

Agenda Item	6
Report No	HCW-02-22

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing Committee

Date: 10 February 2022

Report Title: Adult Social Care – Winter Update Report

Report By: Executive Chief Officer Health and Social Care

1. Purpose/Executive Summary

- 1.1 This paper is a report setting out the detail of the delivery of Adult Social Care by NHS Highland and focuses on the ongoing challenges in the current pandemic situation and the prevalence of the Omicron variant. It is for noting. 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. It is apparent too that there is risk inherent in the current staffing challenges in terms of maintaining service delivery which are a concern nationally.

3.6 Gaelic

No arising issues.

4. Current Position

Overview

4.1 During recent months there has been a very significant 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. This has of course been impacted by the prevalence of the Omicron variant and this has had significant impact on the delivery of care in both care homes and the provision of Care at Home packages because of the staffing challenges that has created.

4.2 There has been significant input by Scottish Government in terms of winter planning and in keeping with those requirements, a great deal of energy, effort and resource has been directed to deliver a range of sustainable and innovative winter planning measures to help protect and sustain health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

All winter planning preparations are predicated on four key principles as set out by the Scottish Government:

1. Maximising capacity – through investment in new staffing, resources, facilities and services.
2. Ensuring staff well-being – that staff can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical and emotional well-being support.
3. Ensuring system flow – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. Improving outcomes – through collective investment in people, capacity and systems to deliver the right care in the right setting.

This report is intended to show what impact those measures have had on service delivery and how those challenges have been addressed.

5. Care Homes

- 5.1 At its highest point in January 47 out of 68 care homes in Highland were closed to admissions by Public Health and routinely there were over 40 care homes closed throughout January. As at the time of writing – 14 January - there are 13 care homes who are currently experiencing an outbreak situation.

NHS Highland continues to work alongside independent sector care home providers, both individually and with sector representatives to identify and address any arising areas of concern.

Recruitment and retention of staff across independent sector adult social care providers is a critical concern. Within the care home sector, providers are also facing significant staffing challenges to the extent that a significant number of vacant beds are unavailable due to insufficient staffing. This is likely to lead to an increase in those who may be delayed in hospital.

NHS Highland is working jointly with providers on a longer-term action plan around sector recruitment, an area also being supported nationally by Scottish Government. Work is also ongoing with partners, including the Highland Council, to consider that issue in the longer term in terms of encouraging the development of careers in the Care sector

More immediate measures are however required in respect of care homes, and NHS Highland is providing the following support:

1. Escalation with Scottish Government and the Care Inspectorate about any acceptable in extremis measures, for short term adapted staffing models to make best use of available resources;
 2. A staffing escalation protocol has been developed and considered by both the Care Homes Oversight Group. That group is attended by the Chief Social Work Officer and the Head of Integration Adult Social Care. The protocol in place sets out steps to be followed and identifies decisions to be made and by whom, including the Chief Social Work Officer, in the event of a deteriorating staffing situation in either an in-house care home or independent sector care home. This protocol has been used twice to date and is being refined to enhance the support available to support resolution at local level where possible, prior to consideration of redirected resources;
 3. Operational oversight by the Safety Huddle, which had been stood down to 3 times per week and is being reinstated to daily over the winter period;
 4. Strategic oversight of care home issues, risks and escalations remains by the Care Homes Oversight Group; and
 5. Ongoing supplier relief payments for Covid-19 related costs.
- 5.2 As reported above there are outbreaks in thirteen care homes as of 14 January. 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 has taken place.

- 5.3 For those care homes experiencing outbreaks 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.
- 5.4 The Covid Response Team, established in May 2020 continues to provide mutual aid to care homes impacted by Covid. The Committee will recall the input to the last Committee meeting about the role of that team which continues to be 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, the Covid Response Team is not able to meet all requests for mutual aid and further recruitment to this team remains ongoing. It has recently been agreed that the team can provide support to outbreak homes as well as other areas. The current level of demand for support given the winter pressures 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.
- 5.5 The staffing situation within a number of care homes within North Highland remains very fragile and notwithstanding funding which has been made available there remain significant recruitment challenges. Actions are in place in relation to those staffing challenges which are also relevant to the Care at Home sector and will be referenced later in this report.

6. Care at Home

- 6.1 NHS Highland has been working closely with care at home partners over the last 6 months, to seek to address the following identified key issues:
- Staffing crisis situation arising from significant recruitment / retention issues
 - Increased attrition and unsuccessful recruitment
 - Acute staffing availability and wellbeing issues
 - Specific geographic challenges in rural / remote delivery
 - Escalations / contingencies already deployed and service instability already experienced or anticipated
 - A situation where there is growing unmet need in terms of service users who are awaiting a Care at Home package or where there are difficulties in delivering a package which is already in place.

The following measures have been initiated:

- Development of a jointly agreed (NHS / care at home sector) action plan of short- and long-term measures to address the key areas noted above;
- Issue of a Joint Scottish Care, The Highland Council and NHS Highland letter of support to service users of commissioned services, to advise of the context and of potential changes to visit timings (unless these are timing critical) and durations, to build in flexibility for service providers. The Chief Social Worker has been involved and supported the issue of this letter which has gone out to users of the care at home service;

- Implementation of revised contractual agreements to both provide delivery and income certainty, to enable providers to employ staff on a wider variety of contract terms to assist recruitment and retention, and to also provide more flexibility around meeting service user outcomes and
- Implementation of the Scottish Government funded pay increase of £10.02 per hour 4 weeks early, with a commitment that NHS Highland is actively exploring opportunities to provide further stabilising support if possible.

There has recently been a ministerial announcement regarding a further increase of pay rates for Adult Social Care, direct care staff, from the recent uplift to £10.02 per hour, to £10.50 per hour.

These measures are intended to stabilise provision as a priority, and enable expanded capacity where possible. Staffing is a key challenge as well as the need to continue to deliver as service and as such the following measures are also in place:

1. Development of business continuity templates, workshop sessions and 1:1 surgeries with care home / care at home providers;
2. Further letter of support to be shared with service users by care at home providers, highlighting ongoing system pressures and potential changes to package timing (unless time critical) and duration;
3. Personal contingency plans made available to service users to support the forward planning of contingency arrangements, these plans were issued with the letter of support and are intended to encourage service users to consider what contingencies may be available to them in urgent situations;
4. Reinstatement of care home manager hotline including information about availability over the festive/holiday period;
5. Engagement by Providers with the Care Inspectorate has been facilitated in order to discuss what measures can be taken to deal with the challenges presented

6.2 NHS Highland recognise that the challenges are contributed to a significant extent by the staffing difficulties. As such the current Covid Response Team has expanded its role and remit within the Inverness area to include supporting people in the community. The intention of this team is to support medically well older adults within the community and to avoid unnecessary hospital and long-term care admissions. The team will also support informal carers where a home situation is at risk of breakdown without input.

6.3 Following receipt of Scottish Government Guidance which set out the expectations for the provision of intermediate care beds, the Adult Social Care Leadership Team has developed a practice framework to ensure both clarity of approach and to support and embed good practice. As such NHS Highland have facilitated access to intermediate care beds identified at Ach an Eas care home in Inverness. These beds are referred to as step up/step down beds and are intended to both prevent hospital admissions as well as providing an intermediate support for adults who are fit for discharge from hospital and are awaiting a care at home package.

As part of this initiative the team have also been able to provide weekend day care on a Saturday and Sunday at the Mackenzie Centre to support informal carers and vulnerable adults.

- 6.4 The Committee may also be aware that communications were issued to Council staff prior to Christmas to seek expressions of interest in terms of supporting our partners within NHS Highland to meet the staffing challenges referenced. A number of staff indicated a wish to consider such employment. Such staff had the consent of their line manager and are effectively “volunteering” to do hours supplementary to their contractual hours for the Council. Engagement is also ongoing with the Council’s Child Health team to consider to what extent those staff may be able to support the work required. Meetings in relation to workforce/staffing issues are held on a daily basis by NHS Highland and are attended by the Head of Integration Adult Social Care and the Head of Health. There is also attendance by the Council’s Human Resources Service.

Designation: Executive Chief Officer Health and Social Care

Date: 14 January 2022

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