The Highland Council / NHS Highland

Agenda Item	**6**
Report No	**JMC-19-24**

Committee: **Joint Monitoring Committee**

Date: **13 December 2024**

Report Title: **Chief Officers Report Adult Services**

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

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 **t**o 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 have continued to meet with most groups meeting for the third time during Autumn 2024. As the vehicle for local engagement in the implementation of the Joint strategic Plan the groups are developing action plans.

Over the course of the initial meetings common themes raised have been consistent across the districts and include workforce sustainability, service sustainability and access, the function of the DPGs and how they work with other community groups and, additionally, data to support the identification of areas they wish to focus on.

5.2 The Strategic Planning Group accepted the position of the District Planning groups with moderate assurance.

5.3 At a development session of the Strategic Planning Group held on 12th November 2024 members of the group considered the themes being raised in the District Planning Groups, the content of developed plans and also the proposed Target Operating Model for the Transformation Programme. Discussion will form agenda items for future formal meetings with the intention of supporting the Strategic Planning Group to provide assurance to the Joint Monitoring Committee and Support District Planning Groups in their aims.

5.4 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. An update on this work will be provided in the next

update report

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

Our current level of unmet need (at the end of September) is:

- Community – 327 awaiting a care at home service, increase of 15 from July
- DHDs – 32 awaiting a care at home service, increase of 2 from July
- Despite ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2532 planned hours per week.

The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

There remains sustainable pressures in the market and an external care at home provider in the North has recently given notice to NHS Highland. Operational colleagues and our partner providers have worked tirelessly to avoid any service disruption during the contracted notice period.

Through the System Capacity group, we are focusing on Inverness services and support to refocus activity and criteria to enable a reduction in unmet need. There is a wider understanding of Care at Home services across our system and a current drive to support:

- Sustained recruitment
- Rebalancing of services to ensure prevention/rehabilitation is at the forefront

Initiatives such as frailty identification and AHPs at the front door of Raigmore should also support improvement management of Care at Home resources.

Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector.

A multi-disciplinary and sector implementation group was initiated to take forward co-produced proposals with the sector. These are:

Improving Access and Processes

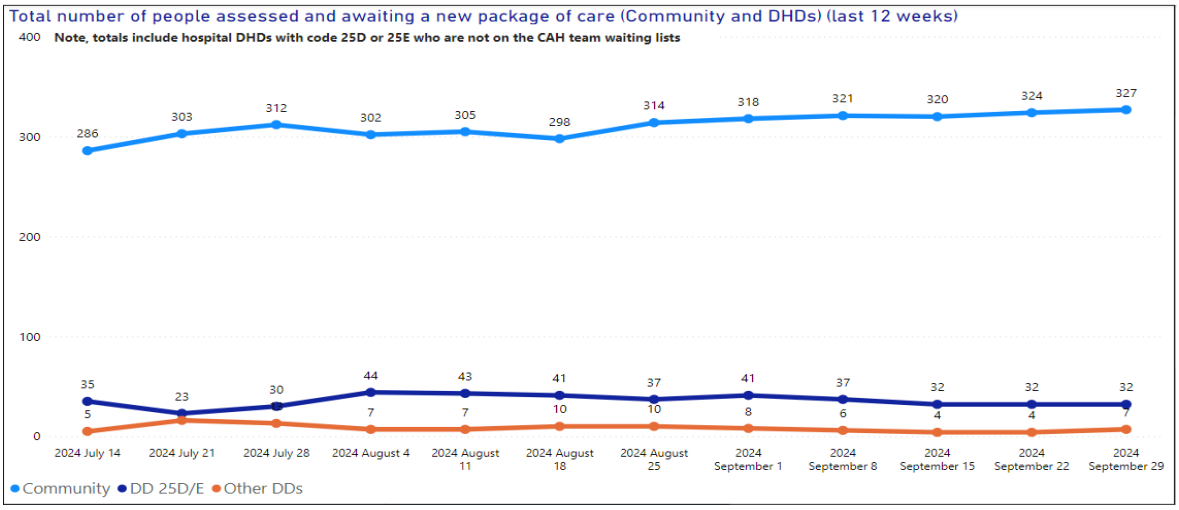
- Clear pathway
- Information quality
- Zones/runs/flexibility
- Outcome commissioning/interactive commissioning tool

Valuing Staff

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

Care at home is a specific action within the 90 Day Urgent and Unscheduled Care Improvement Plan.

Care at Home Unmet Need



6.3 **Care Homes**

Demand for a care home placement remains our most common reason for delayed hospital discharges. At the end of September there were 77 people delayed in hospital waiting for a Care Home placement. An increase of 3 since the previous month.

There continues to be 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.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs 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.

Since March 2022, 6 independent sector care homes have closed, and the partnership acquired a care home in administration to prevent closure 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.

4 in house care homes have also closed, although 3 are closed on a temporary basis and closures are all in small rural and remote communities due to acute staffing shortages.

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.

Through our System Capacity group, we have identified potential capacity which could positively impact our delayed hospital discharges. However, this is based on improving our recruitment and retention within our internal provision and securing external funding to enable further use of our independent sector.

There is still a need for a Care Home commissioning and market facilitation plan 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.

A **Care Programme Board** has been established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

6.4 Delayed Hospital Discharges

As of 30th September, the number of standard delays was 144, which is below the 30% reduction trajectory number of 147. This demonstrates some progress however caution needs to be given as to whether this was natural seasonal variation. Data updates are pending on whether performance against this trajectory at the end of October is on track to meet the required downward trajectory.

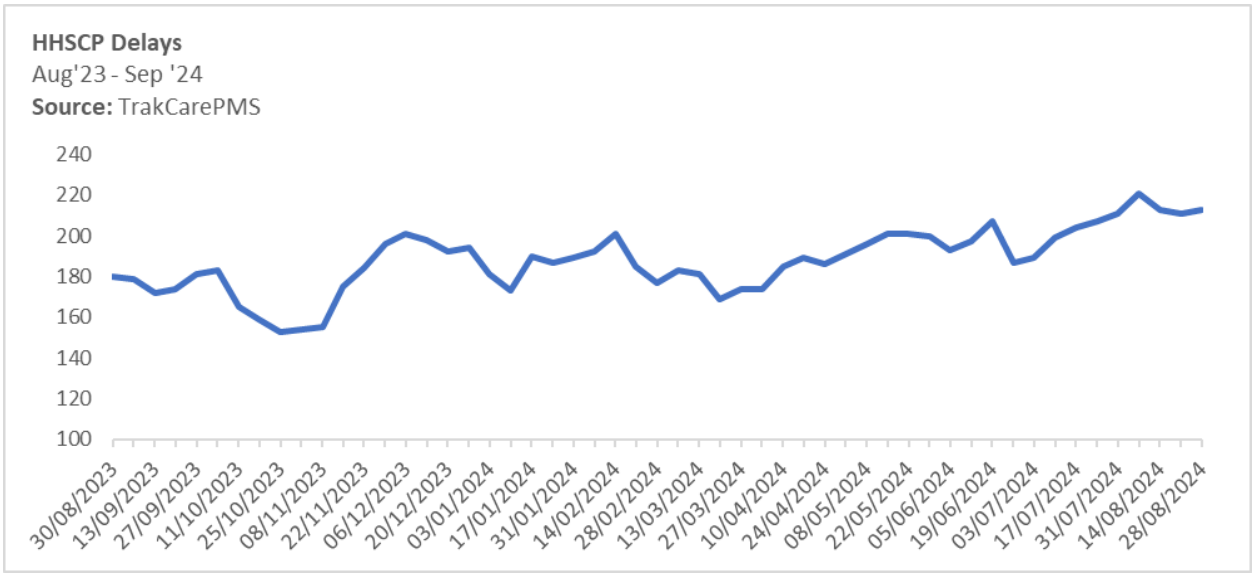
Availability of Care at Home and Care Home capacity have key impacts on the current number of Delayed Discharges

A Systems Capacity Group meeting daily is overseeing the following actions related to the ADP actions above:

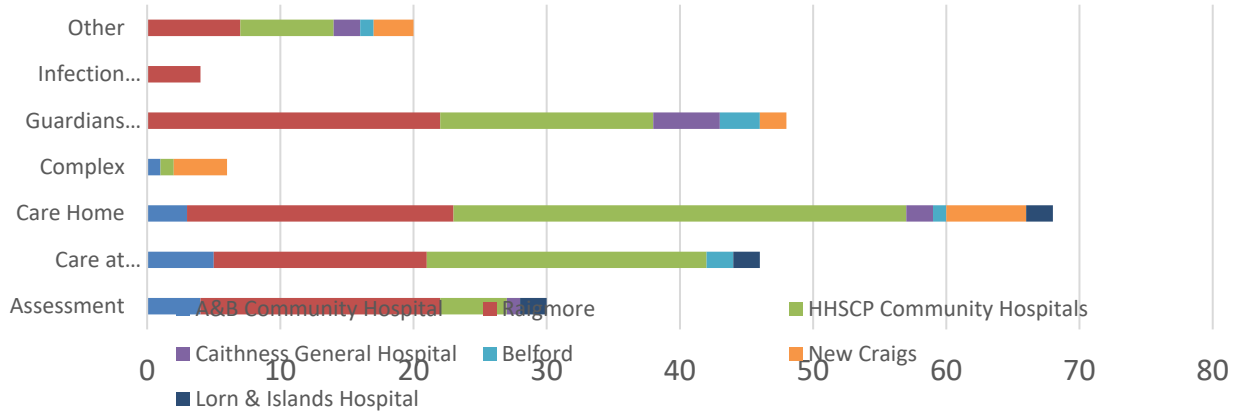
1. Implementing the placement of a new team of "AHPs at the Front Door" to ensure people who can return home without being admitted are supported to do so. This is a foundation of the workforce plan to deliver Home is Best in Inverness.
2. Developing a Primary Care Strategy that will include a review of community hospital capacity and function.

Integrated service planning is progressing across the HHSCP in Mental Health, Community Nursing and AHPs which will feed into the planning process, specifically workforce tools and Time to Care productivity study. These are due to complete early 2025 with AHP workforce tools running later in 2025.

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.

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.

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, 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 well underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people. This work is being complemented by an initiative to increase Independent Support across specific geographies

Unpaid Carers
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.

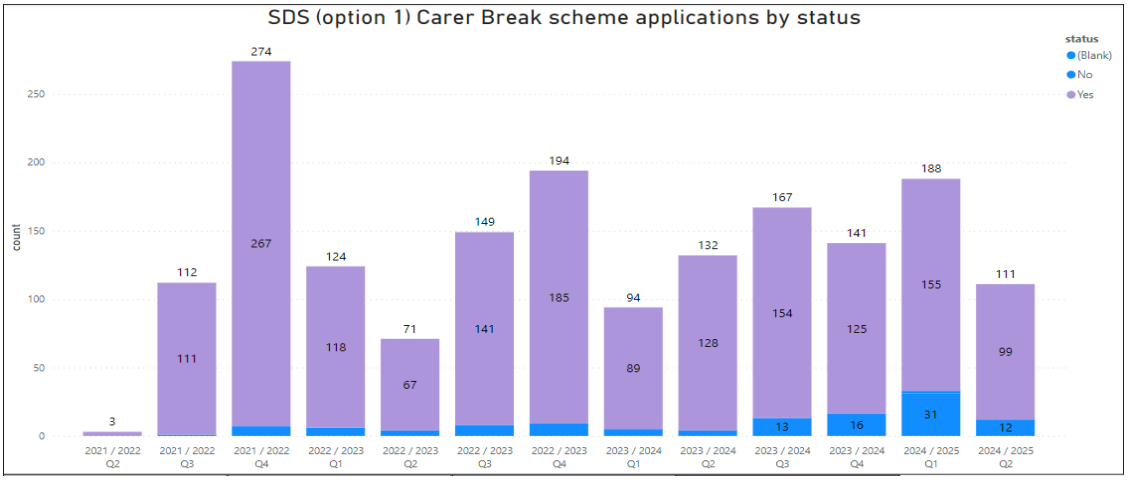
A new Project Support Officer is now being recruited to increase the engagement of unpaid carers to ensure their perspectives help shape the supports available to them.

Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). The fund reopened to new applicants in April 2024. In addition to implementing 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.

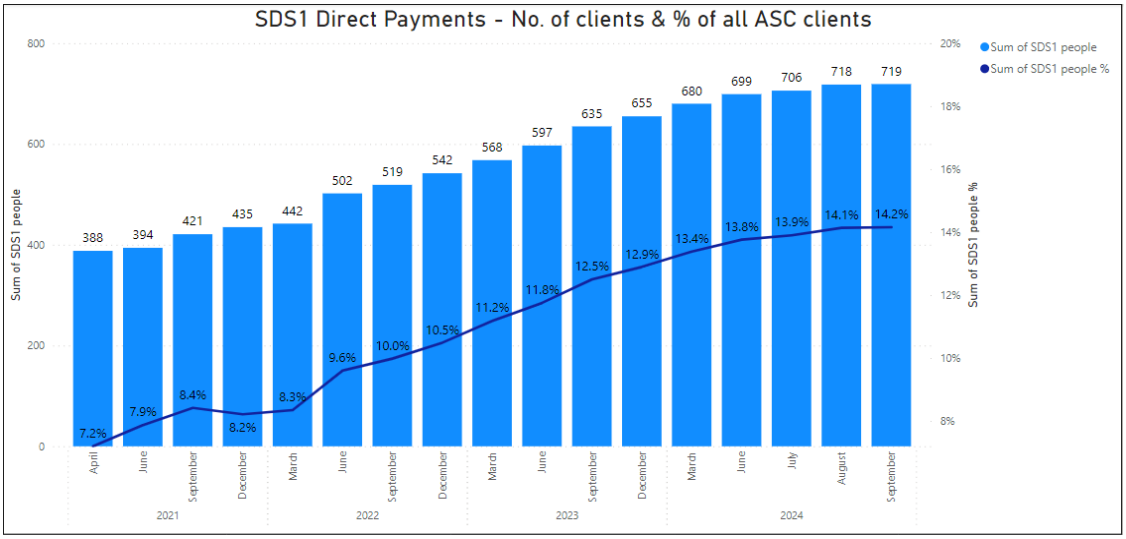
However, based on what we've heard from unpaid carers to date, we are currently exploring the potential to increase the provision of home-based respite across Highland.

Direct Payments
Option 1 recipients in 24-25 all received an above inflationary increase due to the significant investment from NHSH to level up the previous low baseline hourly rate.

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



Self Directed Support- Option 1 (Direct Payment)



6.6 **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.

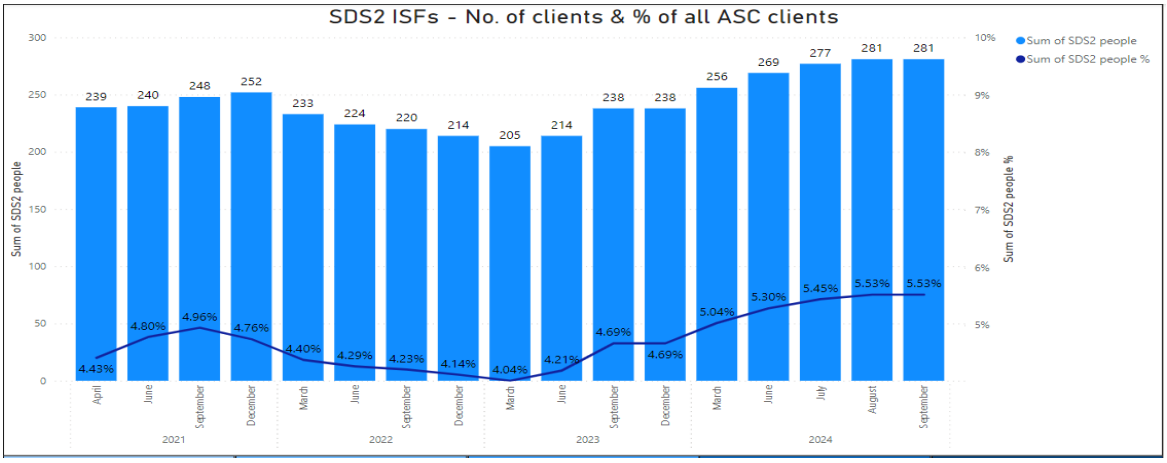
Current numbers of ISFs are now exceeding pre pandemic levels of the 2021 peak.

Our current number of active service users is 281 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.

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:	18 November 2024
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Appendices:	None