

Agenda Item	8
Report No	JMC/19/23

THE HIGHLAND COUNCIL / NHS HIGHLAND

The content of this report has been kept at a strategic level, to ensure that the key messages are not lost in detail of individual geographic or population circumstances.

Committee: Joint Monitoring Committee

Date: 27 September 2023

Report Title: Report on Quality and Performance Challenges and Risks in the Delivery of Care in Highland

Report By: Pamela Cremin, Chief Officer, NHS Highland
Fiona Duncan, Executive Chief Officer (Health and Social Care),
The Highland Council

1. Purpose/Executive Summary

The purpose of this report is to inform the Joint Monitoring Committee of risks to quality and performance in the provision and delivery of service that support achievement of the Highland Health and Social Care Partnership's strategic priorities and respective statutory duties.

The Committee is asked to note that whilst there are Sector specific risks, this report attempts to describe the risks across all sectors of the provider base which extends to both adults and children's services.

2. Recommendations

2.1 Members are asked to:

- i. **NOTE** the update and confirm that the risks identified should be included in a Partnership risk register; and
- ii. **CONSIDER** the recommendations as noted within the report.

3. Implications

3.1 **Resource** - The report advises members that whilst social care costs might appear to be being contained, staff vacancies and some resulting non-delivery of services, have contributed to unintentional 'savings'. The report references significant financial challenges in terms of the following:-

- inflation in the costs of care;
- the ability to fund higher volumes of activity were the staff or services available,
- demographical change and

- the identification of capital resources to address care infrastructure costs in the future.

The report further suggests that the discussion of resources is widened to take into account the broader issue of constraints on human resources, principally in the form of unavailable care hours.

- 3.2 **Legal** - The report describes actual current challenges to the delivery of statutory functions by the partnership on the part of both the Highland Council in terms of the delivery of adult social care and NHS Highland in terms of health delivery.
- 3.3 **Community (Equality, Poverty, Rural and Island)** - The report will reference emergent inequalities in terms of geography and population groups implied by current challenges and shortages which is illustrated by service closures/reductions in remote and rural areas.
- 3.4 **Climate Change / Carbon Clever** - There are no such implications arising as a result of this report.
- 3.5 **Risk** - The report describes a significant level of risk in terms of the inability to deliver services to meet assessed need.
- 3.6 **Gaelic** - There are no such implications arising as a result of this report.

4. Challenges

4.1 Workforce

The Committee is aware that, whilst the Care at Home, Care Home and Support services have been assailed by financial, inflation and regulatory challenges, the principle challenge - across all sectors - is recruitment and retention. The Committee will be aware that there are significant challenges with regard recruitment in both adults and children's social work and social care services. In terms of adult social care, the care at home unmet need rate is significant. Further, delayed discharge in hospital numbers are also significant and include those waiting for a care at home service or a care home place.

In terms of children's services, there is a 39% vacancy rate within social work posts within Family Teams. There is also a related issue in terms of the personal assistant role which is paid at an increased rate in adult services principally as the role is seen as a substitute to direct service and one which can be delivered at a lower cost.

This workforce challenge poses significant risks to the partnership and ought be reflected in a risk register for the partnership - in similar terms for that held at Council and by the NHS.

All sectors are now describing slow staff acquisition, often of months, as recruitment campaigns tend to yield low numbers. Whilst pay is a well understood disincentive, the position is compounded by the low status of care work, difficulties in accessing housing and childcare in some parts of Highland, work patterns and the requirement to undertake comparatively challenging and intense work.

Whilst it is still possible to recruit, the reality is that various parts of the system are essentially chasing the same candidates, with the risk that we denude one provider to

staff another. That challenge also exists in terms of the recruitment of personal assistants due to the disparity in pay between NHS and THC.

In terms of NHS community team vacancies, these are running at approximately 10% of budget. However, the impact is best described in terms of unavailable hours of care or staffed beds across the sector as a whole (see below).

It is important however, to note that there are areas of development that have shown an ability to grow provision, offering potential for now and the future:

Self-Directed Support (Choice and Control)

This has real potential to unlock caring capacity that may be dormant, particularly around geographical reach. However, this has to be carefully supported and managed to ensure:

- Support to make SDS work for people.
- Reduction in Option 3 statutory provision to fund SDS growth in choice and opportunity.
- Engagement with the Scottish Government in relation to the potential removal of constraints in the delivery of Option 1 Direct Payments to enable the Partnership to best secure that provision and where appropriate discontinue option 3 provision where it is uneconomic to provide it.
- Address the lack of parity in terms of the employment of personal assistants in children's services.

NHS Reserves

This innovative recruitment model has both geographical reach and success, offering flexible recruitment options. Numbers are still being collated and committee will be updated accordingly.

Community Led Support

The above have the capacity to structure and sustain community driven initiatives where traditional recruitment might not succeed. There will be ongoing work with community groups with a view to looking at how care might be delivered in more rural communities such that it is anticipated that such groups will be in a position to support delivery of care using options 1 or 2, and as such, shift the balance of care away from direct service provision.

Whole Family Wellbeing Approach

There is potential, as integral to the nationally funded Whole Family Wellbeing Programme for Highland, to unlock capacity within statutory service by improving the coordination and collaboration with Highland community supports. This partnership programme works to the principles and commitments contained within the Highland Integrated Children's Services Plan 2023 – 26, with outcomes overseen by the Integrated Children's Services Board and Community Planning Partnership.

Cross Sector Collaboration & Care Academy

Whilst this area of work was delayed due to the pandemic, a joint initiative is now being taken forward and Scottish Care are working with partners to support people to consider options within the care sector.

Releasing Two to One Provision and Other Care at Home Efficiencies

Two to one provision is currently based on the need for this in terms of moving and handling which is key in terms of health and safety. There is a need to seek to rationalise this by, for example, training the carer and this needs to be taken forward as a modernisation of training and practice.

4.2 Finance

The financial challenges to both the Council and NHSH have been well rehearsed and are detailed in the Finance Reports.

The boundaries we have set to date to preserve service delivery mean that the opportunities to make savings have been limited. Whilst there is a need to make immediate short term savings, we need also be mindful of longer-term savings by changing the way we deliver service. That challenge is referenced in the draft Strategic Plan.

To contain overall spend, we require to:

- Redesign reliance on purchased and funded care (ie reduce dependency)
- Find ways of achieving the same or better results by doing things differently or more cost effectively
- Take action to avoid increased costs

We also need to ensure that we:

- Maximise income
- Minimise waste

However, we are operating from a depressed position in terms of all service delivery areas excluding SDS Option 1. We currently have the same care at home costs but are not meeting need. Whilst Care Home costs remain the same, we have 161 less independent care home beds in the system. Any Care Home rescues lead to cost pressures; and we are now seeing potential pressures of support provision failure which would equal significant cost pressures if alternate providers do not emerge.

Set against this backdrop of care cost inflation and care provision depression, the Partnership have been reviewing viable savings options.

The result is that, whilst longer term plans to strategically transform provision are ambitious, the current pressures to meet current assessed need will drive further financial pressures. For example, if we were able to staff make provision to address the currently 2600hour Care at Home deficit, the cost would be a minimum unfunded pressure of circa £3m.

As noted above, the Partnership cannot simply decide not to spend on care as the current level of Delayed Hospital Discharge (let alone urgent community support requirements) is 181 people and rising. However, savings have to be identified alongside budgets moving

from one area to another (ie. shifting the balance of care from hospital beds to supporting independent living in the community).

4.3 Geographical Challenges and Equity

As the Committee are aware, there are a total of 63 care homes across north Highland, 47 of which (August 2023) are operated by independent sector care home providers (offering around 1,645 beds) and 16 of which are in house care homes operated by NHS (delivering around 265 beds).

Spend on commissioned care home provision is around £56m pa and £19.4m pa in house – a total of £75.4m pa.

From March 2022 to date, there has been significant sustainability turbulence within the independent sector care home market within north Highland related to operating on a smaller scale, and also the challenges associated with more rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

A further compounding factor of this turbulence relates to the current National Care Home Contract – this is insufficient to cover activity costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 8 of the 47 independent sector care homes are over this size.

The HHSCP has been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services. The key objectives of which are safe, sustainable and affordable locality provision – this is set out within the Partnership's draft Strategic Plan, which is currently (August 2023) out for consultation.

However, there has been and continues to be, immediate and operational challenges from arising / potential care home closures which require to be addressed. There is insufficient capacity within the system to cope with the potential scale of lost provision and mitigating actions are therefore required to avoid whole system destabilisation. These actions may not entirely align with the intended strategic direction but are being taken or considered, out of necessity.

The specific sustainability context and issues are as noted below:

- 5 x concluded independent sector care home closures since March 2022 across Cromarty, Grantown, Portree, Ullapool and Invergordon with a combined loss of 141 beds.
- 1 x acquisition (in April 2023) by HHSCP of an independent sector care home in Newtonmore.
- 2 x concluded in house care home closures across Strontian (temporary closure), Talmine and a further closure is underway in Mallaig, with a combined loss of 20 beds. All of these closures in these small rural and remote care homes have arisen due to acute staffing shortage / sustainability issues.
- HC-One's exit from their 3 Highland care homes – the remaining outstanding issue being the future of their Fort William care home.

There are further situations of concern anticipated. A care home closure framework has been developed to guide decision making and ensure consistency of approach. That framework has also been extended to include the need where appropriate to make sustainability payments.

Each arising care home sustainability situation has financial implications for the Partnership, which are unbudgeted. There is insufficient available funding to address the magnitude of the current and evolving situation.

As can be seen from the above, the principal impact of these closures is on the remote rural geographies of the North and West (except Skye), and the Care Home challenge, is mirrored by care at home recruitment challenges, creating a clear geographical inequality of provision which the Partnership needs to be mindful of.

At the same time, it requires to be noted that there are further unsustainable inequalities emerging in the care of Younger Adults with disabilities. The cost of care of 120 people is currently at £18m, with the related number of care hours being allocated disproportionately across age groups such that care of young people is disproportionately higher. That too is a risk which the Partnership needs to recognise and address and is also articulated by challenges in moving young adults on from children's residential services. At the present time, the concern arises that the sheer intensity of these arrangements could also create sustainability and safety risks as support work provision comes under stress. This also raises the issue about hospital provisioning activities and continuing **health** care costs for individual packages where health care as opposed to uniquely social care is provided in the community.

The current level of hospital bed closures together with delayed hospital discharge and pressure on community beds and the shift to community provision is likely to require work in terms of the re provisioning of service across the health and social care landscape.

It is important to note that the above concerns are a matter for inclusion within the Strategic Plan currently subject to engagement, however there are immediate, pressing questions to answer regarding future provision in remote areas. To address this, questions of future capital provision for Care Home and Community developments require to be identified.

It is noted that this particular pressure has a significant impact on the provision of services to children.

In terms generally of challenges which present uniquely to children's services but require to be mentioned in terms of the equality agenda are those which exist in relation to the ND assessment service which has previously been brought to the attention of the Committee as part of ongoing work. Further detail is provided in paragraph 4 in relation to progress.

4.4 Conclusion and Forward Steps

This report advises the Committee of significant strategic risks that can only be addressed by immediate radical change in both the short and long term. The longer terms strategy is set out within the draft Strategic plan but in the short term the issues are more challenging in terms of cost and the risk to safe service delivery. Those risks will be reflected in the risk register.

However, the work envisaged by the Strategic Plan will be key in terms of addressing the risks identified in this report. That work will be overseen by JOG and a specific group has

been established with a view to taking forward the necessary work to deliver change. Given that the key challenges are in relation to service delivery which is impacted by difficulties in recruiting a workforce those challenges are principally intended to be addressed by the following 4 key initiatives which are consistent with the imperatives set out in the draft strategic plan.

5. Forward Steps Adults

Work with Housing partners with a view to establishing local housing solutions such that service users can be supported where possible to stay in their local communities in suitable and appropriate housing. That work is addressed in the recently adopted Housing plan which sets out the following key imperatives.

5.1 Local Housing

The LHS sets out the vision of Highland Council and local partners for the supply of housing across all tenures and types of housing provision. The strategy aligns to national housing priorities, maximising investment opportunities for Highland and building on the ambitious economic growth objectives set out in the Inverness & Highland City Region Growth Deal. The main purpose of the strategy is to:

- set out a shared understanding of need and demand for all types of housing, and for housing services now and in future
- provide clear strategic direction for housing investment including the development of new homes as well as investment in existing housing
- set out actions and targets to improve the quality, condition and energy efficiency of homes
- provide a strong contribution to the integration of housing, health and social care services to enable independent living and improved wellbeing outcomes
- set the framework to prevent homelessness wherever possible and to resolve homelessness quickly and effectively when it does occur
- focus on the priorities and outcomes required to achieve the LHS vision.

5.2 Local Housing Strategy Vision and Priorities

The vision for housing in Scotland places housing firmly at the centre of other national objectives including tackling poverty and inequality, creating and supporting jobs, meeting energy efficiency and fuel poverty targets, tackling the climate emergency and creating connected, successful communities.

The Local Housing Strategy (LHS) vision also places housing at the centre of major ambitions for Highland including:

- achieving a step change in housing delivery to support economic growth
- improving housing affordability and access to housing for all households who want to live in the region.
- creating resilient communities which are well connected to local services, transport and digital infrastructure.
- achieving housing quality by improving house condition and energy efficiency.

Development of the Highland Local Housing Strategy has ensured consideration and links to NHS Highlands 'Together we Care's' vision. There are 16 strategic outcomes, several directly relating to delivery of LHS outcomes, including:

Outcome 9: Care Well

- Embed a place approach to Home Based Care and support and care homes so that pro-active care is provided tailored to the individual
- Develop fully integrated front line community health and social care teams across all areas of Highland

Outcome 11: Respond Well

- Work to minimise length of stay of time that hospital based care is required. Work with individuals, families and carers to adopt a 'home is best' approach

Outcome 14: Age Well

- We will support people to promote independence by targeting prevention and developing appropriate choices

Outcome 16: Value Well

- Value the role of carers, acknowledging them as experts by experience and endure they are informed, supported and valued

Housing and NHS colleagues have committed to addressing the following in support of the agreed strategy:

-  Improve strategic joint planning, commissioning and partnership across housing, health and social care partners through contributing to the development and implementation of a Housing Contribution Statement
-  Review use of and access to older persons housing and consider future options
-  Consider how Local Development Planning policies can support the delivery of wheelchair and accessible housing, including the setting of wheelchair housing targets across all tenures
-  Improve access to existing adapted housing by improving stock information and developing ways to enable re-use of adapted properties
-  Examine the role of core and cluster models for mixed client groups to maximise the impact of supported housing options and agree on preferred models and client groups most in need
-  Develop data arrangements to create a joint evidence base across housing and NHS Highland that will help to assess current and future specialist housing requirements at both Highland and local levels
-  Review and evaluate the use of assistive technology that enables people with particular housing needs to live independently and well at home
-  Ensure effective and consistent mechanisms in place to access, assess and progress adaptations across all tenures in Highland

In addition to the initiatives in relation to housing set out above the partnership is also promoting 3 other key areas of work which will be important in terms of managing the challenges being faced. They are in brief:-

1. The adoption of the Shared Lives initiative in Highland. The Committee will be aware that this has been explored by the partnership and work has been commissioned by the umbrella organisation which has recommended that we take forward a proposal to deliver a Shared Lives service. At its core Shared Lives is community support. It works to the principle that every individual should be

supported to live in their community in a homely setting. The scheme has been in the UK since the 1970's and the growth of this service delivery was based around the closure of long-term institutions. An adult who needs care is matched with a carer. Together the person shares the life of the carer and their family and lives in the carers home. This can be a permanent arrangement, a short break or a day service with no overnight stays. In theory this scheme could benefit any adult or unpaid carer. This is social care delivery in a person-centred way with a primary change being the location of care, the paid carers home.

2. Expansion of Self-Directed Support options pan Highland with a view, like the Shared Lives and Housing initiatives, to seek to shift the balance of care back to communities. That work is involved and advanced and will in due course, like the Shared Lives initiative, form part of a further report to Committee setting out how we intend to deliver upon the imperatives set out in the Partnership's Strategic Plan once approved.
3. Expansion of work to support intervention at an earlier stage to keep people at home longer. That work will include the handy person scheme and an increased roll out of telecare options. The procurement of those services is currently being re-profiled. This initiative too will also be reported to a subsequent meeting of this Committee.

5.3 Forward Steps – Childrens

Strategic Local Implementation of the National Specification for Neurodevelopmental (ND) Assessments (2021)

There requires to be local implementation of the Scottish Government national specification for ND assessments. A strategic oversight board, including 3rd sector partners, has been established under the governance of the Integrated Children's Service Planning Board. The ND assessment service currently receives around 150 referrals per month. This is a 500% increase from pre pandemic numbers. A small amount of resource has been redistributed to support triage although there requires to be whole system proportionate assessment, with formulation and diagnosis where applicable, of the child's needs as part the emerging new model for Highland which meets the needs of the families in the present and is fit for the future. NDAS is a priority within NHS Annual Delivery Plan "Thrive Well". Risks around NDAS have been escalated to the HH&SCC and NHS Highland Clinical Governance Committee. Performance is overseen by NHS Highland Performance Oversight Board.

NHS Highland's Strategic Priorities

Thrive Well



Work together with our families, communities and partners to build joined up services that support our children and young people to thrive

Priority Reference 2A

- Work collaboratively to deliver #Keepthepromise to play our part in giving every child in Scotland the chance to grow up loved, safe and respected so that they realise their full potential

Priority Reference 2B

- Work together to deliver support to those children and young people who have health and care needs, to allow them to thrive

Priority Reference 2C

- Support our children and young people who have mental health or neurodiversity needs with timely, accessible care and a 'no wrong door' approach

These commitments in relation to adult care services will be key in terms of delivering upon the anticipated outcomes set out in the Strategic Plan. Services for children require to be consistent with the Integrated Children's Services Plan.

In terms of supporting service users locally, it will also be necessary to work with our third sector partners to consider innovative and creative solutions to offer support. That work is already ongoing in some areas in terms of community led support pilot areas and will require to be extended. It will also feed into the element of the work which is ongoing in terms of the extended provision of self-directed support solutions. It is recognised that self-directed support options 1 and 2, provide opportunities to expand upon the available workforce to enable service users to remain local. It will be necessary to work with third sector partners and carers to expand upon this pool which will extend those "employed" in the care sector and also support people to remain local.

The NHS ability to deliver statutory functions is being compromised by the unavailability of social care and as such the work envisaged above is crucial.

The Committee requires to take a view as to whether the reduced level of provision and the related geographical inequalities represent a compromise of their ability to discharge statutory duties. If so, and as a Partnership, how can we be creative about how we can better address any unmet need in our communities, with JOG providing oversight reporting into the Committee on a regular basis.

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

Date: 22 September 2023

Authors: Simon Steer Interim Director Adult Social Care
Fiona Malcolm Interim Head Integration Adult Social Care