

Agenda Item	4a
Report No	JMC/05/23

## THE HIGHLAND COUNCIL / NHS HIGHLAND

**Committee:** Joint Monitoring Committee

**Date:** 29 March 2023

**Report Title:** Adult Social Care Assurance Report  
Integrated Performance and Quality Report

**Report By:** Pamela Cremin, Chief Officer, NHS Highland

### 1. Purpose/Executive Summary

- 1.1 The purpose of this report is inform the Joint Monitoring Committee of the activities that support delivery on the Highland Health and Social Care Partnership's with the initial committee focus on the recently agreed North Highland Integrated Performance and Quality Report (IPQR) which is aligned to the Annual Delivery Plan of NHS Highland and has been agreed by the Highland Health and Social Care Partnership (HHASCP) in September 2022.

### 2. Recommendations

- 2.1 Members are asked to:
- i. **Note** the content of this report
  - ii. **Note** the ongoing sustained pressures across Adult Social Care services
  - iii. **Consider** the performance report, noting it is proposed that future assurance reports will be presented in this format and **consider** any additional key areas of activity and performance.

### 3. Implications

#### 3.1 Resource

There are specific resource issues arising out of the delivery of Adult Social Care (ASC) by NHS Highland and the delivery of the commissioned Child Health Services by the Highland Council. Those resource issues are governed by the Integration Scheme currently in place, as signed off by the Council and Board in March 2021 and which received Ministerial sign off in February 2022.

Detailed resource issues and implications are provided within the financial report elsewhere on the agenda.

### 3.2 Legal

The legal arrangements covering the delivery of integrated services, are provided for within the above referenced Integration Scheme.

### 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 resourcing (in terms of staff and funding) available for the provision of all services.

### 3.6 Gaelic

No arising issues.

## 4.0 Preamble

4.1 It is noted that the Joint Monitoring Committee (JMC) has requested to receive reports which focus on integrated services and a separate report to this committee describes the progress on future reporting for integrated performance management, assurance and audit.

4.2 Although the primary focus for committee is Adult Social Care, it is acknowledged that future performance reports should also include relevant information on North Highland Community Services, National Health and Wellbeing Outcomes and the supporting indicators. The datasets for these national outcomes are available bi-annually, annually and quarterly and will be reported in line with updated datasets as agreed previously with the HHASCP.

4.3 The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators are reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the NHS Highland Board Integrated Performance and Quality Report (IPQR).

4.4 In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

4.5 The IPQR has been discussed at the September 22 Highland Health and Social Care Committee Development Session where the format of the final report and the Adult Social Care indicators were agreed. Subsequent committees have received updated datasets which are scrutinised for assurance and it is intended for this developing report be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate.

## 5. Adult Services Performance Framework

5.1 The information contained in this IPQR is managed operationally and overseen through the appropriate Programme Boards and Governance Committees.

5.2 This format has been developed in consultation with stakeholders who wish to see “easy to understand” trend information and short and targeted management narrative to provide assurance in these key activity areas.

5.3 The attached IPQR at **Appendix One** describes the key service activity areas as agreed with Committee:

- Care-at-Home
- Care Homes
- Delayed Hospital Discharges
- Carers
- Direct Payments
- Individual Service Funds
- Adult Protection

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

Date: 17 March 2023

Author: Simon Steer, Director of Adult Social Care

**Appendix One:** North Highland Integrated Performance and Quality Review



NHSH Adult Social  
Care Performance Re



Together We Care  
with you, for you



# North Highland Health and Social Care Partnership Performance and Quality Report

15 March 2023

The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators are reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

# North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.



# Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with the Highland Health and Social Care Committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

## **Content:**

- Care-at-Home and Care Homes – slides, 4-6 & 7-8
- Delayed Discharge – slides 9-10
- Self Directed Support/Carer Short Breaks – slides 11-13
- Adult Protection included – slide 14

## Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

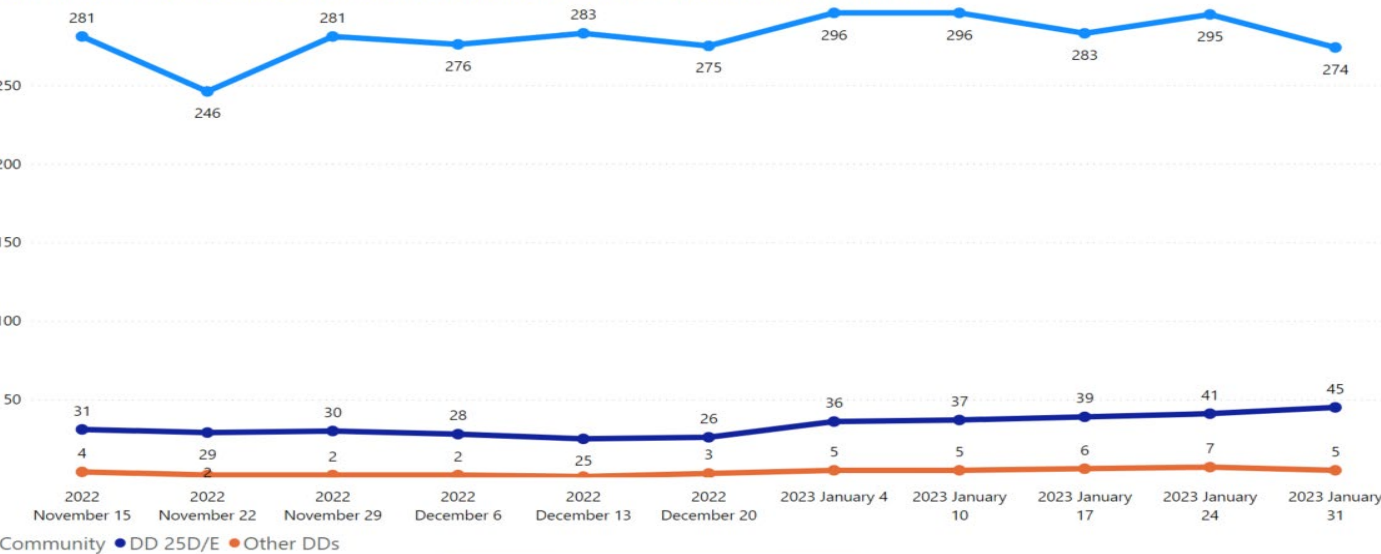
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



### North Highland Care at Home

Total number of people assessed and awaiting a new package of care (Community and DDs)



Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

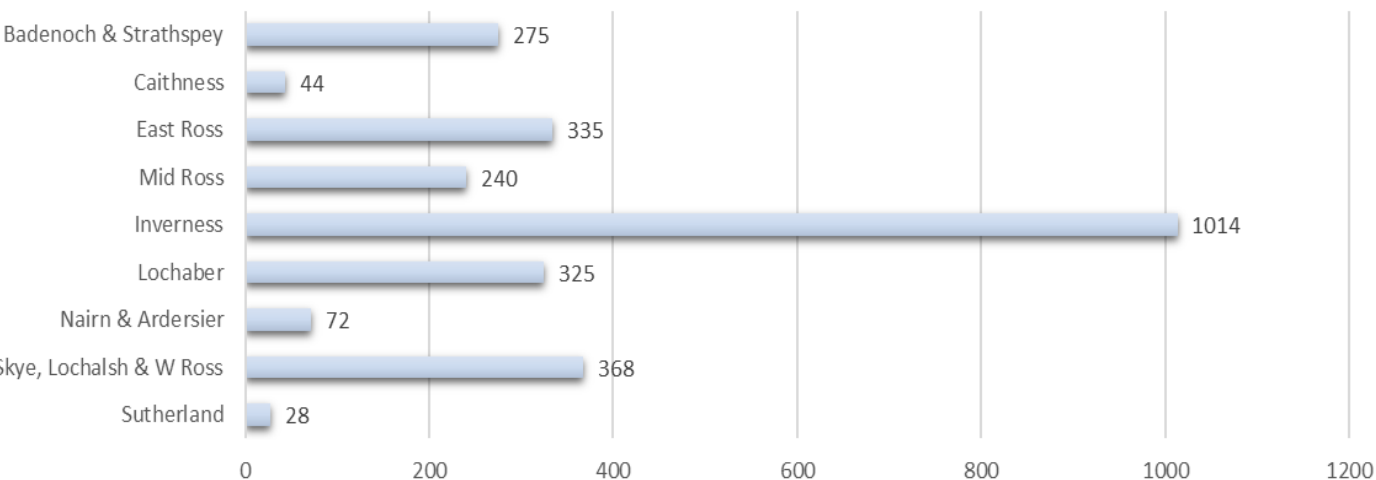
This manual data return commenced late in 2021 and data is provided by internal care at home (CAH) colleagues.

Graph 1- All North Highland hospital DHD's are included which shows those assessed as requiring CAH in either a hospital, or at home.

- Community - 274 awaiting a service
- DHDs – 45 awaiting a service
- DHDs – 5 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

### Total unmet need hours by District 31/01/2023



Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need.

**Update 06/02/2023**

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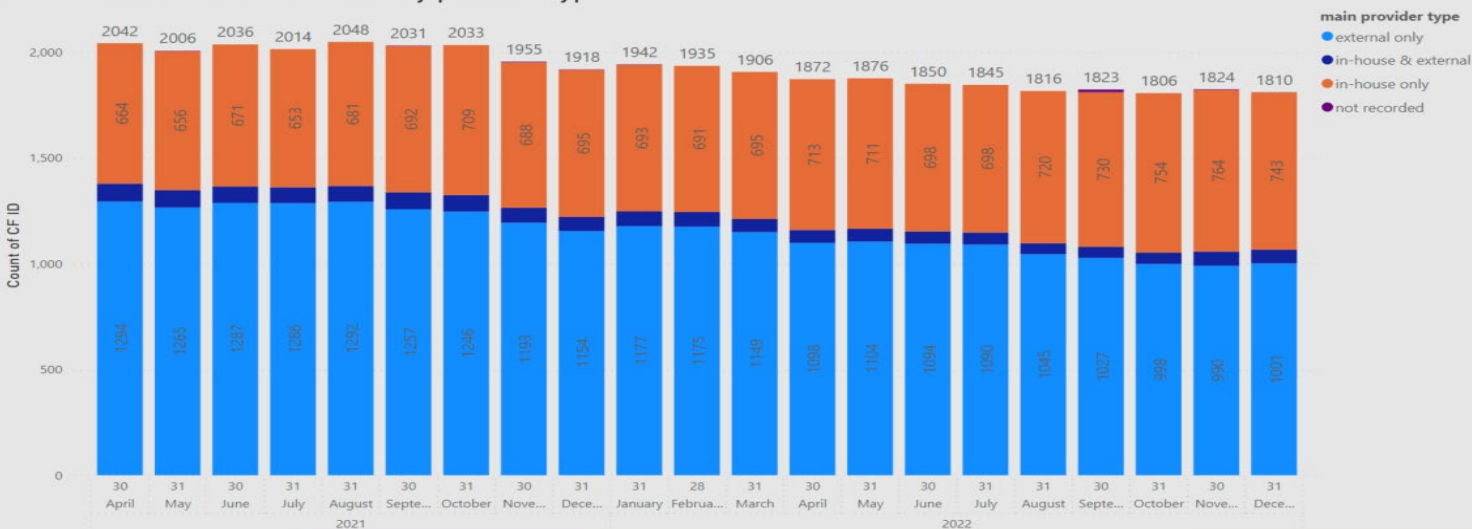
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## North Highland Care at Home

Care at Home - count of clients by provider type



## Care at Home

After a period of significant and sustained reduction in the number of people receiving external care at home due to workers leaving employment, the last two months have seen a stabilising of that position; however we are concerned that this is a temporary situation.

We have not yet seen a growth in external care at home and low levels of recruitment continues to be the key concern expressed by providers in our frequent discussions.

Current strategic steps/work stream activity include:

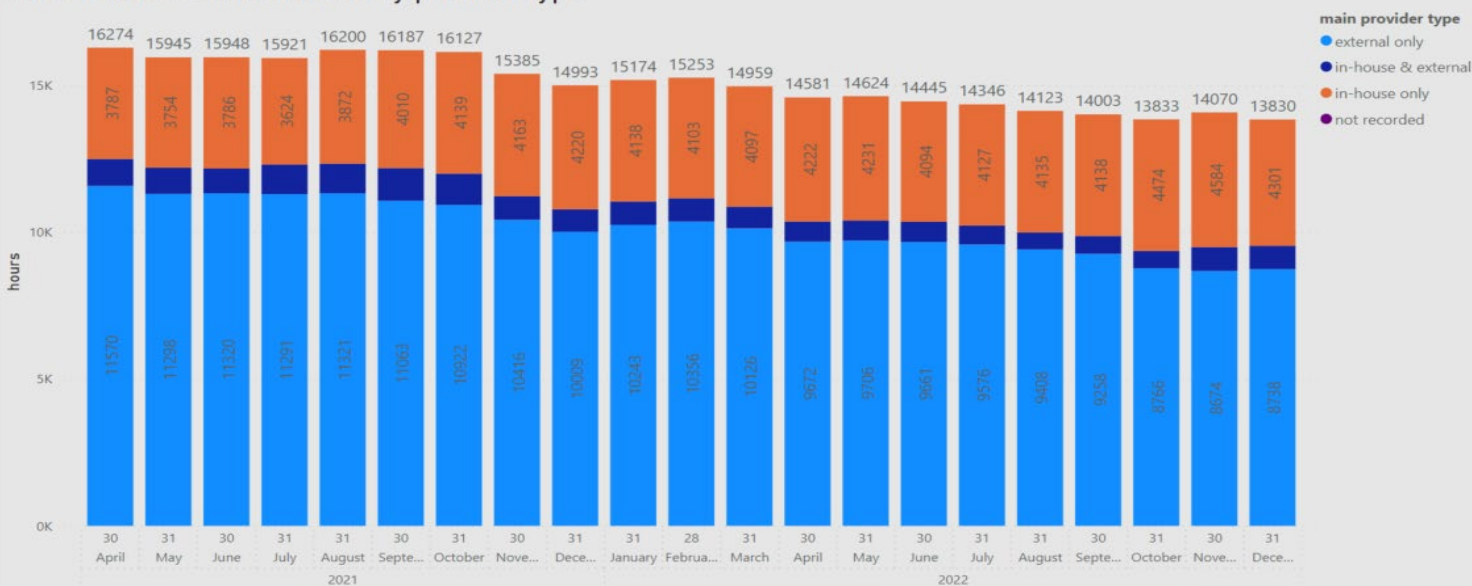
Now: Responsive capacity release, collaborative recruitment and localised recruitment events.

Next:

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

NHS Highland and external care providers continue to operate in a pressured environment working in collaboration with ongoing sustained staffing and competing recruitment pressures.

Care at Home - sum of hours by provider type



**Update 06/02/2023**



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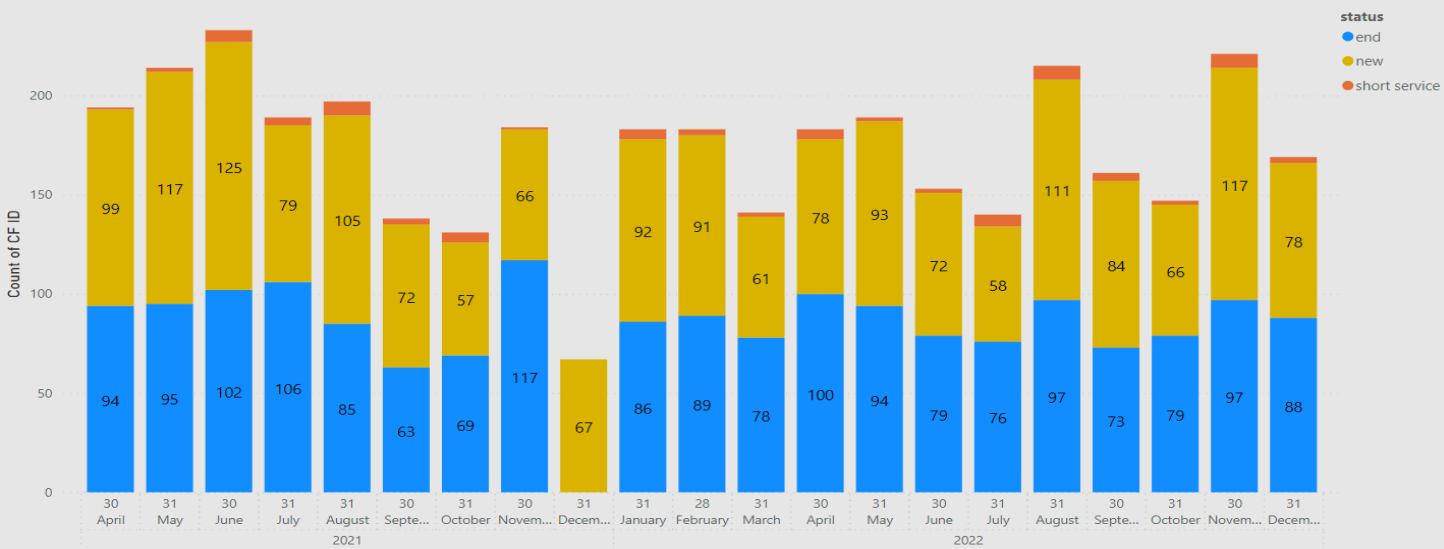
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## North Highland Care at Home

Care at Home - new & closed clients



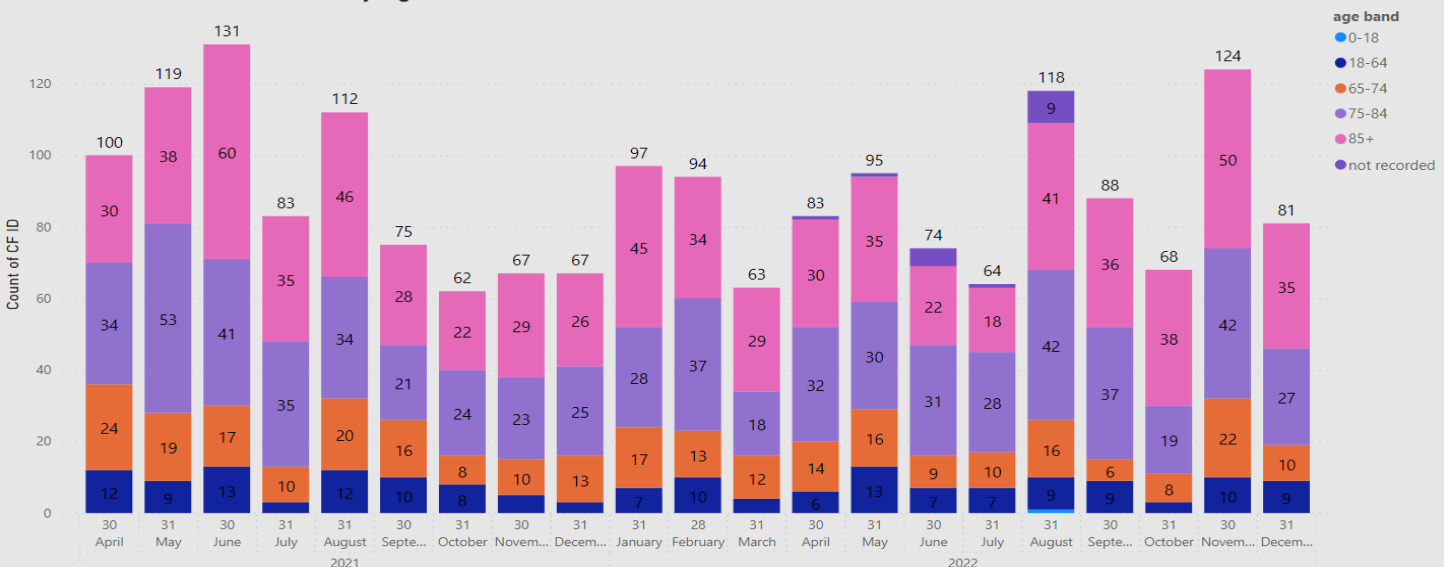
## Care at Home – New & Closed Packages

Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging due to similar staffing related pressures in both in house and commissioned services.

Graph 2 – Shows the number of **new** care at home service users split by age band over the same period, significant increase in throughput in November 22.

Care at Home - new clients by age band



Update 06/02/2023

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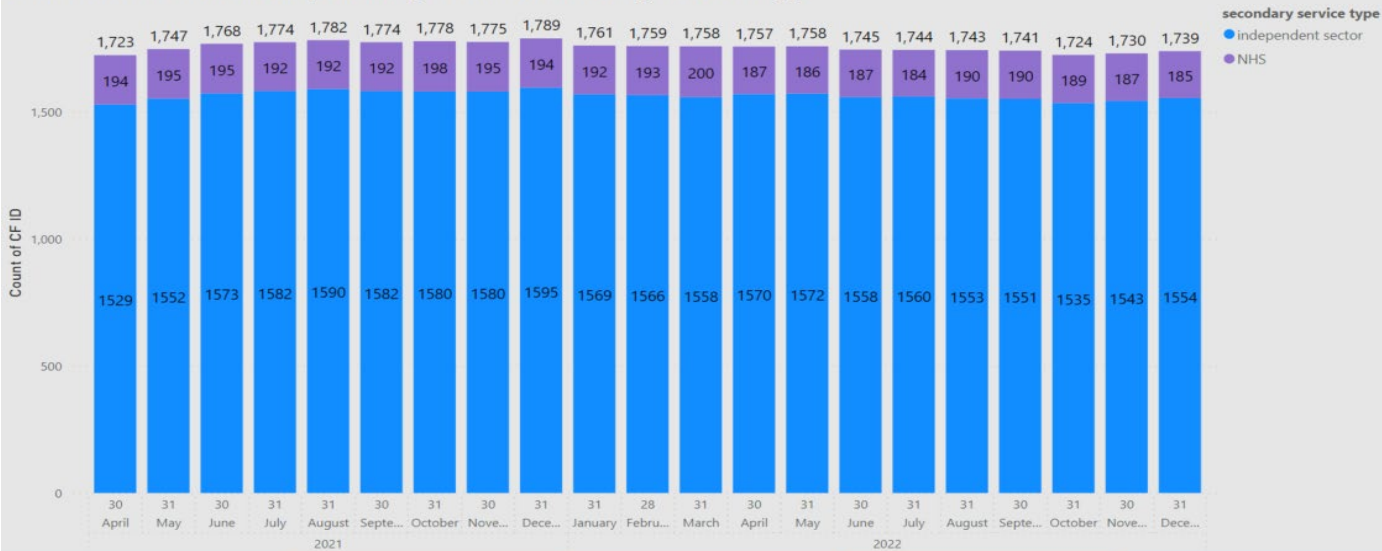
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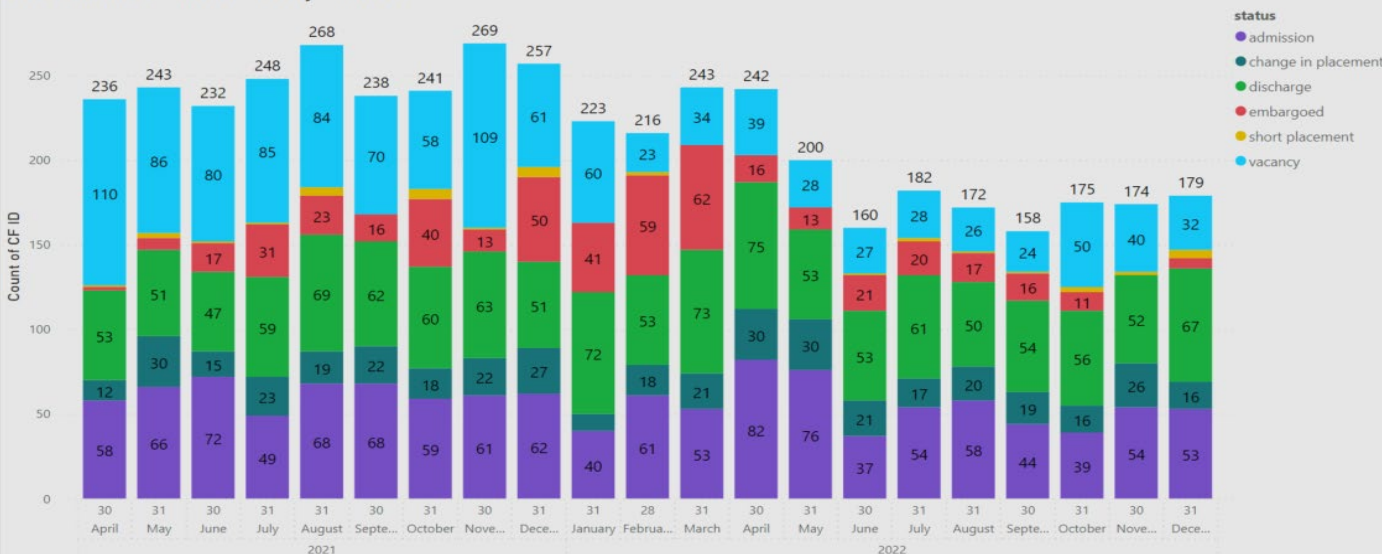


## North Highland Care Homes

Care Homes - No. of Occupied Long Term Care Beds by Provider type



Care Homes - Bed Activity Status



## North Highland Care Homes

The care home and indeed the care at home sectors are both under significant stress and pressure. This is multi-factorial including recruitment and retention challenges, financial concerns and the remote and rural context that the services work within.

The HSCP are working closely with care home providers as the overall number of available beds continues to challenge NHS Highland with a number of providers leaving the sector and others expressing concerns about the future. The total number of externally purchased beds during Dec 22 is 1554.

During 2022-23, 3 care homes have closed, these were Shoremill, Cromarty; Budhmor House, Skye; Grandview, Granttown on Spey. In April 2021, Eilean Dubh was registered as a new care home.

This unprecedented number of closures (usually one per annum) highlights the real challenge of supporting the care sector as various cost of living impacts, such as additional food costs, insurance, and increasing energy costs cause additional financial stress for care providers.

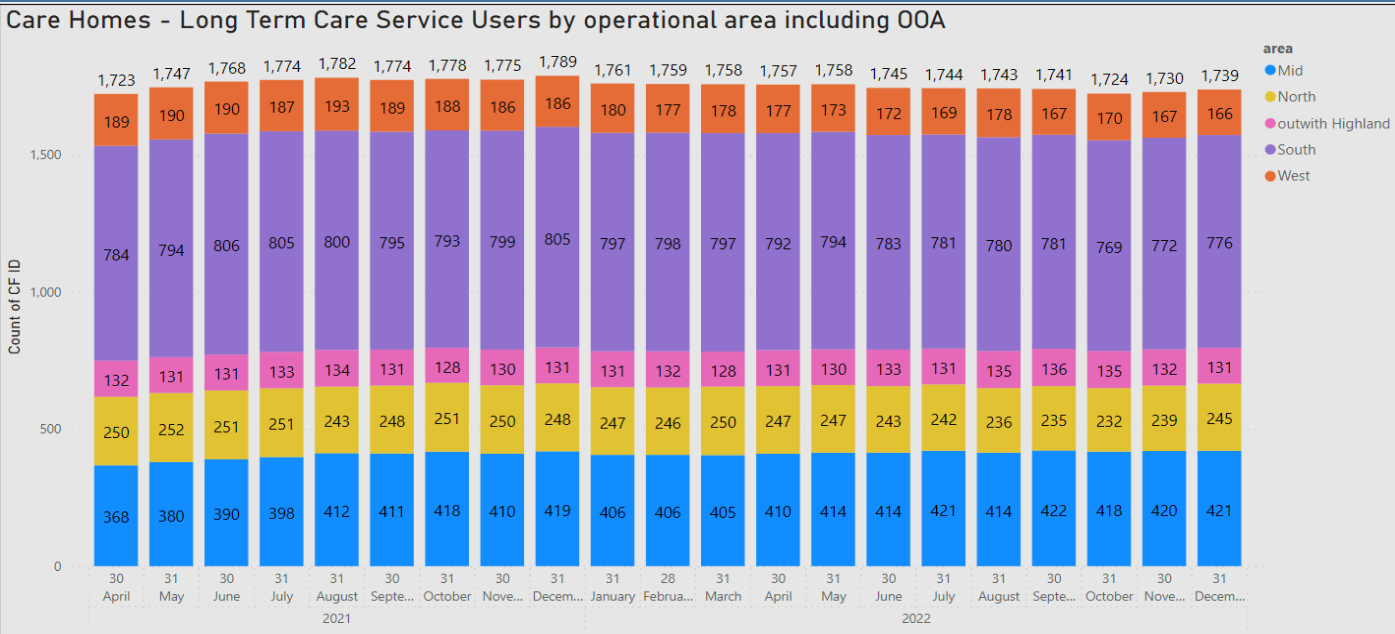
The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

**Update 06/02/2023**

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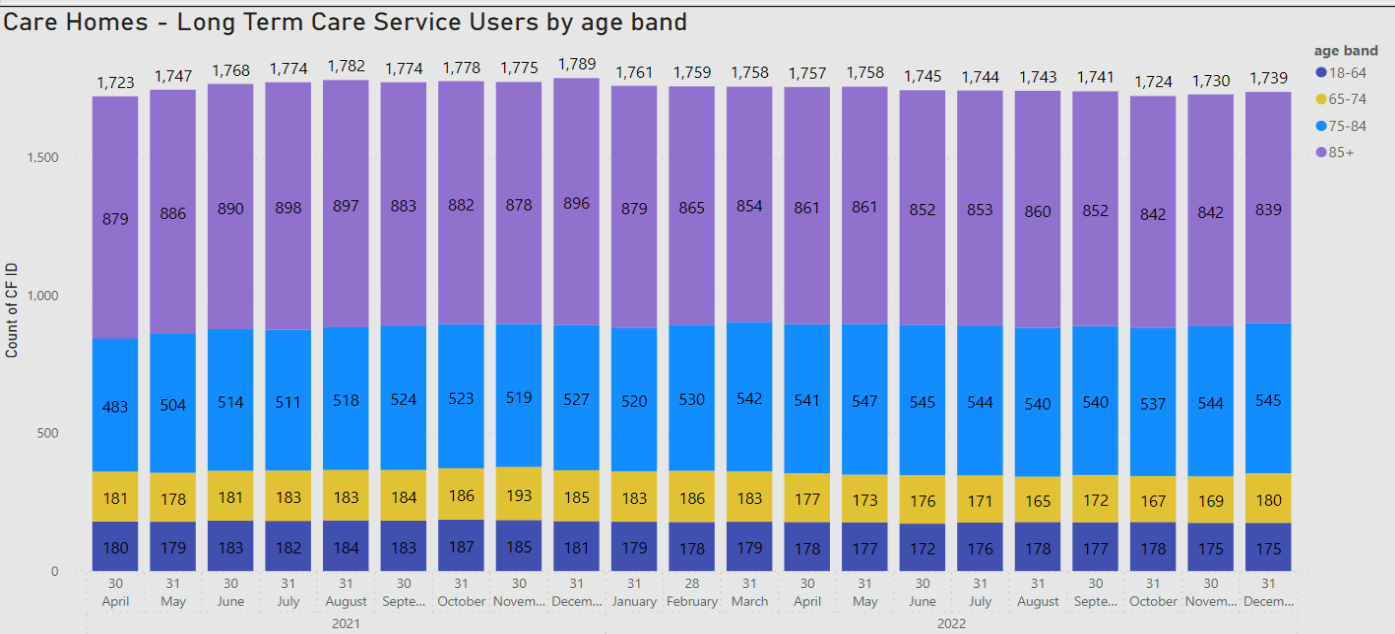
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## North Highland Care Homes

These graphs provide an overview of the occupied long term care beds during the month for both external and NHS managed care homes by providing a breakdown by Area in North Highland (NH) and those placed out of area, but funded by NH.

- South: 776 occupied beds
- Mid: 421 occupied beds
- North: 245 occupied beds
- West: 166 occupied beds
- Out of Area: 131 occupied beds



In addition a further breakdown is provided by the current age of those service users for North Highland only, showing 48% are currently over the age of 85 in both residential and nursing care settings.

**Update as at 06/02/2023**

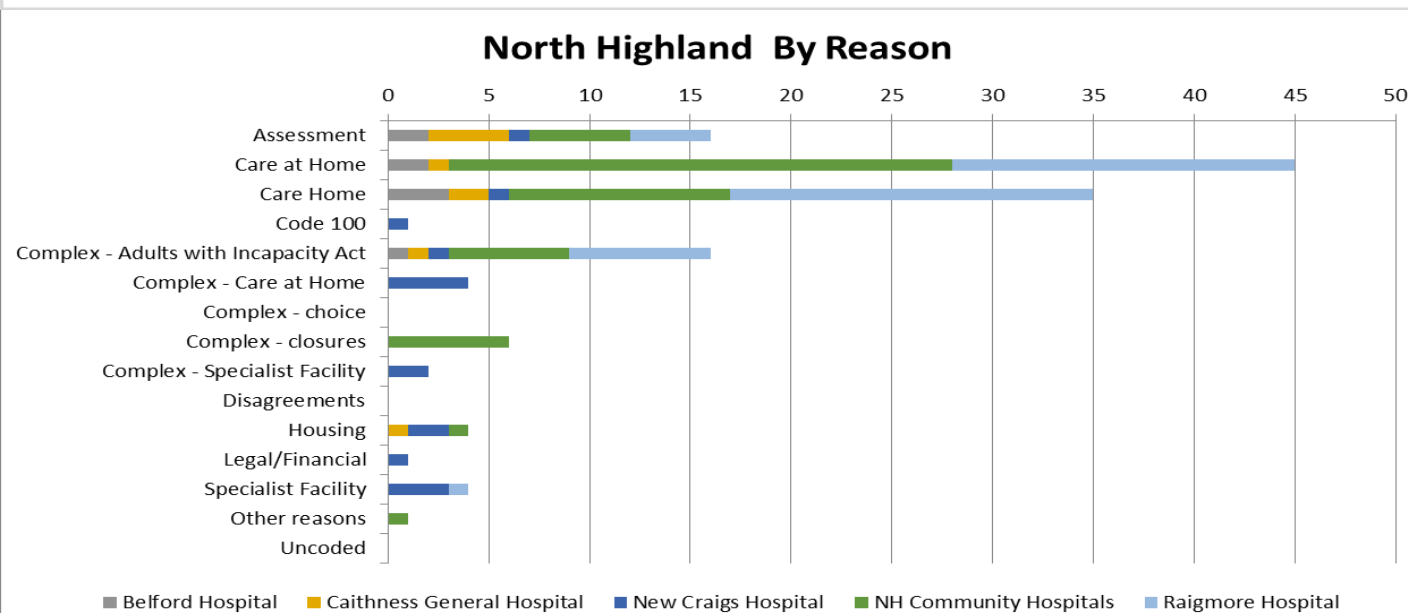
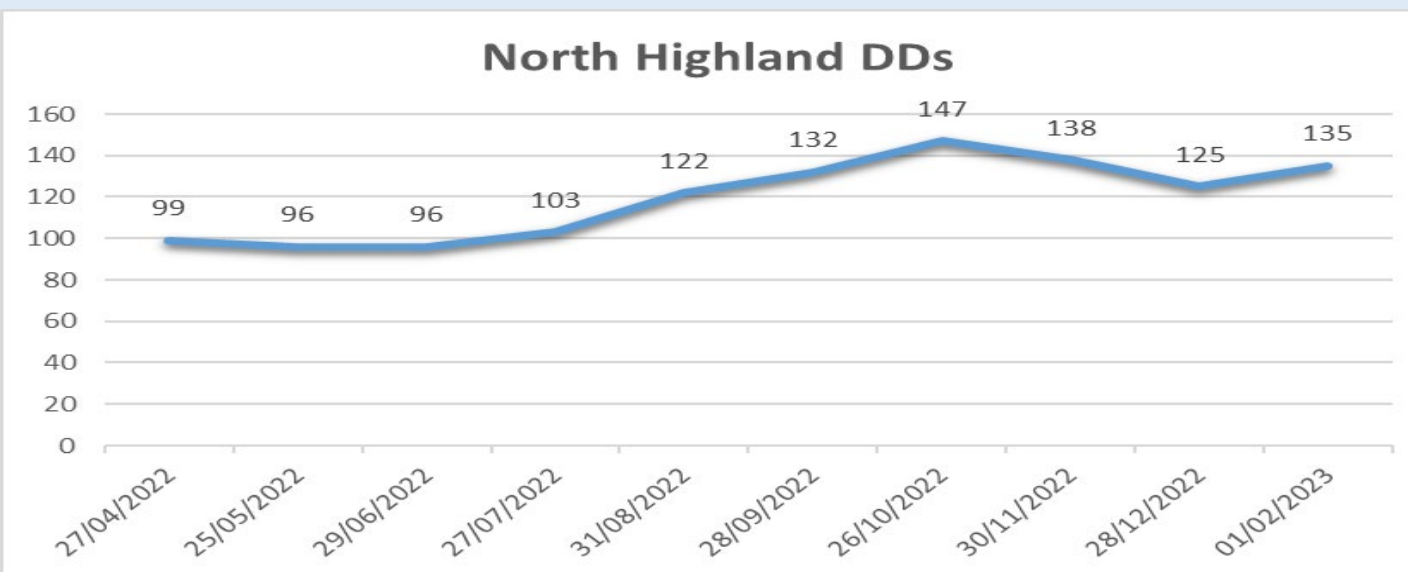
## Strategic Objective 3 Outcome 11 – Respond Well

**Priority 3** - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach



### North Highland DDs



### Performance Overview North Highland

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. 135 delayed discharges @ 01/02/2023 with 16 of those are code 9 (complex).

The graphs show the trend for total delayed discharges for North Highland and the reason for those awaiting discharge shown at a hospital level.

- Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.
- There is a close relationship between the unscheduled care work required across the system and the level of delayed discharges alongside the competing challenges within acute and community services. There is a need for quality improvement work across a number of areas. This work is in progress with a number of key developments underway. This is though in the context of significant system pressure such as in adult social care and the need to effectively manage change across the organisation.
- Cross system working is key to ensuring success of this work as long as benchmarking from other areas to achieve sustainable improvements.

**Update 06/02/2023**

## Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

**Priority 3** - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach.



### Performance Overview North Highland

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time.

*Of the 135 delayed discharges at 01/02/2023, 55 are in North Highland Community Hospitals. 16 are in New Craigs hospital and all other delayed discharges are in acute hospitals.*

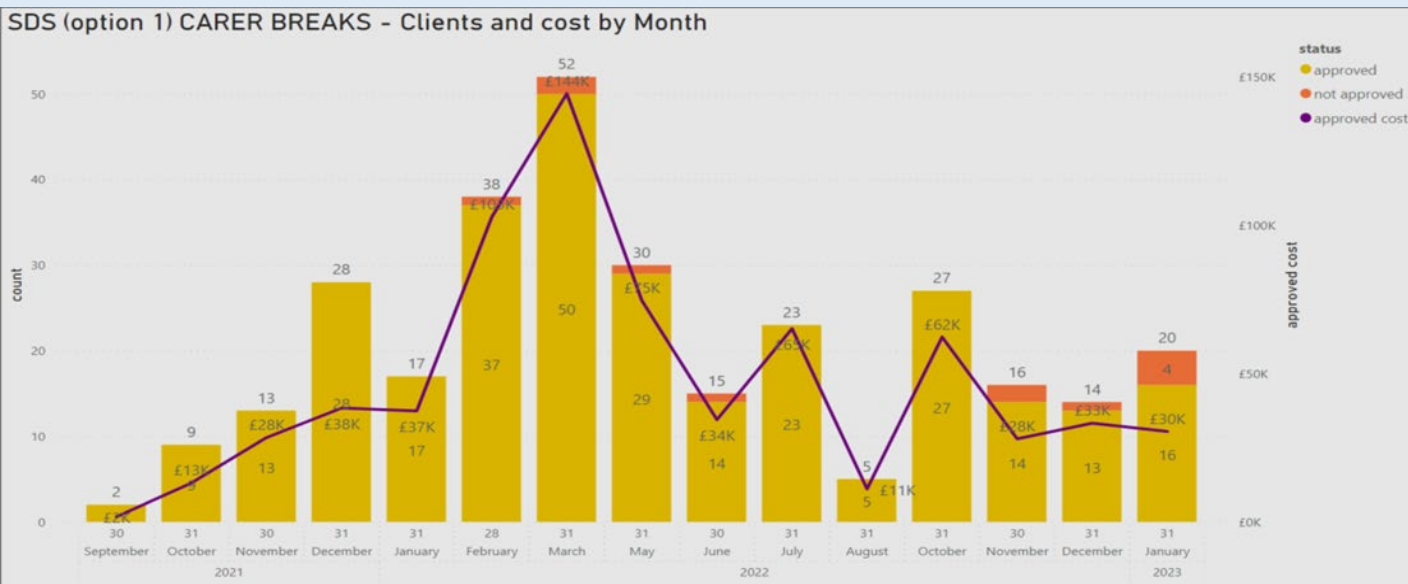
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## Carer Breaks – Option 1 (DP)



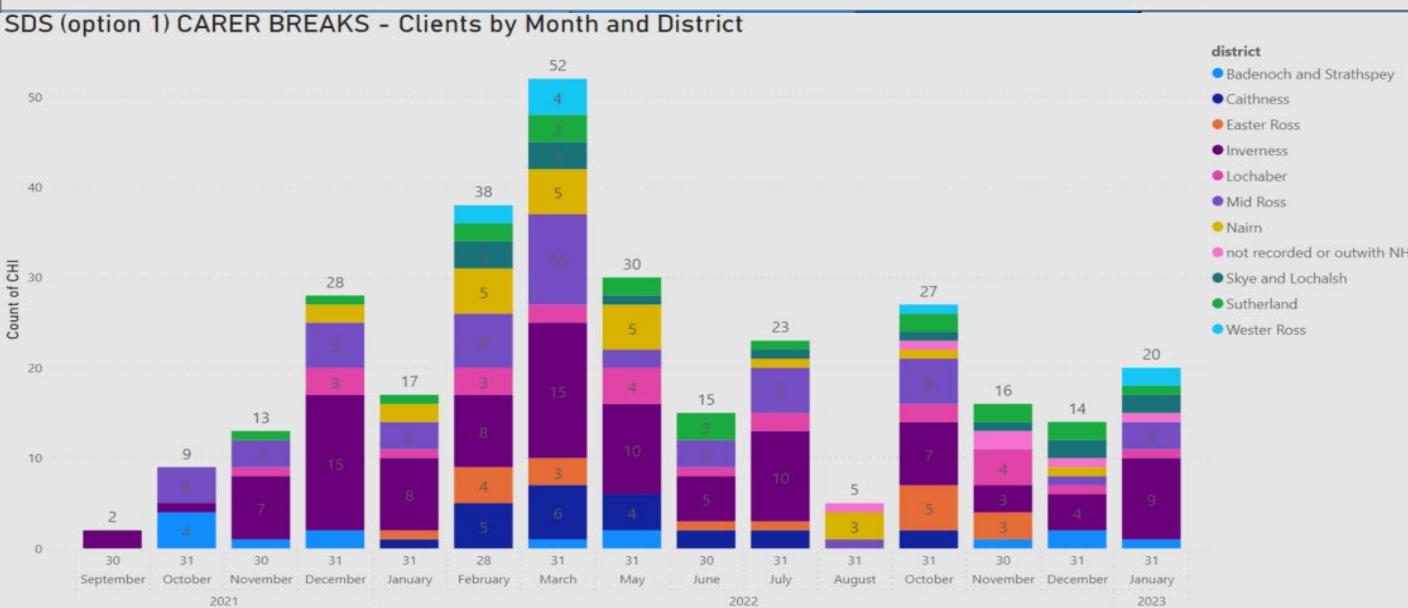
## SDS Option 1 Carer Breaks

As reported to previous committee and included in previous Carer Programme update reports, this scheme to support unpaid carers started in September 2021 and is an integral component of a balanced “carers programme” aimed at meeting our duties under the Carers Act.

The peak was during February to April 2022 with at the end of January 2023, some 297 individuals benefitting from this carer support scheme.

It is the aim of NHS Highland to ensure that unpaid carers continue to access a range of services and we are committed to supporting carers, while maintaining our Option 1 short breaks scheme to increase the access of carers to flexible, personalised ways to provide them with a break.

It is well evaluated and continues to be well received by carers and their families.



**Update 06/02/2023**

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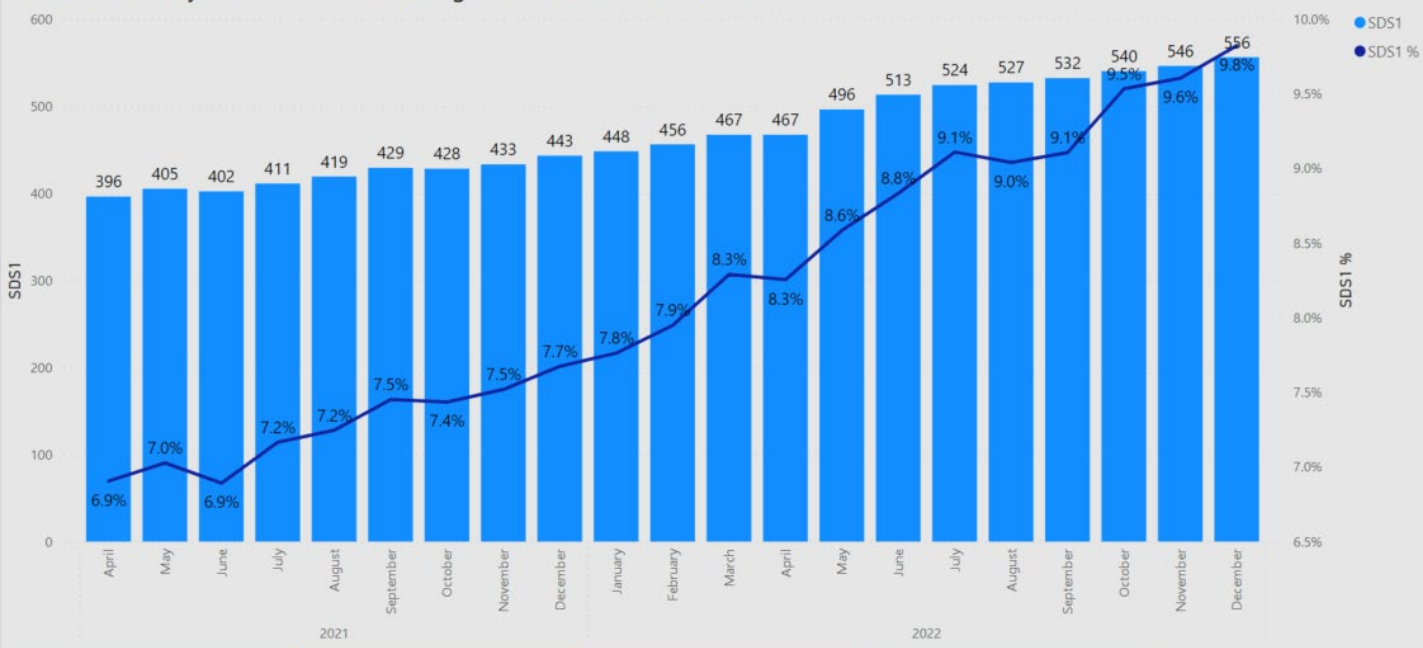
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### Self Directed Support – Option1 (DP)

SDS1 Direct Payments - No. of Packages & % of all ASC clients



### SDS Option 1 (Direct Payments)

Sustained growth in Option 1s with increases for both younger and older adults in some of our more remote and rural areas. An **increase** of in excess of 100 recipients during 2022.

The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission “traditional” services.

During recent months, we are aware of some Option 1 recipients struggling to retain and recruit staff/personal assistants which clearly demonstrates the resource pressure affecting all areas of care delivery.

Our current number of active service users receiving a direct payment is 556 with a projected annual cost of in excess of £10m.

As an integral component of our Self Directed Support Strategy, development work continues with the SDS Peer Support Group, a group representing users of these services, and Community Contacts to design a co-produced proposal with NHS Highland which will identify and include the core cost components and move closer to identifying the “true cost” of delivering care for Options 1s.

Currently Option 1 service users are paid based on an initial rate of £15.01 per hour which is significantly less than external rates paid to providers.

**Update 06/02/2023**

## Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

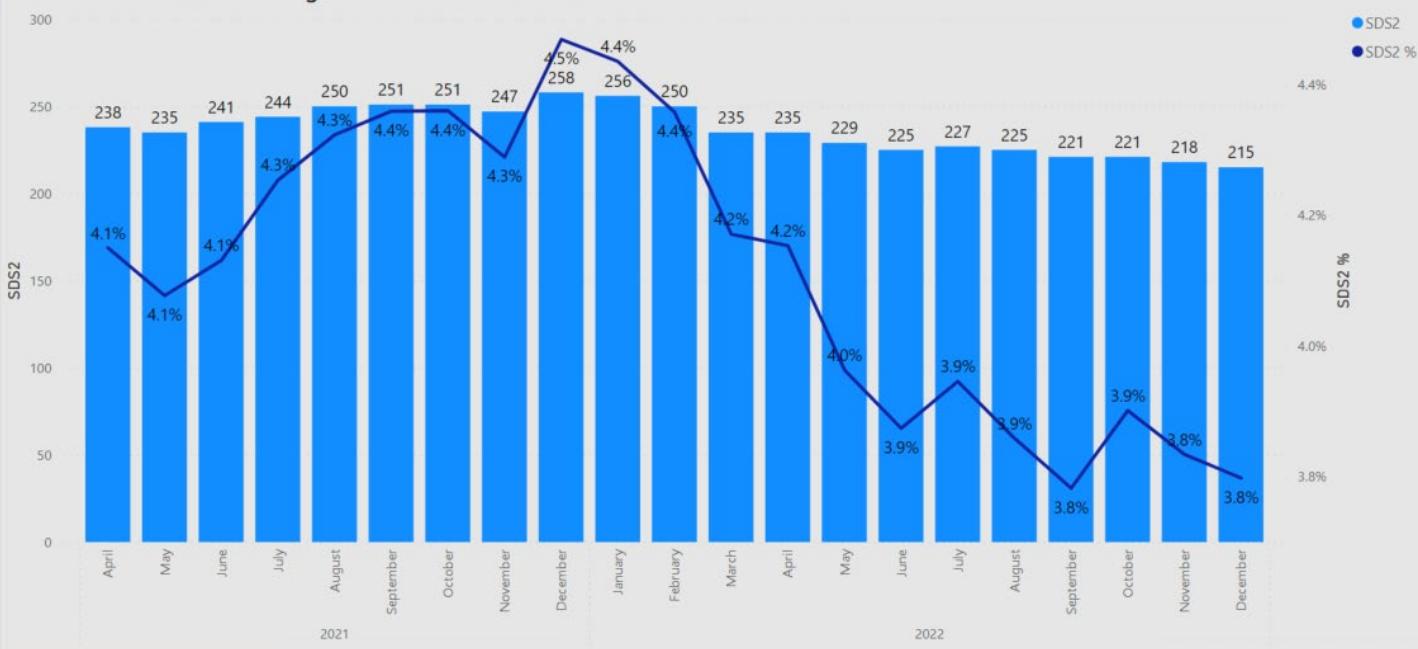
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### Self Directed Support – Option2 (ISF)

SDS2 ISFs - No. of Packages & % of all ASC clients



### SDS Option 2 (Individual Service Funds)

Overall number of ISFs split by age band, highlighting resource pressures which is a recurring theme across Health and Social Care.

Our current number of active service users receiving an ISF is 215 as at December 2022 with a projected annual cost of £4.6m.

As part of our Self Directed Support Strategy, work will continue in partnership with In Control Scotland as a participating site (there are 6 other partner agency sites across Scotland) to work together to better understand and resolve any process barriers to growing ISFs.

3 successful workshops were held during September and November 2022 with a number of actions agreed and progressing across NHS Highland in partnership with other stakeholders.

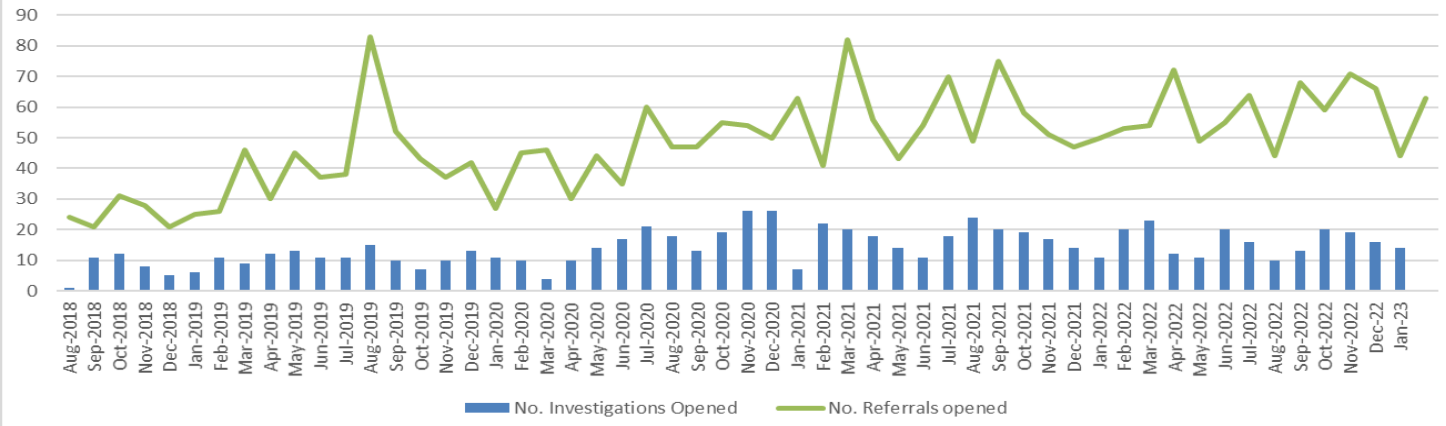
**Update 06/02/2023**



# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

## Adult Protection

No. of referrals received v's no. investigations opened



## Adult Protection

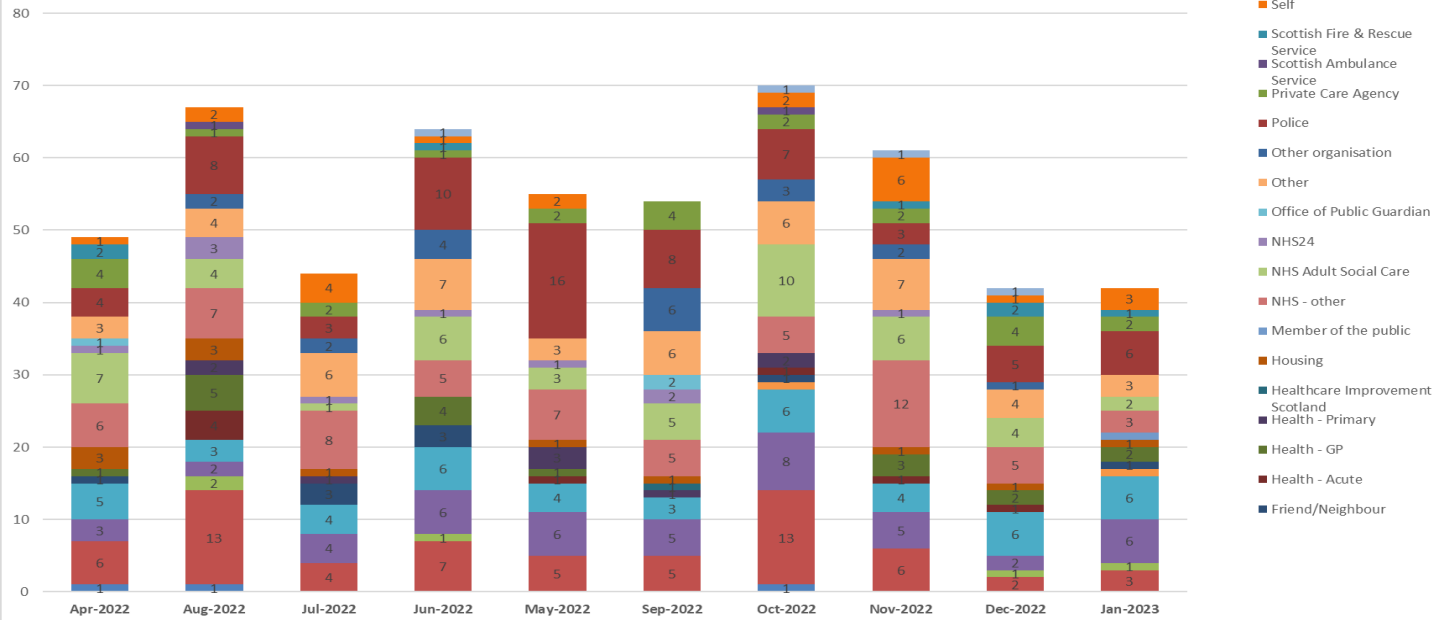
The recent development session confirmed information on Adult Protection should be included.

Currently Adult Protection information is provided as part of an Annual Adult Protection return to PHS. A new National dataset is currently being introduced with guidelines expected in January 2023. This will require an amendment to quarterly reporting.

The number of initial referrals and inquiries received are assessed by Community Care teams as to whether or not they meet the 3 point test and should progress to an investigation. Referrals come from multiple sources as shown on the graph, previously the main source was the police however as people have become more aware of Adult Protection the numbers of referrals have increased from other sources.

The number of referrals that progress to a full investigation following the initial inquiry is approximately 23%.

Complete Adult Protection Referrals by Source



Update 07/02/2023