

# The Highland Council

Agenda Item	<b>5</b>
Report No	<b>HCW-20-24</b>

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

**Date:** 13 November 2024

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

**Report By:** Assistant Chief Executive - People

## 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. The report also provides a strategic update in terms of the implementation of the Strategic Plan and is presented with the support and assistance of the Chief Officer of the Partnership and the Director of Adult Social Care from NHS Highland.

## 2. Recommendations

2.1 The Committee is invited to:

i. **NOTE** the contents of this report.

## 3. Implications

3.1 **Resource** - There are no specific resource issues arising out of the contents of this report. Members are 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. Members are also aware in terms of the budget agreed for 24/25 that significant reserves have been allocated to the delivery of adult social care which will be monitored via the Council's Delivery Plan.

3.2 **Legal** - No arising issues.

3.3 **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 ongoing service delivery is described later in this report and that risk in relation to care homes is more particularly described in the Council's risk register. The Health & Social Care Partnership, through the Joint Monitoring

Committee, have also agreed a risk register. The risk in the context of the ongoing Crown Office's investigation into Covid-19 deaths in care homes should also be noted.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – There are no such issues arising directly from the contents of this report.

3.5 **Gaelic** - No arising issues.

#### 4. **Impacts**

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is a monitoring report which provides an update and therefore an impact assessment is not required.

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

5.1 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.

5.2 Detail will also be provided in terms of the provision of an update in relation to the delivery of adult protection by the partnership. There will also be an update in relation to the implementation of the Strategic Plan.

#### 6. **Service Delivery and Associated Challenges**

6.1 Those key service areas reported upon are as follows: -

- Care-at-Home
- Care Homes
- Delayed Hospital Discharges
- Self Directed Support

6.2 In terms of **care at home** (CAH) despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2541 planned hours per week.

There remain sustainable pressures in the market and since December 2023, four care at home providers have exited the Highland market. Operational colleagues and our current partner providers have worked tirelessly to avoid any service disruption during the transition period.

6.2.1 The total number of people waiting for a care at home service is 377 as at last available data point. There has not been the growth in external care at home expected and that has been accompanied by low levels of recruitment. The loss of experienced care staff continues to be the primary concern expressed by providers in frequent and open discussions with NHS Highland.

6.2.2 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

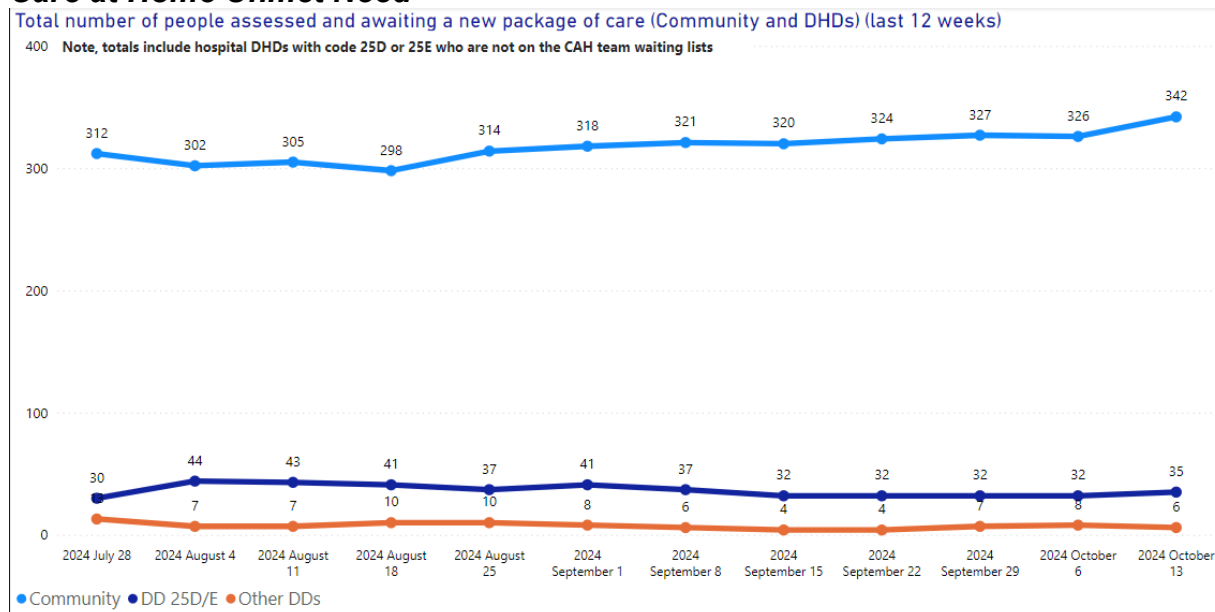
**Valuing Staff**

- 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 on delayed discharges assessed as requiring CAH in either a hospital, or at home as:

- Community - 342 people awaiting a care at home service, increase of 30 since last reporting period of July 2024.
- DHDs – 35 people awaiting a care at home service, increase of 5 since last reporting period of July 2024

6.2.3 The Committee will recall that in terms of the Strategic Plan which informs the Council’s operational Delivery Plan that the intention is to seek to shift the balance of care such

that people can be supported to stay in their homes for longer. Key to that will be the expansion of the care sector and that is referenced in subsequent sections to this report in terms of the delivery of SDS – and in particular Direct Payment – options. It is expected that transformation funding will be agreed with a view to expanding that area of work.

6.3 In terms of **Care Homes**, the Committee is aware that there remain significant concerns regarding the sustainability of the independent care home sector particularly in the context of negotiations in relation to the National Care Home Contract which brought those challenges to the forefront. It is thought that those factors have contributed to seven care home closures since January 2022. An additional 3 care homes – Dail Mhor (Strontian), Strathburn (Gairloch) and the Mackintosh Centre (Mallaig) are also closed on a temporary basis because of acute staffing challenges.

6.3.1 Since the last report to this Committee, there has continued to be 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 218 registered beds since 2022 and the Committee will be aware that since the last report Cradlehall Care Home had been taken over by a new provider.

Ultimately Cradlehall Care Home registration was terminated on 17 April 2024 upon the voluntary deregistration of this service following legal action by the Care Inspectorate. Consequently, 50 care home beds provided in that care home are no longer available. HC One providers of Moss Park have also given notice in terms of their provision of a 39 bed nursing home in Fort William with the intention to terminate the service in December 2024. Since that announcement, NHS Highland and The Highland Council have been working together to identify a solution to support the continuation of care in the area but, at the time of writing, no alternative plan has been made. An update – if appropriate – will be provided at Committee.

This reduced bed availability (218 registered beds) is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.

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 will require to be agreed. A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board.

6.3.2 The National Care Home Contract rate is negotiated annually between Local Government, sector representatives and is currently calculated based on a 50-bed care home, operating at 100% occupancy. This national rate is adopted by all partnership areas across Scotland. Officers and local politicians continue to seek to put pressure on both Scottish Government and Cosla with a view to that contract better reflecting local challenges.

6.4 NHS Highland continue to have significant numbers of **delayed hospital discharges**.

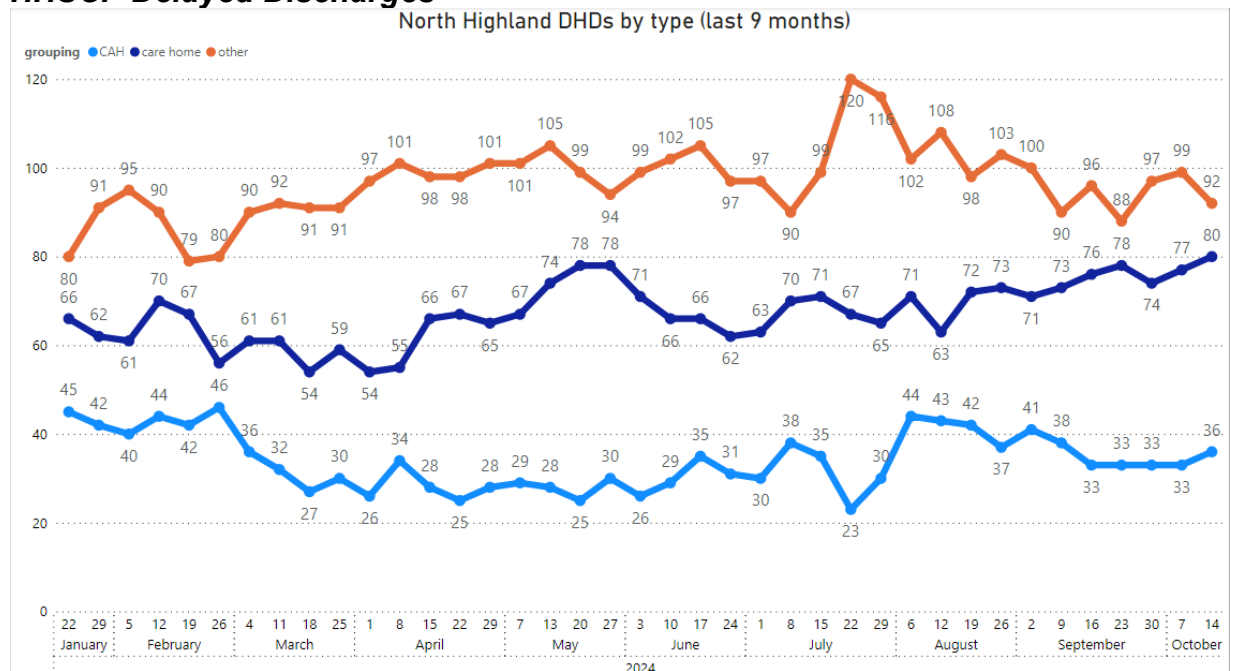
6.4.1 Delayed hospital discharge patterns remain a concern both within Highlands and nationally. There is a relationship between unmet need across the system in terms of the availability of care at home and care home placements and the level of delayed discharges alongside the competing challenges within acute and community services.

6.4.2 There is an ambitious local target of reducing the number of people experiencing delay in discharge from hospital by 30%. The aim is to ensure that Highland’s population are cared for in the right place at the right time. This is consistent with the Partnership’s Strategic Plan.

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 collaboratively
Redirect	Redirect inappropriate attendance to suitable services so emergencies are seen quickly

**HHSCP Delayed Discharges**



code	reason	grouping	code	reason	grouping
9	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate	care home	9	Adults with incapacity Act	other
9	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate	care home	9	Awaiting allocation of Mental Health Officer (local authority application)	other
9	Care Home/facility closed	care home	9	Awaiting allocation of Mental Health Officer (private application)	other
23C	Non-availability of statutory funding to purchase Care Home Place	care home	9	Awaiting application to be lodged (local authority application)	other
24A	Awaiting place availability in Local Authority Residential Home	care home	9	Awaiting application to be lodged (private application)	other
24B	Awaiting place availability in Independent Residential Home	care home	9	Awaiting case conference	other
24C	Awaiting place availability in Nursing Home	care home	9	Awaiting completion of complex care arrangements - in order to live in their own home	other
24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)	care home	9	Awaiting completion of medical reports (local authority application)	other
24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)	care home	9	Awaiting completion of medical reports (private application)	other
24F	Awaiting place availability in care home (EM/Dementia bed required)	care home	9	Awaiting court date (local authority application)	other
25A	Awaiting completion of arrangements for Care Home placement	care home	9	Awaiting court date (private application)	other
25D	Awaiting completion of arrangements - in order to live in their own home - awaiting social support (non availability of services)	CAH	9	Awaiting legal aid (private application)	other
25E	Awaiting completion of arrangements - in order to live in their own home - awaiting procurement/delivery of equipment/adaptations fitted	CAH	9	Awaiting Mental Health Officer completion of reports (local authority application)	other
27A	Awaiting place availability in an Intermediate Care facility	care home	9	Awaiting Mental Health Officer completion of reports (private application)	other
			9	Awaiting solicitor (local authority application)	other
			9	Awaiting solicitor (private application)	other
			9	Consideration of S132a of the Social Work (Scotland) Act 1968 (private application)	other
			9	Consideration of S132a of the Social Work (Scotland) Act 1968(local authority application)	other
			9	Patient exercising statutory right of choice - interim placement is not possible or reasonable	other
			9	Safe Guarder appointed / additional reports requested (local authority application)	other
			9	Ward closed - patient well but cannot be discharged due to closure	other
			11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT	other
			11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT	other
			23D	Non-availability of statutory funding to purchase any Other Care Package	other
			25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)	other
			44	Waiting availability of transport	other
			51	Legal issues (including intervention by patient's lawyer) eg informed consent and/or adult protection issues	other
			52	Financial and personal assets problem, eg confirming financial assessment	other
			61	Internal family dispute issues (including dispute between patient and carer)	other
			67	Disagreement between patient/carer/family and health and social care	other
			71	Patient exercising statutory right of choice	other
			72	Patient does not qualify for care	other
			73	Family/relatives arranging care	other
			74	Other patient/carer/family-related reason	other
			100	Reprovisioning/Recommissioning	other

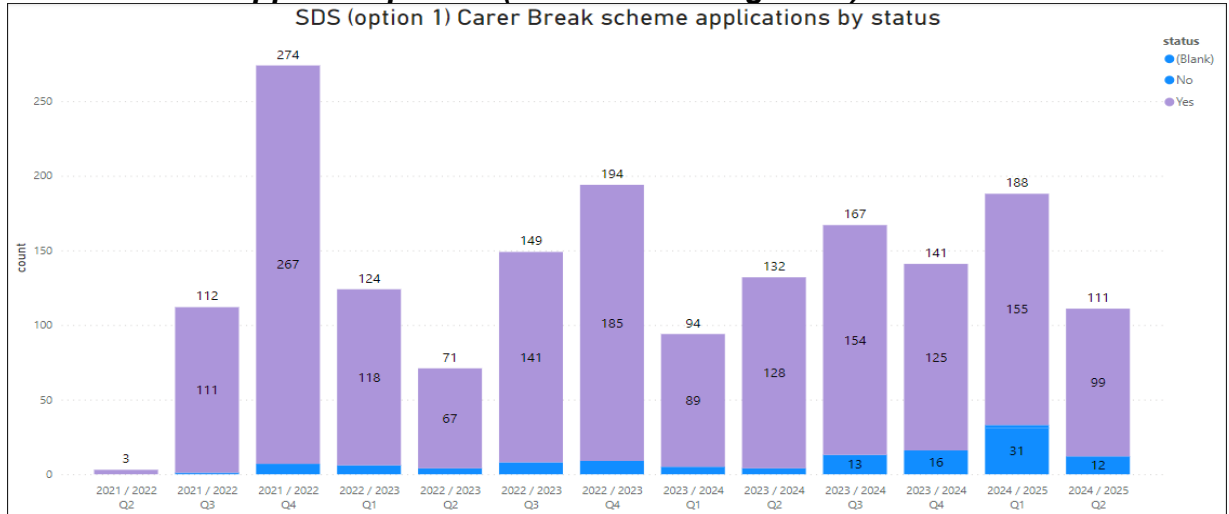
### 6.4.3 SDS Option 1 (Carer Well-being fund)

Given the challenges in terms of care home and care at home provision it is important that there is support offered to SDS personal assistants and also to unpaid carers. Powers within the Carers Act are used 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 taken:

- Liaising with 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.
- Our Carers Services Development Officer is established in post and is prioritising our arrangements with our range of unpaid carers services seeking to ensure we have a strong collaborative basis to build upon going forward.
- A new Project Support Officer is now being recruited to increase the engagement of unpaid carers to ensure their perspectives help shape the supports available to them.

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



#### 6.4.4 SDS Option 1 (Direct Payments)

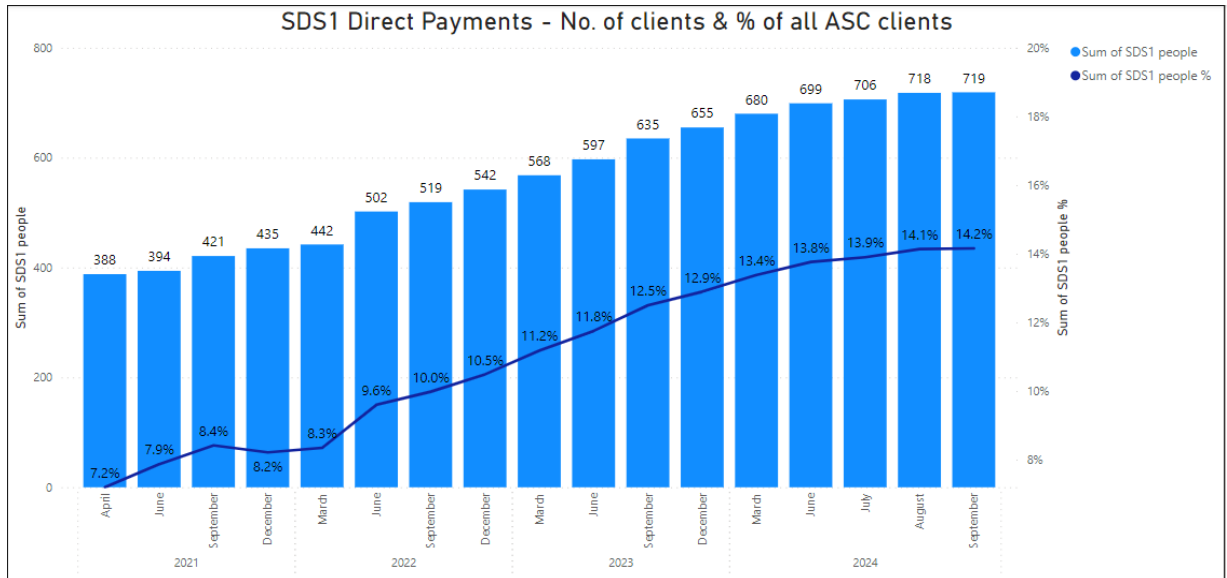
In terms of direct payments – for the employment of personal assistants – there has been sustained levels of growth for both younger and older adults in urban, remote and rural areas with further growth expected to continue this financial year for SDS Direct Payment provision. These increases do however highlight the unavailability of other care options and increasing difficulties in the ability to commission a range of other care services. It should be noted that there are a number 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. That work has included engagement with communities to consider how they can support such initiatives.

Actions:

- Option 1 recipients all received a substantial above inflationary increase due to the significant investment from NHSH to level up the previous low baseline hourly rate for PAs.
- 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 have been updated and the allocated funding from SG passed on to service users.

6.5 This increase is illustrated below:-



## SDS Option 2 (Individual Service Funds)

Individual Service Funds (ISFs) reduced during 2022 although there has been 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.

The current number of active service users is 281 with a projected annual 2024-25 cost of £7.53m.

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

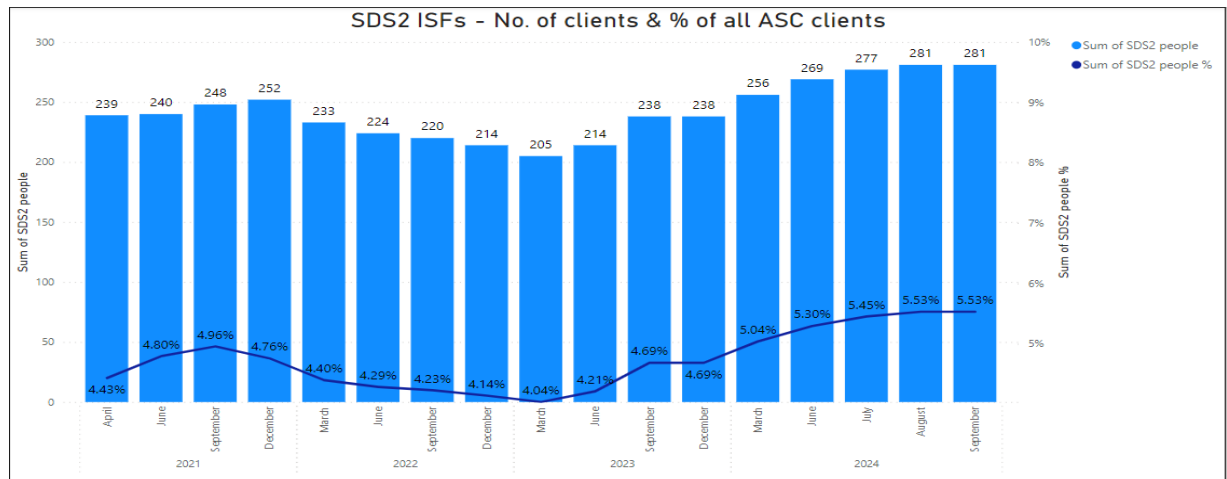
Actions:

- After an inclusive inquiry into the operation of the 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.
- To sustain and to grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers.

This is illustrated below:-



## 6.5.1



6.5.2 The work being done to expand upon SDS options across Highland is key in terms of sustaining service but also in terms of work being done, supported by the Council's Delivery Plan, to build on local care models where possible and explore how such a model can use existing community resource to meet need.

## 7. Strategic Plan Update

7.1 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.

7.2 Those challenges were recognised by The Highland Council and in terms of that there will be significant investment over the next 3 financial years with a view to delivering change within the field of adult social care. Key drivers relate to the identification of accommodation solutions and the shift of the balance of care which is also a key performance target.

7.3 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 are key and work is ongoing to identify in particular how pan Highland strategies for care at home/ care homes and support staff together with appropriate accommodation solutions. Such strategies will assist and inform the District Planning Groups and Strategic Planning Group to 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. Much of that work is likely to be supported by the Council's Delivery Plan and it is intended that there will be specific reporting in relation to progress in that regard in 2025.

Designation: Assistant Chief Executive - People

Date: 29 October 2024

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Background Papers: None