

The Highland Council / NHS Highland

Agenda Item	5
Report No	JMC-23-23

Committee: Joint Monitoring Committee

Date: 15 December 2023

Report Title: Adult Social Care Assurance Report

Report By: Pamela Cremin, Chief Officer, HHSCP

1. Purpose/Executive Summary

1.1 This report provides a suite of key performance indicators for the Partnership in relation to Adult Social Care.

2. Recommendations

2.1 Members are asked to:

- i. **Consider** the agreed performance framework
- ii. **Accept** moderate assurance and **note** the continued and sustained stressors facing both NHS and commissioned care services.

3. Implications

3.1 **Resource** – No arising issues.

3.2 **Legal** – No arising issues.

3.3 **Community (Equality, Poverty, Rural and Island)** – No arising issues.

3.4 **Climate Change / Carbon Clever** – No arising issues.

3.5 **Risk** – No arising issues.

3.6 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – No arising issues

3.7 **Gaelic** – No arising issues

4. Performance management framework for the integrated adult plan.

4.1 The Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the integrated adult plan. The framework is currently built round the following themes which are based on information that NHSH currently collect in terms of monitoring delivery of the Together We Care Strategy.

- Care-at-Home
- Care Homes
- Delayed Discharge
- Self-Directed Support/Carer Short Breaks
- Adult Protection
- Mental Health Psychological Therapies
- Community Mental Health Services
- Drug & Alcohol Recovery Services

4.2 The performance indicators are at Appendix 1 of this report in the HHSCP Performance and Quality Report.

The report identifies sustained challenges and ongoing pressure in Adult Social Care services and references work ongoing to improve care at home capacity, care home sustainability and improve flow. Positively, it identifies sustained growth in SDS options 1 and 2 and reduced waiting times for Psychological Therapies.

Designation: Chief Officer, HHSCP

Date: 28/11/2023

Author: Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP

Appendices: HHSCP Performance Quality Report November 2023



Together We Care
with you, for you



North Highland Health and Social Care Partnership Performance and Quality Report

1st November 2023

The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.



Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

Content:

- Care-at-Home and Care Homes – slides, 4-7 & 8-9
- Delayed Discharge – slides 10-11
- Self Directed Support/Carer Short Breaks – slides 12-14
- Adult Protection included – slide 15
- Mental Health Psychological Therapies and Community Mental Health Services – slides 16-17
- North Highland Drug & Alcohol Recovery Services – slide 18
- Non MMI Non Reportable Specialties Waitlists – slides 19 & 20
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

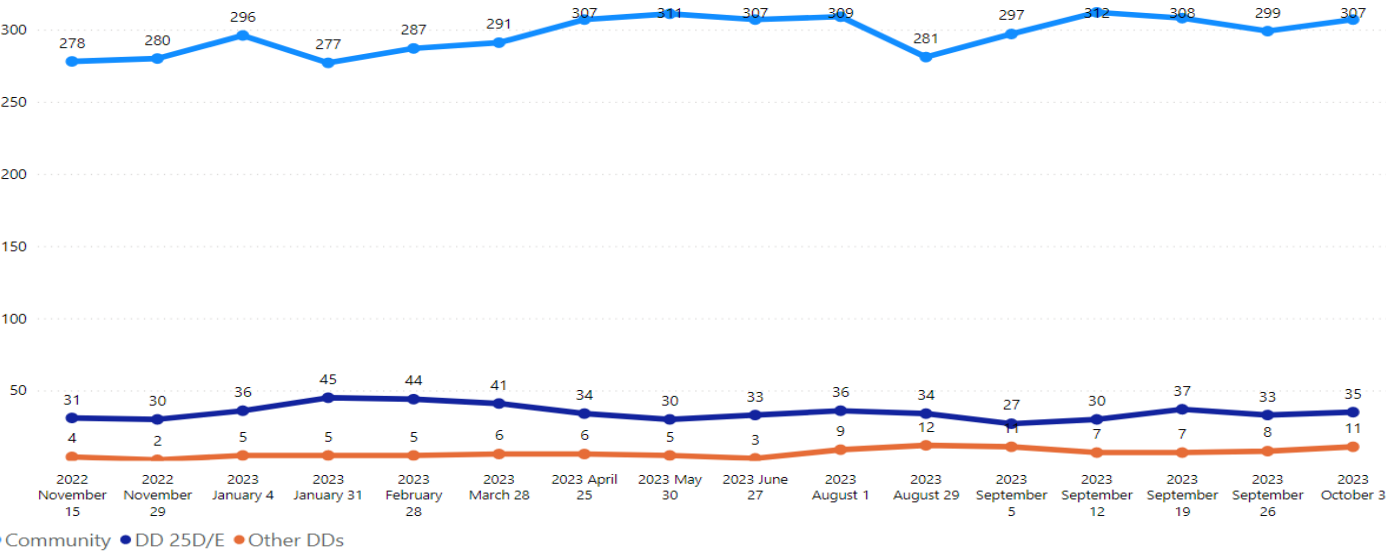
Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



North Highland Care at Home – Unmet need

Total number of people assessed and awaiting a new package of care (Community and DDs)



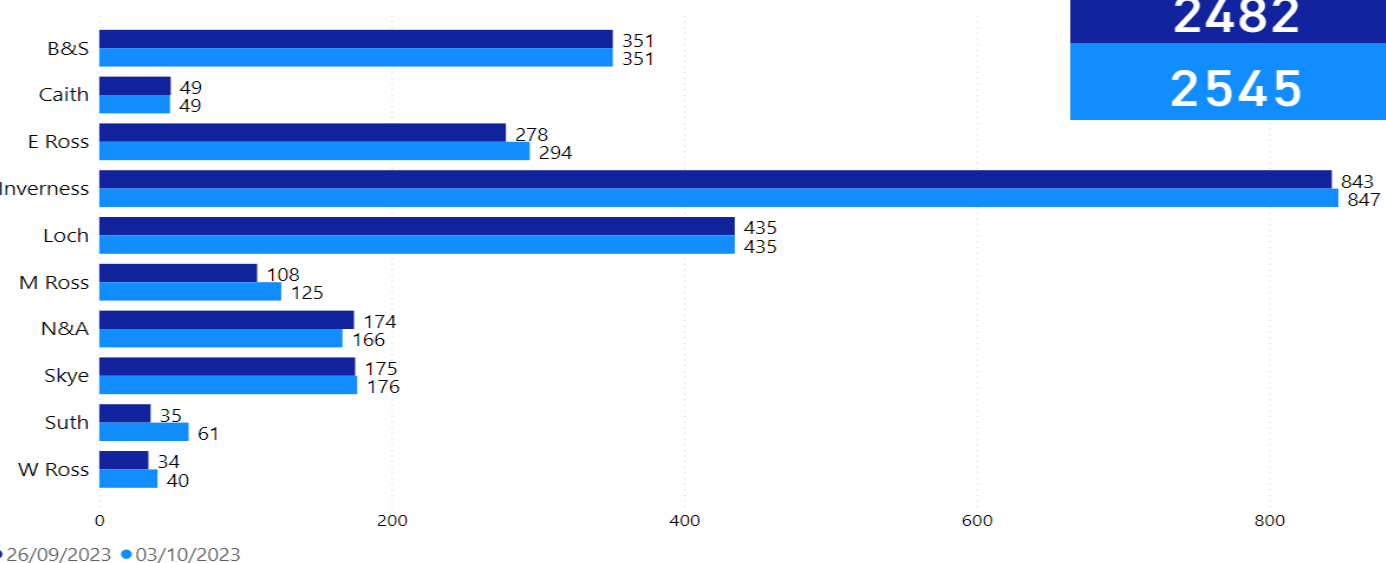
Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

Graph 1 - All North Highland delayed hospital discharges (DHD's) are included which show those assessed as requiring CAH in either a hospital, or at home.

- Community - 307 awaiting a care at home service
- DHDs – 35 awaiting a care at home service
- DHDs – 11 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

Unmet need hours by locality, this includes all unmet need hours regardless of type



Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need for those above and includes hours required for people in receipt of a service with required additional hours.

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH continues to be in excess of 2500 planned hours per week.

Update 09/10/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

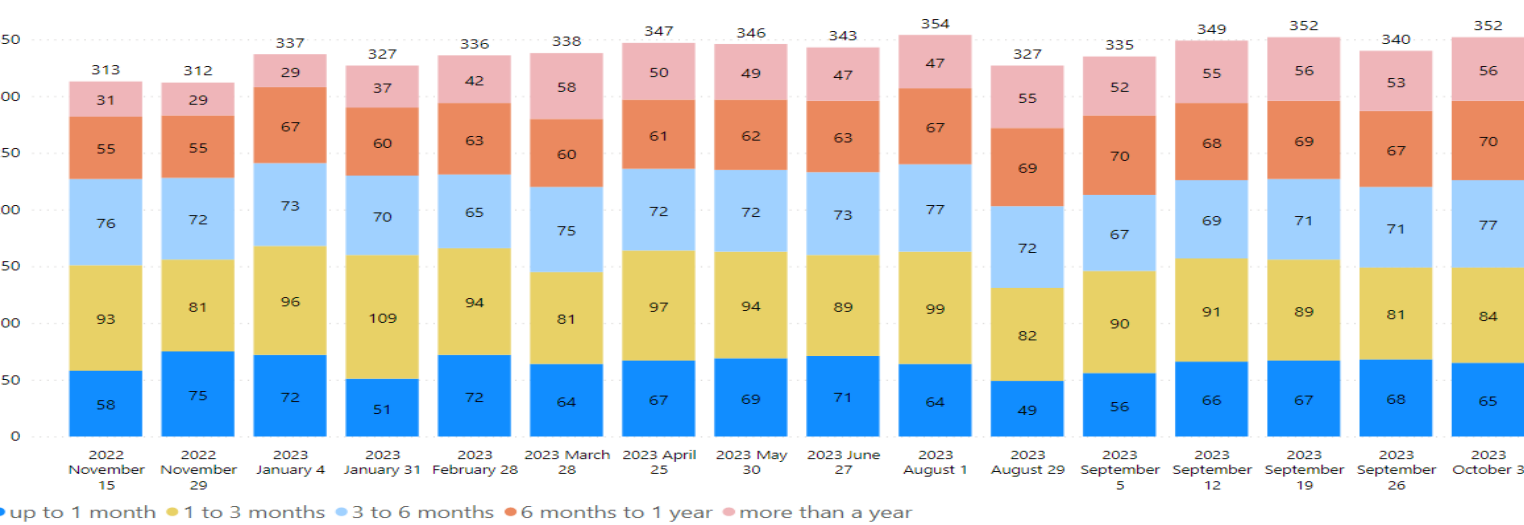
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North Highland Care at Home – Unmet need

Care at Home waiting list for new service, by length of wait

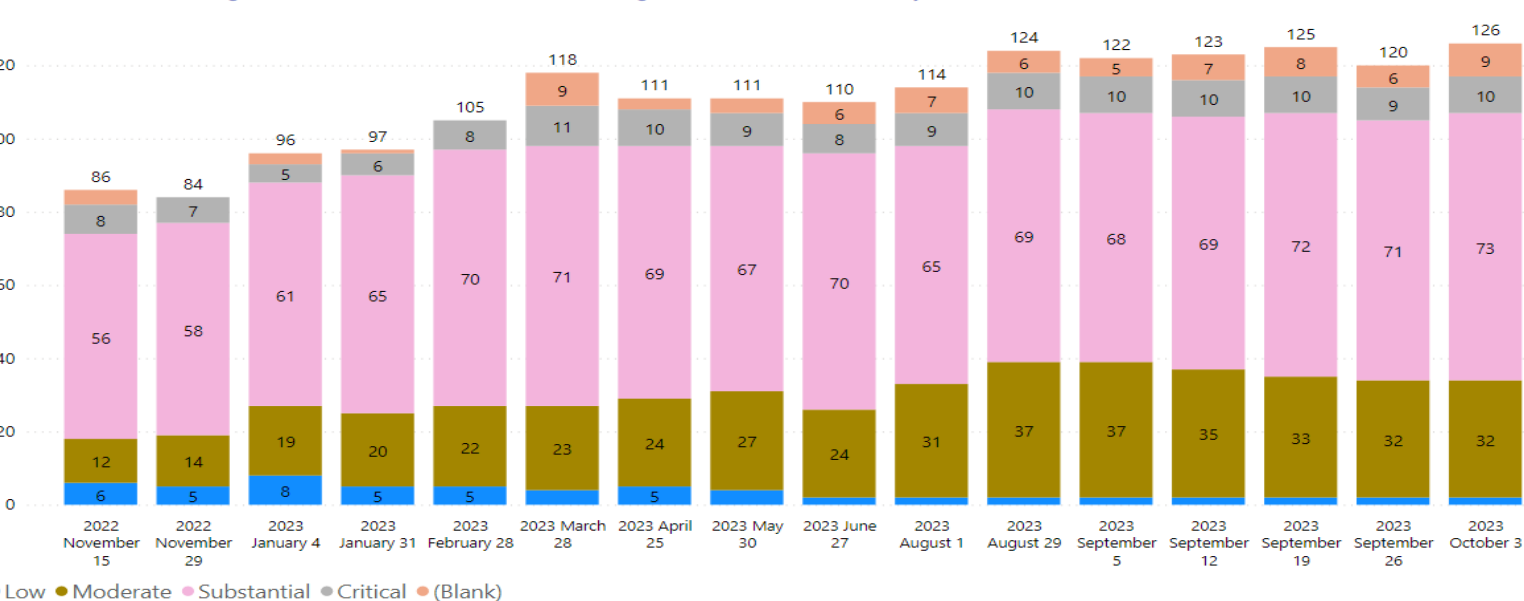


Graph 1- All North Highland unmet need for care at home, including waiting times. Total number waiting for a care at home service is 352 as at 3/10/23.

- Up to 1 month – 65
- 1 to 3 months – 84
- 3 to 6 months – 77
- 6 to 12 months – 70
- More than a year - 56

This data is published by PHS and weekly returns from CAH officers.

Care at Home waiting list for new service (those waiting 6 months and over), by level of need



Graph 2 – Further breakdown of those waiting longer than 6 months by level of care need.

Update 09/10/2023

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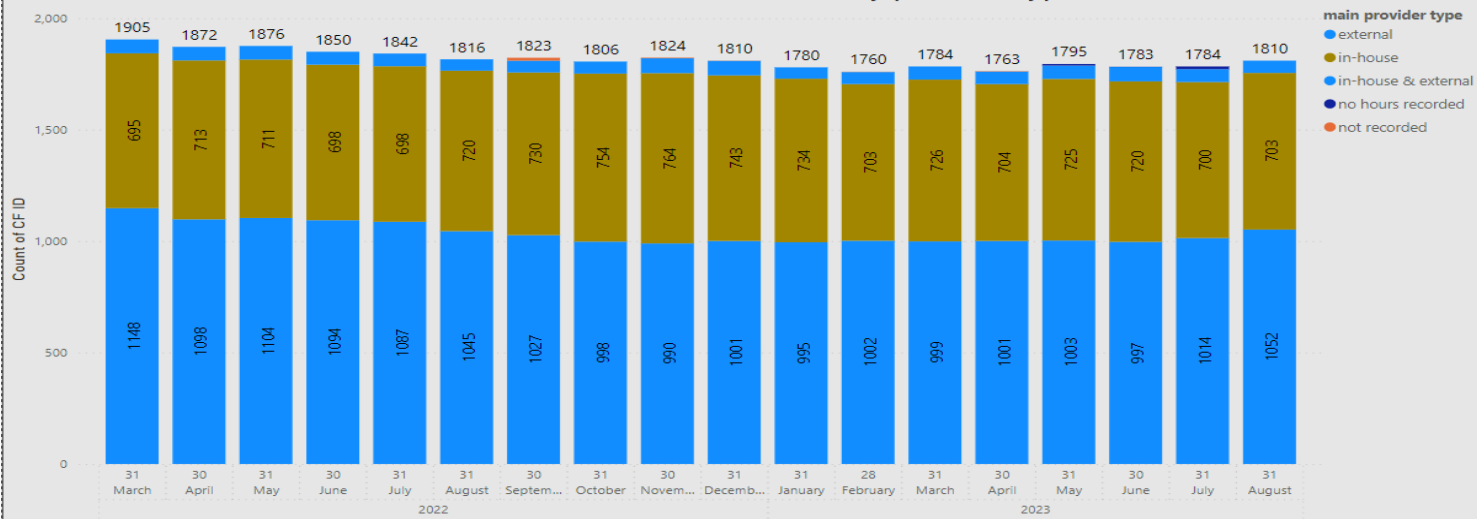
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North Highland Care at Home

Care at Home - count of clients by provider type



North Highland Care at Home

During July and August 2023, we have seen some signs of growth although service delivery is still low after a period of sustained reductions starting 2021. NHS Highland (NHS) and external care providers continue to operate in a pressured environment

We have not seen the expected growth in external care at home and low levels of recruitment and the loss of experienced care staff continue to be the primary concern expressed by providers in our frequent and open discussions.

NHS and care providers both await the specific details on the recent First Minister announcement on the proposed £12per hour minimum wage increase.

The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

A short life working group has been established to co create and co-develop in year proposals for 2023-24 to address capacity issues. The SLWG has met a number of times since April and are developing co-produced and tangible solutions, which are expected to be available for consideration by NHS within the next 4-6 weeks.

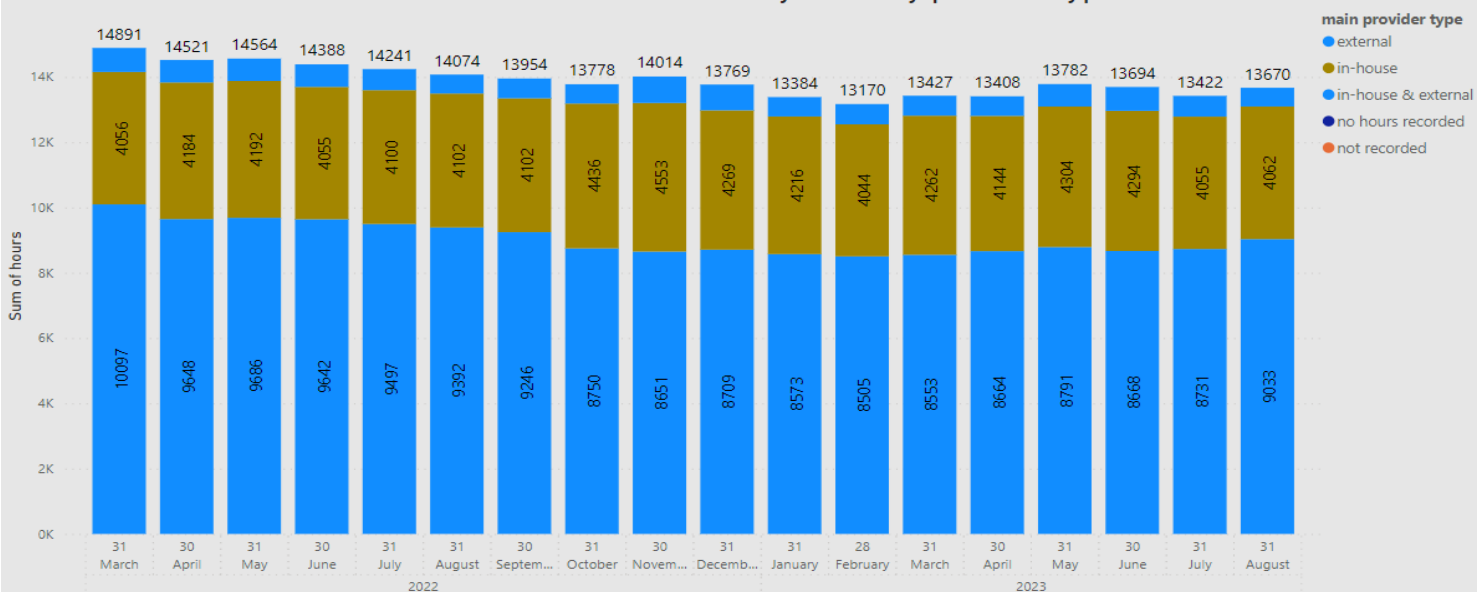
A medium-term care at home delivery vision and supported commissioning approach has also been identified to deliver the following **five key objectives**:

- Maximise provision through processes, training and technology
- Enable market and delivery stability
- Create, sustain and grow capacity
- Recognise, value and promote the paid carer workforce
- Improve affordability

Progress around this area is dependent on available resourcing to take forward.

Update 09/10/2023

Care at Home - sum of weekly hours by provider type



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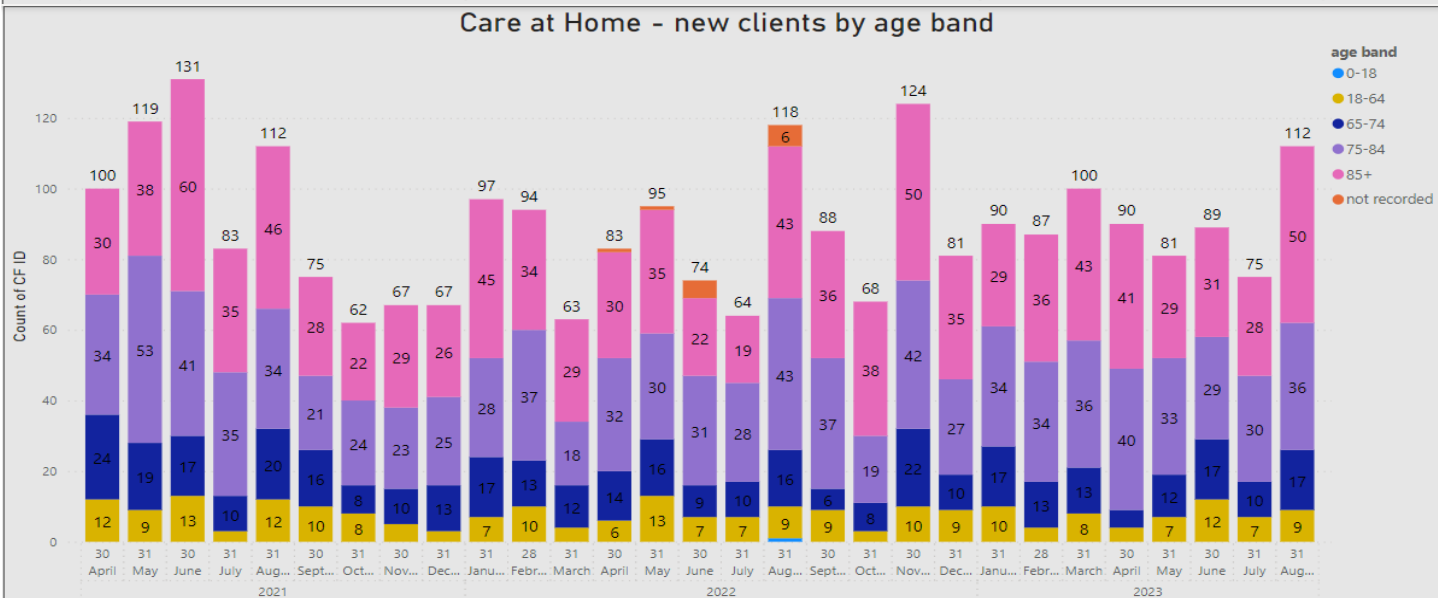
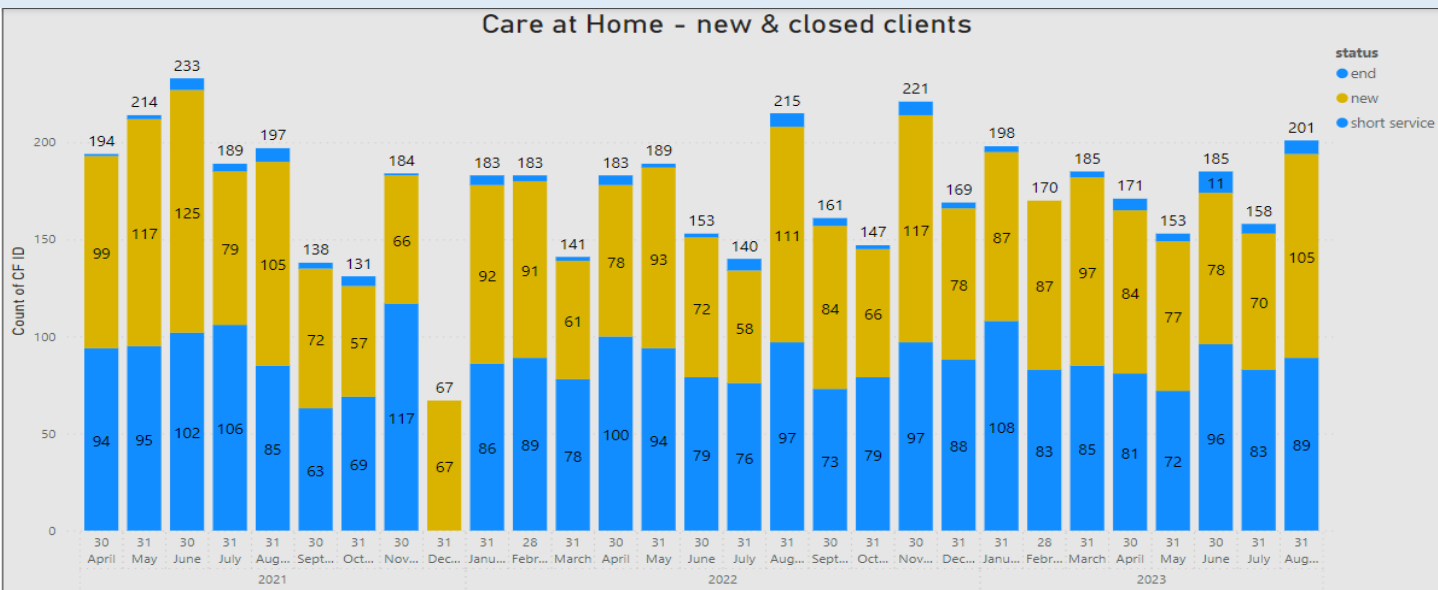
North Highland Care at Home

Care at Home – New & Closed Packages

Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging due to staffing related pressures in both in house and commissioned external services.

Graph 2 – Shows the number of **new** care at home service users split by age band over the same period.



Update 10/10/2023

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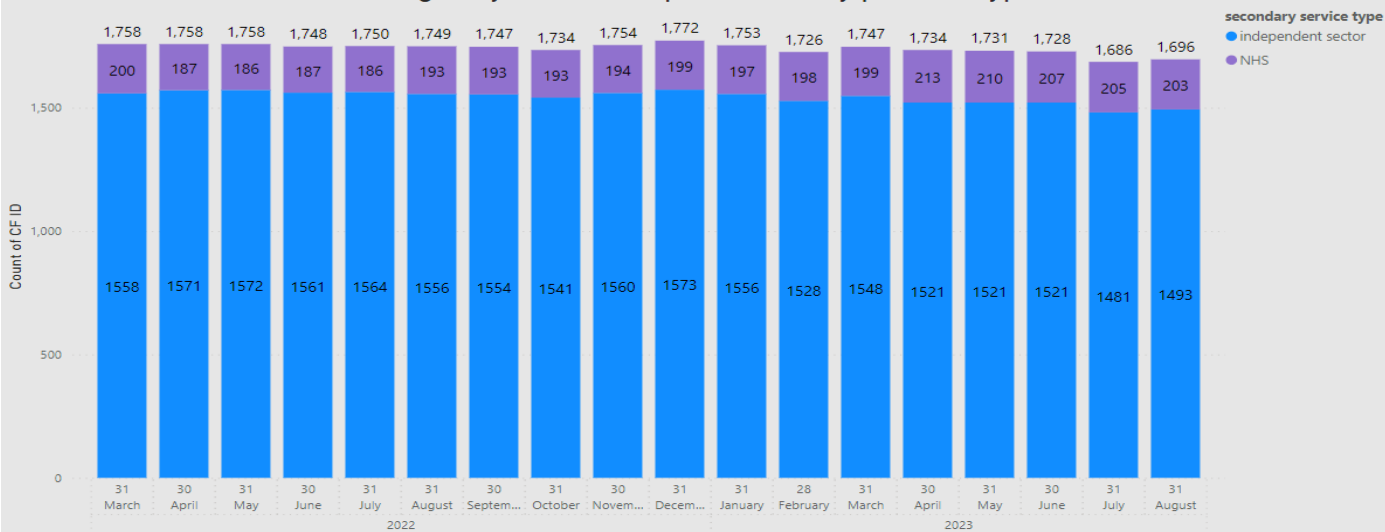
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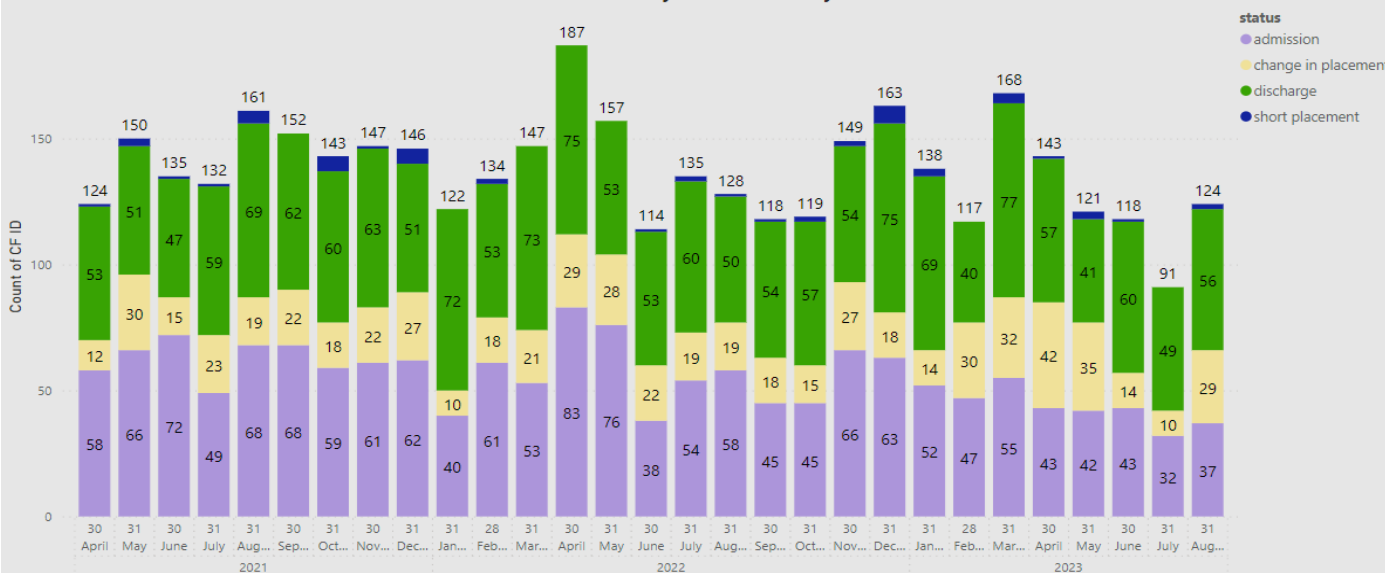


North Highland Care Homes

Long-stay Care Home placements by provider type



Care Homes by Bed Activity Status



North Highland Care Homes

From March 2022 to date, there has been significant turbulence within the independent sector care home market related to operating on a smaller scale, and also the challenges associated with more rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 8 of the 47 independent sector care homes are over this size.

In-house care homes and some independent care home providers are still experiencing significant staffing resource shortages.

Since March 2022, there have been 5 concluded independent sector care homes. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

This year, 3 in house care homes have also closed although two are closed on a temporary basis and all of these closures are in small rural and remote communities with closure due to acute staff shortages.

This reduced bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital settings.

A **Care Programme Board** is now established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

Update 09/10/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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North Highland Care Homes

North Highland Care Homes

These graphs provide an overview of the **occupied** long term care beds during the month for both external and NHS managed care homes by providing a breakdown by Area and those placed out of area but funded by North Highland.

South: 778 occupied beds

Mid: 383 occupied beds

North: 243 occupied beds

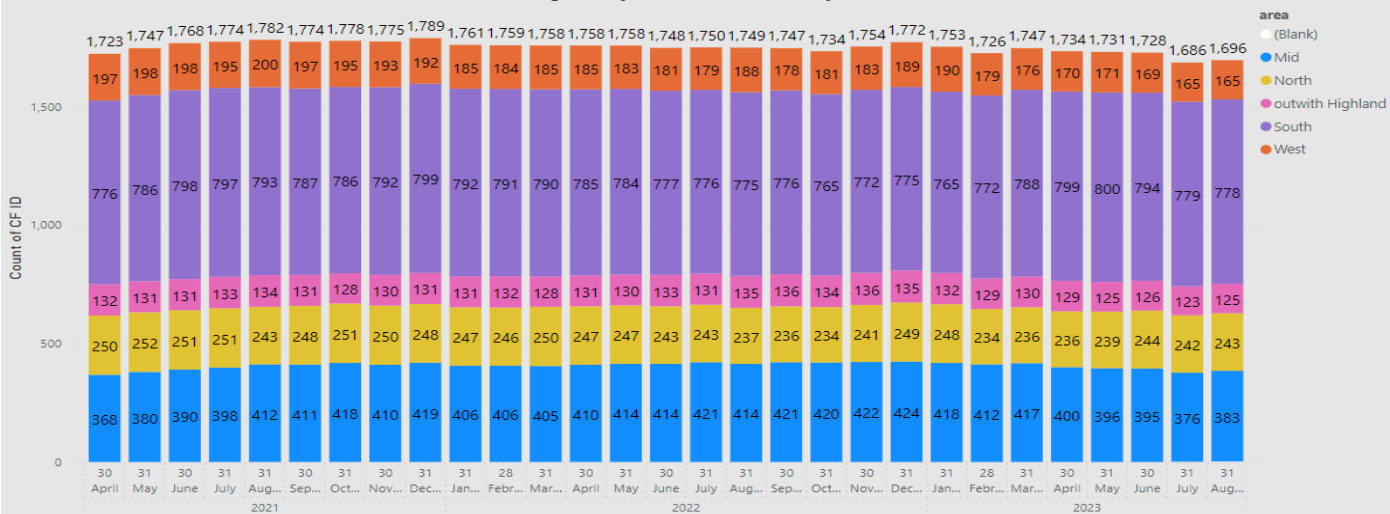
West: 165 occupied beds

Out of Area: 125 occupied beds

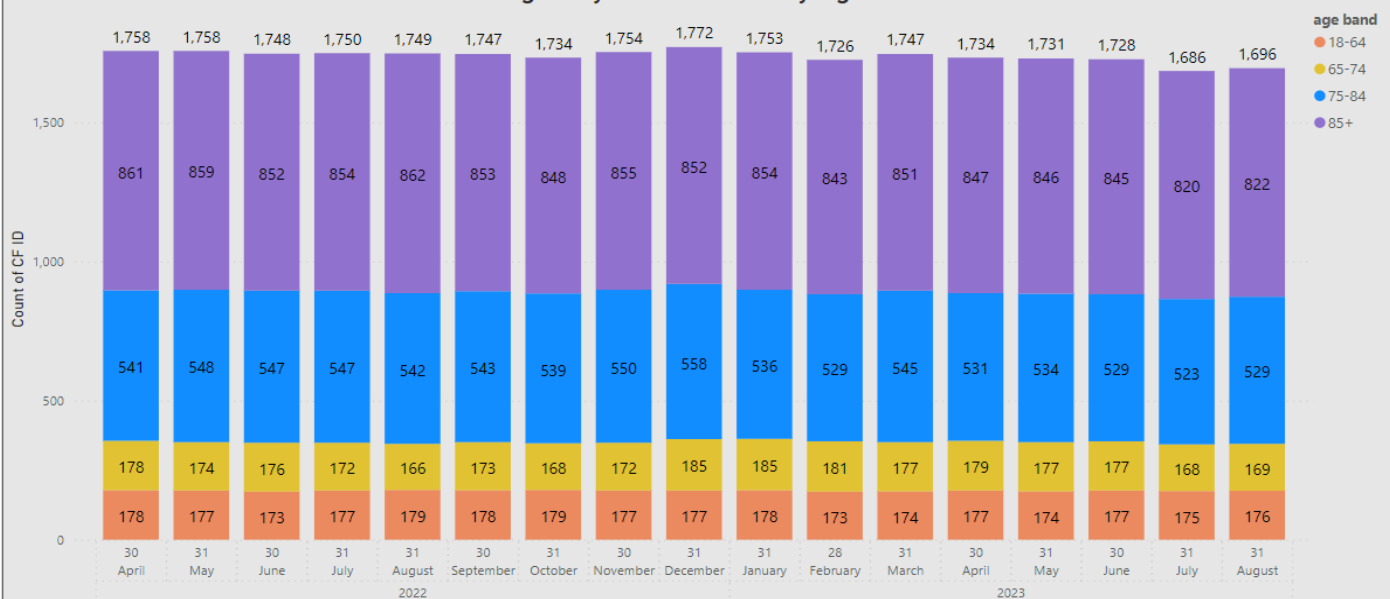
In addition, a further breakdown is provided by the current age of those service users for North Highland only, **showing 48%** are currently over the age of 85 in both residential and nursing care settings.

Update 09/10/2023

Long-stay Care Homes by area



Long-stay Care Homes by age band



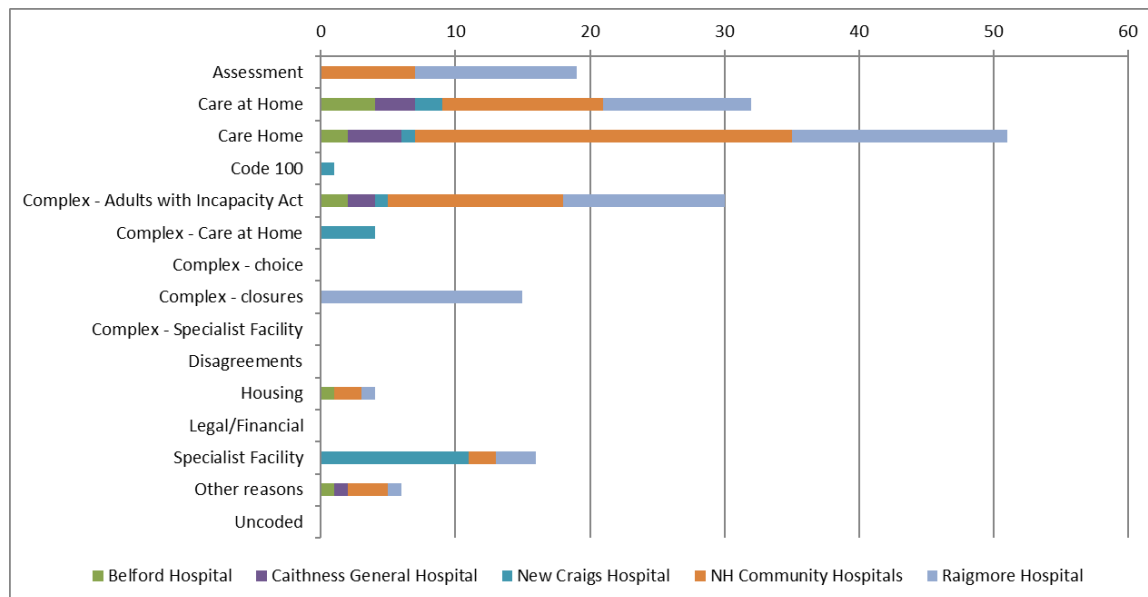
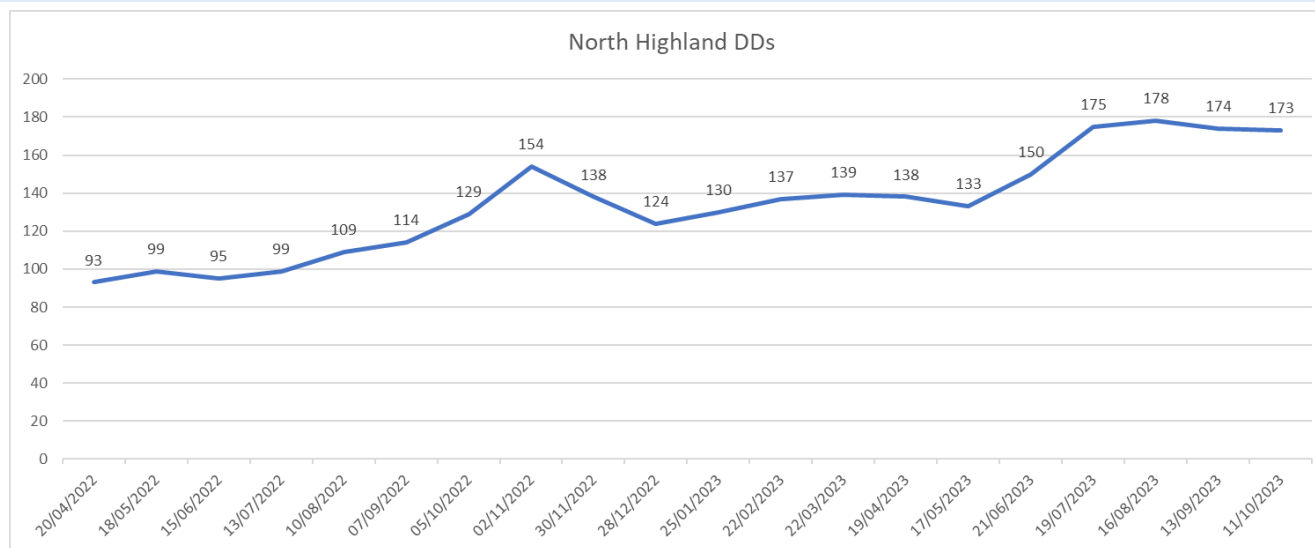
Strategic Objective 3 Outcome 11 – Respond Well

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

Priority 11C – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach



North Highland DDs



North Highland DHD's

Update: 178 delayed discharges @ 11/10/2023 with 30 of those code 9 (complex-AWI), 32 awaiting social care arrangements to return home (care at home/adaptations), 19 awaiting outcome of assessment and 51 awaiting care home placement.

The graphs show the trend for total delayed discharges for North Highland and the reason for those awaiting discharge shown at a hospital level.

- Delayed discharges remain a significant concern. Hospital flow continues to be impacted by the loss of a total of **161** care home beds since March 2022 and a reduction of **2,500** hpw care at home since March 2021.
- Whilst the work of the Optimising Flow (previously DwD) Group had an initial focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull, respective operational and management units now need to ensure these are embedded and sustained.
- Ongoing work includes review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.
- Cross system working and adopting a whole system approach remains key to ensuring the success of this work. If one or more arms of the service do not work to agreed process it has an overall impact on flow and delivery of desired outcomes.
- Consensus Workshop planned for 23 August to agree and inform priority areas of activity.
- On a journey of cultural change - still some way to go in some areas regarding pace of discharge planning and adopting a daily mantra of **why not home today?**

Update 16/08/2023

Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

Priority 11C – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach.



North Highland Community Hospital DHD's

There is no national target for delayed discharge but we aim to ensure we get our population cared for in the right place at the right time.

Of the 178 delayed discharges at 11/10/2023, 67 are in North Highland Community Hospitals, 20 are in New Craigs hospital and the remaining 91 are delayed in acute hospitals.

Ongoing work continues regarding the implementation of standard work, including daily huddles and the setting of PDDs for all inpatients across all hospital sites. Early notification to community DMTs of people on pathways 2, 3 and 4 is recognised as crucial in terms of timely discharge planning and facilitating community pull.

There has been and continues to be, immediate operational challenges from arising / potential care home closures which require to be addressed. There is insufficient capacity within the system to cope with the potential scale of lost provision and mitigating actions are therefore required to avoid whole system destabilisation.

Consensus Workshop on 23 August to consider how best to address these challenges at whole system level.

Daily oversight and collective problem-solving remains a key feature of DMT meetings in each of the Districts. These meeting also have oversight of those patients who are subject to AWI process to ensure focus and monitor progress. Additional capacity in both legal and MHO services is positively impacting on progression of guardianships. Provision of Section 22 approved medical practitioners remains an ongoing challenge.

Focused work in CAH to ensure maximisation and most efficient targeting of limited resources. Work also ongoing across acute and community regarding the importance of realistic conversations with service users and their families.

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

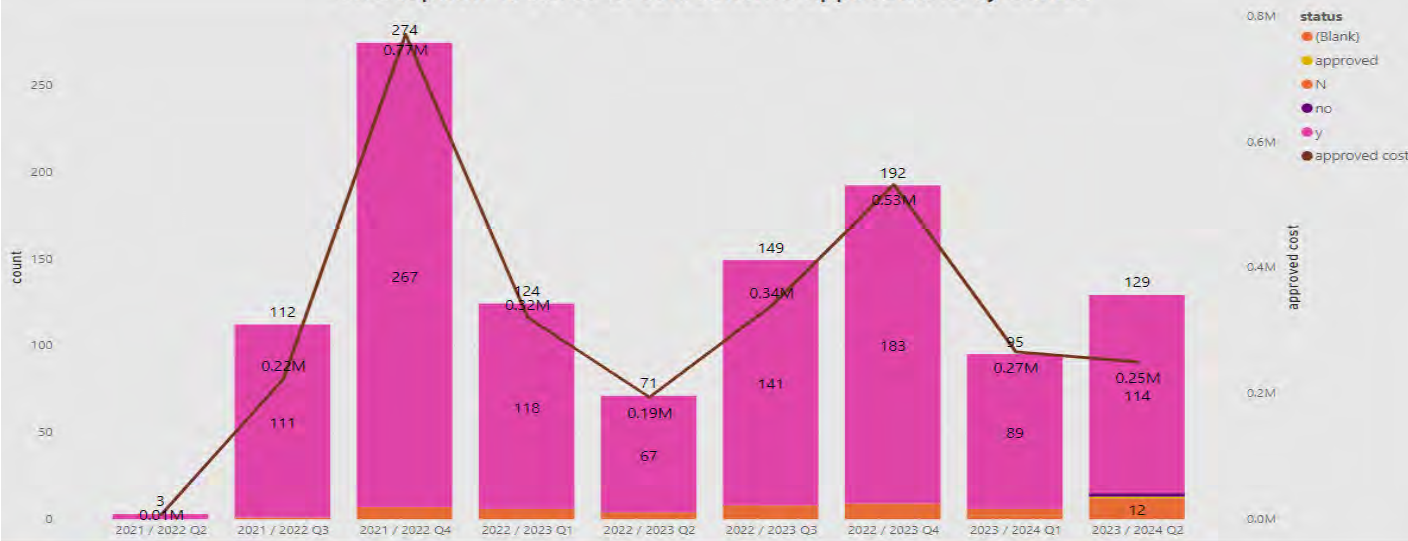
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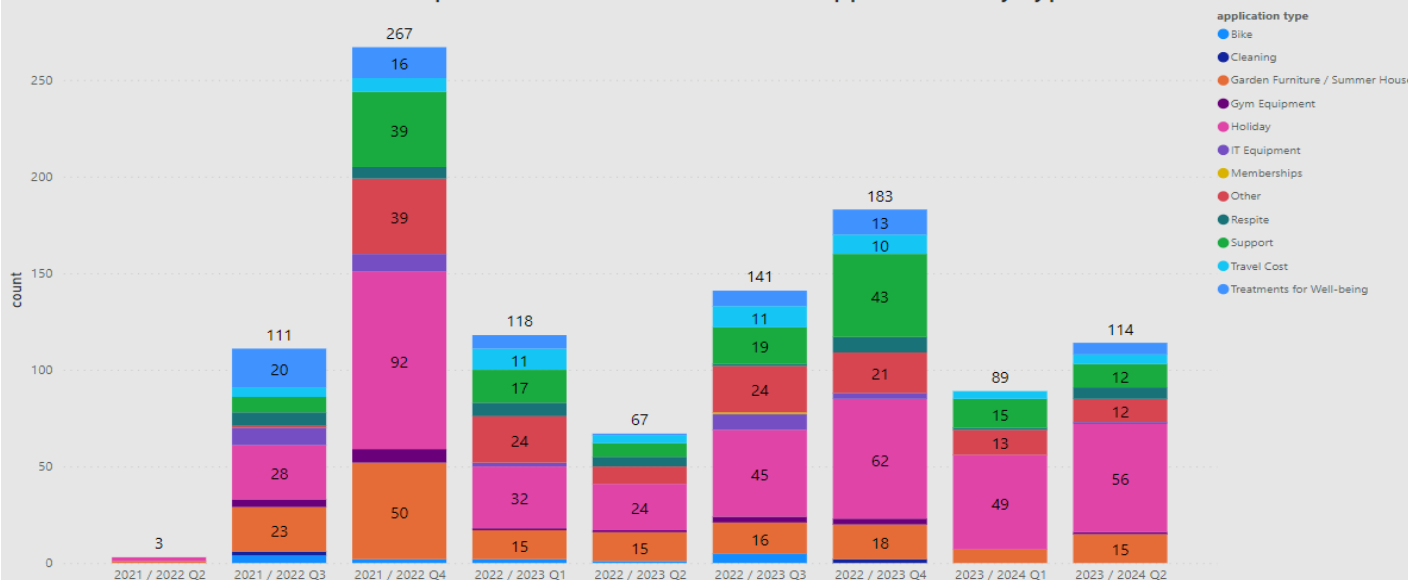


Carer Breaks – Option 1 (DP)

SDS (option 1) Carer Break scheme applications by status



SDS (option 1) Carer Break scheme applications by type



SDS Option 1 (Carer Break scheme)

We are continuing to use powers within the Carers Act to provide an Option 1 Short Breaks scheme for carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of break that would be right for them. We think this is a good opportunity to demonstrate the benefits of worker autonomy.

This is consistent with our aims to:

- Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support
- Maximise people's choice, control and flexibility over the resources available to them

Work has recently concluded national colleagues - via the award of "Promoting Variety" funding - to provide our local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect.

We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches. Their suggestion is that there are financial ceilings set for different types of purchases used to effect a short break: i.e. limits of contributions for holidays, summer houses and e-bikes etc.

Finally, NHS Highland partnered with a other organisations to host special events for unpaid carers to promote the support available to them: these nine “roadshow” events” were spread across Highland and have engaged 141 local people about the range of supports – including the short breaks scheme – available to them.

Update 17/10/23

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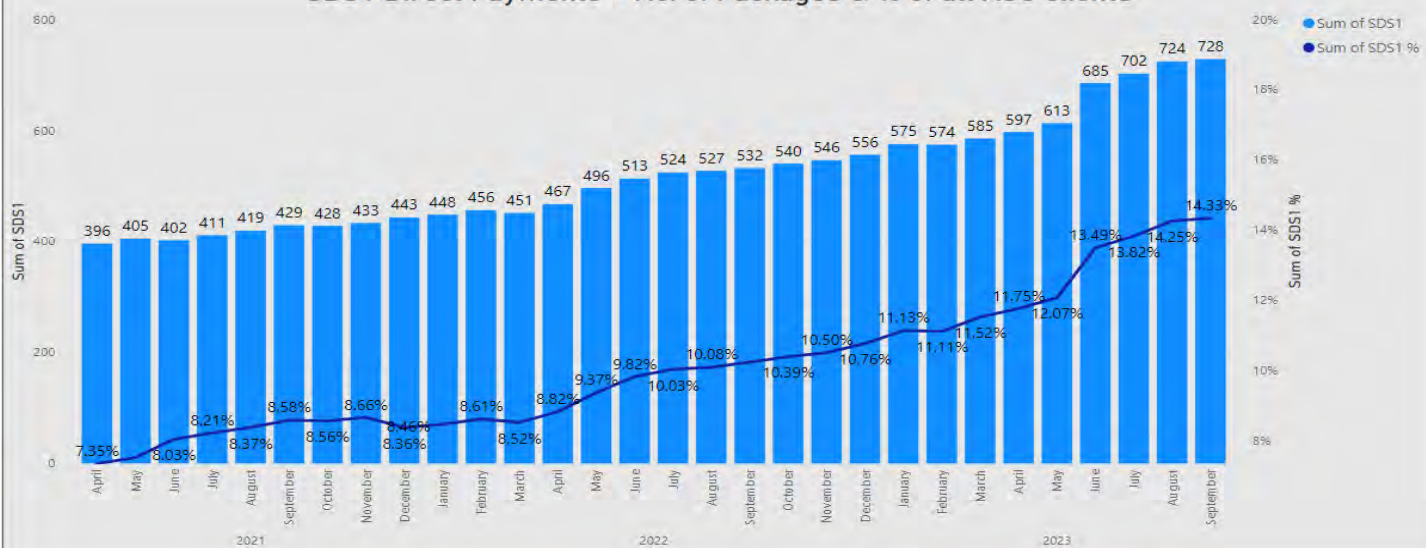
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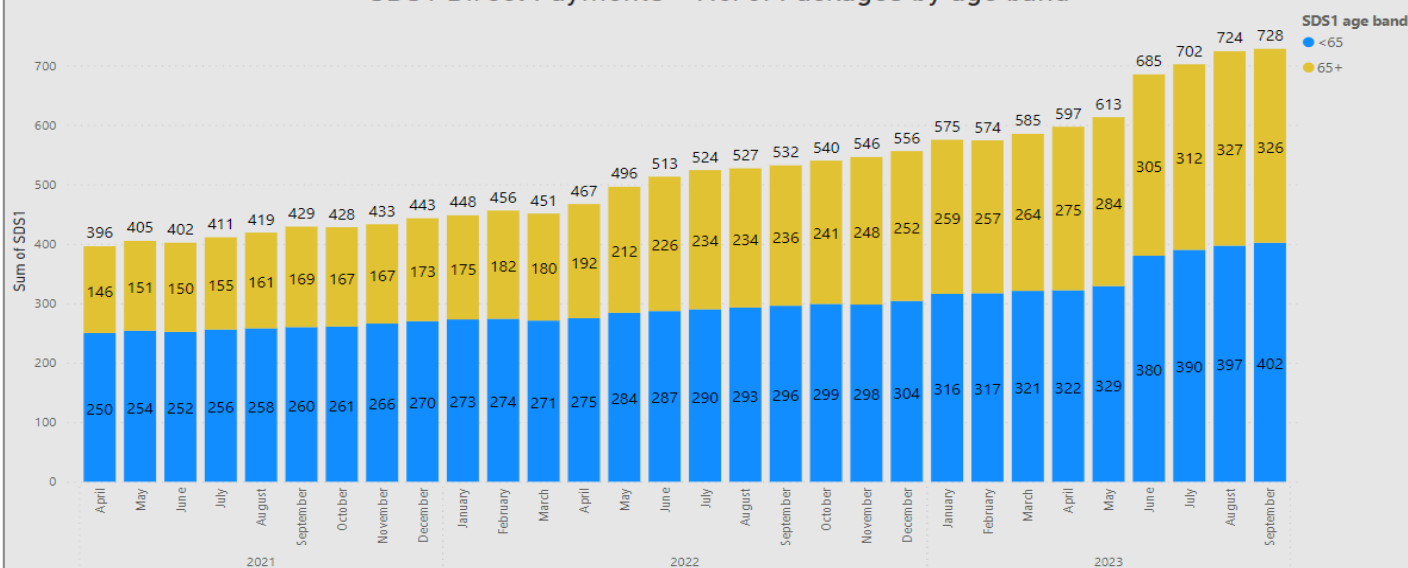


Self Directed Support – Option1 (DP)

SDS1 Direct Payments - No. of Packages & % of all ASC clients



SDS1 Direct Payments - No. of Packages by age band



SDS Option 1 (Direct Payments)

We have seen sustained levels of growth for both younger and older adults in our more remote and rural areas. There has been a significant increase since March 2022 with further sustained growth expected this financial year.

These increases do highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services strongly suggest a market shift in Adult Social Care.

We are also aware of increasing numbers of Option 1 recipients who are struggling to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. An event is planned in Lochaber to promote the opportunities that becoming a PA affords and this will test our approach to engaging local people about this unique opportunity.

As previously reported to committee, NHS Highland has implemented in Oct 23, a co-produced urban, rural and remote hourly rate in partnership, establishing a fair, transparent, and mutually understood personal assistant hourly rate for Option 1s. This increase and new model has been well received by users and families and will help to retain and to recruit valued personal assistants.

This significant cost investment was required to ensure the sustainability of our current and new Option 1 packages which are still the most cost effective and efficient delivery models which have significantly grown, primarily due to the absence of any other traditional delivery and more expensive care models.

Finally, NSH is also committed to increasing the level of independent support across all service delivery options and is seeking capacity to effect a project with funding available up to £0.200m, to procure independent sources of advice, information and support which are available to all those exploring the help open to them.

Update 16/10/23

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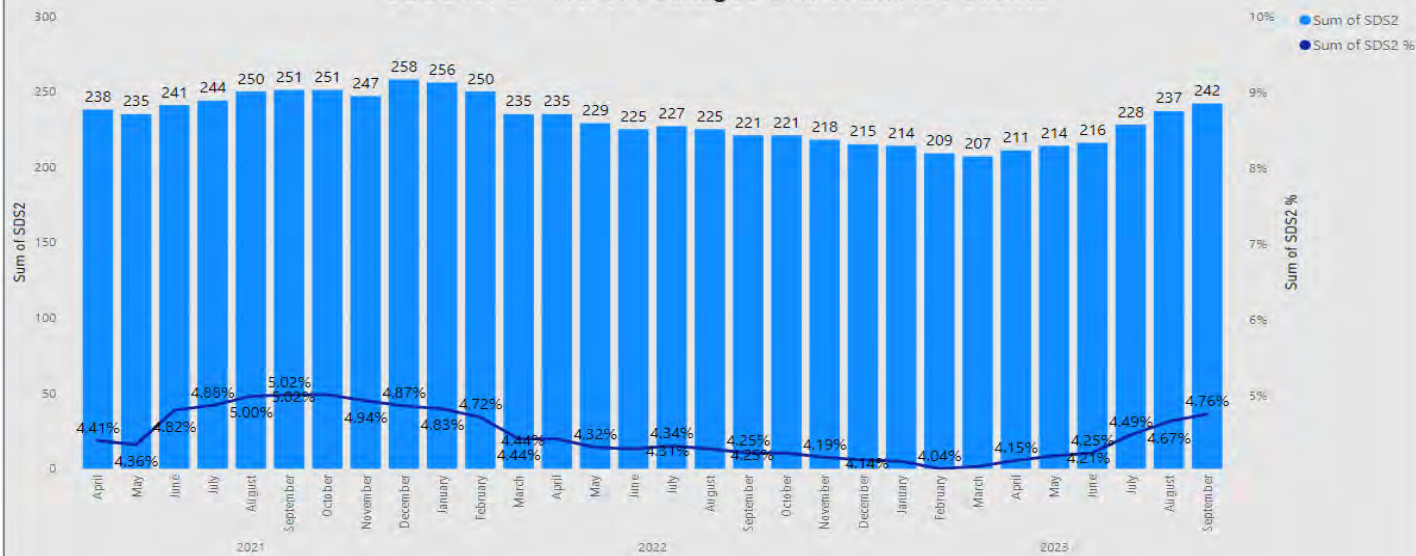
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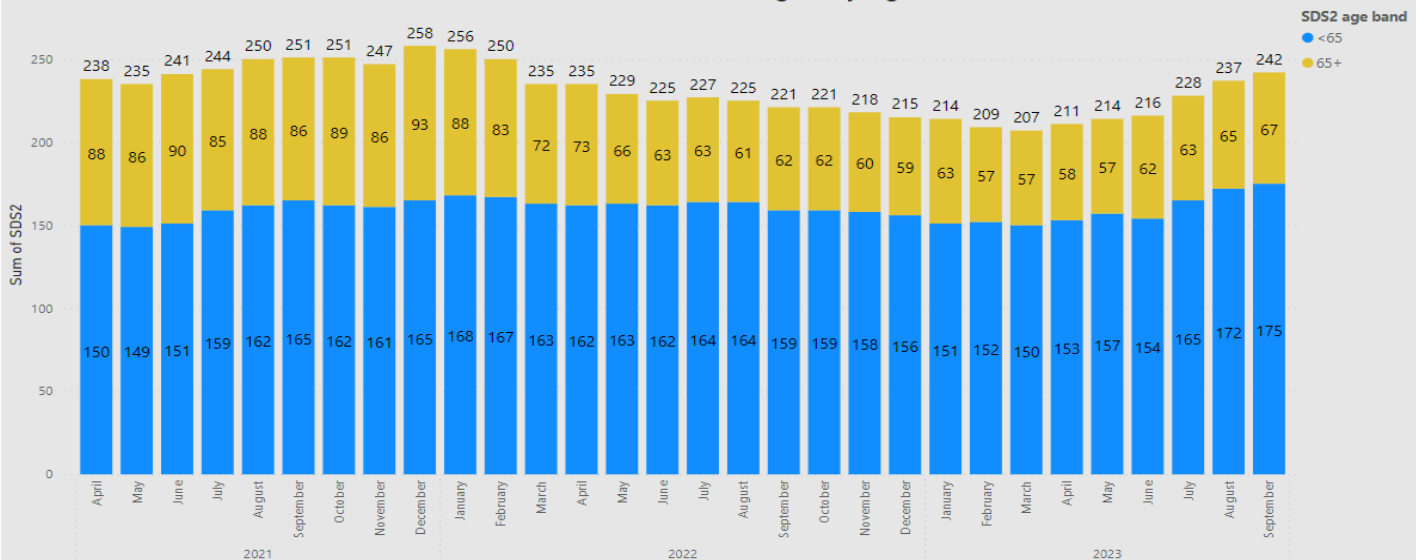


Self Directed Support – Option2 (ISF)

SDS2 ISFs - No. of Packages & % of all ASC clients



SDS2 ISFs - No. of Packages by age band



SDS Option 2 (Individual Service Funds)

ISFs reduced during 2022 although we have seen a stabilising of the position during 2023, and note an increase in service provision during the last 3 months.

Our current number of active service users receiving an ISF as at September 2023 is 242 with a projected annual cost of £5.37m.

Graph 2 - Overall number of ISFs split by age band, noting over 70% of our current service provision is provided under this option to younger adults.

Plans are now in development to better understand and resolve any process barriers to growing ISFs within an overall programme for Promoting choice, flexibility and control.

At a recent follow up session during September with In Control Scotland, NHS Scotland and other interested stakeholders, the group agreed a number of supporting actions and will meet again to report on progress.

Some key actions from this session are detailed below:

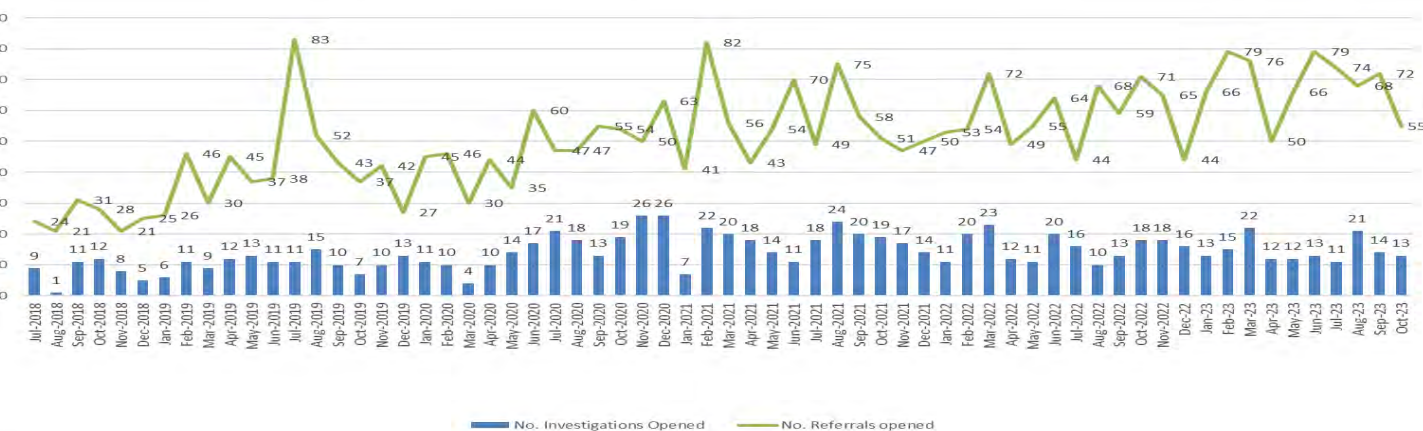
- Incorporate any learning from Granite City Care Consortium, Aberdeen
- Institute an outcome focussed commissioning approach for all new Option 2's
- Review current operating procedures to ensure they support above approach
- Review and explore the parameters around who can hold an ISF

Update 09/10/2023

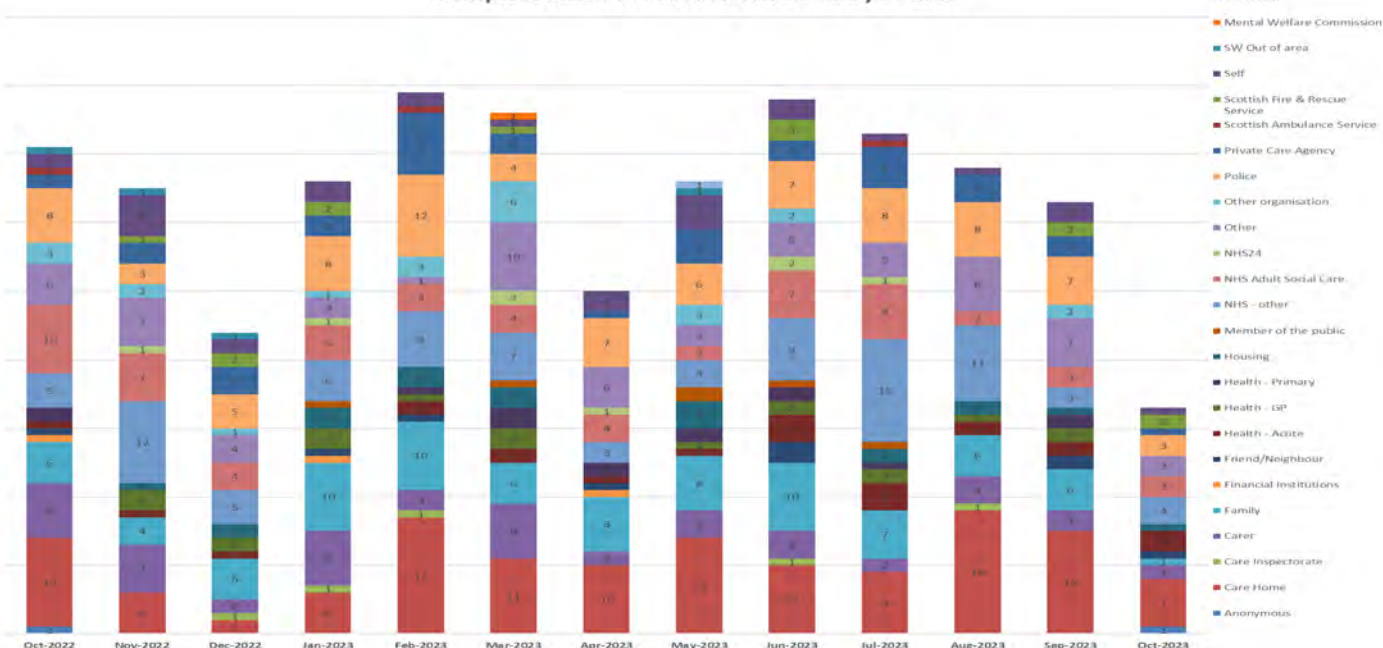
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Adult Protection

No. of referrals received v's no. inquiries using investigatory powers opened



Complete Adult Protection Referrals by Source



Adult Protection

The annual Adult Protection data return was made to Scottish Government on 31st May 2023. This is anticipated to be the final annual data report return.

The Q1 submission (April – May – June) of the ASP Minimum Dataset was made on 28th July 2023 and the Q2 submission on 26th October 2023. The definitions of Referrals, Inquiries (with or without the use of Investigatory powers), Case Conferences and Protection Plans have been consolidated and agreed across Scotland. Benchmarked data (across the 32 Local Authorities) is expected from Q3 or Q4.

There have been changes made to the ASP forms on CareFirst to ensure system alignment with the Minimum Dataset requirements from mid-May 2023.

The ability to greater analyse referrals in respect of type and location of harm is already being utilised to give a clear picture of harm in our communities.

Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart:

Update 16/11/2023

Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing”



Psychological Therapies North Highland 87% April Performance

Psychological Therapies Performance Overview - North Highland

The national target:

90% of people commence psychological therapy based treatment with in 18 weeks of referral. August 2023: Current performance 82.9%

As at August 2023:

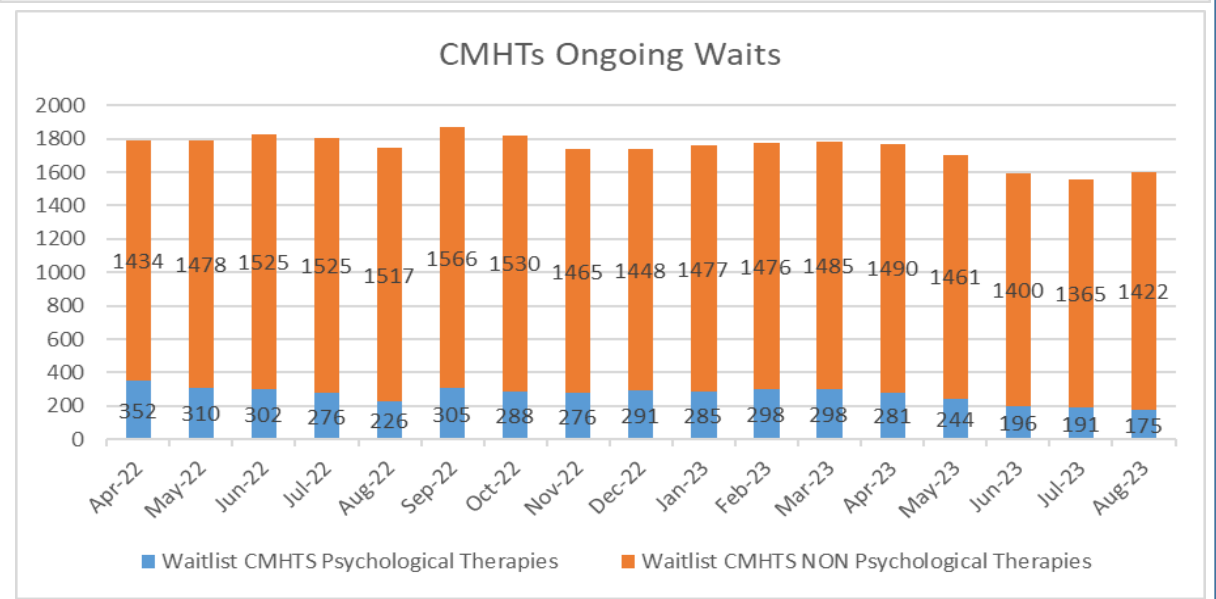
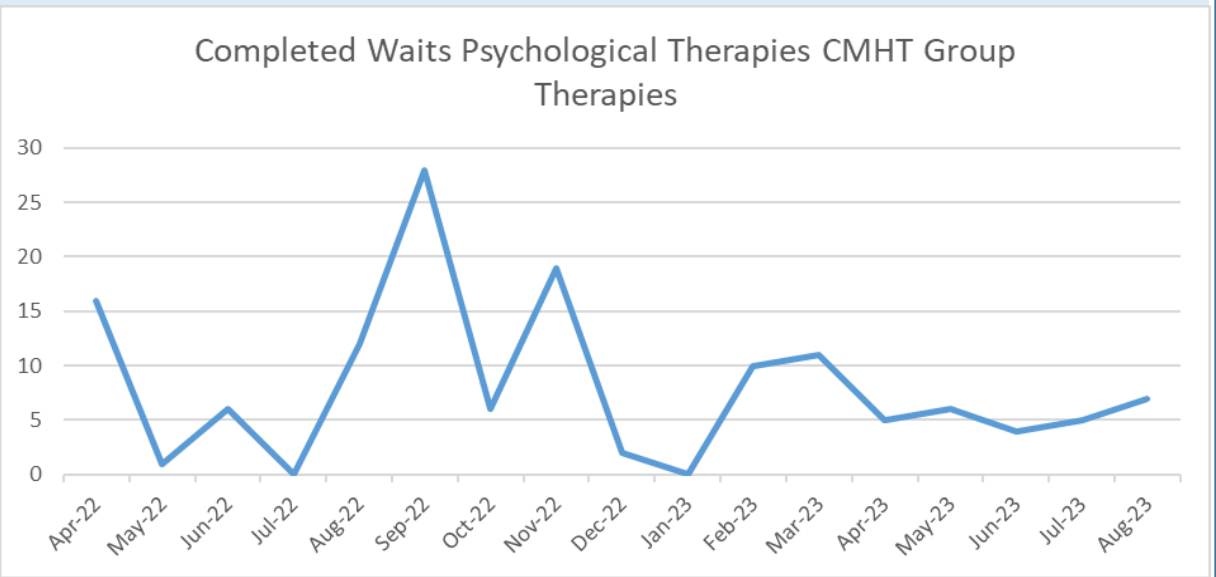
- 854 of our population waiting to access PT services in North Highland.
- 452 patients are waiting >18 weeks (52.9% breached target) of which 244 have been waiting >1year.
- Of the 244 waiting >1 year, 5 are waiting for North Highland Neuropsychology services, 47 awaiting group therapies and 151 are awaiting AMH, making up the majority of these waits.

Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.



Community Mental Health Teams



Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

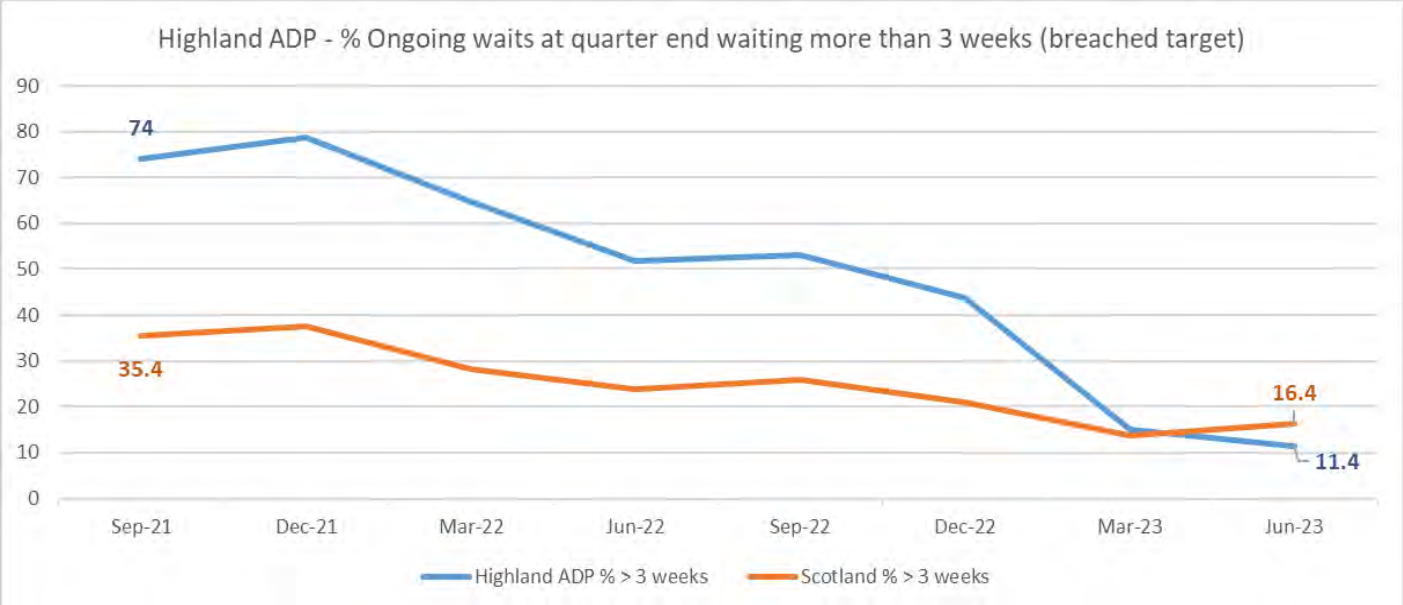
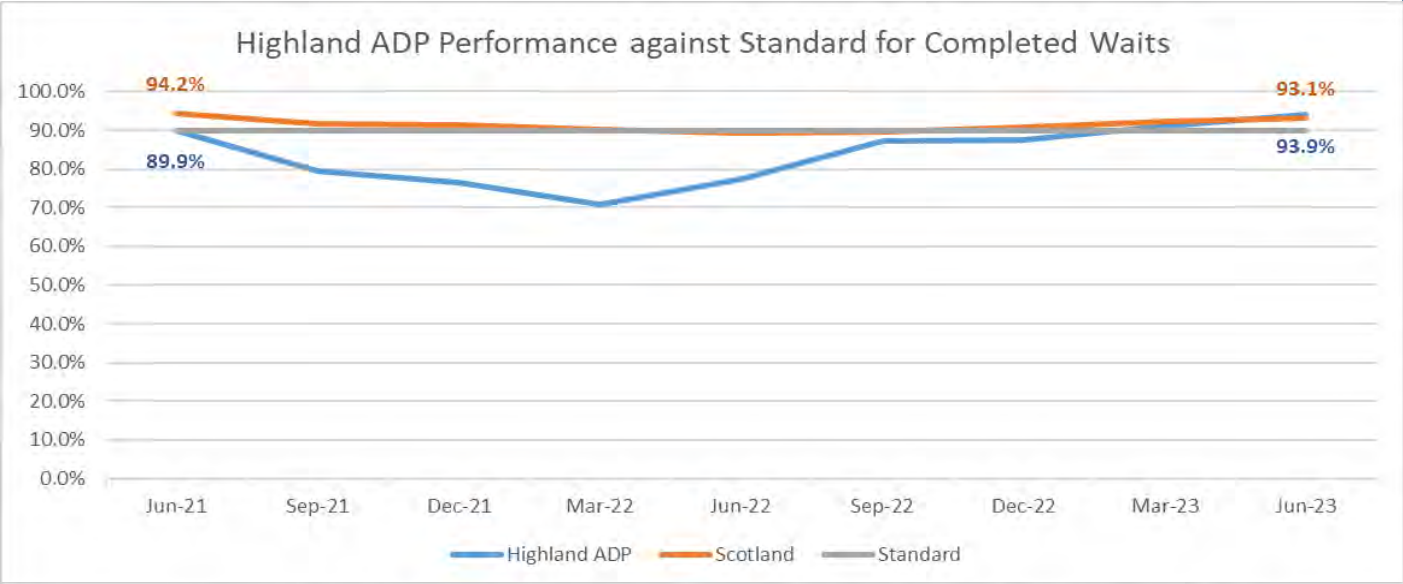
Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.

Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.



Highland Drug & Alcohol Recovery Services



North Highland Drug & Alcohol Recovery Services Update PHS Publication June 2023

North Highland Drug & Alcohol Recovery Service performance against standard 93.9%, Scotland 93.1%

No. of referrals to community based services completed in quarter end 30/06/2023	Highland ADP	Scotland
Alcohol	187	
Drug	153	
Co-dependency	19	
Total completed	359	
% of referrals to community based services completed within target in quarter end	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	93.4%	92.1%
% completed <= 3 weeks - Drug	95.2%	93.9%
% completed <= 3 weeks - Co-dependency	85.7%	95.1%
% completed <= 3 weeks - All	93.9%	93.1%
TARGET	90%	90%
> 3 weeks	6.1%	6.9%

Ongoing referrals to community based services at quarter end 30/06/2023	Highland ADP	Scotland
Alcohol	30	
Drug	11	
Co-dependency	3	
Total ongoing	44	
<= 3 weeks	39	
> 3 weeks	5	
% breached ongoing waits as at quarter end 30/06/2023	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	13.3%	18.1%
% ongoing > 3 weeks - Drug	9.1%	13.7%
% ongoing > 3 weeks - Co-dependency	0.0%	16.0%
% ongoing > 3 weeks - All	11.4%	16.5%

Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.



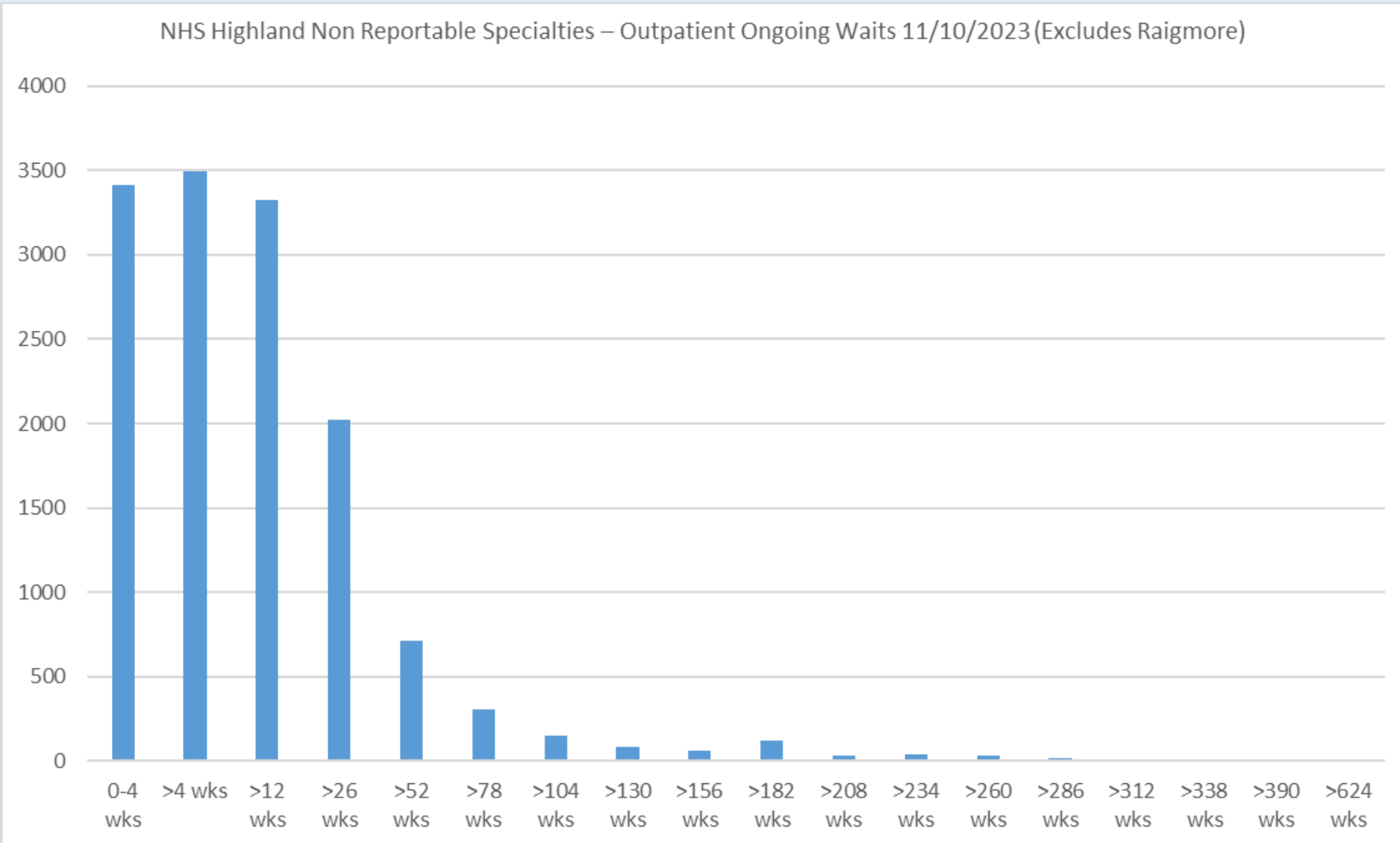
Non Reportable Specialties – Ongoing Waits 11/10/2023

Total Waiting List – 13,831
Longest Wait > 624 weeks

This is new data to the service so requires further consideration of what it is showing. We need closer scrutiny in each of the areas in relation to data cleansing, waiting list management, waiting time targets and forward service planning.

All areas will have a level of waiting times and we need to understand what is reasonable and where the service is outside of this what are our options to reduce waiting times.

12/10/2023



Current Overview of Community Waitlists

NHS Highland Non Reportable Specialties – Outpatient Ongoing Waits 11/10/2023 (Excludes Raigmore)

MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	>390 wks	>624 wks	Total
Aviemore CMHS	19	10	2	8	9	6		3		5									62
Caithness CMHS	46	39	28	30	49	31	38	15	15	6	11	17	14	15	1	1	1		357
Child and Adolescent Psychiatry	46	50	48	30	1	1													176
Chiropody	535	536	269	29	1														1370
Clinical Psychology	6	10	23	24	31	23	13	2											132
Community Dental	1		1	1	2					1									6
Community Paediatrics	23	53	96	148	32														352
Dietetics	269	356	371	85	27	11	5	1	2										1127
East Ross CMHS	64	64	75	51	19	19													292
Electrocardiography	105	144	250	339	72	3	1												914
General Psychiatry	290	357	306	215	38	24	2	6			1						1	1	1241
GP Acute	75	83	69	20	5	3	2												257
Highland Community Mental Health	32	31	28	18	11		2	2	2	1	2	2	1	1					131
Investigations and Treatment Room		2	1	4	1	1		1				1							11
Learning Disability	6	17	30	81	82	45	25	20	14	12	14	14	19	2			2		383
Lochaber CMHS	46	20	17	13	10	19	10	3	18	4									160
Mental Health Nursing MHN	49	53	34	31	11	14	10	7	2	1	1								213
Mid Ross CMHS	36	32	33	30	39	1													171
Nairn CMHS	25	11	22	24	23	15	1	4	5	41									171
Obstetric	11	3	2	1															17
Obstetrics Antenatal	6	2																	8
Occupational Therapy	14	50	5	10	2	1	3	2		1									88
Optometry	147	60	75	51	20	9													362
Orthoptics	44	41	13	14	2														114
Orthotics	71	98	103	20	9														301
Physio Orthopaedic Service	57	57	26																140
Physiotherapy	1097	1065	1158	576	64	15	12	5	3	4				1					4000
Psychiatry of Old Age	141	96	66	28	13	11	2												357
Psychological Services	105	95	115	94	65	28	16	10	5	1	1	2							537
Psychotherapy							1	1											2
Skye and West Ross CMHS	46	57	58	47	71	24	9			44									356
Sonography		2	1	1			1												5
Total	3412	3494	3325	2023	709	304	153	82	64	121	30	36	34	19	1	1	4	1	13813

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