

Agenda Item	6
Report No	HCW/08/21

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 19 May 2021

Report Title: Adult Social Care Assurance

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

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.
- 3.2 Legal
There are no legal issues arising from the contents of this report.
- 3.3 Community (Equality, Poverty, Rural and Island)
No arising issues.
- 3.4 Climate Change / Carbon Clever
No arising issues.

3.5 Risk

The activity in relation to care homes as described under section 5 of this report should be noted as a risk in the context of the Crown Office's investigation into Covid-19 deaths in care homes, under Operation Koper.

3.6 Gaelic

No arising issues.

4. Care Homes Covid-19 Status Update

Overview

- 4.1 Since the commencement of the pandemic, there have been significant demands on and challenges faced by, care home providers, managers and staff. These challenges have taken many forms over the last 12 months, such as frequently changing guidance, PPE, staff testing regimes, visiting restrictions, staff wellbeing and financial concerns. In addition, the way in which care has been delivered has also had to be adapted, to minimise staff and resident movement within care homes to reduce transmission risk, support residents in self isolation periods and connect residents with their families through alternative methods such as virtually or through window visits.
- 4.2 The pandemic has had significant implications for residents and their relatives, particularly around social isolation, visiting restrictions and contact.
- 4.3 To address these challenges, the Adult Social Care and Operational Teams in NHS Highland have taken both a proactive approach in establishing a deployable support team (in constant use since May 2020), advice line, provider sustainability support, regular meetings with providers etc, and also a flexible approach in terms of redirecting staff resources away from normal functions to better support this agenda on a 7 day basis. Members will recall that the Team referred to as the Covid Response Team had provided significant support at Home Farm in May 2020 to manage the outbreak which had led to the need for additional staffing support both to manage increased care needs of residents and also because of consequent staffing shortages.
- 4.4 There was a Covid-19 outbreak at in Home Farm in May 2020. There were no further outbreaks from that time until December 2020. Since December there have however been a total of five further care home outbreaks, these being at Fodderty (near Dingwall), Kinytre (Invergordon), Castle Gardens (Invergordon), Mealmore (Daviot) and Mull Hall (Barbaraville, near Invergordon). All 5 outbreaks are now confirmed by Public Health as closed on the basis of there being 14 days since the last positive test; outbreak at Mull Hall being closed on 31 March 2021. Sadly 51 people have died since December 2020, associated with outbreaks in these 5 care homes. Members will be aware that those numbers have now been widely reported in terms of data released by the Crown Office (link undernoted)
- 4.5 In addition to the outbreaks referenced above, there had also been a significant increase in the number of care homes closed to new admissions by Public Health due to individual/small numbers of staff/resident positives arising from weekly PCR or now PCR and LFD testing.
- 4.6 In the period following Christmas and New Year, there was a significant rise in the number of care homes closed to admissions, reaching a peak in mid-January 2021 of 27 closures, which impacted on care home bed availability and flow in the system, with

these care homes having 125 vacant beds not accessible for use. The pressures that this represented on the sector and the wider system cannot be understated. In more normal times, NHS Highland would generally expect to support one or possibly two such closures. That position is now improved and at the time of writing there are two homes in Highland presently with closed to admissions status and those closures are not as a result of the pandemic. One care home remains closed as a result of staffing issues and another is currently closed as a result of a (non Covid) virus. Those 5 care homes referred to in paragraph 4.4 above have reopened to admissions on a phased basis.

- 4.7 It should also be noted that although there are currently 3 Care Homes within Highland area that are for sale as going concerns there is also a new Care Home – Eilean Dubh – operated by Parklands which has opened in Fortrose. It is a 40-bed unit and commenced admissions on a phased basis on 31 March 2021.

Care Home Governance

- 4.8 A Care Home Oversight Board was established in NHS Highland following a requirement from the Cabinet Secretary for Health and Sport on 17 May 2020, for enhanced clinical and care oversight of care homes.
- 4.9 This group, Co-Chaired by the Chief Officers of the north Highland and Argyll and Bute Social Care Partnerships, had met on a weekly basis until March 2021 and now meets fortnightly. It receives assurance reports on care home issues and activity and provides direction on any escalated matters. It is attended by both the Executive Chief Officer Health and Social Care (as Chief Social Work Officer) and the Head of Integration Adult Social Care on behalf of the Council.
- 4.10 This oversight board was established alongside a daily clinical and care meeting to consider all care homes within NHS Highland on a daily basis, and to agree any supports, inputs or mutual aid that may be required. This daily oversight has been in place since March 2020, was revised in May 2020 to align with the Cabinet Secretary's requirements and continues to operate. That daily meeting is attended by the Head of Integration Adult Social Care on behalf of the Council.

Care Home Supports and Engagement

- 4.11 NHS Highland has supported care homes and care home providers within the north Highland area in a number of ways as follows:
- Development of Covid-19 response framework in March 2020, and establishment in April 2020 of Covid-19 response team to provide mutual aid;
 - Daily safety huddle (established in March 2020 and now operating as the daily clinical and care oversight group) which reports on the TURAS data required by the Scottish Government which replaces the dashboard information previously reported to Committee which NHS Highland had been obtaining on a daily basis from Care Homes prior to the set-up of the national TURAS portal;
 - Public Health - Health Protection Team daily contact, outbreak and incident management;
 - Care Home IPC training resource;
 - Wellbeing supports, particularly for outbreak situations;
 - Provider Sustainability payments (through SG programme), currently at £2.7m for all adult social care providers in Highland, as further noted below;

- Open and ongoing communications with the sector, both through dissemination of information (distilled for clear information and key points) and weekly meetings, enabling shared learning and regular opportunities to raise issues
- Such communications include a “shared learning” forum set up in March 2021 to involve the care homes impacted by the outbreaks in the Care Homes referred to in paragraph 4.4
- With public health arrangements have been made for the administration of the vaccination programme such that as at 19 April 64 all 68 care homes are in a position such that residents have had their second vaccinations.
- New Care Home Visiting Guidance was published by Scottish Government on 24/02 and was discussed at the provider meetings held by NHS Highland and subsequently implemented such that as at 19 April all bar 2 care homes have been able to support indoor visits consistent with the terms of the national guidance. At the most recent provider meetings there was generally positive feedback from providers. Feedback from residents and relatives is that they wish a blended approach to contact and visiting to continue. Face to face visiting is greatly valued in a great many instances but it is worth noting that residents and wider family members are also continuing to benefit from virtual visiting which gives access to a range of family members, including extended family, grandchildren, family pets, etc

Covid-19 Response Team

- 4.12 In April 2020, and as result of guidance from Scottish Government, NHSH began to form a Covid-19 response team. The purpose of the team was and remains to support Care Home and Care at Home providers experiencing staffing challenges in relation to the pandemic. The team initially consisted of 13 care workers from a variety of backgrounds and they went through a rapid recruitment process and a targeted induction and learning and development programme. The team now also includes nursing support which is available where required.
- 4.13 A training programme was developed to ensure team members were equipped to provide a responsive and flexible support. The first deployment of the response team was on 1st May 2020 to a care home setting (Home Farm). The team have been actively deployed in a variety of settings since this time as in addition to those Care Homes where there has been an outbreak there have also been Care Homes who have had associated staffing difficulties as a result of staff testing positive/self-isolating. To date, NHS Highland has been able to offer mutual aid of around 20,000 hours to service providers as requested. Access to the team resource has been via the Care Home hotline which operates 7 days per week.
- 4.14 The team has recently been added to and currently have 17 members of staff available for deployment. The work of the team is supported by the advisory activities of infection control and prevention and public health teams. Direct nursing support has been accessed via the local community nursing teams. However, this has often proved challenging as these teams have already experienced significant capacity compromise. There has been an aspiration since the team was established to incorporate dedicated nurse input within the team membership, which is imminently being addressed through successful nursing recruitment to the team. This welcomed development is being further strengthened by the establishment of a senior role with nursing leadership responsibilities

- 4.15 It is important to appreciate that whilst public recognition often focuses around the NHS role and pressures, care home staff and operators (and indeed care at home and support providers) have experienced a period of sustained and unprecedented pressures. Each new development, from testing to visiting, whilst welcomed, invariably brings with it new pressures in terms of implementation and reporting.
- 4.16 As the pandemic continues, plans are beginning for the Covid Response Team to have an active role in offering recovery and support to a sector that is exhausted and depleted. In collaboration with providers, NHS Highland intends to explore and develop the team to offer support to the sector in re-establishing stability and quality services and enhancing partnership working. NHS Highland have recently established a joint post with Scottish Care to further support taking this work forward.

Quality Assurance Visits and Supports / Resident Reviews

- 4.17 This year the Scottish Government has required a further round of multi-disciplinary care home assurance visits to be undertaken. This is to provide assurance that measures to mitigate risk of Covid-19 transmission are in place and that physical, emotional and spiritual needs of residents are being met. This requires a blend of professional clinical and social work skills.
- 4.18 A first round of visits to care homes was initiated and the vast majority completed by June 2020. As part of this latest oversight process, there will be a joint nursing, social work and infection control care assurance process to identify any particular support needs the care home may have to enable a timely response by NHS Highland of any appropriate clinical support, advice or escalations. Additional funding has been made available by the Scottish Government to support these assurance visits and that has been passported across to NHS Highland.
- 4.19 There are 68 care homes in north Highland with approximately a quarter being in house services. All require assurance visits.
- 4.20 Time scale requirements remain subject to further clarification but the return to Scottish Government from north Highland for undertaking and completion of all assurance visits was 3 months from beginning of February to the end of April
- 4.21 A Project Team has been set up to oversee this work with membership reflecting social work, nursing, public health, infection, prevention and control, and allied health professional colleagues.
- 4.22 A visiting schedule has been drawn up with assurance visits commencing the week beginning 22/02/21. As of 22 April 63 of those visits have been completed and it is anticipated that all such visits will have taken place by the end of April 2021.
- 4.23 To ensure that people are safe and well in care home care, there is also a requirement for all adults residing in care homes to receive a review of their care, where care has not been reviewed in the previous 6 months to 31 December 2020.
- 4.24 A combination of circumstances, including the need to restrict the number of professional visitors to care homes and restrictions on family visiting, may mean that some people living in care homes will not have been seen by anyone other than care home staff for almost 12 months. These circumstances warrant a requirement to ensure that a review of care is undertaken for everyone living in care home care, if not already undertaken within the last 6 months.

- 4.25 In North Highland there are a maximum of 1700 individuals living in registered care homes at any one time. The time frame for completion of all care reviews is six months from the beginning of February 2021. Like the need for the assurance visits these reviews will require significant staffing resource and it has been agreed that three WTE additional social workers and three WTE additional referral and assessment officers will be employed on six-month fixed term contracts to support this important area of activity. It is also hoped that additional nursing resource will be identified to support the individual review process. As of 2 April 2021, 207 reviews have been carried out.
- 4.26 NHS Highland also intend to consider opportunities to expand the use of Near Me or alternative technology options as an aid to ensuring that everyone living within a care home setting and their family/carer or significant other has a voice in whether the care provided is meeting their needs.

Provider Sustainability/Financial Support to Sector

- 4.27 Provider Sustainability/Support Relief is a programme initiated by the Scottish Government in recognition of the significant pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. As of March 2021, around £2.7m had been paid to date to care providers who have had their claims approved through the agreed governance process. These claims are recovered from the Scottish Government.

5. Remobilisation of Day and Residential Respite Services

- 5.1 NHS Highland recognises the growing impact on supported people, carers, and families who rely on these valued services that have been disrupted during Covid-19 and staff teams are working with individuals and their families to provide alternative supports where possible that at least go some way to alleviating the stresses and pressures experienced at this time.
- 5.2 Many supported people have continued to receive support throughout the pandemic in a variety of different ways, including outreach “in person” support from care staff, telephone support and support to participate in activities and ensure connectedness with others through the use of technology. It is apparent however that the length of time that changes have been in place is significantly impacting upon individuals and their families. The need for crisis short breaks is increasing, individuals’ levels of anxiety are increasing and the desire for assurance of the future is being sought. NHS Highland have also adopted a flexible approach to the use of Self Directed Support where monies had been allocated to purchase services such as day care and residential respite in circumstances where such services have not been available. This approach is endorsed nationally.
- 5.3 Plans to remobilise building based Adult Social Care Services are progressing in line with Scottish Government guidance. It is our intention, once current government restrictions are eased, to adopt a phased approach consistent with the Government Route Map and other service remobilisation plans in NHS Highland.
- 5.4 In consultation with partners, including the Care Inspectorate, Public Health and other key agencies, NHS Highland will ensure that a robust assurance process is in place before any service recommences and this work has advanced in both older adult and younger adult care settings as we prepare for services to reopen safely to support users, carers and their families.

5.5 Key learning during Covid-19 will inform the future shape of services going forward.

6. Self-Directed Support (SDS)

6.1 Work remains ongoing to develop a new SDS Strategy for Highland. The aim will be to develop a human rights-based approach that ensures services and supports are: person-centred, enabling; caring; and empowering. This approach is congruent with both the Standards for SDS being developed for the Scottish Government by Social Work Scotland; and with the thrust of the recently published Independent Review of Adult Social Care in Scotland.

6.2 Work is currently underway with a reference group – including service users, SDS Scotland and Community Contacts - to develop appropriate methods to engage and consult with interested parties across north Highland.

6.3 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 although it is accepted that the impact of the pandemic has had an effect on the delivery of Self Direct Support in terms of both assessments and the availability of services “to purchase” which would normally be part of an Option 1 package. NHS Highland are looking to strengthen the focus placed on adopting a “strengths-based approach” and highlighting the importance of good conversations to inform work with service users and carers.

7. Carers

7.1 Work directed by the Carers Improvement Group - and implemented by an independent Project Team - has resulted in the completion of a successful Bidding Process to use Carers Act implementation monies to fund a series of Services for Carers, specifically aimed at mitigating the increased burden on carers in a Covid-19 environment. In using a variety of creative and socially distanced approaches the result should be tangible supports for carers at this most difficult of times.

7.2 To complement this, NHS Highland have contacted recipients of residential overnight respite services to inform them of the possibility of an alternative “short break” which may exist for them by using a direct payment. We are seeking to be as flexible and creative as possible when considering the range of support options available to service users and their Carers.

8. Care at Home

8.1 As at the time of writing there are no issues in terms of the delivery of care at home albeit the Covid Response Team referred to above has supported staffing shortages when these have arisen. The situation is such that much of the Care at Home is provided independently and agencies are required to have contingency arrangements in place in terms of staffing shortages but that has not always been available. At the time of the outbreaks in Care Homes there were associated staffing issues in terms of Care at Home delivery in Easter Ross particularly which were managed by NHS Highland.

8.2 In terms of those service users supported by the Care at Home service similar issues as referred to in Section 6 of this report have arisen in relation to the availability of day care and/or residential respite which has impacted upon that sector and has led to an

increase in demand for the service which has been managed.

- 8.3 The daily Clinical & Care meeting referred to in Section 4.9 of this report also consider the provision of Care at Home throughout Highland in terms of staffing, sustainability of service, infection control, PPE availability etc as well as any other issues which may arise. It is understood that the Scottish Government are considering extending the requirement for a Care Home Oversight Board to the provision of Care at Home.
- 8.4 NHS Highland are mindful too that in all settings there are a significant number of supported people who may lack capacity. As such there is close working with the MHO service team and also a need to liaise with legal proxies who may be in place, attorneys or guardians, in order to manage safe delivery of care given the challenges which are presented.

9. Independent Review of Adult Social Care

- 9.1 The publication of the Independent Review of Adult Social Care in Scotland (referred to as “The Feeley report”) on 3 February 2021, along with subsequent acceptance by the Cabinet Secretary for Health and Sport on 16 February 2021 of the 53 recommendations, will have a significant impact on adult social care services going forward. A link to that report is undernoted.
- 9.2 The full implications and initial actions on this matter are awaited from the Scottish Government.

Designation: Executive Chief Officer - Health and Social Care

Date: 23 April 2021

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Background Papers:

<https://www.gov.scot/groups/independent-review-of-adult-social-care/>

https://public.tableau.com/profile/marc.ellison8696#!/vizhome/CHD_16154580881600/TrackingcarehomedeathsinScotland?publish=yes