The Highland Council / NHS Highland

Agenda Item	**6**
Report No	**JMC/03/24**

Committee: **Joint Monitoring Committee**

Date: **27 March 2024**

Report Title: **Adult Services Update Report**

Report By: **NHSH Chief Officer**

1. Purpose/Executive Summary

1.1 This report provides an update on the implementation of the Adult Strategic Plan which has been out for consultation and has been updated following the engagement process. This report is prepared to reflect reporting arrangements going forward in terms of the report considered by this Committee today at item 5 on the agenda. It is intended that the Committee monitor performance of the Partnership in terms of the implementation of the Strategic Plan.

2. Recommendations

Members are asked to:

i. **Note** and **comment** on the work undertaken in implementing the HHSCP Joint Strategic Plan and assurance performance information as supplied.

3. Implications

3.1 **Resource** – There are no specific resource issues arising from this report, it is expected that the plan will be implemented within existing resource and associated risks and issues escalated to the HSCP and Strategic Planning Group. It is however accepted that in general there are significant resource issues in terms of the delivery of adult social care and 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.

3.2 **Legal** – The content of this report is to seek to ensure the Partnership's compliance with The Public Bodies (Joint Working) (Scotland) Act 2014.

3.3 **Community (Equality, Poverty, Rural and Island)** – There are general implications as a result of this report on the basis that it is recognised that the content of the Strategic Plan will have an impact on service delivery across Highland's communities and the local plan envisaged will take into account all community implications.

3.4 **Climate Change/Carbon Clever** – There are no climate change implications as a result of this report.

3.5 **Risk** – There are no specific risks arising from this report, although it is recognised that the content of the Strategic Plan, once finalised, will require to consider this area. The Committee is aware that the Partnership has recently agreed the terms of a risk register and those risks will require to be considered in terms of planning going forward.

3.6 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – There are no Health and Safety implications as a result of this report.

3.7 **Gaelic** – There are no Gaelic implications as a result of this report.

4. Background

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a **Strategic Plan** which sets out the arrangements for the carrying out of the integration functions for the area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.

4.2 This same Act also directs that a **Strategic Planning Group** requires to be established and in place in to support the development of this Strategic Plan. That group has been established and has supported the Partnership to prepare the strategic plan which was approved by the Joint Monitoring Committee in December 2023. The Strategic Planning Group continues to oversee the implementation of the Strategic Plan.

5. Strategic Plan

5.1 In progressing implementation of the Joint Strategic Plan the partnership has considered the feedback from the engagement process. In summary, feedback identified that the Strategic Plan whilst generally considered as positive was also viewed as aspirational. Challenges in relation to the perceived aspiration of the Strategic Plan were broadly in relation to resource in terms of both workforce to deliver upon the plan and the financial resource to pay for it. Comments endorsed the need for collaborative working and also referenced the key role of unpaid carers. Comments reflected a perception that some services delivered by the Partnership are centred in Inverness and not available consistently throughout Highland. Linked to that was the need to ensure “geographical parity” where possible.

5.2 A further point raised was in relation to performance and how this will be measured. It is recognised that this will be key to monitoring how the Partnership is performing in relation to the delivery of the Strategic Plan.

5.3 The Partnership recognises these challenges and acknowledges that there will require to be work with communities at a local level to sustain services locally or deliver them differently with a view to supporting people to stay in their own homes/communities.

5.4 In implementing the strategic aims of the plan the District Planning Groups will be supported by strategies on a pan Highland basis which will inform local plans. Those pan Highland strategies are broadly as follows:-

- Workforce Strategy

- Housing Strategy
- Telecare and Digital Strategy
- Self-Directed Support
- Handyperson Scheme
- Care at Home and Care Home future strategy
- Managing Complex Cases
- Shared Lives
- Mental Health and Learning Disability Strategy

These supporting strategies and frameworks will assist and inform the District Planning Groups and Strategic Planning Group identify priorities in terms of supporting local communities and enabling people where possible to stay in their homes and communities for as long as they are able.

6. Implementation of the Strategic Plan

6.1 In terms of delivery of the plan it is recognised in the Plan that "one size does not fit all" and as such there will be a need for local engagement.

6.2 It is essential that implementation of the plan is taken forward with an understanding of local communities, that fairness and equity is ensured and that we work together and listen to people in communities to develop local plans.

6.3 In order to achieve this, progress is being made establishing District Locality Planning Groups. Groups are currently being formed to include community, carer, health and social care services, independent and third sector members as their core. They will also have the ability to include additional members including elected members, community councillors, primary care and other sectors such as housing. Members may also be co-opted for specific areas of work.

6.4 District Locality Planning Groups will be in place in all Districts by April 2024 with initial meetings being planned for April 2024, and will build on plans and activity already in place in Districts.

6.5 Draft terms of reference referencing the role and function of Locality Planning Groups as laid out in The Public Bodies (Joint Working) (Scotland) Act 2014 are currently being considered by the Strategic Planning Group.

6.6 Chairs and Vice Chairs have been identified from the HHSCP Senior Leadership Team and will report on progress through standardised Action Plans to the Strategic Planning Group.

6.7 A development session for members of the Strategic Planning Group Chairs and Vice Chairs of the District Planning Groups will be held in April 2024 with the aim of establishing clarity of role and function of the going forward into the implementation phase of the Joint Strategic Plan and ensuring links are made between all groups in the community planning system.

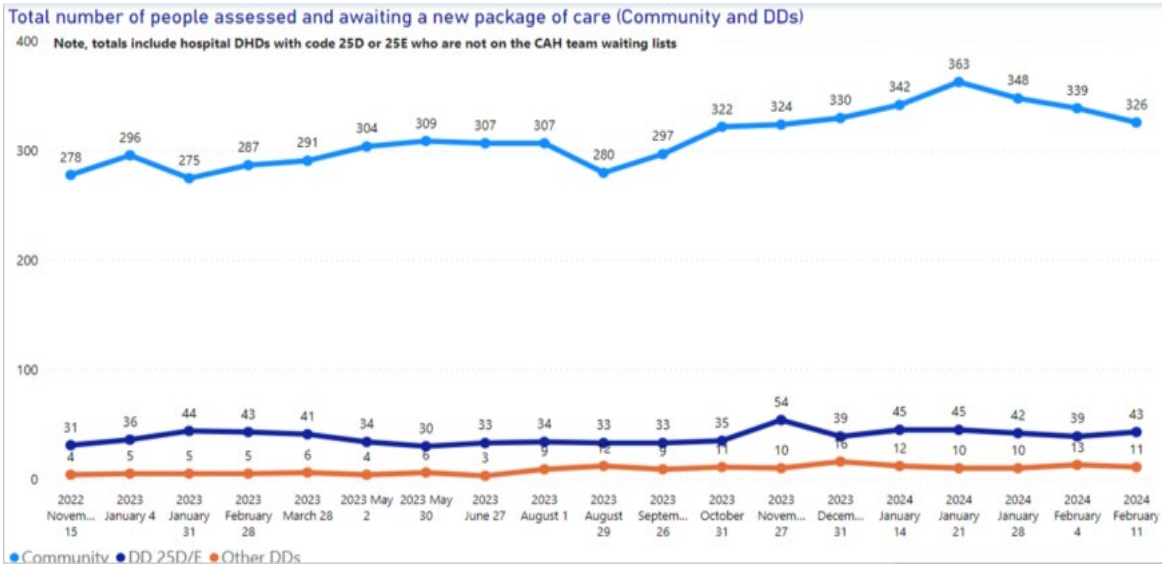
7. Performance

7.1 The provision of Adult Social Care continues to operate in a challenging arena under considerable pressure related to the availability of resources including people and finances.

7.2 Care at Home

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2406 planned hours per week.

The total number waiting for a care at home service is 380 as at last available data point. The number has reduced by 38 from the last reported period to committee.



March data from Public Health Scotland identifies delayed discharges assessed as requiring CAH in either a hospital, or at home as:

- Community - 326 awaiting a care at home service
- DHDs – 43 awaiting a care at home service

DHDs – 11 awaiting a service for other coded DHDs (complexity)**Care Homes**

From March 2022 to date, there has been significant turbulence within independent sector care home market related to operating on a smaller scale, and the challenges associated with rural operation.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC). Highland is particularly disadvantaged 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.

In-house care homes and some care home providers are still experiencing staffing resource shortages. As at 12/2/24, 19 care home beds are unavailable in 3 in-house care homes due to low staffing levels.

Since March 2022, 5 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

This year, 3 in house care homes have also closed although two are closed on a temporary basis and the closures are in small rural and remote communities with closure due to acute staffing shortages.

This reduced care home bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital. There is a need for a Care Home strategy to be developed in 2024-25.

A **Care Programme Board** is established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

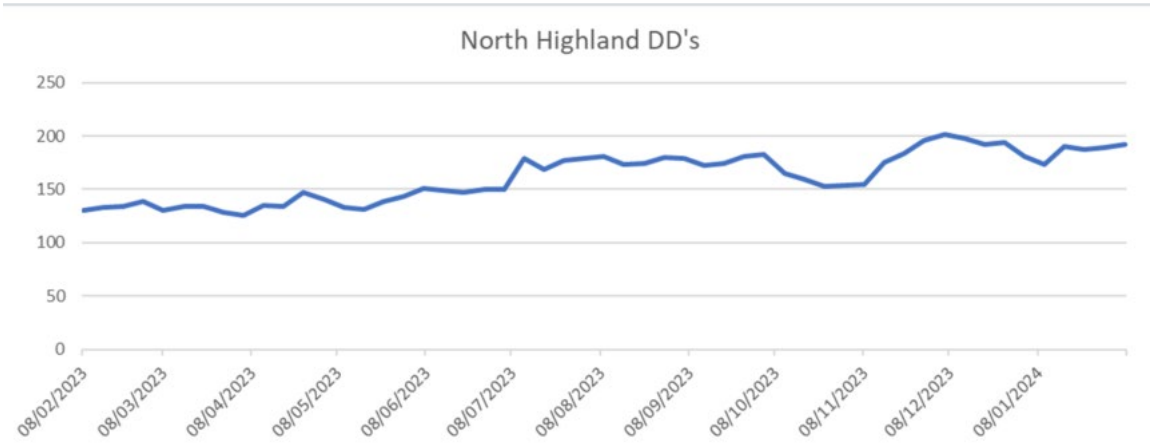
7.3 Delayed Hospital Discharges

Delayed discharges remain a significant concern. Of the 189 delayed discharges at 07/02/2024, 77 are in HHSCP Community Hospitals, 15 are in New Craigs hospital and the remaining 97 are delayed in acute hospitals.

Of those delayed, 26 are code 9 (complex-AWI), 43 are awaiting social care arrangements to return home (care at home/adaptations), 10 are awaiting housing; 29 awaiting outcome of assessment and 65 awaiting care home placement. Additional delay reasons include complexity, patient exercising choice, family/other reasons and ward closure.

Discharge without Delay and Optimising Flow Groups continue to have a focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull.

Ongoing work includes review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care. Additionally, cross system working and adopting a whole system approach remains key to ensuring the success of this work.

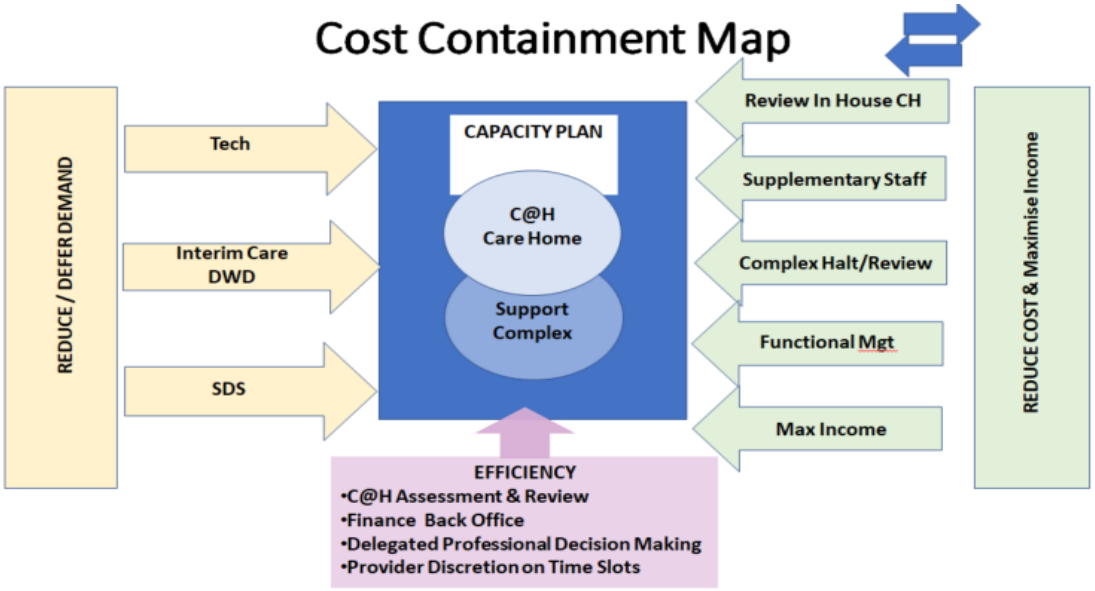


7.4 Approach to Recovery

Highland Health and Social Care Partnership is facing an unprecedented financial and performance challenge.

A twin track commissioning approach will be employed. This will plan and cost capacity of in-house services to enable the containment of demand, close any duplicate and unsustainable provision and provide high value complex provision. Simultaneously it will plan and cost capacity of commissioned services to enable a reduction in volume, reduce cost and enable commission of rapid assessment and review based on outcomes in Care at Home.

The approach will reduce internal costs and a costed capacity plan will inform commissioning intent and enable change.



7.5 **SDS Option 1 (Carer Well-being fund)**

We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.

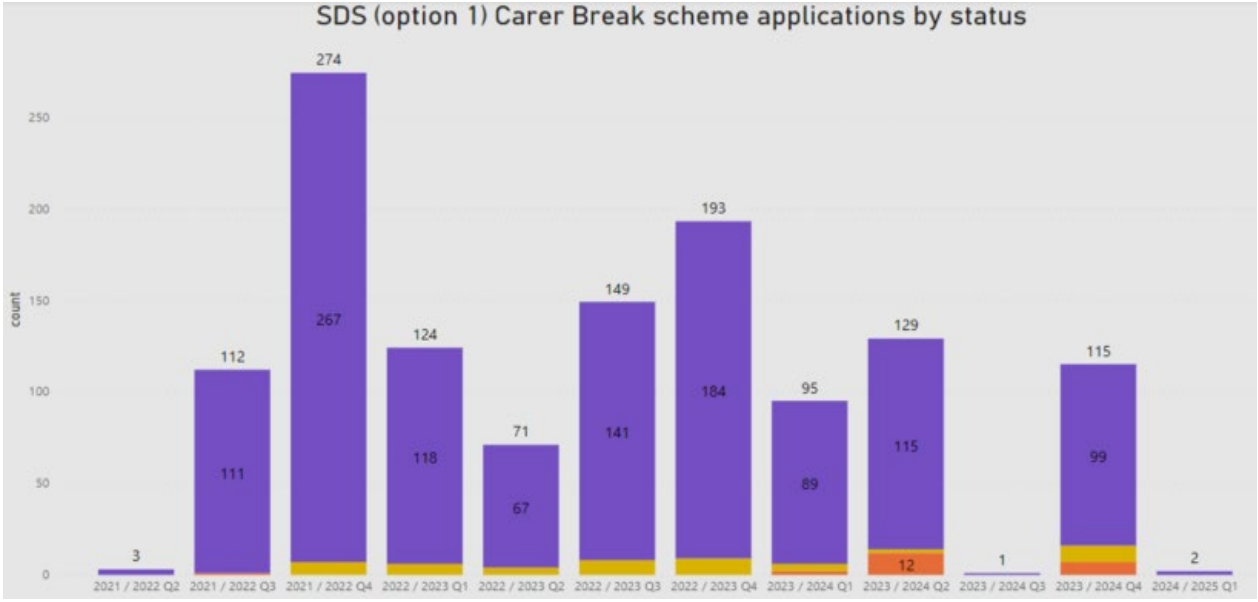
This is consistent with our aims to:

•Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes and are complementary to other sources of support
•Maximise people's choice, control and flexibility over the resources available to them

Work has recently concluded with national colleagues, via the award of "Promoting Variety" funding, to provide our local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect.
We have also been liaising with our unpaid carers representatives to ensure the scheme reflects their priorities.

Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches).

Quarter 1 for 2024 has now reopened to new applicants this month so the data will be updated for the next committee when available.



7.6 SDS Option 1 (Direct Payments)

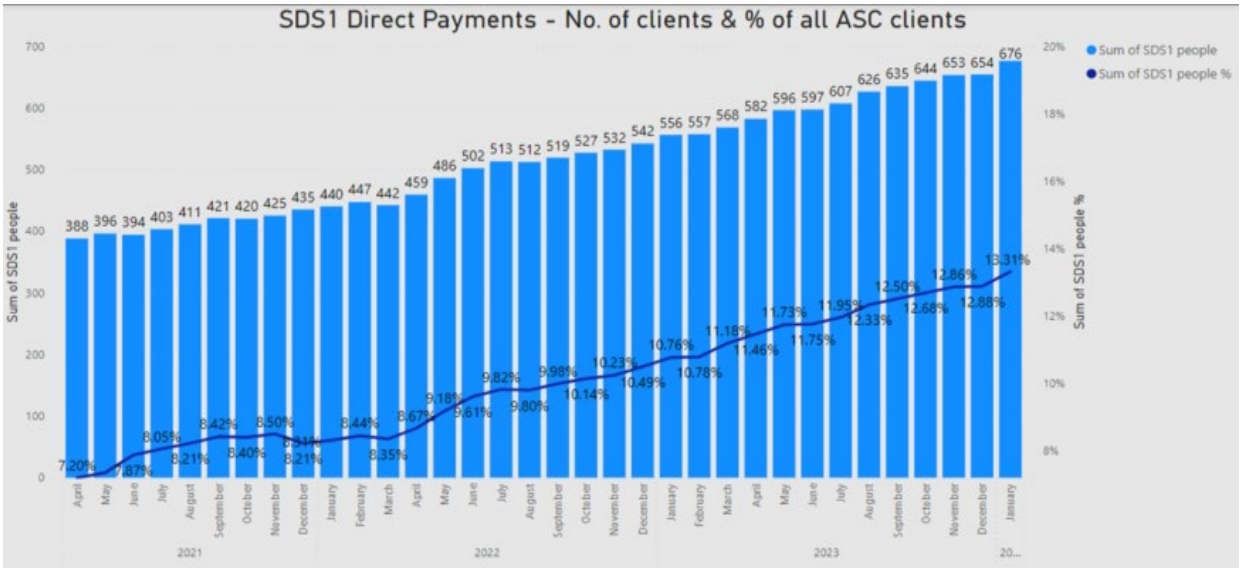
We have seen sustained levels of growth for both younger and older adults in our more remote and rural areas. There has been a steady increase in numbers since March 2022 with further growth expected to continue this financial year.

These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, strongly suggest a market shift in Adult Social Care service provision.

We are also aware of increasing numbers of Option 1 recipients who are struggling to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. Work is underway to promote the opportunities that taking on Personal Assistant role can offer people.

NHS Highland has implemented in Oct 23, a co-produced urban, rural and remote hourly rate by establishing a transparent personal assistant hourly rate for Option 1s. This increase and new model has been very well received by users and families and will help to retain and recruit valued personal assistants.

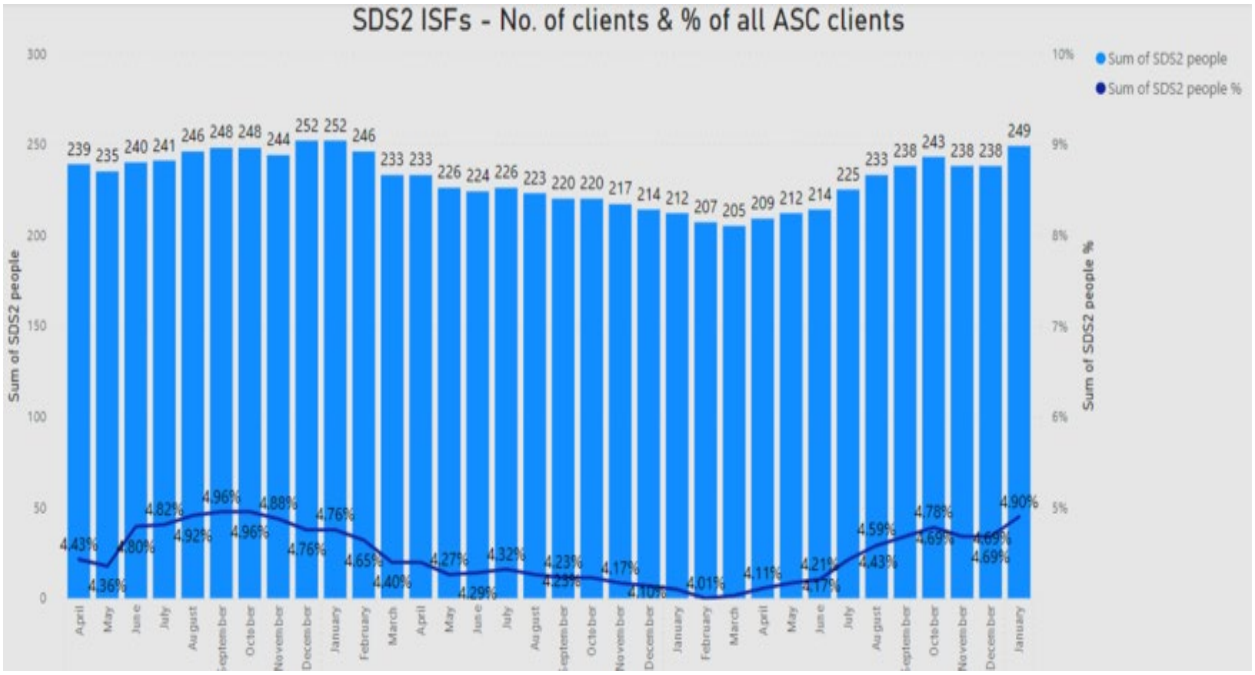
This internal cost investment was required to ensure the sustainability of our Option 1 packages which are still the most cost effective and efficient delivery models.



7.7 SDS Option 2 (Individual Service Funds)

Individual Service Funds steadily reduced during 2022 although we have seen a stabilising of the position in 2023 and note a welcome increase in commissioned service provision during the last 3 quarters.

Our current number of active service users is 249 with a projected annual cost of £5.37m.



8. Adult Protection Inspection

8.1 A Joint ASP Inspection took place in 2017 and reported in 2018. Highland was one of six areas included and the report identified strengths and weaknesses. Strengths included good communication among partners, least restrictive options being followed, and unpaid carers views being valued. Significant weaknesses identified included chronologies, performance against timescales, and governance.

8.2 Phase 2 of the national Joint ASP Inspection process started in August 2023. Phase 2 is a revisiting of the 6 areas that were inspected in 2017 for joint inspection. This is to close the gap following the completion of the inspection of the 25 other areas.

8.3 The focus for the inspection is on listening and picking up on areas of good practice, rather than scrutiny, and will:

- use the same methodology as phase 1 (ie previous inspection)
- follow the same programme that every partnership in phase 1 was exposed to
- be on site or off site now, however for Highland is mainly off site to reduce disruption. An onsite element of the inspection has now been completed.
- be using the quality indicator framework (QIF) previously used
- report on findings and there will be an overview report of the 6 partnerships published
- intend to put Adult Protection on the same footing as Child Protection
- in the second year of the phase 2, go back to complete progress reviews for the areas needed from the inspections undertaken

8.4 Following the inspection the inspectorate will look to develop a QIF across the board for use by the whole sector.

Designation:	Chief Officer, NHS Highland
Date:	13 March 2024
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Appendices:	None