

Agenda Item	<b>5.a</b>
Report No	<b>JMC/08/22</b>

## THE HIGHLAND COUNCIL/NHS HIGHLAND

**Committee:** Joint Monitoring Committee

**Date:** 3 August 2022

**Report Title:** Adult Social Care Assurance Report

**Report By:** Louise Bussell, Chief Officer  
North Highland Health and Social Care Partnership

### Purpose/Executive Summary

1. This paper is an assurance report setting out detail of the delivery of Adult Social Care services by NHS Highland and is for noting.

Louise Bussell, Chief Officer of NHS Highland will be in attendance to provide any required clarification or supplementary information.

### 2. Recommendations

2.1 Members are asked to:

- i. **Note** the contents of this report;
- ii. **Note** the ongoing pressures across adult social care services, including NHS Highland and providers of commissioned services;
- iii. **Note** the detailed updates on care at home and the carers programme and NHSH's 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 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 as noted in more detail in previous reports to this committee).

For 2022/23, a £3.07m Cost Improvement Programme is in place for Adult Social Care that at the time of writing has identified £2.150m of identified savings, albeit mainly non-recurring, these various work streams are in place and the accountability for the delivery of these projects will be managed by the Adult Social Care Leadership Team via the Senior Responsible Officer, the Director of Adult Social Care and will report to the Financial Recovery Board of NHS Highland. Work is underway to identify additional schemes for the remainder of 2022/2023 to seek to deliver on the £3.07m savings target.

### 3.2 Legal

No arising issues. Matters relating to the integration scheme are contained within the above referenced 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.

### 3.6 Gaelic

No arising issues.

## 4.0 Update

### Introduction

This assurance report focusses on three key areas, these being **strengthening of Social Work Teams** and priority related areas for **commissioned care at home services** and **carers**. There are additional detailed reports to this committee on care homes.

Previous assurance reports to committee have provided updated information on areas highlighted below:

- Strengthening of Social Work Teams
- Commissioned Care at Home Services
- Carers
- Staff Wellbeing and Support
- Response to Winter pressures/activity
- Commissioned/NHS Highland Care Homes
- Mutual Aid Deployment
- Self-Directed Support Strategy
- Adult Support and Protection in Highland/Large Scale Investigations
- Care Response Team
- National Care Service
- Review of Covid-19 Key Issues and Risks

## **Further Strengthening of Social Work Teams**

As highlighted in previous assurance reports to this committee, Adult Social Care (ASC) Leadership Team have secured and allocated funding to integrated community teams that equates to an additional 18.3 WTE social workers for North Highland.

The recurrent Scottish Government funding has been allocated to District Management Teams and with support from Principal Officers for Social Work services have been progressing recruitment for a range of posts to meet the individual staffing requirement within teams across Highland, including additional senior/advance practitioners, referral assessment officers, social workers and trainee social worker posts.

The announcement by the Chief Social Work Adviser of further additional funding of £0.938m to expand the social work workforce to support the increasing adult social care workload and the wide range of workforce pressures is welcomed.

In April 2022, Scottish Government allocated further recurrent funding to again strengthen the work of multi-disciplinary teams, with a focus on supporting complex cases, adults with incapacity work and early intervention. A proportion of that funding has been allocated to the Highland Council Mental Health Officer Service and Legal Services; this is in recognition of the ongoing increase in statutory work for adults with incapacity, which includes both Private and Local Authority applications for Welfare Guardianship Orders.

The level of funding for distribution is £738,000. The ASC Leadership Team recently supported the proposed blended approach to allocating the specific funding and agreed the additional Referral Assessment Officers across Highland, an additional SDS Officer to recognise the unprecedented growth in Option 1s, and a Principal Officer for Adults With Incapacity, as well as further investing £0.200m in partnership with the Third Sector to enhance services across Highland to support both social work and those users accessing our wide range of services.

It is expected that there will be recruitment challenges to realise this additionality of resource and a workforce delivery plan will be developed. The ASC Leadership Team is committed to enhancing growth in the service while enhancing the trainee scheme and opportunities for existing colleagues to have a career pathway within social work services, and will be seeking to continue to maximise opportunities with support from People and Change colleagues.

The transition of all adult social work and adult social care staff onto agenda for change terms and conditions is progressing well and it is anticipated that all remaining staff will be transitioned throughout this year.

## **Care at Home Assurance**

This update provides an overview of care at home services commissioned from independent sector providers in North Highland and highlights current issues, actions taken to date, and those planned and seeks to provide assurance that there is an in depth understanding of current issues and that a range of actions and measures have been identified to appropriately address and respond to these issues.

## Sector Overview

Services are delivered via all 4 Self Directed Support (SDS) options. In terms of option 3, service delivery is broken into three component parts, these being in house enablement care, in house mainstream care and commissioned independent sector care. Independent sector activity accounts for around 69% of the total care at home delivery in Highland. This report focuses on this independent sector provision.

NHSH purchases 10,145 hours per week (May 2022) of activity from independent sector providers, at an annual cost of around £13m. There are currently 20 providers, ranging in size from very small scale provider delivering 35 hours per week, to a large scale provider delivering 2,300 hours pw. Three large Highland based providers collectively deliver around 53% of total commissioned activity. Independent sector activity is primarily, but far from not exclusively, delivered in the more populated areas of North Highland and there are a number of very small scale providers who focus on specific locality based provision.

## Commissioning Arrangements

There is an open framework currently in operation, meaning that prospective providers can request and join the framework, subject to meeting set pre contract conditions and criteria, along with attaining Care Inspectorate registration.

As part of the open framework, there are identified zones for provider activity to promote the efficient and effective use of staff resource and travel time.

The current basis for payment of commissioned care at home activity is via the “Highland Pricing Model”, which was introduced in July 2019, and which was based on the UK Home Care Association pricing model at the time (“a fairer price for care at home”). The model includes a number of assumptions in relation to mileage, travel time and overhead recovery and has been adapted by NHS Highland to take into account what is considered fair rates of mileage, travel and overhead cost recovery.

The model for care at home is a three tiered range of rates for urban, remote or rural provision, to take account of travel time and mileage differences across the area. The relevant rate to apply is as per the Scottish Government Urban Rural Classification 2016, 8-fold classifications. The urban, rural and remote rates are matched to this classification data and this is then matched to postcode. Rates are automatically specified based on the postcode of the supported person.

The urban rate has travel time and mileage consistent with an urban area where providers will have very short travel distances between calls. For rural and remote areas, mileage and travel time has been increased. There are also “red zones” which enable additional payment for specifically challenged locations.

Following agreement by the H&SCC on 27 April 2022, this model has now been updated for 2022-2023 to again fully align to the original Highland Pricing Model, following two years of contract annual uplifts aligned to Scottish Government instruction.

## Current Issues

As with all parts of adult social care delivery, the pandemic has had a considerable impact on the delivery and availability of care at home services. Whilst the media focus has been largely on care home activity and impact, pressure has also been acute for care at home provision over the course of 2021 and the 2021/2022 winter period in particular. The key issues are as highlighted below:

### *Staffing availability:*

- Increased community transition of Covid-19 had a significant impact on staffing availability.
- Short notice unavailability of staff due to Covid-19 created additional pressures for those staff at work and covering for these absences – where they were covering more shifts, were delayed in getting to their next client, and were experiencing client / carer anxiety arising from this delay.

### *Staff retention:*

- This ongoing pressure on the non direct care roles to arrange, rearrange and react to ongoing staff availability and service changes, has impacted on staff wellbeing, and has led to a high level of absence as well as staff departures as staff move away from social care to less pressured roles with better pay, terms and conditions.
- In many cases, staff are leaving their current role to take up NHS employment, which is further exacerbating sector activity fragility.
- The lack of parity with NHS staff / pay / conditions, perceived value of role, ongoing reporting of a sector in crisis, and additional fuel cost expense and outlay for carers are also influencing factors for those joining or remaining in the sector.
- At present (June 2022) there are over 106 vacant care at home posts / 2900 vacant hours, within the independent sector.

### *Package “Handbacks”:*

- Commissioned providers have been “handing back” packages of care due to ongoing acute staffing challenges and in many cases have sought to withdraw from these areas, despite red zone allocation and additional payment.
- The unplanned handbacks have presented operational and resourcing difficulties for in house services who are simultaneously trying to commission services, deliver mainstream / enablement services and also pick up short notice transfers.
- In addition, providers have sought to consolidate their provision in areas in which they are more confident of being able to resource.

### *Activity Levels and Capacity:*

- Arising from staffing and delivery challenges, there has been a reduction of 1,200 commissioned hours per week during 2021-2022.
- This is set in the context of the current unmet need of 1,700 hours per week.
- As part of winter funding, additional funding was received from the SG for capacity creation, which presumed a stable baseline. This additional funding was directed to the earlier staff pay increase to support service stabilisation.

## Sector Engagement

Since August 2021, NHSH has been working closely with care at home partners through regular and structured dialogue (13 meetings in total), in order to better understand the current issues and to work together to identify and implement sustainable solutions to seek to address the key issues identified above, summarised as:

- 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

NHSH has adapted plans and intentions regarding commissioned care at home services, in order to achieve the following objectives:

- stable, resilient and assured provision
- capacity release / growth
- improved efficiency and processes
- fair, equitable and cost effective services

In seeking to deliver these objectives, NHSH initiated the following measures:

- Agreed and issued 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;
- Agreed and implemented a **block contract** from 1 November 2021, 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, which we consider an enabling step towards commissioning for outcomes;
- Implementation of the Scottish Government **pay increase** of £10.50 per hour 4 months early, with a commitment that NHSH is actively exploring opportunities to provide further stabilising support if necessary and possible;
- A range of additional measures for **winter and festive resilience** were implemented:
  - Development of **business continuity templates**, workshop sessions and 1:1 surgeries with care home / care at home providers;
  - **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;
  - **Personal contingency plans** made available to service users to support the forward planning of contingency arrangements;
  - **Care at home manager hotline** over the festive period;

- **Expansion of Covid / Community Response Team** to care at home both in capacity and scope;
- Development of a care at home **staffing escalation protocol**;
- **Open provider and sector communication** for sharing of information and close contact with issues on the ground, to enable issues to be identified and addressed timeously;
- Weekly care at home **activity oversight** to utilise capacity.

### Forward Joint Action Plan

Over the period January to March 2022, the key area of focus in sector discussions has been the development of a joint action plan of short and long term activity areas.

This action plan was developed over two independently facilitated sessions with and between independent sector providers.

This engagement has endorsed the following key **delivery objectives**:

- stable, resilient and assured provision
- capacity release / growth
- improved efficiency and processes
- fair, equitable and cost effective services

This engagement has also endorsed the following Highland **commissioned care at home aspirations** as being those towards which we are collectively working:

- those who need care at home services are able to receive them
- care at home services have a clear and positive identity and are widely regarded as important and valued by Highland communities
- staff delivering care at home services are professionally and financially recognised as partners
- staff are attracted to the sector, stay and are supported to develop and grow
- care at home providers work collaboratively with each other, NHS and with other supporting key stakeholders, in delivering responsive and person centred services
- there are embedded opportunities to look and learn from good practice, and to review and redirect strategic direction, where needed.
- the models of care available embrace and maximise digital innovation and reflect the diversity and geography of Highland.

In taking forward this area of work, a high level **joint action plan** has been agreed, setting out **now** and **next** priorities, these being:

#### **Now – Plan and implement by Winter 2022**

- Renew efforts to stabilise and grow capacity
- Closer working / concerted troubleshooting
- Identify immediate and tangible actions and implement, ahead of wider redesign

### **Next – Plan for now, implement in 2023**

- Strategy and ambition
- Workforce creation and development
- Contract and commissioning redesign

There are a number of issues within commissioned care at home services impacting on capacity availability and activity growth.

Regular structured dialogue with providers is enabling an ongoing understanding of the changing position and is informing the actions required to appropriately address and respond to these issues.

### **Carers Programme Update**

#### Situation

- Work was underway before the Pandemic to implement a costed Carers programme to meet the duties contained within the Carers (Scotland) Act 2016.
- Contractual arrangements with our Carers' Centre (Connecting Carers) had been long-standing and the need for updated contractual arrangements was highlighted.
- Plans to realise a new shape of services for carers given the available (but not fully committed) resources available at that point.
- Work to progress the procurement/tendering processes necessary to realise that a costed carer programme were put on hold due to competing demands on contracting capacity as a result of the Pandemic.
- The need to provide services for carers, however, has become more acute throughout the course of the Pandemic, and there was understood to be a significant, differential negative impact on carers across the course of the pandemic.
- The available resource of the carers programme budget has been used reactively and is now fully deployed to respond to carers' needs.
- This has been used to fund new initiatives (initially seven new Carers Projects, and a new Option 1 Short Breaks Scheme), and to increase the resource available to core services (Connecting Carers) to reflect increases in demand and inflation.
- The composition of the Carers Improvement Group (CIG) (there being a preponderance of service providers) and a hiatus in governance arrangements have meant decision-making in respect of reactive expenditure decisions for the carers programme budget have been convoluted.
- Although the offered feedback is that the deployment of available resources has gone some way to mitigating impact of the Pandemic, it is clear that the unmet needs of carers remain significant, and that their ability and willingness to provide care remains as a cornerstone of the care provided to adults and children in need in our communities.



- Work has begun (albeit at a very early stage) to co-produce a new Carers Strategy (2023-26) in ways which seek to much more fully reflect the experience of carers, their priorities and their chosen solutions. Ideally we would seek to have a completed Strategy within the calendar year.
- Independently, work is ongoing to develop a 'carers-led' Carers Union.
- Our aim remains to ensure that carers are fully involved in decision-making – that they are able to articulate their priorities, and play a full role in a co-production approach to directing available resource.

## Background

### *Current Strategy (2020-2023) and Implementation Plan*

- The existing Carers Strategy was agreed at the HH&SCC on March 2021
- It covered the aims to:
  1. Carers benefit from a full range of information to ensure they can make informed choices about their caring role
  2. Appropriate services are in place for carers which complement the services available to those they care for
  3. Clear pathways are in place so that carers are involved in shaping the services they receive
  4. Carers are identified, and their role is recognised
- It has an associated Implementation Plan.
- The Implementation plan is a working document and includes a set of updated actions which include the initiatives to mitigate the impact of Covid-19 on carers in Highland. These plans incorporate activities made possible by uplift in funding to carers from Scottish Government in March 2021.
- Work has progressed **well** in the areas of:
  - Providing new projects for carers to access which work in a Covid-19 environment
  - The implementation of a new Option 1 Short Breaks Scheme which has provided resources to carers to access breaks of their choice.
  - Supporting the carers centre (Connecting Carers) to cope with increased demand
- Work is **behind** schedule
  - To find a more robust framework to support carers through the process of hospital discharge of those they care for
- The Carers Services Development Officer work to ensure Implementation Plan up- to-date and it reflects current partnership activity to meet the needs of carers in Highland.

### Carers Programme Budget

- A programme budget was outlined to HH&SCC in February 2020.
- It included plans to tender for our core services for carers.
- This work was put on hold due to the pressures of the Pandemic.
- Connecting Carers has continued to provide the services to carers that relate to statutory duties in relation to the Carers (Scotland) Act 2016: Adult Carer Support Plans; Information and Advice etc. This arrangement has been made possible through the repeated 'roll-forward' of contractual arrangements since 2011.

- Connecting Carers has received increased resource to reflect significant increases in demand over the period of the Pandemic; this has allowed them the opportunity to employ 3 extra Carers Link Workers. (For example there were 495 Adult Carers Support Plans (ACSP) in place at March 22 – an increase from 255 ACSPs in place at the same point a year before.
- The impact of delaying a tender process has meant, of course, that the cumulative effects of inflation (separate from the pressures caused by increased demand) from 2011 are now impacting on the resource available to the organisation in real terms; and their ability to meet the terms necessary to maintain their workforce. The proposed programme budget at Table 1 below therefore includes a significant inflationary uplift of £67k.
- Carer Projects – offering a variety of supportive and creative inputs to carers – have been commissioned via a bidding process in August 2020: these have been well evaluated and are continuing.
- A new Option 1 Short Breaks Scheme was introduced in September 2021; this sought to quickly put available resource at the disposal of carers to realise personalised Short Breaks.
- The Option 1 Short Breaks Scheme has been very well evaluated and is understood to be providing good outcomes for carers.
- A proposed programme budget - which will fully commit the resource identified - at this point - as available for adult carers in Highland (£2.068m) is given below:

<b>Projected Spend 2022-23</b>	<b>£000</b>
Carers Centre (Connecting Carers)	614
Carers Projects	255
SDS Option 1 Scheme	909
NHSH Posts	91
Carers Advocacy	176
Support for Carer Involvement	23
<b>Total</b>	<b>2,068</b>

Table 1

### Involving Carers

- The current Carers Strategy (2020-23) sought to collect the views carers in its development.
- Significant efforts were made to gather carers' views to shape the final strategy. Surveys and online groups were used to comply with Covid-19 restrictions etc.
- Looking ahead, our aim will be to fully “co-produce” a new Carers Strategy for 2023-23. As above, we would aim to complete this within a calendar year.
- We are currently working with a carer representative, NHSH'S Community Engagement Manager and Project Manager ASC to look to deploy an “Experience-based, Co-design” approach. The aim/methodology used will be to engage a wide range of carers to develop the new strategy.
- It is recognised that the CIG has lacked a strong carer perspective. Carer representation has been fitful, the carer “co-chair” post has remained unfilled, and there is a possibility that groups of this sort don't lend themselves to carers involvement very well
- The CIG does not appear to have formed the positive working alliances necessary to add significant value to the work already in train.
- The development of a Carers Union in Highland is ongoing. Work is being undertaken to form an independent ‘carer-led’ organisation to promote the rights of unpaid carers and provide mutual support.

- This model proposed is a ground-breaking one: and its formation could potentially support the articulation of the perspective of carers across the work of Highland's Health and Social Care Partnership.

### Assessment

#### *Developing a new Highland Carers Strategy (2023-26) / Involving Carers*

- An "Experienced Based, Co-Design" approach for the development a new strategy is an exciting prospect. There is a highlighted need to fully incorporate the perspectives of carers into its development of plans, policies and strategies.
- To ensure that the involvement of carers in strategy development is clearly understood to be meaningful it will therefore be important to ensure that the articulation of their priorities can be effectively responded to.
- Given this, the aim, alongside the development of strategic goals and actions, should be to develop a lasting framework for feeding carers views into decision-making and governance arrangements in the Highland Health and Social Care Partnership.
- Centrally, it will be important that there is a clear link between the development of a new strategic approach and the deployment of the resource available within the carers programme budget.
- The development of an independent, carers-led Carers Union is a significant step: if realised, it should offer benefits both to carers (advice, peer support and mediation etc) and to the Board and decision-makers. The ability to ensure that plans, policies and strategies can benefit from a 'ready route' for consultation, engagement and co-production is potentially very valuable.

#### *Carers Programme Budget*

- The Carers Programme Budget has, in part at least, been deployed reactively to meet the needs of carers during the Pandemic.
- Original plans for the Budget from 2020 no longer adequately reflect the position carers are now in.
- The breakdown of the carers programme budget cannot necessarily be seen to reflect the priorities that carers themselves have articulated.

### Agreed Recommendations at HH&SCC on 29 June 2022

- That the proposed carers' programme budget at Table 1 is deployed in its present form until work on the development of a new Carers Strategy is complete.
- That work to develop a new Highland Carers Strategy (2023-26) incorporates the need to provide direction on the use of the resource available in the carers programme budget.
- That work to develop a new Highland Carers Strategy (2023-26) incorporates the need to recommend/effect new arrangements to input the perspectives of carers into NHS's governance arrangements.
- That the CIG is discontinued and that the perspectives and needs of carers are incorporated as part of the strategy development process; and those of service providers are consolidated within existing network meeting arrangements.
- That the Implementation Plan continues to structure current activity in this field; and is updated by our Carers Services Development Officer on a regular basis.

- That officers seek to ensure they find an appropriate route to catalyse (support and fund) an independent Carers Union in Highland.

Designation: Chief Officer, North Highland Health and Social Care Partnership

Date: 27 July 2022

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