Highland Community Planning Partnership

OLDER PEOPLE

Theme Group

Annual Report, September 2017

Background

The *Scottish Government's 2020 vision*, published in 2010, articulated the ambition of "*Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting".*

This vision was supported by the *Healthcare Quality Strategy 2012,* which called for accelerated quality improvement to ensure that care is person-centred, safe and effective.

NHS Highland is committed to providing high quality, effective care to the population of the Highlands in a safe, efficient and person-centred way. This was initially set out in August 2014, when the Health board endorsed The Highland Care Strategy: *NHS Highland's Improvement and Co Production Plan*

The Care Strategy outlines NHS Highland's vision for the future delivery of health and social care services for the people of Highland over a ten year period and set out a number of goals including:

- Provide services and facilities which meet 21st century health and social care needs and are acceptable to both patients and staff
- Provide high quality, integrated and cost effective services
- Reduce waste and inefficiency across services; and
- Ensure services are sustainable.

The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, which puts in place the framework for integrating health and social care, places a duty on Integration Authorities to develop a strategic plan for integrated functions and budgets under their control.

Since April 2016 services are planned through two health and social care partnerships, working with two local authorities (Highland Council and Argyll and Bute Council)

Profile

NHS Highland is the largest and most sparsely populated Scottish Health Board area, covering 41 per cent of the country's landmass.

The shape of our changing population, age, distribution and deprivation was described in our 10 year plan. The number of people aged 65 years or over is expected to increase by 17,000 across the NHS Highland area between 2014 and 2025 to 26 per cent of the total population

In 2015 about one in twenty people in Highland were aged over 80 years old, but by 2035 this figure will be over one in ten.

The general epidemiological picture in Highland is similar to that nationally and is one in which adult mortality predominates and chronic and degenerative diseases are the most common form of morbidity

Multi-morbidity is already very common and continued population ageing will mean that there will be a rising demand for the prevention and management of multi-morbidity rather than of single diseases.

The majority of patients over 65 have two or more conditions and the majority of over 75s have three or more conditions. More people have two or more conditions than only have one.

In many parts of Highland, the NHS and other public sector agencies are major employers, and changes to services can impact socially and economically fragile areas.

As an important partner in maintaining the social and economic vibrancy of the areas, concerns around health service quality or service changes can generate considerable attention from communities, local and national politicians as well as staff.
Any such change therefore needs to be carefully thought through and managed.

It is important to demonstrate what safe and sustainable options are considered before progressing with any changes.

Another key piece of contextual information relates to end of life care and place of care. Providing greater choice including more people to be supported at home has been a theme that has been debated through our various consultations on redesigns.

It is clear however, that we are not meeting the needs of many people with 71% people dying in intuitional care (hospital, care home or hospice) vs 29% dying at home.
Yet almost two thirds (63%) said they wished to die in their own home.

Performance management

The following information was compiled for the Annual Performance Report of the Highland Partnership. This is a requirement of the Public Bodies (Joint working)(Scotland)Act 2014 and was presented to the Joint Monitoring Committee in July 2017.

A core suite of indicators have been agreed around which all integration authorities will base their performance report. Performance reporting is not necessarily limited to this core suite and Integration Authorities (hereafter called the "Lead Agency" in Highland) are encouraged to use other available performance information to set performance in a local context.

The core suite of indicators is detailed in Annex A. In Highland, they have been integrated into the Health & Wellbeing Scorecard which is the primary method used to report performance on Adult Care services.

The scorecard is constructed around the 9 National Health and Wellbeing Outcomes. Each outcome is evidence by a range of performance indicators as detailed in the tables below.

The performance reflects the impacts on the National Health and Wellbeing outcomes which are relevant for all adults and combined with the demographic information detailed above, sets out how NHS Highland and its partners across the Highland area are delivering on the expectations of national and local governments and the people of Highland.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

This indicator is intended to determine the extent to which people in Highland feel they can look after their health. It is recognised that this may be more difficult for people with long term conditions and the performance indicators in place provide a measure of that.

There is one general indicator which is derived from the Biennial National Health and Care experience survey (last undertaken in 2015/16) supplemented by information gathered locally regarding how many emergency admissions we admit to hospital, our success rate in enabling clients to live normal lives in the community following a spell in hospital and our success rate in offering annual health screening to clients with learning disabilities and supporting clients with a sensory impairment.

This information is detailed in Table 1.

Indicators	Baseline	Result	Comments
Percentage of adults stating in a national survey that they are able to look after their health very well or quite well	To improve on Scottish average of 94%	95%	Better than the Scottish average
Emergency admission rate (per 100,000 population)	To improve on Scottish average of 12,492	10,347	Better than Scottish average and showing year-on year improvement
Enablement: percentage of people receiving enablement interventions that do not require ongoing care interventions after initial 6 weeks	To improve on local baseline of 40%	38.8%	Performance poorer than expected and work underway to increase the number of staff trained to provide enablement
The number of health screenings provided for people with learning disabilities: all people with learning disabilities and epilepsy are offered an annual nurse led review of their condition	To improve on local baseline of 97%	97.200%	Performance is stable
Sensory Impairment - Self Management, The percentage of people completing a rehabilitation course who have confirmed a positive outcome on their ability to self manage	New indicator, no local or national baseline	71.6%	Looking to improve from baseline of 71.6% in 2017/18.

Table 1 – Outcome 1

Outcome 2: People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

This indicator reflects whether people who need support feel that it helps them maintain their independence as much as possible. This outcome is again supported by national survey and information gathered locally.

Overall, the picture is an improving one with clients spending longer in the community and less time in institutional settings such as care homes or hospitals. There is increasing uptake of Self Directed Support options one and two where clients or their agents are taking direct control of their care needs.

Year-on-year performance is increasing in most of the indicators, although some are still below the Scottish national average.

Indicators	Baseline	Result	Comments
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To improve on Scottish average of 84%	84%	At the Scottish average
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	To improve on Scottish average of 79%	77%	Slightly below the Scottish average
Readmission to hospital within 28 days (per 1,000 population)	To improve on Scottish average of 95	72	Better than the Scottish average (Q1 16/17)
Proportion of last 6 months of life spent at home or in a community setting	To improve on Scottish average of 87%	90%	Better than the Scottish average (Q1 16/17)
Percentage of adults with intensive care needs receiving care at home	To improve on Scottish average of 62%	53%	An improvement on the previous year's performance, but below the Scottish average
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	To improve on Scottish average of 912	1,585	Well above the Scottish average
Uptake of Self Directed Support Options 1 and 2	To improve on 437 clients baseline	558	Performance improved by 28%
Age of admission to and length of stay in long-term residential and nursing care	To improve on Scottish average for 65+	Age 82 for 2.7 years	Clients aged 65 and over are are entering care homes at an older age in Highland (Scottish average is 81), but staying slightly longer (Scottish average is 2.3 years)
Increase number of clients receiving telecare	To improve on 2,069 clients baseline	2,130 clients	Clients numbers have increased, particularly clients receiving enhanced telecare

Table 2 – Outcome 2

A key indicator in this group is the number of delayed discharges which is well above the Scottish average. Delayed discharge continues to be a challenge, with lack of care at home services and care home placements accounting for 56% of the delays. Considerable improvement has been made in increasing the amount of care at home provided by the independent sector, but additional care at home capacity is still required.

There are also significant issues around the lack of care home capacity. It does further strengthen the need to identify and provide support for clients at an earlier stage well before any hospitalisation incident. Should a client be admitted to hospital it also highlights the importance of effective discharge into the community as soon as possible to prevent increasing dependency leading to a requirement for placement in a care home

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

This indicator is about the quality of the services provided and client's ability to manage and be in direct control of the services that they require. Apart from the indicators in table 3 below, other indicators such as enablement (Table 1) and self-directed support (Table 2) are also relevant. Clients and patients in Highland are consistently scoring Health and Care services above the national average.

The proportion of care services graded 4 and above in Care Inspections is below the national average, but that is largely due to the fact that not all internal care at home services have been reviewed over the past year and improvements are therefore not measured yet by the Care Inspectorate.

Indicators	Baseline	Result	Comments
Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	To improve on Scottish average of 75%	76%	Slightly above the Scottish average
Percentage of adults receiving any care or support who rate it as excellent or good	To improve on Scottish average of 81%	83%	Better than the Scottish average
Percentage of people with positive experience of the care provided by their GP practice	To improve on Scottish average of 87%	89%	Better than the Scottish average
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	To improve on Scottish average of 83%	78%	This is slightly below the national average, although the figure is depressed due to the number of inspections that have taken place over the past year

Table 3 – Outcome 3

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The previous indicator is used to determine the quality of the services being provided. This indicator is about the quality of life of the clients and patients who use those services. Apart from the delayed discharge (previously discussed above), this also paints a positive picture with fewer falls and a lower emergency day rate than the national average.

Scoring at 87%, a high number of patients and clients agree that the services provided do improve their quality of life. Of particular interest in future years will be the new indicator on social and geographical connectivity given the mix of urban and rural communities found in Highland.

Indicators	Baseline	Result	Comments
The number of delayed hospital discharges for service users residing within areas covered by Independent sector Care at Home providers	To reduce to zero	52 patients	See paragraph 2.4
People perceive themselves to be socially and geographically connected	New indicator, no local or national baseline	71%	Looking to improve from baseline of 71% in 2017/18
Emergency bed day rate (per 100,000 population)	To improve on Scottish average of 124,517	112,529	Better than the Scottish average
Falls rate per 1,000 population aged 65+	To improve on Scottish average of 20 clients	15	Better than the Scottish average
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	To improve on Scottish average of 84%	87%	Better than the Scottish average

Table 4 – Outcome 4

Outcome 5: Health and social care services contribute to reducing health inequalities.

This indicator is about ensuring that communities in Highland are safe and healthy and that individual circumstances are taken into account. Table 5 shows that the premature mortality rate in Highland is lower than the national average and that we have more people with learning disabilities in further education and shorter waiting times for Psychological services.

The time taken to access drug or alcohol treatments services is improving year-on-year from 77% in 2015/16 to 83.6% in 2016/17, but has yet to reach the 90% target set by Scottish Government.

Indicators	Baseline	Result	Comments
Premature mortality rate (per 1000 population)	To improve on Scottish average of 441	392	Better than the Scottish average

The number of people with learning disabilities who are in further education	To improve on Scottish average of 7.6%	9.3%	Better than the Scottish average
Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies	To improve on Scottish average of 80%	90%	Better than the Scottish average
The time taken to access drug or alcohol treatment services	To improve on local target of 90%	83.6	Improving year-on-year, but 90% target not yet reached.

Table 5 – Outcome 5

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Carers play a particularly important role in ensuring the health and wellbeing of clients, patients and communities. The purpose of this indicator is to determine if they are supported in that role and takes into consideration their own quality of life.

Work is underway with the carers Improvement Group to develop additional measures and it is anticipated that these will be available by December 2017.

Indicators	Baseline	Result	Comments
Percentage of carers who feel supported to continue in their caring role	To improve on Scottish average of 41%	37%	Below the Scottish average

Table 6 – Outcome 6

Outcome 7: People using health and social care services are safe from harm.

The purpose of this indicator is to ensure that there is support and services in place which ensure that clients are safe and protected from abuse and harm.

Indicators	Baseline	Result	Comments
Percentage of adults supported at home who agree they felt safe	To improve on Scottish average of 84%	86%	Better than the Scottish average
Reviewing and monitoring of Guardianships. Number of Guardianships reviewed - annual required timescale.	To improve on local baseline of 50%	49.3%	Slightly below target

Reviewing and monitoring of Guardianships. Number of New Guardianships reviewed within required timescale of 3 months	To improve on local baseline of 57%	38.3%	Below target

Table 7 – Outcome 7

Although the national survey results suggest that clients in the Highlands do feel safer in comparison to the national average, local targets in respect of guardianship are not being met. There is also work underway to define and more accurately record performance with regard to adult protection plans.

National Standards in relation to Adult Support and Protection are still awaited.

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Indicators	Baseline	Result	Comments
Workforce is Adult Support and Protection effectively trained	Local baseline of 100%	99%	99% of staff commenting on their training said they felt more confident as a result of that training.
Uptake of Knowledge and skills Framework	To improve on local baseline of 40.8%	38.9%	Just below target
Sickness absence levels	To improve on local baseline of 4.88%	4.92%	Just above target

Table 8 – Outcome 8

Staff attending training find that the training is useful and increases confidence and abilities. However, with uptake at just under 39%, there is a need to further engage those staff who currently are not participating in the knowledge and skills framework.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

Indicators	Baseline	Result	Comments
NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	To improve on local baseline of 83%	89%	Above target set

Home Care costs per hour for people aged 65 or over	National average £20.01	Highland figure £31.18	
Self Directed Support (option 1) spend on people aged 18 or over as a % of total social work spend on adults	National average 6.9%	Highland figure 4.16%	Slightly lower than the national average
Net Residential costs per Capita per week for Older Persons (over 65)	National average £372	Highland figure £410.77	

Table 9 – Outcome 9

Payment of invoices within 28 days has improved and exceeded target and is expected to improve further. Although SDS1 uptake continues to grow in Highland, it still lags behind the national average.

Home care costs and residential costs are published nationally. However, there are so many different factors contributing to these costs that national comparisons are largely meaningless.

Inspection Findings

A key indicator of quality remains the findings of regulators through unannounced inspections and the following data has been collected from the Care Inspectorate and Social Work Improvement Scotland.

There are 74 care homes registered in Highland. Of these, 55 are independent sector care homes and 17 provided by NHS Highland. In December 2016, 57 (79.17%) of all care homes were graded 4 or better. Of these 26 (36.11%) were graded 5 or better. NHS Highland is aiming for 100% of all care homes to be graded at 4 or better from 2018.

There has been a significant focus on improvement across the care home sector in 2016/17. Integration means that more health professionals within NHS Highland are now involved in improving services in NHS care homes, using their unique experiences and knowledge. This has also impacted on independent sector care homes and there are a number of improvement activities underway.

My Home Life and 'culture of care' training commenced in January 2015 and is having a positive impact on Care Inspectorate grades as well as improving the experience of people who live, work and die in care homes. 32 care homes have now been involved in My Home Life and over 100 care home staff have undertaken "culture of care" training.

This has highlighted what is important to residents and their families as well as what is important to staff and communities. 'What matters to you' is now a key question in care homes and many residents are involved in everything from menu planning to staff recruitment.

Community Medical Support

Over the past two years, Consultant Geriatricians have been working directly with Care Home staff and clients and now lead multi-disciplinary teams supporting 17 care homes across Highland.

The Consultant Geriatrician undertakes an annual review of every resident within each of these care homes recording the client's needs in a central database (called the "Sci" store). This ensures that information is readily available to out of hours GPs and hospitals, if a care home resident is admitted to hospital. Early indications are that this flexible, expert input is supporting more people to live and die in care homes than in the past.

A good example of this multidisciplinary approach is the service provided to clients in Lochbroom care home, where the flexible approach involving the use of health and social care facilities, including the step up/ step down bed in the care home, is supported by social work, the community geriatrician, the community psychiatric nurse, an occupational therapist and the GP. The end result is that Lochbroom has amongst the lowest rates of death in hospital in the whole of Highland.

In addition to Consultant Geriatricians, Older Adult Psychiatrists support staff to support residents who have dementia in care homes in Lochaber, using video conferencing facilities. This approach ensures that residents receive expert and professional assessment and support, in their own home (the care home) without having to travel to Inverness for appointments.

Community Psychiatric Nursing (CPN) input into care homes is now a more standard approach to supporting vulnerable residents in care homes. Care home staff are reporting that they find it reassuring to have regular CPN visits as they find it reassuring and supportive, when working with some complex dementia behaviours.

Two pilots have recently commenced within care homes in Highland. One is a pharmacy pilot involving 5 care homes in Lochaber. This pilot is offering regular resident medication reviews by a pharmacist ensuring residents changing needs are being met in a more timely and supportive manner.

The second pilot also involves 5 care homes and is focussed on promoting effective skin care. Whilst there have been improvements in care homes since integration, this pilot aims to develop standard work to improve staff confidence, competence and knowledge around skin care and viability.

Partnership working with Highland Hospice is ensuring the development of better palliative care in care homes in Highland. Whilst still at a relatively early stage, relationships have already developed between Highland Hospice staff, community geriatricians, care home staff and NHS Highland's service improvement lead for care homes.

Care home staff have been undertaking shifts in Highland Hospice and Highland Hospice staff undertaking shifts in care homes, sharing good practice between both organisations. This has supported NHS Highland's promotion of caring as a profession to younger care home staff, in particular, with several young carers participating in this work, including a member of staff from Ach an Eas care home in Inverness.

The average age of admission to a care home in Highland for those clients 65 and over has risen from 79 in 2011 to 82 in 2016, which is above the Scottish average of 81. In addition the average length of stay has risen from 2.6 years in 2011 to 2.7 years in 2016. There are still a number of residents who have lived in Highland care homes for more than 10 years so the average will take some time to come down.

Residents admitted in recent years have a shorter length of stay in care homes.

Large Scale Investigations

The number of Large Scale Investigations (LSI) in Highland Care Homes reduced in 2016/17. Where these have taken place, support has been offered, and we have seen some improvements in grades. A Large Scale Investigation is triggered where there are concerns about more than one of the residents and a pattern of poor practice may be suspected.

NHS Highland has trained all the District Managers and lead social workers and others on the updated Large Scale Investigation process, including how to chair Large Scale Investigation meetings and this has improved confidence and practice.

The LSI protocol has been reviewed by the Adult Support and Protection Improvement Group based on feedback from all agencies involved and the group will continue to monitor use and outcomes, reporting to the multi-agency Adult Support and Protection Committee.

Care at Home

There are 22 care at home services registered in Highland. 20 of these are independent care at home services and 2 are delivered by NHS Highland. In December 2016, 17 (77.27%) of all care at home services were graded 4 or better. Of these 9 (40.91%) were graded 5 or better.

There have been concerns regarding some aspects of care at home provision and with one provider in particular. This has been the subject of ongoing communication between NHS Highland and the provider. NHS Highland no longer commissions their service.

Overall, the picture is one of improving the quality of Care in the Highlands.

Strategic Plan Review

The Highland Strategic Commissioning Plan for Older People **2014-2019**, was Highland's first strategic commissioning plan and was co-produced during 2013-2014 with all sectors and representatives of carers and service users through the Adult Services Commissioning Group (ASCG) (which fulfils the function of the Strategic Planning Group).

The development of the strategic commissioning plan was recognised to be an evolving process, where the journey of establishing solid relationships with and between commissioning partners, was a critical achievement.

The first plan focussed on meeting the needs of older people in Highland and was the first step on an important journey to better understand and meet these needs, with a view to focusing on other adult population groups in future years. The priorities of the plan centred on actions around the capacity, flexibility and quality of care at home and care home provision for older people.

The **2015-2016** annual refresh provided a sustained focus on the existing care at home and care home activity, under the following objectives:

- *Sufficient capacity to meet need*
- *Highland wide coverage*
- *Consistent high quality*
- *A range of models (e.g. sitter service, re-enabling)*
- *Flexible and responsive services*

In terms of Future Direction, a refreshed Strategic Commissioning Plan for 2018-2021 is under development for sign off and implementation from April 2018.

It is intended that this plan will build on the current activity but will also provide clearer, more detailed and more measurable priority action areas to inform commissioning activity over this period.

Specifically, this approach will –

a) align with the Scottish Government's clarification guidance from September 2016 on the development of strategic commissioning plans; and

b) address care provider sector feedback received, indicating a need for more specific detail regarding commissioning intentions to enable them to sufficiently plan, commit resources or consider longer term change or investment.

Now in 2017/18, Service Improvement Plans have been put in place, and Commissioning Plans re drafted. These documents not only focus on service review and development, and contribution to transformation programmes, but link closely to the development of the Local Outcome Improvement Plan.

Looking forward in Community Planning

Given the demographics and continued drive to develop more efficient and sustainable models of service delivery, a focus on our ageing population remains a priority.

The development of the Community Partnerships and the Highland Outcome Improvement Plan affords all partners a significant opportunity to shape care and preventative services for the future.

With a focus on improving outcomes and quality, the Community Planning Partnership is now well placed to drive forward these improvements and work more effectively together, supporting local initiatives and approaches to change. The themed groups supporting the Partnership must now make the cross-cutting links across Partners so that our shared vision for the people of Highland is realised.

ANNEX A

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate
18. Inspections.
19. Percentage of adults with intensive needs receiving care at home.
20. Number of days people spend in hospital when they are ready to be discharged.
21. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
22. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
23. Percentage of people who are discharged from hospital within 72 hours of being ready.*
24. Expenditure on end of life care.*

* Indicator under development

Table 1 – Core Suite Of Indicators