

**Meeting:** Highland Health & Social Care Committee  
**Meeting date:** Wednesday 27<sup>th</sup> April 2022  
**Title:** Chief Officer Assurance Report  
**Responsible Executive/Non-Executive:** Louise Bussell, Chief Officer  
**Report Author:** Louise Bussell, Chief Officer

## 1. Purpose

To provide assurance and updates on key areas of Health and Social Care in Highland.

## 2. Redesign Update

Work is ongoing to refine the requirements for the North (Sutherland) Hub. This is a three way partnership between NHS Highland, Highland Council and local landowner Wildlands who employ the design team. As part of the preparatory work for the submission of the planning permission (and subsequent Building Warrant) the present work is focusing on the building specifications and schedule of accommodation, workforce planning in line with financial governance. Partners are working on a communication and engagement plan as the project moves into this next phase i.e. planning permissions. A formal discussion group meeting is to be set up and will include it is proposed a representative of the Stakeholder Group but plans to date incl. drop in sessions to review drawings/plans *when they are ready*, meetings with community councils and other key local groups as well as with staff from the current care homes (Caladh Sona and Melvich), Tongue Medical Practice and those members of the North & West integrated team based on the north coast who will also occupy the building. The next meeting of the Stakeholder Group meeting, which is scheduled to take place on 26<sup>th</sup> May. At that meeting a draft schedule of timescales regarding events etc will be shared.

The local service managers are now planning a period of community and staff engagement over the summer months in relation to potential options they have identified with regard to the North Coast redesign, with regard to ensuring the development of the wider community services. These will be widely publicised locally and are aimed at ensuring sustainable services for the future and will be closely linked to our strategic plan.

The Caithness Redesign achieved a significant milestone last month with approval of the Initial Agreement by the SG Capital Investment Group. The Outline Business Case phase has now started in earnest with an initial focus on detailed service and activity modelling. This will inform the workforce requirements for the redesigned service and the accommodation brief for the two new Community Hubs in Thurso and Wick, and reconfiguration of Caithness General Hospital.

Both the new hospitals at Broadford and at Aviemore are now operational. Official openings are due to take place in late May. Dependency projects to refurbish and extend Broadford and Ian Charles Health Centres are progressing through design.

Following work to refine the service model, the revised Initial Agreement for Lochaber is due to be reconsidered by the Capital Investment Group in late April.

Work is ongoing to refine the requirements for the North Coast in line with affordability.

### 3. Joint Monitoring Committee update

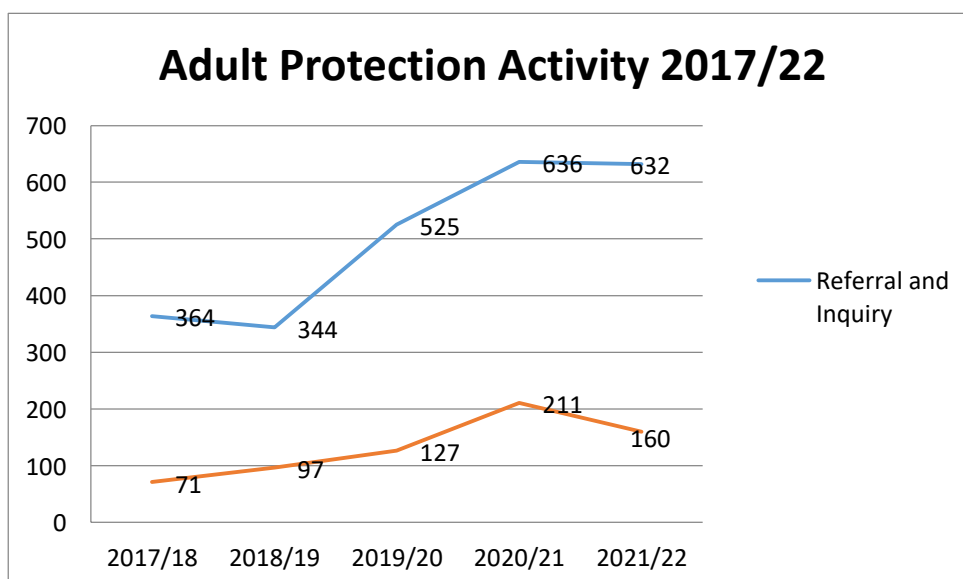
The JMC was held on 16<sup>th</sup> March 2022. In addition to the adult and children's services assurance reports and the finance report, a two part joint report was presented in by the Chief Officers. The first section looked back at the last 12 months achievements including the financial position to the end. The second part of the report identified the proposed plan for the partnership going forward with details of the work to establish both a strategic plan and a new approach to service redesign and community involvement and engagement. The new partnership approach was welcomed by the JMC and the potential for positive change was recognised

### 4. ASC Contribution to Chief Officer Report

#### Adult Protection Activity in Highland

There has been a significant shift over the last three years in the levels of demand – and associated activity – to meet the protection needs of “adults at risk” in Highland. This looks likely to be related, in part at least, to the effects of Covid-19.

- We have seen continued high levels of demand/activity in respect of both ASP1&2s (Referral and Inquiry) and ASP3s (Investigation and Risk Assessment) in 2021-22 compared with 2020-21.
- These continued high levels of activity should be understood in the context of a longer trend which has seen unprecedented growth in activity in recent years (Chart 1).



## Chart 1

There are a range of statutory duties placed upon Local Authorities – discharged by NHS Social Work/Integrated Teams – in respect of adults within our community. However the discharge of duties in respect of Adult Protection legislation is universally considered by social work professionals as having priority.

Through work to collect information for a recent social work workforce review we know that social work managers/advanced practitioners report high levels of pressure in respect to meeting the range of demands upon them. In discussion with managers, however, they explain that performance against Adult Protection duties remains a salient priority and that other areas of work/performance are significantly more likely to suffer in times of high demand/pressure.

Nevertheless, there has been a reduction over the last year of the Teams' ability to complete both Referral and Inquiry and Investigation and Risk Assessment activity within timescales.

Work being done to increase capacity within the social work workforce is reported below.

### **Strengthening of Social Work Teams**

The Scottish Government (SG) advised of additional recurrent funding to strengthen Multi-disciplinary Teams, an element of which was specifically to enable additional resources for social work to support complex assessments, planning and review activity and rehabilitation to avoid inappropriate hospital admissions and support timely discharge of people out of hospital. There was also a recognised need to support Adults with Incapacity work.

Adult Social Care (ASC) Leadership Team have secured and allocated funding to the 15 community Social Work Teams that equates to an additional 18.3 WTE social workers. ASC and HR, People colleagues are working in collaboration with to enhance recruitment and advertising with all social work posts now advertised on My Job Scotland. There are ongoing challenges in relation to new recruits sourcing accommodation in many areas of Highland; work continues locally to support this.

Planning for the Discharge Hub incorporates the development of a new social work team. This is specifically to support flow and ensure individuals human rights and statutory requirements are met during hospital stays. Recruitment is now underway for this team.

There is a further round of additional monies, allocated by the SG via the Chief Social Work Officer (CSWO), that is being finalised and allocated to teams to continue the essential growth of resource in the service to support meeting the requirements of the increase in statutory work relating to adult support and protection, adults with incapacity, carers, self-directed support and review.

### **Adults with Incapacity (AWI)**

The following table shows the increase in new welfare guardianship orders and subsequent demand on social work teams, between 2019 and 2022, with the reduction in 2020 due to the COVID Pandemic. Similarly, this also evidences increased demand on other professionals and services in Highland, such as; Medical Practitioners, Mental Health Officers, and Highland Council Legal Services.

<b>Social Work Teams</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
<b>Total</b>	<b>162</b>	<b>107</b>	<b>206</b>

In addition, the total number of active Guardianships as at year ends:

<b>Social Work Teams</b>	<b>31/3/2019</b>	<b>31/3/2022</b>
<b>Total</b>	<b>697</b>	<b>886</b>

This equates to a 21% increase in legal orders being supervised and managed by social work teams in Highland between 2019 and 2022.

This increase in statutory orders, combined with the ongoing effects of the pandemic has impacted significantly on adult social care teams' ability to maintain statutory AWI review requirements. As of 31/3/22, 39% of statutory reviews are up to date across Adult Social Care in Highland. This data reflects the significant increase in demand on adult social care teams and other services.

It is necessary to improve performance in relation to AWI work. Additional resource provided to social work teams and the development of a discharge hub are planned to contribute to support teams to meet their statutory requirements in this area.

### **Care Academy**

NHS Highland has aspired to develop new and innovative approaches to recruitment and retention through a partnership approach with the wider provider base. Initial work has taken place and it is hoped that we will be able to provide a joint presentation with the care providers involved.

### **Clinical and Care Governance**

We are working towards a robust governance framework for Adult Social Care (ASC) and need to do the background work as to form and structure inter-relationships. Work is currently underway with The Highland Council to establish an appropriate governance route for Social Care which enables both the requirements of the CSWO and the sharing of ASC governance issues with other professional colleagues and governance within NHS Highland. A key facet of this has been to alter the narrative within the HSCP from *clinical* to *professional* governance.

### **Adult Social Care Contract Monitoring 2021-2022**

The Covid-19 pandemic has had a considerable and ongoing impact on the way that NHS Highland monitors the delivery of adult social care commissioned services.

In order to allow providers to concentrate on service delivery demands, and as per COSLA guidance which stipulated that contract monitoring should be proportionate, and that local contract monitoring processes should be flexed and relaxed if required to minimise service disruption, formal contract monitoring visits to providers within north NHS Highland were suspended in mid-March 2020 and have not yet been reinstated.

NHS Highland has adopted a blended approach to contact monitoring, involving a combination of:

- desktop / remote review;

- virtual meetings with individual services;
- virtual meetings with strategic partners who deliver multiple services throughout Highland;
- regular sector wide meetings specifically for care homes, care at home and support services.

Key to this approach has been more frequent, if less formal, discussions with providers in order to ensure continued support and oversight of services, maintain effective relationships, identify and escalate emerging issues, and ensure service delivery and ongoing provider sustainability.

The above has involved over 527 operational and contractual meetings held with providers across all sectors in 2021-2022.

The pandemic has resulted in a significant change in the requirements placed upon the team and the activities undertaken. This has resulted in the team adopting a flexible approach to respond to situations and ensure appropriate support to providers, oversight of service delivery and required assurances for NHS Highland.

This included the following areas of activity arising as direct result of the impact of the Covid-19 pandemic and has been undertaken in addition to or as part of, the contract monitoring approach detailed above:

- Supplier relief administration: 1,114 applications and £6.9m of approved spend
- Production of the daily ASC dashboard;
- Management and oversight of the Daily Safety Huddle; and
- Assurance meetings with the 57 care home outbreaks experienced during 2021-2022.

There has been over 30% increase in contract monitoring activity undertaken in 2021-2022 compared to the planned contract monitoring approach undertaken in 2019-2020.

It is intended that the current blended and flexible approach will continue into 2022-2023, with a view to reviewing the continuing appropriateness of this approach within quarter 1.

### **Provider Sustainability/Financial Support to Sector**

This programme is supported financially by the Scottish Government in recognition of the significant cost and staff resource pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. NHS Highland staff has developed and continue to prioritise and administer this programme with dedicated resource from finance, adult social care transacting and commissioning teams triaging and assessing claims from care providers.

The scheme has been in place since June 2020 and as of 13 April 2022, £7.042m and some 1123 applications have been assessed and paid to providers. The costs for these claims are recovered from the Scottish Government.

The scheme has been extended to 30 June 2022 which will be welcome by the care sector and NHS Highland will continue to prioritise these claims internally.

## **Commissioned Care at Home Services**

There are ongoing concerted efforts with commissioned care at home providers to discuss and agree now and next actions to deliver the following objectives:

- stable, resilient and assured provision
- capacity released / growth
- fair, equitable and cost-effective services
- improved efficiency and processes

There have been two facilitated sessions with care at home providers, the product of which is a joint action plan aimed at delivering these objectives.

This joint action plan is currently being consulted upon with providers, which will be available for the next meeting of the committee, along with proposed aspirations for commissioned care at home services in Highland.

Alongside critical staffing availability issues, the impact on care at home staff of increased fuel costs, is an immediate priority to address.

### **5. Recommendation**

- **Awareness** – For Members' information only.