	HHSCP Committee **28 April 2021**

HHSC Committee Report at 28 February (Month 11)

Report by: Elaine Ward

The Committee is asked to:
Consider the financial position of the HHSCP to Month 11 noting the underspend of £0.516m against a year to date budget of £347.481m.

- **NHS Highland financial position at Month 11 (February 2021)**

- At the end of Month 11 (February 2021) the overall financial position of NHS Highland is an underspend of £3.342m with a breakeven position forecast at financial year end.

- This position is dependent upon the management of recent unexpected ASC and other allocations received in month 10 and receipt of funding from Scottish Government in respect of the recognition payment recently paid to all staff.

- In addition Scottish Government have provided funding to cover the element previously identified as a brokerage requirement. This position allows all Boards within Scotland to be in financial balance at 31 March 2021.

Table 1 – NHS Highland Summary Income and Expenditure Report as at February 2021

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,027.897	**Total Funding**	885.602	885.602	-	1,027.897	-
	Expenditure					
389.740	HHSCP	354.197	352.192	2.005	386.442	3.298
219.318	Acute Services	200.117	201.082	(0.965)	219.933	(0.615)
193.612	Support Services	129.801	129.961	(0.161)	196.296	(2.684)
802.671	**Sub Total**	**684.114**	**683.235**	**0.879**	**802.671**	**-**
225.227	Argyll & Bute	201.489	199.025	2.463	225.227	-
1,027.897	**Total Expenditure**	**885.603**	**882.260**	**3.342**	**1,027.897**	**-**
	Surplus/(Deficit) Mth 11			**3.342**	**-**	**-**

- **Highland Health & Social Care Partnership financial position at Month 11 (February 2021)**

2.1 The February 2021 position reports a year to date underspend position of £0.516m with a forecast year end position of an underspend of £3.299m. This position will be managed via flexibility arrangements with Scottish Government to balance the overall

NHSH financial position at year end. The forecast year end position reflects additional funding received from Scottish Government in respect of the ASC funding gap rolled into the Covid-19 funding position. NHS Highland currently provide budgetary cover in respect of this gap.

- Across the Health and Social Care Partnership costs of £11.114m have been incurred to date with a forecast spend of £12.780m by the end of the financial year. These costs have been fully funded by Covid-19 funding allocations from Scottish Government.

- A breakdown across services is detailed in Table 2 with a breakdown across Health & Adult Social Care shown at Table 3.

Table 2 - HHSCP Financial Position at Month 11

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
209.644	NH Communities	190.354	188.245	2.109	206.463	3.181
40.406	Mental Health Services	36.706	36.173	0.533	40.096	0.310
5.320	ASC Other	4.725	4.448	0.277	5.014	0.306
134.370	Primary Care	122.412	123.326	(0.915)	134.869	(0.498)
389.740	**Total HHSCP**	**354.197**	**352.192**	**2.005**	**386.442**	**3.298**
	Costs held in Support Services					
6.987	**Covid Costs ASC**	**6.562**	**6.562**	-	**7.318**	(0.331)
5.462	**Covid Costs Health**	**4.552**	**4.552**	-	**5.462**	-
(1.248)	**PMO Workstreams (excl housekeeping)**	**(2.842)**	**(1.230)**	(1.612)	**(1.579)**	0.331
(16.345)	**ASC Income**	**(14.987)**	**(15.111)**	0.124	**(16.345)**	-
384.596	**Total HHSCP and ASC Income/Covid**	**347.481**	**346.965**	**0.516**	**377.084**	**3.299**

Table 3 - HHSCP Financial Position at Month 11 –split across Health & Adult Social Care

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
241.007	**Health**	**217.207**	**217.043**	**0.164**	**234.268**	**2.525**
143.590	**Social Care**	**130.275**	**129.922**	**0.353**	**142.816**	**0.774**
384.596	**Total HHSCP**	**347.481**	**346.965**	**0.516**	**377.084**	**3.299**

2.4 There is currently an underspend of £2.109m within North Highland Communities with this position forecast to move to an underspend of £3.181m by the end of the financial year. The main drivers behind this position continue to be slippage in recruitment and reductions in service costs such as travel and subsistence.

2.5 Mental Health Services are currently underspent by £0.533m with a year end underspend of £0.310m forecast. A year end overspend of £0.467m is forecast within Drug and Alcohol Services due to the ongoing situation for Police Custody Services. Forecast underspends of £0.410m within Learning Disabilities and £0.260m within Community Mental Health Teams balance the overall position, with these underspends being due to reduced day care services as a result of Covid and ongoing vacancies.

2.6 Within primary care a year to date overspend of £0.915m is reported with this position forecast to reduce to a £0.498m overspend by financial year end. Ongoing locum costs within 2C practices and the increased costs associated with prescribing Sertraline and an increase in script numbers in January drive the overspend position

within GMS (£0.345m year end overspend forecast) and GPS (£1.423m overspend forecast). An underspend within Dental Services (year end forecast of £0.935m) forecast with reduced services and delayed remobilisation contributing to this position.

- **Summary**

3.1 The January Covid funding allocation included a higher level of funding than anticipated in respect of ASC. Scottish Government have facilitated a flexible approach to utilising this funding across the 2020/21 & 2021/22 financial years enabling NHS Highland to deliver a balanced financial position at year end.

- There remains a gap between the costs of delivering ASC services and the funding received from Highland Council. Discussions between both parties and Scottish Government with respect to the funding position for 2021/22 have been productive with agreement reached on contributions from all parties. For 2020/21 Scottish Government have provided funding in respect of this gap via the Covid funding allocation.

- The reported position is based on a different set of circumstances from normal service provision and does not reflect business as usual delivery – it is expected that costs of service delivery will continue to be impacted at least in the early part of 2021/22.

- **Recommendations**

The Committee is asked to consider the financial position of the HHSCP to Month 11 noting the underspend of £0.516m against a year to date budget of £347.481 and a forecast full year underspend of £3.299m against a budget of £384.596m.

Elaine Ward
Deputy Director of Finance
7 April 2021

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 3 March 2021 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Ann Clark, Board Non-Executive Director - In the Chair
James Brander, Board Non-Executive Director
Deidre MacKay, Board Non-Executive Director Adam Palmer, Employee Director
Elaine Ward, Deputy Director of Finance
Louise Bussell, Chief Officer
Nicola Sinclair, Highland Council
Linda Munro, Highland Council

In Attendance:
Dr Tim Allison, Director of Public Health and Health Policy
Rhiannon Boydell, Mid Ross District Manager
Dr Neil Wright, GP Partner Craig Nevis Surgery
Fiona Davies, Interim Head of Mental Health
Gerard O'Brien, Non-Executive Member
Gill Brown, Quality Assurance Lead
Ian Thompson, Health & Social Care Manager
Simon Steer, Head of Adult Social Care
Tom Elrick, Project Manager
Tracy Ligema, Head of Community Services
Catriona Sinclair, Pharmacy Manager
Michelle Stevenson (Guest)
Alan Young (Guest)

Apologies:

Sara Sears
Philip Macrae
Cllr Isobel Campbell, Highland Council

AGENDA ITEMS

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and Action Plan from 2 December 2020**
- **COVID-19 Update**
- **Unscheduled Care Service Redesign**
- **Carers Strategy**
- **Chief Officer's Report**
- **Committee Annual work plan**
- **Committee Annual Report 2020/21**
- **Public Bodies Act 2014 Annual Performance Report 2019/20**

DATE OF NEXT MEETING

The next meeting will be held on Wednesday 28 April 2021 on MS Teams.

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting and welcomed Gerry O'Brien and informed the committee of his appointment as a Non-Executive Member who will join the HHSCC formally at the end of March 2021. She also informed the Committee that there are members of the public attending the meeting as well as possible lay representatives' candidates.

The Chair went on to inform the Committee of her participation in the Third Sector Awards and to reiterate her thanks to all the individuals and organisations who had supported communities across the Highlands in the past year.

Members were asked to consider whether they had any interest to declare concerning any item on the agenda for this meeting. There were no formal declarations of Interest made
The Chair acknowledged the COVID situation in Highland and spoke about the vaccination programme; she thanked staff and partners for all their hard work throughout this challenging period.

Apologies were received from Sara Sears and Philip Macrae.

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

Elaine Ward, Deputy Director of Finance, provided an update regarding the NHS Highland position as of Month 10 (January 2021). At the end of month 10, there has been an underspend of £3.058m with a slight overspend of £0.045m predicted for the year-end. Since the last report, there has been significant movement due to receiving what is expected to be the final allocation of COVID funding from the Scottish Government. She took members through the underlying financial data relating to the total funding received to date for this period.

E Ward spoke to the circulated report advising the financial position relating to the Highland Health and Social Care Partnership (HSCP) area. The position at the end of January was an underspend of £0.183m with a forecast year-end position of an underspend of £2.428m.
The forecast year-end position reflected additional funding received from the Scottish Government in respect of the ASC funding gap rolled into the Covid-19 funding position.
A Palmer asked if it is known about the overall effect of the gap and if it was known what funding will be received from the Scottish Government for the next financial year.

E Ward advised members of the initial allocation from the Scottish Government however a number of different allocations will be announced throughout the year. She identified a predicted funding gap of 11 million. Discussions continued with the Council to agree on how to address this gap. Action required will include savings to be achieved through transformation and efficiencies which will be overseen by the Joint Project Board established by NHS Highland and the Council.

The Chair acknowledged the efforts of staff in achieving a significant proportion of the savings target for 2020/21 despite the pandemic and highlighted NHSH is one of few boards that have managed to achieve any savings.

After discussion, the Committee:	
• **Noted** the M10 position for NHSH of a £3.058m underspend with a predicted year end overspend of £0.045m	
• **Noted** that there was a predicted underspend at year end for the Health and Social Care Partnership of £0.183	

- **Consider** the reported financial position.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 2 December 2020

There had been circulated draft Assurance Report from the meeting of the Committee held on 2 December 2020.

No comments were made.

The Committee
- **Approved** the Assurance Report.

3.2 Matters Arising from the Last Meeting

No comments were made.

The Committee Noted the position**.**

3.3 COVID-19 Overview Report

T Allison, Director of Public Health and Health Policy provided a presentation to members about the overall position regarding COVID-19 in Highland. He confirmed there was a rise in cases in January and believes this was due to the Christmas period and an influx of the new variant. Since then there has been a considerable fall and confirmed there are on average 10 – 15 cases a day.

Although cases remained significantly lower than around Scotland as a whole, cases were emerging around the Moray Firth and Invergordon areas. He confirmed there had been tragically more deaths in recent weeks in Highland including five outbreaks in care homes. In relation to testing, this has been a challenge in many areas particularly in areas out with Inverness. That said, NHSH has managed to increase the variety of COVID testing arrangements including innovative pilots with the Scottish Fire and Rescue Service.

Linda Munro, Highland Council, asked what the general feel was around Highland concerning the uptake of the vaccine. T Allison commented from a Highland perspective there has not been much variability of uptake. Amongst some Care Home staff, there has been reluctance however generally there is a mass enthusiasm to get vaccinated. A Palmer drew attention to the bespoke constructed mobile truck that can be used to do vaccinations. T Allison said the truck demonstrates the flexibility that is needed in the Highlands and can be used to vaccinate approximately 100 people in a day.

The Chair highlighted that there have been many challenges as a result of COVID and expressed increasing concern for those people in the community who have had day and respite services paused he asked when the organisation will be able to consider reopening such services. T Allison said the people that need the services are the people who are at more risk of COVID which meant mobilisation involved a difficult balancing act. After Easter, there would be a good case for remobilisation.

The Committee Noted the report.

3.4 Unscheduled Care Service Redesign

T Ligema, Head of Community Services, gave members a presentation and overview of the unscheduled care programme. The paper provided an update on the work to develop programme management of unscheduled care workstreams across NHS Highland. A key part of the delivery of unscheduled care is the implementation of the Redesigning Urgent Care Programme. The Scottish Government has requested a 2 – 3 years national review of adult urgent care. The Programme was rolled out in October 2020 with key outcomes being an overall reduction in people presenting to the Emergency Departments (ED) where care can be delivered in another way and effective management of the flow of people to other local board services.

T Ligema outlined Phase 1 in more detail highlighting the following elements of the redesign:

- Access to 24-hour care using 111
- NHS clinical Triage
- ED & Minor Injuries referred to Flow Navigation Centre (Scottish Government are seeking to manage self-presentation to Emergency Departments by providing an alternative pathway to get a consultation a different way)
- Care to be provided at home where possible
- National messaging through advertising and social media.

T Elrick, Project Manager, highlighted the three key focuses of the overall programme which are delayed discharges, enhancing community services, and the need for the hospital's flow systems to be more efficient.

Gerard O'Brien sought more information around self-presenters to ED who choose not to use the 111 services. T Ligema assured the committee self-presenters will not be turned away if they choose to self-present to ED, however, patients will be discouraged and advised there is an alternative pathway. She pointed out this will always happen and explained it is about better managing that flow and how the information is communicated to the public about this process. L Munro disputed the process and asked for assurance around patients who may be refused admittance to ED or another service due to not following the process in place. T Ligema assured the committee this would not be the case and alternative processes will be in place to support this and no one will be excluded in any services.

During the discussion, Dr. Neil Wright, GP Partner Craig Nevis Surgery assured the committee from a GP perspective they would review each case appropriately. He welcomes the proposal however feels data collecting and auditing will give a better indication if this is going to work.

The Committee is asked to Consider and Comment on the update	

3.5 Carers Strategy

I Thomson, Health & Social Care Manager, introduced the papers and gave members an overview of the Carers Strategy. The carer's strategy is a statutory duty and is part of the Carers Implementation Act. He told members there has been a lot of communication with carers as well as an online survey of carers which generated 150 responses.

He emphasised that the draft Strategy itself attempts to be straightforward and understandable with the main contents comprising of four elements:

- A Local Pathway that outlines the ways that carers can expect to receive support
- An Outcomes Triangle – a visual representation that shows how the 'High-Level Outcomes' identified for carers can be delivered via Improvement objectives. It seeks to ensure that future services are developed reflecting what carers have told us they need and want to maintain their health and well

being, and continue to manage effectively in their unpaid caring role.
- An Implementation Plan - a detailed work plan outlines the activities necessary along with planned timescales to deliver our improvement objectives and service delivery outcomes.
- The Service Delivery Outcome Indicators - a set of assurance indicators to help us determine whether the Service Delivery Outcomes are being met.

L Munro feels the strategy needs to have more emphasis on recognising the work, distress, and trauma carers have faced and will continue to face. G O'Brien echoed this discussion and feels that the report focuses on what the issues have been and not what they will be. He pointed out this is an Adults Carer Strategy and feels there needs to be a young person's strategy as there is a significant impact on younger people who are undertaking carers responsibilities, he would like to see a date in place to when to expect the strategy. I Thomson assured the committee comments will be taken back to the Cares Improvement Group and confirmed the Young Carers Strategy project is being led by the Highland Council.

The Committee:
- **Approv**ed the Carers Strategy
- **Noted** the progress being made towards completion of the Carers Programme

3.6 Chief Officer's Assurance Report

Louise Bussell, Chief Officer spoke to the circulated report which provided an overview of Operational activity across North Highland, highlighting areas of focus for improvement as well as areas of further opportunity. Updates were provided in relation to:

- Adult social care restructure
- Partnership agreement and integration scheme
- The join transformation programme board
- Care home challenges
- Self-Directed support
- Remobilisation of day-care services and respite care
- Primary care modernisation
- Enhanced community services

During the discussion, L Munro asked about the reviews that are ongoing throughout the Care Homes and asked about the pressures that are being put on the Social Work teams and other services. L Bussell acknowledged the pressures and confirmed there will be extra staffing resources. Additional staff with social work and nursing backgrounds will be recruited.

D Mackay sought an update on what work has taken place in terms of new practices for Day Care Services and Respite Care. L Bussell said there have been many alternative services in place however particularly drew attention to digital services. She discussed the benefits of digital technology for learning disability services in particular. The Chair requested that progress with redesign of learning disability services be reported to a future meeting.

The Committee noted the report and agreed that progress on redesign of learning disability services should be the subject of a future update to the Committee.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Workplan

The Chair presented the report and outlined the draft work plan of the Highland Health and Social Care Committee over the coming year. She advised members the aim is to structure the agenda around key themes that relate to the main areas of operation of the Health and Social Care Partnership. The plan will be reviewed throughout the year and adjusted according to any new priorities.

The Committee approved the work plan

5.2 Committee Annual Report

The Chair advised that the Annual Report of the Highland Health and Social Care will be provided to the NHS Highland Audit Committee for inclusion in the Annual Accounts. and is presented to the Committee for approval.

The Committee Approved the Annual Report

5.3 Public Bodies Act 2014 Annual Performance Report 2019/20

L Bussell advised that due to the pandemic the requirement to publish Annual Performance Reports of the performance of the Health and Social Care Partnership had been paused.

The Committee noted the report

5.4 2021 Meeting Schedule

Members approved the following meeting dates for 2021:

28 April
30 June
1 September
3 November

The Committee approved the 2021 meeting schedule

6 AOCB

No other business was discussed.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on 28 April 2021 in the Board Room, Assynt House, Inverness, and on a virtual basis.

The Meeting closed at 4.20 pm

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN

Highland Health and Social Care Committee Planner to 1 April to 31 March 2022

Standing Items for every HHSC Committee meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Performance and Service Delivery
- Health Improvement
- Committee Function and Administration
- Date of next meeting

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN	
APRIL 2021	
• COVID Report	
• Care Home Oversight	
• Social Work within NHS Highland	
• Adult Social Care Contract Monitoring Report	
• Adult Social Care Fees and Charges	
JUNE 2021	
• COVID Report	**Cathy Steer**
• Community Services	
• NHS Highland Operational Plan	
• Self-Directed Support Strategy	

• Community Planning	
SEPTEMBER 2021	
• Highland Health and Social Care Committee Annual Terms of Reference Review	
• Highland Alcohol and Drugs Partnership Annual Report	
• Public Bodies Act Annual Performance Report	
• Risk Register	
• Social Mitigation Plan	
NOVEMBER 2021	
• Primary Care Improvement Plan	
• Winter Plan	
• Third Sector Funding Review	
JANUARY 2022	
• Mental Health Services	
• MH Strategy	
• Learning Disability Redesign/Strategy	
• NHS Highland Strategic Plan	
MARCH 2022	
• Annual Assurance Report and Committee Self-Assessment	

• Carers Strategy	
• Risk Register	

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**28 April 2021**
Title:	**Care Home Assurance Update**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer**
Report Author:	**Simon Steer, Director of Adult Social Care**

- **Purpose**

To provide assurance on care home related issues in north Highland.

- **Background**

A comprehensive update on care home activity was provided to the previous Health and Social Care Committee meeting on 3 March 2021. This previous report covered the following areas:

- Overview and status update
- Care home support and engagement
- Care home governance
- Covid response team (mutual aid)
- Further additional support (quality assurance visits and individual reviews)
- Supplier relief

This further report focuses on the following areas:

- Status update
- Care Home Oversight Board
- Provider Sustainability
- Adult Support and Protection and Supported Improvement in Registered Care Homes

- **Status Update**

The previous report to the Health and Social Care Committee provided an overview of the significant demands on and challenges faced by, care home providers,

managers and staff and provided a status update on the outbreaks that have occurred in the north Highland area.

The previous report also noted that there had been a significant increase in the number of care homes closed to new admissions by Public Health due to individual/small numbers of staff positives arising from weekly PCR or now PCR and LFD testing and that, at the time of reporting in March, there were in the region of 10 care homes in Highland with this closed to admissions status. There is an improved position, with currently (13 March 2021) one care homes currently closed to admissions due to Covid-19 issues.

- **Care Homes Oversight Board**

A **Care Home Oversight Board** was established in NHS Highland, following a requirement from the Cabinet Secretary for Health and Sport on 17 May 2020, for enhanced clinical and care oversight of care homes, and for this oversight to involve the Board Nurse Director, Chief Officer, Director Public Health, Director of Adult Social Care, and Chief Social Work Officer.

This group, Co-Chaired by the Chief Officers of the north Highland and Argyll and Bute Social Care Partnerships, has been meeting on a weekly basis and receives assurance reports on care home issues and activity. Further, this group also provides direction on escalated matters and any particular issues flagged by the daily safety huddle, and oversees the implementation of any guidance or requirements of the Scottish Government covering this area of activity. Examples of areas of guidance implementation oversight include indoor visiting, quality assurance visits and individual reviews.

Specifically, the reporting to this group includes the following:

- RAG status (whether there are any care homes on “red” or “amber” status) and actions taken
- Public Health closure status
- Bed capacity
- TURAS compliance (completion of daily TURAS portal by all care homes)
- Care Inspectorate gradings
- New Scottish Government guidance/requirements and update on implementation
- Mutual aid deployment
- Risks
- Escalations

A further important area that the Oversight Board considers is the characteristics and dynamics of factors which may impact on the provider base.

This **Care Home Oversight Board** was established alongside the **Daily Clinical**

and Care Huddle, to consider all care homes within NHS Highland on a daily basis, and to agree any supports, inputs or mutual aid that may be required.

Following further guidance from the Scottish Government in January and March 2021, the frequency of the Oversight Board has been adjusted to fortnightly and the role and remit of this group is under review, with the intention that it will be revised to also include care at home assurance. Arrangements remain in place for more timeous escalation to, or direction from, this group, if required.

It is therefore confirmed that there are robust and continuing arrangements in place to oversee the delivery of, and to support where required, care home services in north Highland.

Further, it is **proposed** to provide a further update report to this committee, in six months time.

- **Provider Sustainability**

As highlighted to committee previously, provider sustainability is a programme initiated by the Scottish Government (SG) in recognition of the significant pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. NHS Highland has, to date, paid £2.77m to care providers who have had their claims approved.

NHS Highland has in place an application process to administer all applications as per SG guidance. Payments have been made to providers who have submitted claims for financial assistance due to additional Covid-19 costs which covered staffing, PPE, IT, equipment and loss of income, empty beds/care home voids.

In line with SG guidance, NHS Highland has also initiated a series of supportive measures for providers to ease any cash flow concerns and service delivery disruption and to provide continued financial support during Covid-19. To support this area, a comprehensive suite of FAQs have been provided and 1:1 meetings held where requested. At the time of writing this report, 10 FAQs have been issued since March 2020, the latest being issued on the 29 March 2021.

In line with SG guidance, processes are in place to extend existing sustainability support measures until the 30 June 2021 and this remains a priority for NHS Highland.

- **Adult Support and Protection and Supported Improvement in Registered Care Homes**

Under the Adult Support and Protection (Scotland) Act 2007 there is a duty for Local Authorities (delegated to NHSH) to undertake Large Scale Investigation in group living services if an adult may be at risk of harm as defined by the Act:

- Is unable to safeguard his/ her own wellbeing, property, rights or other interests
- Is at risk of harm

- Because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

A Large Scale Investigation may be required "*where an adult who is resident of a care home...has been referred to as at risk of harm and where investigation indicates that the risk of harm could be due to another resident, a member of staff or some failing or deficit in the management regime, or environment of the establishment or service"*.

Since April 2020 there have been 9 registered Care Homes considered for LSI, with the current status as noted:

- 1 remains ongoing from April last year having transferred ownership to NHSH in November 2020.

- 4 did not progress to LSI but a supported improvement plan was put in place with enhanced support from the Commissioning, Contracts and Compliance Team.

- 4 did progress to LSI all lasting between 3 to 4 months. The LSI process has now concluded and a supported improvement plan with enhanced support from the commissioning, contracts and compliance team continues.

- **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.

Executive Directors Group – Date TBC

Confirmation received from EDG – Date TBC

- **Recommendation**

- **Awareness** – For Members' information only and to **note** a further update on care home assurance in six months time.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**28 April 2021**
Title:	**Social Work in Highland**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer**
Report Author:	**Donellen Mackenzie, Depute Director of Adult Social Care on behalf of Simon Steer, Director of Adult Social Care**

- **Purpose**

This report aims to provide members with a comprehensive breakdown of the current situation with respect to Adult Social Work and Social Care in Highland: highlighting our current position, challenges and future improvement activity.

- **Background**

Since Integration in April 2012 when the Highland Health and Social Care Partnership was established, NHS (North) Highland has had Lead Agency responsibility for the delivery of Adult Social Care Services on behalf of The Highland Council.

The Lead Agency model, whilst having taken some time to develop and embed in the early years, has undoubtedly delivered on some of the anticipated benefits such as, for example:

- improved partnership working between respective disciplines resulting in better communication and streamlining of service provision;
- clarity and improved understanding of respective professional roles and responsibilities leading to improved outcomes for people with lived experience and their unpaid carers;
- strengthened interface with primary care;
- single point of access for community services thereby making referral for support easier and more streamlined;

- enhanced supports to care homes from a range of health professionals working alongside colleagues in adult social care, and,
- as a result of strengthened partnership working at local level, more timely interventions to support people to live in their own homes and communities for as long as possible.

Nine years on from integration however, not all anticipated benefits have been delivered or aspirations realised. There remains some disparity between the intent of the legislative framework which governs adult social care and the lived experience of many people who require support and their unpaid carers. This can result in local variation and interpretation, with some people reporting very positively on their experiences of assessment and accessing appropriate levels of support, others less so. As documented in the Independent Review of Adult Social Care, (D Feeley, February 2021), whilst many positive strides have been made, the story of adult social care in Scotland is one of “unrealised potential”.

The social work profession promotes social change, problem-solving in human relationships and the empowerment of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to the social work profession and effective social work practice.

The social work role is multifaceted with a broad range and complexity of duties and responsibilities conferred under a suite of legislation to ensure safe and effective practice. The legal framework is complex and effective social work practice requires a range of professional skills, in particular the ability to make and contribute to holistic, often multi-agency, assessments. It also requires co-operation and close working relationships between social workers, people with lived experience, unpaid carers, providers of care in the private and third sectors and other professionals – in health, education, housing, employment and justice services. The ability to draw together a diverse range of opinions, develop and agree solutions that both promote the well-being of an individual and manage the risk to an individual and/or the public, particularly where risks and needs are complex, is a key skill of the social worker.

Promotion of health and well-being is important as well as the provision of care and support. It is essential that an appropriate balance is struck between managing risk and encouraging self-determination. Local authorities have a statutory responsibility (conferred to NHS Highland for adult services through the Integration Scheme) to promote social welfare. In protecting and promoting the welfare and well-being of adults, statutory powers may be exercised to address very serious, complex issues. The social work role requires balancing competing needs, risks and rights with professional decision-making underpinned by statute.

The Social Work (Scotland) Act 1968 remains a core statute along with other key legislation including the Human Rights Act 1998; Adults with Incapacity (Scotland) Act 2000; Regulation of Care (Scotland) Act 2001; Mental Health (Care and Treatment) (Scotland) Act 2002; Adult Support and Protection (Scotland) Act 2007; Equality Act 2010; Social Care (Self-Directed Support) (Scotland) Act 2013; Public

Bodies (Joint Working) (Scotland) Act 2014 and the Carers (Scotland) Act 2016.

Whilst there is evidence of much good practice and positive initiatives, in keeping with the rest of Scotland, perhaps one of the unintended consequences of integration has been the dilution and marginalisation of social work as a profession and, at a broader level, adult social care. This is recognised by Feeley who states:

> "Understanding of the role of social care starts from its visibility within an integrated health and social care landscape, including ensuring the social care voice is present and heard within IJBs"

One of a number of challenges within adult services since integration, and again one mirrored nationally, has been a major focus on supporting acute services and patient flow, often to the detriment of broader, less well understood statutory duties and responsibilities to promote and address social justice and social welfare issues. Whilst integration has had many advantages in terms of improved partnership working with health partners, it appears that previously strong working relationships with housing, education and employment services have suffered as a direct result. This is a situation that requires to be addressed.

At a local level, concerns about lack of visibility, dilution of the social work profession and consequent impact on professional standards and practice were primary drivers which led to the strengthening of the Adult Social Care Leadership Team.

- **Coping with COVID-19**

The pandemic has had a considerable impact on people with lived experience, unpaid carers, both residents and staff in care homes, social work practitioners and the wider adult social care staff group and services, including in-house, private and third sector providers. The longer the lockdown has lasted, the greater the impact has been.

Lockdown restrictions led to the immediate closure of building based day and residential respite services in March of last year. Assurance work is currently underway with day care providers with a plan for phased reopening of services, albeit at reduced capacity, beginning from this month (April 2021). There is no such plan for the majority of residential respite services as that provision in NHS Highland is largely commissioned within care home settings and the Scottish Government, through their remobilisation route map, has not yet given approval for reopening of such service provision. There is also likely to be a public confidence issue for many users of previous services as we safely reopen such services in a post pandemic world, and it may well be that some elements of the services we offer are redesigned to meet future demands.

Measures implemented to mitigate the impact of closure of buildings based day and respite services included outreach service provision to people in their own homes, increased use of technology to provide support and run virtual group activities, daily and weekly huddles with services providers and daily telephone support.

Due to lockdown restrictions and advice from Scottish Government, social work colleagues were unable to visit people within their own homes, including care homes, unless risk of harm was identified and assessment and further investigation in relation to adult protection was required. The use of enabling technology was maximised in the assessment and review process to enable virtual meetings to be held and some very positive lessons have been learnt regarding future opportunities to adopt a more blended approach going forward.

Further COVID19 measures adopted in NHS Highland included the introduction of partial assessments for a period from April – November last year following implementation of Sections 16 and 17 of the Coronavirus Act 2020, the purpose of which was to provide greater flexibility, enable appropriate targeting of resources and to ensure people received support promptly. Following the suspension of this particular element of the legislation at the end of November last year, practice reverted to the requirement for full assessments with a need to revisit all partial assessments undertaken in the preceding 8 months to ensure completion of a full assessment.

Section 13Za of the Social Work (Scotland) Act 1968 permits local authorities to provide services to adults who are deemed to lack capacity without the requirement to seek formal powers under the Adults with Incapacity Act. In the early days of the pandemic, at a time when being delayed in hospital was considered to pose a serious risk to life due to the perceived heightened risk of contracting Coronavirus within such a setting, NHS (North) Highland, working in partnership with colleagues in The Highland Council, developed a Standard Operating Procedure (SOP) to enable the discharge of patients who were deemed to lack capacity but where Section 13Za did not apply. There was a total of 6 people discharged from hospital to care homes where the SOP was enacted between March and August 2020.

The practice and legal authority supporting the discharge of patients from hospital to care homes during the period between 1 March and 31 May 2020 throughout Scotland is subject to an independent review by the Mental Welfare Commission. It is expected that their report will be published in May this year.

Whilst investigation and practice in relation to adult protection concerns remained unchanged, technology was embraced as a means of holding multi-agency meetings which was not always without its challenges. During the past year, Highland has noted an increase in concerns received in respect of emotional and/or psychological harm. In addition to Large Scale Investigation activity (an update of which is contained within a separate report to this committee), there was also a significant increase in individual adult protection investigations. In the full reporting period 2019–20, 127 investigations (from 525 referrals) were recorded. From April 20 to January 21 *alone*, 158 investigations (from 468 referrals) were recorded.

As members will be aware, the COVID19 pandemic had a particularly devastating impact on residents and staff within care homes, with outbreaks in a total of 6 care homes within NHS (North) Highland which, very sadly, resulted in the deaths of 62 residents.

The COVID Response Team (CRT) was created in April 2020 prior to a requirement by the Scottish Government to have such additional Covid19 support measures in place. The intention of this new resource was to provide mutual aid to care home services facing challenges as a result of the pandemic. A rapid recruitment process resulted in a team of 17 members ready to be deployed from 30th April 2020. The first deployment to an independent care home provider was on the 1st May 2020.

The CRT has for the past 12 months continued to be deployed in various settings responding to an outbreak or to services experiencing staffing reductions because of the pandemic. To date, the team have supported care home services, care at home services, carer support and have also been mobilised in hospital settings. The necessary deployment of the response team is often at short notice and covers NHS (North) Highland. Currently requests to support services directly due to COVID19 related issues are thankfully reducing. The team composition also now includes nursing staff who joined the team in March 2021.

Learning and development is a key element in supporting the team to be able to deliver services safely and with the knowledge and skills to promote positive experiences for supported people. Given the nature of the team, emphasis has been placed on enhanced input in relation to infection prevention and control practices.

The team covers a 24 hour rota and each 24 hour period is also supported by either a team leader or team manager. At the end of each shift team members are contacted for a debrief. This is an important part of the approach and ensures the manager is appraised of all feedback, training and supportive measure requirements.

Feedback on the support offered by the team and the skill and sensitivity with which it has been delivered has been generally extremely positive. There were however also some challenges, particularly in the early days of deployment of the team, which was valuable learning and informed team development and support going forward. In addition to feedback from service providers, the Care Inspectorate have also reported on the difference the support from the team has made to residents, staff and management within care homes impacted by COVID19.

The requirement of the Scottish Government to have this resource available to respond as originally intended remains. At the time of writing the response team has provided in excess of 30,000 hours of direct support to services, the majority of which have been support to care homes impacted by COVID19. Discussions are currently underway regarding the future of the team and possible future role and remit will be addressed later in this report when the requirements of the Feeley Review are considered.

Colleagues, particularly frontline adult social care staff who have been deployed at the forefront of the pandemic, working in very high risk environments, have demonstrated true dedication, compassion and professionalism. The impact of the past year on staff and managers, both in house and independent service providers, cannot be overstated and attention is now being given to ensuring appropriate

additional support measures are in place.

The COVID19 pandemic brought the lack of visibility, awareness and recognition of the crucial importance of adult social care to the fore. The Scottish Government have now acknowledged that they did not understand well enough the needs of the wider social care sector during the pandemic and have announced their intention to hold a public inquiry into the deaths in care homes in Scotland.

- **Strengthening Professional Leadership**

As referenced earlier, concerns about lack of visibility within NHS Highland, dilution of the social work profession and consequent impact on professional standards and safe, effective practice were key drivers in determining the requirement for a strengthened Adult Social Care leadership management team and structure.

Specific concerns included:

- Adult Protection practice as highlighted in an external inspection report (2018);
- staff compliance with external regulatory requirements;
- lack of understanding and therefore compliance with key legislative duties and requirements;
- the need to ensure implementation of the Carers Act and for a strengthened approach in support to unpaid carers;
- the need for the development of a Self-Directed Support (SDS) Strategy and a suite of actions and activity to ensure implementation and desired cultural and practice changes;
- the need for improved strategic planning to inform future commissioning intentions and approaches, and;
- the recognised need for a range of updated and more robust practice guidance.

Directorate Structure

The updated Adult Social Care Leadership structure referred to earlier in this report is appended for information (Appendix A).

This strengthened structure importantly enables progression of the development and implementation of strategies, policies and procedures, including self-directed support, adult protection, carers, supervision and registration compliance. Strengthened professional leadership also affords greater focus and improvements in practice standards, the provision of professional advice and guidance to operational colleagues and the raising of awareness within the Health and Social Care Partnership of the complexities, responsibilities and duties of the social work role. The benefits of greater connectivity with operational colleagues are already evident.

Additionally, with the publication of the Independent Review and the development of Self-Directed Support National Standards, the strengthened Adult Social Care Leadership Team provides us with significant opportunity to progress early implementation of a number of recommendations, some of which we have already initiated and is work that fits well with the stated direction of travel.

- **Practice Governance**

The Role of the Chief Social Work Officer

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968. The CSWO in Highland remains an employee of The Highland Council.

The overall objective of the CSWO post is to ensure the provision of effective, professional advice to local authorities – elected members and officers – in the authorities' provision of social work services and in the discharge of statutory social work duties. In the lead agency model, this also includes Directors and officers of NHS Highland.

The scope of the role relates to all social work and social care services, whether provided directly by NHS Highland (on behalf of the local authority) or in partnership with other agencies. Where services are purchased on behalf of the authority, the CSWO has a responsibility to advise on the specification, quality and standards of service commissioned.

Included within the responsibilities of the CSWO is the requirement to promote values and standards of professional practice; ensure that all social services workers meet the requirements of the Scottish Social Services Council Code of Practice and that all registered workers meet the requirements of their regulatory body; ensure that only registered social workers undertake those functions reserved in legislation; ensure that there are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, actively promote continuous improvement, raising standards and evidence-informed good practice; ensure appropriate advice is provided on corporate workforce planning and quality assurance and ensure that appropriate systems are in place both to promote good practice and to identify and address weak and poor practice.

As Executive Chief Officer of Highland Council (ECO), the CSWO also has a role in overseeing the Integration Scheme and in monitoring activity, performance and outcomes. There is however an important differentiation between these two roles which it is important remain separate and distinct.

Current Clinical Governance arrangements which include the Area Clinical Forum, the Clinical Response Group and the Clinical Governance Committee do not meet the governance requirements of adult social care. It is now recognised that governance of social care services within NHS (North) Highland has not been sufficient and work is underway to address that and to ensure a revised and more robust governance structure is established.

- **Adult Social Care into the Future**

As referenced at last meeting of this Committee, the Independent Review of Adult Social Care published its report in early February 2021. The review was commissioned by the Scottish Government and was independently chaired by

Derek Feeley who was supported by an Expert Panel.

Between September and December 2020, the review team met with and listened to the views of over a 1000 people, including many unpaid carers, as well as supported people and members of the social care workforce. This evidence formed the basis for the 53 recommendations in the final report (Adult social care: independent review - HYPERLINK "https://www.gov.scot/publications/independent-review-adult-social-care-scotland/"gov.scot).

The review sets out a bold and ambitious vision that if fully implemented has the potential to transform the lives of people with social care needs, unpaid carers and the wider adult social care sector. The review has received widespread political and public support but it needs government backing in order for its vision to be translated into reality. Whatever the outcome of the national elections in May, it is highly likely that implementation of the review recommendations will form part of the programme for government in the next election term. Whether this will include all of the recommendations and the full costs for implementation remains to be seen.

The review defines the purpose and vision of social care as:

> 'Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity".

The Report has identified **three key areas** that must change to improve outcomes for people using social care and their unpaid carers.

- The language that is used must change if people are to view social care as a positive investment in people with support needs and unpaid carers. The report highlights how we must change the way we talk and think about social care. This includes focusing on people's rights and capabilities, rather than on what they can't do and what their needs are. It is also about understanding that social care is not about services but about supporting people to live independently.

- The need to strengthen the foundations by building on what we already have and the many strengths of the Scottish system of social care support. The review identifies that Scotland has some ground-breaking legislation, including The Carers Act and Self-Directed Support legislation. But such legislation hasn't been fully implemented and there is a need to make sure this happens. It identifies a second foundation that requires nurturing and strengthening to be that of the social care workforce. It highlights the need to value and strengthen the social care workforce and recognise and support unpaid carers, who are described in the report as 'the cornerstone of social care support'.

- The scale of change needed cannot happen without redesigning the system.

Important areas addressed within the report include:

- Purpose of social care and adopting a human rights approach;

- Access, eligibility and assessment
- Unpaid carers
- National Care Service
- A new approach to improving outcomes
- Models of care
- Commissioning for Public Good
- Fair Work
- Finance

A human rights based approach: Underpinned by Human Rights legislation, the report describes how adult social care should develop to further meet the needs of people in a way that is collaborative, is based on meaningful conversations with emphasis on support delivery where, when and how people want it. It recommends a move away from protracted and repeated assessments to a more efficient asset based approach.

The review stresses the need to move away from **eligibility criteria**, where many people have to be in critical need or at crisis point to receive support. Instead it asserts there needs to be a focus on people planning the support they need, when they feel they need it, in order to live their lives well. Everyone should understand their rights and there should be no barriers to them accessing them. Where they need advocacy support or brokerage this should be available and where the system fails they should have rapid access to an effective complaints system with the ability to put things right. Local community based support must be encouraged, supported and funded and instead of assessments, people should have good conversations where they are in the driving seat, leading to choice and control over the support they receive.

Unpaid Carers: The review acknowledges the role of unpaid carers throughout and also includes a chapter specifically on support for carers. It recognises unpaid carers as the largest group of care providers in Scotland, greater than the health and social care workforce combined and it acknowledges that they must be viewed as equal partners in the provision of care. It sets out a number of recommendations for improving support for unpaid carers.

A National Care Service for Scotland: One of the most radical changes recommended by the review is the development of a National Care Service (NCS). This would operate as a new body to oversee social care, similar to how the National Health Service oversees health, enabling social care to have a more equal footing with health care. As part of this proposed new structure responsibilities would shift from local authorities to national government, with a new Minister being appointed to oversee social care. It proposes that Local Integration Authorities would also have more powers and would be directly funded by national government, rather than receiving their funding from local authorities and Health Boards as they do at the moment. The role of the NCS would include:

- Overseeing commissioning and procurement, which is how local authorities currently develop some social care services. The review recommends that the NCS should set national standards while Integration Authorities should be responsible for commissioning and procurement at a local level, as well as being

responsible for GP contracts;
- The NCS would lead on workforce development, including improvement programmes to raise standards;
- For people whose needs are highly complex, their social care provision would be overseen by the NCS;
- The NCS and NHS would both develop a set of joint outcome measures, which would set the standards for health and social care;
- The Care Inspectorate and Scottish Social Services Council would to be part of the NCS, allowing the NCS to play a role in the inspection of services and the regulation of the social care workforce;
- The NCS would address gaps in social care in relation to workforce planning, data and research, IT and service planning.

A new approach to improving outcomes: The review sets out a new approach to improving outcomes by enabling people to have more choice and control. It highlights a gap between legislative intent and lived experience in many cases. This includes self-directed support, which has not been implemented consistently across Scotland, leading to patchy service provision and the ambitions of self-directed support falling far short of their original intentions. The review calls for the experience and implementation of self-directed support to be improved by going back to the original principles of putting people's needs, rights and preferences at the heart of decision making. It also sets out a recommendation to improve the quality of care in care homes.

Models of Care: The review sets out ways in which we need to build on the good models of care already being delivered, including:

- The need to reduce the use of institutional and residential care. Rather than support being delivered through institutional care people should be supported in their own homes and communities. This includes models such as extra-care housing and shared lives, as well as providing early support to enable people to stay in their own homes;
- Making better use of adaptations and technology;
- Ensuring that people who use services and unpaid carers are at the heart of all social care support by involving them better and earlier;
- Building on community supports;
- Better partnership working across traditional boundaries of health, social care support and other services such as housing.

Commissioning for public good: The review recognises that the current system for commissioning and procuring services acts as a barrier rather than a support to the development of quality, accessible social care services and therefore needs a radical overhaul. It highlights that procurement methodology and practices have increasingly driven and occasionally undermined commissioning decisions where price and competitive market environment, characterised by competitive tendering between providers, dominates. The review recommends a more collaborative approach to commissioning, involving people who use social care services, carers and communities in the design, development and monitoring of services. It further suggests exploring the idea of pressing the pause button on all current procurement until new ways of working are established.

Fair work and the workforce: The review sets out the need to improve the pay, conditions and experience of the social care workforce. It draws heavily on the Fair Work Convention report "Fair Work in Scotland's Social Care Sector". It suggests that the recommendations from the Fair Work Convention should be fully implemented, and that national minimum terms and conditions as a key component for commissioning and procurement by Integration Joint Boards should be put in place. It also suggests that, in partnership with the Independent Living Movement, the recommendations in the review should be extended to include Personal Assistants, as well as staff in the public, third and independent sectors.

Integration Authorities: The review recommends that Integration Authorities, created under the Public Bodies (Joint Working) (Scotland) Act 2014, should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities should no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed Integration Joint Boards. The review recommends one model of integration, the Integration Joint Board, should be used throughout the country. It determines there is no evidence that lead agency arrangements have delivered better results than Integration Joint Boards and advises that consistency will be important in the new system to simplify governance arrangements and improve public understanding of who is responsible for what. This recommendation will have significant implications for the Highland Health and Social Care Partnership.

Finance: The review concludes that social care is currently not funded in a way which is sustainable or supports transformation of services. It acknowledges the need for significant additional investment in social care. The total bill for the proposals in the review comes in at an extra £660 million a year. Additional investment is recommended in several areas. These include enabling more people to access social care and at an earlier stage, before they reach crisis; implementing the Fair Work Convention and removing charges for non-residential social care support. In addition, the review recommends increasing the financial support for free personal and nursing care for self-funders and re-opening the Independent Living Fund, as well as directing funds to preparing for our ageing population. Support for carers is specifically mentioned as an area that needs more funding, with the recommendation that the 'National Care Service should also increase investment in a range of respite provision including options for non-residential respite, and for short breaks.' It does not recommend a specific approach to funding but suggests different ways to raise money through taxation.

- **Self Evaluation and a focus on improvement**

Earlier this month NHS Highland, along with other Partnerships, was tasked by the national group of Chief Officers to complete a **self-assessment template** to reflect our state of readiness in respect of implementation of review recommendations, (other than those which relate to structure). The aim of this work is to get a picture of readiness to implement the recommendations in the review, identify exemplar practice and also potential barriers. Once collated, themes will be identified and may include areas for accelerated progress across Scotland or work with the

Scottish Government and others to deliver.

The completed template, which is attached as Appendix B, indicates a mixed picture in relation to our state of readiness. Particular strengths include:

- the work that is already underway in developing a Highland Self Directed Support (SDS) Strategy and is being taken forward collaboratively with people with lived experience, unpaid carers, a number of representative groups including Partners in Policymaking, SDS Scotland, Community Connections (locally funded SIRD organisation), service providers, social work staff and managers. The work on the development of the strategy is being informed by the SDS Change Map, the SDS Standards and the Independent Review into Adult Social care.
- Underpinning the work on the development of the new SDS Strategy is recognition of the need to address cultural and service change. With the publication of both the SDS Standards and the Feeley Review, the timing is absolutely right to progress this important area of work within NHS (North) Highland. Due to concerns re gaps in meeting all our statutory requirements, we have also recently embarked on a workforce review which it is anticipated will both inform and be informed by work that is ongoing at a national level. We will require additional staffing resource if we are to achieve the necessary shift from "assessment" to really putting people at the heart of the decision-making process, getting alongside and getting to know them with a renewed focus on relationship-based practice. Necessary service changes include the need for reduced levels of bureaucracy
- The development and provision of Community Led Support is a key component of the ongoing work which will underpin the SDS Strategy. It is also one of four priority transformational workstreams
- Adult Social Care Appeals Panel which is independently chaired and has legal and directorate social work representation
- New Carers Strategy agreed
- Involvement of carers as equal partners in the development of the Carers Strategy and a range of enhanced supports to carers
- Covid Response Team and opportunity it affords for supporting continuous improvement in the care sector
- Provider networks encouraged, supported and facilitated
- Strengthening of the Adult Social Care Leadership Team to enable necessary focus and progression of these important areas of work

Focus on improvement: The Health and Social Care Standards and the Feeley report refer in detail to the value of an improvement based approach, particularly in Care Home and Care at Home settings.

It will be necessary for NHS Highland, with partners, to develop an adult social care improvement framework and for this to be at the heart of service provision alongside a person centred, outcomes focussed pathway. We are aiming to initiate this work with the opportunities presented by the Covid Response Team.

Future Improvement Focus of the Covid Response Team

With the demands for COVID related support decreasing, there is significant opportunity to build on the knowledge, skills and learning to date and to begin developing a service improvement strand of what is the current COVID Response Team.

Recommendation 27 of the Feeley Report reflects the requirement to improve the safety and quality of care provided in care homes to guarantee consistent, appropriate standards of care.

With a wealth of experience gained over the past year, in a variety of settings, the foundations for this approach are growing. The team have recently recruited two nurses who will add further breadth to the areas of support, including clinical advice.

The proposal is to consolidate experience and training to date and, with partners, create a team skilled in improvement work, supporting services where standards are not being met.

Working in collaboration with key partners, including the Care Inspectorate, the team will use local information and data to identify services where improvement work is a priority. This will be a proactive service covering independent and NHS services. The Feeley report references that by the time an inspection report identifies shortfalls, poor practices are already embedded.

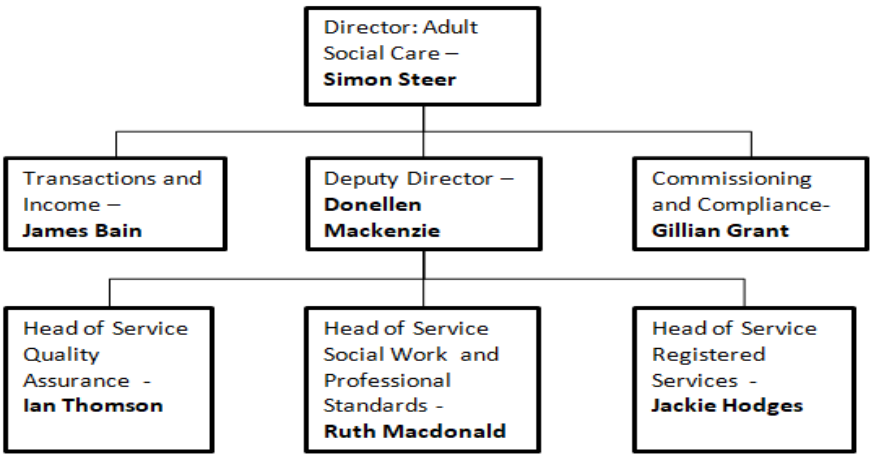
The aim of the team would be assistance to build quality and improvement at an earlier stage before inspection. Previous Care Inspection reports and close collaboration with care service providers and relevant colleagues will help to inform priorities. Emphasis will be on the supportive, collaborative and improvement aspect of the team's input.

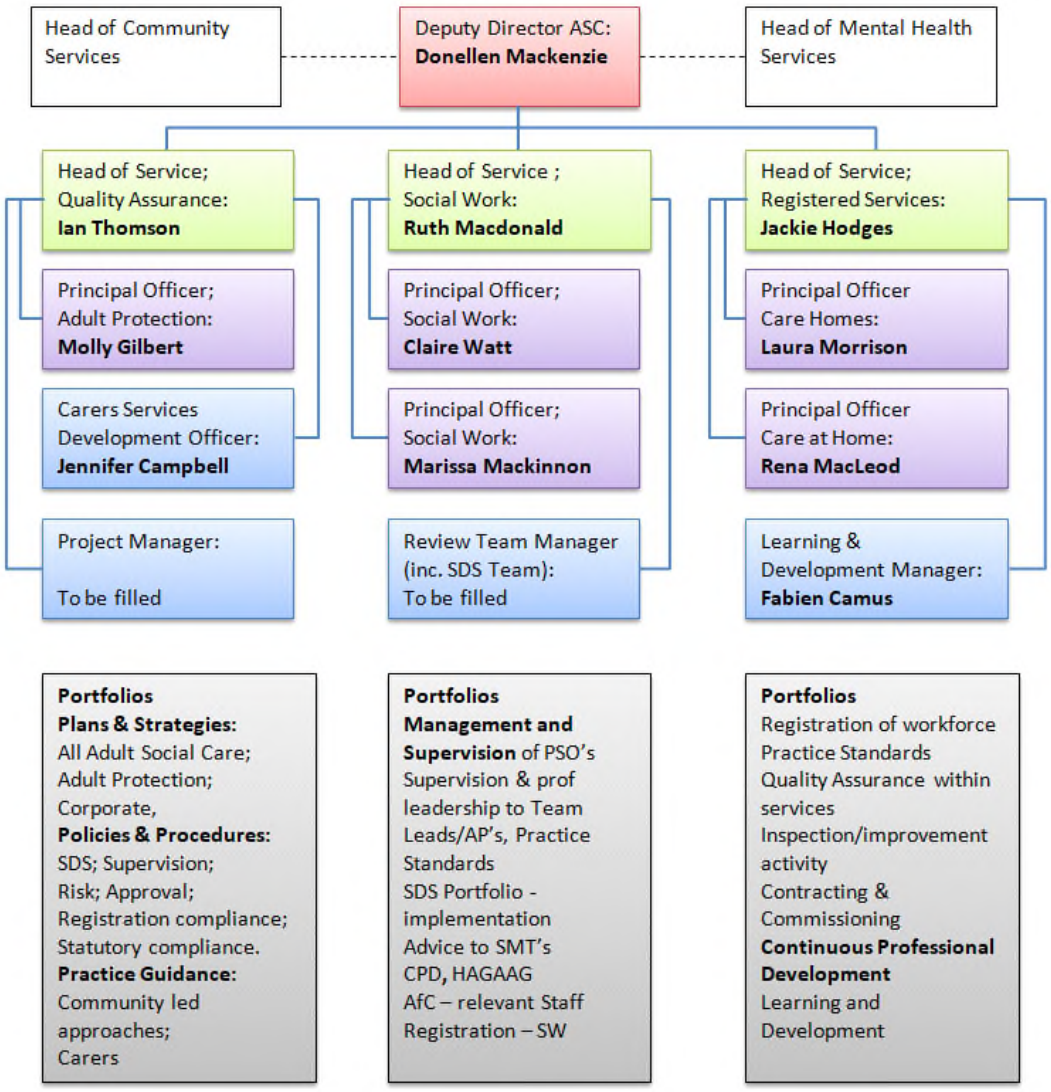
- **Recommendations**

Members are asked to:

- **Note** – the contents of the report, in particular, the range of duties and complexities of the Social Work role; the dedication, compassion and commitment demonstrated by adult social care staff during the pandemic; the significant implications of the Feeley Report for the future of adult social care and both current and planned service improvements being progressed by the strengthened Leadership Team.
- **Comment**: on the plans to develop a Service Improvement focus for the current Covid Response Team.
- **Agree** - need for further updates on implementation of the Feeley review recommendations.

Appendix A


Director: Adult Social Care – **Simon Steer**
Transactions and Income – **James Bain**
Deputy Director – **Donellen Mackenzie**
Commissioning and Compliance- **Gillian Grant**
Head of Service Quality Assurance - **Ian Thomson**
Head of Service Social Work and Professional Standards - **Ruth Macdonald**
Head of Service Registered Services - **Jackie Hodges**



Appendix B

wopC973.tmpMicrosoft_Excel_Worksheet1.xlsx

Appendix B (continued)

wop19A8.tmpMicrosoft_Excel_Worksheet2.xlsx

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**28 April 2021**
Title:	**Monitoring the Delivery of Adult Social Care Contracted Services**
Responsible Executive/Non-Executive:	**Simon Steer, Director of Adult Social Care**
Report Author:	**Sonja Matheson, Senior Contracts Officer**

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

- Annual Operation Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The COVID-19 pandemic has had a considerable impact on the way that NHS Highland monitors the delivery of adult social care contracted services. This report explains the impact, provides a summary of the monitoring and oversight actions undertaken in 2020-21, and describes the planned approach for contract monitoring in 2021-22.

The Committee is asked to **note** the contents of this report, which is provided for Members' awareness.

2.2 Background

On 10 January 2013, the Health and Social Care Committee agreed a contract monitoring framework to provide information on adult social care contracts.

Prior to COVID-19, an established contract monitoring process was in place, which comprised monitoring of contractual compliance, service delivery, and strategic / operational plans through formal contract monitoring visits, operational liaison meetings, desk-top monitoring (primarily for low value and/or low risk contracts), and robust reporting requirements. In 2019-20, plans were in place to monitor over 125 contracts for NHS Highland through a formal contract monitoring visit or a desk-top exercise, depending on the level of agreed risk. Increasingly, operational liaison meetings were becoming a more instrumental part of NHS Highland's contract monitoring approach, and included both planned regular meetings with providers, as well as meetings/discussions that were arranged as a result of concerns or emerging issues and escalated risk.

2.3 Assessment

The COVID-19 pandemic has had a considerable impact on the way that NHS Highland monitors the delivery of adult social care contracted services. In order to allow providers to concentrate on service delivery demands, and as per COSLA's guidance which stipulated that contract monitoring should be *proportionate* and *local contract monitoring processes should be flexed and relaxed if required to minimise service disruption,* formal contract monitoring visits to providers were suspended in mid-March 2020.

NHS Highland's contract monitoring process was adapted accordingly, with priority placed on regular alternative contact with providers in order to provide continued support and oversight of services, maintaining effective provider relationships, identifying and escalating emerging issues, and ensuring provider sustainability.

In line with Scottish Government requirements, priority was placed on overseeing care homes to ensure quality assurance and continued service delivery. There was also a recognition that community services, such as care at home, support, and housing support also required ongoing support and oversight. A summary of contract monitoring undertaken in 2020-21 is described in the attached **Appendix 1**.

The resulting and enduring pressures from the pandemic on adult social care providers has resulted in the need to further review and assess contract monitoring processes for 2021-22. Whilst there is a desire to move back to "business as usual", it is clear that face-to-face formal contract monitoring visits are unlikely to be able to recommence soon. As such, a new way of working is required to be adapted and refined as we move towards a post-pandemic position.

The proposed approach for contract monitoring into 2021-22 involves a blend of desk-type review, as well as virtual meetings with individual services and more strategically with providers that deliver multiple services throughout Highland. Key to this approach is maintaining effective relationships and ensuring ongoing quality assurance. A lesson from the COVID period is that more frequent, if less formal, discussions with providers to oversee service delivery and identify issues / concerns at an early stage have been very beneficial. This proposed strategic approach to contract monitoring was endorsed by the Care Programme Board in October 2020.

2.3.1 Quality/ Patient Care

The differing approach during 2020-2021 has assistant to develop stronger and more open relationships with many providers, which is hoped will continue.

2.3.2 Workforce

Staff who normally undertake monitoring visits have had to adapt their approach, keep up to date with learning in a fast-paced environment, and learn new skills particularly in relation to communication by video link. This has largely been positive for staff.

2.3.3 Financial

The reduction in the face-to-face visits means that the team involved in contract monitoring are able to operate more efficiently, with less working time lost as a result of travel and have been engaged in supporting critical aspects of NHSH's adult social care pandemic response.

2.3.4 Risk Assessment/Management

Reduction in face-to-face visits and review of specific documentation does increase risk that elements which would be noticed on a visit may not be picked up as easily. To mitigate these type of risks, the team has adapted by asking different questions and seeking tailored information from providers.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impacts

Work continues to be supportive with adult social care providers as they continue to deliver services in a challenging environment. Closer working relationships with providers can only continue to support this.

- **Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

Not Applicable

- **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.

- Care Programme Board, report dated 29 September 2020, meeting in October 2020

2.4 Recommendation

The Committee is asked to **note** the contents of this report, which is provided for Members' **awareness**.

• List of appendices

The following appendices are included with this report:

- Appendix 1 - Contract Monitoring Undertaken in 2020-21

Appendix 1

Contract Monitoring Undertaken in 2020 – 2021

Service Type	Issues Identified / Concerns / Comments	Contract Monitoring Actions Taken	Frequency / Status

All service types	Provider Sustainability.	Supplier Relief applications for all providers as part of the response to COVID-19.	Daily and ongoing.
Care Homes	6 Care Homes with identified COVID-19 outbreaks; 1 in 2020 and 5 within 2021.	During periods of outbreaks, there was daily / regular contact by Operational and Commissioning teams to discuss practical inputs, contingency actions/steps, and to facilitate any supports that may be necessary.	Daily / regular (as required).
	Large Scale Investigations (or pre-LSIs) initiated with 9 separate care homes.	Escalation and liaison meetings with each provider during or after periods of LSIs to get a status update on the home, jointly look at improvements that are required, oversee issues and monitor progress, and discuss how NHS Highland can provide support or assistance.	Weekly / regular (as required).
	Quality assurance and oversight.	Care home phone around to all care homes as of mid-March 2020; querying any staffing concerns, PPE deficiencies, and other areas of significant concerns. Adult Social Care Dashboard and review of NES-designed Care Management System on TURAS, which allows care homes to escalate concerns, including requirements for additional staff through mutual aid. Daily Clinical and Care Oversight Group— safety huddle to identify, discuss and agree any required actions. Quality Assurance Visits (round 2) as mandated by the Scottish Government – consolidating	Daily. Phone round now replaced by TURAS submissions. Daily and ongoing (5 days per week for ASC Dashboard and 7 days for TURAS). Daily and ongoing. In progress, ongoing.

		actions from all visits, reviewing outcome reports for each care home, and following up on actions as part of contract monitoring process. Routine *light touch* Contract Monitoring undertaken virtually to a small number of identified care homes since January 2021. Attendance at Care Inspectorate feedbacks for Covid Specific Key Question 7 – *How good is our care and support during the COVID-19 pandemic?*	Annual or more frequently as required. As required.
Care at Home	Quality assurance and oversight.	4 weekly Care at Home operational meetings in the North (re-established in May 2020), and 6+ weekly Care at Home operational meetings in South and Mid (re-established in July 2020) to consider service delivery including volume of activity, discuss any relevant information in connection with emerging issues, get an understanding of challenges faced by providers as a result of COVID-19, and assess the commissioning risk. Increased attendance at local district level Care at home meetings, e.g., Badenoch and Strathspey. Monitoring of missed visits. Daily Clinical and Care Oversight Group— safety huddle to identify, discuss and agree any required actions.	4 weekly / 6+ weekly, or as required. As required. Ongoing. Daily and ongoing.
Supported Living including Housing	Quality assurance and oversight.	Quarters 1 – 3, 2020/21: Covid-specific focused contract meetings with all support providers to discuss service	Monthly or as required.

Support		provision, staffing, and concerns / issues. Quarter 4, 2020/21: Routine quarterly contract meetings recommenced with 4 complete to date. Daily Clinical and Care Oversight Group— safety huddle to identify, discuss and agree any required actions. Mental Health and Learning Disabilities Community Support Providers Huddle.	Quarterly / 6-monthly / Annually (depending on contract), or as required. Daily and ongoing. Daily / Bi-weekly / Weekly, as required; ongoing.
	Large Scale investigation with 1 provider.	Support and review of Service Improvement Plan and follow up actions following conclusion of LSI.	Monthly or as required.
Third Sector / Day Care	Quality assurance and oversight.	Recently commenced— meetings with day care and other day services providers to assist with the implementation of the assurance process to enable recommencement of the day services in line with Scottish Government Guidelines.	Ongoing.

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**28 April 2021**
Title:	**Adult Social Care Fees**
Responsible Executive/Non-Executive:	**Simon Steer, Director of Adult Social Care**
Report Author:	**Gillian Grant, Interim Head of Commissioning**

1 Purpose

This is presented to the Board for:

- **Awareness**

This report relates to a:

- **Emerging issue**

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

- **Safe**
- **Effective**
- **Person Centred**

2 Report summary

2.1 Situation

Annually, NHS Highland considers the fee and contractual arrangements to apply to commissioned adult social care services for the following financial year.

These services include care home, care at home, support and day care services.

A set and agreed process is undertaken, which is then reported back to the Health and Social Care Committee to provide assurance around this area of activity.

The Committee is asked to **note** the update provided within this report, which is provided for Members' awareness.

2.2 Background

Members of the Committee are reminded of a previous report to the Health and Social Care Committee on 1 March 2018, which advised of the way in which fees for adult social care are considered and planned for, and how the contracts / business support team are provided with direction to undertake negotiations and transactions with care providers.

This previous report confirmed that NHS Highland contracts with care providers, paying agreed fees for the care services provided. Depending on circumstances, these fees are either *standard* fees or *non-standard* fees which recognise a specialist service which usually manages a level of complexity.

The Adult Social Care Fees – Commissioning, Briefing and Instruction Group was established in 2017 as an operational group to ensure consistency of approach across the North Highland Partnership area.

This Group formally takes on the responsibility of a previous fee working group, and operates to the following role and remit:

Remit
To oversee, consider and agree recommendations on adult social care fee issues.

Operation
The Group will consider all adult social care fee related issues and prepare fee and contract recommendations to the Finance Committee.

This process will involve a review of the proposed approach by the Chief Officer and Director of Finance, to ensure the approach represents the NHS's agreed strategic direction; meets the Board's objectives; and is affordable.

Reporting
An assurance report will be provided to the Highland Health and Social Care Committee early in the new financial year.

The key stages and timings are as undernoted.

When	What
July to December	Fee and contract proposals prepared by Group
January	First review and feed back by Chief Officer and Director of Finance
February	Recommendations to Finance Committee
March	Providers notified

April	New fee and contract arrangements implemented
April / May	Assurance report to Highland Health and Social Care Committee
Ongoing	Quarterly meetings of the Group to review and oversee fee issues and address any outstanding or arising matters

The group comprises the following membership:

Head of Strategic Commissioning (Chair)
Director of Adult Social Care
Head of Community Services
Head of Finance
Commissioning, Contracts and Compliance Manager

The Health and Social Care Committee on 1 March 2018 agreed to recognise the role of the Adult Social Care Fees – Commissioning, Briefing and Instruction Group and approve the proposed reporting route into the Health and Social Care Committee via the Finance Committee.

2.3 Status

The process of reviewing adult social care fees is based on a number of elements, a crucial component of which is the outcome of the National Care Home Contract national negotiations and settlement.

At the time of writing (12 April 2021), the outcome of this process has not yet been formally confirmed resulting in a delay to the timescales associated with the process as set out above.

This national confirmation is awaited and following receipt of this, the actions will be progressed in line with due process.

In the meantime, existing contracts have been extended on current terms, conditions and fees for a period up to end June 2021, to ensure continuation of contractual cover.

An assurance report, updating on the process followed, will therefore be provided to a later meeting of the Health and Social Care Committee.

2.3.1 Quality/ Patient Care

No impact.

2.3.2 Workforce

No changed impact.

2.3.3 Financial

At the time of drafting this report, the outcome of the National Care Contract negotiations is unknown and therefore the financial impact is still to be determined. Due process for consideration and sign off of fees will however be followed as noted above.

2.3.4 Risk Assessment/Management

Current contractual risk has been mitigated by extended current arrangements to end June 2021 to ensure contractual cover.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impacts

None.

- **Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

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

- Providers have been notified that contracts are extended to 30 June 2021, with fee levels to be confirmed. When fees are confirmed, these will need to be backdated to 1 April 2021 and for care homes, from 6 April 2021.

- **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.

- Fee Briefing and Instruction Meeting 9 April 2021
- Fee Briefing and Instruction Meeting 3 March 2021

2.4 Recommendation

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

• List of appendices

None.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**28 April 2021**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer**
Report Author:	**Louise Bussell, Chief Officer**

- **Purpose**

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

- **Adult Social Care**

Adult Social Care matters are the main focus of this month's meeting so will be reported and discussed in depth elsewhere in this committee.

- **Revised Highland Partnership Integration Scheme**

NHS Highland and the Highland Council have been working closely together over recent months in order to develop and agree a revised Highland Integration Scheme. This work has now reached a final stage and the Integration Scheme has now been to both the Highland Council Board (26th March 2021) and NHS Highland Board (30th March 2021). Both have supported the document that has been produced, which is now out for consultation. Providing that the consultation does not lead to a need for material change, the Chief Executives will sign off the scheme and submit for Scottish Government approval. Where any material change is being proposed, the revised document will be resubmitted to both the Council and Board at the next available opportunity.

- **Community Directorate**

On the 1st April 2021 the restructure of the NHS Highland senior leadership teams across acute and community services within north Highland was completed. The team now includes key professional and operational leadership positions:

Paul Davidson, Deputy Medical Director
Sara Sears, Associate Nurse Director (job share)
Julie Petch, Associate Nurse Director (job share)

Margaret Moss, Associate AHP Director
Simon Steer, Director (Adult Social Care)
Thomas Ross, Associate Director of Pharmacy

Tracy Ligema, Deputy Chief Officer
Rhiannon Boydell, Head of north Highland Community services
Fiona Davies/Arlene Johnstone, Head of Mental Health services
Jill Mitchell, Head of Primary Care
Tom Elrick, Programme Director
Findlay Hickey, Area Principal Pharmacist (Medicines Management and Prescribing service)

The aim of these changes is to provide a single north Highland service with the merger of the two previous Divisions of North and West and South and Mid. Work is now being undertaken to develop these roles and design and establish the rest of the supporting leadership structure within the Division. We are also redesigning the systems in line with the changes including Recruitment, Clinical Governance, Health and Safety, Emergency Planning and Continuity and Risk Management.

- **Hospital Redesigns in Badenoch and Strathspey and Skye**

5.1 Badenoch and Strathspey Hospital Re design:

Building works for the Badenoch and Strathspey Community Hospital have been progressing as essential building work throughout the COVID-19 period. There have been issues in respect of supply of materials, workforce and delay due to social distancing requirements. The hand over date is 31 July 2021.

The community redesign element of the project is also progressing well with revised end of life care arrangements being developed in line with the project plan as well as improved Care at Home service through closer working with Independent Sector to deliver improved access and additional capacity.

Additional community infrastructure posts are being recruited in line with funding being released following closure of two existing hospitals.

Sub projects to refurbish health centres in Kingussie and Grantown are progressing with Kingussie expected to be complete in September 2021 and Grantown in December 2021.

Flexible beds in care homes at Grant House and Wade Centre are now open and being developed as part of the workforce plan.

5.2 Skye:

Building works are going well on Skye and expect to complete in August. Significant work is ongoing around planning and preparing for the move which is expected around the beginning of October.

The workforce plan is being revisited at present as the original plan was based on

releasing staff from North Skye which will not now happen before the completion of the North Skye Option Appraisal exercise. We have also had some resignations lately and so we anticipate going out to advert in the coming weeks for nursing staff.

- **Remobilisation Planning**

NHS Highland has now completed and submitted its final version of the updated remobilisation plan. All aspects of community service provision including adult social care, community services, mental health and primary care are key elements of the plan. The plan builds on the previous version of the boards remobilisation plan and services are now working on updating local implementation work and key performance indicators.

- **Enhancing Community Services**

At the last meeting, the Health and Social Care Committee received a report on the progress of Enhancing Community Services in the Inverness Area. This is work that has been funded on a temporary basis by Scottish Government to support the remobilisation of services in the acute sector by keeping people at home whenever possible and ensuring people return home from hospital for assessment of further needs where possible. The work continues to be successful with no care at home delays for people in hospital who live in the Inverness area. The lessons from the work in Inverness are being shared with other areas and Area Managers are supporting redesign ideas generated at the frontline to achieve the same results of keeping people at home and keeping hospital stays to a minimum.

- **Mental Health Services**

Since the Interim Mental Health Strategy was presented to the HSCC in December 2020, work has been ongoing to implement its contents and plan ahead for more substantial strategy development. This work has been challenging as January 2021 brought the second COVID-19 wave and the focus of our leadership time was diverted to the more immediate safety and wellbeing of our service users, carers and our staff teams. However, work has progressed with highlights summarised below:

8.1 Unscheduled Care

The Mental Health Assessment Unit has been establishing its place in the unscheduled care system for mental health across Highland. Evaluation of this pilot is underway and once complete will allow a decision to be reached about whether this becomes a permanent part of our systems. Planning has also continued to support out of hours provision for mental health in remote and rural areas, with Lochaber identified as the first pilot area. A review of the existing Psychiatric Emergency Plan against standards provided by the Mental Welfare Commission has started and once complete will allow an action plan for improvement to be implemented.

8.2 Psychological Therapies

The delivery of psychological therapies has been a major focus during the last year as recognition of the likely need that will emerge from the easing of lockdown has

focussed attention on talking therapies. The Scottish Government are keen to resolve backlogs that have developed through the period, as well as being supportive of innovation to allow new models and workforce roles to emerge that will overcome the issues caused by relying on a small number of workforce groups to provide these services. NHS Highland are working closely with government to consider how to focus new investment, as well as adapting existing models to minimise delays in assessment and treatment.
Inpatient services

Whilst the focus of our strategy is to rebalance care into the community, we are committed to ensuring that patients who require admission receive the highest quality care in a safe environment. Work on the Ligature Reduction Programme at New Craigs Hospital commenced in January 2021 and to date over 500 high risk ligature points have been removed from ward areas. This has involved the moving of wards for periods of time to allow works to be undertaken and I would like to specifically thank the ward teams for their flexibly and support in the process. Works are likely to continue for several months to ensure that further risks are removed or reduced.

- Mental Health Primary Care

Development of a primary care mental health service continues to be overseen by the MH PCIP workstream. Recruitment is underway for a Team Lead who will direct the development of the service in pilot areas and then lead evaluation prior to rollout across Highland. The identified pilot areas are in Inverness, Caithness and Lochaber. Alongside this project a mental health primary/secondary care interface group is being established to ensure communication and service delivery is well co-ordinated wherever a patient is accessing services.

- **Primary Care Update**

9.1 Covid Vaccination

All 65 GP practices have been delivering Covid vaccinations making a significant contribution to our overall vaccination rate. Take up of vaccine has been high with very low DNA rates. Some practices have advised that they will withdraw from the programme for the 19–49-year-old patient cohort and alternative vaccination arrangements are in place. The Highland Council has developed and commissioned a mobile vaccination unit (the Jaggernaught) which we are able to deploy to various locations across the Highlands and also to areas where we wish to target local populations. The unit has been based in Beauly this week and will then move to Ballachulish. Thereafter a programme of locations will be developed.

9.2 GP Practice Procurement

Two GP practices have been temporarily under Board management since April 2020 (Tongue and Mallaig). A new provider has been secured for the Tongue practice from 1 April 2021. Mallaig is currently out to procurement and several expressions of interest have been received. All parties will be invited to provide an outline business case which will be followed by interview which will involve members of the local community. A review of all other practices under Board management will be

undertaken during 2021/22.

9.3 Primary Care Improvement Programme (PCIP)

Our PCIP continues to progress. The Pharmacotherapy and First Contact Physiotherapy workstreams are the most embedded across North Highland. The attached newsletter provides further information on Pharmacotherapy initiatives – Appendix 1. A successful tender has been completed for Community Link Workers with the contract commencing 1 July 2021. This service has initially been targeted at 29 practices with other practices selected to undertake specific tests of change. The programme focus for 2021 will be Mental Health and additional nursing capacity (including vaccinations, community treatment and urgent care). Three pilot sites have been identified to become early adopters of the mental health workstream (Caithness, Lochaber and one large urban practice in Inverness).

9.4 Primary Care Remobilisation

All of our primary care services had to make operational adaptations in response to the Covid pandemic. During the last year all Community Pharmacies and GP Practices remained open whilst Community Optometry and Dentistry have worked at reduced capacity (as directed by Scottish Government). We are working closely with all contractor groups to ensure that services are remobilised in a timely manner. Some adaptations introduced through the pandemic response have been positive developments - such as access to a consultation through video conferencing (Near Me) and will continue. Public health screening programmes have resumed, and we need to ensure that public messaging encourages patients to attend when invited.

- **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.

Executive Directors Group – 12 April 2021

Confirmation received from EDG – 12 April 2021

- **Recommendation**

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

Primary Care Modernisation Programme

NEWSLETTER - PHARMACY - MARCH 2021

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First Contact Physiotherapy

Check your practice input of First Contact Physiotherapy time against your practice allocation on the live summary that is now available on our NHS Highland Intranet Modernisation Project page

The Primary Care Pharmacy Team

In many areas we now have pharmacists and pharmacy technicians working alongside each other to optimise pharmaceutical care of patients and prescription management. The attached poster describes the main differences between the roles. A patient and public version of this poster is also available.

Pharmacists and pharmacy technicians complement each other. We want to focus the role of the pharmacist on clinical work that will save on GP clinical time; this will also help with retention of pharmacy staff.

A key role for pharmacy technicians is to support prescription management processes. We are keen to work with practices to optimise the efficiency of prescription management and reduce practice workload, two key areas being acute prescribing and serial prescribing. Another priority for the pharmacy team is supporting medicines reconciliation when discharge letters and outpatient communications are received by the practice and following up with patients, if necessary.

We recognise that there are some gaps in service provision, particularly in rural areas where it has been difficult to recruit staff. Other remote and rural Boards are having similar challenges and we are reviewing a workforce plan to prioritise filling these gaps.

Acute prescriptions

An agreed Highland-wide priority is for the primary care pharmacy team to work with GP practices to reduce workload associated with medicines and appliances being issued unnecessarily on acute prescription. Across Highland practices there is significant variation in the ratio of acute to repeat prescriptions being issued. Having a higher level of acute prescribing represents additional workload for the practice.

In the case of many repeated acutes, there is little or no benefit to reviewing these every time a prescription is issued. Many repeatable acutes can be issued as a repeat, or preferably as a serial prescription.

With support from the primary care pharmacy team, practices should benchmark their levels of acute prescriptions. The Scottish Therapeutics Utility (STU) provides a monthly practice report.

Serial prescribing

Practices should work to increase and optimise serial prescribing to reduce workload associated with repeat prescriptions.

Managing repeat prescription requests, printing, signing and distributing repeat prescription forms takes up a significant amount of time for any GP practice team. Serial prescribing significantly reduces this workload but uptake is variable across Highland practices.

The serial prescribing process is very different now, compared to what it was when first introduced. We have successful models of serial prescribing in Highland practices, with some practices now having nearly 50% of patients with a repeat prescription receiving a serial prescription.

The vast majority of patients with long-term conditions may be considered as suitable for a serial prescription. A serial prescription that can last for either 24, 48 or 56 weeks can be issued to suitable patients with a long term condition(s).

Further information is available in:

GP Practice Quick Guide – Serial Prescriptions
Serial Prescribing FAQs for General Practice

Who are the Primary Care Pharmacy Team?

The Pharmacist and Pharmacy Technician work closely together to optimise the pharmaceutical care of patients and prescription management.

Pharmacy Technicians work independently and take responsibility for their own work. Technicians will refer to the Pharmacists for advice when dealing with clinical issues out with their professional competence.

Pharmacist

[redacted]

Post-registration qualification examples:

- **MSc/Clinical Diploma**
- **Independent Prescribing**
- **NES Competency Framework**

Technician

[redacted]

Post-registration qualification examples:

- **Accuracy Checking**
- **Clinical speciality e.g. Medicines Management**
- **NES Competency Framework**

Pharmacist*		Technician*
✓	Prescriber	✗
✓	Clinical Judgement	✗
✓	Independent Clinics	✗
✓	Prescribing Advice	✗
✓	Issuing Prescriptions	✓
✓	Medicines Information	✓
✓	Medicines Reconciliation	✓
✓	Medication Reviews	✓
✓	Controlled Drug Checks & Destruction	✓
✓	Ensuring Patient Safety	✓
✓	Ensuring cost-effective Prescribing	✓

[redacted]