

# The Highland Council / NHS Highland

Agenda Item	<b>5</b>
Report No	<b>JMC/12/24</b>

**Committee:** Joint Monitoring Committee

**Date:** 25 September 2024

**Report Title:** Adult Services Update Report

**Report By:** Pamela Stott, Chief Officer

## 1. Purpose/Executive Summary

- 1.1 This report provides an update on the implementation of the Adult 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

- 2.1 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
- 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 District Planning Groups are currently meeting for the second time. Progress of the initial District Planning Groups was reported to the Strategic Planning Group meeting in June 2024. It was reported that the initial meetings were very much about scene setting including establishing the role of the groups, reviewing the Joint Strategic Plan and key strategic drivers contained within the Health and Social Care Partnership Strategic Charter, and discussion regarding further information the group may need to establish specific district actions.
- 5.2 The agenda included a “what matters to you” section where members of the groups were able to raise issues or topics that they would like to focus on further in future meetings. There were common themes raised and also suggestions which related specifically to local areas. Themes In this section included:

##### **Workforce**

- The recruitment of Personal assistants and the availability of their education and training.
- Career progression for carers

- Opportunities to develop the young workforce.

## **Services**

- Concerns regarding care home provision
- Concerns regarding transition between primary and secondary school for children with additional needs.
- The need for the groups to view the whole system, not confined to age and “adults”.
- Concerns regarding housing availability
- Concerns regarding care home contracts for the provision of services to under 65s
- The need to ensure integration of all Health and Social care services, including those not in the district structure
- The availability of respite for all ages
- A need to focus on prevention and lifestyle
- The need for realistic costing and sustainability of services.
- The need to ensure equitable access.
- The need for effective engagement with stakeholders
- Localised areas suggested for focus in various groups were also raised including urgent care, crisis management, hospital beds, pop up hubs, local directory development and a need to focus on localised services and support to GPs to deliver in remote areas

## **District Planning Group Function**

- The linkages between the District Planning Groups and the Community Planning Groups
- The need to avoid duplication
- The availability of funding and resources.
- The need for strategic commissioning planning.

### **5.3 The Strategic Planning Group noted that:**

- The District Plan framework was clear, well set out and provided clarity of purpose.  
The early level of development of the groups was noted.
- That the groups were in early development and therefore membership of all groups was not yet complete and fully representative of the intended groups.
- Stressed that the District Planning Groups need to ensure open and honest conversations and present opportunities for participation, not just representation.

### **5.4 Additionally, resources for developments identified through District Planning Groups, was raised at the Strategic Planning Group. Access to the council’s Transformation Fund was discussed, applications for which should be made to the Joint Officer Group.**

5.5 Work continues on an Adult Social Care Commissioning and Market Facilitation plan to support the implementation of the Strategic Plan. This will be informed by a Joint Strategic Needs Assessment.

## 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 2529 planned hours per week.

A multi-disciplinary and sector implementation group was initiated in June 2024, to take forward proposals around the following focus areas:

#### Improving Access and Processes

- Clear pathway
- Information quality
- Zones/runs/flexibility
- Outcome commissioning/interactive commissioning tool

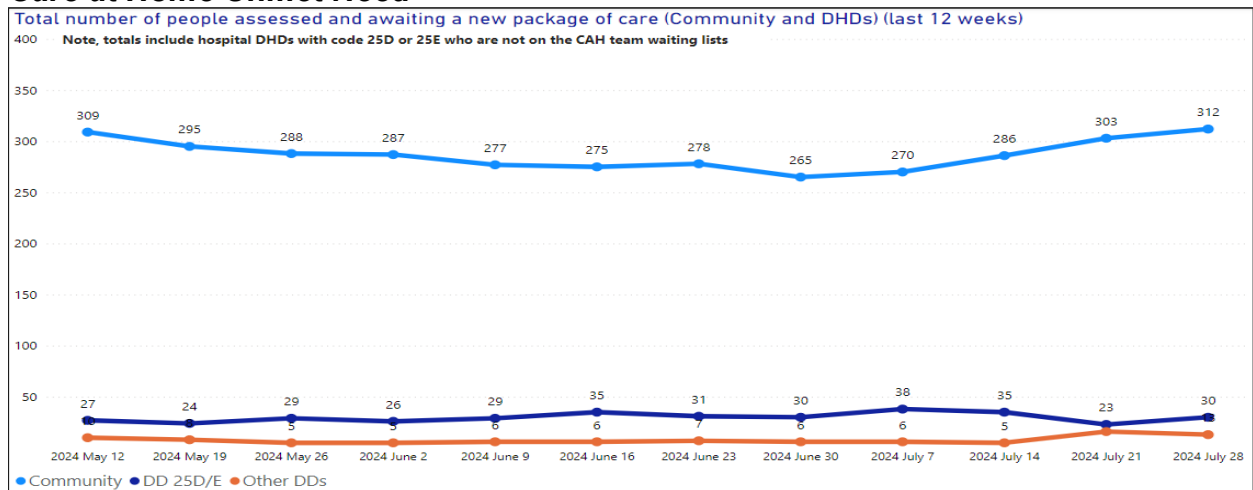
#### Valuing Staff

- Tariff implementation
- Joint training/locality shared staff
- Collaboration event

#### Troubleshooting

A wider **care at home collaborative** has been established in August 2024 to consider and progress wider strategic and collaborative opportunities

### 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 - 312 awaiting a care at home service, increase of 26 last reporting period of July 2024.
- DHDs – 30 awaiting a care at home service, reduction of 5 since last reporting period of July 2024

### Care Homes

Since March 2022, there has been significant and sustained turbulence in 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 compounds the challenge. Multiple closures have reduced bed availability by 211 registered beds since this time.

This reduced bed availability (211 registered beds) is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.

- 6.3 A Care Home commissioning and market facilitation plan is to be developed in 2024-25. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations. High level commissioning intentions are agreed  
A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board

#### 6.4 **Delayed Hospital Discharges**

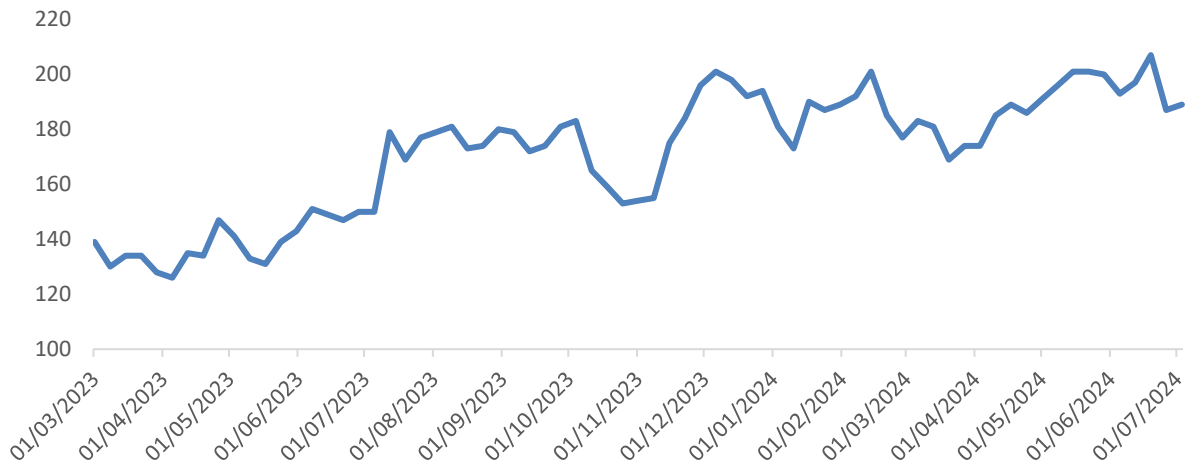
Delayed Hospital Discharges remain a significant concern. We have an ambitious local target of reducing the number of people experiencing delay in discharge from hospital by 30%. We aim to ensure we get our population cared for in the right place at the right time.

A 90 day Improvement Plan has been agreed which will support the reduction of delayed discharges through a range of actions in the following areas and with the following outcomes referenced below.

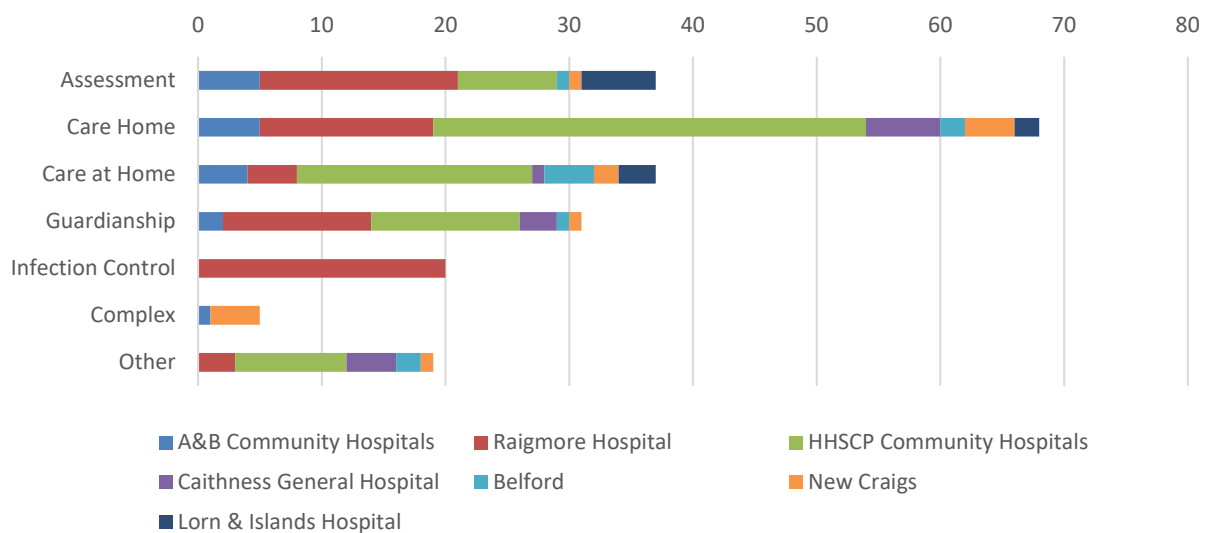
Area	What do we want to do?
Respond	Respond quickly to support our population across our system who are vulnerable or in crisis
Rapid	Facilitate rapid discharge and support to embed the “home is best” approach
Reduce	Reduce occupancy and avoidable admissions and identify at risk population by working collabor
Redirect	Redirect inappropriate attendance to suitable services so emergencies are seen quickly

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

## HHSCP Delays



## HHSCP Community Hospital DDs by Reason



## 6.5 SDS Option 1 (Carer Well-being fund)

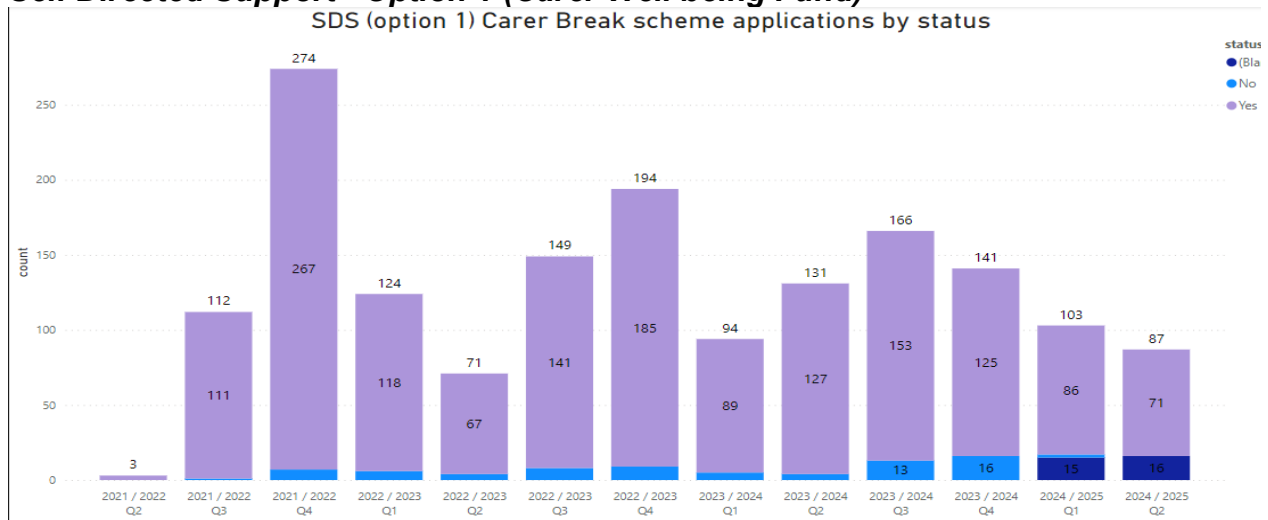
We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation 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.

Actions we have been taking:

- Liaising with our unpaid carers reps 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, limits to contributions for holidays, summer houses and e-bikes etc. The fund reopened to new applicants in April 2024.

- In addition to financial ceilings, those applying for the first time will receive priority status for funds, ensuring that as many carers as possible benefit from the scheme
- A new Carers Services Development Officer is now in post and the 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 urban, remote and rural areas with further growth expected to continue this financial year for SDS Direct

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.

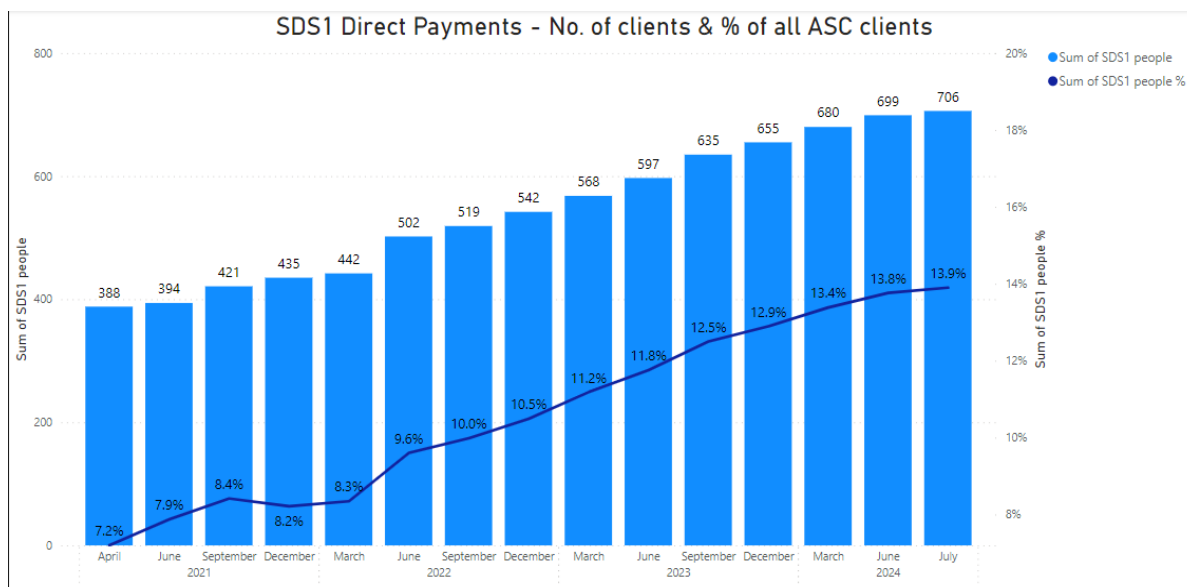
We are also aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. Work is underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people.

Actions we have been taking:

- Option 1 recipients all received a substantial above inflationary increase due to the significant investment from NHH to level up the previous low baseline hourly rate.
- This uplift was required to ensure its 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 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)

ISFs reduced during 2022 although we have seen a welcome and sustained increase in commissioned service provision during late 2023 continuing in 2024.

Current numbers of ISFs are now exceeding pre pandemic levels of the 2021 peak.

Our current number of active service users is 277 with a projected annual 2024-25 cost of £7.53m.

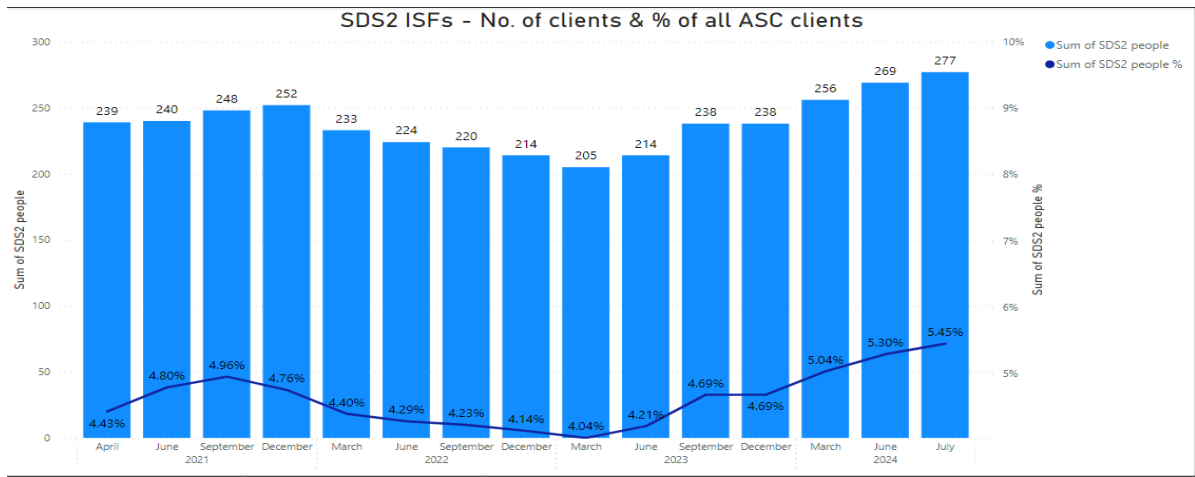
74% of our current service provision is provided under this commissioning option to younger adults.

Actions we have been taking:

- 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.

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





Designation: Chief Officer, NHS Highland

Date: September 2024

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Appendices: None