

The Highland Council

Agenda Item	5
Report No	HCW-07-24

Committee: Health, Social Care and Wellbeing

Date: 16 May 2024

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 implementation of the Strategic Plan and is presented with the support and assistance of the Chief Officer of the Partnership and the Director of Adult Social Care from NHS Highland.

2. Recommendations

2.1 The Committee is invited to:

- i. **NOTE** the contents of this report.

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. Members are also aware in terms of the budget agreed for 24/25 that significant reserves have been allocated to the delivery of adult social care which will be monitored via the Council's delivery plan to be agreed.

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 in terms of arrangements being put in place for the district plans which will sit underneath the main 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 Health & Social Care Partnership, through the Joint Monitoring Committee, have also agreed a risk register which is included as part of this report. 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 also be provided in terms of the provision of an update in relation to the ongoing inspection in relation to the delivery of adult protection by the partnership. There will also be an update in relation to the implementation of the Strategic Plan.

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
- Self Directed Support

- 5.2 In terms of **care at home** (CAH) despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2650 planned hours per week.

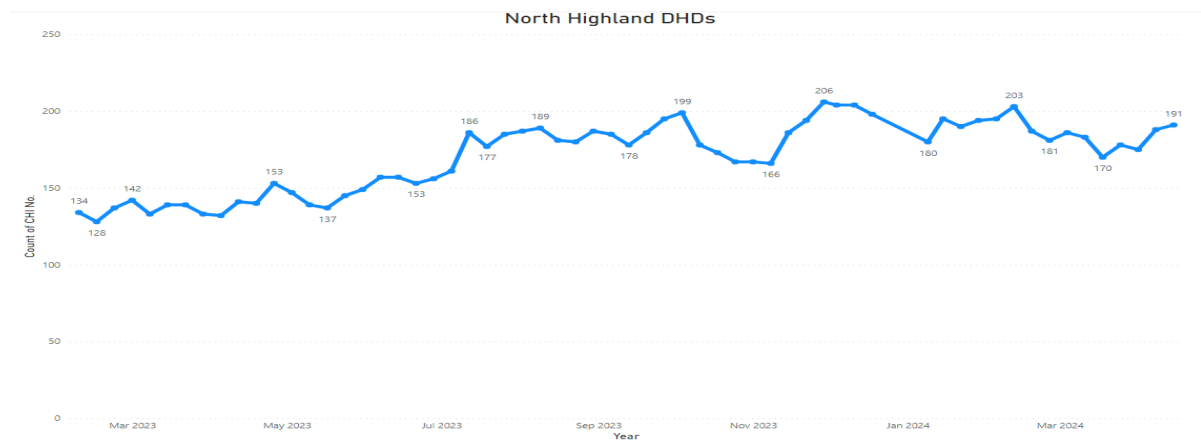
- 5.2.1 The total number waiting for a care at home service is 316 as at last available data point. There has not been the growth in external care at home expected and that has been accompanied by low levels of recruitment. The loss of experienced care staff continues to be the primary concern expressed by providers in frequent and open discussions with NHS Highland.

- 5.2.2 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.

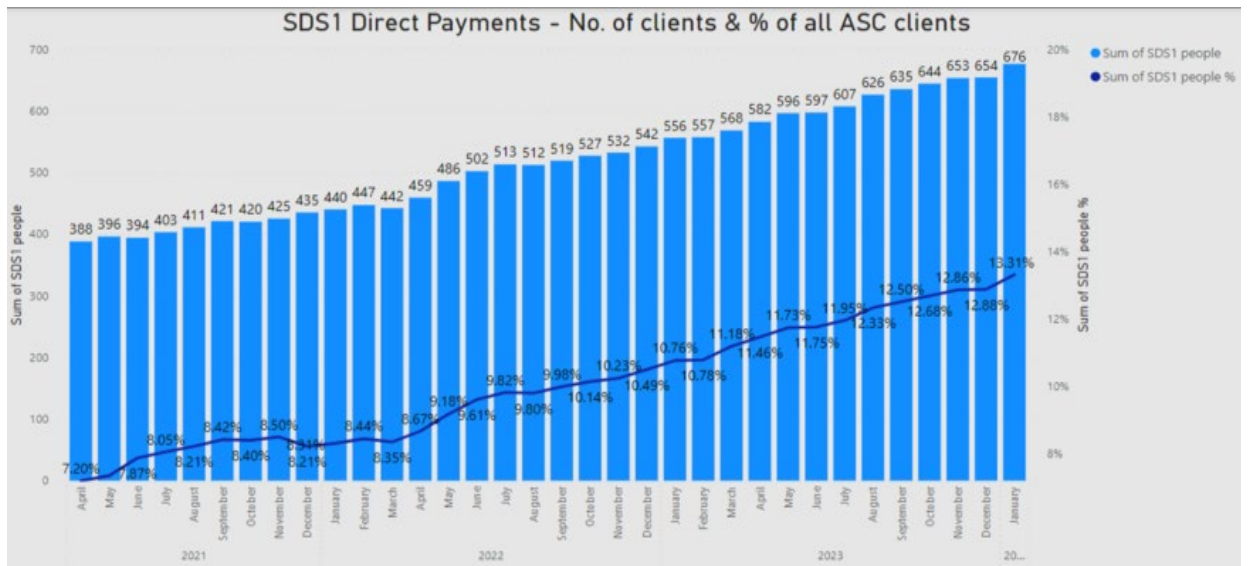
- 5.2.3 The Committee will recall that in terms of the Strategic Plan which is replicated in the Council's delivery plan that the intention is to seek to shift the balance of care such that more people can be supported to stay in their homes for longer. Key to that will be the expansion of the care sector and that is referenced in subsequent sections to this report in terms of the delivery of SDS – and in particular Direct Payment – options.
- 5.3 In terms of **Care Homes**, the Committee is aware that there remain significant concerns regarding the sustainability of the independent care home sector particularly in the context of 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 – Dail Mhor (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 Mains House (Newtonmore).
- 5.3.1 More recently - notwithstanding the fact that Cradlehall Care Home had been taken over by a new provider - that registration will terminate on 17 April 2024 upon the voluntary deregistration of this service following legal action by the Care Inspectorate. Consequently, 50 care home beds provided in that care home are no longer available.
- 5.3.2 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.
- 5.3.3 As the Committee are aware it is the view of those involved that this rate 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.
- 5.3.4 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. The Committee should be aware that this matter has recently raised by both the Chief Executive of the Council and the Chief Executive of NHS Highland at the meeting of the Convention of Highland and Islands in March and as a result of that meeting the issue has been raised with Cosla.
- 5.4 NHS Highland continue to have significant numbers of **delayed hospital discharges**.
- 5.4.1 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.

5.4.2 Delayed discharges numbers are set out in the following diagram and remain a significant concern.



Of the 191 delayed discharges at 01/04/2024, 74 are in HHSCP Community Hospitals, 13 are in New Craigs hospital and the remaining 104 are delayed in acute hospitals. Of those delayed, 42 are code (complex-AWI); 35 are awaiting social care arrangements to return home (care at home/adaptations); 7 are awaiting housing; 39 awaiting outcome of assessment; and 63 awaiting care home placement. Additional delay reasons include complexity, patient exercising choice, family/other reasons and ward closure.

- 5.4.3 Discharge without Delay and Optimising Flow Groups continue to have a focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull.
- 5.4.4 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. Additionally, cross system working and adopting a whole system approach remains key to ensuring the success of this work.
- 5.5 In terms of **Self Directed Support** and Option 1 Direct Payments there has been sustained levels of growth for both younger and older adults in the more remote and rural areas. There has been a steady increase in numbers since March 2022 with further growth expected to continue this financial year.
- 5.5.1 These increases do however highlight the unavailability of other care options and increasing difficulties in the ability to commission a range of other care services. This strongly suggests a market shift in Adult Social Care service provision.



5.5.2 There are also 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. Work is underway to promote the opportunities that taking on Personal Assistant role can offer people.

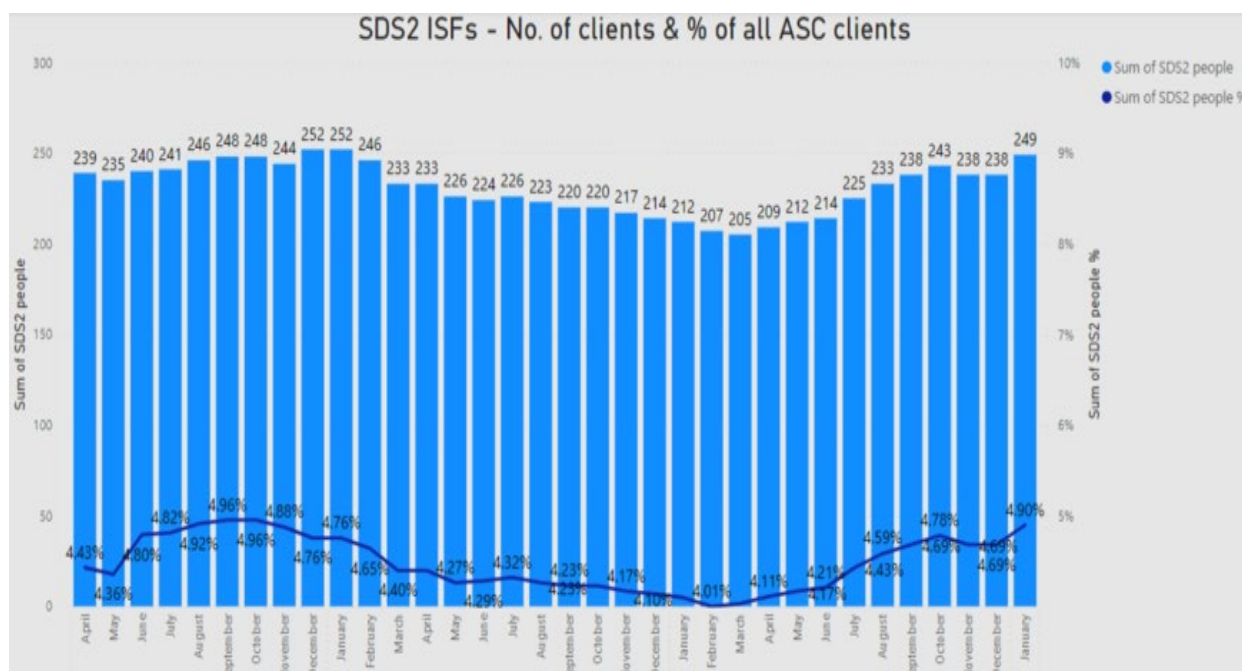
5.5.3 NHS Highland implemented in October 2023, a co-produced urban, rural and remote hourly rate by establishing a transparent personal assistant hourly rate for Option 1s. This increase and new model has been very well received by users and families and will help to retain and recruit valued personal assistants. It is the intention of NHS Highland to undertake a short survey during 2024 to assess the benefits this increase has made to sustainability, recruitment and other key areas.

5.5.4 This internal cost investment was required to ensure the sustainability of our Option 1 packages which are still the most cost effective and efficient delivery models in terms of supporting local care delivery. Option 1 service users all received a substantial above inflationary increase during 2023-24 due to the significant investment from NHSH to level up the previous low baseline hourly rate.

This year's Scottish Government (SG) funded increase, taken together with the previous year's significant uplift in October 2023, will ensure that Option 1 service users can pay all Personal Assistant / Carers the minimum wage of at least £12.00 per hour. Rates for purchasing personal assistance support in 2024-25 have also been updated and the allocated funding from SG passed onto Option1 recipients.

5.5.5 In terms of SDS Option 2 - Individual Service Funds – were reducing during 2022 although there has been a welcome increase in commissioned service provision during the last 3 quarters of 2023 with numbers returning to pre pandemic levels of service delivery.

5.5.6 The current number of active service users is 249 with a projected annual cost of £5.37m.



5.5.7 In terms of support for carers powers within the Carers Act are being used to provide an Option 1 Well-being fund for unpaid carers. The fund 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 help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.

5.5.8 This is consistent with the 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

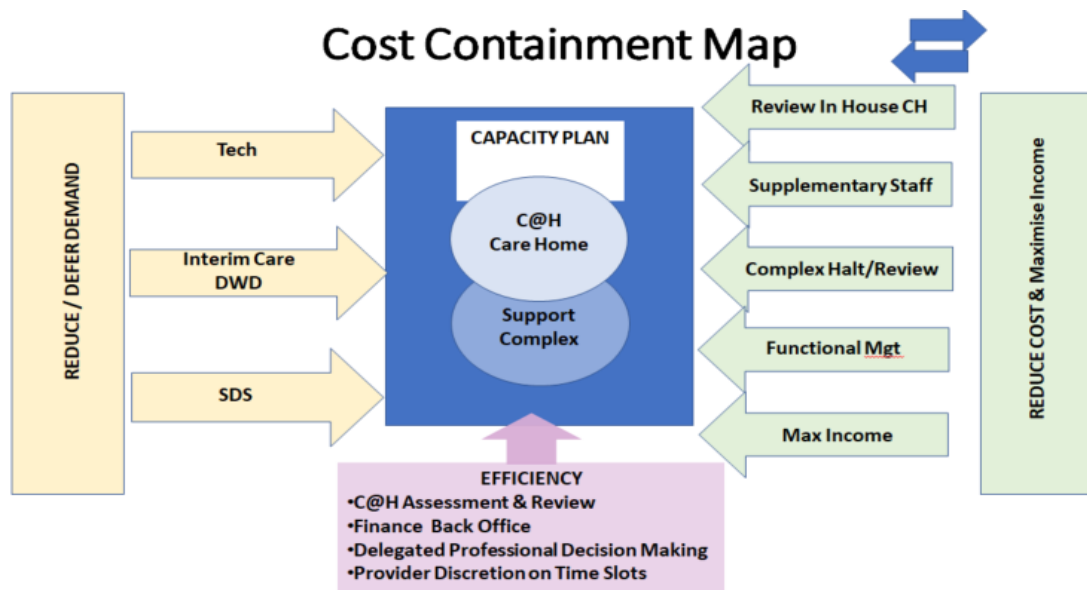
5.5.9 Work has recently concluded with national colleagues, via the award of "Promoting Variety" funding, to provide local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect. We have also been liaising with our unpaid carers representatives to ensure the scheme reflects their priorities.

5.5.10 Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches).

6. Associated Challenges

6.1 Highland Health and Social Care Partnership is facing an unprecedented financial and performance challenge at the present time. The Committee will be sighted upon that in terms of the recent budget reports and the approach to the financing of the adult social care provision.

- 6.2 A twin track commissioning approach will be employed by NHS Highland. This will plan and cost capacity of in-house services to enable the containment of demand, close any duplicate and unsustainable provision and provide high value complex provision. Simultaneously it will plan and cost capacity of commissioned services to enable a reduction in volume, reduce cost and enable commission of rapid assessment and review based on outcomes in Care at Home.
- 6.3 The approach will reduce internal costs and a costed capacity plan will inform commissioning intent and enable change. That approach is set out in the diagram below and is intended to reflect the approach to be taken. That approach is recognised within the Council's delivery plan which in terms of the savings required sets out how the allocation of reserves and the support of that plan can contribute to a change in the landscape in which care services are delivered.



- 6.4 In terms of the risk register referred to in paragraph 3.5 above a copy of the risk register agreed by the Partnership at the meeting of the JMC in December 2023 is attached for information (**Appendix 1**). That register sets out some of the challenges which are being managed through that Committee and is included for noting.

7. Adult Protection

- 7.1 A Joint Adult Support & Protection Inspection took place in 2017 and reported in 2018. Highland was one of six areas included and the report identified strengths and weaknesses. Strengths included good communication among partners, least restrictive options being followed, and unpaid carers views being valued. Significant weaknesses identified included chronologies, performance against timescales, and governance. Phase 2 of the national Joint ASP Inspection process started in August 2023. Phase 2 is a revisiting of the 6 areas that were inspected in 2017 for joint inspection. This is to close the gap following the completion of the inspection of the other partnerships in Scotland.
- 7.2 The focus for the inspection is on listening and picking up on areas of good practice, rather than scrutiny, and will:

- use the same methodology as phase 1 (ie previous inspection)
- follow the same programme that every partnership in phase 1 was exposed to

- be on site or off site now, however for Highland is mainly off site to reduce disruption. An onsite element of the inspection has now been completed.
- be using the quality indicator framework (QIF) previously used
- report on findings and there will be an overview report of the 6 partnerships published which is expected to be in early summer
- intend to put Adult Protection on the same footing as Child Protection
- in the second year of the phase 2, go back to complete progress reviews for the areas needed from the inspections undertaken

7.3 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 is also one independent care homes where NHS Highland has put in place a suspension on admission whilst concerns are being investigated.

8. Strategic Plan Update

8.1 In progressing implementation of the Joint Strategic Plan, the partnership has considered the feedback from the engagement process. In summary, feedback identified that the Strategic Plan whilst generally considered as positive was also viewed as aspirational. Challenges in relation to the perceived aspiration of the Strategic Plan were broadly in relation to resource in terms of both workforce to deliver upon the plan and the financial resource to pay for it. Comments endorsed the need for collaborative working and also referenced the key role of unpaid carers. Comments reflected a perception that some services delivered by the Partnership are centred in Inverness and not available consistently throughout Highland. Linked to that was the need to ensure “geographical parity” where possible.

8.2 A further point raised was in relation to performance and how this will be measured. It is recognised that this will be key to monitoring how the Partnership is performing in relation to the delivery of the Strategic Plan. The Partnership recognises these challenges and acknowledges that there will require to be work with communities at a local level to sustain services locally or deliver them differently with a view to supporting people to stay in their own homes/communities.

8.3 In implementing the strategic aims of the plan, the District Planning Groups will be supported by strategies on a pan Highland basis which will inform local plans. Those pan Highland strategies are broadly as follows:-

- Workforce Strategy
- Housing Strategy
- Telecare and Digital Strategy
- Self-Directed Support
- Handyperson Scheme
- Care at Home and Care Home future strategy
- Managing Complex Cases
- Shared Lives
- Mental Health and Learning Disability Strategy

These supporting strategies and frameworks will assist and inform the District Planning Groups and Strategic Planning Group identify priorities in terms of supporting local

communities and enabling people where possible to stay in their homes and communities for as long as they are able.

- 8.4 In terms of delivery of the plan it is recognised in the Plan that “one size does not fit all” and as such there will be a need for local engagement.
- 8.5 It is essential that implementation of the plan is taken forward with an understanding of local communities, that fairness and equity is ensured and that we work together and listen to people in communities to develop local plans.
- 8.6 In order to achieve this, progress is being made establishing District Locality Planning Groups. Groups are currently being formed to include community, carer, health and social care services, independent and third sector members as their core. They will also have the ability to include additional members including elected members, community councillors, primary care and other sectors such as housing. Members may also be co-opted for specific areas of work.

Designation: Executive Chief Officer Health and Social Care

Date: 2 April 2024

Author: Fiona Malcolm, Head of Integration (Adult Social Care)

Background Papers: None

Appendix: The Highland Council/NHS Highland Partnership Risk Register – Risk Log

Almost certain
Likely
Possible
Unlikely
Rare

Insignificant
Minor
Moderate
Major
Extreme



The Highland Council / NHS Highland Partnership Risk Register

RISK LOG

Version: V0.26

Date Updated: 17/11/2023

		Lead	Likelihood	Consequence	Risk level	Mitigating Actions
1	If transformation is not delivered across the partnership there is a risk to safe service delivery given the resources- both financial and staff - available.		Likely	Major	High	<p>Strategy development and plan to support service redesign in terms of the presenting financial context</p> <p>Level of funding to be agreed in terms of the Integration Scheme in terms of recurrent and non-recurrent costs.</p> <p>Development of agreed and achievable savings targets and cost reduction Programme approach to achieve transformation and reporting to the JMC</p>
2	<p>Workforce. The challenges in recruiting to vacant posts across the Partnership in terms of all health, social work and social care and support posts may result in a failure to deliver all services to at least statutory minimum levels thereby creating risk to service users which could have significant impact on their health safety and wellbeing.</p> <p>There is a risk that extensive use of agency staff may not consistently deliver required service outcomes</p>		Almost certain	Major	Very High	<p>Workforce planning across the partnership to support recruitment and retention</p> <p>Actions taken to reduce agency spend where possible by both partner agencies</p> <p>Embed a social work relief pool to cover all areas of Highland expanding upon the NHS CRT Scheme</p> <p>Engage with UHI in terms of Social Work Course and apprenticeships for social care roles</p> <p>Consider SSSC data base with a view to considering return to the profession by qualified staff</p>
3	<p>Information Technology. The risk re the availability of IT is two fold:- 1. There is a risk of clinical services providing inconsistent care because there are no integrated electronic records across the partnership resulting in potential harm to adults and children. 2. CareFirst: The lack of software updates and development will not be met as the system is at the end of its life. If the system is not replaced timeously this is likely to lead to loss of data, practice, technology, data, reporting, capability maturity developments and associated benefits across the partnership if the system is not updated.</p>		Likely	Moderate	High	<p>Partnership Working group established re Carefirst replacement and where necessary and other improvements to local systems</p> <p>In NHS, there is a lack of standardised electronic systems across Teams meaning that reports are pulled via manual extraction, with both paper and electronic files used as back up.</p>
4	There is a risk that as a partnership we are not realising the benefits of integrated working in terms of the Integration Scheme. By not delivering upon the intent set out within the Integration Scheme in place between NHS Highland and The Highland Council the Partnership may not be providing the associated benefits to service users.		Possible	Moderate	Medium	<p>Improved Working of JMC and JOG to support and deliver change</p> <p>Ensure implementation of Strategic Plans for both children and adults are implemented to deliver integrated outcomes.</p>

5	Equality of Provision - There is a risk that there may not be parity of access to service across all geographical areas in Highland and across all demographics		Likely	Moderate	High	Work with local communities to deliver place based care noting that this may be an issue in terms of existing service provision.
6	Young People's Transitions. There is a risk that young people transitioning from children's services to adult services do not receive the support they need at this time so that they may not receive the appropriate support for that transition and that as such their needs are not met.		Likely	Moderate	High	<p>Closer liaison across the partnership to deliver improved outcomes for young people transitioning from THC (including education) to NHSH</p> <p>Development of a Shared protocol to include consideration of a joint commissioning strategy</p> <p>Development of a pathway and guidance for practitioners in relation to roles and remits</p>
7	Inspections. Failures to deliver registered services in terms of standards as expected by the Care Inspectorate results in a risk to children and adults and a consequential reputational risk for the partnership.		Possible	Moderate	Medium	<p>Ensure adequate and safe staffing levels (particularly in terms of outcome of Children at Risk of Harm inspection)</p> <p>Escalate any presenting risk to JMC in terms of registered services</p> <p>Commissioning frameworks to be developed to address any identified gaps in service across integrated functions</p> <p>Liaise with the Care Inspectorate in terms of monitoring progress and report to JMC for scrutiny and assurance</p>
8	Care Home Viability. Any lack of care home - or other - care provision across Highland arising from financial and resource pressures faced by providers results in care home closures and a reduction in capacity to provide care services which leads to a risk that service users health and social care needs are not being met.		Likely	Major		<p>Negotiating with providers to manage closures over longer time periods and to delay closures so as to minimise overlaps.</p> <p>Partnership discussions to take place at early stages to consider any purchase of homes in terms of agreed framework and consideration of finding alternative providers to take over running of the homes.</p> <p>Workforce planning work in terms of identified workforce risk</p> <p>Engagement with Scottish Government at senior level to reflect unique Highland challenges</p> <p>Transformational work to be identified to consider care solutions which are not predicated on admission to a care home</p> <p>Transformational work with a focus on early intervention to keep people in their homes and in communities longer</p>
9	Out of Hours Care At Home delivery . There is a risk that services will not be delivered to people who require care at home services 7 days a week as there is inadequate/no contingency in parts of NHS Highland to adequately provide cover outside normal business hours.		Almost certain	Major	Very High	<p>Work across the Partnership to develop robust contingencies particularly in relation to North & West Areas which are not reliant on the Emergency Social Work Team seeking to manage contingencies</p> <p>Engagement with HR and TUs as appropriate in terms of job descriptions and need to support care at home outwith office hours</p>

10	<p>Workforce competency. Care at Home workers must have achieved the SVQ level 3 by September 2025 to have fully met the SSSC conditions of registration which is a legal requirement, and there is a risk that they will be unable to achieve target due to a lack of SVQ assessment capacity. This in turn will lead to staff employability challenges and shortfalls in service provision.</p>		Almost certain	Major	Very High	<p>Ensure the waiting list for those eligible for SVQ is up-to-date Prioritise current resources by date of registration and improve supporting processes. Progress additional SVQ L&D Facilitator post.</p>
11	<p>There is an absence of clear governance structures, policies, procedures and learning and development plans in relation to all professions across the partnership</p>		Possible	Moderate	Medium	<p>Revision of the clinical and care governance arrangements within the Partnership to include practice and staffing matters Social work representation at clinical and care governance to be agreed across the Partnership Stronger links with teams via PO's to gather info and actions re governance until alternative identified pathways are agreed WHAT ARE Pos?</p>
12	<p>The Partnership are not currently in a position to provide the required s22 psychiatrist reports to support necessary applications for guardianships for adults who lack capacity which means that such adults may be at risk because the appropriate legal framework is not in place to support them to live safely.</p>		Likely	Major	High	<p>Improve processes to ensure the availability of a s22 doctor where and when required Ensure all consultants and agency consultants are s22 trained Facilitate training where appropriate</p>
13	<p>Covid 19 Enquiry - There is a risk to the Partnership of reputational damage as a result of the public enquiry into the pandemic. The enquiry commissioned to examine the handling of the pandemic could potentially criticise actions taken by the Partnership which might be critical and damaging.</p>		Possible	Major	High	<p>Ensure timeous responses to all asks made by the Enquiry - such responses reflecting the position of the Partnership Continue to ensure that all correspondence is kept and can be accessed as required.</p>