

# The Highland Council / NHS Highland

Agenda Item	7
Report No	JMC-08-24

**Committee:** Joint Monitoring Committee

**Date:** 19 June 2024

**Report Title:** Adult Services Update Report

**Report By:** Pamela Cremin - Chief Officer

## 1. Purpose/Executive Summary

- 1.1 This report provides an update on the implementation of the Joint Strategic Plan 2024-2027. 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 Joint Strategic Plan will be implemented within resource envelope and that any associated resource risks and issues are escalated to the HSCP and advised to the Strategic Planning Group. It is accepted that in general there are significant resource issues in terms of the on-going and future affordability of adult social care and resource issues such as sustainability of the independent care home sector and the availability of care at home services which are underpinned by recruitment challenges across a number of workforce groups and professions, both in Highland and wider across Scotland and the UK.
- 3.2 **Legal** – The content of this report is to demonstrate assurance and 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 plans and service models 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** – The Committee is aware that the Partnership has agreed a partnership risk register to enable an overall understanding of the risks that require to be considered in terms of planning and service delivery and sustainability 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.
- 4.3 The same Act also directs that Locality Planning Groups require to be established to provide a forum for professionals, communities and individuals to collectively develop and deliver locality plans based on the Joint Strategic Plan and local need. In Highland, these groups are called **District Planning Groups**.

#### 5. Implementation of the Strategic Plan

- 5.1 Inaugural District Planning Groups have been held in all nine Districts areas of Highland. All groups have run to a standard agenda and action plan template.  
  
Inaugural meetings have focussed on the sharing of information including the Joint Strategic Plan and its District profile data; key supporting / enabling strategies; and the health and care redesign work ongoing in the Districts.
- 5.2 A development session for members of the Strategic Planning Group, Chairs and Vice Chairs of the District Planning Groups was held on 29th April 2024 with the aim of establishing clarity of role and function of the District Planning Groups going forward into the implementation phase of the Joint Strategic Plan and ensuring links are made between all groups in the community planning system.

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5.4 The outcomes of the session will form the agenda for the Strategic Planning Group on 20<sup>th</sup> June 2024, along with a report on the progress of the District Planning Groups.

An Adult Care Commissioning and Market Facilitation plan to support the implementation of the Strategic Plan is now in place and has been presented at Joint Officer Group on Friday 31st May 2024. In addition, learning from other integration authorities and in particular Argyll and Bute has been key in setting out our approach and monitoring and implementation processes to enable progress to be reported to the Strategic Planning Group.

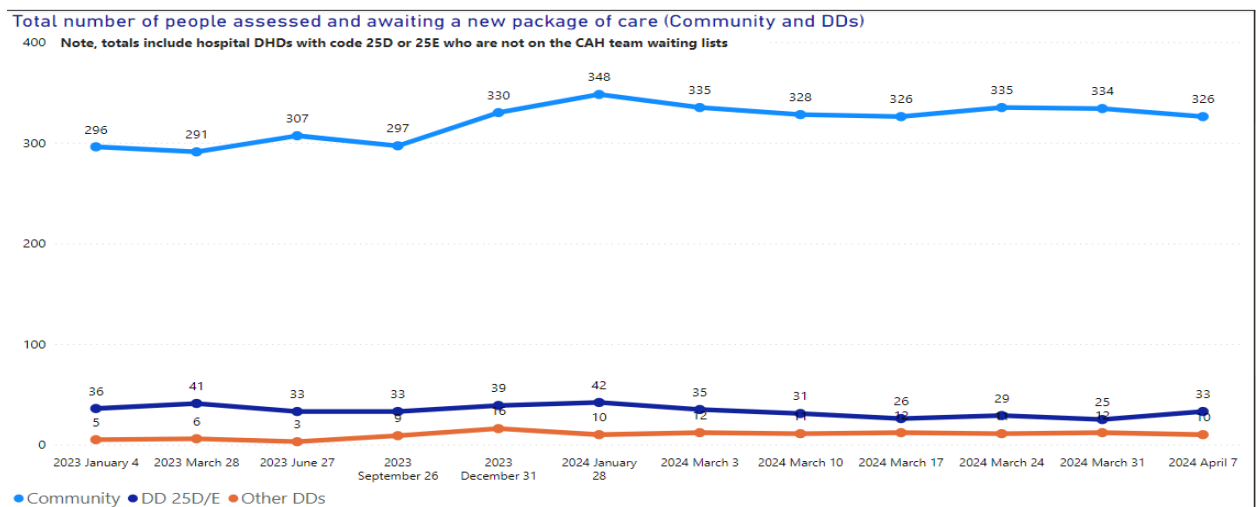
## 6. Performance

6.1 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.

6.2 **Care at Home** - Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2650 planned hours per week. This has increased by 244 hours from the last reported period to committee when it was 2406. The sustainability of the care at home market remains challenging in terms of affordability for providers.

The total number waiting for a care at home service is 369 as at last available data point. The number has reduced by 11 people from the last reported period to committee.

### Care at Home Unmet Need



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 (the same as last reported)
- DHDs – 33 awaiting a care at home service (reduced by 10 from last reported)
- DHDs – 11 awaiting a service for other coded DHDs (complexity)(reduced by 1 since last reported).

6.3 Significant work has been undertaken to improve care at home service provision and co-produced sector commissioning proposals were developed and agreed by the Partnership January 2024 in line with:

- Overall cost and capacity analysis (complete)
- Capacity plans to reflect actual cost (complete)
- Seek to promote increased capacity via market facilitation and strategic commissioning – seeking capacity for demand (plan in place)
- Support provider resilience and sustainability – Collaboration
- Support staff recruitment and retention – stabilise sector
- Review of packages and introduction of enabling systems such as TEC and housing models.
- A standardised procedure for pausing C@H and reserving the resource for a maximum length of time for people when admitted to hospital is being tested.

## Care Homes

Since March 2022, there has been significant turbulence within the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compound the challenge. A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover costs of care homes in Highland and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 7 of the 46 independent sector care homes are over this size.

In-house care homes and many care home providers are still experiencing staffing resource shortages. Since March 2022, 6 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. Supplementary staff costs for care and nursing staff is significantly higher in the recently acquired NHSH care homes.

Cradlehall Care Home recently closed at short notice on 17/4/24 arising from regulatory actions and subsequent agreement to deregister, with NHSH staff relocating 41 residents over a 3-week period.

Three 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 the ability to discharge patients timely from hospital.

There is a need for the Care Home strategy to be agreed and implemented in 2024-25.

A **Care Programme Board** that reports to Joint Officer Group is established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

6.4 **Delayed Hospital Discharges** - Delayed discharges remain a significant concern. There is no national target for delayed discharge, but we aim to ensure we get our population cared for in the right place at the right time.

Work continues on the implementation of standard work, including daily huddles and the setting of accurate PDDs for all inpatients across all hospital sites.

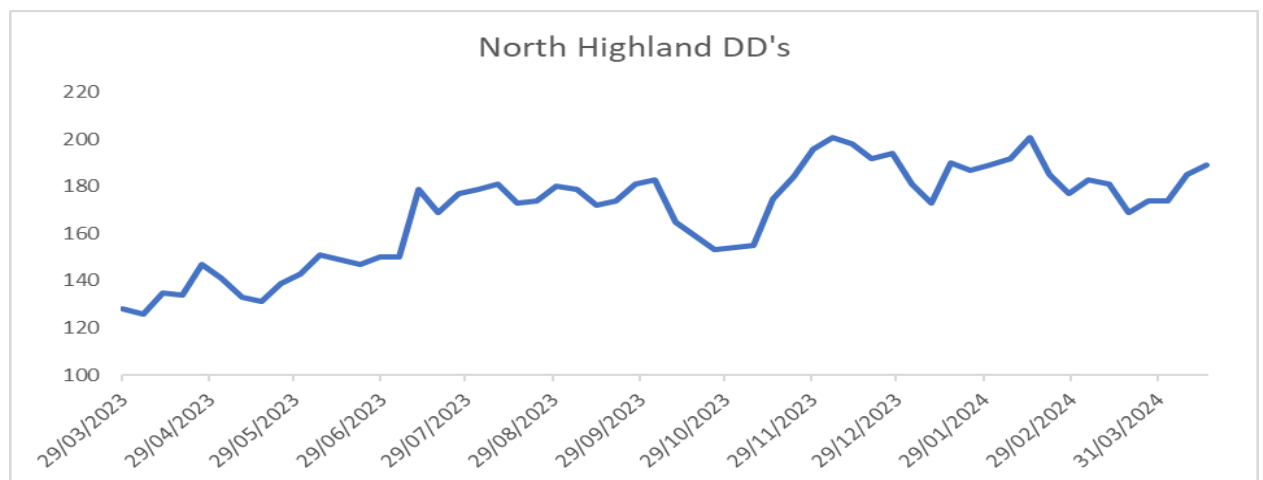
The discharge App implementation is continuing, with a workshop on further roll out. Daily oversight and collective problem-solving remains a key feature of DMT meetings in each of the Districts.

Focused work ongoing in C@H to ensure maximisation and most efficient targeting of limited resources as outlined above.

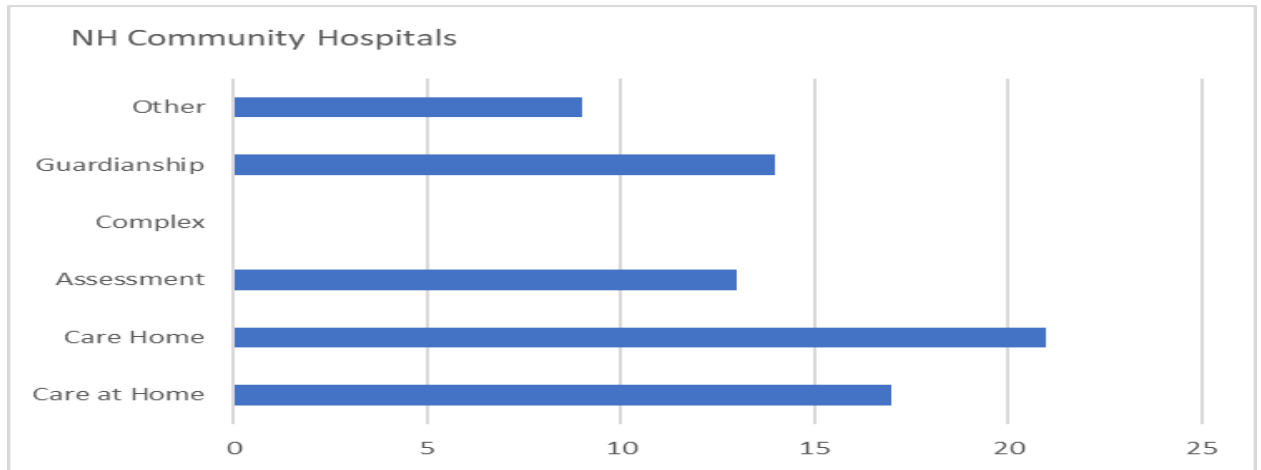
The Choice guidance has now been approved and is available for use.

An overarching Delayed Discharge and Length of Stay Improvement Action Plan with associated Charter, Driver Diagram and improvement plan with trajectories for improvement is in place and actively being implemented as part of the Urgent and Unscheduled Care programme.

### ***HHSCP Delayed Discharges***



## HHSCP Community Hospital DDs by Reason



- 6.5 **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:

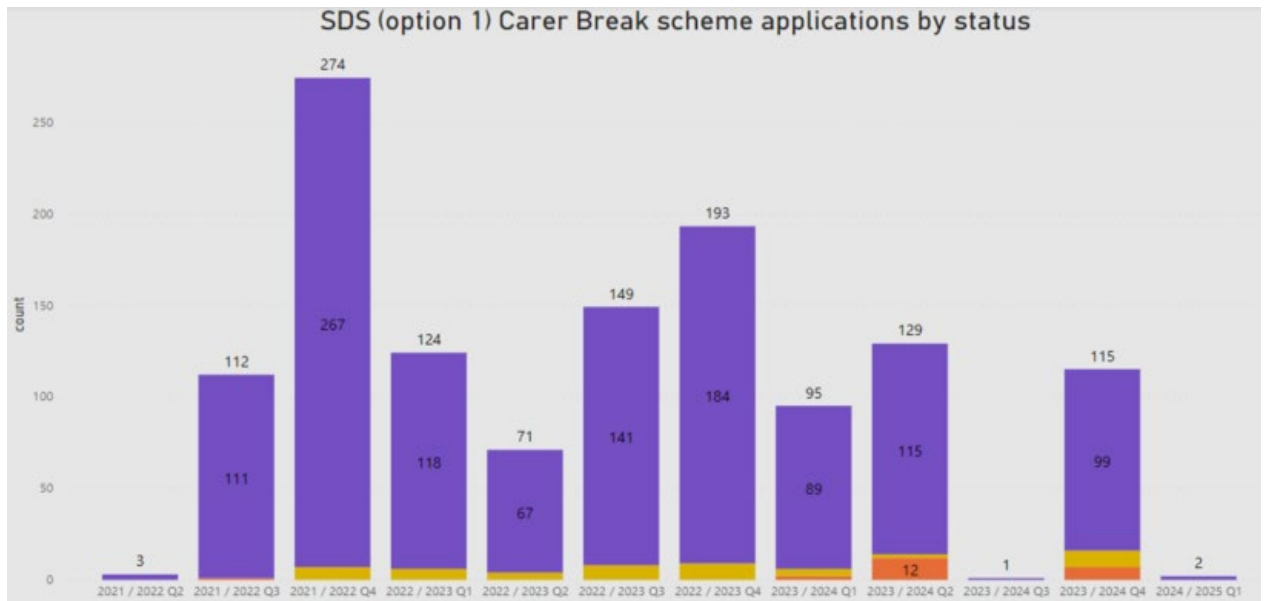
- Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes and are complementary to other sources of support
- Maximise people's choice, control and flexibility over the resources available to them

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). Their suggestion is that there are financial ceilings set for different types of purchases used for a short break.

Quarter 1 for 2024 is now open to new applicants.

A new Carers Services Development Officer is now in post after the retirement of the previous post-holder. This officer is prioritising revisiting our arrangements with our range of unpaid carers services. Seeking to ensure we have a strong collaborative basis to build upon going forward.

## Self Directed Support - Option 1 (Carer Well being Fund)



6.6 **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.

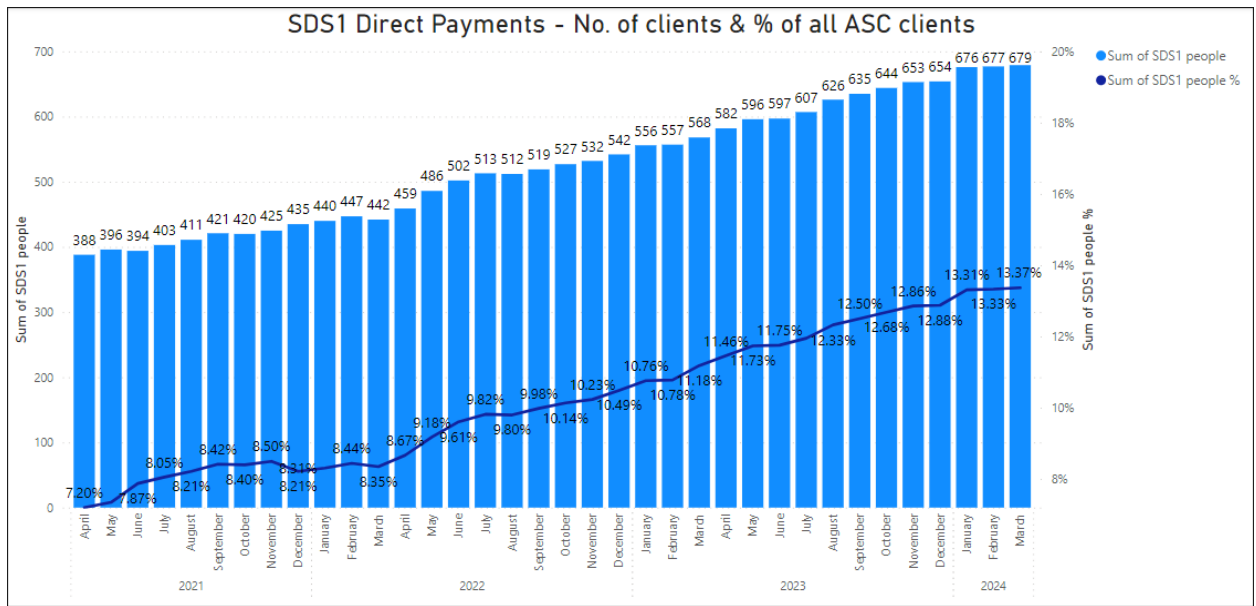
We are aware of increasing numbers of Option 1 recipients who are struggling to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. Work is underway to promote the opportunities that taking on Personal Assistant role can offer people.

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.

Option 1 recipients all received a substantial above inflationary increase to level up the previous low baseline hourly rate. This uplift was required to ensure sustainability and is still the most cost effective and efficient delivery models due to the absence of any other traditional delivery and more expensive care models.

2024-25 rates for PA's has also been updated and the allocated funding from SG passed on to service users.

## Self Directed Support- Option 1 (Direct Payment)



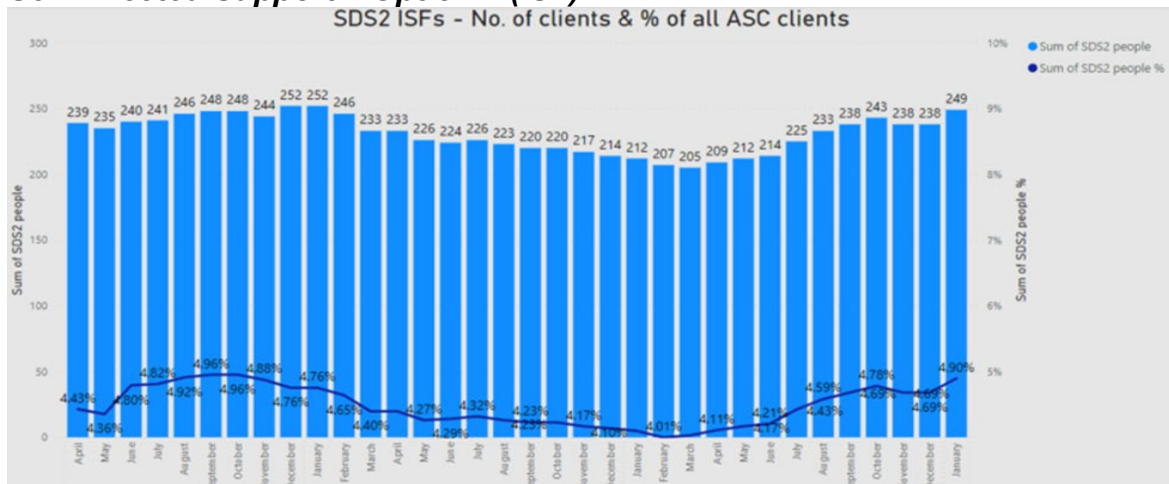
## 6.7 SDS Option 2 (Individual Service Funds)

Individual Service Funds steadily reduced during 2022 however they are now back at the pre pandemic levels of peak 2021.

After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of 'providers' who can offer an ISF within an overall programme for Promoting choice, flexibility and control.

Our current number of active service users is 256 with a projected annual cost of £5.36m.

### Self Directed Support – Option 2 (ISF)





Designation: Chief Officer, NHS Highland

Date: 7 June 2024

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Appendices: None