

Agenda Item	5
Report No	HCW/05/23

## THE HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 18 May 2023

**Report Title:** Adult Social Care Assurance Report and Strategic Context

**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. Pam Cremin the Chief Officer of NHS Highland and Simon Steer, Director of Adult Social Care, NHS Highland will be in attendance.

### 2. Recommendations

- 2.1 The Committee is invited 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 operational pressures arising as a result of the ongoing covid response and pressures associated with difficulties in meeting demand arising as a result of staffing challenges.

### 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 however general 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 financial risks arising as a result of pressures in the system as set out in the Council's risk register.

- 3.2 **Legal** - No arising issues.
- 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 and 5 of this report should be noted as a risk and is more particularly described in the Council's risk register. The risk in the context of the ongoing Crown Office's investigation into Covid-19 deaths in care homes should also be considered.

- 3.6 **Gaelic** - No arising issues.

#### **4. Overview and Key Issues Across the Adult Social Care Sector**

- 4.1 By way of an overview this report is intended to provide assurance in relation to the delivery of adult social care by NHS Highland. Members will recall that in terms of the integration scheme those services are delegated to NHS Highland but that ultimately the Chief Social Work Officer remains responsible for delivery of those services. It is thus important that this Committee has the appropriate degree of oversight in terms of that commission so that they can be assured in terms of service delivery.
- 4.2 Detail will be provided in this report in relation to the specifics of service delivery by way of reference to the attached Performance and Quality Report which is a set of performance indicators used to monitor progress and evidence the effectiveness of the services provided by NHS Highland and is linked to the Together We Care strategy which has been adopted by NHS Highland. It also takes into account the National Health & Wellbeing outcomes. That strategy is relevant to the Highland Council as the framework includes elements which relate to the delivery of adult social care by NHS Highland on behalf of the Highland Council and is consistent with the provisions of the Integration Scheme. That Performance Framework is included at Appendix 1.
- 4.3 Given the challenges referenced in this report and the attached appendix work on the Partnership's Strategic Plan has become increasingly important. That plan has been considered in other fora, but it ought to be referenced within the context of this report. It is required in order to set the framework for overall service delivery in Highland.

By way of a reminder the current draft provides that the following imperatives ought to be considered as being a priority: -

- We will co-produce and co deliver services in partnership with communities and individuals to reduce inequality and to prevent ill health and reduce dependence
- We will enable more care and support to be delivered closer to or at home
- We will ensure we put the person at the centre
- We will value the workforce that deliver care to our population

## 5. Service Delivery and Associated Challenges

5.1 Those key service areas reported upon within the attached framework are as follows: -

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

Those areas are all referenced within the draft Strategic Plan which is in preparation and has been referred to earlier. Given those challenges and in terms of delivering services going forward it is recognised that the following imperatives will be fundamental: -

1. Does the service represent effective, efficient, equitable and best practice to meet need based on current evidence and considering practice elsewhere where appropriate?
2. Is the proposal affordable?
3. Can the proposal be safely and sustainably staffed?

It is not intended that the text of this report deals in detail with the Strategic Plan which is the responsibility of the Joint Monitoring Committee. It is however important in terms of future delivery of service. In terms of the assurance of service which is being delivered at present this report does not narrate all the details set out within the attached appendix. However, the Committee will be aware of challenges being faced by the sector which can be summarised as follows:

- There continue to be very significant staffing pressures and fragility across commissioned care home, care at home and support services in Highland, which continue to compromise service capacity and whole system flow from hospital.
- These pressures are due to ongoing recruitment and retention challenges; staff stress, wellbeing, and turnover; recruitment by NHS (although NHS itself is struggling to recruit); competing seasonal and tourism employment; Covid absence); and accrued annual leave. Accordingly, there are unmet mutual aid requests, and unmet in-house service demands. These staffing pressures have an impact on service delivery including both care homes and care at home.
- In addition, there are significant sustainability and financial fragility issues across commissioned care home services. These pressures are considered due to:
  - the higher number of smaller size and scale of operator in Highland;
  - the National Care Home Contract fee being based on an average size of 50 beds (only 8 of 66 care homes in Highland are >50 beds);

- the age, condition, and lack of provider investment in care home stock; and
- the trend of larger providers divesting from Highland.

These issues have contributed to the viability issue outlined in the Council's risk register and referred to in paragraph 5.3 below.

- These factors have now contributed to six care home closures since January 2022: Shoremill (Cromarty), Grandview (Grantown), Budhmor (Portree), Mo Dhachaidh (Ullapool), Castle Gardens (Invergordon) and Caladh Sonah (Sutherland). Where there have been closures (recent and in previous years), these have been well managed but are becoming increasingly difficult to manage in terms of identifying alternatives.
- Covid continues to present challenges in that there remain closures by Public Health as a result of ongoing outbreaks within care homes. At the time of writing 12 care homes are closed to admission.

- 5.2 In terms of care at home there continue to be areas of unmet need and a key component in relation to maximising available capacity is within care at home scheduling, which is a complex area, and which needs to take account of multiple factors such as visit locations, durations, staff inputs (eg if double up), timings (eg if time sensitive) and proximity of the preceding and next calls.

In ensuring all available capacity is fully utilised, it remains necessary to encourage flexibility with service users and their families for whom timed visits such as medication dispensing, is not critical. Communications around this area are agreed with the Chief Social Work Officer. The workforce challenges being experienced by the sector are also very significant which has contributed to impact on flow from hospital. Those challenges have also resulted in "handbacks" of particular contracts to NHS Highland who have then effectively become the service provider of last resort.

- 5.3 NHS Highland continue to have significant numbers of delayed discharges which are reported upon within the Appendix. At the time of writing this report the number of people delayed in hospital and being fit for discharge amounts to 141.

Delayed discharges remain a concern both nationally and within NHS Highland. There is a close relationship between unmet need across the system in terms of the availability of care at home and care home placements and the level of delayed discharges alongside the competing challenges within acute and community services. Work is in progress with a number of key developments underway. Although there is no target as such in terms of the numbers of delayed hospital discharges the focus ought always be in ensuring care is offered to people in the right forum and it is recognised that delayed hospital discharges have a negative impact on a service user's health and wellbeing as well as a knock on effect on the need for hospital admissions.

## **6. Mental Health Officer Service**

- 6.1 The Committee will be aware that the Mental Health Officer Service sits within the Highland Council as legislation is such that it could not be delegated to NHS Highland. Accordingly, whilst the service remains a direct function of The Highland Council it is a service which has an important role to play in terms of assuring the delivery of adult social care functions insofar as those relate to the support of those individuals with a mental illness, learning disability and personality

disorders. The team also has a significant role to play in terms of those who lack capacity and consequently a need for guardianship such that there is a clear interface with those who may be delayed in hospital. As such the importance of partnership working with NHS Highland in terms of mental health and adult social care is clear.

- 6.2 The MHO team is a small team comprising 23 professional staff with the MHO qualification. There are 2 support staff who play a key role in service delivery. The team is split into 3 parts which includes Adults with Incapacity, Forensic Mental Health, and Adult Mental Health. Each team is crucial in terms of supporting some of the most vulnerable members of our society with considered focus on upholding their human rights. On a daily basis, the team are required to consider the interface between public protection and a person's right to liberty and associated fundamental rights. All MHOs have a key role in protecting and promoting the wellbeing of individuals with mental illness, learning disability, and personality disorder. An in-house programme recently received national recognition by winning the SASW MHO Practice Award 2023. This award, developed and implemented in-house by the team, is ground-breaking in national terms and looks to "grow our own" MHOs. It has attracted the attention of other authorities and has contributed to the qualification of 4 MHOs with another 3 trainees in post.
- 6.3 In 2022 the team dealt with 1460 contacts, which are all significant. In terms of rights-based practice, the mental health team ensure persons with a mental disorder are treated with dignity when receiving appropriate care and treatment. The current challenge of supporting our communities with mental disorder is well documented. The staff have a responsibility to support and advocate for individuals in need. The advocacy role is important and, although one which can be delivered by colleagues in the third sector, is increasingly a role which is being safeguarded by the team. In 2022, the team were involved in 272 new Orders under the Mental Health Act, in addition to managing a service caseload of 352 individuals.
- 6.4 In terms of the Adults with Incapacity team, 227 new Guardianship Orders were considered in 2022. The need for guardianships is crucial in terms of the challenges being faced locally – and throughout Scotland – regarding delayed hospital discharge as referred to in the preceding paragraph. The team, for the first year in some time, were able to reduce the substantial waiting list for such court applications to nil. This was only possible by working over and above the terms of their contracts by working overtime and expanding their traineeship programme. In terms of the information provided in the Appendix in relation to delayed hospital discharge the Committee will note the coding used in terms of the reason for that delay. It ought be noted that although there is reference to adults with incapacity and legal delays such delays are not as a result of input by the MHO team but rather in relation to the process more generally in terms of getting court orders in place to ensure a move from hospital can legitimately be made. The process is a complex one but at the time of writing and for a period of at least a year there have been no cases on the "MHO waiting list" which relate to a person who is delayed in hospital.

The MHO team, in partnership with NHS Highland, also work to renew guardianship orders where necessary – generally every 3 – 5 years. To provide some indication as to the volume of this work at the time of writing there are 272 local authority guardianships in Highland and 654 private guardianships. The

work is significant and is worth referencing within the narrative of this report as the performance management framework which is based on the National Health and Wellbeing outcomes does not expressly reference this detail.

- 6.5 By way of completeness, the 3<sup>rd</sup> element of the MHO service which is made up by the Forensic Mental Health Team. Staff play a key role in supporting the public protection agenda without compromising individual rights to confidentiality. This work is challenging and involves supporting a doubly stigmatised group with complex needs. The team work hard to support individuals amongst the competing priorities of individual rights and public protection.

## **7. Other Issues Requiring Assurance**

- 7.1 It is appropriate to make some comment about other issues for the assurance of the Committee in relation to Self Directed Support, the Carers Strategy and Adult Protection. Detail is provided in relation to both Option 1 (Direct Payments) and Option 2 (Individual Service Funds) within the Appendix. Detail is also provided in relation to carer breaks.
- 7.2 At the present time there are no care homes 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. There are also no care homes where NHS Highland has put in place a suspension on admission whilst concerns are being investigated.

Designation: Executive Chief Officer Health and Social Care

Date: 20 April 2023

Authors: Fiona Malcolm, Head of Integration Adult Social Care  
Pam Cremin, Chief Officer, NHS Highland



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)

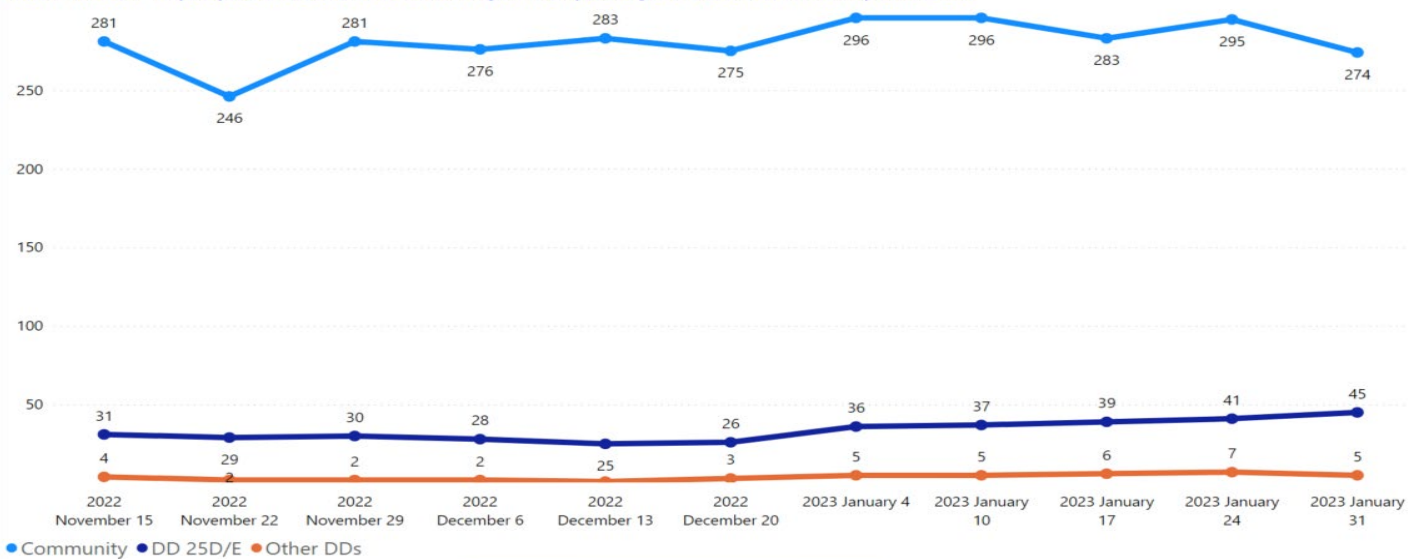
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**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.

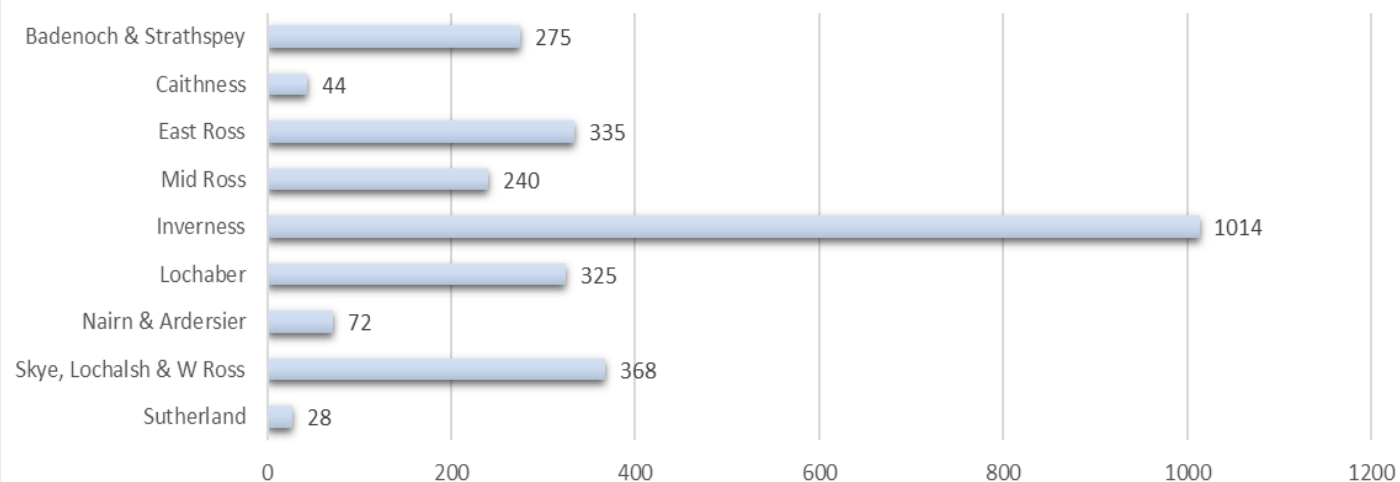
This manual data return commenced late in 2021 and data is provided by internal care at home (CAH) colleagues.

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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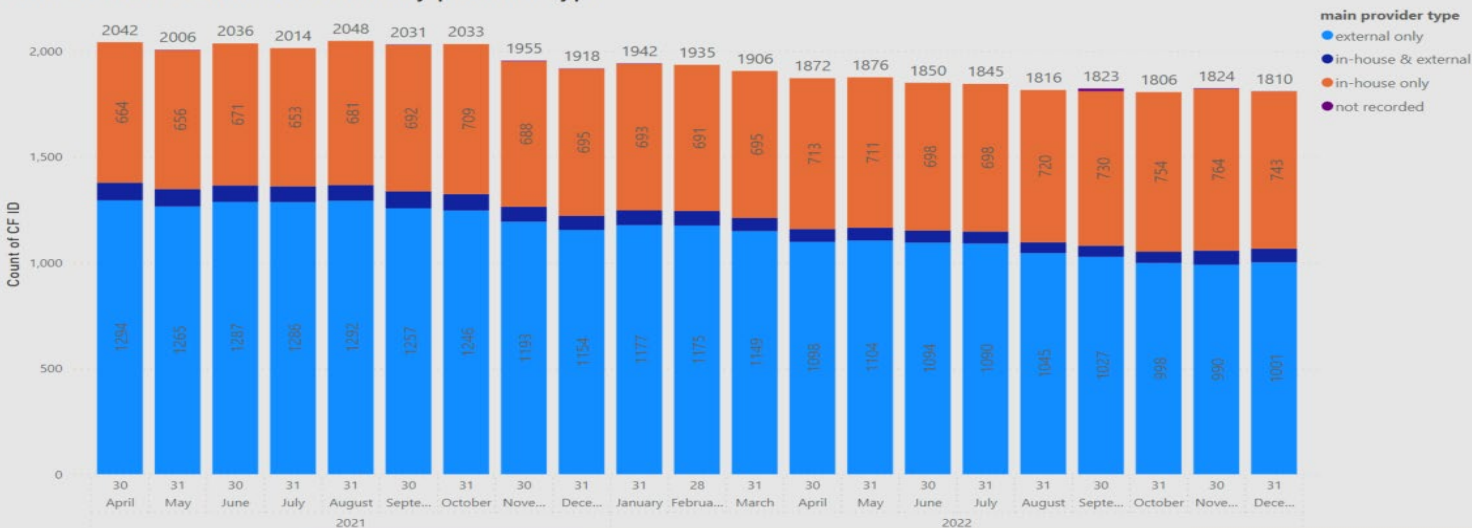
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## North Highland Care at Home

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:

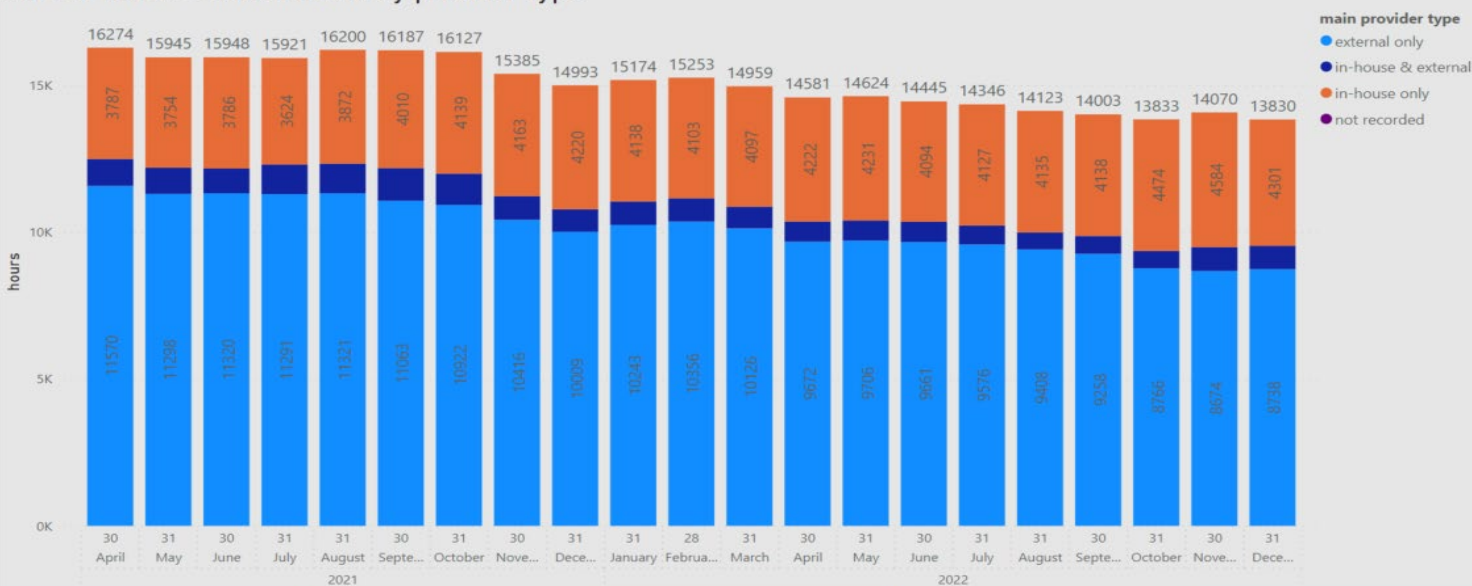
Now: Responsive capacity release, collaborative recruitment and localised recruitment events.

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**

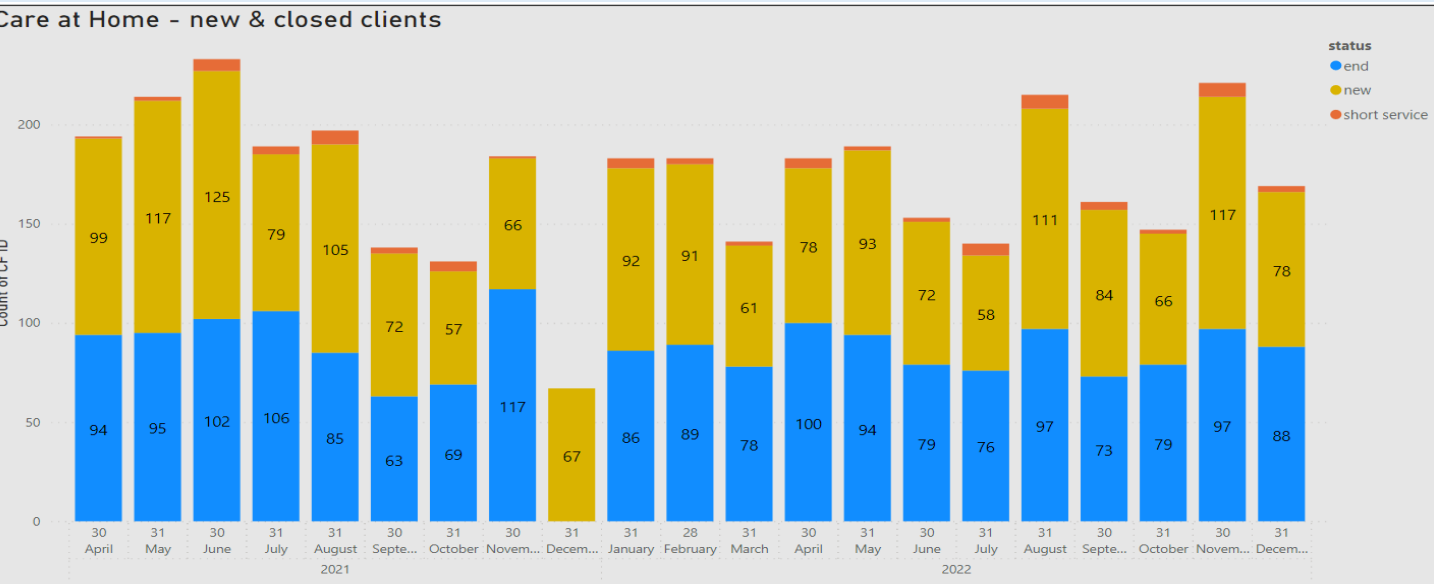
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## North Highland Care at Home

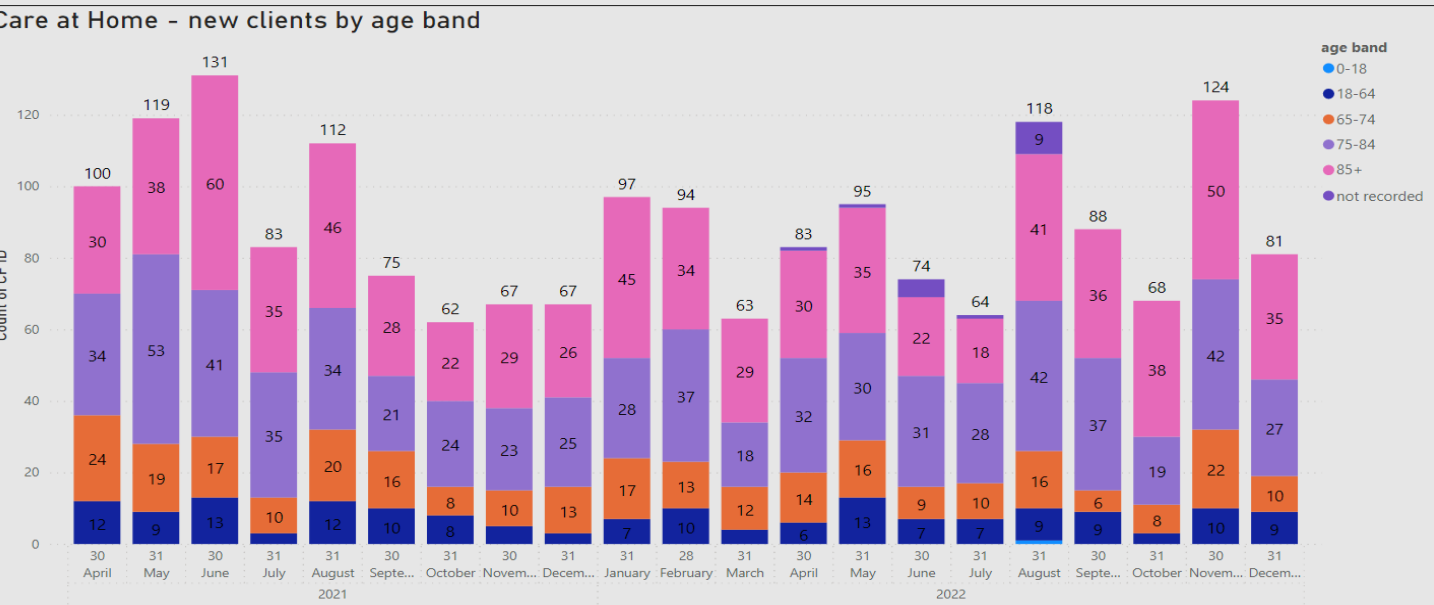


## Care at Home – New & Closed Packages

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.



Update 06/02/2023

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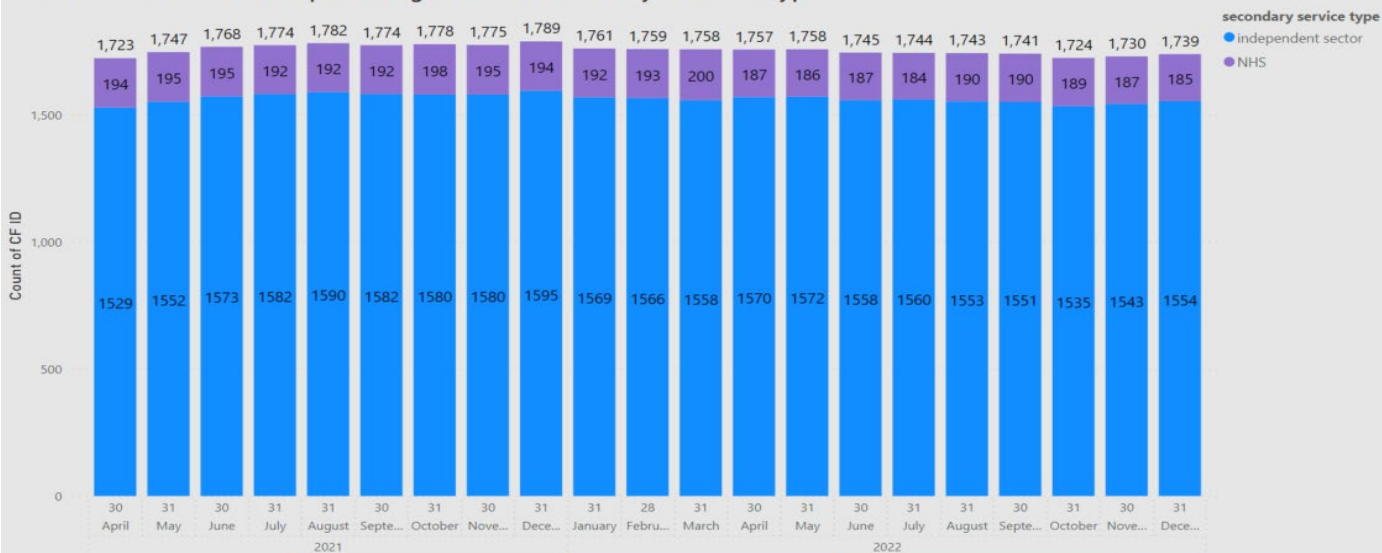
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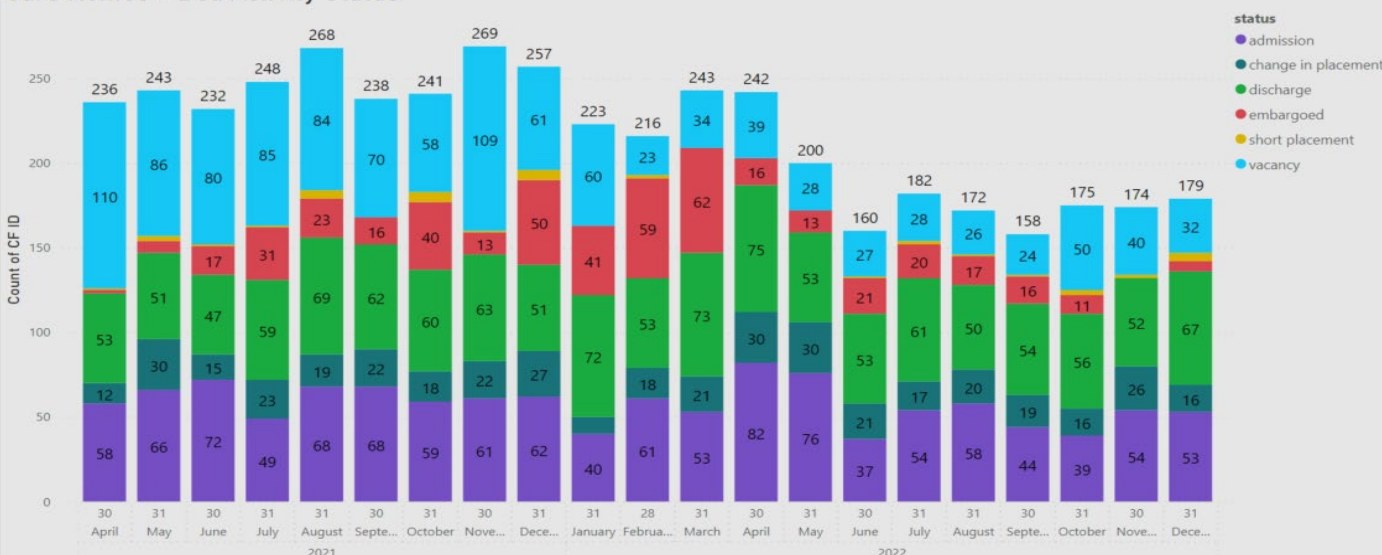


## North Highland Care Homes

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.

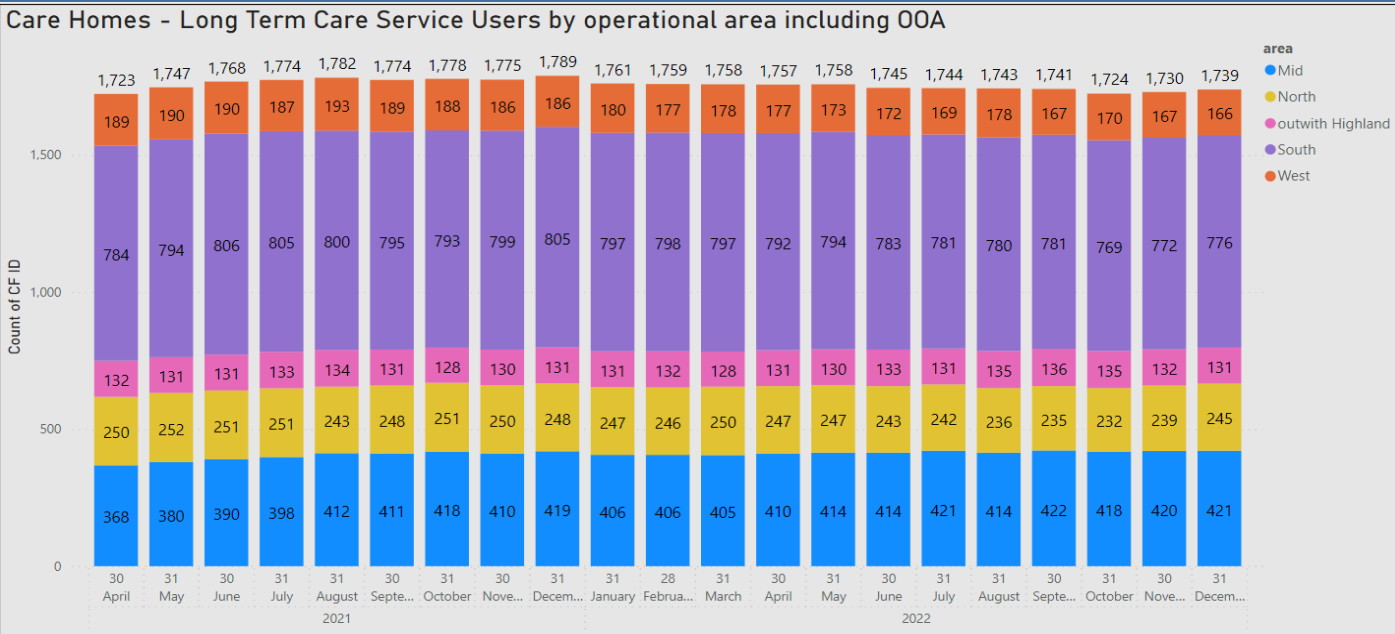
The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

**Update 06/02/2023**

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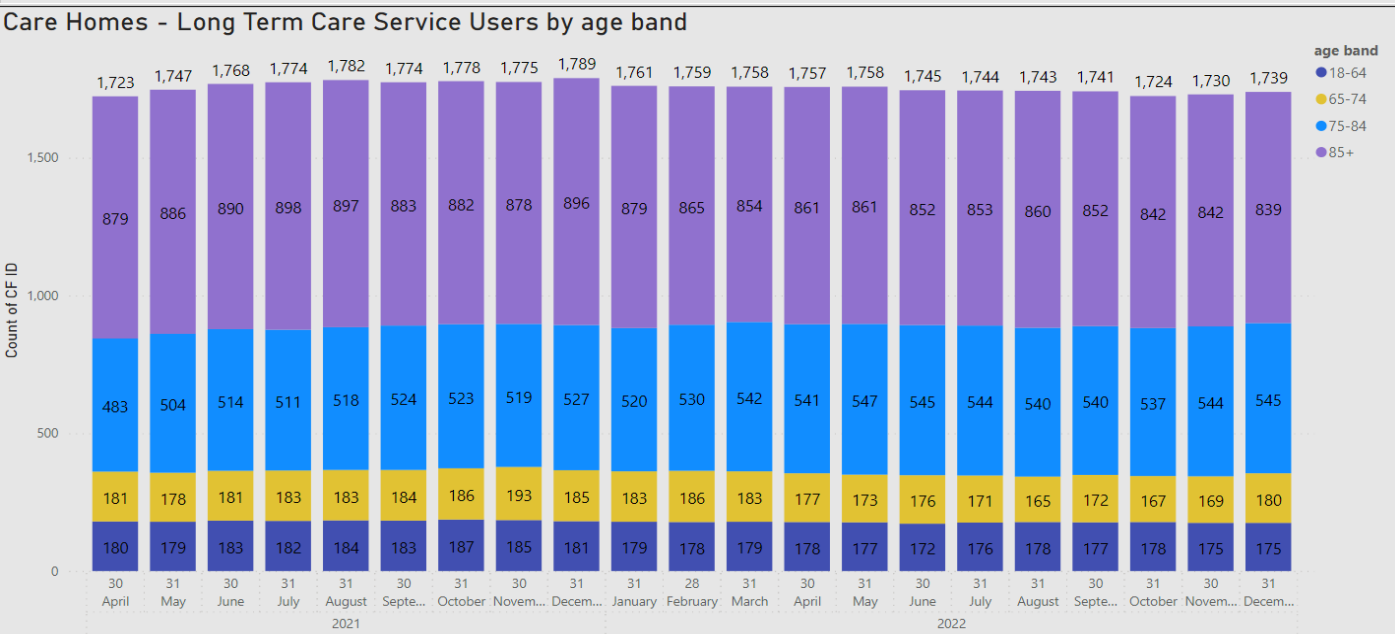
**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



## North Highland Care 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**

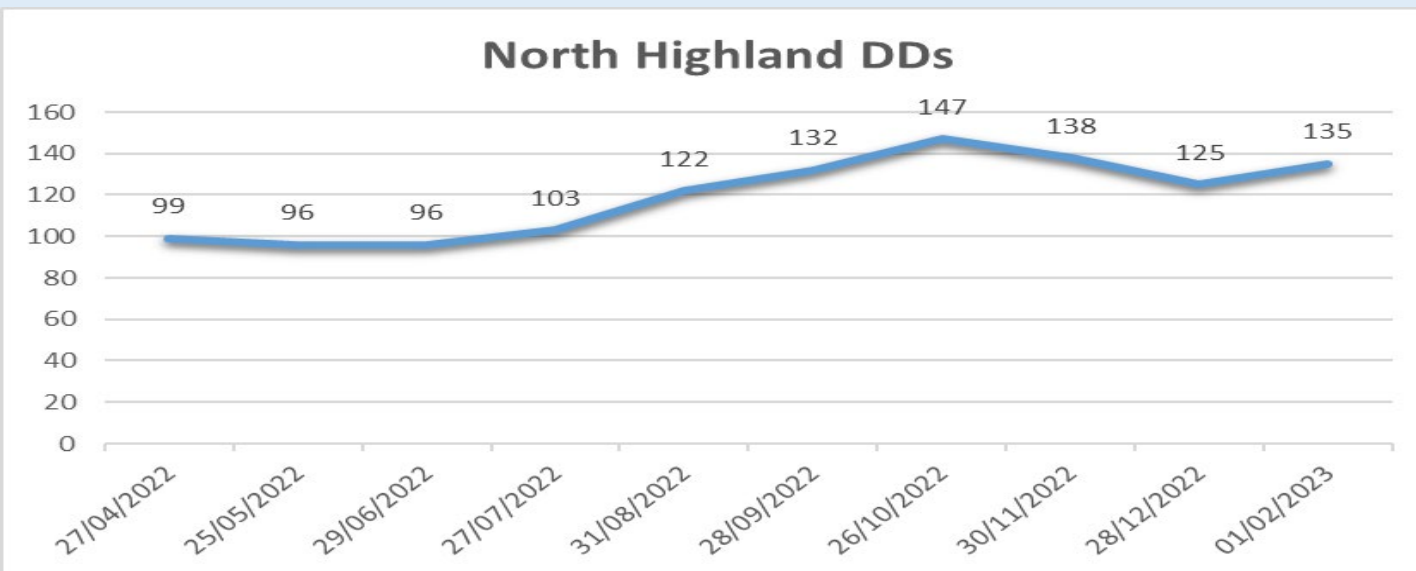
**Strategic Objective 3 Outcome 11 – Respond Well**

**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**

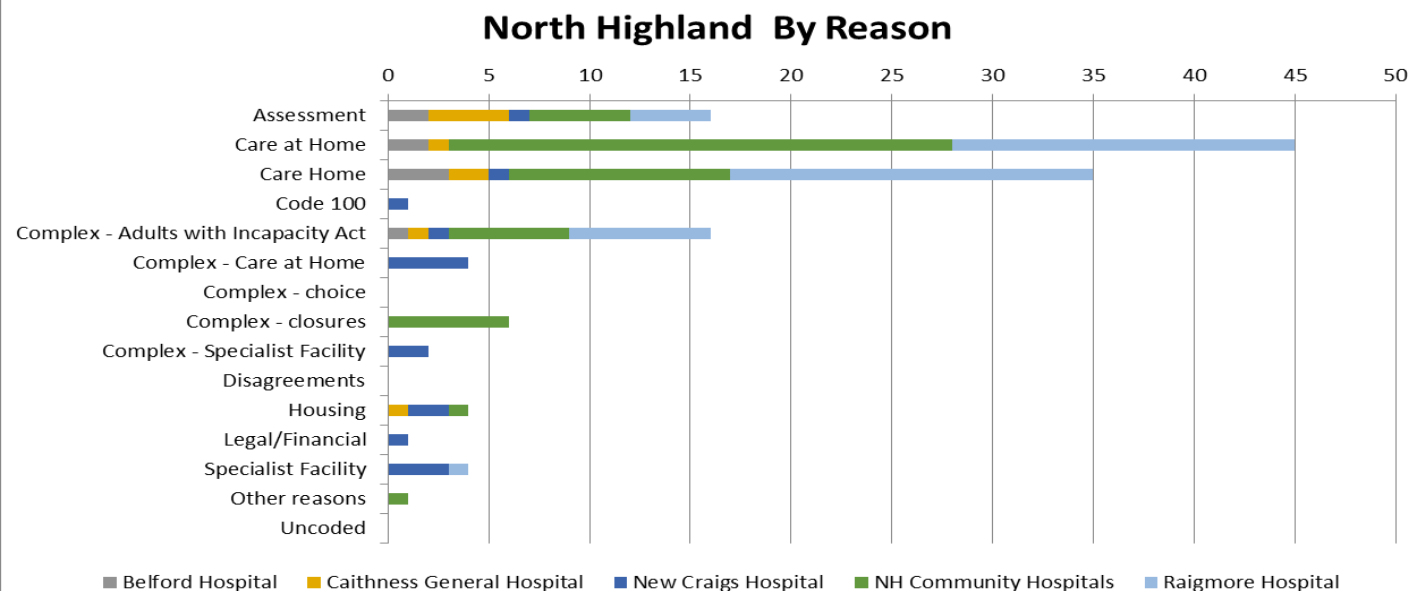


**Performance Overview North Highland**

**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.*



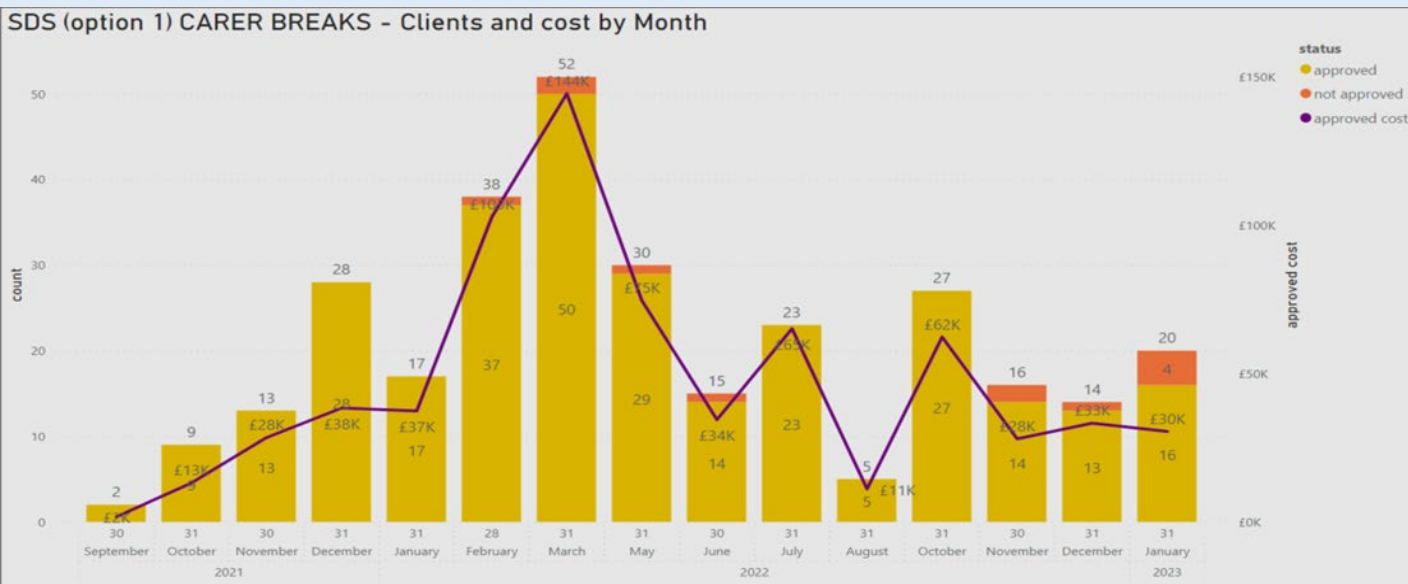
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## Carer Breaks – Option 1 (DP)



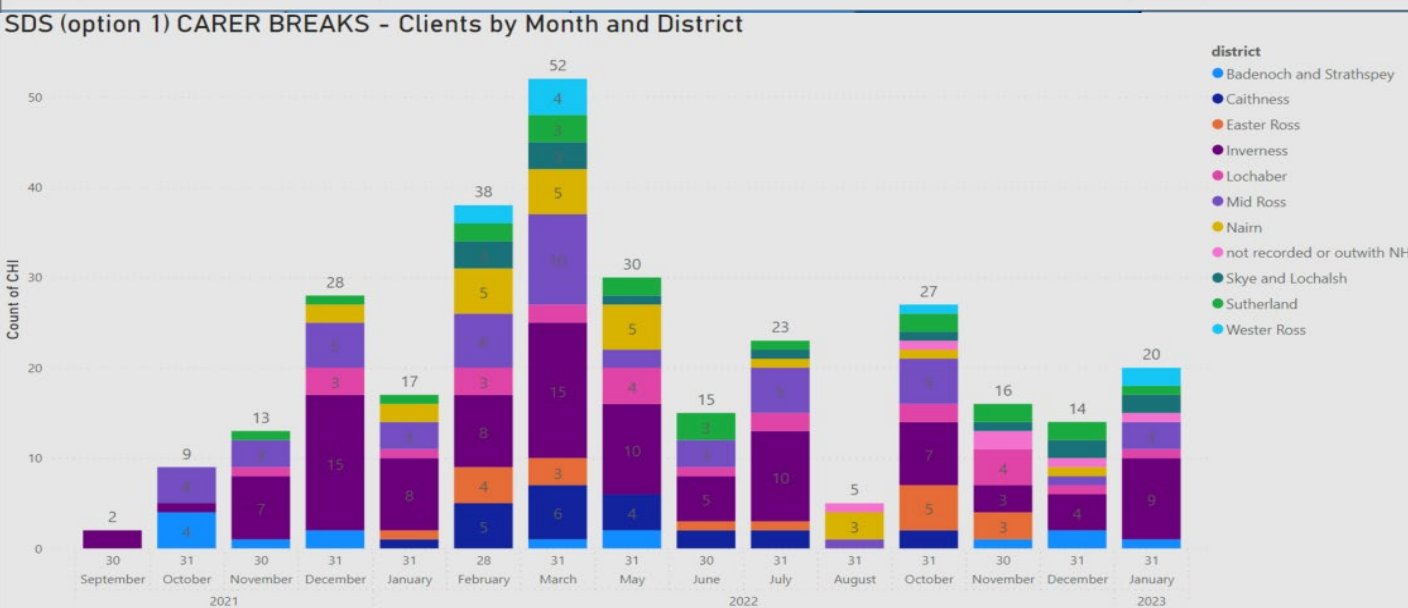
## SDS Option 1 Carer Breaks

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**

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

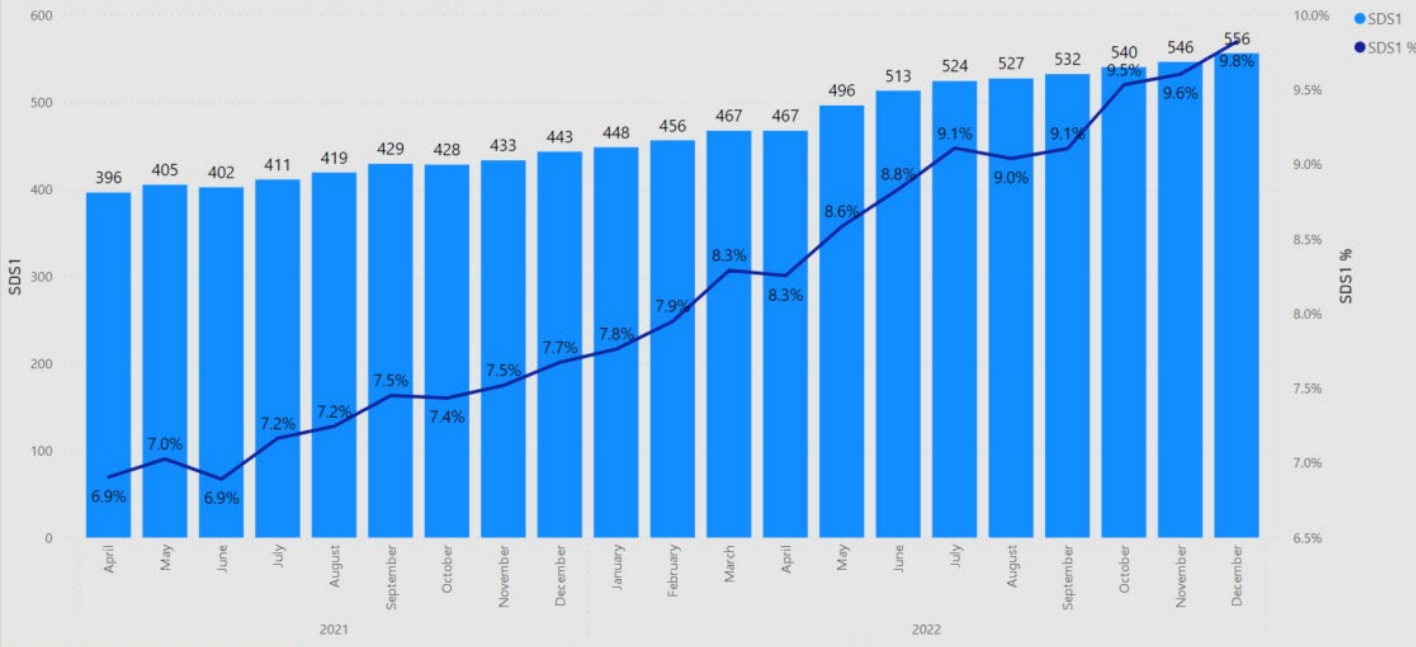
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### Self Directed Support – Option1 (DP)

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)

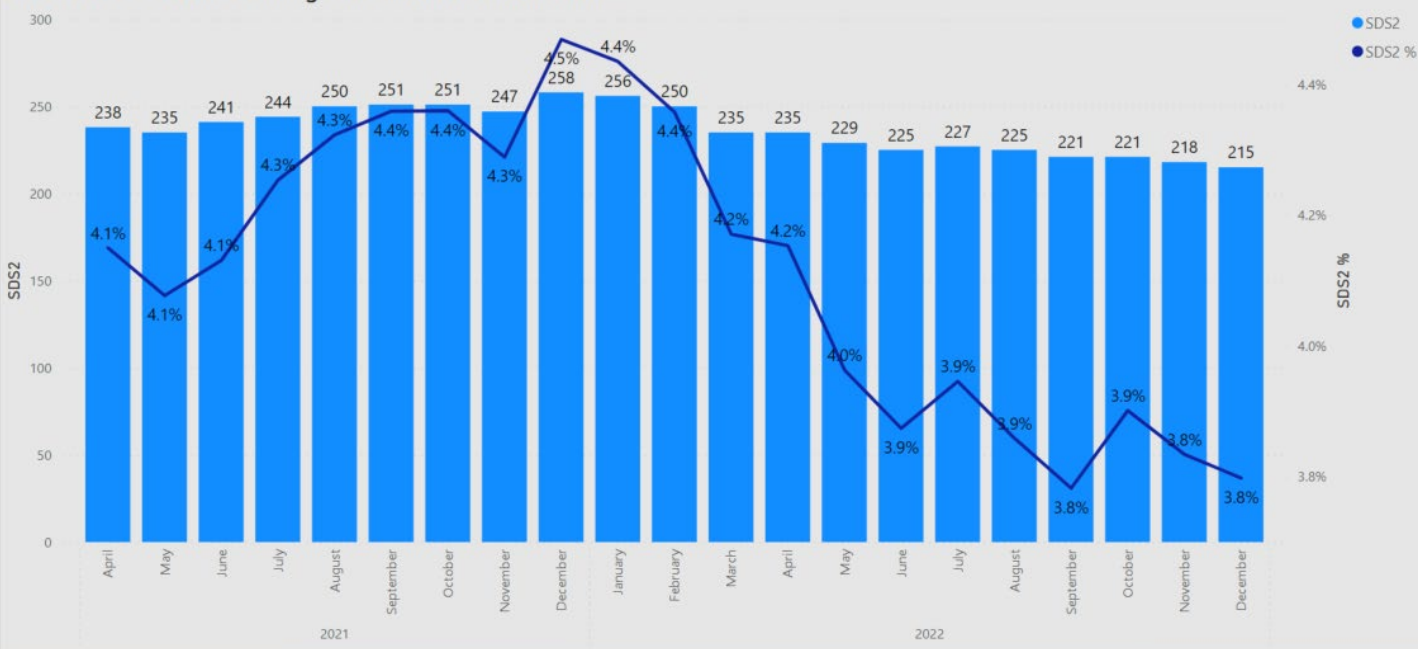
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### Self Directed Support – Option2 (ISF)

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.

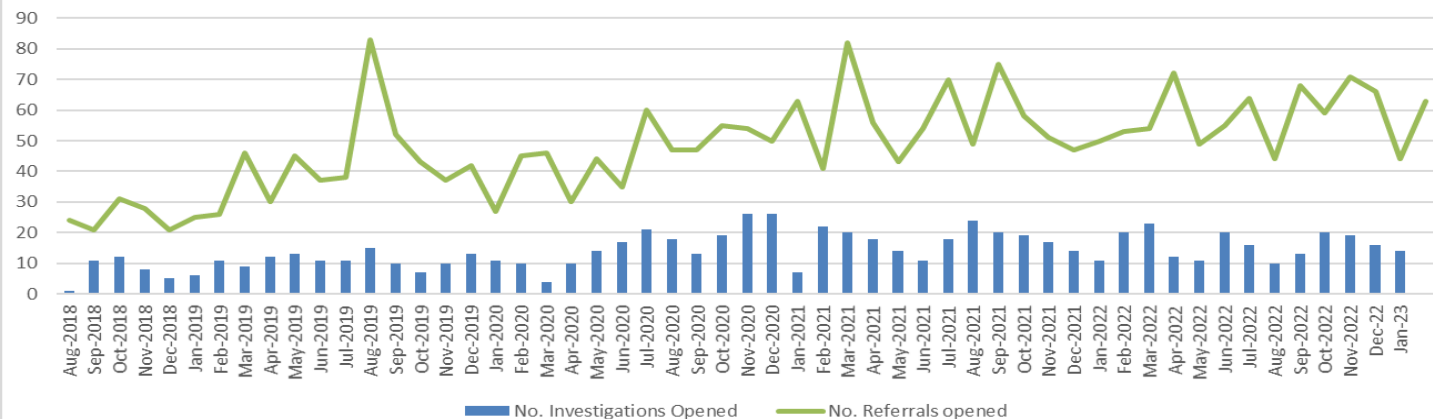
3 successful workshops were held during September and November 2022 with a number of actions agreed and progressing across NHS Highland in partnership with other stakeholders.

**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

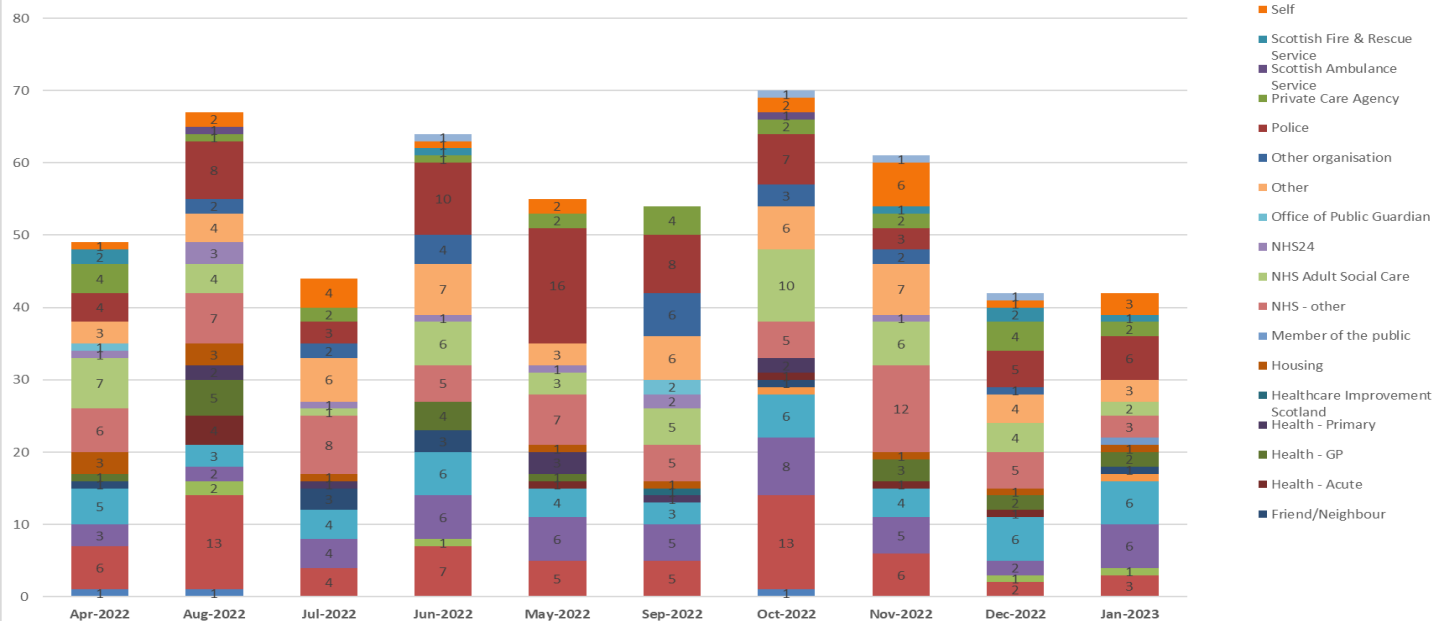
The recent development session confirmed information on Adult Protection should be included.

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