and Protection
- Violence Against Women
- Risk Management

There are significant pressures on learning and development provision with limited resources to fund Learning and Development Officers. However, we remain committed to

developing our workforce through appropriate training and learning opportunities. Consequently, a new Learning and Development Plan is one of the services highest priorities for the coming year as we need to align our vision for our workforce alongside appropriate learning, development and support offers.

Learning and Development in Adult Social Care

The learning and development pathway for adult social care staff has been reviewed and updated and now includes further mandatory training for senior staff in relation to medication compliance. A lead dietitian has now been appointed to support food fluid and nutrition practices within all registered services, the post holder will work closely with adult social care colleagues.

Two practice educators have recently been recruited to the learning and development team - one of these roles will focus on the increased complex needs of the people we support to ensure learning modules accurately reflect this. The other practice educator will concentrate on supporting people to achieve SVQ requirements in a timely manner especially for those staff who find a return to formal education a challenge.

SVQ compliance is highlighted as an area of risk in NHSH – something which is also reflected nationally. Local and national conversations are being held to identify solutions and SSSC colleagues are fully sighted on the issues that have arisen since the pandemic. This area is being carefully monitored and we will continue to engage with SSSC.

Summary/Conclusion

The pandemic and lockdown had a significant negative impact in this area. However, we acknowledge that training, learning and development are key to a competent and skilled workforce, which is essential if we are to improve outcomes for those we work with. As such, we are committed to investing in this area to enable us to attract and to retain our workforce.

7. Looking Ahead

The CSWO and leadership teams in both THC and NHSH will continue to focus on local need and priorities, interlinked with national policy and strategic developments.

- Focusing on the recruitment and retention challenges in social work and social care by listening to our workforce, creating a learning culture with pathways to progress career aspirations, and continuing to recognise the broad talent in the teams, noting the everyday relationships staff build and the differences they make in the lives of those we work with.

- Maintaining a stable workforce will without doubt remain a significant challenge, particularly noting our unique Highland geography, with a large land and island mass and complex mix of urban, rural, remote and sparce communities. We will continue to engage with both Social Work Scotland and the Scottish Government in relation to this.

- The disparity in professional social work pay is a significant concern in Scotland and requires not just local solutions, but more structural Scottish Government intervention. However, Highland is experiencing disparity between LA renumeration and that of NHSH as these organisations have different terms and conditions – and pay salaries – for social work staff. Whilst the potential creation of a National Social Work Agency could address this long-standing 'equal pay' issue, Highland is faced with a very real and current challenge which could have a significant and detrimental impact on the retention of staff within THC. This appears to be a direct consequence of the Lead Agency Model.

- Finding suitable housing is a major challenge for staff joining the Highlands. Pressures to ensure housing needs for local communities are balanced with the needs of the workforce, remain a difficult structural corporate issue.

- Children's Services are committed to focussing on restorative, relational approaches for improving the lives of children and families. We will continue to monitor the impact and outcomes being achieved through the introduction of Family Group Decision Making, Rights & Participation, Safe & Together, and SCIM Teams.

- Delivering inspection improvements across Children's Services to strengthen early help and support, mental health services, and protective processes particularly in respect of older young people at risk of harm is a major priority.

- Highland's commitment to Keep the Promise will accelerate based on Families 1st and a broad range of improvement activity that recognises the importance of keeping children and families together and providing support earlier, as and when requested.

- Continue to strengthen leadership improvements, accountability, transparency, and governance through our strategic boards and committees.

- To implement and deliver the Highland Health and Social Care Partnership Strategic Plan.

- The Financial challenge is, and will continue to be, significant as services are faced with increasing demand – often with more complex needs- whilst having a reduced budget. Through our various strategic plans, we are changing our practice to ensure we are needs led and outcome focussed. However, budget challenges added to our significant staffing issues, will impact on our ability to deliver services in future years.

Fiona Duncan, Chief Social Work Officer
August 2023

Appendix 1

Child Protection Minimum Dataset Report

May 2023

Key Insights:

- Number of children registered on the Child Protection (CP) Register is currently 84. This demonstrates a continued decrease since Q1 21/22. The strengthening of whole family approaches and effective early support should lead to a further reduction in the number of children being placed on the child protection register in coming years.

- The rate per 1,000 children registered on the Child Protection Register places Highland Council 17th out of 32 LAs.

- 0–4-year-olds make up majority of those registered at 50%.

- The average age of children on the CP Register is 5.1.

- The number of re-registrations is 7 for the latest quarter, with just one re-registration within 12 months.

- The number of concerns recorded is the lowest since Q3 21/22 at 64. Neglect is the most common concern in the quarter.
- Overall number of children referred to Children's Reporter has been stable in the quarter, although the most recent annual number is decreasing following a sharp increase in 2016/17.
- At a national level, for 2021/22 Highland Council ranked 24th out of 32 LAs for Rate per 1,000 Children Referred.

Child Protection Register – Numbers & Rates

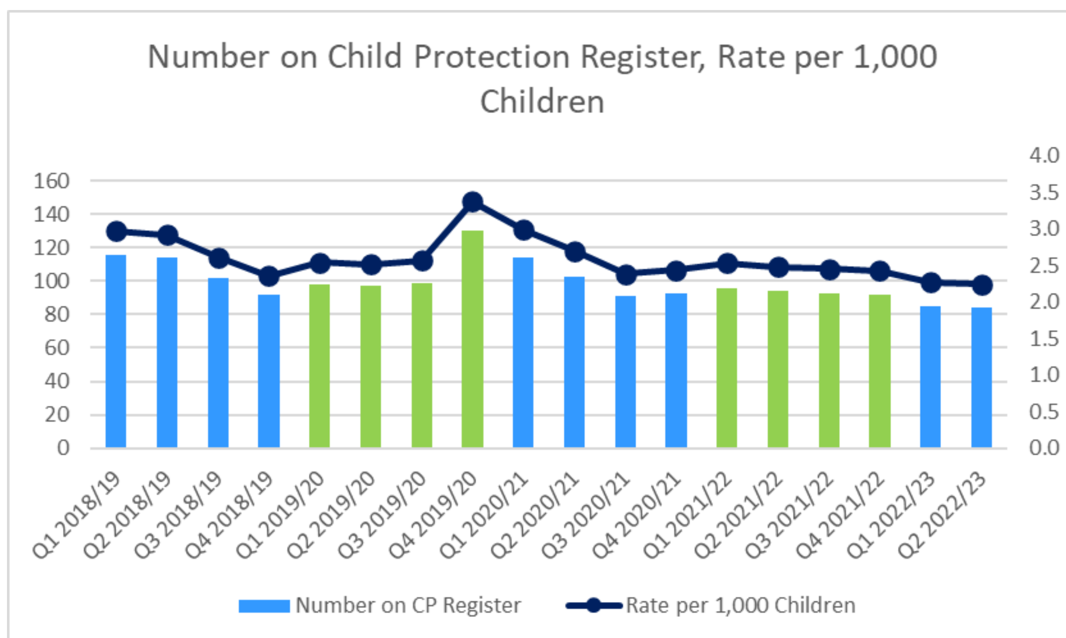


Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered.

By Q2 2022/23, Chart 1 above shows there were 84 children on the child protection register. This represents a decline from a high of 130 in Q4 2019/20 – and represents an ongoing decline since Q1 2021/22. Members should note that the 130 occurred during the initial phases of the pandemic, where practitioners were likely to have been more reluctant to deregister children with increased isolation and less support available to them. Large sibling groups being registered or de-registered can also impact on overall figures. As overall numbers of children registered has decreased, so too has the Rate per 1,000 Children (0-15) registered.

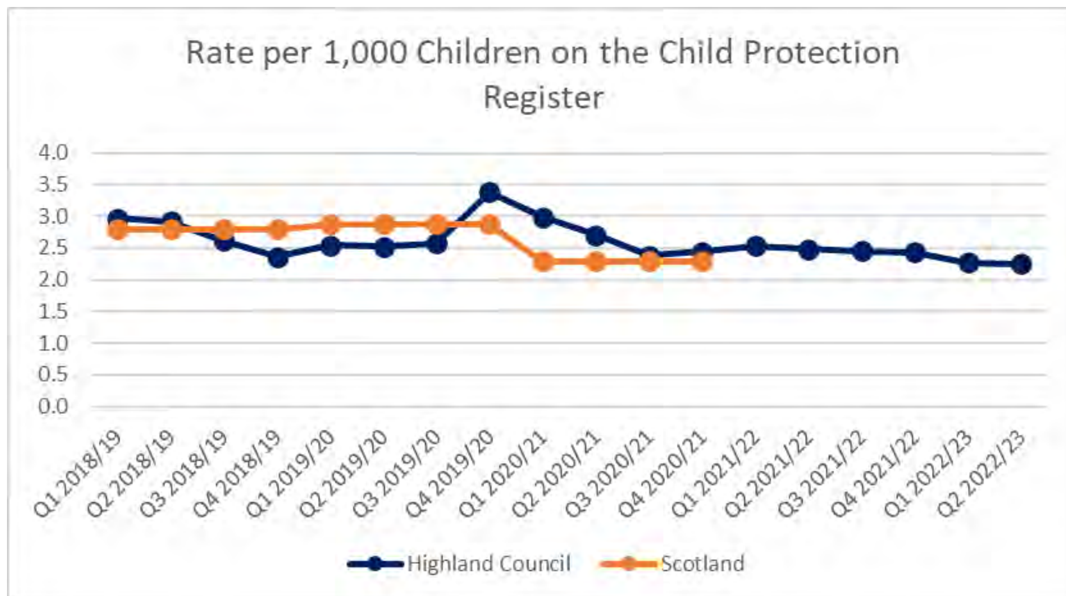


Chart 2: Rate per 1,000 Children on the Child Protection Register – Highland Council v Scotland

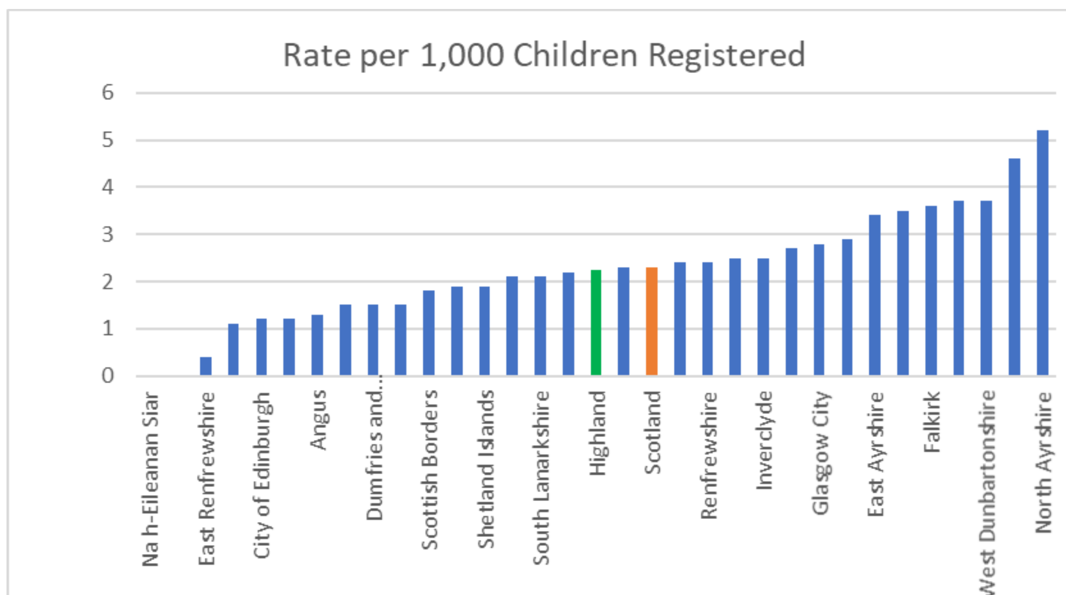


Chart 3: Rate per 1,000 Children on the Child Protection Register – Highland Council in comparison with other Local Authorities

Chart 2 above shows the Rate per 1,000 Children Registered on the Child Protection Register and benchmarks it against the national statistics. The national statistics are updated annually while the Highland Council collate quarterly data and so the most recent update to the Scottish figures relates up to Q4 2020/21. An update for Q4 2021/22 is expected Early-to-Mid 2023.

Chart 3 shows the Rate per 1,000 Children Registered on the Child Protection Register across all Local Authorities with the last updated data. For Highland Council, that will be Q2 2022/23, for all other Councils this will be Q4 2020/21. Rate per 1,000 in Highland is in line with the national average.

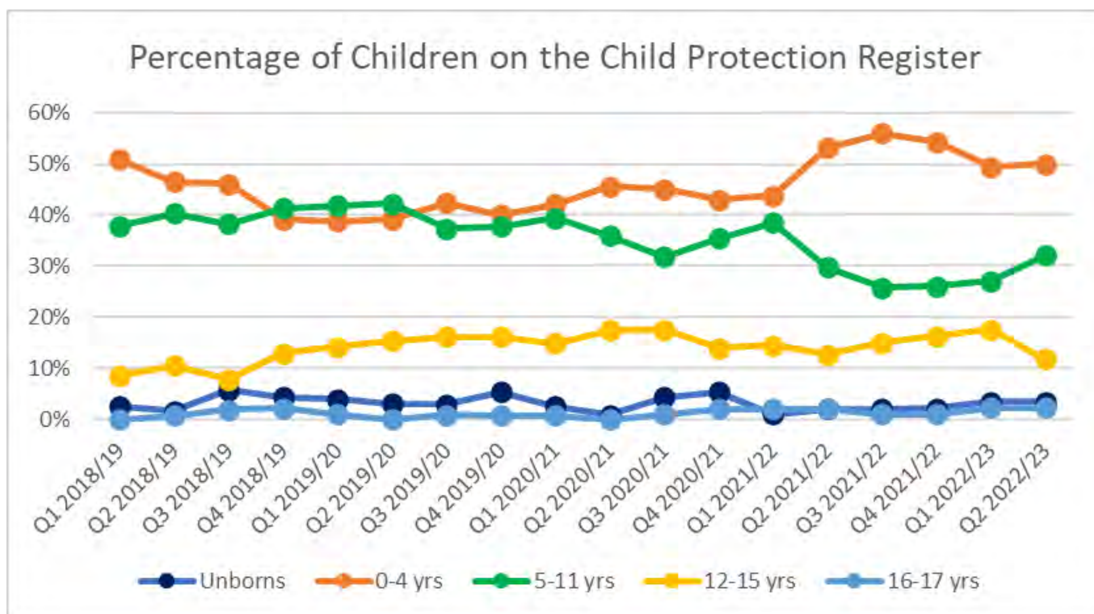


Chart 4: Percentage of Children in Age Bracket on the Child Protection Register

Chart 4 above shows the proportion of children registered on the Child Protection Register at the end of each quarter by age. As can be seen, 0–4-year-olds make up the highest proportion of those registered since Q3 2019/20. From Q1 2018/19 there has been little overall change (making up 50% of children registered) but there has been large variation quarter-to-quarter. 12-15-year-olds, 16-17-year-olds and unborn proportions tend to be showing little variation. The CPC will be monitoring this data carefully as the new National Child Protection Guidance is implemented.

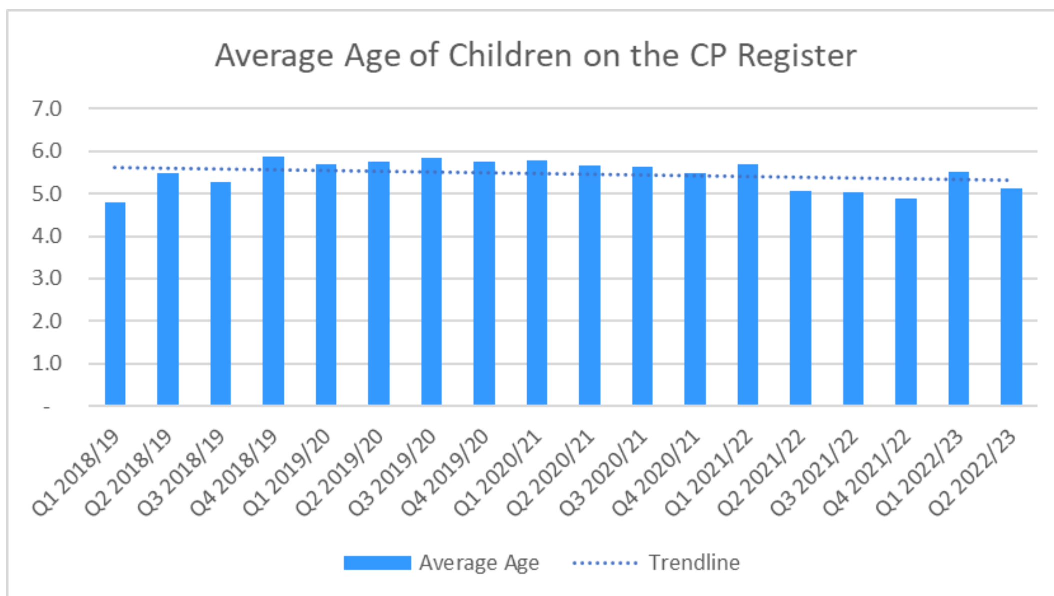


Chart 5: Average Age of Children Registered on the Child Protection Register

Chart 5 above shows the average age of all children registered on the Child Protection Register – including those unborn. There has been a gradual decline in the age of children that are registered since Q4 2018/19 to Q2 2022/23, with the average age reducing from 5.9 to 5.1 in this period.

Child Protection Register – Registrations & De-Registrations

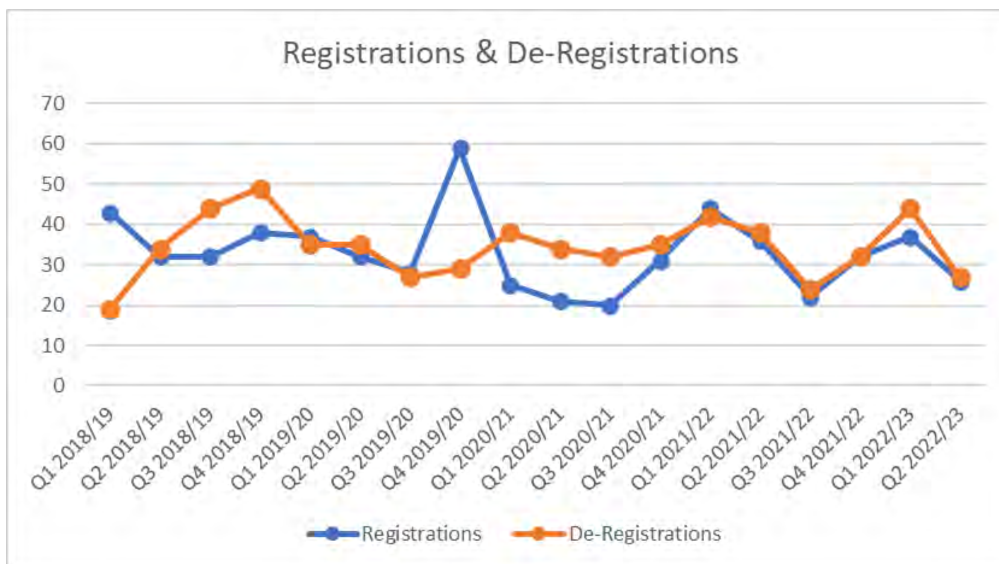


Chart 6: Registrations & De-Registrations of Children on the Child Protection Register

Chart 6 above shows the number of quarterly registrations and de-registrations from the Child Protection Register in the period. Overall numbers tend to follow each other closely, with a slight increase in the number of de-registrations in recent quarters. Not a great deal of variation in the

absolute numbers, with an average of 33 registrations and 34 de-registrations in the period. This accounts for the relatively low variation in total numbers of children on the register at any one time. Again, it should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

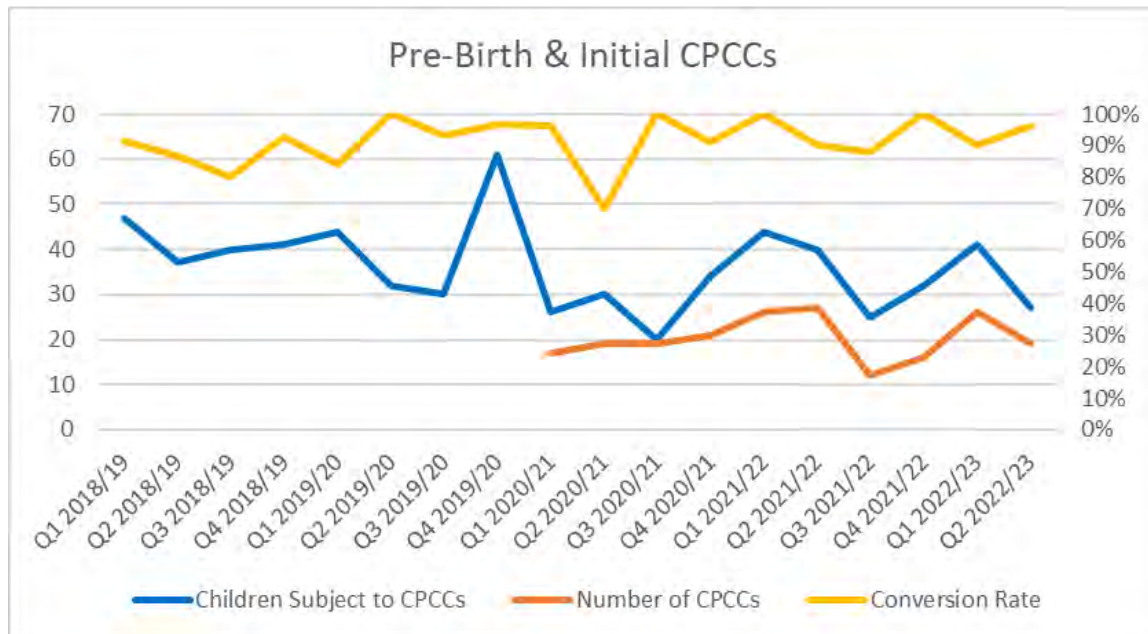


Chart 7: Pre-Birth & Initial ICPPM Conversion Rates

Chart 7 shows the number of children subject to an Initial Child Protection Planning Meeting (ICPPM), the total number of ICPPMs, and the conversion rate of ICPPM for each quarter. Please note, these meetings were previously referred to as Child Protection Case Conferences (CPCCs). This data provides an indicator of the type or level of cases being taken forward to ICPPM. A low percentage (conversion rate) potentially indicates that greater focus ought to be placed on the Investigation, Assessment and Interagency Referral Discussion stages. The conversion rate in Highland averages 92% over the period, which is being negatively affected by Q2 2020/21, where there was only a 70% conversion (during the pandemic period). The conversion rate has not fallen below 90% since Q3 2021/22. This suggests that thresholds for proceeding to ICPPM in Highland are good.

There is some variation in the number of children subject to ICPPMs, as well as the total number of ICPPMs– however this relationship tends to follow closely due to family connections. There is an overall downward trend in the total number of children subject to ICPPMs, reducing from 47 in Q1 2018/19 to 27 in Q2 2022/23.

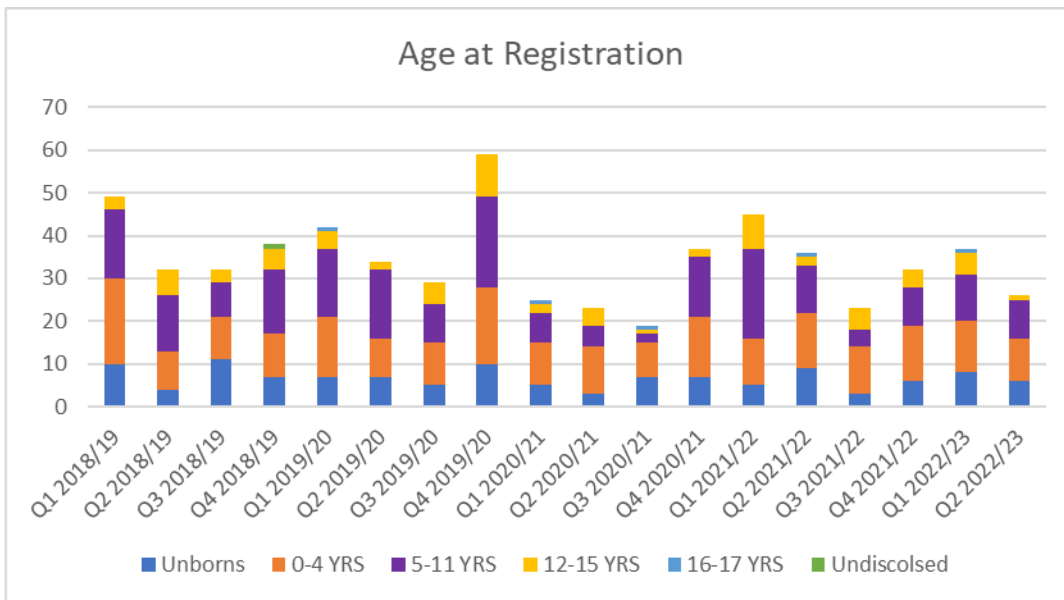


Chart 8: Age of Child at Registration

The above shows the trend in the age of children registered on the Child Protection Register in that quarter. While there is variation in the overall figure, it would appear to indicate a decrease in the number of 5–11-year-olds; this ties in with Chart 4 showing the percentage of children in each age bracket on the Child Protection Register.

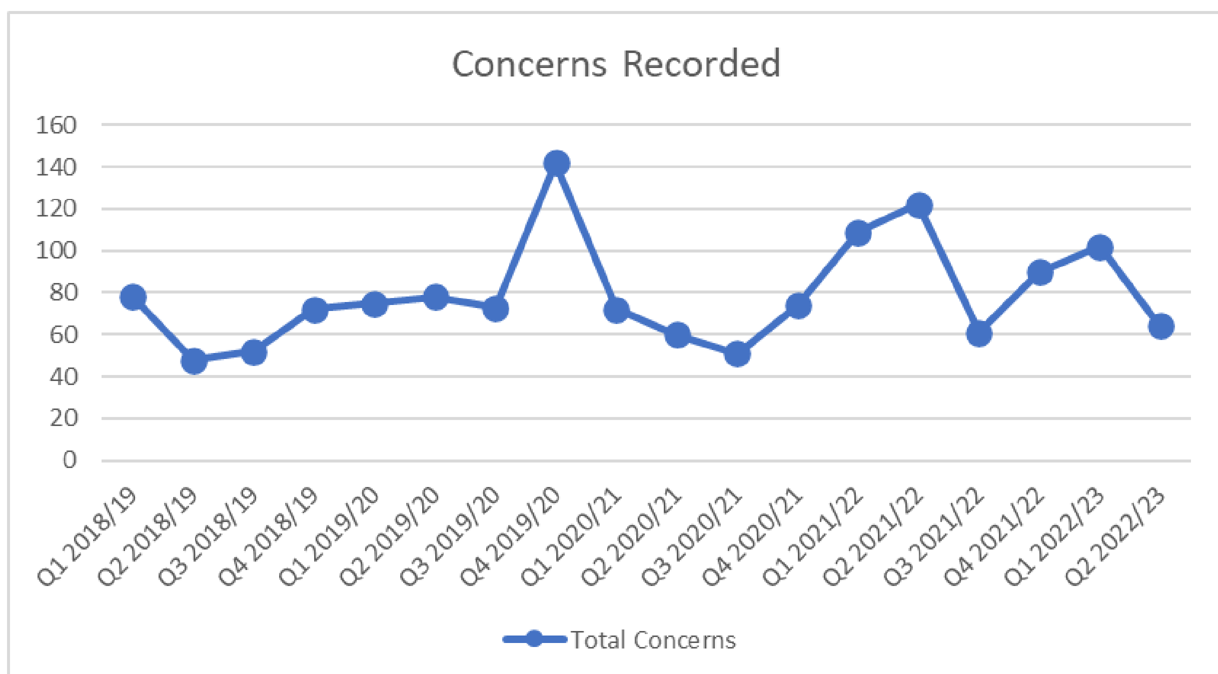


Chart 9: Concerns Recorded Children Registered on the Child Protection Register

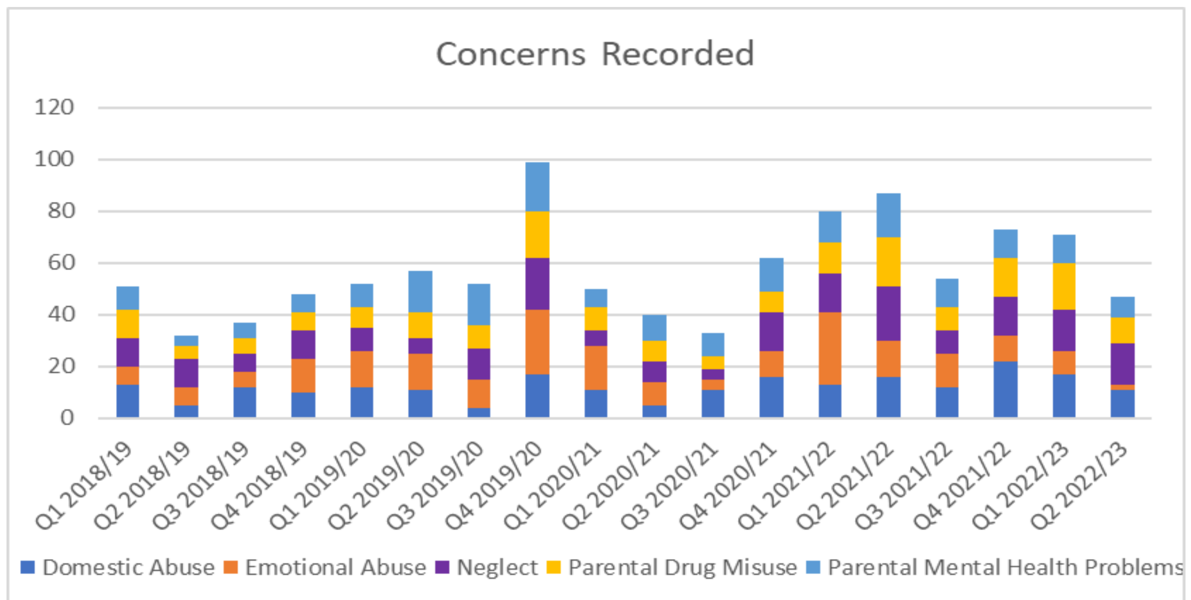


Chart 10: Top 5 Concerns Recorded at ICPPM

Chart 9 highlights concerns that have been recorded for children registered on the Child Protection Register. In Q2 2022/23, there were 64 concerns recorded, the lowest level since Q3 2021/22. Neglect was the most common concern recorded across Highland in the quarter. Chart 10 shows the movement in these five concerns. While the overall number of children registered has decreased in the time period, the number of concerns has risen. This would suggest the complexity of cases has increased with families experiencing a number of risks and vulnerabilities. The five largest concerns registered in descending order since Q1 2018/19 are: Domestic Abuse, Emotional Abuse, Neglect, Parental Mental Health Problems, and Parental Drug Misuse (as seen in Chart 10). This is useful data in terms of service planning and development and working with partners within the Alcohol and Drugs/Violence Against Women Partnerships. However, it is important to note that other types of abuse can have significantly higher risks for a smaller number of children (e.g. criminal exploitation).

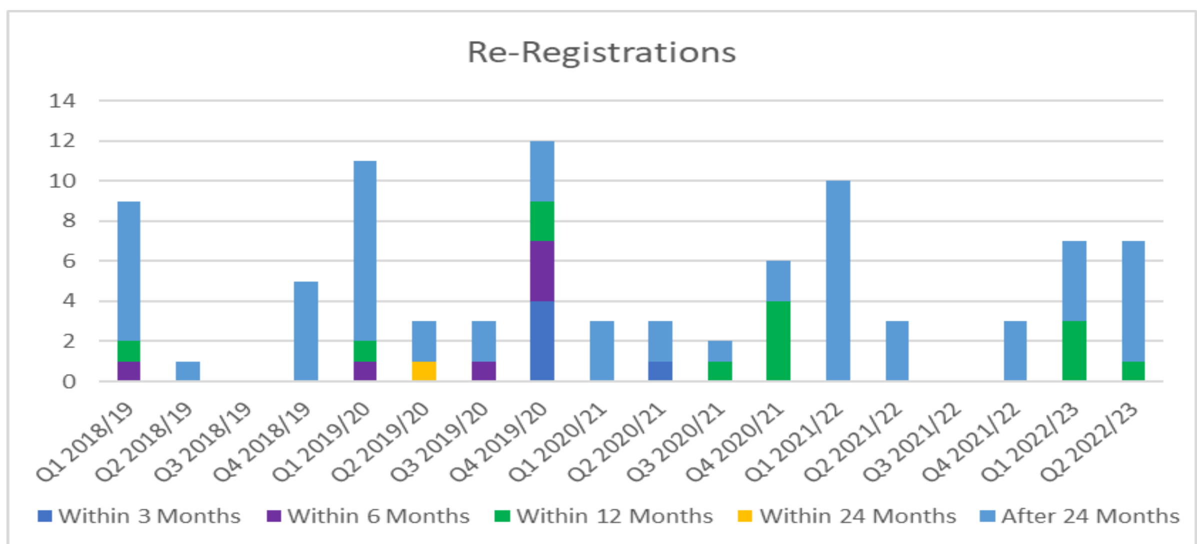


Chart 11: Re-Registrations

Chart 11 above shows the number of re-registrations of children on the Child Protection Register in each quarter. Re-registrations can provide an indicator of the quality of assessment, decision making and planning for children. For example, if there were a high number of children re-registered within 3-6 months, planning and decision making in relation to de-registration may be questioned. Where risk may have been reduced significantly and families are receiving support, children may be de-registered from the child protection register. However, at a later stage the family may experience further crises which puts a child/children at risk of harm. This is particularly the case where substance use, domestic abuse and/or parental mental health is a vulnerability.

The absolute numbers tend to remain under 10 for each quarter since Q1 2018/19. There has been only one re-registration of a child within 6 months of de-registration since Q4 2019/20. The majority tend to be after 24 months of de-registration, with a small number in recent quarters being within 12 months. Re-registrations provide an indication The Quality Assurance Sub-Committee will consider re-registrations within the Audit Cycle and findings reported to the Child Protection Committee.

Child Protection – SCRA

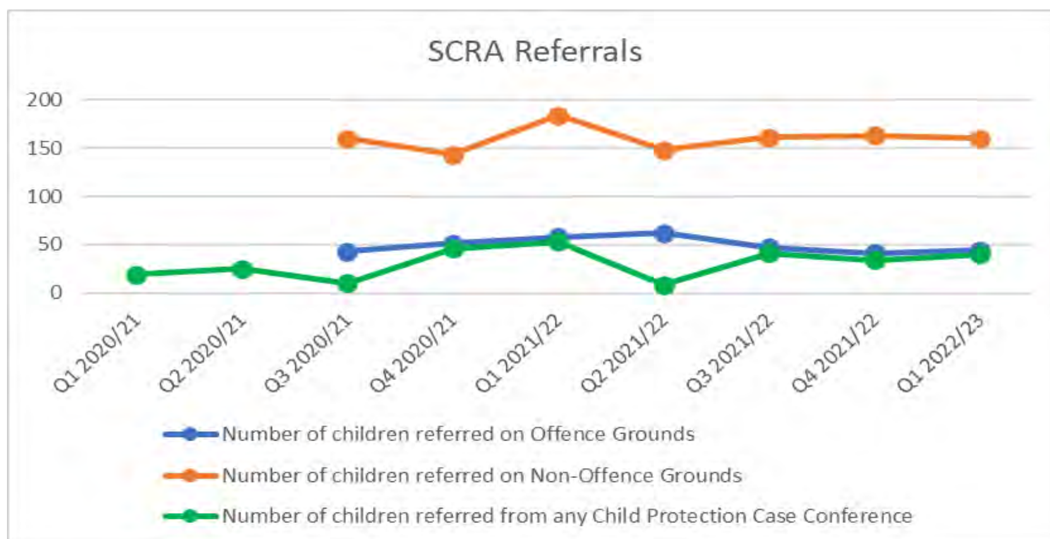


Chart 12: SCRA Quarterly Referrals

Chart 12 shows the number of children referred to the Children's Reporter on Offence Grounds, Non-Offence Grounds and from any CPPM. The quarterly figures are primarily available from Q3 2020/21. As can be seen, there tends to be little variation in the figures since reporting started.

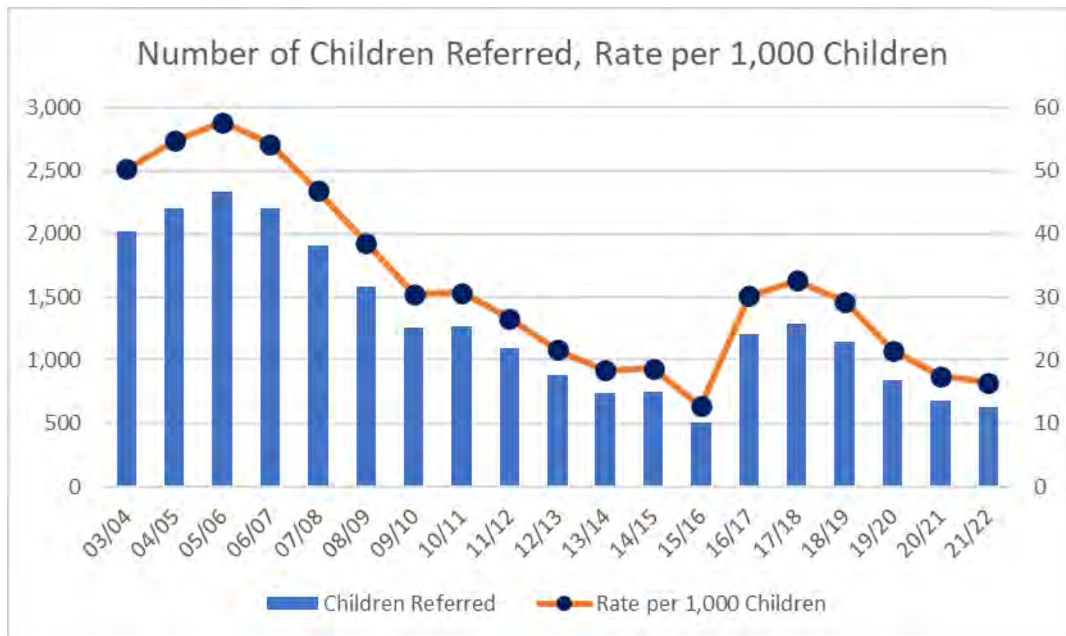


Chart 13: SCRA Annual Referrals

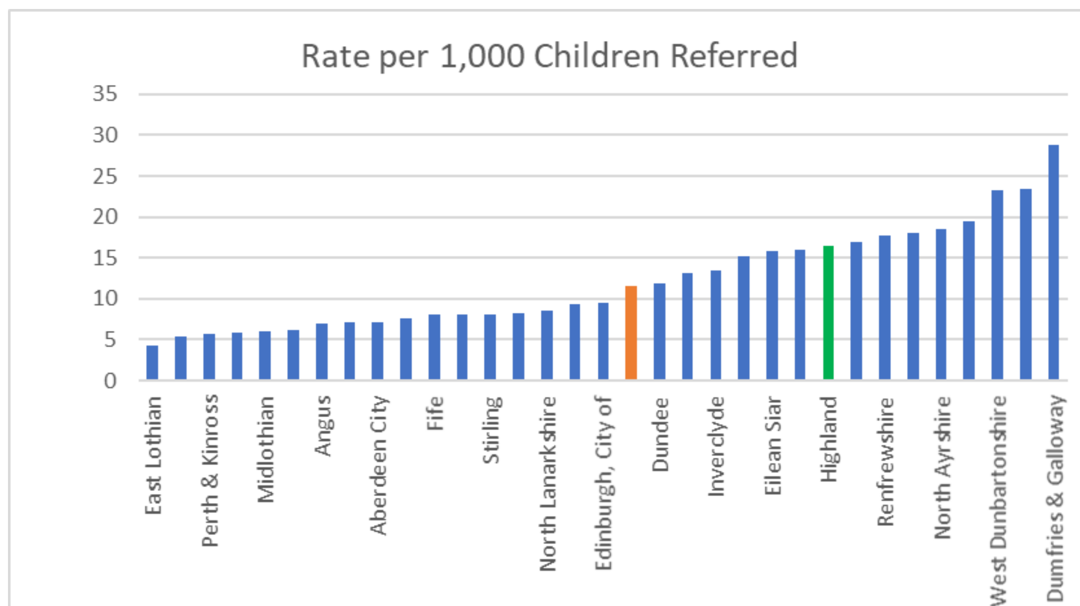


Chart 14: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 13 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There has been a significant drop in the number being referred, although the current 21/22 figure of 630 children, or 16.5 children per 1,000 children, is above the 15/16 figure of 506 children, or 12.7 children per 1,000 children. Progress however is being made and the most recent figure shows the fourth consecutive year of decreasing numbers.

Chart 14 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 21/22. Highland Council's position of 24th out of 32 can be seen in green, with a rate of 16.5 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 11.5 Children Referred per 1,000 Children.

Child Protection Planning Meetings – Initial Timescales & Attendance

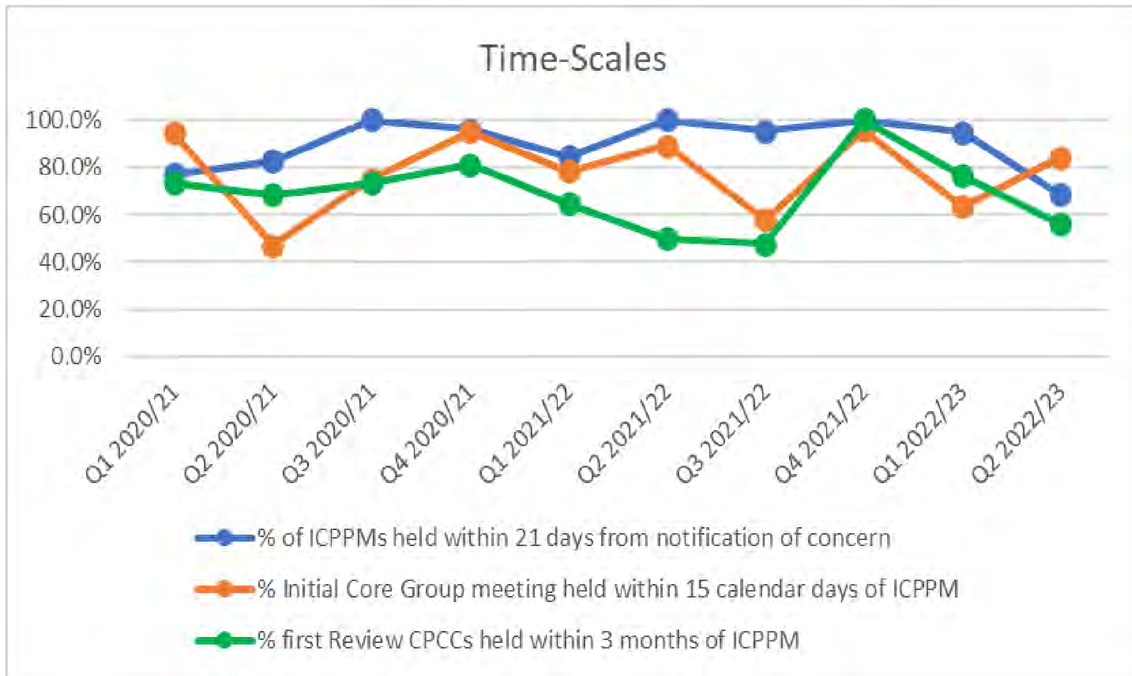


Chart 15: Percentage of Meetings held within timescales

Chart 15 above shows the timescales for Initial Child Protection Planning Meetings being held from notification of concern, followed by the Initial Core Group and Review dates. This figure tends to remain relatively high and consistent, although there has been a slight drop-off in the last quarter. The CPC will monitor timescales closely and raise any concerns regarding trends in this area with appropriate agencies. Please note, timescales in Highland are currently tighter than those outlined nationally. In line with the National Child Protection Guidance, from September 2023 Highland will be moving to national timescales.

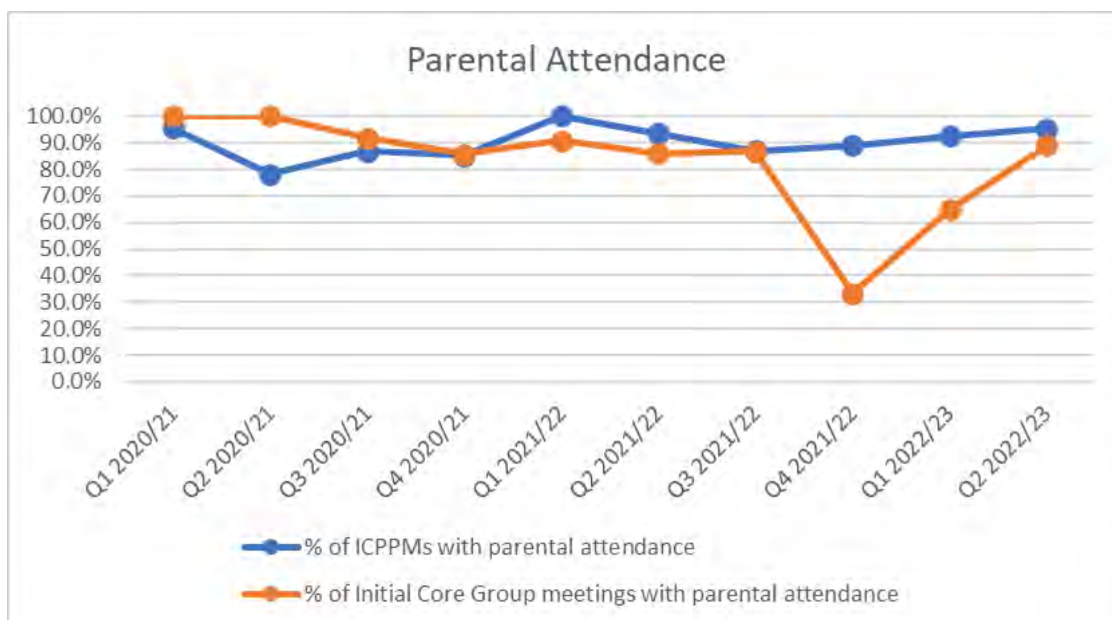


Chart 16: Percentage of Initial Child Protection Planning Meetings where at least one person who usually has care of the child attends

Chart 16 above shows the percentage of attendance from parents at an Initial Child Protection Planning Meetings and the percentage of attendance from parents at an Initial Core Group Meeting. The figures for both tend to be consistently high across the periods – apart from a large drop in Q4 2021/22 in the percentage of parental attendance at Initial Core Group Meetings. This appears to be an anomaly and the figures have since returned to expected levels.

Further Quality Assurance Activity

This data report aims to provide an overview of current data available to the Child Protection Committee. The development of Minimum Dataset V2 will enable further scrutiny in relation to wider child protection processes and issues. This will include data on Interagency Referral Discussions, Child Concerns, Joint Investigative Interviews, Medical Examinations and Missing Children.

The Quality Assurance Sub-Committee will continue to use the dataset to identify key patterns and trends, and areas of consideration for audit purposes. Data raises questions but does not provide all the answers in terms of quality assurance. Effective audit work and self-evaluation is crucial to ensure the data is interrogated, tested and analysed within services. Feedback from children, young people, families and practitioners also contributes to the overall Quality Assurance Strategy.

Work is currently ongoing to enable the Health and Social Care Service to view and consider this report and dashboard at a Family Team level. The current report extract that drives the interactive dashboard drops the Family Team associated with the Child upon de-registration and so historical comparisons at Family Team level cannot be accurately made. It is expected this should soon be resolved and more detailed comparisons and analysis can be carried out. This will help inform service planning and development.

The Child Protection Committee Quality Assurance Sub-Committee meets regularly (monthly at present) and reports regularly to the Child Protection Committee. Data is collated quarterly and reported to CPC every six months. Update reports for the Public Protection Chief Officer Group are requested quarterly.

Appendix 2 Fostering & Adoption Data

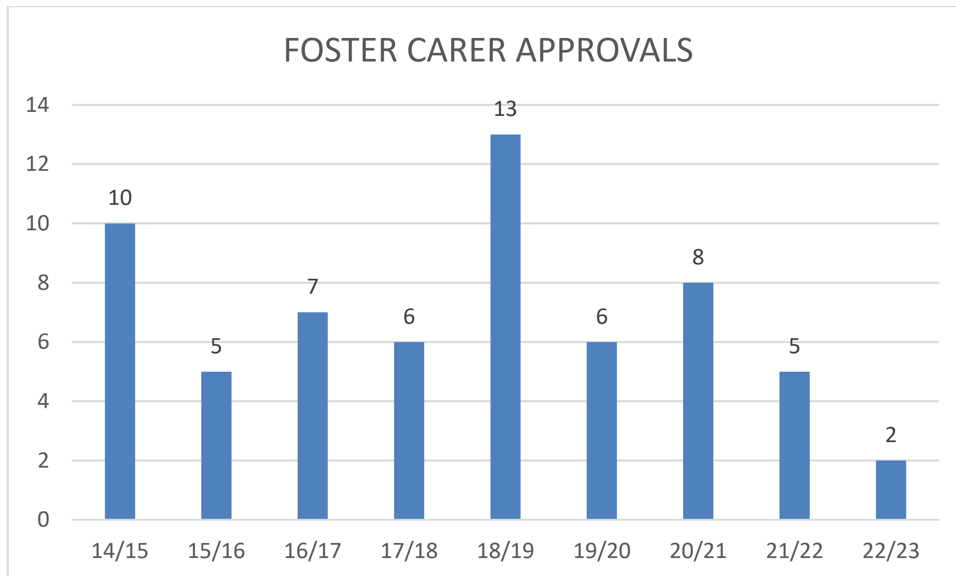


Chart 1 Foster Carer Approvals

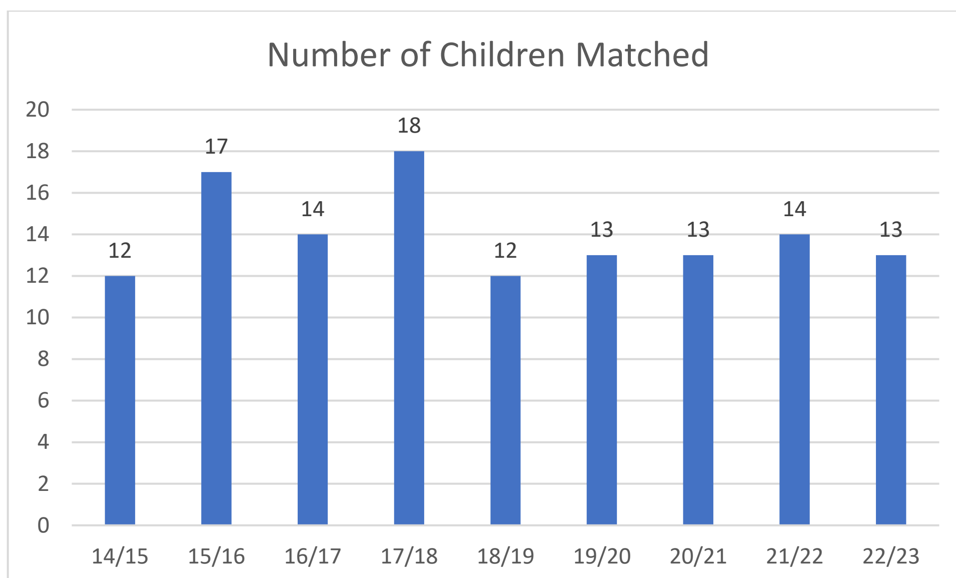


Chart 2 Number of Children Matched

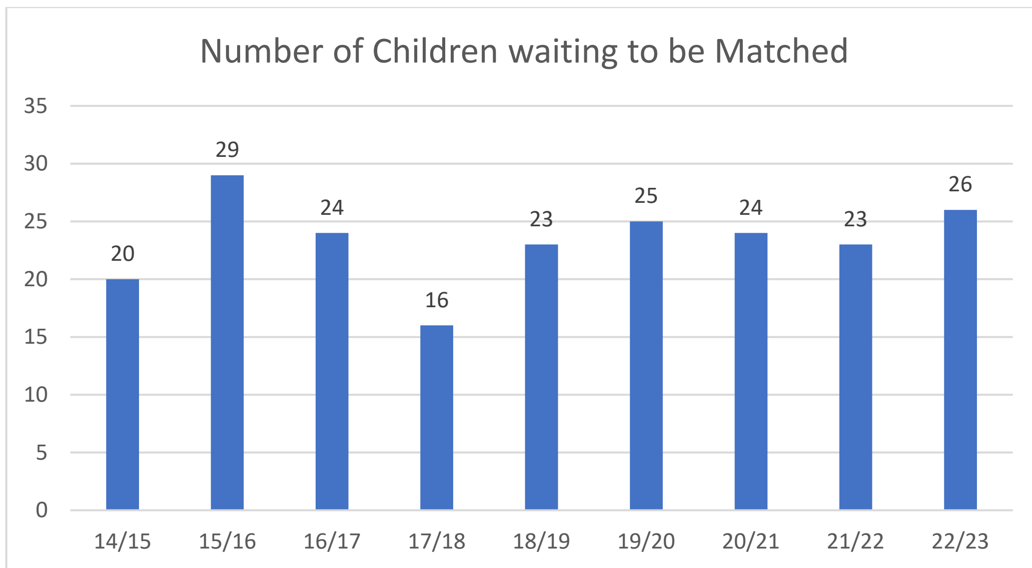


Chart 3 Number of Children waiting to be matched

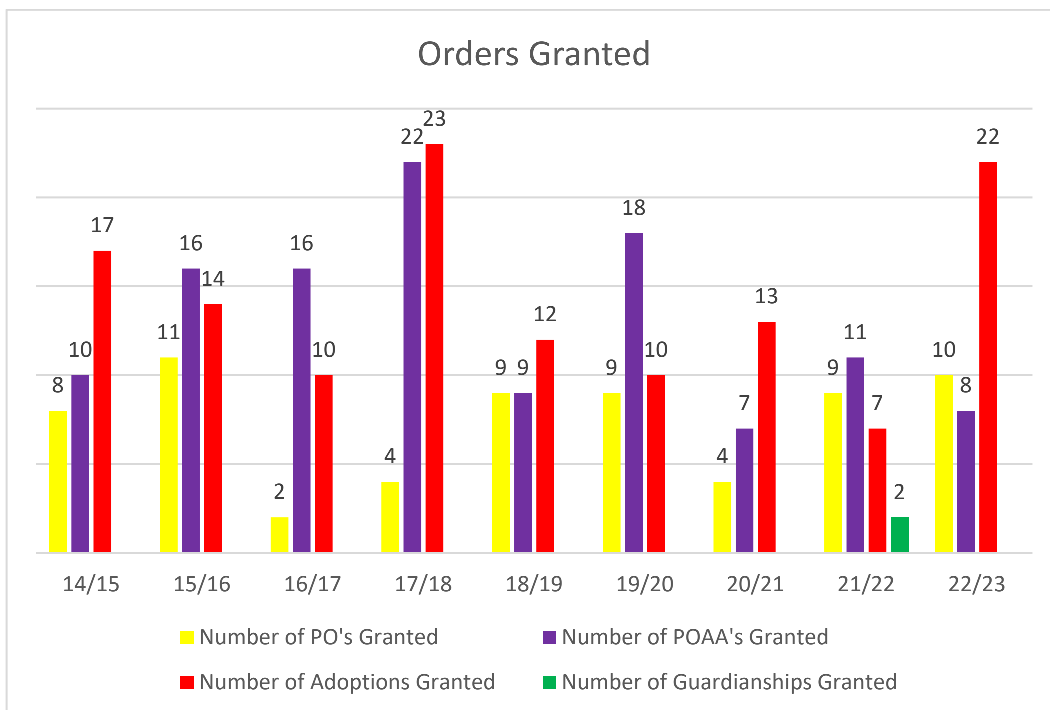


Chart 4 Number of Orders Granted 2022/23

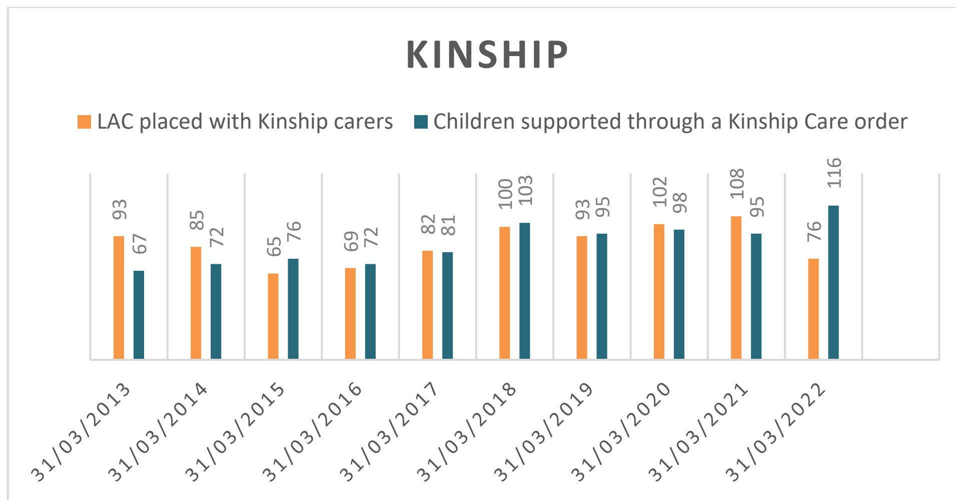


Chart 5 Kinship

Appendix 3 Mental Health Officer

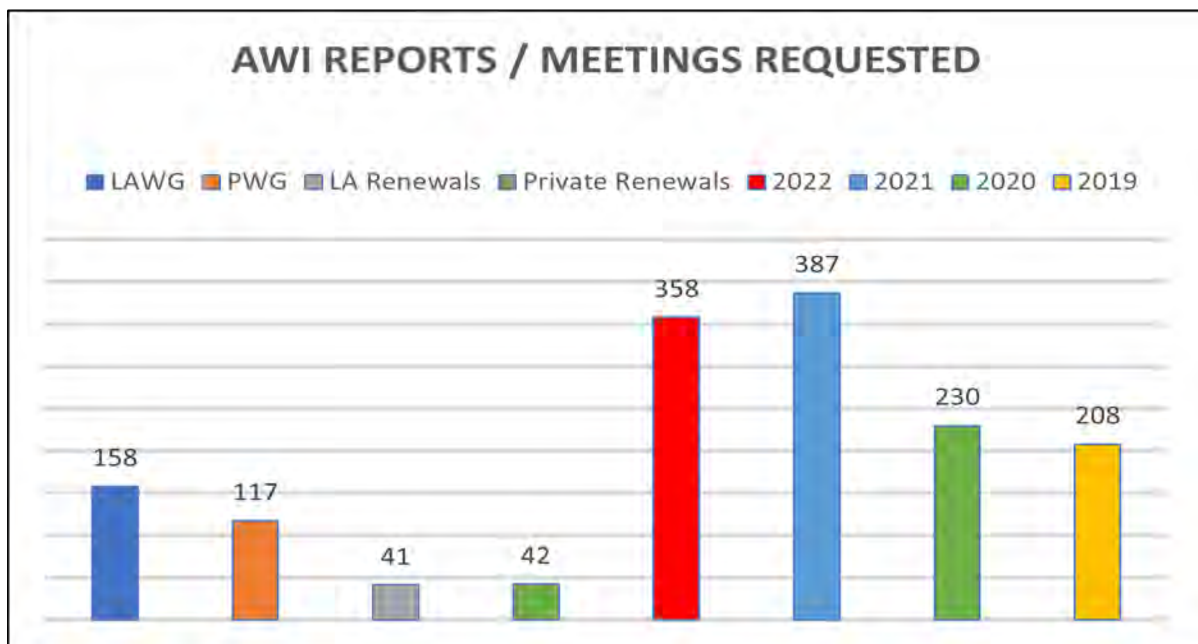


Chart 1 AWI Reports/Meeting Requests

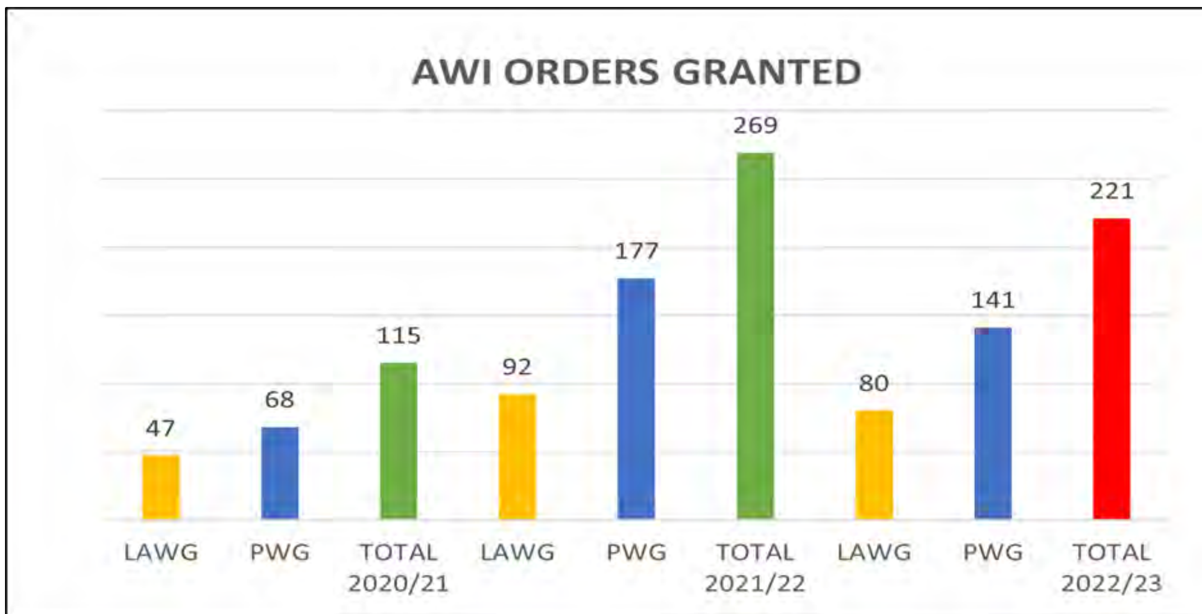


Chart 2 AWI Orders Granted

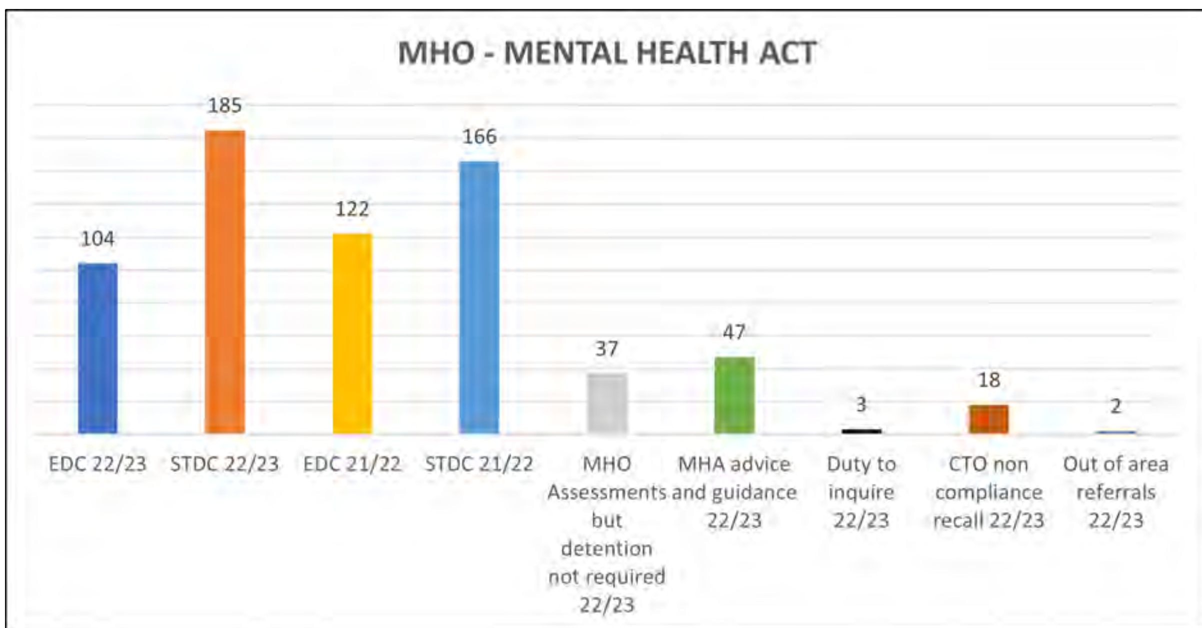


Chart 3 Mental Health Act

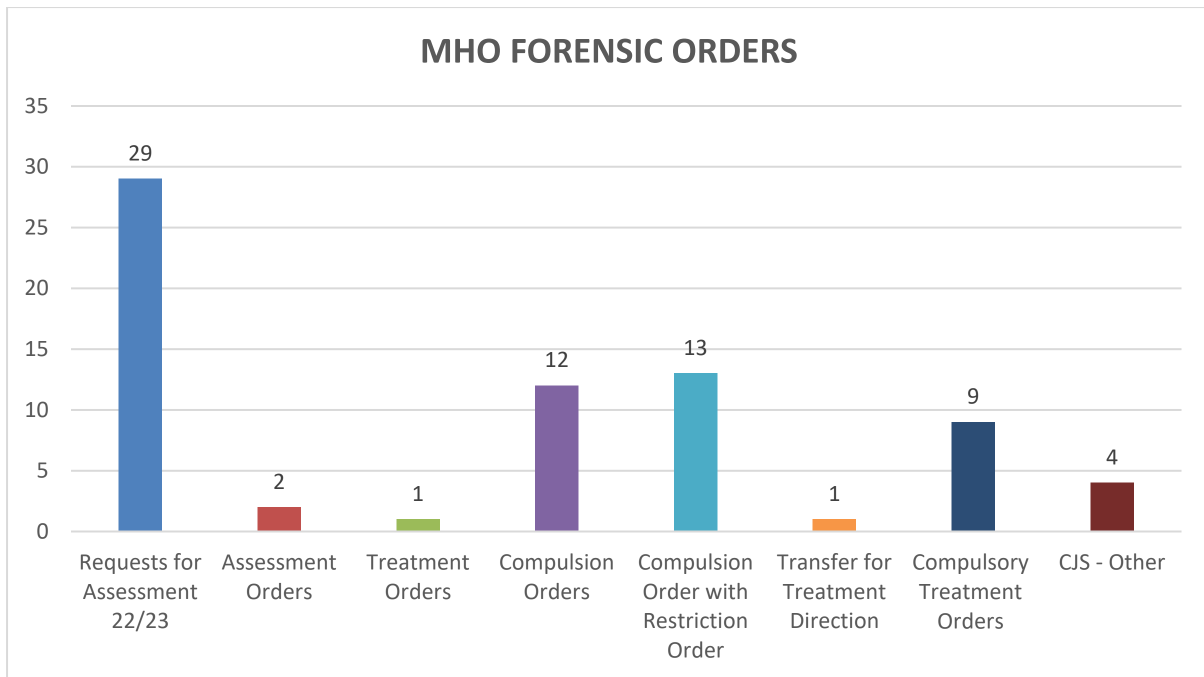


Chart 4 MHO Forensic Orders

Appendix 4 NHS Highland

NHS Highland

Adult Social Care Financial Statement at Month 12 2022-23

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
Older People - Residential/Non Residential Care				
Older People - Care Homes (In House)	16,670	16,670	15,965	705
Older People - Care Homes - (ISC/SDS)	32,270	32,270	33,995	(1,725)
Older People - Other non-residential Care (in House)	1,288	1,288	1,227	61
Older People - Other non-residential Care (ISC)	1,590	1,590	1,640	(50)
Total Older People - Residential/Non Residential Care	**51,818**	**51,818**	**52,827**	**(1,009)**
Older People - Care at Home				
Older People - Care at Home (in House)	16,672	16,672	15,860	812
Older People - Care at home (ISC/SDS)	16,586	16,586	18,183	(1,596)
Total Older People - Care at Home	**33,258**	**33,258**	**34,043**	**(784)**
People with a Learning Disability				
People with a Learning Disability (In House)	4,643	4,643	3,483	1,160
People with a Learning Disability (ISC/SDS)	34,737	34,737	35,656	(919)
Total People with a Learning Disability	**39,380**	**39,380**	**39,139**	**242**
People with a Mental Illness				
People with a Mental Illness (In House)	561	561	332	228
People with a Mental Illness (ISC/SDS)	7,914	7,914	7,738	176
Total People with a Mental Illness	**8,475**	**8,475**	**8,071**	**404**
People with a Physical Disability				
People with a Physical Disability (In House)	932	932	646	286
People with a Physical Disability (ISC/SDS)	6,951	6,951	7,185	(234)
Total People with a Physical Disability	**7,883**	**7,883**	**7,831**	**52**
Other Community Care				
Community Care Teams	8,546	8,546	7,420	1,126
People Misusing Drugs and Alcohol (ISC)	16	16	10	6
Housing Support	6,091	6,091	5,908	183
Telecare	985	985	929	56
Carers Support	1,485	1,485	1,485	(0)
Total Other Community Care	**17,122**	**17,122**	**15,752**	**1,371**
Support Services				
Business Support	1,860	1,860	1,658	201
Management and Planning	7,686	7,686	8,161	(475)
Total Support Services	**9,546**	**9,546**	**9,820**	**(274)**
Care Home Support	**836**	**836**	**836**	**(0)**
Total Adult Social Care Services	**168,318**	**168,318**	**168,318**	**0**
ASC services now integrated within health codes	**4,193**	**4,193**	**4,193**	**0**
Total Integrated Adult Social Care Services	**4,192**	**4,192**	**4,192**	**0**

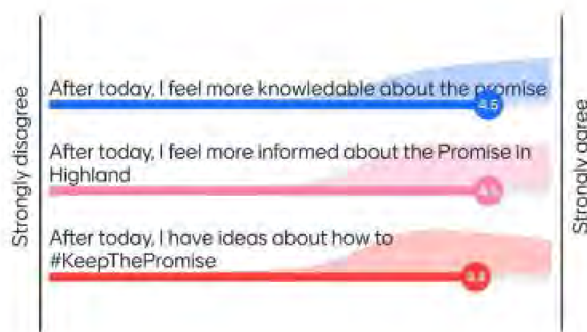
Three Care categories account for 75% of total spend on ASC

Appendix 5 The Promise

Activity on the Promise in Highland

Promotion & Engagement

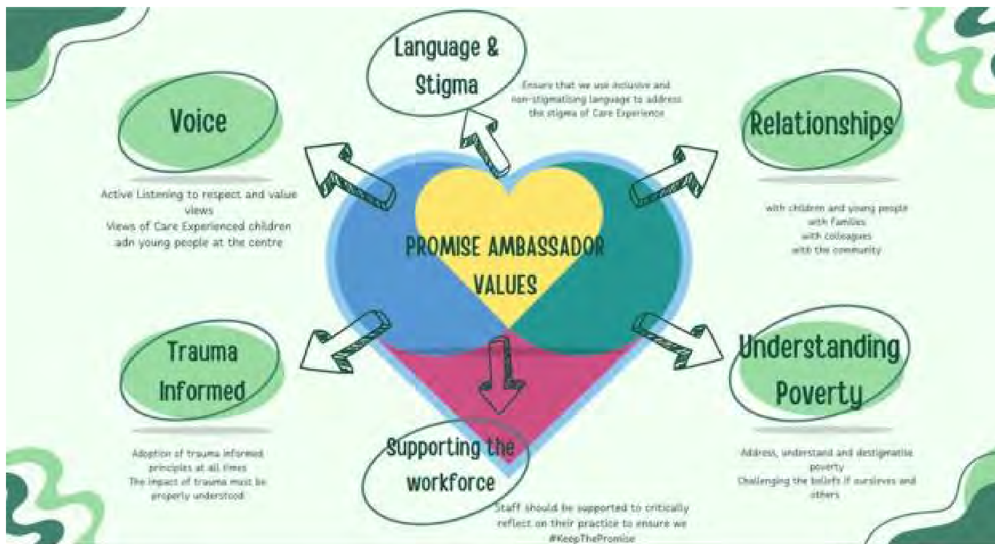
Staff surveys of Health & Social care staff highlighted the need to promote, share and improve communication on Highland's vision to Keep The Promise. Promise Engagement sessions were therefore offered to Health and Social Care workers as part of a programme of work. 9 online sessions were delivered between June and November 2022, with over 150 staff members signing up. Feedback suggested these sessions were successful:



Graphic 1: Feedback from Engagement sessions June – Nov 2022

The next phase of 'Engagement' is underway through The Promise Café: online, partnership engagement open to all who are interested in sharing how Highland is #KeepingthePromise. The ambition of the Café is to create a safe, trauma informed, collaborative space for all partners and ensures voice is given to the workforce across all sectors, through an accessible setting.

Engagement and promotion has progressed to include the development of **Promise Ambassadors** and marks another initiative to drive the ambitions of the independent care review forward in Highland.



Graphic 2: Highland Promise Ambassador values

Promise Ambassadors will be key to supporting delivery of the Promise, ensuring there is connection to the communities of Highland whilst recognising the vast and varied geography. Promise Ambassadors will play a crucial role in developing a feedback loop to and from our children, families and communities. Impact of this initiative will be measured.

Language

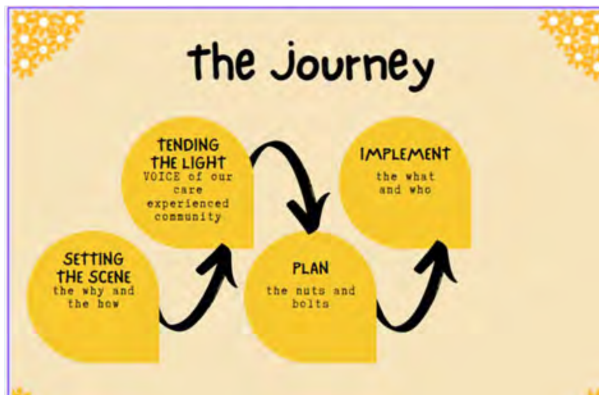
Highland's Child Protection Committee and the Corporate Parenting Board (now renamed The Promise Board – see below) attended a session with Each & Every Child on FRAMING. Recognising how we talk about care matters, collaboration with Each & Every Child continues as they support a small test of change working with residential care homes. The aim is to reflect a trauma informed approach to daily records, ensuring the voice of children and young people are central to any improvement activity.

The development of a 'Language Bin' where input from the workforce, families and young people reflected the words they would like to 'bin' supports the improvement work in this area. Impact is still to be measured but initial qualitative feedback is positive, with the workforce reporting: e.g. '*permission to reflect love in Childs plans*' & '*our practice feels more child centred'; 'the young people prefer how we write, they like it'*

Refresh and Refocus of Highland's Corporate Parenting Board

The need to refresh and refocus the Corporate Parenting Board following the COVID pandemic, and the Promise were evident, from both our care experienced community and partners. The group underwent a reflective development journey supported by Who Cares? Scotland and our Promise

Scotland delivery partner to reach a collaborative and shared sense of Highland's priorities. The new board, developed through a relational, trauma informed and co-deigned lens is reflected by the new name – The Promise Board.



Graphic 3: Development Journey stages for the new Promise Board

Voice – Better Meetings Practitioner Guides

A joint initiative by the Better Meetings Implementation Group (a partnership comprising of a group of care experienced young people in Moray alongside Who Cares? Scotland, Children's Hearings Scotland, Moray Council, Highland Council and the Scottish Children's Reporters Administration) demonstrated the impact of co-design and collaborative working.

Highland & Moray developed and launched four new Practitioner Guides for Panel Members, Social Workers, Reviewing Officers and Children's Reporters in Highland and Moray. The guides emphasise good practice before, during and after meetings and hearings to ensure a greater emphasis on Voice, Choice and Participation. These guides are currently being evaluated.

Voice – Your Voice Matters

In June 22, to compliment the independent review of Highland's Residential homes and to ensure VOICE of young people was a key part of the review, the Your Voice Matters project gathered the views of young people who experienced residential care from Jan 20 – July 22.

Using the Lundy Model as a methodology, 15 young people

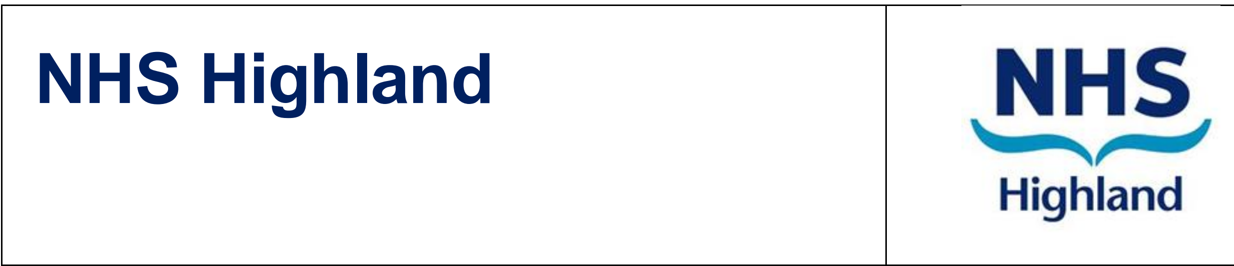
The project found disparate views, noting that the quality and type of care was not consistent across Highland. It noted the significance of relationships within its findings. Improvement activity will be progressed and measured through the Promise Board and Residential Improvement group.

Service Planning

Led by Inspiring Young Voices, a partnership steering group which reports to the Integrated Children's Service Planning Board has been established to develop and implement a Participation Strategy. The approach taken has been recognised nationally and colleagues from Highland were invited to present at the national conference on 'Coalition of Care and Support Providers in Scotland, Supporting the Third Sector Project (Children in Scotland), The Promise Scotland, COSLA' in May 23.

Highland colleagues (Carrie Mclaughlan, Promise Programme Manager, Highland Council and Sandra Brown, Chief Officer, Inspiring Young Voices) presented on '*Engaging with children and families in local planning and design of family support services'* promoting co-design approaches at service planning level.

Graphic 4: Graphic design capturing Carrie and Sandra delivering workshop



Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**01 November 2023**
Title:	**Primary Care Improvement Programme Progress Report**
Responsible Executive/Non-Executive:	**Jill Mitchell, Head of Primary Care**
Report Author:	**Catriona Naughton, Primary Care Project Manager**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This Assurance Report has been prepared in relation to the implementation of the 2018 General Medical Services Contract in Scotland and provides a

summary of planning and progress achieved on the project to date and forecast for the coming period. The report covers the period to 31/10/2023.

2.2 Background

The Scottish Government and the SGPC share a vision of the role of the GP as the expert medical generalist in the community. In line with commitments made in the MOUs (1 & 2), HSCPs and NHS Boards will place additional primary care staff in GP practices and the community who will work alongside GPs and practice staff to reduce GP practice workload. Non-expert medical generalist workload needs should be redistributed to the wider primary care multi-disciplinary team ensuring that patients have the benefit of the range of expert advice needed for high quality care.

Specific priority services to be reconfigured at scale are:

- Pharmacotherapy
- FCP MSK
- Community Link Workers
- Primary Care Mental Health
- Vaccinations
- CTAC
- Urgent Care

The letter from SG received in April 23 entitled “Primary Care Improvement Plans – Update and Next Steps” advised no directions for Pharmacotherapy and CTAC services to be issued at that time. Further work required in the first quarter of financial year 2023-24 to quality assure data received from Boards via the PCIP trackers, to ensure the legal and financial framework agreed for Pharmacotherapy and CTAC are equitable and sustainable.

The letter from SG received in September 23 entitled “MoU Implementation – Update and Next Steps” reaffirms the vision of general practice at the heart of the healthcare system where MDTs come together to inform, empower and deliver services in communities to patients. Analysis from Board’s PCIP Tracker returns to SG has identified significant variation in how the MDT has been implemented nationally, the challenges with workforce availability, a need to understand what a sustainable model of full delivery looks like and what additional outcomes it will achieve.

2.3 Assessment

The key priorities areas as set out below:-

2.3.1 Pharmacotherapy

The Pharmacotherapy service works with all GP Practices to optimise efficiency of acute and serial prescribing processes. The first service evaluation report is expected by the end of the calendar year. There have been challenges with recruitment, particularly to the role of Pharmacist. There are significant levels of vacancies for Pharmacists across all sectors; rates are higher in remote and rural Boards. Resources have been realigned to Practices to enable a degree of Pharmacotherapy input. Pharmacy teams are working to optimise skill mix based on agreed practice priorities with a philosophy of right person, right job. Prescribing processes, medicines reconciliation and serial prescribing delivered primarily by pharmacy technicians, pharmacy support workers and Practice administrative staff. High-risk medicines and high-risk patients, using regular medication review and/or clinical patient management, providing Pharmacists with a minimum proportion of their time spent providing direct patient care. Access to Clinical Dialogue has recently been extended to Pharmacists. The development of a tandem model of hub working and in-practice activity alleviates pressures on space in practices, reduces the amount of travel required, allows for cross cover so providing a more resilient service and provides environments for peer support and staff training. Hubs have been established in Lochaber and Caithness, with Invergordon and Inverness to follow.

2.3.2 FCP MSK

The FCP service provides fast access to expert physiotherapists for MSK assessment/opinion in the general practice setting. FCP services are provided to all General Practices in North Highland. Staffing and recruitment into the service has stabilised and currently in a strong position. The FCP Service Impact Report for period April 2020 – March 2023 sets down activity, progress and impact. In year 2022/23, there were a total of 35,124 FCP service appointments, a mixture of first and follow up appointments. First appointments were both GP referred (52%) and patient initiated (48%). There are 26 Injectors (22 in 2020/21) delivering 2,378 corticosteroid injections. There are 16 prescribers (7 in 2020/21) issued 835 FCP Physio medication prescriptions. Feedback on the service from both General Practice and the patients is very positive. A patient survey between July and September 2021 (8 week cycle) returned 475 responses with an overall FCP Team average score of 4.8 out of 5. A further patient survey currently underway.

2.3.3 Community Link Workers

The CLW service provides support to patients in 29 GP Practices targeting practices that serve the most deprived communities in Highland according to the Scottish Index of Multiple Deprivation. Between May 2022 and 30 April 2023, a total of 920 referrals were made to CLWs via the Elemental software package and 38.5% (n = 354) were for patients living within the Highland HSCP SIMD deciles 1 and 2 (target population). A significant proportion of total referral reasons are for mental health and well-being (45%), loneliness and isolation (27%) and for housing and essential needs (13.6%). Full and partial

engagement with patients/clients is achieved for 78%. Of the 920 referrals to the service during the year 68.8% (n = 633) were females and 31.2% (n = 287) were males and the average age 53 years. In total 1756 social prescriptions were recorded on Elemental during the year and of the interventions prescribed were to mental health, social support and physical exercise support. Following update of SIMD data, two additional practices are identified with a number of patients in SIMD 1 & 2 and services are extending to Kinlochleven and Golspie. The current 3 year service contract concludes in July 2024 and a re-tendering process is happening. The University of the Highland's and Islands (UHI) are carrying out an evaluation of the CLW service in Highland in partnership with Highland Public Health. Data is being collected through a mixed-methods case study design that utilises questionnaires, analysis of primary care usage data and interviews with stakeholders. The study will run from Spring 2022 until December 2024.

2.3.4 Primary Care Mental Health

The PC Mental Health Service provides patient care through accessible, appropriate and timely mental health input to GP practices. From July 2022 to June 2023, a total of 2185 referrals received and 4603 appointments made. Of patients referred, 66% were female and 33% male. The median age of patients is 39 years. Anxiety and depression are the most common presenting complaints. The service signposts and refers on as appropriate, e.g. CBT, CLW, CMHT, D&A, Psychiatry and Psychology. Recruitment and retention of the workforce has been challenging and has, at times, impacted on the equitable service provision across all 12 GP Clusters.

2.3.5 Vaccinations

Vaccination services transferred from GP Practices to the Board at the end of March 2023. Community Pharmacies across Highland provide a specialist NHS travel health service. The 2023 autumn and winter vaccination campaign is on track for completion before Christmas. There are staffing and travel challenges in some local areas. An establishment review is underway along with planning for service improvements with reference to GMS contract's seven key principles, those of affordability, sustainability and value for money. Consideration of flexible local delivery will be part of the thinking. In the interim pathways for Tetanus and Rabies are being considered. Vaccine uptake data from Public Health Scotland is to be analysed and trends identified, explored and reported. These will be shared with HHSCC in due course.

2.3.6 CTAC

A CTAC service model and specification are drafted and options for practical delivery explored with senior nursing colleagues. GP Practices are currently providing the CTAC service elements of care to their patients and locally agreed transitional payments have been made to the practices. CTAC next steps to be determined by the end of October and will form part of a discussion with Scottish Government at a PCIP review and update meeting scheduled for 19 October 2023.

2.3.7 Urgent Care

An outline proposal for the provision of Urgent Care services to GP Practices was tabled at PCIP Project Team on 26 September 2023 and received support in principle. Geographical challenges and lack of estate and staffing makes the provision of a service difficult to provide to the wide range of the GP practices in NHS Highland. The proposed model for consideration describes a centralised 'Hub' scenario where Urgent Care clinicians triage and process clinical contacts submitted online by patients in the NHS Highland area. The model would use the eConsult product including a hub smart inbox as a digital tool, accompanied by the Vision shared care solution. The workforce would primarily be Advanced Nurse Practitioners / Advanced Paramedic Practitioners led. Indicative costings identify capital costs of £16,894 and annual recurring costs of £528,495. The Urgent Care workstream are tasked with developing the model further, including the clinical staffing components and engaging with procurement on a tendering process.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The Pharmacotherapy, FCP MSK, Mental Health, Vaccinations and Community Link Worker services are well developed and delivering services to GP Practices and their patients. FCP MSK, Mental Health and Community Link Workers have completed initial service evaluations, with Pharmacotherapy expected by the year end. Urgent Care service model and proposal agreed in principle. CTAC service initial scoping is complete and meeting with SG planned for 19 October 2023.

3 Impact Analysis

3.1 Quality/ Patient Care

Primary care multi-disciplinary teams are working alongside GPs and practice staff to ensure that patients have the benefit of the range of expert advice needed for high quality care. As services become more embedded and evaluations completed, a superior understanding of impact on quality and care will be determined and evidenced.

3.2 Workforce

PCIP offers new opportunities for clinical and non-clinical staff to positively impact patient care and outcomes. There are opportunities for personal development, training, up-skilling, flexibility, collaboration and building relationships with the broader MDT both in a GP Practice and community

based setting. Development and retention of the PCIP workforce is paramount to service provision and sustainability. The services face recruitment challenges impacting on their ability to provide equitable services across Practices.

3.3 Financial

The Primary Care Improvement Fund (PCIF) totalling £189.5 million was made available by SG for Integrated Authorities in 2023-24, comprising a total of £170 million funding via PCIF and £19.5 million funding for AfC uplift costs. The funding is received in two elements, tranche one (£160m plus £19.5 AfC) and tranche two (£10m) which will be made available on an NRAC basis later in the financial year subject to spend and forecast data required by Friday 17 November 2023.

The initial PCIF allocation to Highland 2023-24 is £8,587,000 with NRAC retention of £471,000. At 31 August 2023, a total of £4,933,000 PCIF funding had been transferred to the programme's workstreams leaving an available balance of £3,654,000. There is some in-year slippage which will be re-distributed across workstreams. GP practices have also been asked for SBARs around any premises developments in-year and SBAR requests will follow the usual PCIP governance structures.

3.4 Risk Assessment/Management

PCIP Assurance Report and Risk Register are re-examined monthly with progress and risks reviewed monthly by PCIP Project Team and quarterly by PCIP Programme Board. The risk register was fully reviewed in September detailing identified risks, controls, risk level and current mitigations and actions.

3.5 Data Protection

The PCIP project, at its strategic level, does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

PCIP activity and services are focused on improving patient experience and care across all GP Practices, urban and rural and recognising and responding to locations experiencing higher levels of social deprivation. The development of services will contribute to achieving better health outcomes for the population. The development of primary care service redesign adheres to the seven key principles which includes equitable, fair and accessible to all.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

- GP Sub representation on Workstreams, Project Team and Programme Board.
- Workstream Groups include GP Practice representation.
- Communications Team collaborating at Worksteam Leads and Project Team and developing engagement activities, including service promotion videos and reaching out to patient groups.
- PCIP updates shared via weekly GP Bulletins
- PCIP key documents shared on NHS intranet under Projects.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- PCIP Programme Board meeting 18 September 2023
- PCIP Project Team meeting 26 September 2023
- PCIP Workstream Leads meeting 27 September 23

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, FCP Service Impact Report 2020-2023
- Appendix 2, Primary Care Improvement Fund: Annual Funding Letter 2023-24
- Appendix 3, PCIP Risk Register

NHS North Highland
FCP Service Evaluation Report

April 2020 – March 2023

Compiled by:

Clinical FCP Service Leads - Jude Arnaud & Fiona Ward

E-health Contributors – Matthew MacDonald & Iain Atkinson (Business Intelligence Support)

Date: 01/09/23

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Appendix 1 – Initial Service Reporting Specification

Introduction

In line with the 2018 General Medical Services contract, the First Contact Physiotherapy (FCP) Services primary aim is to reduce GP workload. As part of the Primary Care Modernisation Improvement Plan, the FCP service provides fast access to expert physiotherapists for musculoskeletal (MSK) assessment/opinion in the general practice setting. From its creation in May 2019 the North Highland FCP service has been fully supported by AHP leadership, GPs, general practice managers, e-health facilitators, primary care modernisation project manager, HR services, staff side representatives and FCP clinical leads.

Working with the e-health facilitators team, FCP clinicians were able to use a bespoke data input template. This template was subsequently used by the FCP clinicians to allow selection of an agreed set of reportable read codes and to input their clinical records, into either Vision or EMIS practice systems.

The agreed set of read codes detailed in the Service Reporting Specification – Appendix 1.

E-Health Input

FCP data input template

Expected FCP service reports and a data input mechanism from commercial suppliers remain outstanding but are a key deliverable in future to automate the process. To progress, the NHS e-health facilitator team created and installed a custom-built FCP data input template.

Timeline:
NHSH developed template Version 1 – Introduced June 2021
NHSH developed template Version 2 – Introduced May 2023

Data Extraction

Due to the lack of an automatic extraction process, it was necessary to extract the specified data individually from all but one GP Practice (62) in NHS Highland North using a combination of GP Clinical System searches and reports which were amalgamated to compile a considerable data set from the required date ranges. SCI Gateway referral data has been taken directly from the national SCI Gateway reporting database to give a comparable picture of referral activity with use of referral codes within the data input template.

Appointment Data

During the introduction of the service and preparation of GPIT system access for FCPs there was a plan to include Appointment data to help the service review and manage capacity of the service. Four Slot types were introduced and added to each GP System.

- FCP On the Day (FCP-OTD)
- FCP Within 48 Hours (FCP<48hrs)
- FCP Within 1 Week (FCP<1Week)
- FCP Routine

Due to service demands and the individual practice/clinicians' preferences on how to use FCP allocation capacity, extraction and analysis of appointment data would be a challenge, with the minority of general practices using the recommended slot types in the preferred manner.

Data Considerations

During the data extraction process anomalies were identified, which may be reflected in the data presented. The main issues are highlighted below:

- *User issues* - Data input templates are designed and created to aid FCP clinicians in efficient, accurate and standardized data recording. GPIT Clinical system training is provided for the FCPs prior to their introduction into the clinical setting in general practice, with emphasis and demonstration on the importance of data quality, both in terms of record keeping and for future reporting purposes. However, recognition must be given to the workloads, clinic pressures and often unfamiliarity with the systems giving cause to human error being made.

- *Practice naming conventions* – To ease the burden for practices during the introduction of the new FCP service, NHS Highland advised and aided in the creation of the initial GPIT system logins at GP Practice (Network/Vision/EMIS/Docman). The aim was to encourage standardization, which would assist with future reporting requirements. As recruitment progressed and natural staff movement occurred, several GP practices (as data and system controllers) did not maintain those advised nomenclature standards. This led to data collection issues where FCPs were not obviously named and may cause some data not to have been collected.

- *Missing data* – FCP data from two practices have not been included at the time of writing this report. The first due to user error with the data input template and the second due to an extraction issue with an EMIS practice - the EMIS system in Scotland (EMIS PCS) is a legacy system not found anywhere else in the countries that EMIS Health provide services. This caused a challenge for the data extraction, due to the nature of the data being extracted and the functionality of the EMIS PCS searching module (Population Manager). EMIS PCS does however, allow GP Practices to stream population/patient information to an internet-based module (EMIS Web) which forms part of a more modern offering of the EMIS system. To do this requires local contracts to be set up and for EMIS support teams to create the access to use this module and additional searching functionality.

- *SCI Gateway referral data* – Practice referral data was extracted to cross reference the consistency of template code selection (to Orthopaedics, Physiotherapy and Radiology) A bespoke FCP protocol was also created for FCPs referring to Physiotherapy services, this protocol selection is not unique to FCPs, with GPs also having the protocol as an option. Due to the variety of referral protocols available to both GPs and FCPs and the identified user issues with the template, it has not been possible for this report to differentiate between referrers to secondary care services.

FCP service considerations

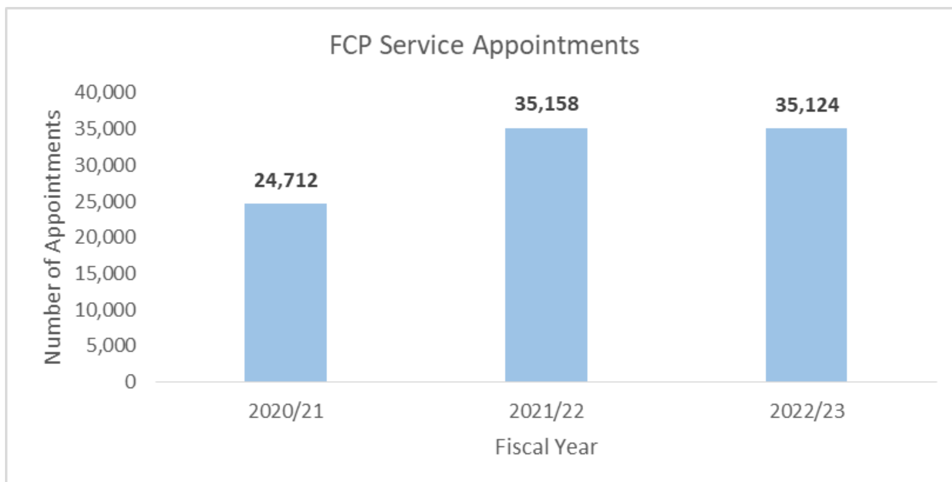
- Phased recruitment towards full FCP service establishment (18.5 WTE)

  April 20-21 = 12.5 wte to 13.5wte
  April 21–22 = 13.5wte to 16.0 wte
  April 22-23 = 14.5wte to 16.5 wte

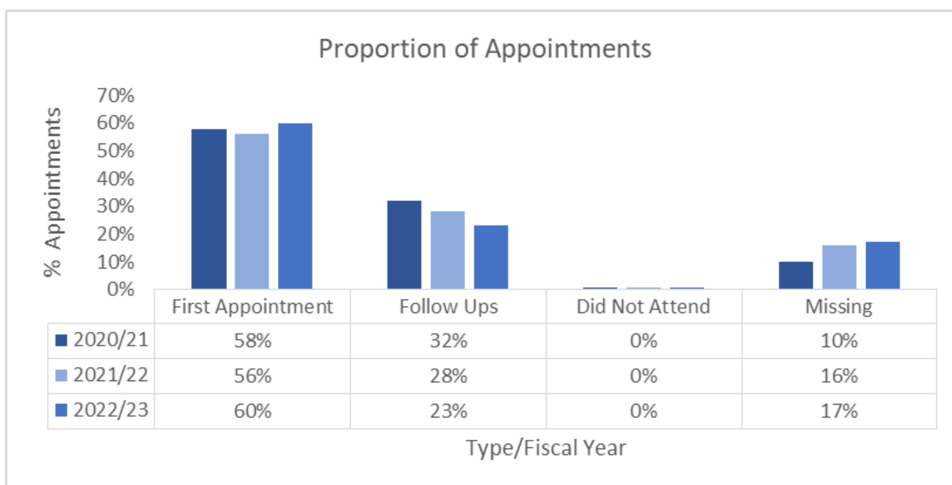
- Impact of APP training commitments- Non-Medical Prescribing and Peripheral Injection training, reduced clinical capacity.
- Impact of Covid19 on FCP service delivery with closure and rate of re-mobilisation of secondary care services.
- Med3/Fit note data – NHSH implementation for FCP clinicians fell out with the reporting period.

FCP Activity Data

Q1: How many appointments has the FCP service provided annually?

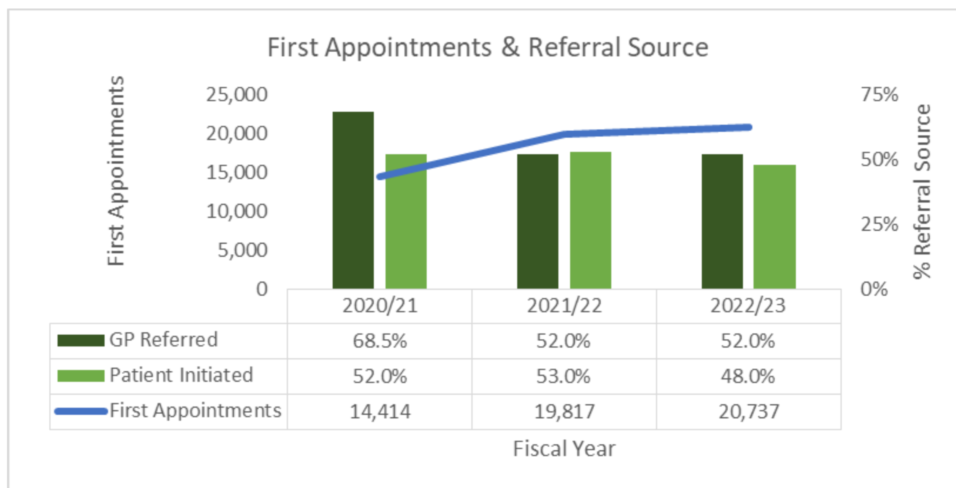


Q2: Of these annual totals, how many are first appointments, how many are return appointments & what is the DNA rate?



	First Appointment	Follow Ups	Did Not Attend	Missing
2020/21	58%	32%	0%	10%
2021/22	56%	28%	0%	16%
2022/23	60%	23%	0%	17%

Q3: Of these first appointments, how many are GP referred and how many are patient initiated?



	2020/21	2021/22	2022/23
GP Referred	68.5%	52.0%	52.0%
Patient Initiated	52.0%	53.0%	48.0%
First Appointments	14,414	19,817	20,737

FCP Referral Data

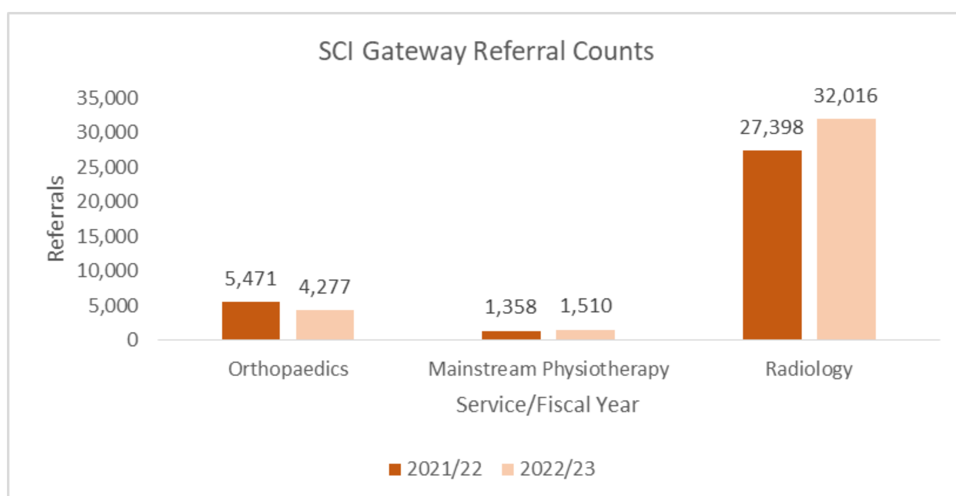
Q4: How many annual referrals were made by FCP to Orthopaedics, Physiotherapy and Radiology?

Table 1 =SCI Gateway Referral count

Table 2 = FCP Data input template count

(Please note data considerations point on SCI gateway data)

(Table1)



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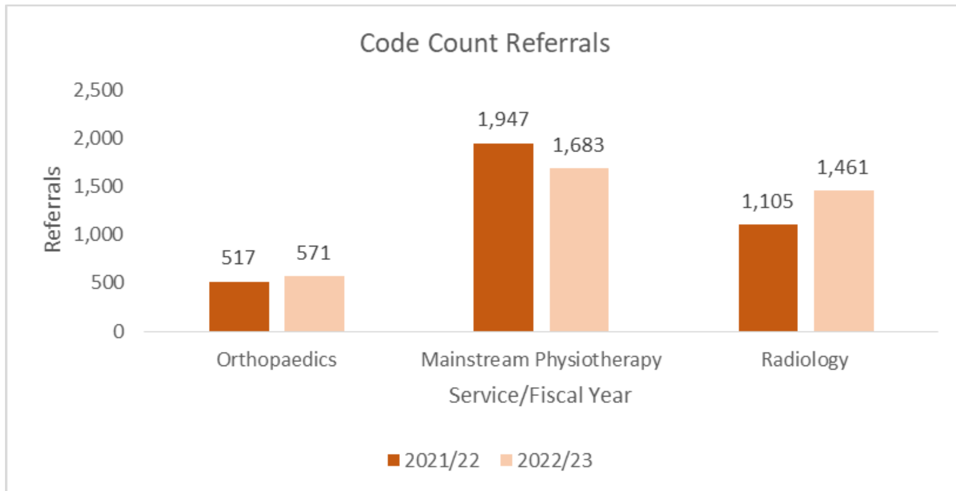
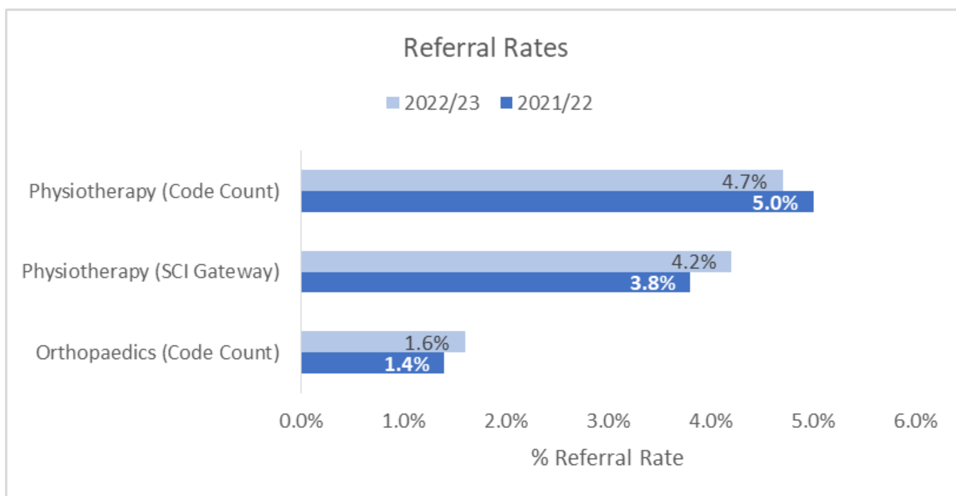
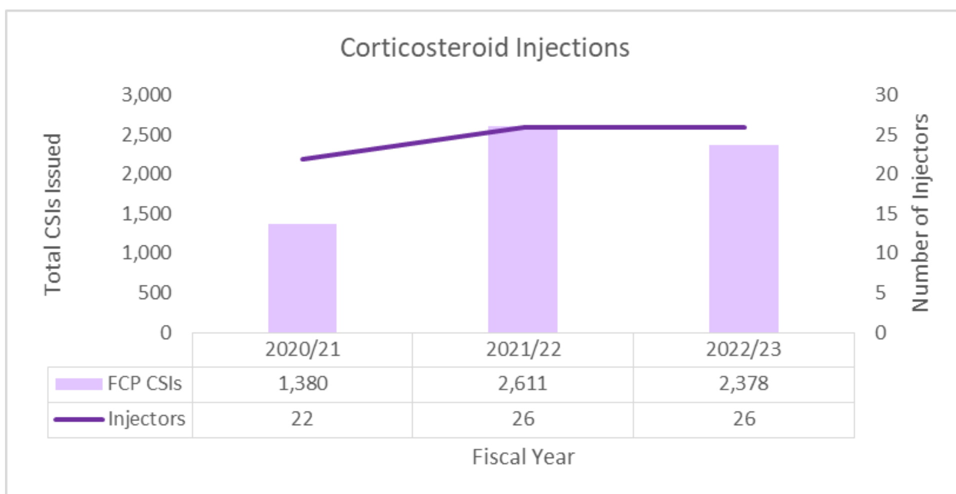
(Table 2)



Q5: What is the annual referral rate to Orthopaedics and Physiotherapy?

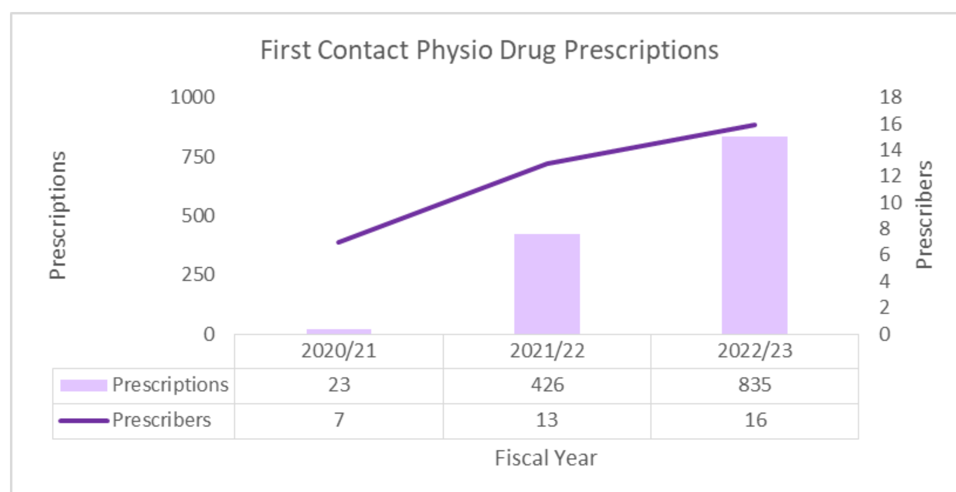


Q6: What is the annual total number of CSIs issued by FCP?



	2020/21	2021/22	2022/23
FCP CSIs	1,380	2,611	2,378
Injectors	22	26	26

Q7: What is the annual total of drug prescriptions issued by FCP?



	2020/21	2021/22	2022/23
Prescriptions	23	426	835
Prescribers	7	13	16

FCP Dashboard

All data extracted has been formulated by the Business Intelligence support team into a user-friendly dashboard. This will allow further in-depth evaluation and subsequent service improvement at both clinician and practice levels.

Recommendations

- To ensure the FCP MSK service is upholding the intentions of the MOU
- To ensure all FCPs are consistent and competent using the FCP service data input template – *FCP/e-health workshop and 1:1 sessions booked - 08/09/2023*
- To continue the emphasis on data quality (during training) when recording clinical records and in particular the use of specific service data input templates.
- Regular quality checks to ensure consistent and accurate data input template use, to maintain high levels of input and understanding of the data input templates.
- To re-distribute advice on naming convention to GP Practices to help understanding of standardisation.
- To review and include in the MOU, the process of FCP induction to the service, including the NHSH creation of access to try and ensure a standard of naming.
- To try and assess the new national GP In-hours activity tool which may allow local (GP Practice level) analysis.
- To acknowledge and highlight the challenges found when extracting referral activity data, the variables and inconsistencies from SCI gateway to secondary care services.

- To make available practice level evaluation reports for each medical practice promoting discussion and service improvement.
- To review and update the FCP service specification reporting document to meet the National minimum data set for FCP services.
- To utilize the national SEER2 Platform for future service evaluations, will which will form part of a National Primary Care Data Warehouse.
- To further communicate the role and remit of the MSK FCP service with GP colleagues and practice teams and secondary care providers.

Acknowledgements

With many thanks to all those involved in contributing to this report, including those who advised and built the original and subsequent templates – Sue Bryan, Ciarán McManus & Rebekah Sibbit. Thanks to Steven Graham, who conducted the extensive search and extracted the data and to Iain Atkinson for creating the FCP service dashboard to help make sense of the data.

Additional thanks to Peter Lees from Public Health Scotland for the data charts included in this report and for the continuing service evaluation work.

Thanks to the practice teams for their ongoing support of the FCP service and the clinicians.

And finally, to the FCP team for their hard work, patience and perseverance with the changes and engaging with continuing professional FCP development and service improvement.

END

Appendix 1 - Initial Service Reporting Specification

1. **Appointment Activity 1 (Type of consultation)** Count of Read codes: • 9N3M.00 – Consultation via video conference • 9N42.00 – Did not Attend • 9b01.00 – Surgery consultation note • 9b0o.00 – Telephone consultation
2. **Appointment Activity 2 (Appointment Status)** Count of Read codes 9N28100 - Seen by first contact physio 9NJm.00 In-House physiotherapy follow-up appointment:
3. **Referral Activity 1 (Patient Initiated)** Count of Read Code 9N5Z.00 Patient initiated enc. NOS:
4. **Referral Activity 2 (Referral from GP to FCP)** Count of Read Code 9N6J.00 Referred by GP:
5. **Referral Activity 3 (Referral from FCP to Orthopaedics)** Count of Read Code 8H54.00 Orthopaedic referral:
6. **Referral Activity 4 (Referral from FCP to Secondary Care Physio Service)** Count of Read Code 8H77.00 Refer to Physiotherapist:
7. **Referral Activity 5 (Referral from FCP to Other)** Count of Consultations by Role = Physiotherapist where Read Code = 8H62.00 Referral to GP 8HQ1.00 Refer for X-Ray
8. **Consultation Activity 1 (Consultations by FCP)** Count of Consultations by Role = Physiotherapist
9. **Consultation Activity 2 (Consultations by FCP with medications prescribed)** Count of Consultations by Role = Physiotherapist where consultation includes therapy issued Or Read Code 8B2J.00 Prescription by supplementary prescriber
10. **Procedure Activity 1 (Injections)** Count of Consultations by Role = Physiotherapist Where Read Codes = 9877.00 Minor Surgery done – injection, 7L19100

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Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority Chief Finance Officers
NHS Board Director of Finance
Primary Care Improvement Plan leads

9 August 2023

Dear colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2023-24

Thank you for providing the data requested through the Primary Care Improvement Plan (PCIP) 6 tracker exercise which has been used to produce our annual statistical publication setting out implementation progress.[1] In line with our commitments in the First Minister's policy prospectus[2] to sustain our investment in general practice through the Primary Care Improvement Fund and to improve outcomes for people in primary, community, and social care, through enhanced integrated multi-disciplinary teams, we will be writing shortly to set out our plans for enhancing delivery of the programme.

In the meantime, I am writing to confirm the 2023-24 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to IAs.

Background

As previously set out to NHS Board Chief Executives and Integration Authority Chief Officers, there is a considerable financial challenge in 2023-24. While the Scottish Government remains committed to supporting the service in delivering the best outcomes for patients, there is a need to remain agile within our financial management, ensuring that we utilise all fiscal levers available, including the use of available reserves.

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[1] Primary Care Improvement Plans: Summary of Implementation Progress at March 2023 - gov.scot (www.gov.scot)
[2] A fresh start for Scotland - gov.scot (www.gov.scot)

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF and should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement[3] and the Amendment Regulations[4] and supplemented by the Scottish Government communication of 31 March 2023.

Primary Care Improvement Fund (PCIF)

Available Resources

Having reviewed the financial data from PCIP 6 tracker returns, I can confirm that up to **£189.5 million will be available** for Integration Authorities in 2023-24 under the auspices of the Primary Care Improvement Fund (PCIF). This comprises up to £170 million funding available through the PCIF and £19.5 million funding for AfC uplift costs. In-year delivery and spending against the £189.5m will be monitored by my team to understand any potential slippage against the £189.5m.

As with last year, **reserves carried over into 2023-24 financial year will contribute to your overall 2023-24 allocation** and your allocation has been adjusted accordingly to reflect this. The adjustment is based on data we currently hold on your reserve position as at 31 March 2023. **Please note, therefore, that the £189.5 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.**

Where we have agreed to make funding available to you to cover any shortfall relating to legal commitments entered into prior to August 2022, you will have access to this funding in addition to your 2023-24 allocation. In these cases, funding was made available through the PCIF 2022-23 tranche two allocations to cover the quantum of funding agreed with you in August 2022. You should have this funding in your reserves to meet the remainder of any shortfall relating to legal commitments costs.

While we appreciate that it will be disappointing that you are unable to use reserves carried forward to supplement your allocation this year, this has been a difficult but necessary decision given the overall financial pressures across health and social care. It is also taken in the knowledge that we are protecting the core funding for PCIF of £170 million and that we are making additional funding available to support Agenda for Change (AfC) uplifts for PCIF staff.

Methodology for Tranche One Allocation

We will be making an initial tranche one allocation on the basis of allocating **£160 million** of the £170 million available through the PCIF on an NRAC basis and **£19.5**

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[3] Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

[4] The National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2022 (legislation.gov.uk)

million for AfC uplift costs for 2023-24, giving a total tranche one allocation of **£179.5 million**. The additional AfC funding of £19.5m is being allocated on the basis of figures submitted to SG Health Finance by NHS Boards.

The tranche one allocation will be reduced to deduct IA reserve balances as at March 2023 (based on PCIP 6 tracker data), as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Annex A shows the initial allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

Methodology for Tranche Two Allocation

A further allocation of **the remaining £10 million** of the overall PCIF will be made available on an NRAC basis to IA's later this year, subject to reporting confirming latest spend and forecast data **required by Friday 17th November**. Robust assessments of your forecast resourcing requirements are vital in supporting central financial planning, sound financial management and providing best value for the public purse. We will issue a reporting template in advance of this deadline for completion.

Second tranche allocations will follow, subject to assessment of the data provided. Allocations will also be reduced to reflect any increases in your reserve position not reflected in the tables annexed.

Scope of PCIF

For 2023-24, the policy and governance arrangements as set out in MoU2 and supplemented by the PCIP6 communication on 31 March 2023 continue to apply. This requires ensuring that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs - prioritising Pharmacotherapy and CTAC services whilst maintaining other MoU services (e.g. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.

As before, PCIP funding can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

Baselining

The minimum funding position for PCIF is £170 million with additional funding being made available to provide Agenda for Change uplifts for recruited staff. While the minimum funding position gives you the assurances you need to continue to recruit and implement your PCIPs, we are considering baselining this funding into core Health Board funds, to provide further assurances, to support better financial planning and to reduce administrative and reporting burden. We will continue to work

with Chief Financial Officers and National Oversight Group to scope out the option to baseline, including the necessary governance arrangements to support this and possible timeline.

Monitoring and evaluation

Developing a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system remains a key ambition. The evidence base is vital in supporting best practice discussions and future investment decisions in the programme in collaboration with all partners. We continue to work with all partners to consider next steps on national monitoring and evaluation.

I trust this update gives you the assurances you need to continue to progress implementation of your Primary Care Improvement Plans in 2023-24 and I look forward to working with you towards our shared goal of delivering improved care in our communities.

Yours faithfully

Susan Gallacher
Deputy Director, General Practice Policy
Primary Care Directorate

ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

Health Board	NRAC Share 2023-24	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
NHS Ayrshire and Arran	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
NHS Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
NHS Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
NHS Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
NHS Forth Valley	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
NHS Grampian	9.74%	16,554,002	1,884,000	-755,400	-1,707,000	-973,765	15,001,838
NHS Greater Glasgow & Clyde	22.14%	37,638,815	4,362,000	-1,718,200	-1,324,000	-2,214,049	36,744,566
NHS Highland	6.59%	11,203,724	1,468,000	-494,100	-609,000	-659,043	10,909,581
NHS Lanarkshire	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
NHS Lothian	15.07%	25,611,369	3,329,000	-1,132,000	-1,389,000	-1,506,551	24,912,818
NHS Orkney	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
NHS Shetland	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
NHS Tayside	7.77%	13,211,219	1,827,000	-601,900	-169,000	-777,131	13,490,188
NHS Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
		170,000,000	**19,549,000**	**-7,800,000**	**-9,006,000**	**-10,000,000**	**162,743,000**

Allocation by Integration Authority

NHS Board	Integration Authority	IA NRAC Share 2023-24 (£)	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
Ayrshire and Arran	Ayrshire combined	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
Borders	Scottish Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
Dumfries and Galloway	Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
Fife	Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
Forth Valley	Forth Valley combined	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
Grampian	Aberdeen City	3.78%	6,425,049	731,231	-298,317	-261,000	-377,944	6,219,019
	Aberdeenshire	4.23%	7,197,962	819,195	-324,766	-830,000	-423,410	6,438,981
	Moray	1.72%	2,930,992	333,574	-132,317	-616,000	-172,411	2,343,837
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,151,403	365,219	-140,141	-100,000	-185,377	3,091,105
	East Renfrewshire	1.58%	2,682,743	310,906	-120,632	-628,000	-157,808	2,087,208
	Glasgow City	11.95%	20,319,427	2,354,839	-928,315	0	-1,195,261	20,550,690
	Inverclyde	1.60%	2,728,381	316,195	-126,472	-98,000	-160,493	2,659,611
	Renfrewshire	3.38%	5,750,476	666,428	-261,903	-472,000	-338,263	5,344,738
	West Dunbartonshire	1.77%	3,006,385	348,413	-140,737	-26,000	-176,846	3,011,215
Highland	Argyll and Bute	1.88%	3,194,868	418,617	-141,683	-609,000	-187,933	2,674,869
	Highland	4.71%	8,008,856	1,049,383	-352,417	0	-471,109	8,234,712
Lanarkshire	Lanarkshire combined	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
Lothian	East Lothian	1.89%	3,215,085	417,901	-140,067	-80,000	-189,123	3,223,797
	Edinburgh	8.40%	14,271,709	1,855,056	-634,173	-518,000	-839,512	14,135,080
	Midlothian	1.64%	2,793,788	363,140	-120,660	-212,000	-164,340	2,659,927
	West Lothian	3.14%	5,330,787	692,903	-237,100	-579,000	-313,576	4,894,014
Orkney	Orkney Islands	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
Shetland	Shetland Islands	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
Tayside	Angus	2.16%	3,670,680	507,624	-165,208	-137,000	-215,922	3,660,174
	Dundee City	2.82%	4,802,335	664,122	-226,196	-32,000	-282,490	4,925,771
	Perth and Kinross	2.79%	4,738,204	655,254	-210,496	0	-278,718	4,904,244
Western Isles	Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
			170,000,000	**19,549,000**	**-7,800,000**	**-9,006,000**	**-10,000,000**	**162,743,000**

PRIMARY CARE MODERNISATION PROGRAMME - Risk Register

Full review completed 14/09/23

ID	Description	Risk Type	Controls when risk identified	Risk level (current)	Risk level (Target)	Current Mitigation/Action	Next full review
2	Local engagement with Divisions/Districts in the development of the PCIP workstreams.	Organisational	Information sharing. Invitation to relevant workstream meetings. Primary Care Team participating in broader interrelated groups, e.g. Community Accommodation.	Low	Low	Project Team attendance at relevant community forums and management forums.	Jan-24
3	Overall funding outlined by SG may not be sufficient to meet the aspirations of full contract delivery.	Financial	Budget management structure and monitoring arrangements in place around the plan. Formal project terms of reference and levels of delegation.	High	Low	Workstreams to identify gaps or pressures Continue to report via PCIP tracker submissions. Financial position scrutinised at monthly Project Team.	Jan-24
4*	Funding available for services/posts may be impacted by agreed Agenda for Change pay awards.	Financial	Financial oversight built into programme. Progress workstreams and associated recruitment in a timely manner.	Low*	Low*	Active monitoring within the governance structures. Focus on tangible opertional progression of the outstanding workstreams Funding for existing posts unaffected.	Jan-24
7	Geography and environment of Highland is challenging and may impact our ability to provide **equitable** service to all practices as outlined in the contract.	Service delivery	Recognising and factoring in the challenges of our geography to workstrem development and decision making.	Medium	Medium	Development of workstreams will identify key challenges with delivery of both urban and rural services equitably.	Jan-24
8	Public engagement and involvement.	Communication	Communication plan in place. Patient rep on Programme Board. Opportunities to raise the profile of the MDT through comms activities.	Low	Low	Communication plan agreed by project Team Feedback to SG about key national messages. Workstream Lead groups working with Communcations Team on a service promotion campaign. FCP service have a "Day in the Life of a rural FCP" video in the pipeline and at editing stage.	Jan-24
9	Engagement with GPs and Practices building reputational benefit of the PCIP programme and positive impact.	Communication	GP updates. Intranet page developed and maintained. Regular updates to GP Sub Committee. NHSH Comms rep on Project Team.	Low	Low	Communication plan agreed by project Team.	Jan-24
10	Workstreams are at different stages of development resulting in delivery based inequitable resource allocation.	Service delivery	Detailed financial plan and scrutiny.	Medium	Low	Close monitoring by project team and programme board Gap Analysis	Jan-24
11	Unable to recruit to new posts developed as part of the PCIP in an **equitable** way across North Highland.	Service delivery	Controls are; different recruitment approaches, local and national. Mitigation plans.	**High**	Medium	Close monitoring by project team and programme board. Considering different skill mix and remote solutions. Reviewing workload and establishment against demand and supply.	Jan-24
12	Differing views on how individual workstreams may be delivered effectively	Service delivery	Vaccination survey completed, community treatment & care and Urgent Care workstream survey completed. Locality plans (5) are under development via Vaccination Transformation. CTAC and Urgent Care workstreams are re-established. CTAC Practice survey completed.	Medium	Low	Development of workstreams will identify key challenges with delivery of models of care for further discussion with local managers and clinicians. Collaborative Working to aid delivery through joining of workstreams Options appraisals	Jan-24
13	Lack of synergy in the 6 workstreams resulting in missed opportunity for joined up services.	Service delivery	Professional leads on Project Team. Workstream updates to every Project Team meeting and workstream leads all on the Project Team. Initiation of Workstream Leads Forum.	Low	Low	Close monitoring by project team and programme board. Monthly workstream lead meetings.	Jan-24
14	Risk of destabilising established services due to new services being introduced within their specialty.	Service delivery	MOU2 and focused priorities.	Medium	Medium	Close monitoring by project team and programme board	Jan-24
15	Risk of workstreams not delivering the aspirations of the MOU2 for GPs and patients and/or in a timely manner.	Organisational	Project Structure in place. PCIP iteration 1, 2, 3, 4, 4.5, 5 and 5.5 agreed. PCIP6 received from SG and completed and returned on 17.05.23.	Medium	Low	Close monitoring by project team and programme board	Jan-24

18	Delay caused in waiting for banding for new Job Descriptions through Agenda for Change process. Also excess delays in the recruitment and on-boarding processes.	Organisational	share details of posts and delays to Project Directors. Workstream Leads can contact John Macdonald @ AFC to try and speed up process.	Medium	Low	Close monitoring by project team and programme board	Jan-24
19*	No identified lead for Urgent Care workstream.	Organisational	Workstream re-established Sept 22. Lead will need to be identified. **Exploration of UC option via DACs.**	Medium	Low	Close monitoring by project team and programme board. **Econsult (+Hub element) presentation to Urgent Care workstream group on 08.06.23. SBAR on UC model pending - will be tabled at Project Team 26.09.23. Outline cost in proposal recurring £500k per annum.**	Jan-24
21	Lack of GP Practice and broader premises space to accommodate PCIP staff	Organisational	Register of where there are accomodation constraints. Links to Inverness Premises Strategy Group. Premises Improvement Grants. Links to Community Accommodation Group. New Premises Group established. Accommodation hotspots identified.	High	Low	Close monitoring by project team and programme board. Membership on Community Accommodation Group (fortnightly meetings). Accommodation hotspots collated into central document. No new SG Premises Improvement Grant monies for 2023/24. Exploring options with Estates Team on accessing minor improvement works and funding.	Jan-24
23*	Ability to deliver workstreams against budget/spend.	Financial	Budget management structure and monitoring arrangements in place around the plan. Formal project terms of reference and levels of delegation. **PCIP allocation for 23/24 is £9.058m and tranche one allocated totalling £8.587m. Currently unallocated PCIF figure of £1.2m.**	High	Low	£1.2m unallocated. Workstreams tasked with bringing options/proposals for their services as a matter of urgency**.** **Options/proposals to access unallocated funds extended to GP Practices. Clarity on parameters, timelines, decision making etc necessary.**	Jan-24
27	National sustainability payments to practices ended on 31 March 2023.	Organisational	Meetings with GP sub completed to agree locally agreed transitional payments for CTAC and Pharmacotherapy gaps in service for financial year 2023/24.	Medium*	Low	SBARs drafted for approval by Programme Board. Practices to receive payment backdated to April 23 and paid monthly thereafter.	Jan-24
30*	Benefit realisation within Practices as new services are embraced.	Organisational	Project structure in place. PCIP agreed.	Medium	Low	Close monitoring by project team and programme board. Data extraction to support service evaluation. **FCP in receipt of 3 years data.** CLW workstream production of annual report for 1st year of service. PHS data on vaccination uptake awaited. **Liasing with Comms Team to produce range of media approaches.**	Jan-24
31	There is a risk to sevice provision, patient outcomes and staff retention if MDT staff are not acknowledged personally and professionally, or physically integrated into practice teams.	Organisational	Share success stories. Continue to promote skill mix and clinical patient facing role, particularly for pharmacists. Focus on solution finding re lack of available accommodation and where not available consider wider accommodation options via third parties. Consider other strategies for integration where physical space cannot be achieved.	High	Low	Close monitoring by project team and programme board. Associate Director of Pharmacy holds membership of the Community Accommodation Group. Establishment of the Workstream Leads Group.	Jan-24
33	CTAC and Urgent Care services focus for 2023/24.	Organisational	Focus on CTAC and Urgent Care 2023/24. CTAC services should be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.	Medium	Low	Close monitoring by project team and programme board. SG will not be issuing CTAC directions at this time but are drafted. SG has indicated regulations will not be brought forward for Urgent Care. National GMS Oversight Group is yet to produce Urgent Care guidelines**.**	Jan-24
35	Natural staff movement creating vacancies with challenges to re-recruit due to available workforce. Vacancy factor across workstreams = impact.	Service delivery	Exploration of different methods of service delivery, workforce type and appropriate skill sets.	Medium	Low	Close monitoring by project team and programme board	Jan-24

36	Order Comms Project current business case does not include **Order Comms for CTAC.**	Service delivery	Competing priorities for eHealth resource and will need some frame of reference to provide costs around all activities. Will be hardware and network costs office licences and printing costs eg label printers etc. eHealth teams can provide ideas of costs and statements of work around implementation and business as usual support via the usual Annual Delivery Plan and NHS Highland Digital Delivery Plan.	High	Medium	Starting point may be to describe 2 models eg Hub CTAC and Nested CTAC and provide a rough guide to staffing levels requiring access to IT system, and a catalogue type list of clinical recording requirements and patient appointment requirements, reporting data requirements, technical on-boarding training requirements etc. (Similar piece of work that eHealth were given when VTP service were initially being planned.)	Jan-24
37	No CTAC service delivery model or specification. Lack of identified CTAC leadership role or formalised workstream group.	Service delivery	A paper on Federated/Shared care solutions and costings has been completed. Hub and spoke model and/or GP Premises base. MDT staff may cover a range of GP Practices. Oversight by Project Team and Programme Director	High	Low	Support being provided through Transformation Team. Short life working group instigated to develop ITR/CTAC proposal. Business case for ITR/CTAC integrated service model developed. In draft format ahead of submission to SLT and Programme Board. Band 8A CTAC Nurse Manager job description devised and with AFC for processing. TOR and refreshed workstream group ready.	Jan-24
39*	Lack of federated working/shared care impacting on staff ability to provide desired level of patient care. Frustrations experienced by range of stakeholders is damaging to the running of the services and to the overall project success.	Service delivery	A paper on Federated/Shared care solutions and costings has been completed.	**Medium**	**Low**	**Paper on Federated/Shared care solutions and costings shared with Project Team 30.05.23 and for further comment and consideration at Project Team on 27.06.23. Further discussions with workstream leads arranged.**	Jan-24

Meeting: HHSCC

Meeting date: 1 November 2023

Title: Technology Enabled Care Update

Responsible Executive/Non-Executive: Pam Cremin

Report Author: Tracy Ligema

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report and accompanying presentation provide an overview and update for the provision of Technology Enabled Care (TEC) in Highland.

TEC in Highland has historically operated as a hosted service not directly linked to the separate EHealth or RD&I functions. Increasingly TEC needs to be considered as part of a suite of integrated, innovative digital solutions to meeting

the needs of people in our hospitals and communities. Digital solutions applied thoughtfully and appropriately can help to:

- maintain individual independence for longer,
- expedite discharge from hospital,
- reduce the need for long term residential care,
- reduce the size and complexity of care at home packages,
- prevent development or exacerbation of long-term conditions,
- support patient activation and self-management and promote lifestyle and behaviour change which in turn reduces hospital admissions, reduces the need for GP appointments, reduces length of stay in hospital

Digital solutions can also be applied in an integrated way to support training, assessments, reviews, reablement etc in ways that Highland hasn't explored or implemented to date.

2.2 Background

Technology Enabled Care as delivered in Highland covers three main workstreams:

- **Telecare** – the provision of care services at a distance using a range of technologies; from simple personal alarms, devices and sensors in the home, through to more complex technologies which monitor daily activity patterns, home care activity, enable 'safer walking' in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety.
- **Near Me** – provides the choice to attend health, care and other appointments via video call where appropriate. The platform however has potential to be used for much more than clinical consultations.
- **Connect Me** - name for a variety of services which may be offered as an option for people to interact and communicate with healthcare professionals. Some of these services were known by various names in recent years such as Remote Health Monitoring or Telehealth. The service uses a person's own simple devices and sometimes small basic medical equipment to enable individuals to share information with health care professionals and/or automated monitoring services. This helps them to safely self-manage their health needs from home or wherever is convenient for them. It enables people to have more choice and greater flexibility about how and where they manage their health and wellbeing.
- **Transforming Local Systems Pathfinder** – this extensive programme of work over three years focused on Respiratory Transformation in Highland acute and community services. It is part of a Scotland wide TEC programme that also includes work covering:

- Digital Mental Health
- Digital Lifelines
- Digital Social Care
- Housing
- Digital Inclusion
- Hospital at Home

2.3 Assessment

Telecare in NHS Highland currently has 2878 clients. This is 2% higher than September 2022 - the number of new clients has increased by 11% compared to the same period in 2022 and numbers of new Telecare referrals have increased by 2% in the same period.

However,

- Highland has fewer people receiving Telecare compared to the national average. The rate of Telecare users per 1,000 population in Scotland is 23.5, while in Highland it is only 14.6, (a 47% difference). Highland ranks 30th out of the 32 telecare service providers in Scotland on this.
- Highland is the most expensive Telecare provider in Scotland, with the provision costing the service user 9% more than the second most expensive provider. In provision of Telecare, Highland ranks 30th out of 32 providers across Scotland.
- Providers elsewhere in Scotland who demonstrate the highest numbers of service users charge either no fee for Telecare or a charge of less than £5 a week. In 2010, the 'top 6' providers charged less than £1.50 per week whilst in Highland users were charged £5 per week.
- Highland has 1750 people receiving Care at Home packages (13,670 hours of care per week), of these 695 (405) are receiving Telecare. How many of these packages/hours would still be needed if we had been able to support people better with Telecare/TEC?

Within Telecare nationally all providers are currently undertaking a transition from Analogue to Digital device provision. This is required because of BT moving all provision to digital by 2025. Highland has commenced implementation of Digital devices in September 2023, expected completion is Summer 2024.

Increasing the uptake of telecare and expanding the range of telecare services and supporting structures could:

- Increase C@H and care home workforce capacity (carer time)
- Reduce delayed hospital discharges (bed capacity)
- Reduce cost of long-term/complex care and care packages (carer time)
- Reduce numbers and size of complex/large care packages (carer time)

- Prevent admissions to hospital/long term care settings by maintaining people's independence for longer (bed capacity)
- Speed up hospital discharge – return to independence sooner (bed capacity)
- Provide more effective response services for individuals including overnight response with benefits being available beyond just telecare users (bed capacity)
- Support people receiving Hospital at Home services (bed capacity, carer time)

Initial actions to support this with minimal investment could include:

- Significantly increasing the use of Medication Prompt (and other simple, commonly used elsewhere) devices.
- Set up TEC demo sites to support staff and service users.
- Adopt use of TEC Backpacks to better support staff to seek and implement Digital First solutions.
- Ensure that Digital First is embedded in Discharge and Care Planning through DMT standard operating procedures and having TEC representation at MDTs and DMTs to promote Telecare and digital solutions
- Expand the use of simple video calling devices and conduct a report on their benefits.

Near Me remote consultations commenced in Highland earlier than elsewhere and progressed faster in our highly rural geography reaching a significant peak in 2020 because of the Covid19 Pandemic.
However,

- Highland is now has one of the lowest utilisations of Near Me and remote consulting, numbers declined in most areas from mid-2021 as 'normal service' resumed post pandemic and whilst there is still an increased use of Near Me compared to pre-pandemic in Outpatients and Mental Health, the potential for use of Near Me is not being fully realised either for remote consultations or for other purposes.

Highland has so far not taken the opportunities to scale up Near Me as has happened elsewhere, and some simple actions would have potential for system wide benefits e.g.,

- building Near Me/remote consulting into standard patient pathways for more specialties,
- routinely offering people the opportunity for a remote consultation,
- setting out a framework/principles for routine provision of remote consultation

- providing options for remote consultation on all appointment bookings
- identifying Near Me as a method to tackle clinical staff shortages or address waiting list backlogs.

Connect Me began in 2015 with the implementation of the FLORENCE text message based service. Highland had significant uptake of this with 70 different protocols being developed across 10 services and around 6,500 patients. The cost of Florence text messages was charged directly to services. This, and the development of other solutions (e.g., Badgernet for maternity services) resulted in the initial uptake reducing between 2018 and 2020. Nationally in 2020 the Inhealthcare system was procured to support Covid patients. It was then expanded in 2021 to provide a wider range of clinically led national remote health monitoring pathways on a once for Scotland basis at no cost to health boards under the branding of Connect Me. Highland has adopted Asthma, Blood Pressure, COPD, Covid and Heart Failure monitoring pathways plus referrals pathways for chronic pain, gastroenterology and lymphoedema. Other services being piloted are mental health, Inflammatory Bowel Disease, Irritable Bowel, Prostate Cancer.

In Scotland,1.2 million appointments in 2018 were taken up solely for Blood Pressure checks, despite the evidence:

- that basic home monitoring is a better predictor of long-term outcomes than office measurement and
- that remote health monitoring (which engages clinicians in reviewing readings taken by patients and submitted over the internet) results in much larger clinically significant reductions in Blood Pressure and is cost-effective.

Evidence also shows that remote monitoring for hypertension can be implemented into routine primary care at scale with little impact on clinician workload and results in reductions in Blood Pressure similar to those in large UK trials.

However…

Out of 92 GP practices across Highland, 48 practices have taken up the training and moved patient patients to Inhealthcare for remote monitoring but only around half of those are actively using the system to support patients. Reasons cited by practices include:

- Too busy
- Staffing shortages
- Have decided against it
- Find it difficult to use
- Enrolling patients is too time consuming

The challenge for Highland in scaling up initiatives such as this is identifying the future benefits to be gained and supporting services to implement digital solutions despite the immediate hurdles in order to realise long term gains for individuals, services and the organisation. In the Blood Pressure example what's required is to move away from single person leadership of implementation to a team-based transformation project with:

- Organisation decision to move to a remote monitoring model
- Primary care team involvement in supporting adherence to implementation
- EHealth – primary care facilitators support for training and setting systems up locally
- Administrative support to enrol patients.

A successful model of transformation could be replicated service by service where remote monitoring would be of benefit.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

A description of the current position is provided with discussion of the opportunities available organisationally to expand the use of Technology Enabled Care and digital solutions to better support individuals and services to deliver more efficiently and cost-effectively. Increased assurance requires implementation of the available opportunities, requiring investment in time and financial resources.

3 Impact Analysis

3.1 Quality/ Patient Care

Expansion of TEC solutions supports improved responsiveness to individual needs, actions to improve provision and uptake of TEC and adopt a Digital First approach to care planning would ensure that people have greater opportunities for being and remaining independent in their community, that care packages are less person dependent and more resilient.

3.2 Workforce

Workforce resource capacity and demand is better matched as person dependent demand is shifted towards being supported by TEC. Staff feel under less pressure as people have a wider range of approaches to provision and the support being deployed.

3.3 Financial

The need for large, complex care packages is reduced, cost of people delayed in hospital is reduced. An enhanced approach to Telecare and Digital Solutions provision reducing demand for direct care would support a review of the workforce required to support people at home with potential reduction in staffing costs. Increased use of Near Me could reduce and better manage waiting lists, free up clinical time spent in non-clinical activities, potentially reduce locum costs. Implementation of pathways for Remote Health Monitoring would free up clinical time, reduce appointments required, improve long term health outcomes thus avoiding future care and clinical costs for long term conditions.

3.4 Risk Assessment/Management

Describe relevant risk assessment/mitigations. Please provide read across to the relevant risk register if appropriate.

3.5 Data Protection

Requirements already in place for systems in use.

3.6 Equality and Diversity, including health inequalities

Impact assessments in place locally and nationally.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

4 Recommendation

- **Assurance**
- **Discussion**

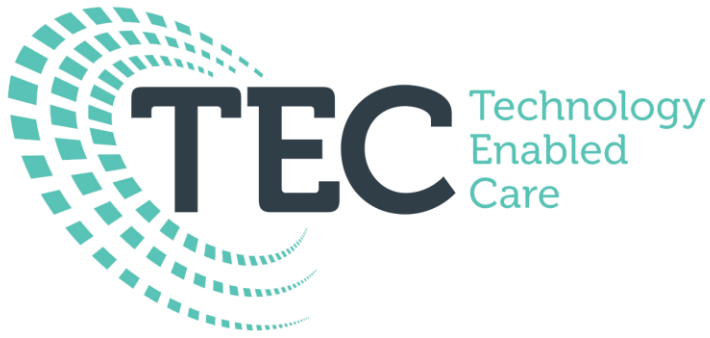
It is recommended that HHSCC consider the current position for TEC and the challenges posed for expanding/scaling up implementation to realise the full range of benefits available including how the partnership can:

- Move to having integrated Digital/Technology/Innovation structures directly linked with operational delivery for Digital Transformation
- Develop our annual delivery plans with a Digital First approach – not bolting on digital afterwards
- Think 10, 15, 20 years ahead and plan now for then.

4.1 List of appendices

The following appendices are included with this report:

Appendix No 1: HHSCC presentation - HHSCC - updatedTL.pptx



(Also in Ppt)

Contents

- Operational Telecare
- Digital Telecare
- Near Me
- Connect Me
- Respiratory Transformation

Operational Telecare

April 2023 to September 2023

Telecare numbers:

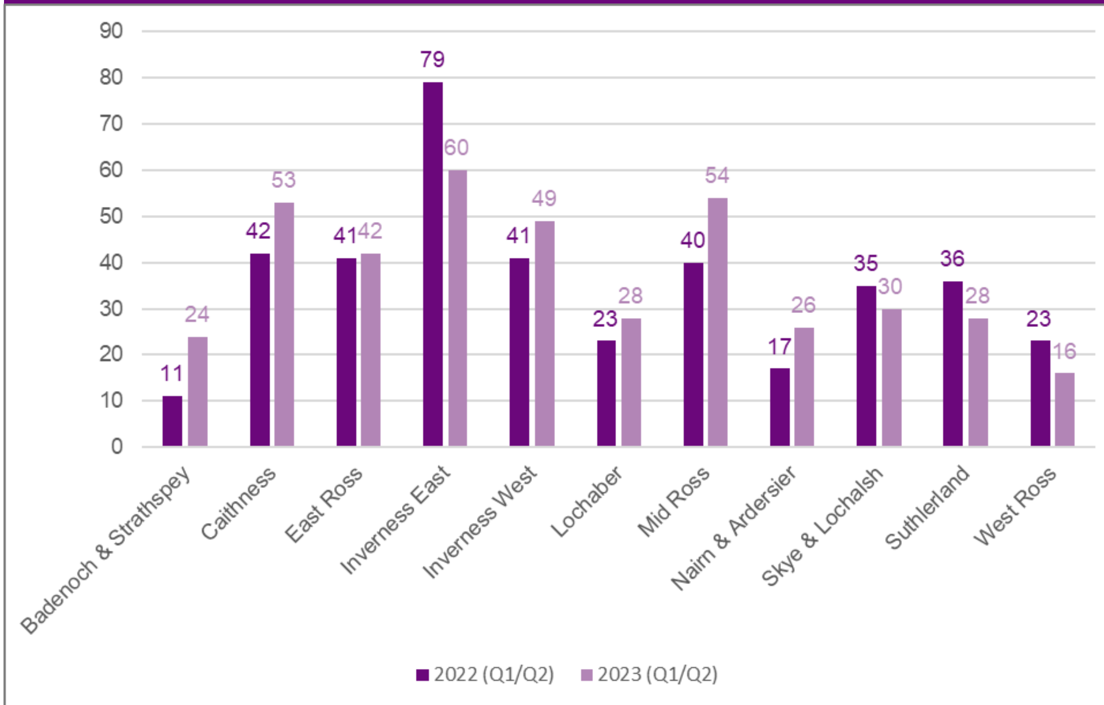
2,878	Total number of Telecare clients in Highland at the end of September 2023 A 2% increase compared to September 2022
395	Total number of new clients receiving telecare between April 2023 and September 2023 An 11% increase compared to the same period in 2022
435	Total number of new telecare referrals received between April 2023 and September 2023 A 12% increase compared to the same period in 2022
6	Just Checking installs (a web-based activity monitoring system) A 200% increase compared to the same period in 2022
14,107	Total number of alarm calls sent to the Highland Hub between April 2023 and September 2023. (test calls are not included in the count) A 4% increase compared to the same period in 2022

Operational Telecare

April 2023 to September 2023

The number of new referrals received between Q1 & Q2 has increased by 6% compared to Q1 & Q2 in 2022.

Breakdown of new referrals by subarea:



Percentage change in referrals received between 2022 (Q1/Q2) and 2023 (Q1/Q2) by subarea	
Badenoch & Strathspey	118%
Caithness	26%
East Ross	2%
Inverness East	-24%
Inverness West	20%
Lochaber	22%
Mid Ross	35%
Nairn & Ardersier	53%
Skye & Lochalsh	-14%
Sutherland	-22%
West Ross	-30%

Figures do not include referrals relating to clients transitioning from The Highland Council managed Telecare system to NHS Highland Telecare Services.

Operational telecare Key activities & updates *(2020-2023)*

- We digitised online telecare referrals an introduced self-referrals for the public, reducing the workload for health and social care professionals.
- Launched assistive technology training, a comprehensive telecare session that delves into consumer technology. Over 100 staff have attending so far. We're experiencing a high no-show rate, with 42% of those registered not attending.
- Continuing to engage with the community through events, talks and promotional materials. Our box of tricks enables us to demonstrate telecare and consumer technology like Alexa.
- In April 2023, TEC hosted the Spring Tech Event, showcasing digital technologies that help people remain safe, happy and healthy at home. We had 25 exhibitors and over 100 attendees, we received very positive feedback.
- Created a simple video calling guide and a high street technology guide to help readers explore devices that are available on the market to support them.
- Adopted a new logo and service colours. As a result, our leaflets, webpage, intranet page and letters have been updated.
- Collaborated with TEC Scotland and NHS Education to develop an e-learning module – Assessment and Support Planning Telecare.
- Offering 4-week trials of Epi-care, a wrist worn sensor that detects seizures. The sensor can be worn anywhere, bringing mobility, freedom and autonomy to people with epilepsy.
- Secured short-term funding for Alcove Video Carephone (video calling device) trials to support informal carers. Currently available in Skye & Lochalsh, and Nairn. The Carephone can be used in crisis or as a try-before-you-buy opportunity.
- Run a monthly TEC clinic, a digital health and wellbeing drop-in collaboration with Alzheimer Scotland. We have plans to expand to other areas.
- Sheltered housing schemes managed by the Highland council are transition to our services, with only 8 only 39 remaining to be transferred.
- First digital telecare units have been deployed, these units will make telecare accessible to people with no telephone line.
- Joined Twitter and Facebook to reach more people about our services.

Telecare Digital Switch Project

- Project Manager to be extended until summer 2024
- Funding secured
- Equipment order going through procurement
- Equipment delivery lead times now at 28 weeks (down from a peak of 48 weeks)
- Discovery Phase completed
- Testing phase commencing

DIGITAL
TELECARE
SCOTTISH LOCAL GOVERNMENT

NHS
Highland

High Level Plan

PHASE	ENDING
Phase 0: Start-Up	November 2022
Phase 1: Discovery	November 2022
Phase 2: Testing	April 2023
Phase 3.1: Implementation	April 2024
Phase 3.2: Continued support/Contingency	May 2024
Phase 4: Project Closure	May 2024

Near Me Update to 30/9/23

174,326 Consultations between 1/1/20 and 30/9/23

Speciality
Sum of Consultations

Organisational Unit
NHS Highland Community Pharmacy
NHS Highland Groups
NHS Highland Near Me (Mental Health)
NHS Highland Near Me (Outpatients)
NHS Highland Near Me Care Homes
NHS Highland Near Me Community Care
NHS Highland Near Me Primary
NHS Highland Occupational Health Near Me
NHS Highland Specialist Weight Management Service
NHS Highland, Argyll & Bute,Obstetrics & Midwifery
NHSH-C Optoms

12000
10000
8000
6000
4000
2000
0

01/01/2020 01/02/2020 01/03/2020 01/04/2020 01/05/2020 01/06/2020 01/08/2020 01/09/2020 01/10/2020 01/11/2020 01/12/2020 01/01/2021 01/02/2021 01/03/2021 01/04/2021 01/05/2021 01/06/2021 01/07/2021 01/08/2021 01/09/2021 01/10/2021 01/11/2021 01/12/2021 01/01/2022 01/02/2022 01/03/2022 01/04/2022 01/05/2022 01/06/2022 01/07/2022 01/08/2022 01/09/2022 01/10/2022 01/11/2022 01/12/2022 01/01/2023 01/02/2023 01/03/2023 01/04/2023 01/05/2023 01/06/2023 01/07/2023 01/08/2023 01/09/2023

Period

Near Me – Consultations per waiting area

% of Outpatient Appointments by Patient Home Location

(Services using PMS Trak)

% of total outpatient appointments delivered by Near Me (by patient home location)						
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Inverness	3.7%	4.0%	3.5%	4.1%	3.5%	3.7%
Caithness	6.1%	7.5%	6.3%	6.4%	6.8%	6.8%
Lochaber	4.8%	4.7%	4.8%	4.9%	5.3%	5.1%
Skye & Lochalsh	9.5%	8.8%	9.0%	9.0%	9.3%	7.3%
East Sutherland	5.3%	7.8%	4.7%	3.8%	4.9%	4.6%
East Ross	4.2%	4.7%	3.9%	4.3%	4.4%	4.0%
West Ross	8.7%	7.0%	5.6%	5.6%	6.2%	6.9%
West Sutherland	5.8%	5.3%	6.5%	7.2%	7.3%	9.8%
Badenoch & Nairn	5.9%	5.3%	4.9%	5.4%	4.9%	4.9%

Updates and Ongoing Plans

- Near Me training and refreshers continue
- Events arranged for the public alongside Connecting Carers, Libraries and My Self Management throughout 2023
- Low/Non Users of Near Me targeted with 'Did You Know' information and updates
- Working with Diabetes Service and Libraries to establish more Hubs for people without wifi or a suitable device and lending service
- Provide commercial premises with Posters and Postcards for notice boards and provide demonstrations of Near Me to staff
- Contact with Community Councils and other groups to promote the Service
- Our contact details inserted on literature, NHS website and where suitable, appointment letters

Autumn and Winter 2023 Plans

- ‘Saving Carbon’ Summer and ongoing campaign in conjunction with Comms team
- Worked with National Near Me team to develop updated modules for Turas and students at the UHI
- Annual Patient Feedback report to be sent to individual Users within each waiting area before end of 2023
- Continue Auditing Waiting Areas throughout the year
- Campaign commenced October 2023 to promote Virtual Visiting to reduce travel and during periods of COVID / Norovirus. Posters to be provided to all NHS Highland Hospitals and posted on library web sites
- Refresher training to Ward staff to enable virtual visiting
- Use reduction in car park capacity in 2023 at Raigmore Hospital to promote use of Near Me

Remote Health Monitoring

Florence

Background

- Florence – an automated text message service
- In use in Highland from 2015 to 2023
- 70 different Florence "protocols" developed with clinicians
- Key Florence protocols:

Protocol	Patients	Protocol	Patients
Asthma	364	BP	4839
COPD	126	Foetal movements	255
Healthy weight	164	Heart failure	61
IBS	123	Lymphoedema	61
Mental health (various)	306	Pain management	167

Use of Florence cost around £45k per year (licence and messages)

Remote Health Monitoring

Florence

Many Florence protocols went out of use between 2018 and 2020 due to:

- The cost of text messages – which were recharged to teams/departments from 2019
- Availability of other services/apps eg: Badgernet, myCOPD
- Low uptake by patients/negative feedback
- Concerns about the accuracy of readings (e.g. blood glucose)
- The difficulty of assessing real impact
- Staff changes
- The COVID-19 pandemic

Remote Health Monitoring

inhealthcare

Background

- 2020: Emergency procurement of Inhealthcare as a national platform – for monitoring Covid patients
- 2021: national contract with Inhealthcare negotiated (3+1+1)
  - Connect Me branding adopted
  - All costs covered at a national level – no cost to NHSH
  - All services to be "once-for-Scotland"
  - All services developed with a clinical advisory group ;(CAG) with representatives from several health boards
- 2023: All development to be undertaken at a national level
  - No scope for local development of services

Use of Inhealthcare is completely free of charge to NHSH

Remote Health Monitoring

inhealthcare

Remote health monitoring services developed 2020-21

- Asthma, BP, COPD, Covid and Heart Failure

Questionnaires developed 2022-23

- Referrals for chronic pain, gastroenterology & lymphoedema
- Annual review for multiple long term conditions

Other services being piloted - 2023

- Digital mental health
- IBD
- IBS
- Prostate cancer

Uptake of RHM in Highland

inhealthcare

Asthma Monitoring and Management to Sept'23

- 98 asthma patients have been enrolled on Inhealthcare
- 83 (85%) have registered for use
- 58 (59%) are actively using the system
- A survey asking for feedback about non-use of the system resulted in only 3 responses
- Awaiting deployment of a new version of the service, originally discussed in February'23

Uptake of RHM in Highland

inhealthcare

BP Monitoring and Management to Sept'23

- 48 GP practices have been trained to use Inhealthcare and/or have had patients moved to Inhealthcare from Florence
- 25 GP practices (56% of those trained) enrolled patients during September
- Over 2500 patients have been enrolled on Inhealthcare for BP monitoring since Mar'22 , and over 1,700 are currently active
- GP practices which are not actively using Inhealthcare for BP monitoring were contacted in September, to encourage uptake

Remote Health Monitoring
Other Services

Service	Status in NHSH	Notes
Chronic pain	Live – 134 enrolled	New version expected in October
Covid	In use from 2020-2021	No longer in use
COPD	In use from 2021-2022	Respiratory nurses did not feel the service worked for them and now use Lenus instead
Heart failure	Live – 11 enrolled, 1 active user	HF nurse does not feel the service works for her or her patients
Lymphoedema	Pilot in progress – 6 patients added to date	Review & evaluation underway
Long term conditions – annual reviews	Pilot planned to include Highland	Awaiting deployment of service into Live

What next?

inhealthcare

Nationally

- National review of TEC and Connect Me
- TEC to be "debranded"
  - TEC logo to go out of use at a national level
  - Email addresses, websites and job titles to change
  - TEC to be merged into Digital Health and Care
- Staffing of Connect Me team has been reduced
- A review of all Connect Me services is underway
- Report due by end November 2023

Locally

- Continued use and promotion of existing Connect Me services pending the results of the review

Respiratory Transformation Pathfinder Project

- Nationally funded project from May'19 to Oct'22
- Visit www.bit.ly/RespiratoryPathfinder for more info about the project and its outcomes
- Ongoing admin work being undertaken by TEC team
  - Respiratory Resource Hub for patients & carers
  - Online learning sessions – Your Breathing Matters
- Visit:bit.ly/RRH-new & bit.ly/RRH-YBM to find out more

Other workstreams from this project are being taken forward by the Respiratory Service, eHealth and others

Technology Enabled Care: where outcomes for individuals in home or community are improved through application of technology as an integral part of quality, cost effective care and support.

Where could we be?

- Real digital transformation –
  - data insights predicting risks, preventing escalation/admissions
  - Proactive response to increased need – personalised higher dependency support
  - Prevent/delay move to long term care
  - Digital solution led packages of care
- Virtual Care -
  - Intermediate care provision - technology enabled to minimise staffing resource requirements
  - Long Term Conditions - consultations & monitoring - activity, symptoms, lifestyle, behavioural interventions for cost savings
  - Home as a site of care/hospital @ home - diagnostic, analytic and monitoring devices, integrated records – cost savings
  - Prevention - Long Term Conditions, falls, frailty, social isolation 'connecting' people to prevent them entering the system at all – cost savings

Digital Solutions: The distant future is NOW. Define almost any problem – there is a digital/TEC solution.

What do we need to get there?

- Imagination -
  - Development of innovation beyond current provision
- Vision -
  - Strategy for future delivery of digitally enabled health & care 5-10 year horizon.
- Mainstream -
  - Delivery through Apps, Internet of Things, TEC for alerts, reminders, monitoring, Virtual Reality
- Integration -

- Ehealth - Digital Delivery Plan
- RD& I - Innovation Strategy
- TEC - Vision & Strategy
- Annual Delivery Plan objectives

DIGITAL TRANSFORMATION

NHS
Highland

Challenges – how do we…

- Move to having integrated Digital/Technology/Innovation – Digital Transformation
- Develop delivery plans with a Digital First approach
- Think 10, 15, 20 years ahead and plan NOW for THEN.

Item 4.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**1 November 2023**
Title:	**Implementing the Blueprint for Good Governance Self-Assessment Findings**
Responsible Executive:	**Chief Officer, Community**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to Highland Health and Social Care Committee for:

- Assurance

This report relates to a:

- Board Decision

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

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

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

2.2 Background

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

In addition to Governance Committee oversight, the Board Secretary will provide a formal six-monthly assurance report to the Board focussing on governance

improvements as identified in the Blueprint Improvement Plan. The first formal Board-level progress update is scheduled for the end of January 2024. Assurance rating will reflect delivery against agreed improvement actions.

2.3 Assessment

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

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

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

2.4 Proposed level of Assurance

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

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

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

3. Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

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

4 Recommendation

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

4.1 List of appendices

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

APPENDIX 1

DATE of MEETING	CLINICAL GOVERNANCE COMMITTEE & HHSCC				
	Exec Lead	**Operational Lead**	**Objective**	**Specific Action**	**Status Update - 15/09/2023**
HHSCC & Clinical Gov Cttees **1 and 2 Nov**	**Director of People & Culture, Medical Director, Chief Officer Community,**	Head of Comms and Engagement	Embedding patient and community representation and feedback within the performance framework and governance structure	Pilot increased publicity of Care Opinion Pilot in Community services and decision made on whether or not to expand Care Opinion to Community services. Report on learnings from pilots to HHSCC and CGC in November as part of Community Engagement reporting and capture Highland HSCP assessment of the Engagement Framework's progress as part of this.	Pilots going well with measurable increase in stories being received and responded to. New services seeking to join the pilot. Work ongoing between Strategy and Transformation and Communications and Engagement teams to embed engagement and feedback into planning and redesign protocols. HHSCC and CGC report being considered at November meetings. Highland 100 panel contact details being collated and first survey drafted.
HHSCC & Clinical Gov Cttees **6 and 7 March 2024**	**Nurse Director Medical Director**		Establish and agree a plan to implement a Quality Framework arising from recent work undertaken with Amanda Croft.	Establish a clear definition, understanding and organisational prioritisation of quality that is underpinned by patient and colleague experience, and National Guidelines.	**Louise Bussell - 15/09/2023** The outcome of the Quality review has been presented and discussed at the Area Clinical Forum and is due to be presented at the Area Medical Committee and the NMAHP Advisory Group as part of the development of a consensus on a Quality Framework.

HHSCC & Clinical Gov Cttees **6 and 7 March 2024**	**Nurse Director Medical Director**		Ensure that patient feedback is consistently collected, effectively shared, responded to and utilised across all areas of the Board.	Ensure systems and processes are developed to improve in the collection, reporting and use of patient experience feedback across the Board	**Louise Bussell - 15/09/2023** Exploring approaches being utilised internally and externally to put forward recommendations for establishing consistent patient feedback.

HIGHLAND HEALTH & SOCIAL CARE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval:

1. PURPOSE

1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

2. COMPOSITION

2.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Finance Lead, Medical Lead and Nurse Lead
3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)
Public/Patient Member Representative (2)
Carer Representative (1)
3rd Sector Representative (1)
Lead Doctor (GP)
Medical Practitioner (not a GP)
2 representatives from the Area Clinical Forum
Public Health representative
Highland Council Executive Chief Officer for Health and Social Care
Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

DRAFT

2.2 **Ex Officio**

Board Chair

2.3 **In Attendance:**

~~Deputy Director of Human Resources~~
~~Head of Occupational Health & Safety~~

The Committee Chair is appointed by the full Board.

3. QUORUM

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

4. MEETINGS

4.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

4.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

4.3 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

4.4 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.

4.5 The Agenda format for meetings will be as follows:

- Apologies
- Declaration of Interests
- Minutes
  - Last Meeting
  - Formal Sub Committees
  - Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management

Health Improvement

- Chief Officers Report

DRAFT

5. REMIT

5.1 The remit of the Highland Health and Social Care Committee is to:

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets
- Scrutinise performance of children and adult services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of the performance of the Highland Health and Social Care Partnership, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to the performance of services delegated by NHS Highland under the Lead Agency arrangements

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

DRAFT

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

7.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

7.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

DRAFT

Highland Health and Social Care Committee Work Plan 2023/2024

Date	30 August 2023	[Development Session 20 Sep]	1 November 2023	[Development Session 29 Nov]	17 January 2024	6 March 2024
Agenda Planning	July		13 September		22 November	29 January
Check-in meeting	15 August		18 October		5 January	21 February
Paper Deadline	18 August		20 October		12 January	23 February
Standing Items	Apologies & Declarations of Interest		Apologies & Declarations of Interest		Apologies & Declarations of Interest	Apologies & Declarations of Interest
	Matters Arising		Matters Arising		Matters Arising	Matters Arising
	Minutes of Last meeting		Minutes of Last meeting		Minutes of Last meeting	Minutes of Last meeting
	Finance		Finance		Finance	Finance
	Risk (Level 1 Risks)		Risk (Level 1 Risks)		Risk (Level 1 Risks)	Risk (Level 1 Risks)
	Performance & Delivery: IPQR Dashboard		Performance & Delivery: IPQR Dashboard		Performance & Delivery: IPQR Dashboard	Performance & Delivery: IPQR Dashboard
	Performance & Delivery: Chief Officer's Report		Performance & Delivery: Chief Officer's Report		Performance & Delivery: Chief Officer's Report	Performance & Delivery: Chief Officer's Report
	Health Improvement: District Reports		Health Improvement: District Reports		Health Improvement: District Reports	Health Improvement: District Reports
	Date of next meeting		Date of next meeting		Date of next meeting	Date of next meeting
Core Business	Primary Care Overview (DCO)	***IPQR review***	Engagement Framework Assurance Report (R Fry)	***Sustainability Issues***	SDS Strategy Assurance Report	Children and Young People Services Performance Report
			Care Governance Framework			
	Community Services Overview/District Reports (B Green)		Preparation for Winter (CO report)		Community Services Risk Register Assurance Report	Mental Health Services Assurance Report
	Winter Planning (CO)		Chief Social Worker/Adult Protection		Carers Strategy Update	Adult Social Care Fees and Charges 24/25
	Mental Health Strategy (Head of Service)		Technology Enhanced Care Overview (T Ligema)		Together We Care Implementation	
	Highland Alcohol and Drug Recovery Services Delivery (Head of Service)		Children and Young People Services mid-year review			
Governance matters	Workplan for 2023-24		Final Committee Annual report			Committee Annual Assurance Report 23/24
	Draft Committee Annual Report		Committee Terms of Reference Revision			Committee Workplan 24/25
	Committee Terms of Reference review					

Agenda Item 2.1

NHS Highland	

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**1 November 2023**
Title:	**Finance Report – Month 6 2023/2024**
Responsible Executive/Non-Executive:	**Pam Cremin, Chief Officer**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Annual Operation Plan

This report will align to the following NHSScotland quality ambition(s):

Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 6 2023/2024 (September 2023).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of

£68.672m; work is ongoing, within the Board and nationally to look at options and schemes to close this gap. Scottish Government provided additional funding and the Board is now looking to deliver a financial deficit of no more than £55.800m. This report summarises the position at Month 6, provides a forecast through to the end of the financial year and highlights the current and ongoing service pressures.

2.3 Assessment

For the period to end September 2023 (Month 6) an overspend of £7.521m is reported within the Health & Social Care Partnership. This overspend is forecast to increase to £15.135m by the end of the financial year..

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

It is only possible to give limited assurance at this time due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During this ongoing period of financial challenge the development of a robust recovery plan is required to increase the level of assurance – this is currently being developed at pace with oversight and support from Scottish Government in line with their “tailored support”.

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2023/2024 and beyond and are providing additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland is receiving dedicated tailored support to assist in response to the size of the financial challenge.

3.4 Risk Assessment/Management

There is a risk that NHS Highland will overspend on its 2023/2024 revenue budget by more than the current forecast of £55.975m with this risk replicated within the HHSCP. The forecast assumes slippage against the CIP of £11.771m – there is a risk associated with CIP delivery at this level. The forecast is also dependent on assumptions around funding and expenditure. The Board continues to look for opportunities both locally and nationally to bring the recurrent cost base down.

3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Efficiency Transformation Group
- Monthly financial reporting to Scottish Government

3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG
- NHS Highland Board meeting

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

No appendices accompany this report

Agenda Item 3.3

Meeting:	**Highland Health and Social Care Committee.**
Meeting date:	**1st November 2023**
Title:	**Delegated Child Health Services**
Responsible Executive/Non-Executive:	**Fiona Duncan, Executive Chief Officer Health and Social Care. The Highland Council**
Report Author:	**Ian Kyle, Head of Performance and Improvement. The Highland Council**

1 Purpose

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

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council are commissioned to deliver a number of child health services on behalf of NHS Highland. These services are delivered within the Lead Agency Model of integration, articulated within the partnership agreement with outcomes and performance measures outlined in the integrated children's service plan.

The committee is asked to consider the delivery of the delegated functions as part of the Lead Agency Model.

2.2 Background

Within the Health and Social Care Service there are around two hundred and fifty registered health professionals and an additional fifty-five early years and clinical support assistants working as integral to the whole system of support for Highland's children, young people and their families.

Health professionals provide early prevention and intervention support from pre-birth through midwifery and health visiting roles, targeted support for children, young people and their families through school nursing, learning disability nursing.

The service also provides the support to children young people and their families through the provision of allied health professionals (AHP's). These teams are made up of speech and language therapists, occupational therapists, physio therapists and dietitians. There are around sixty Full Time Equivalent (FTE) qualified AHP's in Child Health.

The delegated functions work to the outcomes framework within the Integrated Children's Service Plan, this framework includes

i. Working to the themes, prioritise and actions as outlined in the Integrated Children's Service Plan 2023-26
ii. A single outcomes framework based on the national outcomes framework for children's services, agreed across the partnership
iii. Integrated practice through the Highland Practice Model (Getting it Right). This process enables a single systems, pathway and plan to be in place to meet the needs of children, young people and their families
iv. Providing whole family support as part of locality based, integrated "family teams"
v. Operating within an integrated budget framework

Since 2020, the delegated functions within Child Health have refocussed in line with local and national drivers to better meet need and improve outcomes for Highland's families, and dovetail the approach across the whole system through providing:

1. Pre Birth and Early Years Universal Care
2. Targeted support and Intervention
3. Specialist support

2.3 Assessment

Pre-Birth and Early Years Universal Care

Midwives and universal healthcare practitioners work alongside Health Visitors, early support staff and the Midwifery Development Officer in Highland Council to support the delivery of pre-birth and early years care for all infants, young children and their families. These universal services are supported by a wider system of support including the Perinatal and Infant Mental Health Team, a Health Development Officer, public health dietetics and a Drug and Alcohol Midwifery Nurse.

Ensuring there is join from pre-birth to early days, the midwifery development officers focus on supporting the policy and practice join across the partnership. The health visiting role is delivered in part though the National Child Health Programme. This requires the offer of eleven developmental assessments including eight in the first year of life, for all children between birth and five years. Full delivery of this programme for Highland, with an average birth population of two thousand infants per year, involves the offer of twenty-two thousand developmental assessment visits. These assessments are delivered on a home visiting basis.

In addition to the child health programme, Health visitors in the role of named person, are responsible for co-ordinating all child's plans for children under the age of five years. This includes, as of October 2023, around five hundred multi agency plans for children with complex need across Highland.

Highland have made considerable progress in recruitment health visiting posts through the Highland Advanced Nurse Training Programme. The vacancy rate in 2019 was 34%, with a current rate in 2023 of 5%. This assertive approach to recruitment, development and support includes a mentorship and preceptorship programme. Attrition rates in advanced training programme are low and retention is stable across the discipline.

The early prevention support within Child Health dovetails with wider whole family, whole system support such as Perinatal and Infant Mental Health team, Infant Breast-Feeding Support Specialists and partnership drug and alcohol midwifes as well as with the partnership supports offered through 3rd sector orgs such as CALA.

Key pressure
As of October 2023, around 500 non statutory multi agency plans for children with complex need across Highland are led by health visitors across Highland. This has increased by around 100% since 2021. Wider system pressures such as increasing complexity of need and children's social work vacancies have

contributed to the current position. There is an impact to capacity to deliver early prevention Child Health Programme which is reflected in performance data on the NHS Child Health Dashboard and Integrated children's services performance management frame work.

Targeted support and intervention

School Nursing in Highland has undergone significant change over the last four years as part of the national Transforming Nursing Roles Programme.

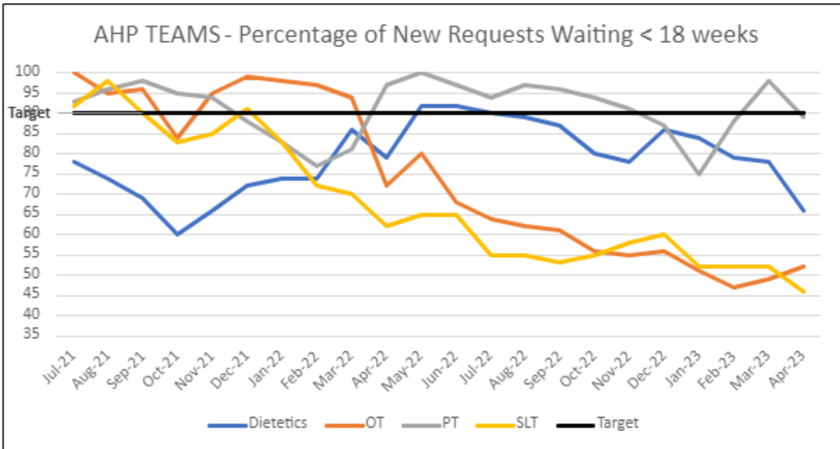
With a workforce of around thirty-six staff, supported by staff nurses and clinical support staff, they work as part of integrated community-based skill mix teams.

School Nursing teams provide targeted assessment, intervention and support to families affected by inequalities, at risk or in need of additional health support. They work as part of the whole system with their support dovetailing with services across NHS Highland, Social Work, Education, Child and Adolescent Mental Health Services (CAMHS), Primary mental health workers and the 3rd sector including the care and learning alliance.

Primary Mental Health Workers (PMHW) provide tier 2 mental health support as part of a delegated function within the integration scheme. PMHW work is undertaken predominantly within schools to provide early mental health support to children and young people.

Community Children's Learning Disability Nurses in Health and Social Care work as part of integrated health and disability teams. With 4 FTE nurses covering South and Mid, NHS Highland cover North and West area via a cradle to grave Learning Disability Nursing service.

There are around 60 FTE qualified Allied Health Professionals in Child Health and additional clinical support staff. The AHP teams all have had an increase in the numbers of requests for assistance being made in the post covid period. The number of children and young people waiting has increased for all services over the past year.



Key pressure

1. Families affected by disability were disproportionately impacted by the Covid pandemic. Since this time, there has been increasing complexity of need leading to longer episodes of care, increase waiting times and reducing capacity.

2. In 2019/20 there was increased pressure in Additional Support For Learning provision in schools. This has had an impact to the delivery of AHP services who generally work alongside school therapy partners to support children, young people and their families.

The AHP leads continue to progress Ready to Act (2015). Underpinning practice is an enablement and empowering model which supports families with additional and sometimes complex needs and disability. AHP leads are supporting the roll out of the training for trainers programme for the Solihull parenting programme in Highland to embed earlier family support across the wider partnership workforce. Changes to practice and whole system solutions are being sought through improvement projects with positive evaluation.

ALL OT WORKSHOPS MASTER 22.09.23 (2).

FINAL Sensory Processing Poster 29(

Intensive/Specialist Support

Intensive support is provided through the provision of specialist nursing staff, child protection advisors and the family nurse partnership. Community Children's Learning Disability Nurses work as part of integrated health and disability teams. The Family Nurse Partnership provides intensive family support to new and first-time parents under the age of 20 or 25 if they are care experienced. The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny and reporting.

Child Protection Advisors (Health) in Highland provide expert support, advice and guidance as part of a professional and practice governance and support framework to health and medical staff including health visitors, school nurses, AHPs, acute medical and health staff and General Practitioners .The role is integral to Highland's Child Protection wider system supports. Child Protection Advisors, are also accountable for co-ordinating, representing and analysing all information as part of the interagency tripartite which includes health, social work and Police Scotland. This forms part of the risk assessment and planning for children at risk of harm. (IRD process). There is a risk that in responding to national changes to Child Protection Guidance there will be significant additional pressure to the tripartite IRD process in Highland. To date performance around IRD contribution for health remains at 100%

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Actions are articulated within the body of this report

3 Impact Analysis

3.1 Quality/ Patient Care

Delegated functions within Child Health operate within a clinical and professional governance framework to ensure the delivery safe, quality and effective support for children, young people and their families. The framework of support, supervision and development is linked to the professional standards of care. Service risks through are mitigated by distributed ownership from team to senior leadership through risk and mitigation plans with clear routes of escalation to the Highland Council Clinical and Professional Governance Group, and onward escalation where necessary to the Health and Social Care Risk Register/The Highland Council Risk Register and NHS Highland.

The quality of patient care is evaluated in a number of ways including through robust evaluation of Child Plans, Near Me feedback and collated annual family feedback.

There is reduced capacity in the system and as evidenced within both local data and the recent Joint Strategic Needs Assessment (2023) which shows increasing and changing need. In order to successfully improve outcomes for families, the Child Health service takes a whole system, community based approach to care.

3.2 Workforce

Child Health functions are delivered as integral to both an integrated Health and Social Care directorate and within the Integrated Children's Service framework. Staff wellbeing is supported through a number of mechanisms which includes access to additional supports.

A number of fora continue to operate within Child health to ensure the voice of staff is heard, they feel connected to leadership and confident in the shared values and vision articulated within service planning and integrated children's service planning. This engagement includes fortnightly AskAnything sessions with senior leadership, (with around 30 – 40 staff per session), integrated service network days and child health development days.

In partnership with NHSH, The Health and Care Staffing (Scotland) Act 2019 has been implemented across nursing in Child Health. Work is continuing to ensure that AHPs will be aligned with the national directives with respect to the

Act and any implementation of the workforce tools will be progressed similarly for AHPs in Child Health.

3.3 Financial

Child health operates within an integrated budget system within the Health and Social Care directorate within The Highland Council.

3.4 Risk Assessment/Management

Escalated risks are:

1. AHP recruitment. There continue to be difficulty recruiting to paediatric AHP posts in Highland. Teams are under pressure, and this reflected in performance data. Assertive recruitment and rethinking ways to meet need are in progress as part of a mitigation plan.

2. NDAS is not a delegated function within the Integration scheme and as such NHSH are the lead agency in terms of accountability. A partnership whole system approach through the Getting it Right model is being sought to address the current pressures with the Integrated Children's Service Planning Board providing oversight to a specific piece of work around the Scottish Govt National Specification for ND (2021).

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- **Awareness** – For Members' information only.

NHS Highland

Meeting: Highland Health & Social Care Committee

Meeting date: 01 November 2023

Title: Chief Officer Assurance Report

Responsible Executive/Non-Executive: Pamela Cremin, Chief Officer

Report Author: Pamela Cremin, Chief Officer

1. Purpose

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

2. Major Redesign Programmes

Caithness Redesign

A general workshop was held in Caithness on 23 October.
Workforce plans are emerging and further stakeholder engagement has been taking place with general practice.

Skye

The final delivery group meeting based on Sir Richard Lewis report and recommendations was held and henceforth will move to a more district based one. The district team are coming together with regular weekly meetings to take the work forward.
A good recruitment group with community representation is in place, and vacancies are anticipated to be filled by the end of December.
Urgent care at Portree is currently working 4 days per week in line with the planned phased approach to implementation.

Lochaber
Continued support for the development of community services redesign programme and delivery of 2 further workshops (in addition to the two already undertaken); with a focus on discussion and engagement with acute services to ensure joined up planning and delivery.

3. Issues reported to and feedback from the Joint Monitoring Committee Meeting held on 27th September 2023.

- Highland HSCP Annual Performance Report – The Joint Monitoring Committee approved the Report which is now published.
- Highland Integrated Children's Services Plan Report – to be followed up by further work on Whole Family Approach.
- Highland HSCP Finance Report – the Joint Monitoring Committee noted the financial position at the end of Month 3 2023/2024. The pressures across the

partnership were noted, specifically our ability to deliver savings against the agreed cost avoidance plan for adult social care. After this discussion Chief Executives have arranged a financial workshop for NHS Highland and The Highland Council officers in December and to bring more information back to HHSCC and the JMC.

- Quality and Performance Challenges and Risks in the Delivery of Care in Highland Report - assurance was sought and provided that a joint risk register for the integrated organisations would be revisited once the Adult Strategic Plan was completed.

3. Joint Strategic Plan

An update on the progress on the Joint Strategic Plan was provided to the Joint Monitoring Committee.

The engagement on the draft Joint Strategic Plan has concluded on 30th September 2023. A thematic analysis of responses is being undertaken which will be considered by the Strategic Planning Group meeting which is due to be held on Monday 6th November. Thereafter the plan will be finalised and come back to HHSCC and JMC, then published. Ongoing engagement around the implementation of the plan is required and structures and processes and underpinning plans (implementation, workforce and finance) will be developed and put in place.
Key feedback from the Joint Monitoring Committee: it was important there was no disconnect with external partners, and attention was drawn to the importance of language being inclusive, and not only referring to the Council and the NHS. This will be taken back to the Strategic Planning Group accordingly.

4. Awards

I am delighted to share with the Committee the fabulous achievements of staff.

Scottish Mental Health Nursing Forum Awards

At the Scottish Mental Health Nursing Forum Awards ceremony on Friday 6th October in Edinburgh:

The **Custody Healthcare Team** won the Leading in Quality and Assurance trophy for the MATPACT project and the **Personality Disorder Service** received a highly commended award in the same category.

The Community Mental Health Nursing Category was won by t**he Highland Supporting Self Management Team** closely followed by the **Caithness DARS team** who achieved a highly commended.

This is a huge achievement that recognises the hard work, dedication and commitment from Mental Health Teams across all of Highland. Congratulations and thank you to the nominated teams.

Queens Nursing Institute Scotland Award

The Queens Nursing Institute Scotland Award is a very prestigious professional award. The selection process is rigorous, with very small numbers accepted, from thousands of entries.

We have 2 successful awards in the Highland HSCP:

Kerri-Ann Roberts, Acting Operational Lead in the Caithness and Sutherland Vaccination Team
and
Jonathan Davies, Associate Lead Nurse, Mental Health Services.

A formal awards ceremony will take place in due course.