

# The Highland Council

Agenda Item	<b>4</b>
Report No	HCW/17/23

**Committee:** Health, Social Care and Wellbeing Committee

**Date:** 15 November 2023

**Report Title:** Adult Social Care Assurance Report and Strategic Update

**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. The report also provides a strategic update in terms of the Strategic Plan which is in preparation and sets out in general terms some of the challenges which are currently facing the Partnership in terms of service challenges and how they are being addressed.

## 2. Recommendations

- 2.1 The Committee is invited 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 workforce challenges and also the position in relation to the preparation of the Strategic Plan.

## 3. Implications

- 3.1 **Resource** - There are no specific resource issues arising out of the contents of this report. Members are 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.
- 3.2 **Legal** - No arising issues.
- 3.3 **Community (Equality, Poverty, Rural and Island)** - No arising issues although it should be noted that there will be community issues to be considered in terms of the implementation of the Strategic Plan.
- 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 ongoing service delivery is described in section 5 of this report and that risk in relation to care homes 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 considered.

- 3.6 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – There are no such issues arising directly from the contents of this report.

- 3.7 **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. 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 by way of reference to the attached Annual Performance Report which has been submitted. It provides data and performance details in relation to performance across the Highland Health & Social Care Partnership and hence also includes information in relation to Children's Services. It is however included here to illustrate and provide assurance in relation to adult care services and can be considered to monitor progress and evidence the effectiveness of the services provided by NHS Highland in terms of the delivery of adult care services. It provides details in relation to performance against the National Integration Indicators and also the Together We Care Strategic Outcomes. Members will recall that Together We Care is the NHS Highland Strategy and is relevant to the Highland Council as the framework includes elements which relate to the delivery of adult social care by NHS Highland on behalf of the Highland Council and is consistent with the provisions of the Integration Scheme. That report is included at **Appendix 1**.

#### **5. Service Delivery and Associated Challenges**

- 5.1 Those key service areas reported upon are as follows: -

- Care-at-Home
- Care Homes
- Delayed Hospital Discharges
- Adult Protection

- 5.2 In terms of **care homes**, the Committee is aware that there are significant concerns regarding the sustainability of the independent care home sector particularly in the context of the recent negotiations in relation to the National Care Home Contract which brought those challenges to the forefront. It is thought that those factors have contributed to six care home closures since January 2022: Shoremill (Cromarty), Grandview (Grantown), Budhmor (Portree), Mo Dhachaidh (Ullapool), Castle Gardens

(Invergordon) and also the NHSH operated care home Caladh Sona (Sutherland). An additional 2 care homes – Dalmore (Strontian) and the Mackintosh Centre (Mallaig) are also closed on a temporary basis because of acute staffing challenges. The Partnership have taken on care home provision in the Mains (Newtonmore).

- 5.3 The National Care Home Contract rate is negotiated annually between Local Government, sector representatives and is currently calculated based on a 50-bed care home, operating at 100% occupancy. This national rate is adopted by all partnership areas across Scotland.
- 5.4 This is increasingly impacting on the sustainability of care home provision in the Highlands and Islands and presents a significant challenge to partner providers which was reflected by the local sector in terms of those negotiations. The National Care Home contract for 2023-2024 has been agreed but Scottish Care is seeking to continue discussions with the Scottish Government to reach a position of more appropriate partner recognition for this sector. Highland continues to receive requests for sustainability support as a result of these challenges.
- 5.5 It is considered that the model used to determine the national rate does not adequately recognise that the Highlands and Islands has a widely dispersed population living in small and remote communities and consequently will operate very small care home facilities compared with the national average. Whilst this smaller scale provision reflects the geography and population of the Highlands and Islands, it presents increased risks in terms of financial sustainability and vulnerability.
- 5.6 There are also workforce challenges which exist across the care sector and are considered in more detail at paragraph 6 of this report.
- 5.7 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); and accrued annual leave. Accordingly, there are unmet mutual aid requests, and unmet in-house service demands. These staffing pressures have an impact on service delivery in both care homes and within care at home.
- 5.8 In terms of **care at home** there continue to be areas of unmet need and a key component in relation to maximising available capacity is 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 (e.g., if double up), timings (e.g., if time sensitive) and proximity of the preceding and next calls.
- 5.9 Overall numbers supporting care at home continue to fall after a period of sustained reductions during 2021 and 2022 although in recent months, there are some small signs of growth. NHS Highland and external care providers continue to operate in a pressured environment.
- 5.10 There has not been the growth in external care at home expected and low levels of recruitment. The loss of experienced care staff continues to be the primary concern expressed by providers in frequent and open discussions.

- 5.11 The impact 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.
- 5.12 However there has been sustained growth in Self Direct Support Option 1s for younger and older adults in our more remote and rural areas. Significant increase since March 2022 with further sustained growth expected this financial year. This sustained increase does highlight the unavailability of other care options and a real market shift as NHS Highland is unable to commission other care services in terms of direct service provision.
- 5.13 NHS Highland continue to have significant numbers of delayed hospital discharges.
- 5.14 **Delayed hospital discharge** patterns remain a concern both within the Highlands and Islands and nationally. There is a relationship between unmet need across the system in terms of the availability of care at home and care home placements and the level of delayed discharges alongside the competing challenges within acute and community services.
- 5.15 The focus is on whole system integration and collaboration. It is recognised that people who experience delayed hospital discharge have poorer outcomes and a negative impact on their health and wellbeing. There is also an impact on hospitals flow as well as a knock-on effect on the demand for hospital admissions. A key observation is that whilst practice and efficiency of processes are improving, the sheer unavailability of placements and care hours is increasing levels of waits and delay across health and care systems.
- 5.16 In an effort to reduce delayed discharge NHS Highland is undertaking a number of key developments in line with the Urgent and Unscheduled Care Work Stream with specific actions around:
- Planned date of discharge and discharge without delay for people in acute, community and mental health settings;
  - Discharge to assess and delivering care from people and place based perspective;
  - Development of frailty services in the community to prevent hospital admission;
  - Development of multidisciplinary community teams including sector partners;
  - Collaborative commissioning and test of change for care at home services;
  - Development of a Care Academy to recruit and develop workforce;
  - Ambulatory Care, Hospital at Home and Remote monitoring.
- 5.17 In terms of **Adult Protection** at the time of writing there is one care home 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 are also no independent care homes where NHS Highland has put in place a suspension on admission whilst concerns are being investigated.
- 5.18 It should however be noted in terms of adult protection that the Care Inspectorate have recently indicated that the Partnership will be inspected in terms of Adults at Risk of Harm in the Spring of 2024 and work is underway in terms of that and will be reported to this Committee in due course.

## **6. Workforce Challenges**

- 6.1 In terms of paragraph 5 above the workforce challenges are referenced and the Committee will be aware that those challenges also extend to Children's Services. The position in relation to those challenges insofar as they relate to the delivery of adult care services is however set out within this section of the report.
- 6.2 The Committee is aware that, whilst the Care at Home, Care Home and Support services have been impacted by financial, inflation and regulatory challenges, the principal challenge - across all sectors - is recruitment and retention. The Committee will be aware that there are significant challenges with regard recruitment in both adults and children's social work and social care services. In terms of adult social care, the care at home unmet need rate is significant. Further, delayed discharge in hospital numbers are also significant and include those waiting for a care at home service or a care home place.
- 6.3 All sectors are now describing slow staff acquisition, often of months, as recruitment campaigns tend to yield low numbers. Whilst pay is a well understood disincentive, the position is compounded by the low status of care work, difficulties in accessing housing and childcare in some parts of Highland, work patterns and the requirement to undertake comparatively challenging and intense work.
- 6.4 Whilst it is still possible to recruit, the reality is that various parts of the system are essentially chasing the same candidates, with the risk that one provider loses staff to another provider. That challenge also exists in terms of the recruitment of personal assistants for the delivery of SDS Option 1 services.
- 6.5 It is important however, to note that there are areas of development that have shown an ability to grow provision, offering potential for now and the future:

### **Self-Directed Support (Choice and Control)**

This has real potential to unlock caring capacity that may be dormant, particularly around geographical reach. However, this has to be carefully supported and managed to ensure:

- Support to make SDS work for people.
- Reduction in Option 3 statutory provision to fund SDS growth in choice and opportunity.
- Engagement with the Scottish Government in relation to the potential removal of constraints in the delivery of Option 1 Direct Payments to enable the Partnership to best secure that provision and where appropriate discontinue option 3 provision where it is uneconomic to provide it.

### **NHS Reserves**

This innovative recruitment model has both geographical reach and success, offering flexible recruitment options by holding a bank of available social care staff built on the successful Covid Response Team used during the Pandemic. Other flexible options include asking staff how they can provide service as opposed to requiring them to do specific hours. innovative recruitment model has both geographical reach and success, offering flexible recruitment options.

## **Community Led Support**

This programme has capacity to structure and sustain community driven initiatives where traditional recruitment might not succeed. There will be ongoing work with community groups with a view to looking at how care might be delivered in more rural communities such that it is anticipated that such groups will be in a position to support delivery of care using options 1 or 2, and as such, shift the balance of care away from direct service provision. That shift in the balance of care will be key in terms of the Partnership delivering in terms of the implementation of the Strategic Plan.

## **Cross Sector Collaboration & Care Academy**

Whilst this area of work was delayed due to the pandemic, a joint initiative is now being taken forward and Scottish Care are working with partners to support people to consider options within the care sector with a view to addressing the workforce challenges which are impacting on service delivery and the service direction being aspired to by the Partnership.

### **7. Strategic Plan Update**

- 7.1 Given the challenges referenced in this report and the attached appendix work on the Partnership's Strategic Plan has become increasingly important. Members will recall that the Draft Plan was considered in a workshop and at full Council.
- 7.2 The Draft Strategic Plan was approved by the Joint Monitoring Committee at their meeting in June and has subsequently been out for a consultation period which closed on 30 September 2023. That consultation included a video providing detail about how interested parties could contribute and three public "open to all" engagement sessions were held where officers attended, and the public were invited to attend. These sessions were widely publicised through social media and media release by both The Council and NHS Highland.
- 7.3 The link to the draft plan was forwarded to the following groups: -
  - Members of the Strategic Planning Group
  - All Community Planning Partnerships
  - All Councillors
  - All Community Councils – 157 groups
  - All Equality and Resilience groups – 185 groups
- 7.4 The period of consultation has now closed. There are thought to be in the region of 150 responses and those will be considered by the Strategic Planning Group and also by the Joint Officer Group for the Partnership. A final draft of the Plan will then be considered by the Joint Monitoring Committee and submitted to the Scottish Government. Once the plan is in place it is intended to proceed to delivery and local engagement events as anticipated by the terms of the draft Plan.
- 7.5 In terms of the challenges identified in this report it is considered that the implementation of the Strategic Plan across Highland in terms of future delivery of service will be key.

Designation: Executive Chief Officer Health and Social Care

Date: 3 November 2023

Authors: Fiona Malcolm, Head of Integration Adult Social Care  
Pam Cremin, Chief Officer, NHS Highland