

The Highland Council / NHS Highland

Agenda Item	6
Report No	JMC-01-25

Committee: Joint Monitoring Committee

Date: 13 March 2025

Report Title: Chief Officer's Report Adult Services

Report By: Pamela Stott, Chief Officer, Highland Health and Social Care Partnership (HHSCP)

1. Purpose/Executive Summary

- 1.1 This report provides an update on the implementation of the Adult Strategic Plan 2024-2027. It is intended that the Committee monitor performance of the Partnership in terms of the implementation of the Strategic Plan.

2. Recommendations

- 2.1 Members are asked to:
- i. **Note and comment** on the work undertaken in implementing the HHSCP Joint Strategic Plan and assurance performance information as supplied.

3. Implications

- 3.1 **Resource** - There are no specific resource issues arising from this report, it is expected that the plan will be implemented within existing resource and associated risks and issues escalated to the HSCP and Strategic Planning Group. It is however accepted that in general there are significant resource issues in terms of the delivery of adult social care and those resource issues are governed by the Integration Scheme currently in place, as signed off by the Council and Board in March 2021 and which received Ministerial sign off in February 2022.
- 3.2 **Legal** - The content of this report is to seek to ensure the Partnership's compliance with The Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.3 **Risk** - There are no specific risks arising from this report, although it is recognised that the content of the Strategic Plan, once finalised, will require to consider this area. The Committee is aware that the Partnership has recently agreed the terms of a risk register and those risks will require to be considered in terms of planning going forward.
- 3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** - There are no Health and Safety implications as a result of this report.

3.5 **Gaelic** - There are no Gaelic implications as a result of this report.

4. **Impacts**

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is a monitoring and update report and therefore an impact assessment is not required.

5. **Background**

5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a **Strategic Plan** which sets out the arrangements for the carrying out of the integration functions for the area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.

5.2 This same Act also directs that a **Strategic Planning Group** requires to be established and in place in to support the development of this Strategic Plan. That group has been established and has supported the Partnership to prepare the strategic plan which was approved by the Joint Monitoring Committee in December 2023. The Strategic Planning Group continues to oversee the implementation of the Strategic Plan.

5.3 The same Act also directs that Locality Planning Groups require to be established to provide a forum for professionals, communities and individuals to collectively develop and deliver locality plans based on the Joint Strategic Plan and local need. In Highland, these groups are called **District Planning Groups**.

6. **Implementation Of The Strategic Plan**

6.1 At the time of writing District Planning Groups are meeting for the 4th time to report into the Strategic Planning group on the 27th March 2025. These groups are gaining engagement and the Lochaber DPG is going to be taking place more regularly to reflect the transformational change being taken forward at pace in terms of community service redesign.

6.2 Work on an Adult Social Care Commissioning and Market Facilitation is progressing with the production of a draft Joint Strategic Needs Assessment (JSNA) written by Public Health, NHS Highland. The JSNA supports the implementation of the Joint Strategic Plan by providing information on the projected population needs to enable service planning and commissioning strategies. It will be presented to the Strategic Planning group on the 27th March 2025.

7. Performance

7.1 Care at Home

Our current (February 2025) level of unmet need (the number of people assessed as in need of a service but not yet in receipt of it) is:

- Community – 345 awaiting a CAH service
- DHDs – 39 awaiting a CAH service
- This equates to 2719 hours per week.

There is a wide understanding of Care at Home services across our system and a current drive to support:

- Recruitment
- Rebalancing of services to ensure prevention, rehabilitation, reducing variation and effective pathways to use all available resource.

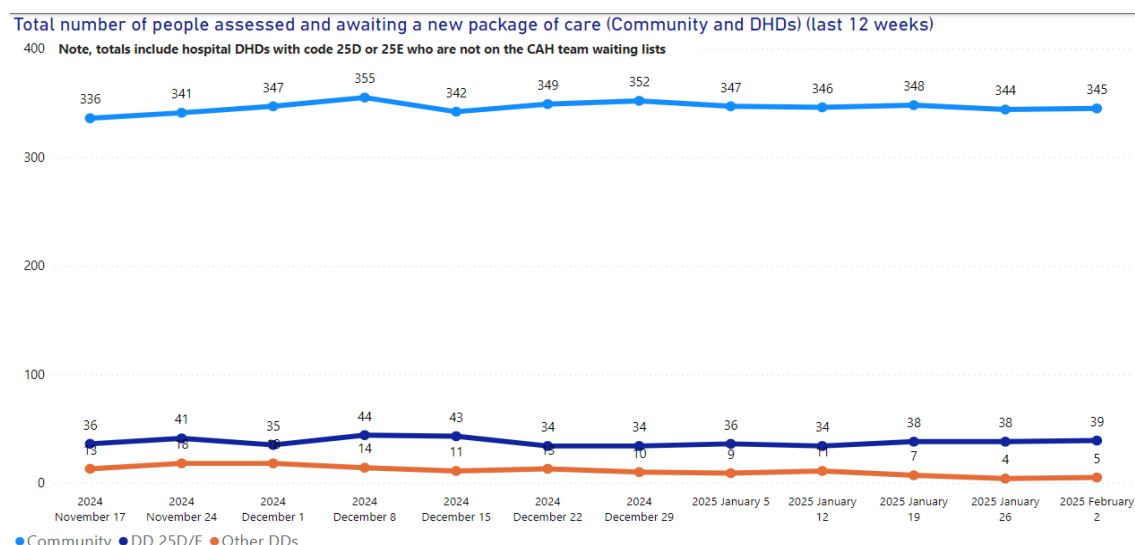
Initiatives such as frailty identification and AHPs at the front door of Raigmore, implemented in February 2025, will support improvement management of Care at Home resources.

Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector.

A multi-disciplinary and sector implementation group, initiated to take forward co-produced proposals with the sector, continues to focus on:

- Improving Access and Processes
 - Clear pathway
 - Information quality
 - Zones/runs/flexibility
 - Outcome commissioning/interactive commissioning tool
- Valuing Staff
 - Tariff implementation – new payment tariff including increased carer mileage costs was introduced October 24
 - Joint training/locality shared staff
 - Collaboration event

Care at Home Unmet Need



Key:

Community - people waiting for a service living at home
 DD25D/E - people delayed in hospital where the delay is identified as a wait for the Care at Home service to be available
 Other DDs - people who are waiting for a C@H service but the delay is associated with something else.

7.2 Care Homes

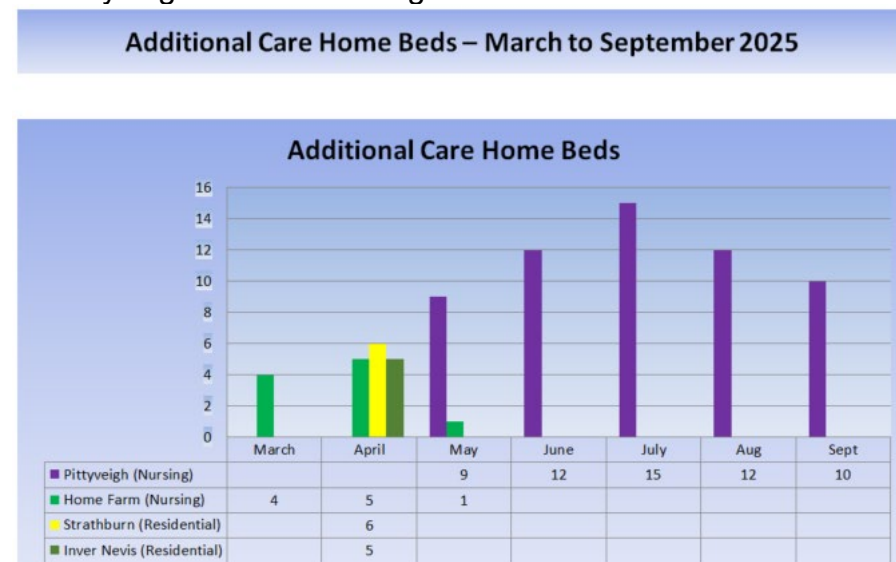
Demand for a care home placement remains our most common reason for delayed hospital discharges. As of 10 February, there were 72 people delayed in hospital which is a decrease of 8 from the last reported period.

As previously reported, since March 2022, 6 independent sector care homes have closed, and the partnership is in the process of seeking to acquire Moss Park in Lochaber to prevent closure and a further loss of bed provision. There are no new admissions to Moss Park until process concludes and there has been a high level of embargoed beds across the sector due to ongoing LSI activity which will be impacting capacity across the system.

Reduced overall bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.

We are seeking to increase in-house capacity, Mackintosh Centre was fully opened during the week of 11th November 2024. A recruitment process is underway with the intention to re-open Dail Mhor as a respite centre. Recruitment is also in process to reopen Strathburn, planned for April 2025 and an additional 5 beds are planned to open at Invernevis Care Home at the same time.

Additionally, a new independent nursing home will be opening in Inverness, identified as Pittyveigh on the following chart:



7.3 Delayed Hospital Discharges

There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 203 by mid-February 2025 in Highland. Further reduction has been made to the end of February in this regard.

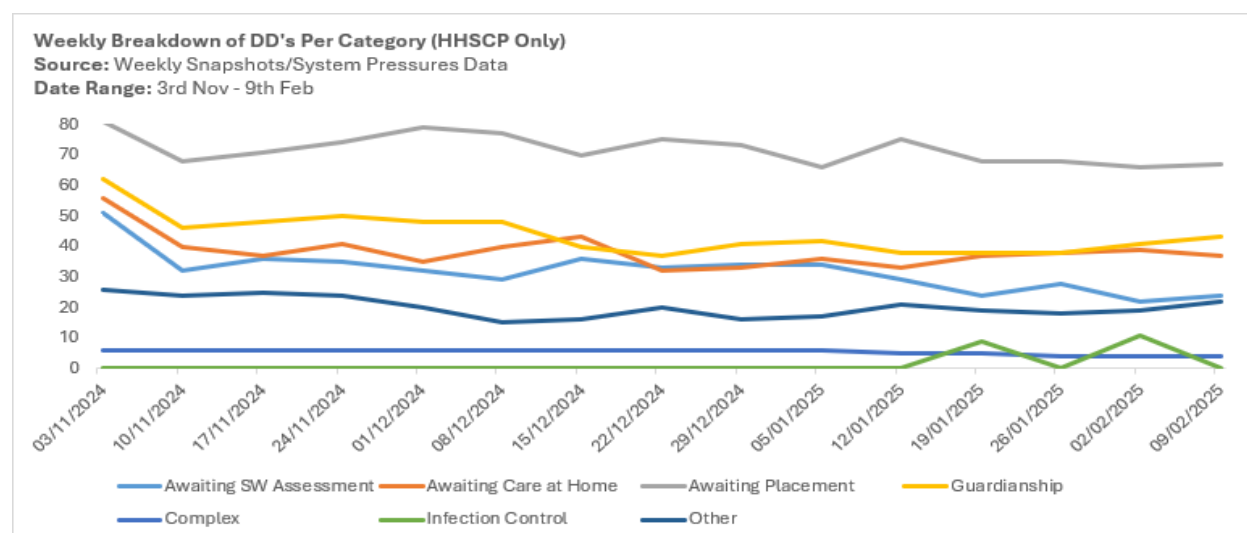
There has been a reduction in "standard delays" (from 180 November 2024 to 155 mid-February 2025) and for "other" delay reasons (113 November 2024 to 94 mid-February 2025).

The main reasons for the reduction in the "other" reasons category has been more assessments completed and a reduction in delays due to complex reasons. Standard reasons have reduced across waits for nursing and residential homes and care at home services.

The reduction has been enabled through the following underpinning processes:

- Collaborative working with the in house and commissioned care at home providers to increase the capacity within inverness area. This improved the pull from Raigmore
- 969 people are now registered as users of the Discharge App - health and social care staff from all hospitals and community. This improves real time communication to support flow
- AWI and Guardianship quality improvement work to reduce waits and variation in the process
- An audit of 9 District Decision Making Teams has been undertaken to monitor standard work implementation and is an ongoing PDSA QI project.
- Although care home capacity has been limited, the care home co-ordination group facilitated the flow of information and coordination to ensure appropriate allocation. We now have a data set for this and can track individual people to outcomes
- Engagement with the independent sector on assessing people with perceived high level of complexity who previously may not have been considered.

HSCP Delayed Discharges

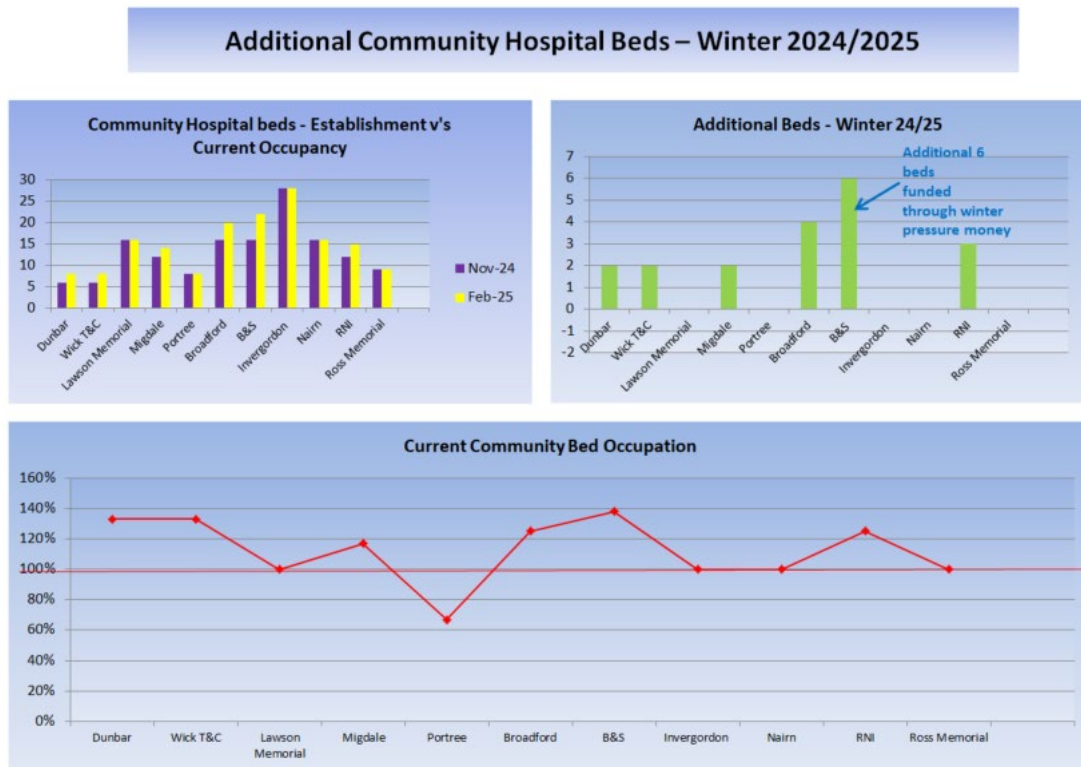


"Other" category

- 47 complex/code 9
- 26 waiting for assessment
- 2 Legal issues
- 1 due to disagreement between family and health/social care
- 3 are exercising the right of patient choice

- 6 family are arranging care
- 3 other family/patient related reasons

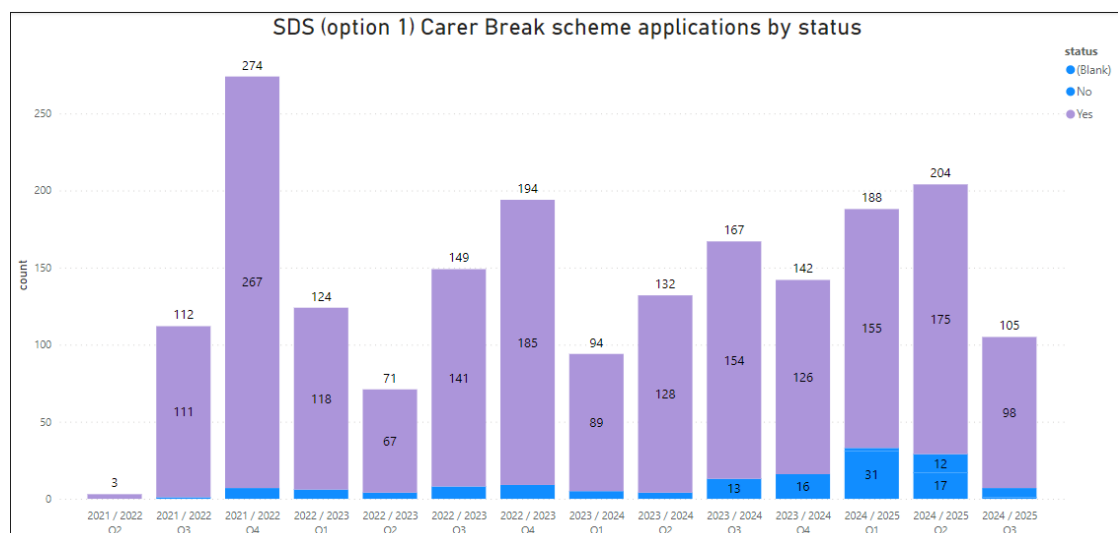
Additional capacity has also been created over the winter period in HSCP community hospitals to assist flow and prevent delay in acute hospitals. This is shown in the following graphs:



7.4 SDS

7.4.1 SDS Option 1 (Carer Well-being Fund)

We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.

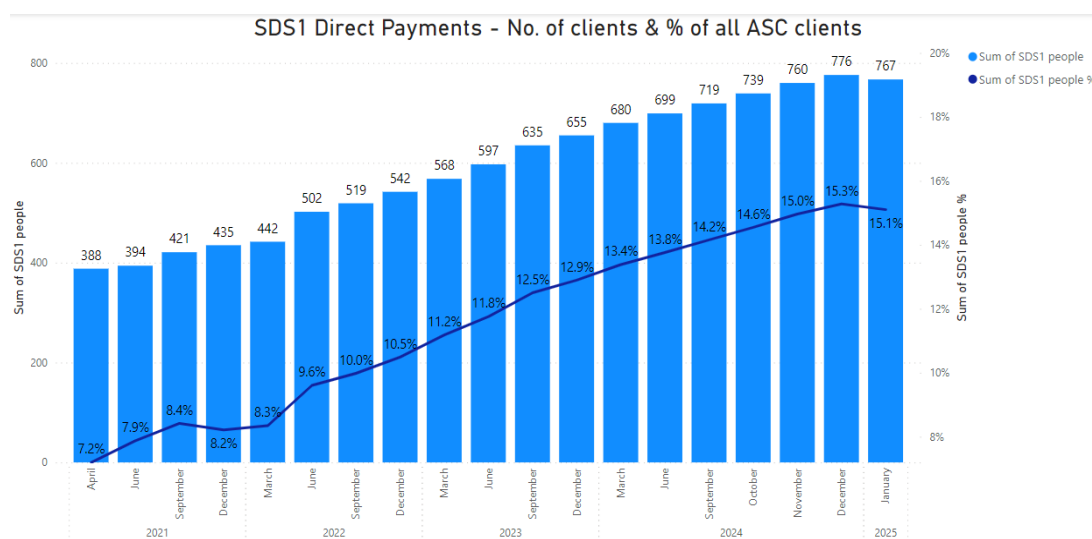


7.4.2 SDS Option1 (Direct Payments)

We have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas.

Option 1's account for 11% of all commissioned spend for this flexible and popular personalised care option.

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



Designation: Chief Officer, Highland HSCP

Date: 24 February 2025

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Background Paper: None

Appendices: None