

Agenda Item	<b>6</b>
Report No	<b>HCW/09/25</b>

# The Highland Council

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

**Date:** 28 May 2025

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

**Report By:** Assistant Chief Executive - People

## 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 Members are asked 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 itself give rise to resource issues which are not the subject matter of this report. Members are also aware in terms of the budget previously agreed for 2024/25 that significant reserves have been allocated to the delivery of Adult Social Care which will be monitored via the Council's Delivery Plan.
- 3.2 **Legal** - No arising issues. The Committee will be aware that there is an ongoing piece of work taking place with NHS Highland to review the model of integration in place in Highland. At the time of writing the Steering Group has been set up and any updates will be reported in due course.
- 3.3 **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 later in 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.

3.4 **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.

3.5 **Gaelic** - No arising issues.

#### **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 report which provides an update and therefore an impact assessment is not required.

#### **5. Overview and Key Issues Across the Adult Social Care Sector**

5.1 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.

5.2 Detail will also be provided in terms of the provision of an update 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.

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

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

- Care-at-Home
- Care Homes
- Delayed Hospital Discharges
- Self Directed Support

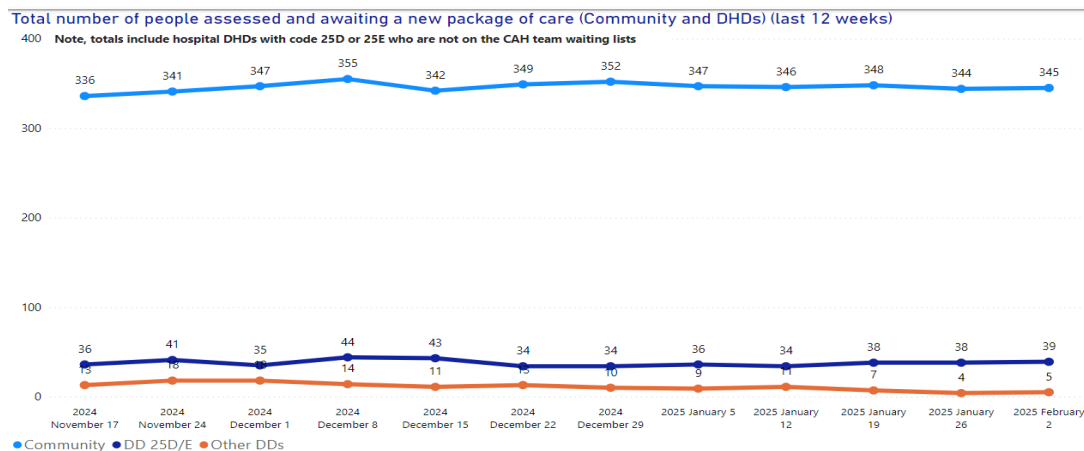
6.2 **Care at Home** - The current level of unmet need (the number of people assessed as in need of a service but not yet in receipt of it) as of 13 April is:

- Community – 382 awaiting a Care at Home service
- Delayed in hospital – 44 awaiting a CAH service
- This equates to 2942 hours per week.

These figures represent a slight increase from February 2022

The figure in relation to unmet need are illustrated in the graph below.

### 6.2.1



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 Care at Home Service but the delay is associated with something else.

The Committee is aware of the challenges in terms of the delivery of Care at Home services across our system and as a consequence there is an ongoing drive to support both recruitment and the need to rebalance services to ensure prevention, rehabilitation, reducing variation and effective pathways to use all available resource including self directed support options.

### 6.3

**Care Homes** - Demand for a care home placement remains the most common reason for delayed hospital discharges. As of beginning April, there were 64 people delayed in hospital awaiting a placement which is a decrease of 8 over the last 2 months.

As previously reported, since March 2022, 6 independent sector care homes have closed. The partnership has now acquired Moss Park in Lochaber to prevent closure and a further loss of bed provision. As such NHS Highland have been operating Moss Park since 1 April 2025 and the change of registration has been progressed with the Care Inspectorate. There continue to be no new admissions to Moss Park until the position in terms of staffing stabilises and there will be ongoing discussions with the Care Inspectorate in that regard.

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. It should however be noted that there has been an agreement to expand provision in terms of nursing bed availability in Invernevis and this too has been agreed by the Care Inspectorate and has been supported by the Council in terms of the funds required to take that resource forward.

There is a constant review of in-house capacity in terms of supporting the position to increase nursing beds in particular. The Committee should note that Mackintosh Centre in Mallaig was fully re-opened during the week of 11 November 2024. A recruitment process has taken place with a view to considering the possible re-

opening of Dail Mhor as a respite centre in Strontian. That exercise was not successful and as such other solutions are being considered with the community to support future care delivery. Recruitment has also taken place with a view to a phased reopening of Strathburn in Gairloch, planned for the first week of May. At the time of writing, it is understood that there will initially be 2 residents. The Committee will recall that Strathburn closed as a result of staffing challenges.

A new independent nursing home will be opening in Inverness, Pittyveigh, in early-mid June.

#### 6.4 **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 197 in April 2025.

As set out above some of the reasons for those delays are as a result of care home and care at home availability and there are other more nuanced reasons set out in the table below. In terms of the coding used it should be noted that those waiting for a care home are represented by code 24 and those waiting for care at home are represented by code 25

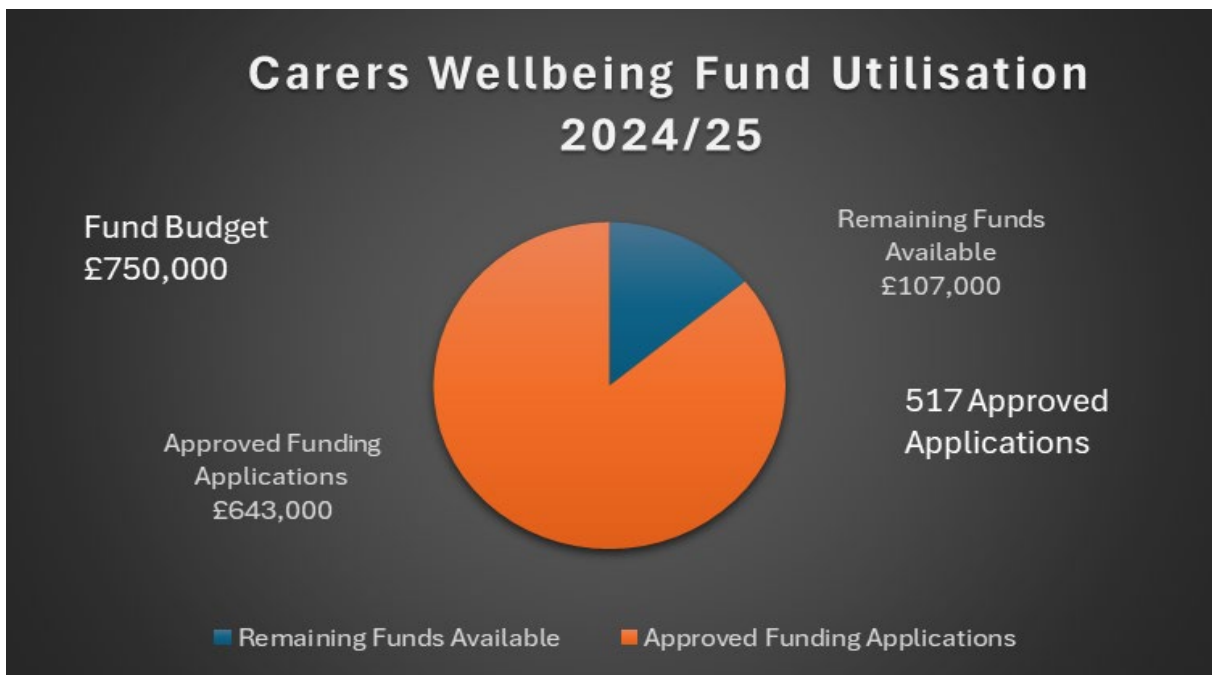
Delayed discharges by delay code																
Hospital Name	11A	11B	24A	24B	24C	24F	25D	25E	25F	51	71	73	74	9	Total	
Badenoch and Strathspey Community Hospital	1	1				6							3		11	
BELFORD HOSPITAL		3				2		1					1		7	
Broadford Hospital		1										1	3		5	
CAITHNESS GENERAL HOSPITAL	1	1				8			1			1	1		13	
COUNTY COMMUNITY HOSPITAL	2		4			3		1	1				1		12	
DUNBAR HOSPITAL THURSO	2	1		1											4	
LAWSON MEMORIAL HOSPITAL			3			1		1					3		8	
MDALE: MIGDALE HOSPITAL			3	3		1			1				1		9	
NAIRN TOWN AND COUNTY HOSPITAL	4					4	1						1		10	
NEW CRAIGS HOSPITAL	2	1	1	3		1		3				1	4		16	
PORTREE HOSPITAL									1			1		1	3	
RAIGMORE HOSPITAL	3	10	20	14	1	14		2		1		2	20		87	
ROYAL NORTHERN INFIRMARY (RNI)			1		1									2	5	
TOWN & COUNTY HOSPITAL WICK	1	1				1	2						2		7	
<b>Total</b>	<b>3</b>	<b>23</b>	<b>10</b>	<b>31</b>	<b>22</b>	<b>1</b>	<b>42</b>	<b>3</b>	<b>9</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>43</b>	<b>197</b>	

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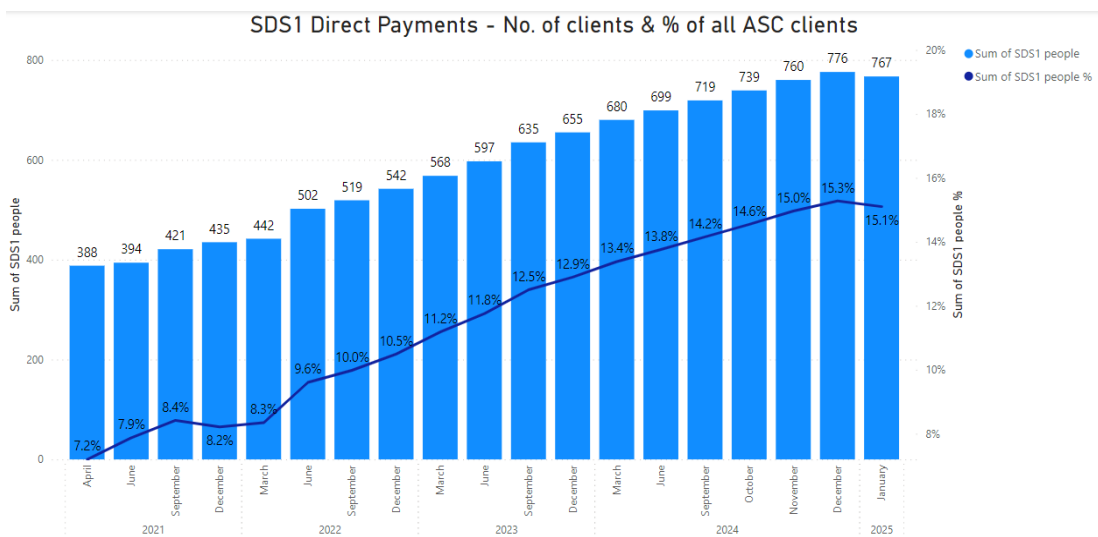
The reduction has been enabled through the following underpinning processes:

- 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.
- Ongoing engagement with the independent sector on assessing people with perceived high level of complexity who previously may not have been considered.

- 6.5 **Self-Directed Support and Support for Unpaid Carers** - The Committee is aware of the importance of carers to sustainable service delivery in terms of unpaid carers and also those carers who are formally employed as personal assistants as an Option 1 care service. In terms of unpaid carers both the Council and NHS Highland recognise their caring role and that is also recognised by the Scottish Government in terms of support which must be offered to that cohort which is delivered using the carer's wellbeing fund. Details in terms of that are set out in the following table. That assistance is targeted to support unpaid carers to be willing and able to maintain their caring role.



In terms of personal (paid) assistants who are referred to generally as option 1 provision of direct payments (to support the employment of a personal assistant) there has been sustained levels of growth for both younger and older adults in all areas - urban, remote and rural. The position is such that now Option 1s 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 increasing difficulties in the ability to commission a range of other care services, suggest a market shift in Adult Social Care service provision. That increase is reflected in the following graph: -



## 7. Adult Support and Protection

In terms of other issues which the Committee ought to note in terms of the assurance of ongoing safe service delivery the position in terms of large-scale investigations should be noted. A **Large Scale Investigation or LSI** is a specific type of Adult Support and Protection investigation. It applies to services provided by agencies and/or organisations, and can include day services, outreach facilities, NHS facilities, care homes, supported accommodation, or when someone is receiving services in their own home. It becomes large scale when there is a view that a particular service may be placing more than one resident or service user at risk of harm. As such they are more common in care homes where there will inevitably be more than one service user in placement. The Care Inspectorate is also likely to be involved.

At the time of writing there is 1 such investigation underway in Highland in relation to care home provision. There is also a care home which is subject to a Supported Improvement Plan. The investigation is being managed by NHS Highland as the lead agency, and both have involvement of the Care Inspectorate to ensure ongoing safe service delivery.

Finally in terms of assurance it should be noted by Committee that the Care Inspectorate are currently carrying out an inspection within Highland to consider the following question:

**“How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”**

The inspection in Highland will consider the inspection question by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers. Given that focus the inspection is being led by the Head of Mental Health and Learning Disability and the Chief Social Worker has oversight in terms of that work. The inspection is expected to conclude in the next month and report thereafter. An update will be provided to this Committee.

## 8. Strategic Plan Update

- 8.1 The challenges in the sustainable delivery of adult social care services are recognised by the partners to the Strategic Plan and in terms of those challenges The Highland Council has set aside £20m from reserves over the next 3 financial years with a view

to delivering change within the field of adult social care. Key drivers relate to the identification of accommodation solutions and the shift of the balance of care which is also a key performance target. Those drivers are recognised in the Council's delivery plan which reflects the vision set out in the Strategic Plan for the Partnership.

In terms of the local delivery of the Strategic Plan, District Planning Groups (DPGs) were established in April 2024. They are the main engagement vehicle with local communities to ensure joint working and engagement with people in communities to develop local implementation plans. Meetings are scheduled every 3 months in line with the meeting of the Strategic Planning Group and are supported by a standard Terms of Reference, Agenda, Action Plan and Action Note format. Meetings have been held for every District as per the agreed schedule.

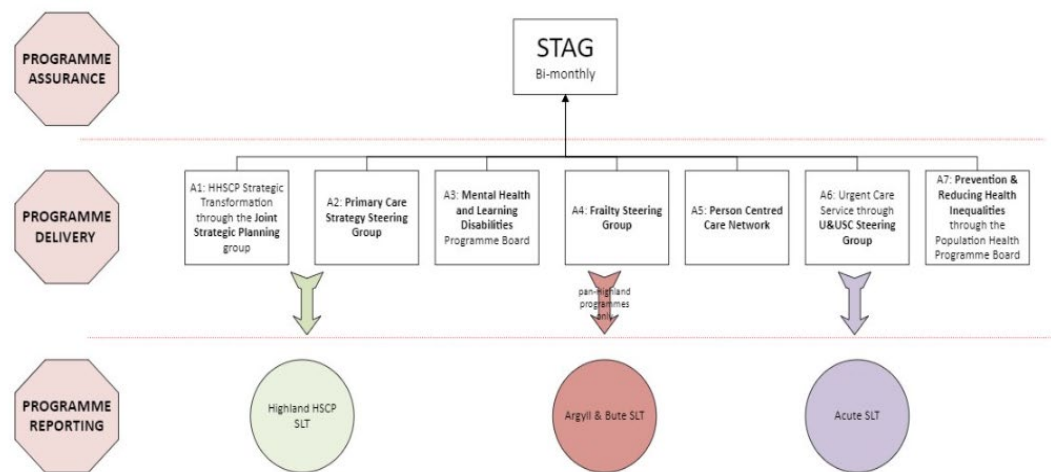
Key priority areas raised in the latest meetings include:

- Workforce challenges. Discussion has included opportunities for work experience and apprenticeships, enabling the workforce to be adaptable, flexible and innovative, actions to address recruitment challenges, childcare
- Integrating care provision – concerns about future models and ongoing integration of health and social care
- Alternatives to hospital acute hospital admission and attendance
- Expanding and maintaining membership
- Addressing Delayed Discharges
- Working with the third and voluntary sectors
- Opportunities to work differently with the communities to share plans and work together across the age ranges from cradle to grave
- Collaborative working
- Mental health and psychiatric service access
- Access to vaccinations services

8.2 The Committee will recall that in terms of the Strategic Plan which informs the Council's operational Delivery Plan that the intention is to seek to shift the balance of care such that 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 previous sections to this report in terms of the delivery of SDS – and in particular Direct Payment – options. In terms of that work funding, has been agreed from the fund referred to in para 8.1 with a view to expanding that by way of a “local care model delivery”. Funding has also been provisionally agreed to commission a Shared Lives service.

8.3 The Committee receives regular reporting in terms of the Delivery Plan and at the last meeting information was provided in terms of the delivery of the first workstream being shifting the balance of care and accommodation solutions. A report in relation to the Delivery Plan, which is included as part of this meeting's agenda, provides some detail in relation to the second element of that workstream namely improving transitions outcomes and that detail will not be repeated in the context of this report. It is important to note that in addition to the work ongoing in terms of the programme aligned to the Council's Delivery Plan that on a single agency basis NHS Highland are delivering additional transformation work carried out by **NHS Highland Strategic Transformation Accountability Group (STAG)**. That work is illustrated in the

diagram below, which also illustrates the interdependencies with the acute system, and for pan highland programmes, also with Argyll and Bute. Work streams overseen by STAG are referred to as A programmes.



Designation: Assistant Chief Executive - People

Date: 16 April 2025

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Background Papers: None