

Agenda Item	8
Report No	HCW/24/21

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing Committee

Date: 11 November 2021

Report Title: Adult Social Care Assurance Report

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;
- ii. **Note** the continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing pandemic and associated operational pressures.

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.

There are specific resource issues arising out of the delivery of Adult Social Care (ASC) by NHS Highland, which is governed by the Integration Scheme currently in place (as signed off by the Council and Board respectively in March 2021 and is referred to in more detail in a separate report to this committee.

- 3.2 Legal - No arising issues. Matters relating to the integration scheme are contained within a separate report to this committee.
- 3.3 Community (Equality, Poverty, Rural and Island)
No arising issues.
- 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 care homes as described under section 4 of this report should be noted as a risk in the context of the ongoing Crown Office's investigation into Covid-19 deaths in care homes.
- 3.6 Gaelic
No arising issues.

4. Care Homes Covid-19 Status Update

Overview

- 4.1 During recent months there has been a rise in the number of positive Covid cases within our communities and this increase has also unfortunately been reflected in further Covid outbreaks within our care homes.
- 4.2 As at the time of writing, (16 September 2021), there are 8 care homes closed to admissions by Public Health within North Highland. This does represent an improvement in that in October 16 homes were closed as a result, principally, of staff testing positive and hence testing regimes of all staff and residents being undertaken leading to consequent public health closure of care homes.
- 4.3 Over the last 6 week period, there have been outbreaks in six care homes within North Highland. As previously reported there has been a comprehensive vaccination roll out to care home staff and residents, which as with the wider population, is likely to be a protective factor in this vulnerable group. At the time of writing the flu vaccine together with a third roll out of the covid vaccine is taking place and at the time of writing these vaccines have been delivered in 41 out of 68 care homes in Highland.
- 4.4 There is daily contact with all providers by Public Health, to provide infection, prevention and control advice, support, and guidance. There are also daily assurance meetings between providers/management of care home outbreak sites and operational and commissioning management and professional leadership, to discuss practical inputs, contingency actions/steps and to facilitate any supports that may be necessary.
- 4.5 The Covid Response Team, established in May 2020 to provide mutual aid to care homes impacted by Covid has been fully deployed in the provision of support within outbreak sites. Due to the number of outbreaks and wider impact of Covid on staffing as noted below, the Covid Response Team was not able to meet all requests for mutual aid and further recruitment to this team remains ongoing. The current level of demand for support prior to the expected pressures of winter proper indicates that additional capacity will likely be required, however the current recruitment challenge in social care makes this a difficult area to address. At the time of writing the Team have been able to offer

support at care homes other than those effected by outbreaks but the position remains challenging.

- 4.6 The number of care home closures is significantly higher than that reported to last Committee. This, in addition to the outbreaks as noted above, is due to individual/small numbers of staff positives arising from PCR and LFD testing and staff requiring to self-isolate as a result of being an identified close contact with someone who has tested positive.
- 4.7 The significant increase in the number of care home closures continues to impact on care home bed availability and flow in the system, with these care homes, as at 10 October, having 94 vacant beds that would otherwise be available, not being accessible for use although this number is reducing as care homes re-open. As previously noted, the pressures that this represents on the sector and the wider system cannot be understated and also have an impact on increased delayed discharge figures
- 4.8 The staffing situation within a number of care homes within North Highland remains fragile. In addition to the issues noted above, recruitment challenges and the resurgence of the hospitality industry combined with necessary leave for a staff group who are generally exhausted, has further exacerbated staffing difficulties in recent months.
- 4.9 NHS Highland continues to work alongside colleagues in the sector to ensure staffing contingences, supporting as appropriate and informing wider discussions at national level regarding measures required to strengthen and sustain social care services going forward.

Care Home Governance

- 4.10 The Care Home Oversight Board, established in NHS Highland following requirement from the Cabinet Secretary for Health and Sport on 17 May 2020, for enhanced clinical and care oversight of care homes, continues to meet on a fortnightly basis. That meeting is attended by both the Executive Chief Officer in her capacity as Chief Social Work Officer and also the Head of Integration Adult Social Care.
- 4.11 This group receives status updates, 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.
- 4.12 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 meeting is attended by the Head of Integration Adult Social Care on behalf of the Council.

Quality Assurance Visits

- 4.13 As previously reported to Committee, the Scottish Government required a further round of multi-disciplinary care home assurance visits to be undertaken earlier this year. This was 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.
- 4.14 The second round of quality assurance visits to all 69 care homes within North Highland concluded in early May and actions identified during these visits have been followed up to ensure they have been completed. NHS Highland has also prepared a review report

of the learning arising from these audits, which will inform future quality assurance processes going forward. This report has already been provided to the Care Home Oversight Board as part of its assurance and oversight role, who has endorsed the review's recommendations.

Individual Resident Reviews

- 4.15 To ensure that people living within care homes are safe and well, there is also a requirement for all adults residing in care homes to receive a review of their care, where care had not been reviewed in the 6 months to 31 December 2020.
- 4.16 Individual reviews (1500) of all residents living within care homes in Highland are now completed. This work was completed within the agreed timeframe at a time of significant and competing pressures within the teams. There are approximately 137 people being supported in out of area placements and plans are progressing to ensure individual reviews for all people living out of area are progressed and concluded in the coming weeks.

Quality of Resident Experience

- 4.17 The relaxation of the restrictions in relation to care home visiting and outings outwith the care home setting are beginning to embed as residents, families and staff become familiar with the new guidance. Feedback from residents and their families refers to the positive impact increased contact has had on health and well-being. Some residents have been able to enjoy outings with families and overnight stays. These changes have not been without challenges and anxieties for those involved but confidence is returning in supporting people in a more "normal" way. If services have heightened anxieties around these changes support is available via various partners including Infection Prevention Control Teams, Public Health Teams, Scottish Care, and Adult Social Care Leadership Team.
- 4.18 It has however been particularly difficult for residents living within care homes where there are further Covid outbreaks who are, once again, living with a range of restrictions associated with mitigating risk of further transmission of Covid.

Further guidance has been received from the Scottish Government this week to mitigate against risk of harm to residents from prolonged isolation during Covid-19 outbreaks within care homes.

Provider Sustainability/Financial Support to Sector

- 4.19 This programme is facilitated by the Scottish Government in recognition of the significant cost and staff resource pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. As of 6 October 21, £5m and some 805 applications have been assessed and paid to providers who have had their claims approved through the agreed governance process. The costs for these claims are recovered from the Scottish Government.

Planned changes to the current scheme are expected at the end of September 2021 but support is expected to continue for eligible costs and claims until March 2022.

5. NHS Remobilisation, Short Breaks, Respite and Day Care Services

Short Breaks/Respite

- 5.1 Respite services have not been resumed other than in stand-alone services or where, following risk assessment involving Public Health, it is assessed as an urgent requirement. We continue to offer non-residential support as an alternative to residential respite for some people. Updated guidance has been received from Scottish Government with further clarity awaited. Due to the increased prevalence of Covid-19 within our communities and recent outbreaks within a number of our care homes, we have not resumed pre-pandemic services and continue to risk assess every request for residential respite whilst also taking advice from colleagues in Public Health. We continue to provide residential short breaks for those people who, following risk assessment, are deemed to urgently require it.
- 5.2 Given the ongoing challenges and known pressures on carers, we are currently reviewing how we meet the requirement for residential respite in the future.
- 5.3 At the time of writing this report, further government guidance in relation to residential respite care delivered within care homes is awaited. Current arrangements allow for unplanned emergency placements and a respite service where it is provided in a stand-alone building.

Day Care Services

- 5.4 Similar to residential respite services, further government guidance in relation to day care delivered to non-residents within care homes is awaited. Current arrangements allow for the remobilisation of day services and the provision of traditional day care where it is provided in a stand-alone building.
- 5.5 Day care provision has resumed in the majority of stand-alone services although it is important to note that this can look quite different to what it did prior to the onset of the pandemic with a much more blended approach to meeting outcomes which includes more sessional activities and a mix of in-reach and out-reach support.
- 5.6 Two in-house stand-alone services for older adults have not yet resumed due to a combination of physical distancing challenges and reduced requirement for day care places. One commissioned stand-alone service has also not yet remobilised but the provider continues to provide outreach support as discussions continue with NHS Highland regarding the future requirements for the service. Community Teams are working alongside supported people, carers and support providers to ensure person-centred practice and individualised support solutions as we navigate our way forward.

NHS Remobilisation for Adult Social Care

- 5.7 Adult Social Care have been invited as part of NHS Highland's, Remobilise, Redesign and Recovery plan to contribute to the NHS Highland Remobilisation Plan for the period from Oct 2021 to Mar 2022 which is due to be submitted shortly. An overarching service aim of this plan is to promote the wellbeing of adults with care support needs through the development of sustainable, flexible and resilient services.
- 5.8 There are a number of additional challenges, these are not exhaustive, but are highlighted for information:
 - Significant management and operational resource continues to be in place to support the care home and care at home sectors.

- Significant winter pressures will put other demands on Care Home and Care at Home services to resolve hospital pressures.
- Significant level of vacancies within the care sector at time of publication. Placement acceptance from providers has slowed significantly.
- Since lockdown, the Care Home sector has become vulnerable in Highland, which we are closely monitoring. Remobilisation will not necessarily return to previous placement levels during this financial year.
- To optimise flow there is a co-dependency between services, with a requirement to develop a “whole system” balance across all service areas.
- Focus on providing care in the adult’s home as part of Care at Home commissioning plans and growing sector with sustainable and resilient services.
- A demonstrable shift was observed during the pandemic from Care Home placements to Care at Home delivery with additional hours being commissioned from our external partners.
- Recruitment challenges in the Care at Home sector – creating inequity across the area and service delivery challenges.

6. Self-Directed Support Strategy (SDS)

- 6.1 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. However, the impact of the pandemic has had a variety of effects across the delivery of Self-direct support Options. This has impacted in terms of assessments; the availability of recipients “to purchase” supports which would normally be part of an Option 1 package; and on the profile of "traditional" services accessed via an Option 3.
- 6.2 NHS Highland and its partners are conducting a significant consultation exercise to gather the views of users and carers about how we deliver SDS into the future. Responses so far (from over 200 individuals) suggest there is agreement with ideas on adopting a “strengths based approach” and highlighting the importance of good conversations to form the basis of our work with service users and carers. We are also hearing clearly the need for flexibility of approach and the provision of good quality information to support increased choice and control.

7. Carers

- 7.1 Work has been underway in Highland to develop a ‘carer programme’ aimed at meeting our duties under the Carers Act. This has included:
- Outlining “a carer programme budget” to support the establishment of high quality and effective carer services in Highland.
 - Supporting local initiatives to increase access to practical help for carers in the short-term to mitigate the impact of Covid-19.

- Specifying and tendering for the types of services which meet our duties to provide: advice and information; Adult Carer Support Plans (ACSPs); support for carers - including access to a range of short breaks.

7.2 Currently, work is underway to ensure the extra resource identified for carers is distributed to those most in need of a short break by way of a simple and streamlined business process. Initially this resource will be accessible as an SDS option 1 or 2 and will complement existing 'traditional' Option 3 routes. Uptake will be monitored, and the need for – and viability of - commissioning additional dedicated residential respite will be kept under close review. This new flexible initiative went live during September 2021.

There is a recognition that the “carer’s voice” is not well enough articulated within our decision-making processes. Work here is focused on ensuring that our implementation and improvement efforts benefit from carers’ lived experience.

8. Care at Home (CAH)

8.1 The independent sector care at home provision has grown by over 1000 hours in the last year with a further 160 people supported at home. The total number of scheduled weekly hours delivered by care at home providers is 13,082 to some 1600 supported individuals. This level of growth (see graph below) has been significant during the pandemic but it does need to be set in the context of a resultant reduction in overall care home placements, which is a pattern similar to other areas across Scotland and represents the national “direction of travel” and is consistent with national policy.

8.2 Across Highland, unmet need is still an issue and the sector is finding further growth more difficult due to severe recruitment challenges that are currently facing all providers. This current issue is not unique to Highland and is consistent with the picture at a national level but does need to be balanced against the significant additional growth seen during the pandemic. It is a multi-facted changing situation, and NHS Highland will continue to seek to engage collaboratively with providers as we work to building sustainable care at home services. The position in terms of resource availability is also an issue in terms of identifying a personal assistant for those in receipt of Self Directed Support.

8.3 As at the time of writing this report, there are significant service challenges in terms of the delivery of commissioned care at home although the Covid Response Team referred to above has where possible, supported staffing shortages when these have arisen. There is still significant unmet need in areas and acute staffing issues, in areas such as Grantown, Nethybridge, Ullapool, Nairn, Mid and East Ross and Lochaber, with high levels of service instability being experienced and concerns expressed about Winter Resilience. A care-at-home recovery plan is being developed in partnership with the sector with an improvement led arm identified to proactively support the sector. Initial indications are that we may well require significant change to contractual and scheduling approaches to meet the coming challenges.

8.4 NHS Highland has met with independent sector colleagues during August and September 2021 to consider required actions with a view to achieving increased care provision within the relevant geographical areas. The objective of these workshops were:

- Identification of new/exacerbated challenges
- Shared understanding of the current issues
- Actions necessary to stabilise sector and create additional capacity
- Continued collaboration on joint approach to issue resolution

8.5 Concern is such that the Scottish Government during August convened a national meeting to seek assurance that all Health and Social Care Partnerships and the Scottish Government are, collectively, doing everything possible at both local and national levels to address the growing risks associated with the lack of care at home provision. Scottish Government has urged partnerships to engage with Resilience Partners at a local level to escalate the risks associated with the lack of CAH provision with a view to looking at any immediate measures which may assist in mitigating the risks associated with the current lack of service provision.

Care-at-Home Data



8.6 The Scottish Government have increased national reporting requirements on the levels of assessment and unmet need on a weekly basis to start to bring together data to assist in the assessment of the national level of risk in relation to community social care services and care at home specifically.

8.7 This data will be used to inform future discussions and to enable a coordinated national response. Over time, having a history of rich data will also help to identify necessary changes at a national level and to act earlier. This will help inform further consideration of regularised data collection and alignment with other related data sources in due course.

8.8 The Scottish Government has additionally now made a requirement for a Clinical and Professional Oversight Group for Care at Home and Community Health to be set up within each Partnership area. The purpose is to bring together a multi-disciplinary team including key clinical leads and the area's Chief Social Work Officer. The group's remit will cover the care and treatment of adults in our community. This includes, at minimum, weekly monitoring of care at home and community health pressures in the local area, and the implementation of solutions to address these pressures, with a particular focus on managing risk. The group will operate on a similar basis as the care home assurance group.

9. Adult Support and Protection in Highland

- 9.1 There has been an increased incidence of Large Scale Investigations and Adult Protection cases and there has been a 297% increase in Investigations during the last 3 years.
- 9.2 Adult Protection concerns relating to residents in care homes have remained consistently high during recent months. The targeted individual reviews requested by Scottish Government have contributed to identifying some adult concerns within some care home services but not exclusively. Two of the four LSIs investigations undertaken within the three months (June-August 2021) have been triggered by assessed information from the Care Inspectorate. One LSI was determined after a concern from the Covid Response Team. This period evidenced an increase from the previous quarter during which time there was one active LSI.
- 9.3 There is a theme in that the impact of Covid, and associated staffing challenges have contributed to systemic failings in these care settings. Nominated Officers are mindful of the significant level of pressure across the whole sector and balance this with any risk or actual harm to residents in order to support quick, but sustained improvements. It is fair to note that the true impact of the past 18 months on staff and resident health and wellbeing is only now being realised.

There is currently 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.

9.4 Data on ASP Referrals and Investigations

- There were 636 Referrals received/recorded by Social Work Teams in year 2020/21 (National dataset return). This represents a 21% increase on the previous year's figures (525).
- These Referrals translated into 211 ASP Investigations; therefore a third of Referrals resulted in Investigations (an Investigation involves the appointment of a Council Officer to assess the risks of harm to the identified individual).
- The completion of 211 Investigations represents a 60% increase on the previous year's figures (127)

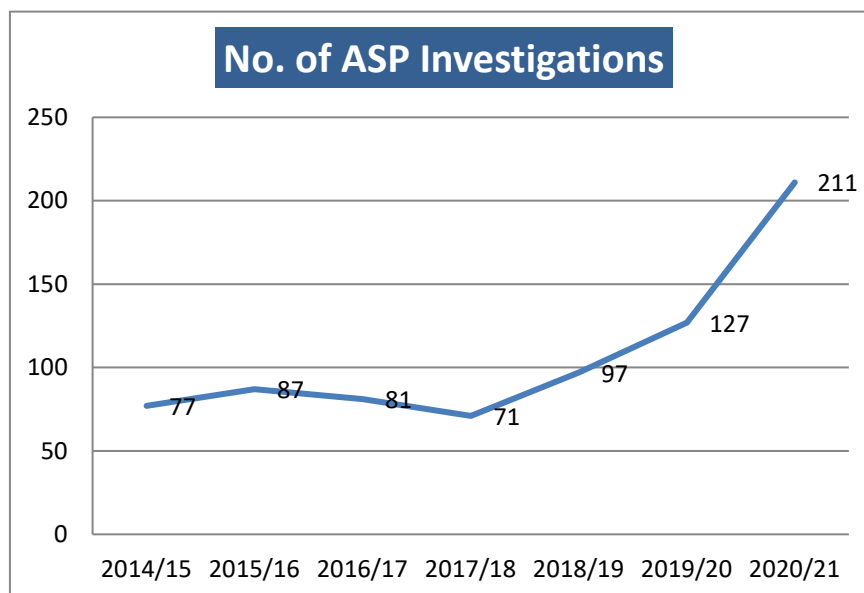
The client groups who were the subject of an Investigation in 2020/21 are as below:

Client groups	Number of investigations by client groups
Dementia	28
Mental health problem	30
Learning disability	39
Physical disability	11
Infirmity due to Age	4
Substance misuse	14

Other	85
Total	211

Trend on ASP Investigations completed

The figure for Investigations for 2017/18 was 71. There has been a 297% increase in Investigations across the subsequent 3 years.



Large Scale Investigation (LSI) Activity

- LSI Activity is not captured within the National dataset; it is therefore additional to the activity recorded above.
- LSI activity focuses where there are identified concerns within service settings
- At time of writing there are the circumstances of 122 individuals being investigated due to concerns that they may be or are being harmed due to service failings.
- Adult Protection concern relating to residents in care homes has remained consistently high during the previous 3 months.

10. National Care Service

- 10.1 This consultation sets out Scottish Government proposals to improve the way social care is delivered in Scotland. The consultation period opened on 9 August 2021 with the deadline for receipt of consultation responses now extended to 2 November 2021.

Members will be aware that staff across many services have fed into national on-line discussions in addition to discussion events locally between and within job families. The Council has submitted its response as has NHS Highland and members will be aware of the likelihood of significant change in terms of future service delivery.

Designation: Executive Chief Officer Health and Social Care

Date: 7 October 2021

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