



North Highland Social Care and Health and Wellbeing Indicators

Social Care Leadership Update

NHSH has noted the need to bolster ASC professional leadership to make and sustain improvements. Building on the established structures within Community Services, The Adult Social Care Leadership and Management Team has been strengthened through the creation of the next tier of the management structure to ensure appropriate professional leadership and safe, effective social work practice and delivery of social care services which are fully compliant with regulatory quality standards and legislative requirements.

During November, a number of key Principal Officers are being recruited to ensure we meet our professional standards, legal compliance and reduce risks to service users, staff and the organisation by ensuring improved quality, safety and cost efficiency in Adult Social Care.

The Directorate will cover:

- Commissioning, Contracts and Compliance
- Quality Assurance
- Registered Services
- Social Work and Professional Standards
- Transactions and Income

Service User Experience

A comprehensive survey of Social Care was undertaken in 2019/20 and those outcomes are detailed below. No trend is available as 2019/20 as this was the first year this new set of questions were included in the survey.

Biennial Survey - Social Care Responses 2019/20	NHS Highland	Scotland
Experience of Social Care: I was aware of the help, care and support options available to me	63%	62%
Experience of Social Care: I had a say in how my help, care or support was provided	63%	63%
Experience of Social Care: People took account of the things that mattered to me	69%	69%
Experience of Social Care: I was treated with compassion and understanding	77%	76%
Experience of Social Care: I felt safe	72%	73%
Experience of Social Care: I was supported to live as independently as possible	71%	70%

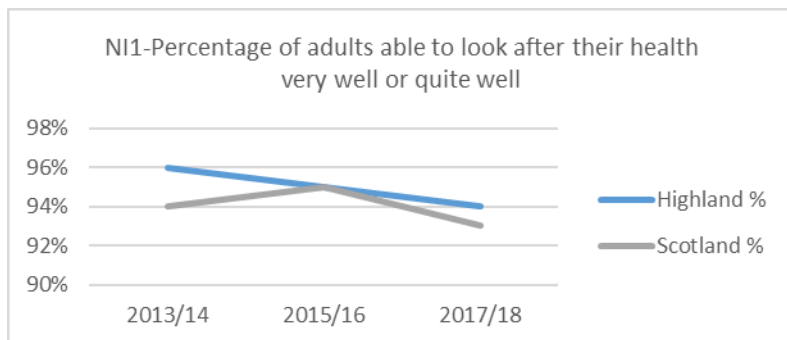
Experience of Social Care: My health, support and care services seemed to be well coordinated	62%	62%
Experience of Social Care: The help, care or support improved or maintained my quality of life	67%	67%
Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family.	72%	69%

The results of the biennial survey reflects Highland as being in line with national trends.

National Indicators

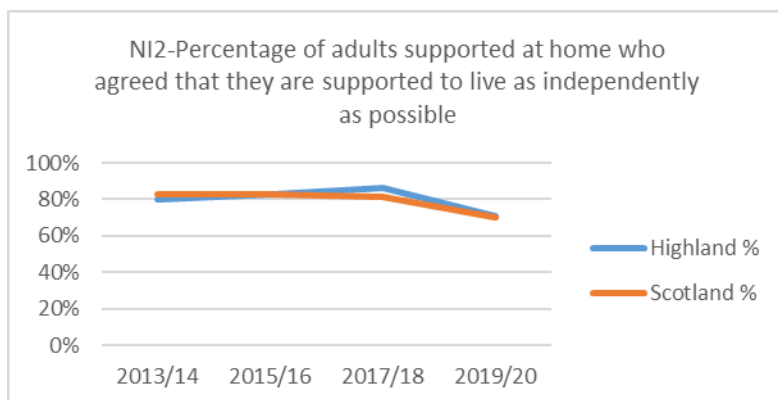
A number of the national indicators are based on outcomes from the Biennial Survey which was substantially revised for 2019/20. Some of those outcomes are no longer available as the question is no longer included in that survey. Some are close enough to be matched and that is reflect in the following report.

NI 1 (1.1)	Percentage of adults able to look after their health very well or quite well						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	96%		95%		94%		No longer asked
Scotland %	94%		95%		93%		



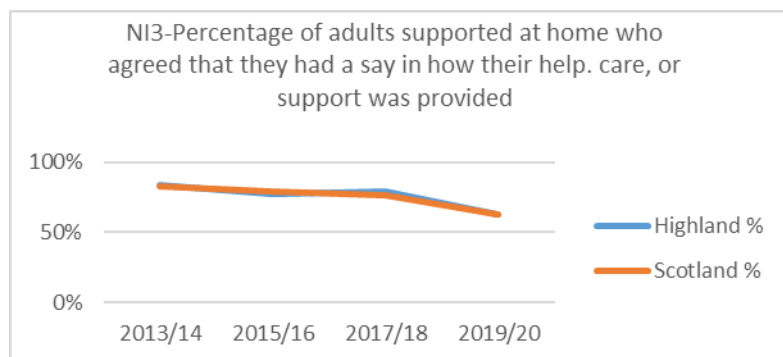
This evidences NHS Highland was above the national average for adults able to look after themselves well or quite well when last reported but with a reducing trend.

NI2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	80%		83%		86%		71%
Scotland %	83%		83%		81%		70%



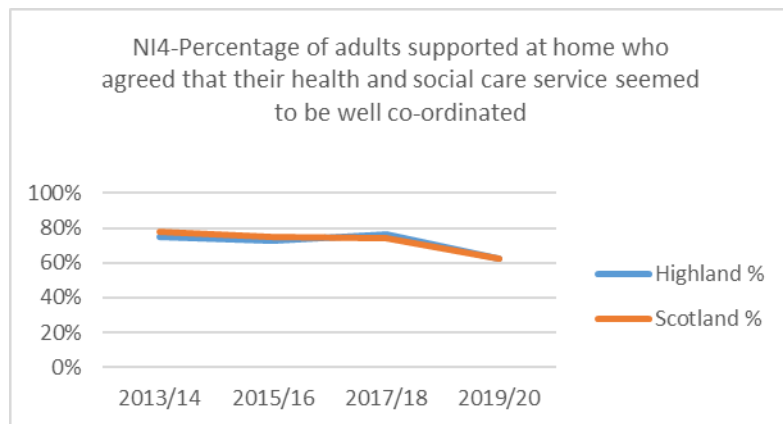
NHS Highland is in line with the wider population in relation to independent support. There had though been a reduction in satisfaction in this area that we need to ensure we effectively respond to as we develop our services and work with partner organisations.

NI3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	84%		77%		79%		63%
Scotland %	83%		79%		76%		63%



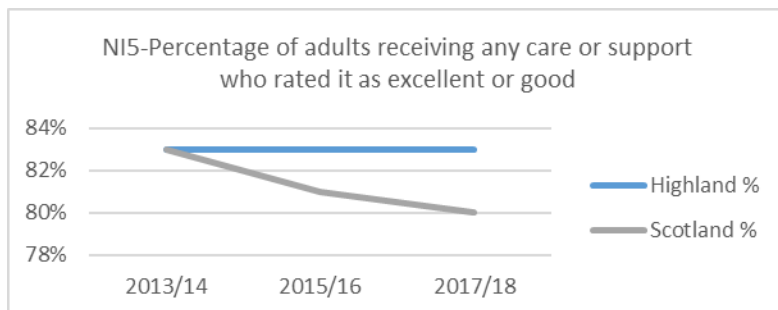
NHS Highland is in line with the wider population in relation to people having a say in their help, care and support. The trend overall is downward again requiring services to respond to this.

NI4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	75%		73%		76%		62%
Scotland %	78%		75%		74%		62%



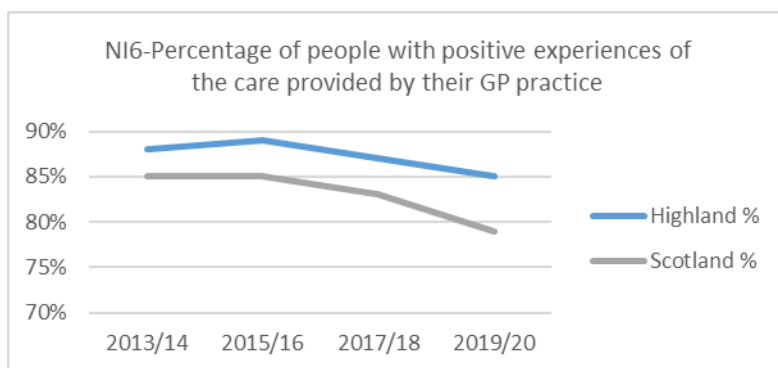
Again, NHS Highland is in line with the wider population in relation to people seeing their services as well coordinated but with the same downward trend in satisfaction. Clearly during COVID there is likely to be a different picture again and with restrictions on provision potentially having a further impact. We have been working hard to minimise this and establish further improved practices as we remobilise.

N15	Percentage of adults receiving any care or support who rated it as excellent or good						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	83%		83%		83%		72% *
Scotland %	83%		81%		80%		69%
	* this year's question slightly changed but matched to this.						



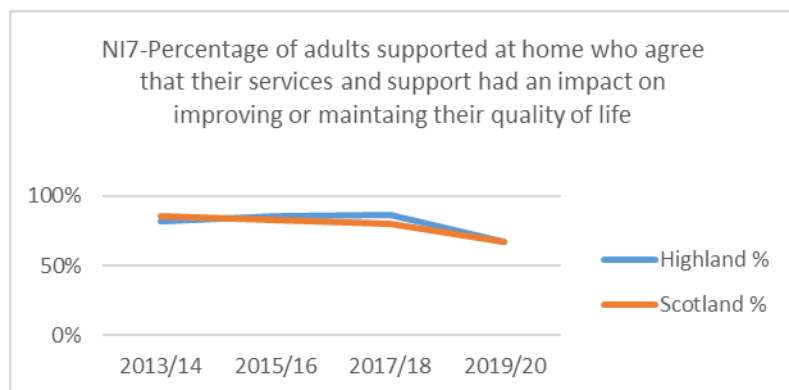
NHS Highland has an upward trend which is higher than the rest of Scotland which is positive for our population. We are keen to maintain this upward trend in the future.

N16	Percentage of people with positive experience of the care provided by their GP practice						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	88%		89%		87%		85% *
Scotland %	85%		85%		83%		79%
	* matched						



Although above the national average the trend is still downwards, requiring the services concerned to consider how they respond more effectively to improve patient experience. We have a relatively new Head of Primary Care position to support improvements across this essential area of care.

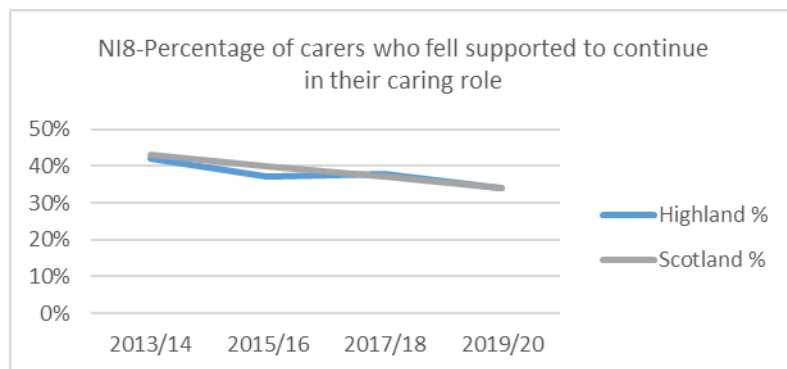
NI7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintain their quality of life						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	82%		85%		86%		67%
Scotland %	85%		83%		80%		67%



Again, NHS Highland is in line with the wider population in relation to services improving people's lives but with the same downward trend in satisfaction in 2019/20 that we wish to change for the future.

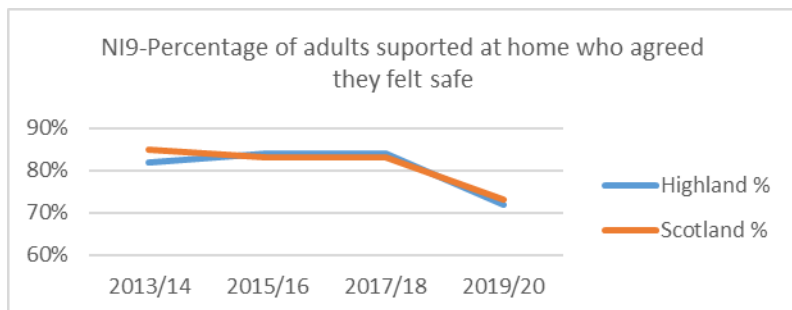
NI8	Percentage of carers who feel supported to continue in their caring role						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	42%		37%		38%		34%

Scotland %	43%		40%		37%		34%
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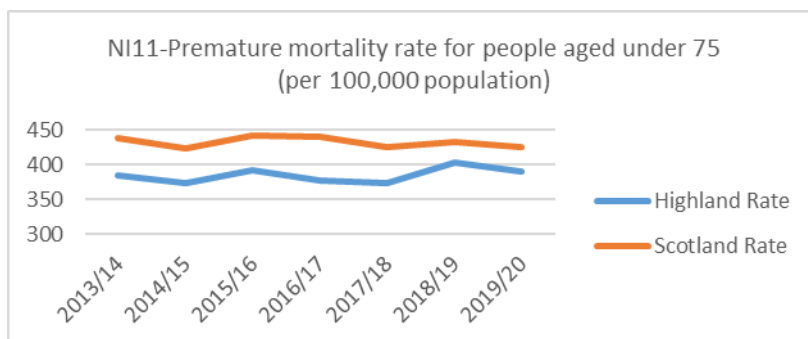
A reducing trend in carer satisfaction with the support they receive requires services to consider how they better respond both during the current COVID situation and for the future. It is acknowledged that carer's are providing more support to those they care for over the COVID-19 period. The suspension of many formal and informal services is recognised as presenting a real difficulty to many supported people - and their carers. Given this, we are contacting recipients of residential Respite services -to begin with - to let them know that the possibility of an alternative "short break" may exist for them by using a direct payment. We recognise the need to be as flexible and creative as possible when considering the range of support options.

NI9	Percentage of adults supported at home who agreed they felt safe						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland %	82%		84%		84%		72%
Scotland %	85%		83%		83%		73%



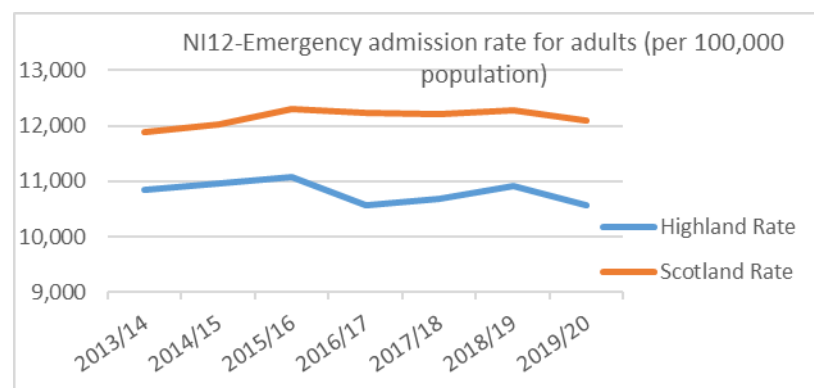
This overall trend for Scotland is particularly concerning. NHS Highland are reviewing what they can do to improve the feeling of safe care for our adult population.

	Measured using calendar years						
NI11	Premature mortality rate for people under 75 (per 100,000 population)						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland Rate	384	374	392	377	373	402	390
Scotland Rate	438	423	441	440	425	432	426



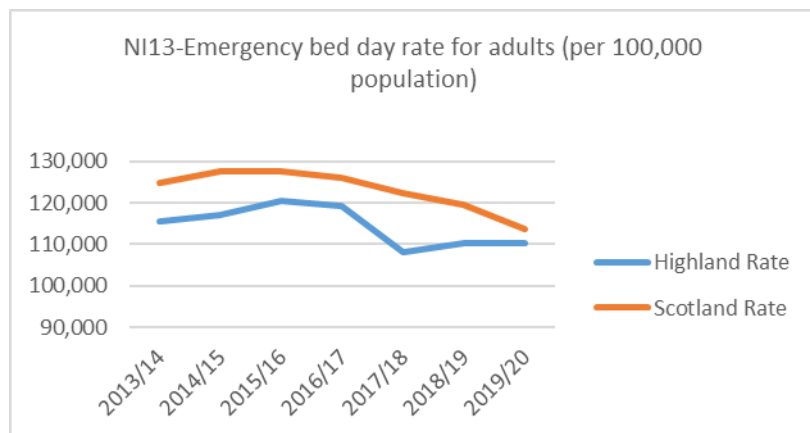
It is positive that NHS Highland has a lower than average premature mortality rate.

NI12	Emergency admission rate for adults (per 100,000 population)						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland Rate	10,850	10,971	11,087	10,573	10,677	10,913	10,563
Scotland Rate	11,892	12,026	12,295	12,229	12,210	12,277	12,100
Admissions	20,274	20,569	20,914	20,035	20,340	20,856	20,259
Population	186,860	187,477	188,640	189,486	190,496	119,113	191,791



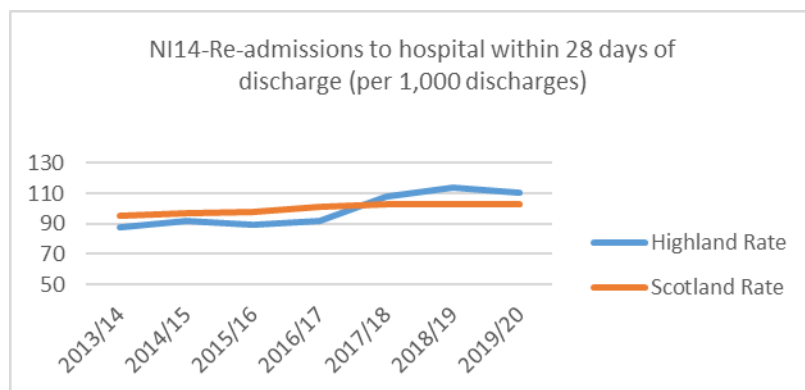
Emergency admission rates in NHS Highland remain sustainably low in comparison to the wider population with a reducing trend. We remain committed to maintaining and this downward trend.

NI13	Emergency bed day rate for adults (per 100,000 population)						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland Rate	115,570	116,910	120,352	119,090	108,004	110,229	110,297
Scotland Rate	124,706	127,551	127,563	125,948	122,388	119,656	113,614
Bed days	215,954	219,180	227,032	225,659	205,744	210,662	211,540
Population	186,860	187,477	188,640	189,486	190,496	119,113	191,791



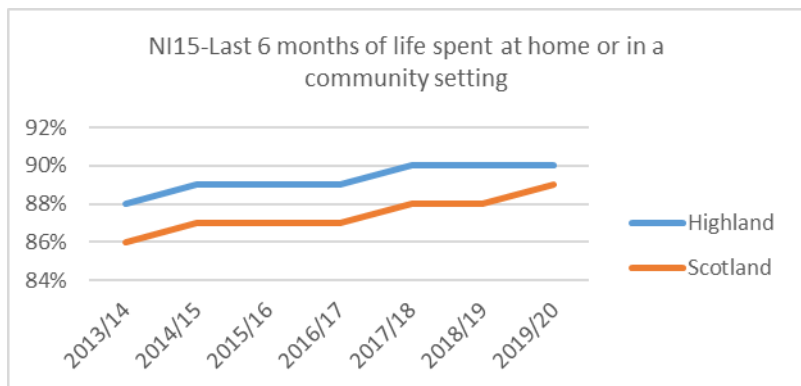
As with emergency admission rates, emergency bed day rates in NHS Highland remain sustainably low in comparison to the wider population with a reducing trend. We remain committed to maintaining this.

NI14	Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges)						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland Rate	88	92	89	92	108	114	110
Scotland Rate	95	97	98	101	103	103	103
Re-admissions	3,772	3,828	3,740	3,639	4,438	5,092	4,867
Total admissions	42,798	41,568	41,890	39,607	41,132	44,600	44,093



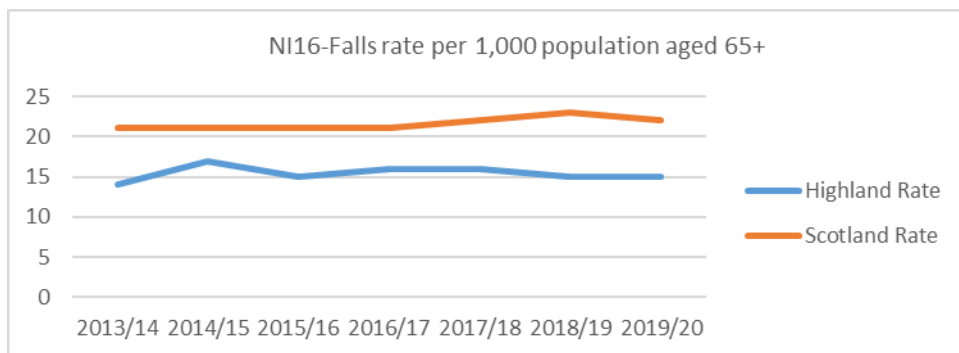
This has moved to being above the national average in recent years. We are exploring how this can be reduced to compliment new developments including the provision of enhanced community services.

NI15	Proportion of last 6 months of life spent at home or in a community setting						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland	88%	89%	89%	89%	90%	90%	90%
Scotland	86%	87%	87%	87%	88%	88%	89%
Bed days	44,035	42,938	46,342	43,841	44,016	43,276	44,206
Total deaths	2,067	2,240	2,382	2,236	2,418	2,361	2,452



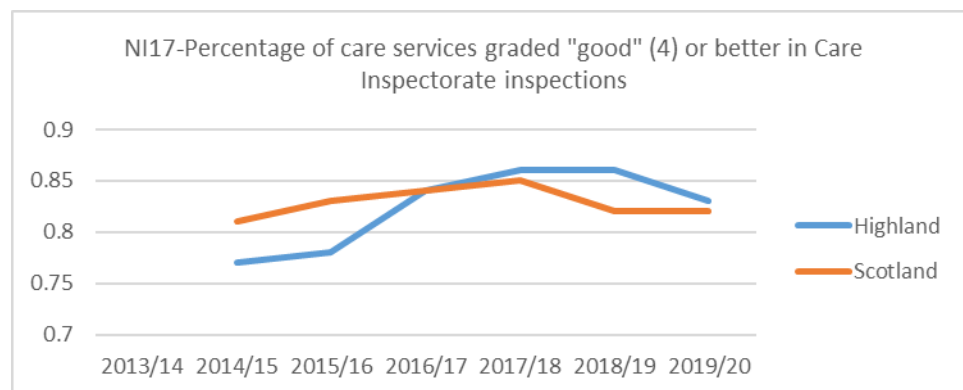
Positively this is an increasing trend and our ambition is to keep this going in an upward trajectory.

NI16	Falls rate per 1,000 population aged 65+						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland Rate	14	17	15	16	16	15	15
Scotland Rate	21	21	21	21	22	23	22
No. of falls	673	811	737	787	793	793	805
Population	46,550	48,035	49,077	50,076	51,039	51,996	53,088



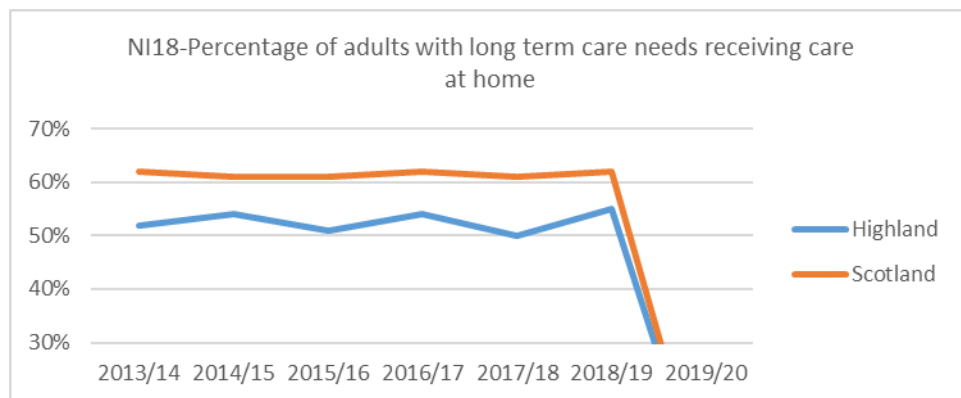
The rate of falls is sustainably lower than the national picture but we would still wish to work on further reduction.

NI17	Percentage of care services graded "good" (4) or better in Care Inspectorate inspections						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland		77%	78%	84%	86%	86%	83%
Scotland		81%	83%	84%	85%	82%	82%
Grades of good or better for all themes				171	170	198	184
Total services with grades				204	197	230	223



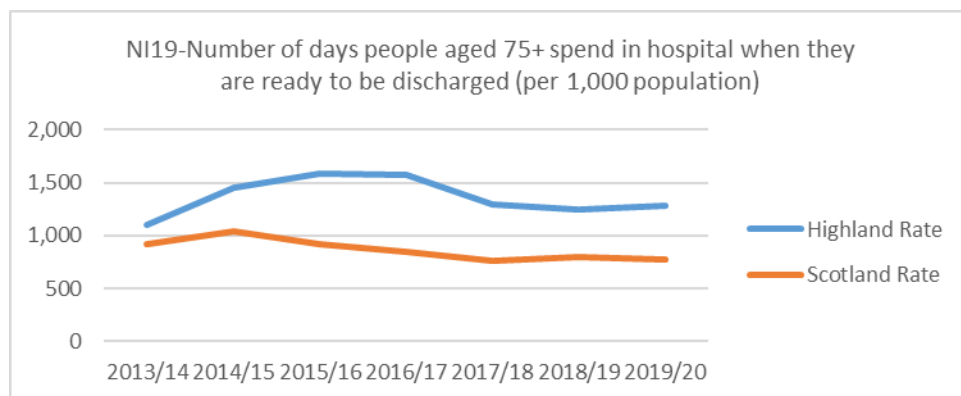
Although above the national average we wish to work for further improvement as we would wish for all of our services to be rated good or better.

NI18	Percentage of adults with long term care needs receiving care at home						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland	52%	54%	51%	54%	50%	55%	NYA
Scotland	62%	61%	61%	62%	61%	62%	NYA



There is no current data to review this but the previous results showed a lower than average percentage of adults with long term care needs receiving care at home although with an overall slightly increasing trend.

NI19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland Rate	1,105	1,455	1,585	1,580	1,300	1,248	1,278
Scotland Rate	922	1,044	915	841	762	793	774
Bed days	22,284	30,228	33,536	33,953	28,582	28,219	29,902
Population	20,170	20,777	21,159	21,494	21,980	22,604	23,398



There has been a reduction in this over recent years but NHS Highland remain above the national average in this area. We are currently establishing new ways of working and changes to service provision to achieve sustainable improvements in this area. **Delayed Hospital**

Delayed Hospital Discharge is a whole system issue. Whilst care home capacity has been significantly impacted by COVID; and Care@Home capacity is being challenged by recruitment difficulties, there is still capacity in the system. The principal issues for highland in addressing DHD are:

Data quality i.e. mis-recording of DHD and DHD codes
 Lack of consistent quality of discharge planning
 Lack of consistent coordination of discharge plans

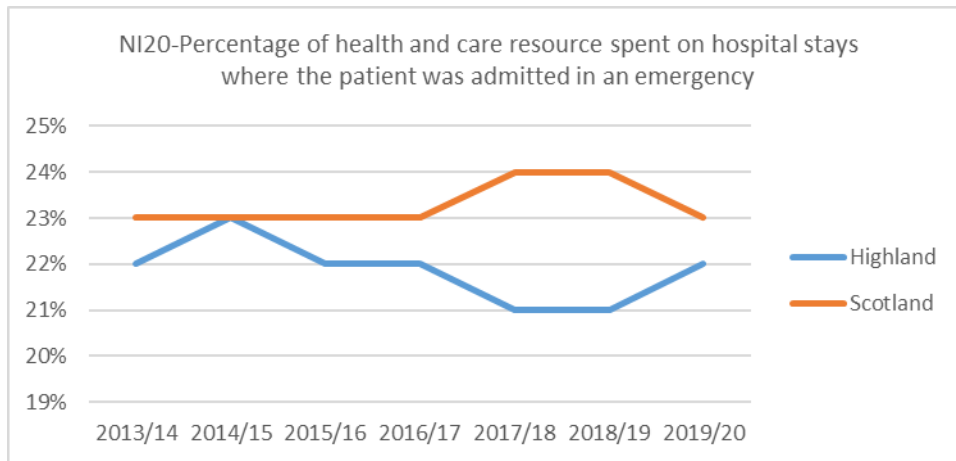
The practice issues are being addressed by the implementation of:

- Robust review of DHD list
- Discharge hub and coordinating team
- Setting “Planned Date of Discharge”
- Developing new process/conversations/practice to ensure realistic choice discussions.

The capacity issues are being addressed by:

- Coordination of placement/resource use
- Developing block contracting with C@H providers to address “recruitment in arrears” ie. Sector is currently recruiting to packages.

NI20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency						
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Highland	22%	23%	22%	22%	21%	21%	22%
Scotland	23%	23%	23%	23%	24%	24%	23%
Cost of emergency admissions	107,713,138	115,434,757	115,095,686	115,575,119	112,645,833	116,769,573	121,250,742
Total Expenditure	492,784,997	502,815,284	513,432,243	531,803,788	540,355,545	545,759,101	551,216,692



NHS Highland is below the national average and will continue to try to work on further reduction in the future.

National Indicators Summary

Overall NHS Highland performs relatively well alongside national trends. There are some particularly positive areas but also concerning downward trends that need further consideration alongside new and emerging service developments. We remain committed to continual quality improvement to improve the wellbeing and experience of our population.

Partnership Agreement/Integration Scheme

It was previously intended that a successor scheme would be in place by the end of December 2020. This previous intent has been acknowledged by both THC and NESH as not now possible and the partners have recognised that it would be preferable if the terms of a revised scheme are agreed before the start of the new financial year, which is now the intention.

Preparedness for Winter Plan for Adult Social Care

The Scottish Government (SG) published the Adult Social Care Preparedness for Winter Plan 2020-2021 on 3 November 2020. This is the first national Winter Plan for Adult Social Care and reflects the fact that whilst every winter brings additional pressures to our health and social care system, this winter we face those pressures in the midst of the global pandemic of COVID-19.

The plan sets out the measures already in place that must be retained and those that need to be introduced across the adult social care sector. It aims to offer maximum protection for those who use social care support, whether within residential, community or homely settings, and to those who provide that care, including unpaid carers. It is aimed at mitigating risks likely to arise in the short term and is supported by additional funding of £112 million. Clarity on how those additional funds will be allocated is awaited.

Work is progressing to ensure our Adult Social Care Plan addresses all areas as set out in the national plan and, importantly, sits well within our broader NHS Winter Plan.

Care Home Sector Relations / Communication

As previously updated, since the commencement of the pandemic, the approach and format of provider engagement has changed to more frequent (virtual) contact to enable issues and risks to be raised and addressed. This approach has worked well for both NESH and provider's, resulting in improved accessibility and increased responsiveness and it is intended that now established

approaches will continue. This increased contact enables the sector to provide timely feedback on current issues and responses to changes to government policy, which enables NHSH to better support implementation or escalation.

Current key areas of concern around visiting guidance, vaccination, testing, the response to the SG ASC winter preparedness action plan and supplier sustainability, particularly relating to voids (empty beds during Covid-19) and care home capacity becoming unavailable. At present we have 17 care homes closed to admissions equating to 77 beds that would have been available.

It is worthy of note that Large Scale Investigation activity is at comparatively high levels.

Provider Sustainability/Financial Support to Sector

Provider Sustainability/Support Relief 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, where such expenditure is aligned to local mobilisation plans. Payment's totalling approximately £1.6m has already been paid to date to providers who have had their claims approved through the agreed governance process.

Arrangements are in place to extend existing sustainability support measures into November in line with SG guidance to ensure that providers are not adversely impacted by any changes to these arrangements, plans are being made to ensure that the approach taken continues to be supportive in the current environment.

It is important to note that the Care Home and Care at Home providers are under very significant stress and the provider base is notably more fragile than usual.

Remobilisation of Day and Residential Respite Services

NHSH recognises the impact on supported people, carer's, and families who rely on these valued services that have been disrupted during these unprecedented times.

Plans to remobilise building based Adult Social Care Services are advanced: and we adopted a phased approach consistent with the Government Route Map and other service remobilisation plans in NHS Highland.

We recognise that we urgently needed to:

- Restart essential “in-person” services; delivering these safely and flexibly.
- Redesign some elements of service provision to ensure maximum flexibility in how we respond to perceived and assessed needs and in meeting desired outcomes.
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To ensure a holistic person centred approach; work is taking place in localities to:

- Revisit assessment and care planning at a personal level to ensure personal outcomes can be delivered safely and sustainably for those in greatest need;
- Support those carers under pressure to ensure our help to them is prioritised and, where necessary, reshaped.

Self-Directed Support (SDS)

In Adult Services we have seen substantial growth in Self-Directed Support Options 1 and 2 (Direct Payment and Individual Service Fund respectively) over the last four years. There has been a slight increase in the numbers accessing an Option 1 over the period of COVID-19. We have continued to focus on raising awareness across our workforce to embed more consistent practice in terms of adopting a “strengths-based approach” and highlighting the importance of good conversations to inform assessments and support options.

Work is also well underway to produce a new SDS Strategy for Highland. Working alongside Social Work Scotland and SDS Scotland, as well as user and carer representative organisations, our aim is to ensure people have choice and control over the social care and support they are assessed as needing.

Adult Protection

There is recognition that the Adult Protection Committee requires to significantly improve partnership working in respect of:

- Building greater ownership of the Adult Protection agenda across agencies; and
- Strengthening its assurance process, with a particular emphasis required now to re-establish robust auditable processes.

To this end, work is underway to develop a new Sub-Committee structure to progress the Committee's agenda. The first focus for this will be to establish the Quality Assurance Sub-Committee - and the Police have committed to lead on this group. Appropriate representation from Health is still sought to complement contributions from Social Work and Third Sector Partners.