

Agenda Item	5
Report No	HCW/16/22

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing Committee

Date: 9 November 2022

Report Title: Adult Social Care Assurance Report

Report By: Executive Chief Officer Health and Social Care

1. Purpose/Executive Summary

- 1.1 This paper is an assurance report setting out the detail of the delivery of Adult Social Care by NHS Highland and is for noting. Louise Bussell the Chief Officer of NHS Highland and Simon Steer, Director of Adult Social Care, NHS Highland will be in attendance.

2. Recommendations

2.1 Members are asked to:

- i. **Note** the contents of this report.
- ii. **Note** the continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing operational pressures arising as a result of the ongoing covid response and winter pressures.

3. Implications

- 3.1 Resource - There are no specific resource issues arising out of the contents of this report. Members will be aware that the delivery of Adult Social Care by NHS Highland is governed by the Integration Scheme in place which does of itself give rise to resource issues which are not the subject matter of this report.

There are however general resource issues arising out of the delivery of Adult Social Care (ASC) by NHS Highland, which is governed by the Integration Scheme currently in place (as signed off by the Council and Board respectively in March 2021 and financial risks arising as a result of pressures in the system as set out in the Council's risk register.

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
NHS Highland and The Highland Council continue to work collaboratively to address the risks represented in terms of the funding available for the provision of Adult Social Care. The activity in relation to care homes as described under section 4 and 5 of this report should be noted as a risk and is more particularly described in the Council's risk register. The risk in the context of the ongoing Crown Office's investigation into Covid-19 deaths in care homes should also be taken into account.

3.6 Gaelic
No arising issues.

4. Overview and Key Issues Across the Adult Social Care Sector

4.1 By way of an overview this report is intended to provide assurance in relation to the delivery of adult social care by NHS Highland as members will recall that in terms of the integration scheme those services are delegated to NHS Highland but that ultimately the Chief Social Work Officer remains responsible for delivery of those services. It is thus important that this Committee has the appropriate degree of oversight in terms of that commission so that they can be assured in terms of service delivery.

4.2 Detail will be provided in this report in relation to the specifics of service delivery with regard to care homes, care at home, Adult Protection, services to carers and the SDS (Self Directed Support) Strategy. In terms of the context in relation to the delivery of these services it is intended prior to reporting upon those details that information is provided about the key issues and challenges which present in relation to the delivery of service across the adult social care sector.

4.3 The challenges being faced by the sector can be summarised as follows:

- There are significant staffing pressures and fragility across commissioned care home, care at home and support services in Highland, which continue to compromise service capacity and whole system flow from hospital.
- These pressures are due to ongoing recruitment and retention challenges; staff stress, wellbeing and turnover; recruitment by NHSH (although NHSH itself is struggling to recruit); competing seasonal and tourism employment; Covid absence (at the time of writing 5 homes are closed to admission by public health across the 66 homes and 5 are under surveillance); and accrued annual leave. Accordingly, there are unmet mutual aid requests, and unmet in-house service demands.
- In addition, there are significant sustainability and financial fragility issues across commissioned care home services. These pressures are considered due to:
 - the higher number of smaller size and scale of operator in Highland;
 - the National Care Home Contract fee being based on an average size of 50 beds (only 8 of 66 care homes in Highland are >50 beds);

- the age, condition and lack of provider investment in care home stock; and
- the trend of larger providers divesting from Highland.

These issues have contributed to the viability issue outlined in the Council's risk register and referred to at paragraph 5.3 below.

- These factors have contributed to the three care home closures since January 2022: Shoremill (Cromarty), Grandview (Grantown) and Budhmor (Portree). Where there have been closures (recent and in previous years), these have been well managed to date.
- Further (two) care home closures are at risk with ongoing dialogue about their future and these issues are ongoing. These developments have potentially significant operational, financial risks and implications for both the Council and NHS Highland.
- These two priority areas of service provision (care home and care at home) are now a key focus area under a newly established programme structure by NHS Highland, to ensure visibility and oversight. The Council's Chief Social Work Officer and the Head of Integration (Adult Social Care) attend this board in terms of contributing to continued service provision.

Whilst work is being taken forward to develop longer term strategic solutions, members of the committee are advised that there are several planning issues that need to be met at present, namely:

1. Urgent operational plans – to mitigate shortages and service failures over next days and weeks
2. Tactical operational plans – to address the foreseeable medium-term challenges, e.g. Winter
3. Strategic plans – for the next three to five years to address the significant future challenges

These issues have all been put to the Joint Monitoring Committee in terms of its governance role in relation to the Partnership but are relevant for this Committee in terms of ongoing assurance.

5. Care Homes

Overview

- 5.1 Care homes continue to be impacted by Covid and other infections which continue to have an impact on service delivery as well as other challenges referred to above including most significantly workforce challenges. Public Health have completed the vaccination schedule for all care homes in terms of the most recent booster vaccine.
- 5.2 There are 66 care homes in Highland (a total of 1975 beds) and as at the time of writing, (22 October 2022), there are five care homes closed to admissions by Public Health within North Highland and a further 5 under surveillance. These figures can change on a daily basis. Of those 1975 beds at the time of writing there are 114 vacant beds but only 25 of those beds are available. The availability of beds is principally impacted by staffing challenges and care homes being closed as a result of an embargo on placements.

- 5.3 The risk template which is on the Council's risk register provides that since the covid pandemic 6 care homes have been transferred in that they have gone into administration or ceased trading. Two have been sold as a going concern (Mo Dhachaidh and Home Farm), three have closed, one is being sold by administrators and a further 3 are on the market. Other care homes in Highland are being financially supported by NHS to ensure ongoing service delivery. Supplier relief payments have also been made – these are also funded nationally and were principally aimed at supporting care homes during the pandemic.
- 5.4 As a result of these closures a number of beds are not available. Further beds are not available as care homes which continue to operate do not have a full complement of staff to provide care for those waiting for care home availability. This has an impact in terms of cost and also the social cost in terms of waiting lists both for those at home and those delayed in hospital who are awaiting a care home placement.
- 5.5 The care home sector is also adversely impacted by the recent increases in utility costs (including insurance and food) which together with the staffing difficulties means that there is a very significant vulnerability in terms of the future viability of the sector illustrated by the closures to date.
- 5.6 The risk as detailed above is described as A2 which translates to a very high likelihood and a critical impact in terms of service delivery and associated financial implications.
- 5.7 In terms of the delivery of a care home service there continues to be regular contact with all providers by Public Health, to provide infection, prevention and control advice, support, and guidance. There also continue to be regular assurance meetings between providers/management of care home outbreak sites and operational and commissioning management and professional leadership, to discuss practical inputs, contingency actions/steps and to facilitate any supports that may be necessary. The Care Home Oversight Group continues to meet fortnightly and is attended by the Chief Social Work Officer and the Head of Integration (Adult Social Care) on behalf of the Council. Members will recall that this group was established at the behest of the Scottish Government during the pandemic and is intended to ensure safe continued service delivery. It continues to meet in recognition of the fact that care homes continue to be impacted by the effects of Covid. The Scottish Government are understood to be currently looking at oversight arrangements.
- 5.8 The Covid Response Team, established in May 2020 to provide mutual aid to care homes impacted by Covid, has been fully deployed in the provision of support within outbreak sites. Due to the staffing challenges and to an extent ongoing covid outbreaks, the Covid Response Team continues to support a number of care homes. The situation remains such that it is not always able to meet all requests for mutual aid and further recruitment to this team remains ongoing. The current level of demand for support prior to the expected pressures of winter proper indicates that additional capacity will likely be required, however the current recruitment challenge in social care makes this a difficult area to address.
- 5.9 NHS Highland continues to work alongside colleagues in the sector to ensure staffing contingences, supporting as appropriate and informing wider discussions at national level regarding measures required to strengthen and sustain social care services going forward.

Quality of Resident Experience

- 5.10 The relaxation of the restrictions in relation to care home visiting and outings outwith the care home setting are beginning to embed as residents, families and staff become familiar with the new guidance. Feedback from residents and their families refers to the positive impact increased contact has had on health and well-being. Residents have been able to enjoy outings with families and overnight stays and masks are not now mandatory within care homes although in many care homes are still regularly in use. These changes have not been without challenges and anxieties for those involved but confidence is returning in supporting people in a more "normal" way. If services have heightened anxieties around these changes support is available via various partners including Infection Prevention Control Teams, Public Health Teams, Scottish Care, and Adult Social Care Leadership Team.
- 5.11 It has however been particularly difficult for residents living within care homes where there are further Covid outbreaks who are, once again, living with a range of restrictions associated with mitigating risk of further transmission of Covid.

6. NHS Remobilisation, Short Breaks, Respite and Day Care Services

Short Breaks/Respite

- 6.1 Respite services have not been resumed other than in stand-alone services or where, following risk assessment involving Public Health, it is assessed as an urgent requirement. NHS Highland continues to offer non-residential support as an alternative to residential respite for some people and continues to provide residential short breaks for those people who, following risk assessment, are deemed to urgently require it. There is still reluctance from some care homes to offer respite in terms of increasing footfall within care homes. Respite is also impacted by more general care home availability. NHS recognises the impact that has on carers and is taking steps to address that (see section 7).

Day Care Services

- 6.2 Day care provision has resumed in stand-alone services although it is important to note that this can look quite different to what it did prior to the onset of the pandemic with a much more blended approach to meeting outcomes which includes more sessional activities and a mix of in-reach and out-reach support.

7 Care at Home

- 7.1 The independent sector care at home provision has grown by over 1000 hours in the last year with a further 160 people supported at home. This level of growth has been significant during the pandemic but it does need to be set in the context of a resultant reduction in overall care home placements, which is a pattern similar to other areas across Scotland and represents the national "direction of travel" and is consistent with national policy and the Partnership's strategic direction. The workforce challenges being experienced by the sector are also very significant which has contributed to impact on flow from hospital. Those challenges have also resulted in "handbacks" of particular contracts to NHS Highland who have then effectively become the service provider of last resort.
- 7.2 Across Highland, that unmet need is still an issue and the sector is finding further growth more difficult due to severe recruitment challenges that are currently facing all providers.

This current issue is not unique to Highland and is consistent with the picture at a national level but does need to be balanced against the significant additional growth seen during the pandemic. It is a multi-faceted changing situation, and NHS Highland will continue to seek to engage collaboratively with providers to build sustainable care at home services. The position in terms of resource availability is also an issue in terms of identifying a personal assistant for those in receipt of Self Directed Support although in areas where there is limited care at home provision it is not unusual that a direct payment becomes the most realistic option.

- 7.3 The current priority in relation to the support of the care at home sector is built on working with the sector to address service reduction, ensure service stability and build capacity where possible. NHS Highland is working closely with care at home providers both individually and collectively as a sector to identify and address any issues and to co-produce solutions.

A key component of this area relates to maximising available capacity within care at home scheduling, which is a complex area and which needs to take account of multiple factors such as visit locations, durations, staff inputs (eg if double up), timings (eg if time sensitive) and proximity of the preceding and next calls.

In ensuring all available capacity is fully utilised, it remains necessary to encourage flexibility with service users and their families for whom timed visits such as medication dispensing, is not critical. Communications around this area are agreed with the Chief Social Work Officer.

8 Self-Directed Support Strategy (SDS)

- 8.1 In Highland there has been strong growth in Self-Directed Support Options 1 and 2 (Direct Payment and Individual Service Fund respectively) over the last four years. However, the impact of the pandemic has had a variety of effects across the delivery of Self-direct support Options. This has impacted in terms of assessments; the availability of recipients "to purchase" supports which would normally be part of an Option 1 package; and on the profile of "traditional" services accessed via an Option 3.
- 8.2 NHS Highland's SDS Strategy is based on forming relationships, building trust, sharing intelligence and co-producing the new ideas and solutions necessary to refresh the approach to implementing Self-directed support in Highland.

Subsequent to a significant consultation effort, a number of local groups are now working to improve delivery of SDS, by:

- Improving local information about how budgets can be used flexibly
- Exploring how SDS can be used to complement Community-Led approaches to act preventatively
- Agreeing a realistic budget so that those managing an Option 1 and 2 can translate into good quality care
- Agreeing how to best engage people in realistic and creative conversations about the choice and control that SDS can offer them, and
- Seeking to bring together statutory and community partners to explore realistic "place-based" commissioning in some of our most rural communities

It is anticipated that the growth trend in Option 1 direct payments will continue over time and as such there is a need to increase the availability of independent support to help those choosing this option.

9. Carers

- 9.1 Work has been ongoing in Highland during 2022-23 to continue to implement a balanced “carers programme” aimed at meeting duties under the Carers Act.

This has included:

- Supporting a number of local projects to increase carers’ access to practical and creative help in the short term to mitigate the impact of Covid-19.
- Maintaining Option 1 Short Breaks scheme to increase the access of carers to flexible, personalised ways to give them a break and
- Supporting core carers services to ensure the provision of advice and information and Adult Carer Support Plans (ACSPs) etc.- at a time of increasing demand and inflation.

Taken together, just under 500 Adult Carer Support Plans are in place and over 190 individual carers have benefitted from an SDS Option 1 Short Break in the last 2 Quarters (totalling over £0.5m in funding).

A new Carers Strategy for Highland is being produced so that the available resources are used to meet statutory duties in a way which reflects the needs and priorities of our unpaid carers.

It is intended that the strategy will promote:

- the voice of carers, so that it shapes policy and practice and the culture of decision-making across Highland
- the open sharing of information
- the rights of carers
- access to timely support, help and advice for carers - which helps them cope.
- the choice and control of carers in shaping the support they need
- positive attitudes towards unpaid carers within statutory bodies, employers and wider society - and that the role of carers is properly valued

Currently, work is underway to ensure the extra resource identified for carers is distributed to those most in need of a short break by way of a simple and streamlined business process. Initially this resource will be accessible as an SDS option 1 or 2 and will complement existing ‘traditional’ Option 3 routes. Uptake will be monitored, and the need for – and viability of - commissioning additional dedicated residential respite will be kept under close review. This new flexible initiative went live during September 2021.

There is a recognition that the “carer’s voice” requires to be articulated within our decision-making processes. Work here is focused on ensuring that our implementation and improvement efforts benefit from carers’ lived experience.

10. Adult Support and Protection in Highland

- 10.1 There has been an increased incidence of Large Scale Investigations and Adult Protection cases and there has been an increase in Investigations during the last 3 years.

- 10.2 Adult Protection concerns relating to residents in care homes have remained consistently high during recent months. The targeted individual reviews requested by Scottish Government have contributed to identifying some adult concerns within some care home services but not exclusively.
- 10.3 There is a theme in that the impact of Covid and associated staffing challenges have contributed to systemic failings in some care settings. Nominated Officers are mindful of the significant level of pressure across the whole sector and balance this with any risk or actual harm to residents in order to support quick, but sustained improvements. It is fair to note that the true impact of the pandemic on staff and resident health and wellbeing is only now being realised.
- 10.4 At the present time there are no care homes undergoing a Large Scale Adult Protection Investigation (LSI). LSI activity continues to require intensive staff and management resources to support the process and to ensure appropriate mitigating measures to identified risks in order to ensure necessary safety and protection measures are progressed within an agreed timeframe. There is however one care home where NHS Highland have put in place a suspension on admission whilst concerns are investigated further.
- 10.5 In terms of the business of the Adult Protection Committee the proposed structure is now in place with the creation of 4 sub groups meeting quarterly and with agreed terms of reference, clear work plans and progress being demonstrated via action trackers.

A Learning Review Sub-Group has also been set up with delegated authorisation from the APC to make decisions around new learning review referrals and oversee reviews that are being undertaken.

A self-audit was completed in December 2021 of 5% of 2020-2021 referrals to social work (32 cases).

Findings of the audit - in general terms – were that the “duty to inquire” is discharged appropriately and the “three-point test” is properly applied in the great majority of cases.

The quality of risk assessments and protection plans was rated as good; and the timescale for work being done seems to be in keeping with the needs/risks of individuals. There is also evidence of good outcomes in most cases. Nevertheless one or two cases caused concerns at different parts of the protection process, and an improvement plan is being effected.

A review of learning and development within Adult Protection in Highland has been completed and was supported by the Learning and Development Sub-Group of the APC.

A survey of those who work with people at risk of harm (and adults with incapacity) across the system has informed this, and an updated Adult Protection training programme is now in development.

11. National Care Service

- 11.1 The first consultation set out Scottish Government proposals to improve the way social care is delivered in Scotland. That consultation gave rise to a significant number of questions including the remit of the proposed service. A bill published earlier this year

made it clear that the remit would in the first instance be limited to adult social care and both the Council and NHS Highland have responded to the consultation on the draft bill raising appropriate queries where further information remains required.

- 11.2 Members will be aware that staff across many services have fed into national on-line discussions in addition to discussion events locally between and within job families. Those discussions continue to take place. It is anticipated that there will be further information on the proposed service by December 2022.

Designation: Executive Chief Officer Health and Social Care

Date: 22 October 2022

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