

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 2 March 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Ann Clark, Board Non-Executive Director - In the Chair
 Deidre MacKay, Board Non-Executive Director – Vice Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Chief Officer
 Anne Campbell, Staff Side Representative
 Cllr Isabelle Campbell, Highland Council
 Kate Dumigan, Staff Side Representative
 Cllr David Fraser, Highland Council
 Philip Macrae, Board Non-Executive Director
 Joanne McCoy, Board Non-Executive Director
 Gerry O'Brien, Board Non-Executive Director
 Julie Petch, Nurse Lead
 Michael Simpson, Public/Patient Representative
 Wendy Smith, Carer Representative
 Michelle Stevenson, Public/Patient Representative
 Ian Thomson, Area Clinical Forum Representative
 Elaine Ward, Deputy Director of Finance
 Neil Wright, Lead Doctor (GP)
 Mhairi Wylie, Third Sector Representative

In Attendance:

Sally Amor, Child health Commissioner/Public Health Specialist
 Rhiannon Boydell, Head of Service, Community Directorate
 Stephen Chase, Committee Administrator
 Ruth Daly, Board Secretary
 Gillian Grant, Interim Head of Commissioning
 Tracy Ligema, Deputy Director of Operations
 Donellen Mackenzie, Area Manager, South and Mid Highland Operational Unit
 Fiona Malcolm, Head of Integration Adult Social Care, Highland Council
 Jo McBain, Deputy Director for Allied Health Professionals
 Nathan Ware, Governance and Assurance Coordinator

Apologies:

Catriona Sinclair, Cllr Linda Munro, Boyd Robertson, Tara French, Fiona Duncan and Arlene Johnstone.

Mhairi Wylie and Kate Dumigan had both noted they would join the meeting later.

[Page numbers in square brackets refer to the collated papers for the meeting.]

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHS website.

The meeting was quorate and there were no declarations of interest.

P Davidson has stepped down from his role as Medical Director and Denise McFarlane is now the Interim Medical Director and will sit on the committee.

The Chair noted the change to the format of papers and reference to levels of assurance to be taken by the committee. This follows changes to the Board's Assurance Framework which is being gradually rolled out across the governance committees. A development session will be held on these changes once the Board is out of 'governance lite' mode to provide a fuller understanding of the matrix of assurance and its function.

The Chair invited the Chief Officer to speak about the current system pressures. The Chief Officer noted that the last two to three months had seen several significant challenges to Health and Social Care both locally in Highland and nationally. The Omicron variant of COVID has had an enormous impact on services and resulting risks, primarily from staff shortages were being managed on a daily basis. This impact comes on top of two years of high intensity work for staff.

The Chief Officer asked the committee to note these factors as they have affected the ability of staff to collect, analyse and present data. Item 3.4 had to be postponed due to these issues.

2 FINANCE

2.1 Year to Date Financial Position 2021/2022

[pp.1-6]

E Ward provided an update of the month 10 position for the HHSCP and information about savings delivery and planning for 2022-2023 and beyond.

Scottish Government have confirmed that funding will be provided to all boards to enable a balanced budget to be delivered for 2021-2022. Details of the funding package had been received the previous week and this covers all COVID costs and savings slippage. Additional funding for a number of services has also been received which will be difficult to fully utilise this late in the financial year. As the Lead Agency model does not enable reserves to be held, discussions are on-going with Scottish Government to enable these funds to be reprovided in 22/23 and beyond.

With reference to the ASC funding gap, a finalized arrangement for next year has not been fully agreed as yet. It is envisaged that a savings program of £3m will be established and that the balance of the £13.3m gap will come from additional Scottish Government funding, either received this financial year or anticipated for 2022-2023. For future years it is still anticipated that there will be a significant gap in funding. Ways of addressing this will be worked through in the next financial year.

In discussion, the following points were addressed:

The Chair commented that the level of savings achieved despite the pandemic has been remarkable and that there has been an excellent effort to maintain PMO activities. The Chair invited L Bussell to comment on any future gap in adult social care resource and the status of the transformation activities with the Joint Project Board.

L Bussell reported that the Joint Monitoring Committee were due to meet two weeks after the present meeting. The Committee will be asked to approve a proposal to re-establish the strategic planning structures provided for in the Integration Agreement which will include the monetary position as well as transformation change work. More detail will be reported to the next meeting.

In response to questions from the Committee the following assurances were given:

- The anticipated savings gap for future years is due to some additional monies being non-recurring as well as an anticipated escalation in costs, such as the National Insurance increase.
- Paragraph 2.8 of the report should read as 'underspend' instead of 'overspend'.
- With regard to paragraph 2.5 of the report, it was confirmed that if the forecast overspend of £2.797m in Adult Social Care comes down as additional funding is applied, that would have an impact on 2022/23.
- With regard to paragraph 2.6, table 2, the move from a small current underspend of £82,000 to an overspend of £800,000 at the end of the year was explained.

With regard to 2022-2023, it was requested that a 'sources and application' statement could be provided in relation to new funding to enable the Committee to be assured this was being used to best effect.

- The substantial savings required this year in relation to Adult Social Care were a response to the £11.3 million gap between resources available from the Highland Council and Scottish Government compared to the costs of delivering services. Savings proposals have been overseen by the Joint Project Board and all proposals are carefully assessed for impacts on quality and safety.
- Delays in approving the business case for forensic medical services meant that recruitment was only just getting underway.
- It was confirmed that discussions are underway regarding the renaming of the Police Custody Service. The Chair requested that an update come to the committee when more news is available. It was noted that there are some GPs locally who are seeking qualification and training in forensic work.
- it was agreed that information on the quality assessment tool mentioned at 3.1 of the SBAR could be provided

After discussion, the Committee:	
- Noted and considered the NHS Highland financial position at the end of Period 8 and the projection to year end.	
- Noted the progress on the delivery of ASC savings.	
- Noted the intention to agree with the Council a different approach to addressing the gap in funding of ASC at the JMC in February.	
- Agreed that a list could be provided to the committee going forward of new funding that's been made available and how this is being allocated.	
- E Ward agreed to bring information on the tool mentioned in point 3.1 back for N Wright.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 3 November 2021

[pp.7-16]

The draft Assurance Report from the meeting of the Committee held on 12 January 2022 was circulated prior to the meeting.

The minutes were approved as an accurate reflection of the meeting.

The Chair advised of the following proposed updates to the Rolling Action Plan:

- A meeting is to be held between the Chair, the Chief Officer and Ian Thomson to address the action regarding future reports to the committee arising from the SDS Strategy work.

After discussion, the Committee:	
- Approved the Assurance Report and noted the updates to the Rolling Action plan.	

3.2 Matters Arising From Last Meeting

There were no matters arising.

3.3 COVID and Vaccine Programme Update

T Allison provided an update on the current status for NHS Highland regarding COVID and the Vaccination Programme.

It was noted that cases are seeing a marked rise in Highland after the plateau which followed the peak in January. Highland is currently the third highest area for case numbers. The reasons are complex and may involve another variant of Omicron.

There are a large number of mostly mild cases but a rise in admissions to hospitals.

One of the largest impacts has been to staffing: the age range in the population which has seen the largest increase in numbers is 22 to 44.

Outbreaks have been recorded at New Craigs, the Acute sector and in Care Homes.

The effect of good vaccination coverage has meant that cases are mostly milder.

Anecdotal evidence shows that the population are not taking the pandemic as seriously as before with many outbreaks centred arising from socialising.

In terms of Vaccinations, the main programme has largely finished with 90% coverage in the 55 + age range who have received both initial doses and the booster. Catch up work is underway in the adult population, and the teenage vaccination programme is on its way to completion as is work on additional doses for vulnerable groups. The next stage is to address vulnerable 5 to 11 year olds moving to a comprehensive programme for 5 to 11 year olds.

In discussion, the following questions were addressed:

- It was asked if it was likely there would be a booster campaign in September for over 65 year olds. T Allison answered that details were not established yet but that plans were being explored.
- The problem of obtaining testing kits in remote areas was raised. Mostly, testing kits can be delivered by post but it was noted how other means were limited in certain areas which raised questions about equity of provision. It is not clear what the position on testing will be later in the year. Funds for testing come from UK government and the First Minister is due to make an announcement in March from which policy will be established.
- It was asked what the latest information is on Long COVID and its impact. T Allison answered that it was unlikely that the wide range of effects seen from the early waves of COVID would be seen because of vaccine coverage and new treatments but that as before cases are complex.
- The Chair suggested that information on Long COVID provision be provided outwith the meeting or brought to the next committee meeting. The Chair will discuss how the committee's responsibilities might address the issue and feed into the Work Plan with L Bussell and T Allison.

The Committee:
- Noted the update.
- Agreed that information on Long COVID provision be presented to a future committee.

3.4 Learning Disability Services Assurance Report

This item was postponed due to illness. The paper had been circulated ahead of the meeting and a new date will be arranged for a future committee meeting in 2022 to enable full discussion of the report.

3.5 Children's Services Report

[pp.69-82]

S Amor introduced the paper noting that this is its first iteration and the new reporting format still has to go through formal processes with colleagues at Highland Council and NHS Highland teams, and that the paper is presented for discussion.

Regarding item 3.3 above, S Amor drew the committee's attention to a report on the longer-term effects of COVID on children and young people:

<https://www.scotphn.net/resources/children-and-young-people-public-health-covid-19-impact-report-march-2022/>

In discussion, the following points were addressed:

- It was confirmed that recruitment of CAMHs clinicians was a challenge across all health boards. Additional money was provided by Scottish Government to the health boards to enhance CAMHs services, however all the boards have the same limited pool of suitable candidates. Mitigation is being considered in terms of taking a more flexible approach to work roles, remote work opportunities, and the use of group work where this is thought suitable, but all the while with an eye to ensuring that CAMHS standards are met.
- It was clarified that figure 17 of the report (p. 42 of the collated papers) showed the number of accepted patients at each reporting period.
- N Wright, noting the high number of referrals asked how many consultant clinicians there currently are within CAMHS and if referrals are for in person appointments or for discussion among colleagues. L Bussell will provide N Wright with the details outwith the meeting

- It was noted that where a child is referred to a tier 3 service there will have been a range of needs prior to this and therefore a whole system approach is required from early years onward with a need to be engaged with Highland Council colleagues so that fuller assurance can be given regarding work alongside CAMHs colleagues. The complex and late presentations of mental health issues (particularly eating disorders) as a result of COVID was raised as an example of how issues can present to different elements of health and social care services.
- The Chair noted the decision of the Highland Community Planning Partnership to develop a mental health and wellbeing strategy was in part a recognition of the need for whole system working, including community and Third Sector services.
- The need for an investment plan and commissioning process for Third Sector services which often receive increased referrals when CAMHs are under pressure, it was acknowledged that there is a need to ensure all funds coming into Third Sector, schools, health and social care are joined up to support a whole system approach.
- The importance of involving children and young people in any redesign of services was also noted.

Following a discussion about the format of future reports during which a number of improvements were suggested, it was agreed that:

- There be a programme of reports covering aspects at different times of the year with a suitably themed bundling of reports to enable the people accountable for performance to be invited to the meeting
- Reports should provide assurance on the delivery of the children’s’ services delegated to the Highland Council in addition to providing a strategic overview from a public health perspective
- Where improvements in performance are required clear actions and timescales should be included.
- Sally Amor and Louise Bussell will liaise over the continued development of reports on children’s services and an update will be provided to the next committee in the Chief Officer’s Report. Louise Bussell agreed to discuss with Mhairi Wylie current arrangements for inclusion of the Third Sector in service redesign and additional funding allocations.

After consideration of the report and discussion, the Committee:	
- NOTED the report.	
- Agreed that future reports: Have more of a performance focus with timescale and risk assurance, Be thematically grouped for each meeting at which they appear so that appropriate people can be invited to the discussion Provide assurance about commissioned services to satisfy the committee's Terms of Reference.	
- Agreed that an update will be provided to the next committee in the Chief Officer’s Report.	
- Agreed that the CO will provide N Wright with CAMHs referral details outwith the meeting.	
- Agreed that the CO to catch up with M Wylie outwith the meeting to ensure the Third Sector are being appropriately involved in conversations.	

3.6 Chief Officer's Report

[pp.69-82]

L Bussell provided an overview of the paper.

The following assurances were given in response to questions raised:

- Recruitment and retention are extremely challenging across many roles, however additional allocations have been received across health and social care and work is underway to use this resource as effectively as possible, including redeploying staff within the workforce and making roles more generic to enable staff to move between roles more easily.
- With regard to bed availability this is a changing picture on a daily basis. While there may be beds available they are not always in the right location.
- I Thomson noted there are two trainee social worker posts (where learning is carried out on the job) which received 50 applicants and noted the workforce planning within Social Work to strengthen learning and ability to recruit within Highland.

Regarding concerns expressed by M Simpson about the lack of progress in redesigning services along the North Coast, as well as the likely continued provision of GP services from the Tongue practice by locums it was acknowledged that although development of the care hub was progressing wider redesign was still at an early stage. After further discussion it was agreed that a report be brought to Committee demonstrating how service redesign outwith major capital projects such as Caithness and Lochaber would be progressed.

- With regard to the query from W Smith whether NHS Highland employing care staff directly might address the recruitment challenges noted in the report, it was clarified that this was the model in much of the remote and rural areas of the partnership but the same challenges were experienced by NHS Highland as faced independent providers. The large geographical coverage of Highland had been noted as an issue for employees and ways of addressing this were being explored, for example what scope there was for incentive payments and looking at an increase in house and block contract work. Current challenges in providing care packages were also due to short term COVID related absences as well as longer term recruitment difficulties.

G Grant noted strategic discussions with 20 independent providers in Highland to address the issues and barriers with actions to relieve capacity such as adjusting start times and addressing childcare.

I Thomson noted that one of the issues from the SDS consultation was the matter of Option 1 (patients who manage a direct payment to a personal assistant) regarding how to make the role of Personal Assistant attractive in terms of rates of pay.

D Mackenzie noted the recent interest from Highland Council staff in taking up new roles in health and social care and that interest in roles in the Response Team remained strong.

After consideration of the report and discussion, the Committee:	
- NOTED the report.	
- Agreed that a report be added to the committee Work Plan to note progress on Enhanced Community Services projects and service redesign across the partnership area.	

3.5 Adult Social Care Fees Group Role and Remit

[pp.69-82]

A paper with appendices was circulated ahead of the meeting outlining how service and contractual continuity is required for Adult Social Care fees and contracts, and to ensure agreed arrangements are confirmed in advance of the new financial year to mitigate organisational and contractual risk.

Following discussions, the following was agreed:

- there will be a single item committee meeting to approve fee and contractual arrangements for the coming financial year only.
- this meeting will be held when the fee and contractual recommendations can be finalised following receipt of information from Scottish Government.

- in the event that a single item meeting cannot be held in time, a mandated group, as noted above with the Chief Officer and Director of Finance in consultation with the HHSCC Chair will make a decision.
- arrangements for future years to be considered at the single item committee meeting, failing which at a future meeting of HHSCC.
- in the case of a single item committee or a delegated group, the decision will be reported back to the next meeting of the Committee.
- a report on progress with Third Sector commissioning processes and fees increase will be provided to the April Committee

After consideration of the report and discussion, the Committee:	
- NOTED the report.	
- Agreed a decision on adult social care fees for 22/23 to be made at a single item Committee meeting failing which by a mandated group of the Chief Officer and Director of Finance in consultation with the Committee Chair and that further consideration of the process for future years be discussed at the single item Committee meeting failing which at a future meeting of HHSCC.	
- Agreed a more detailed report be provided for the April meeting in terms of a Third Sector process status update.	

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Review and Update of Annual Work Plan

[p.83]

The revised work plan was circulated ahead of the meeting.

I Thomson asked about the committee's expectations of the Adult Protection item for the April meeting. The Chair answered that the report should enable the committee to be better sighted on the work of the Adult Protection Committee and to give an overview of NHS Highland's performance in relation to its legal duties and best practice in relation to adult protection matters. It was agreed that the Chair, Chief Officer and I Thomson will discuss this further outwith the meeting.

The Committee	
- APPROVED the Work Plan.	
- AGREED that discussion of the Learning Disability paper will be moved to April or later.	

5.2 Annual Assurance Report

[p.83]

An amendment was noted that N Wright should be marked as in attendance for the November 2021 meeting.

The Committee	
- APPROVED the Annual Assurance Report pending the minor amendment noted.	

5.3 Committee Self-Assessment Action plan

[p.83]

The plan was noted.

The Committee	
- APPROVED the Action Plan.	

5.4 Update to the Terms of Reference

[p.83]

The revised work plan was circulated ahead of the meeting.

It was agreed that the Terms of Reference of the Committee should be updated with public representatives of the committee in future will be known as 'Independent Lay Members' in line with other governance committees.

The Committee

- APPROVED the amendment to the Terms of Reference.
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6 AOCB

M Simpson noted that with the upcoming local elections the committee should consider expressing formal thanks to the councillors on the committee for their contribution and well wishes to those who will stand for election again in May. The committee agreed to so do at the April meeting.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 27th April 2022 at 1pm** on a virtual basis.

The Meeting closed at 3.27 pm

Highland Health & Social Care Committee

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE ROLLING ACTION PLAN

Those items shaded grey are due to be removed from the Action Plan.

	Item	Action / Progress	Lead	Outcome/Update
15/01/2019	Care Academy Development	Agreed progress report on development of a Care Academy be submitted to a future meeting.	S Steer/I Thomson	Governance Lite – delayed. Update in CO report April
04/09/2019	Clinical Governance	Agreed detailed report on ASC Clinical & Care Governance to be submitted to future meeting.	S Steer	Governance Lite delayed - Update in CO report April
03/03/2021	Staff Experience Item	Team involved in savings on PMO workstreams.	R Boydell/LBussell	Plan for Staff Experience items to be incorporated into 2022 schedule of development sessions when restarted.
08/07/2021	Terms of Reference for Fees Group	Terms of Reference for Fees group to be discussed and a report produced.	S Steer/L Bussell	Paper brought to Committee not agreed. Further discussions and to be brought back in 2022/23
08/07/2021 And 02/03/2022	Enhanced Community Services	Update report and assurance on progress and plans for redesign to provide enhanced community services including parity of opportunity across the region.	R Boydell/L Bussell/T French	Suitable date to be agreed
12/01/2022	Chief Officers Report	Request for report on all aspects of Adults with Incapacity work	L Bussell	Report proposed for April Committee delayed due to service pressures. Short update in CO report
12/01/2022	Mental Health Report	Update in six months; to include further information on CAMHS position	A Johnstone/L Bussell	August 2022
12/01/2022	SDS Strategy	Consideration to be given to future report on Community Directorate implementation of NHSH Engagement Framework in redesign	A Clark/L Bussell	Discuss timetabling
02/03/2022	Finance Report	Update on renaming of Police Custody Service to be provided	L Bussell	When work completed

02/03/2022	Finance Report	Various additional information to be included in a future finance report: additional allocations, ASC gap, paras 2.5 and 2.6 of March report	E Ward	Future Finance reports as information available
02/03/2022	COVID Update	Chair/CO/D of PH to discuss how/when to bring information on service response to Long COVID to Committee	A Clark/L Bussell/T Allison	As service pressures permit
02/03/2022	ASC Fees	Options agreed for consideration of ASC fees for 22/23. Single item meeting, failing which use of mandate or brought back to April Committee. Separate report on Third Sector	L Bussell/G Grant/S Steer/A Clark/E Ward	Mandate used for care home fees. Other fees and Third Sector to be discussed at April meeting
02/03/2022	Children's Services Reporting	Further discussions to be held taking into account Committee views, including with HC and update provided in CO report	L Bussell/S Amor	Chief Officers Report
02/03/2022	Annual Assurance Report	To be amended to note N Wright attendance at November 2021 meeting	S Chase	Complete

Items addressed on an On-going basis

01/09/2021	Chief Officer's report	To include North Coast Redesign Update.	L Bussell	On-going
01/09/2021	Chief Officer's Report	Regular update on the progress of the NCS and how the partnership is responding and considering changes at the local level.	L Bussell	On-going

Items to be Followed Up Outwith Meetings

12/01/2022	SDS Strategy	Chair, I Thomson and L Bussell to discuss and agree timetable for future reports to Committee on Implementation	A Clark/I Thomson/L Bussell	Arranged and postponed. When service pressures allow
12/01/2022	Chief Officer Report	Agreed to convey thanks to all staff on behalf of Committee for efforts and resilience	L Bussell	Complete in weekly sway
02/03/2022	Children's Services	Information on CAMHS referrals to be provided to N Wright	L Bussell	

02/03/2022	Children's Services	CO to hold discussions with Mhairi Whyllie on inclusion of Third Sector in service redesign and decisions on additional allocations	L Bussell/M Wylie	
02/03/2022	Workplan	Discussions to be held to clarify purpose of proposed report from ASP Committee in April	A Clark/I Thomson/L Bussell	Discussions held, purpose agreed but item will now be in CO report due to service pressures
02/03/2022	AOCB	Agreed to convey thanks and good wishes to Councillor members of the Committee	A Clark	Complete.

Development Sessions

	Item	Action/Progress	Lead	Outcome/Update
04/09/2019	Chief Officer's Report	Agreed consideration be given to inviting C Morrison to address a future meeting on Near Me.	A Clark/L Bussell	Development Session on technology enabled care during 2022.
08/07/2021	Workplan	Climate Change: consideration to be given as to how to approach the subject, e.g what commitments have been made, how might the Mobilisation Plan be affected.	A Clark/L Bussell	As soon as DS restarted
02/03/2022	Chair's Introduction	Session on Board Assurance Framework Matrix	A Clark/L Bussell	During 2022



Meeting: Highland Health and Social Care Committee

Meeting date: 27 April 2022

Title: 2022/23 Adult Social Care Fee and Contract Recommendations

Responsible Executive/Non-Executive: Louise Bussell, Chief Officer

Report Author: Matt Smith, Senior Contracts Officer;
Gavin Gilray, Finance Manager

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion
- Decision

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X X
Other (please explain below)			

2 Report summary

2.1 Situation

The majority of Adult Social Care commissioned service contractual arrangements are single year arrangements which are put in place and reviewed annually. The primary reason around this approach is due to the linked impact and dependency of national alignment and instruction, which in themselves, are single year arrangements.

As a result of this, most Adult Social Care contracts expire on either 31 March 2022 (non-residential), or 10 April 2022 (care homes). New contractual arrangements including fee rates need to be agreed for the 2022-23 financial year.

This report makes recommendations for Adult Social Care fee rates for 2022-23.

The Highland Health and Social Care Committee is asked to discuss the recommendations, consider the implications, and agree the recommendations.

2.2 Background

The Health and Social Care Committee is reminded of previous reports, which advised of the way in which fees for adult social care are considered and planned for, and how the contracts / business support team are provided with direction to undertake negotiations and transactions with care providers.

NHS Highland contracts with care providers, paying agreed fees for the care services provided. Depending on circumstances, these fees are either *standard* fees or *non-standard* fees which recognise a specialist service which usually manages a level of complexity.

The ASC Fees – Commissioning, Briefing and Instruction Meeting (Fees Group) was established in 2017 as an operational group to ensure consistency of approach across the North Highland Partnership area.

The role and remit of this group has been under recent reconsideration in terms of role, remit and governance, most recently at the Health and Social Care Committee of 2 March 2022, at which it was agreed:

- a) to stand up a full meeting of the H&SCC to consider fee and contract arrangements for 2022-2023, or if unable to secure a quorate date, to mandate the Chief Officer and Director of Finance, in consultation with the Chair, to agree fee and contract arrangements where these are aligned to Scottish Government direction and can be contained within the financial plan.
- b) the Chair would hold a follow up meeting with Officers to review and finalise the role, remit and governance arrangements for agreement either at the single item meeting if stood up or failing which a future meeting of the Committee.

In the meantime, and in order to progress time sensitive fee and contract arrangements, the Fees Group will continue to consider and make fee and contract recommendations, as per its currently agreed remit.

This report now proceeds to provide an overview of the process and background to each fee rate category and a fee and contract recommendation for each fee rate category in respect of 2022-2023.

2.3 Scope, Scale and Previous Years Approach

There are 214 contracts for adult social care services in Highland, 124 for individual placements outwith Highland, and 712 Self Directed Support packages. Total commissioned spend was expected to be £113.49m in 2021-22.

Scottish Government Funding and Policy

Since 2019, the Scottish Government (SG) has mandated the fee uplifts to be given to social care providers. The 2021-2022 continued that pattern, but with an additional mid-year uplift mandated by SG in December 2021 in response to staffing challenges in the social care sector. This uplift required the payment of a minimum salary of £10.02/hr for care staff, up from the Scottish Living Wage level of £9.50/hr in April 2021. Together with the funding, SG outlined a methodology for assigning varying percentages to salary cost drivers to derive fee increases.

Additionally, NHS Highland opted to use additional SG Winter Planning funds specifically for additional care at home / community based capacity, to bring forward the implementation of the SG stated policy for care staff to receive £10.50/hr from 1 December 2021. This was considered necessary to sustain provision over the winter, and was approved by the Chief Officer and Director of Finance.

Care Homes (NCHC) – 39 contracts, £35.75m, 31.5% of commissioned spend

These follow the National Care Home Contract (NCHC) for older people, negotiated nationally by COSLA / Scotland Excel with Scottish Care, via an agreed mandate from COSLA Leaders. Highland has adopted the NCHC since it was implemented in 2006. All Local Authorities and Boards across Scotland have thus far adopted the NCHC since its commencement, although in recent years various Local Authorities / Boards have been on the verge of withdrawal due to different local commissioning and financial contexts. A further increase was applied in December 2021 to enable the SG uplift to £10.02 per hour minimum direct care staff pay.

Care Homes (Standard) – 5 contracts, £1.59m, 1.4% of commissioned spend

In 2017-2018, NHS Highland equalised all standard care home fees for other client groups (learning disability, mental health etc) to NCHC residential and nursing rates. This equalisation approach has continued and currently, a single rate now applies to all NCHC and standard care home placements, so also received the SG December uplift.

Care Homes (Non-Standard) – 10 contracts, £9.02m, 7.95%

There are a number of non-standard care home contracts in place. These contracts are for specialist services delivering complex care in care homes, for which there are non-standard service specifications. These also now follow the NCHC fee approach, so received the SG December uplift.

Care Home ACCs (1:1s) NCHC and Other – 37 cases, £703k, 0.62%

The National Care Home Contract permits the provision of Additional Care Charges (ACCs) for increased needs of residents in care homes. There is a process in place to support the availability and approval of these arrangements. This hourly charge has increased annually to take account of requirements for Living Wage payments to care staff. These have also previously received the NCHC percentage uplift.

Care at Home – 22 contracts, £14.53m, 12.8%

A tariff for the commissioning of care at home services has been in place since May 2015. This pricing model (called the Highland Pricing Model) is based upon the UK Home Care Association (UKHCA) cost driver model and includes rates for Urban, Rural and Remote locations. The current contract ends on 31 March 2022 and agreement has been received from the Chief Officer to extend the current arrangements by 6 months to 30 September 2022.

This area of activity also received a SG December uplift, and in addition also a further uplift from NHS Highland's Winter Planning funding to take care staff wages to £10.50/hr.

Housing Support; Support; Support (Non-Standard) – 43 contracts - £25.23m, 22.23%

A standard rate is in place for the delivery of housing support and support services. Historically these rates have received an inflationary uplift, but these increased in December 2021 to meet the Scottish Government's salary requirements for direct care staff, and increased again with Winter Planning funding to pay staff £10.50/hr. Non-standard rates were also increased by these amounts where existing arrangements or tendered contracts did not already contain this salary requirement.

Short Breaks (Home Based Respite) – 2 contracts - £822k, 0.72%

Home based respite care is currently delivered by two providers across Highland – one provider delivers this service in Skye, and the other across the remainder of Highland. Both contracts are structured in a similar fashion to Care at Home with rates for urban, rural and remote postcodes, but for uplifts are aligned to the support services. This area of activity has received both the SG and Winter Planning uplifts.

Short Breaks and Intermediate Care (Residential Respite and flexible use care home beds) – 3 contracts, £172k, 0.15%

NHS Highland block purchases two residential respite beds for planned respite care for exclusive use by NHS Highland, on behalf of carers. All bookings are made via a single point of contact within the NHS Highland who coordinates bookings and optimises occupancy. Whilst respite breaks were paused under Covid, the contracts remained in place in accordance with SG directions for Supplier Relief. There are also two intermediate or Step up/down beds in care homes to either prevent hospital admission or aid discharge. These are aligned to the NCHC uplifts, so received the SG December uplift percentage applicable to the NCHC.

Third Sector Service Delivery Contracts / Discretionary Grant – 50 contracts / agreements, £2.22m, 1.95%.

Third Sector activity is governed by the Third Sector Project Board. For current (2021-2022) commissioning activity, a report was presented to the Highland Health and Social Care Committee on 7 October 2020 for information and endorsement of a decision that was made by the Third Sector Project Board on 10 September 2020, regarding contracts over £50k currently purchased from the Third Sector.

At the meeting on 7 October 2020, the Highland Health and Social Care Committee endorsed the decision of the Third Sector Project Board to extend these Adult Social Care contracts currently purchased from the Third Sector for one year i.e. 1 April 2021 to 31 March 2022, at current funding levels and subject to sustained activity levels. This decision was on the basis of SG pandemic procurement policy guidance.

On 2 March 2022, the committee noted a Third Sector Project Board meeting taking place in March 2022 will consider the 2022-2023 fee and contract arrangements and agreed that this Board will thereafter either report to the specially convened single item H&SCC or the next H&SCC on 27 April 2022 for approval.

For information, the H&SCC Chair further requested a more detailed report for 27 April 2022 in terms of a third sector status update.

Day Care Block – 10 contracts, £1.61m, 1.42%

There are 10 providers delivering registered day care services under a block contract. It is normal practice for these to receive an inflationary uplift, but these also received the SG mandated uplift for residential services in December 2021.

Day Care Spot – 2 contracts, £77.5k, 0.07%

There are 2 care home providers delivering registered day care services under a spot purchase contract. These usually receive the uplift applicable to care homes, and in December also received the SG mandated residential uplift.

Out of Area – 124 contracts, £5.07m, 4.47%

There are a large number of placements made outwith Highland, for whom ordinary residence and financial responsibility rests with NHS Highland. In these situations, it is recognised practice to adopt the host commissioner's fee rate and any increase is up to a threshold of NHSH rate / increase.

2.4 Current Position / Status / Known Instruction

Scottish Government Funding and Policy

Following Scottish Government budget announcements for 2022/23, where SG stated new requirements for care staff salaries of £10.50/hr from 1 April 2022, and following discussion with the sector, NHS Highland used part of the Winter Planning funding from SG for additional care at home / community capacity, to bring forward and further raise contracted rates for non-residential services, in order that salaries for care staff of £10.50/hr could be paid from 1 December 2021.

It should be noted that SG mandates linking to the Living Wage or above pertain only to registered services. There have been discussions regarding requesting non-registered care services to pay the Scottish Living Wage, but this has not been funded and therefore has not been included in any of the proposed recommendations.

NCHC and Residential Services

It is NHS Highland's usual policy to follow the NCHC uplifts, and to apply this percentage uplift to all care homes, although this settlement is usually not received until late April, this year we have now received confirmation from COSLA of the agreed settlement.

2.5 Fees and Contract Proposal

As noted above, fee setting is dependent on clarification and confirmation from SG / COSLA on NCHC arrangements and also on any SG advised increases to apply.

In terms of 2022-23 preparation, the Fees Group on 10 March 2022 received and considered two COSLA papers which described the SG suggested approach for 2022-23 - one on the National Care Home Contract (NCHC) negotiations, and one on National Insurance (NI) increases. These papers set out the requested mandate and latest position, but did not provide a final position for action.

Since the meeting on 10 March 2022, a communication was received from Scottish Government on 25 March 2022, confirming arrangements for the 2022-2023 adult social care staff pay award and National Insurance matters. This is set out at **Appendix 1**.

On 5 April 2022, confirmation was received from COSLA that agreement had been reached regarding the NCHC settlement. This is also included at **Appendix 1**.

The following sets out the recommendations from the Fees Group for the Committee consideration, aligned to the Scottish Government and COSLA positions, and also aligned to approaches in previous years, with a view to enabling a further and final consideration of the agreed recommendations.

In line with the current financial year (2021-2022), it is proposed that all existing contracts for Adult Social Care services which end on 31 March 2022 or 10 April 2022 be extended by one year to either 31 March 2023 (non-residential) or 9 April 2023 (care homes).

The fees proposal, detailed at **Appendices 2 and 3**, has three elements, as follows:

1) **Raising care workers' salaries to £10.50/hr.**

The 'Implementation of the SG £10.50ph for care workers' column shows the estimated cost of increasing pay levels from £9.50 including the increase in NI contributions. The national weightings for the £10.50 uplift have been increased for this year to take into consideration the increase in eNICs. The revised percentages are below:

- a. Residential care – uplift applied to 71.8% of full contract value
- b. Non-residential – uplift applied to 86.9% of full contract value
- c. Personal Assistants – uplift applied to 90% of SDS Option 1 budgets

2) **Implementing the SG/COSLA NCHC agreement.**

The 'Cost of Residential Recommendation' shows the estimated additional cost of increasing residential fee rates by a total of 5.5%.

3) **Aligning non-salary cost increases to match salary increases.**

Whilst this is beyond the stated SG expectation, it is considered necessary to cover the increased costs of delivering the services. The 'Cost of Non-Residential Recommendation' shows the estimated additional cost of also increasing non-staff costs. In 2020/21 and 2021/22 fee rates were increased, by 3.3% and 2.2% respectively, in line with the SG instruction. The rationale for the 2022/23 proposals are shown below:-

- **Care at Home** – When the rates were increased, during 2021/22, to reflect the cost of increasing minimum hourly salaries from £9.50 to £10.02 and then to £10.50, the 'business costs' figures were not increased. The 2022/23 proposal is to return to using the Highland Pricing Model, which is based on the 2022/23 UKHCA model.
- **Supported Living and Housing Support** – The proposal for 2022/23 is to increase the non-staffing element of the fees (13.1%) by the same proportion as the staffing element, in order to ensure equity by putting these services on a similar footing to Care at Home.

Individual Fee Categories and Proposed Approach Summary

Care Homes (NCHC, Standard, Non-standard, Residential Respite)

For residential services it is proposed to follow the NCHC settlement. On 25 March 2022 COSLA Leaders endorsed an offer of a 5.38% increase for Nursing care, and a 5.58% increase for Residential care. This has been accepted by providers, and formal confirmation from Scotland Excel (which manages the contract) has been received.

Part of the cost model for the NCHC includes alignment with agenda for change for nursing staff which has been included in the pricing model based on a 3% settlement. In the event that the agenda for change settlement is more than 3% the Nursing care fee will increase. In the event of such an increase is approved by COSLA and assuming this is fully funded, it is proposed that this increase will be implemented.

As this is a national arrangement to which NHS Highland is party, approval to implement this has already been granted by the Chief Officer, Director of Finance and Chair of Health and Social Care Committee and arrangements are underway to implement, in order to ensure that staff can benefit from the £10.50/hr pay rate, as soon as possible.

Care at Home

For Care at Home it is proposed that the salary costs as per the SG methodology (increased weighting for NI increase) are applied to the Highland Pricing Model, and that the business costs are aligned to 95% of those specified in the UKHCA cost model. This is required to align overhead costs with the expectations of the pricing model which have not been uplifted for the last two years.

In addition to taking account of on cost increases, there are further urgent actions that need to progress with commissioned care at home services which will most likely involve other short to medium term commissioning models and approaches, in the continuation of efforts to stabilise services, build resilience and create increased capacity. The oncost alignment increase allows the pricing model to be brought up to date and will permit time to consider a revised commissioning model for care at home.

It is further proposed that these arrangements are implemented for 12 months from 1 April 2022 (having already been confirmed to extend to 30 September 2022), whilst the above referenced redesign is taking place.

Housing Support, Support, non-standard Support, Home Based Respite

For community based support services, it is proposed to implement the SG methodology for salary costs, and to apply a **one-off** uplift to non-pay costs to bring these in to line with increases granted for pay costs. This will be in accordance with the weightings provided by SG.

Day Care

For Day Care services, it is proposed to implement the SG methodology for salary costs, and to apply a **one-off** uplift to non-pay costs to bring these in to line with increases granted for pay costs. This will be in accordance with the weightings provided by SG.

SDS Option 1 Direct Payment

For 2021-2022, the SDS Option 1 rate was increased from £13.42 per hour, to £13.71 from 1 April 2021, and then £14.38 from 1 December 2021 (to allow care staff to receive £10.02/hr).

For 2022-2023, it is proposed to implement the methodology from COSLA and Scottish Government to allow for salary expectations of £10.50/hr to be met (including the change in cost weighting from 89% to 90% for NI).

SDS Option 2 Individual Service Fund

ISF Option 2 budgets are aligned to the equivalent Option 3 rate. As these are generally non-residential services, it is proposed to implement the methodology from COSLA and Scottish Government to allow for salary expectations of £10.50/hr to be met.

A review of both Option 1 and 2 tariffs is planned.

Summary

A summary of fee proposals, proposed contract arrangements and identified financial impacts, is included in **Appendix 2**.

These recommendations have been provided to, and endorsed by the Chief Officer and Director of Finance. As already noted above, the proposals in respect of the NCHC, have already been approved.

Fees Group Mandate 2022-2023

In addition, it is specifically requested that the Fees Group receive a mandate to enable that group to consider and thereafter move to apply fee rate increases requested in respect of bespoke, non-standard or other similar arrangements, where such increases have been fully considered by the Fees Group, are aligned to SG direction and contained within the SG stated percentage uplift.

2.6 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

Moderate
None

X

3 Impact Analysis

3.1 Quality/ Patient Care

It is anticipated that the commitment to funding and care staff wages will assist to enable providers to recruit and retain staff, and ensure continued capacity, and promote the provision of consistent and quality care services.

3.2 Workforce

The continued commitment to the Scottish Living Wage is anticipated to assist retain care staff and support ongoing service delivery and prevent providers from withdrawing from the market.

3.3 Financial

The **currently projected** cost of implementing the SG requirement of £10.50/hr is approximately **£8,912k**, of implementing the oncosts within the NCHC settlement **£826k**, and the cost of the additional recommendations is estimated at **£1,166k**. Together, this is an uplift in expenditure of **£10,904k** versus 2021-22. Further detail is included in **Appendix 3**.

The Scottish Government has made allocations to Partnerships which will cover this additionality.

In respect of NCHC arrangements, payment is being made to care homes in the first available pay run, including any back dating, in order to align with the SG's commitment to promote provider sustainability. This will follow the same process as last year where the uplift would be applied on trust on the basis that the provider would agree to sign the contract variation and if not signed within 3 months of issue, the rate would revert back to the 2021/22 rate.

Uplift arrangements to other services will be implemented following Committee approval.

3.4 Risk Assessment/Management

Application of a) Scottish Government requirements, and b) the application of a consistent approach across service types, has sought to mitigate risks.

3.5 Data Protection

No issues identified.

3.6 Equality and Diversity, including health inequalities

No issues identified.

3.7 Other impacts

None identified.

3.8 Communication, involvement, engagement and consultation

State how this has been carried out and note any meetings that have taken place.

- See 3.9 below.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- ASC Fees – Commissioning, Briefing and Instruction Meeting (Fees Group), 10 March 2022
- ASC Fees – Commissioning, Briefing and Instruction Group sign off, 5 April 2022
- Chief Officer and Director of Finance endorsement, 6 April 2022
- H&SCC Committee Chair, Chief Officer and Director of Finance approval to NCHC fee implementation, 11 April 2022

4 Recommendation

The actions requested of the Highland Health and Social Care Committee are to:

- 1) **Note for awareness**, the expectations of the Scottish Government and COSLA regarding wages for care staff, and the status of current information received;
- 2) **Note for awareness**, that the Fees Group has prepared recommendations, which are those as contained within this report, and which have been endorsed by the Chief Officer and Director of Finance.
- 3) **Note for awareness**, the approval already granted to implement the National Care Home Contract settlement for care homes.
- 4) In furtherance of the due process, the Committee is requested to **consider and agree** each of the other fee and contract recommendations at **Appendices 2 and 3**
- 5) Pending fuller review, **agree** an addition to the Fees Group mandate, this being to:

apply fee rate increases requested in respect of bespoke, non-standard or other similar arrangements, where such increases have been fully considered by the Fees Group, are aligned to SG direction and contained within the SG stated percentage uplift.

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Scottish Government Communication/NCHC Settlement Letter
- **Appendix 2:** Summary of Fee Proposals
- **Appendix 3:** Financial Impact

Scottish Government Communication – 2022-2023 Pay Award Uplift

Donna Bell Letter, 25 March 2022



2022-03-25
Letter-From-Donna-B

National Care Home Contract – Settlement Letter



Settlement letter
2022-23(8).pdf

PLEASE SEE BELOW, p.26

Summary of Fee Proposals

Fee Category	Proposed Fee Approach	Contract Duration	Points to Note
A NCHC Care Homes	Per COSLA settlement	+1 year	Agreed by Chief Officer, Director of Finance, in consultation with Committee Chair.
B Standard Care Homes			
C Non Standard Care Homes			
D Out of Area Highland Care Homes			
E Out of Area Placements	Continue to align with host authority rate		
F Care Homes 1:1	Per COSLA settlement		
G Care at Home	Per SG / COSLA methodology for £10.50 pay uplift + align business costs, in line with UKHCA model, from 1 April 2022.	+1 year	
H Support Standard			
I Support Non Standard			
J Housing Support	Per SG / COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	
K Home Based Respite			
L Spot purchase Daycare			
M Registered Daycare			Specialist Day Care rate discontinued as outmoded
N 3 rd Sector	N/A	N/A	To be considered separately by Third Sector Project Board
O SDS Option 1	Per SG/COSLA methodology for £10.50 pay uplift.	+1 year	Planned Review
P SDS Option 2			
Q Non care home non standard	Standstill except as noted below	+1 year	No increases provided for some years. Services are not registered care services and therefore not eligible for living wage increases.
R SOS Overnight Service	Per SG / COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Service reviews are planned
S WNRS Overnight Services			
T ERS Care at Home			
U Bespoke Packages and Placements	Standstill	+1 year	Subject to individual negotiations

Financial Impact

Category of Providers (NHS)	Number of Contracts 2021-2022	Annual Value 2021-2022 @ £9.50	% of spend	2022-2023 PROPOSED Approach	2022-2023 PROPOSED Contracts Duration	2022-2023 PROPOSED RATE	Implementation of SG £10.50ph for care workers £k	Implementation of oncosts within the SG/CoSLA agreed NCHC Settlement to all Care Homes £k	Cost of Non-residential Recommendation £k	Total of Implementation & Recommendation £k	Comments
Care Homes (NCHC)	39	£35,754,844	31.50%	As per NCHC approach - Increase staff pay from £9.50 to £10.50.	+1 year or NCHC approach	Residential £681.34 (21/22 £653.79) Nursing £789.61 (21/22 £763.68)	£2,703	£562		£3,266	In year uplift given on 29 November 2021 per Scottish Government instruction. Current headline rate £681.34 res and £789.61 nursing.
Care Homes (Standard)	5	£1,590,395	1.40%	As per NCHC approach.	+1 year or NCHC approach	£681.34 - £792.61	£120	£25		£145	
Care Homes (Non-Standard)	10	£9,023,678	7.95%	As per NCHC approach.	+1 year or NCHC approach	Various	£682	£142		£824	
Care Homes (Out of Area Highland Contracts)	5	£184,260	0.16%	As per NCHC approach.	+1 year or NCHC approach	Various	£14	£3		£17	
Care Homes (Out of Area Placements)	124	£5,068,284	4.47%	As per host authority rate up to threshold of NCHC rate. Higher host authority increases assessed on a case by case basis, approval via budget holder.	+1 year	Various	£383	£80		£463	
Care Homes 1:1	37	£702,753	0.62%	As per NCHC approach.	+1 year or NCHC approach	£12.89 (21/22 £12.41)	£53	£11		£64	Increased 1 December to £12.89
Care at Home	22	£14,527,634	12.80%	Per SG/COSLA methodology for £10.50 pay uplift + uplift proposed to align business costs, in line with UKHCA model, from 1 April 2022.	+1 year	Urban £21.67 (21/22 £18.83) Rural £24.24 (21/22 £21.21) Remote £26.75 (21/22 £23.60)	£1,143		£768	£1,911	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
Support (Standard)	22	£11,550,502	10.18%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£19.66 (21/22 £17.79)	£1,057		£159	£1,216	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
			0.00%	Standstill (no increase)	+1 year	Sleepover £119.85 (21/22 £108.43)					
			0.00%	Standstill (no increase)	+1 year	On-call Responder £30 per night					
Support (Non-Standard)	6	£7,043,000	6.21%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£19.66 (21/22 £17.79)	£644		£97	£742	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
Housing Support	15	£6,631,917	5.84%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£19.66 (21/22 £17.79)	£607		£91	£698	
Home Based Respite	2	£822,000	0.72%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Urban £20.81 (21/22 £18.83) Rural £23.44 (21/22 £21.21) Remote £26.09 (21/22 £23.60)	£75		£11	£87	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
Day Care (Spot Purchase)	2	£77,500	0.07%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Standard day care £5.97 (21/22 £5.40) NB Specialist day care discontinued for spot purchase day care	£7		£1	£8	
Day Care (Registered)	10	£1,611,516	1.42%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Various	£147		£22	£170	
Third Sector	50	£2,217,133	1.95%	As per third sector review	As per third sector review					£0	
Non Care Home (Non-Standard)	16	£1,636,646	1.44%	Standstill except below three services::	+1 year					£0	Consider application to the Fees Group where provider seeks uplift.
Inverness Overnight Responder Service	1	£785,000	0.69%		+1 year	£22.40 (21/22 £20.52)	£72		£11	£83	
SOS Overnight Service	1	£160,000	0.14%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£28.56 (21/22 £26.17)	£15		£2	£17	
Waking Night Responder Service	1	£149,385	0.13%		+1 year	£22.40 (21/22 £20.52)	£14		£2	£16	
Bespoke Packages and Placements (Non-Standard)	4	£1,522,496	1.34%	Standstill						£0	
Care Homes Specialist Use Beds (including respite and flexible use)	3	£172,810	0.15%	As per NCHC approach.	+1 year	Various	£13	£3		£16	
SDS Option 1 - Direct Payments	256	£4,851,874	4.28%	Per SG/COSLA methodology for £10.50 pay uplift.	+1 year	Various	£460			£460	
SDS Option 2 - Individual Service Funds	456	£7,406,310	6.53%	Per SG/COSLA methodology for £10.50 pay uplift.	+1 year	Various	£702			£702	
TOTALS	1,087	£113,489,937					£8,912	£826	£1,166	£10,904	

**Director of Social Care and National Care
Service Development Directorate**
Donna Bell



Scottish Government
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To: Integration Authority Chief Officers
Integration Authority Chief Finance Officers
Local Authority Chief Executives
Local Authority Directors of Finance
COSLA
Scotland Excel
ILF Scotland
Chief Social Work Officers
Scottish Care
CCPS
Care Inspectorate
Unite
UNISON
GMB
STUC
Care Providers

From: Donna Bell, Director of Social Care and National Care Service Development,
Scottish Government

Date: 25 March 2022

Adult Social Care Pay Uplift

Dear colleague,

Following agreement at COSLA Leaders on 25 February 2022, I am writing to confirm the initial details of the pay uplift for adult social care workers that was announced on 9 December 2021 by the Cabinet Secretary for Finance and Economy as part of the Scottish Budget for 2022/23.

As you are aware, in the Scottish Budget for the 2022/23 financial year, £200 million was transferred to Local Government to support investment in social care, including to deliver a £10.50 minimum wage for all adult social care staff in commissioned services from 1 April 2022. This funding will be paid to Local Authorities in the weekly General Revenue Grant payments from 1 April 2022.

There has been political agreement that the uplift to £10.50 per hour will be delivered in the same manner as the uplift to £10.02 per hour for these workers; which was delivered from 1 December 2021.

Scope

The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants and staff providing overnight support. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through all SDS Options.

This funding will enable pay for these workers, in these services, to be uplifted from at least £10.02 per hour to at least £10.50 per hour.

Full details of scope and eligible services can be found at Annex A.

Timing and Process

This funding will take effect from 1 April 2022.

In line with existing process and previous years approach, Local Government and Integration Joint Boards will be working through the required governance, legal and contractual arrangements to deliver this to providers.

Local indications suggest that most payments will be made across May and June, with funding back dated and provided for all hours worked from 1 April 2022. Best endeavours will be made to have all payments with providers by July 2022. However, this relies on timely return of contract variation letters by providers.

The Scottish Government and COSLA will meet with Scottish Care, Coalition of Care and support Providers Scotland (CCPS) and Trade Union representatives to discuss any concerns or questions around implementation and will work together to resolve these quickly.

Policy Implementation

The uplift to £10.50 per hour will be distributed in the same manner as the previous uplift to £10.02 per hour for the workers in scope.

This will mean a 4.79% uplift will be applied to a set percentage (national weighting) of contract values, in line with the **average full** workforce costs for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.

The current approach provides funding for wages and on-costs and the national weightings are based on the **average full**¹ workforce costs within a contract.

¹ The term **average full** workforce cost references and means that the weightings do not only include workers on the £10.02 per hour in direct care roles - that this uplift to £10.50 is intended for - but that the calculation also provides for all workers employed directly within services and the associated on-costs. This includes workers on higher rates and in non-direct care roles as are included in the contracts.

National Insurance Contributions

On 1 April 2022, when the £10.50 per hour pay uplift will come into effect, the UK Government Health and Social Care Levy will also come into effect which will require an increase in employers National Insurance Contributions (eNICs) of 1.25%. This is a statutory requirement.

To take into consideration the increase in eNICs, COSLA Leaders have agreed to further uplift the national weightings for this policy.

The national weightings used for the £10.02 uplift are below:

- Residential care – uplift applied to 71% of full contract value
- Non-residential – uplift applied to 86% of full contract value
- Personal Assistants – uplift applied to 89% of SDS Option 1 budgets

The national weightings for the £10.50 uplift have been increased for this year to take into consideration the increase in eNICs. The revised percentages are below:

- Residential care – uplift applied to **71.8%** of full contract value
- Non-residential – uplift applied to **86.9%** of full contract value
- Personal Assistants – uplift applied to **90%** of SDS Option 1 budgets

Including the increase to eNICs, this equates to contract uplifts of 3.44%, 4.16% and 4.31% respectively. Information on how this increase has been calculated can be found in Annex B.

Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - **to uplift pay for the workforce delivering direct care to at least £10.50 per hour** - has been fully delivered.

Any additional funds that may remain must be spent on uplifting pay for the directly employed workforce working within services for the 2022/23 financial year, it is the provider's discretion of how any remaining funds are to be spent within this stipulations.

This policy is focused on increasing pay from at least £10.02ph to at least £10.50ph for direct care staff in commissioned services, and funding is being provided to cover the increase to NICs associated with this 48p increase.

Any change to existing on-costs within a contract, outwith this policy would form part of normal negotiation processes with local commissioners and finance departments.

Assurance process

For this uplift, and in line with previous practice including the £10.02 per hour uplift, providers will be required to sign and return contract variation letters. This will confirm that the funding must only be used for uplifting pay.

As per usual process, funding will then be released to providers as soon as possible after they return their signed contract variation letters.

Personal Assistants

Separate guidance will be issued for PA employers.

ILF Scotland

Separate guidance will be issued for ILF Scotland recipients.

Next steps

I hope this provides clarity on the pay uplift for 2022/23.

The Scottish Government recognises the exceptional work of the social care workforce and we thank them for the most important role that they play in our communities.

We appreciate you sharing this with your networks and working with us to get this uplift delivered to the workforce at speed.

Yours sincerely,



Donna Bell
Director of Mental Health and Social Care

Annex A

Workforce in scope (those eligible to be paid a minimum of £10.50)

Broad title	Role description
Supervisor in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who holds responsibilities for providing and supervising the provision of care and/or support provided directly to adults using residential care / a user within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support²</p>
Practitioner in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who provides care and support to adults using residential care and who has responsibility for co-ordinating the implementation of care plans. This may include holding keyworker responsibilities.</p> <p>This also includes workers providing overnight support</p>
Support Worker in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker employed in providing care / and or support directly to adults using residential care / a user of service within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support</p>
Personal Assistants	Separate guidance will be provided.

² Overnight support is where a care worker sleeps, provides a waking night service or night sitting service, in the home of someone they support or in work premises, so that they are on hand in case of an emergency or any other issue during the night.

Services in scope

The uplift applies to commissioned services for adult social care in the independent and third sectors.

This does not include workers in children's, justice or homelessness services.

Type of service	Definition of services
Care homes	A service which provides accommodation, together with nursing, personal care or personal support, for persons by reason of their vulnerability or need this may include for: alcohol & drug misuse, blood borne virus, learning disabilities, mental health problems, older people, physical and sensory impairment or respite care and short breaks.
Care at home	<p>Care at home is registered by the Care Inspectorate as a support service – “Support Service – Care at home.”</p> <p>A support service is defined as a personal care or personal support service provided by arrangement made by a local authority or health body to a vulnerable or person in need. This does not include a care home service or a service providing overnight accommodation.</p>
Day care	<p>Adult day care is registered as a support service – “Support service – Other than care at home.”</p> <p>See definition above.</p>
Housing support	<p>A service, also defined as Supported Living, which provides support, assistance, advice or counselling to a person who has particular needs, with a view to enabling that person to occupy residential accommodation as a sole or main residence.</p> <p><u>This will include delegated and non-delegated services.</u></p> <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>
Adult placement services	A service which consists of, or includes, arranging for the provision of accommodation for an adult

	(age of eighteen years or over), together with personal care or personal support or counselling, or other help, provided other than as part of a planned programme of care by reason of the person's vulnerability or need, by placing the person with a family or individual; but a service may be excepted from this definition by regulations.
All SDS Options (1, 2, 3 and 4)	All SDS Options where workers provide direct Adult Social Care support, either in a social care provider organisation or someone paying a Personal Assistant.
Respite services	Registerable under a care home and housing support as per the definitions above.
Shared Lives	<p>Shared Lives services are a form of care that supports people to live safely and comfortably in a home and community of their choosing. Care is provided by professional carers - either individuals, couples or families - in their homes and as part of their local community.</p> <p>The services in scope are</p> <ul style="list-style-type: none"> • Live-in support • Daytime support <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>

Annex B - Calculation of the addition eNICs contribution

On-costs are included within the policy and funding provided from Scottish Government, to Local Government to enable commissioned service providers to pay the uplift to eligible staff.

Part of these on-costs have been employers National Insurance Contributions at 13.8%.

To calculate the increase in these weightings, and account for the additional 1.25% we have removed the old rate of eNIC's (13.8%) from the national weightings, and reapplied the new rate of eNICS (15.05%) to the national weightings.

Using the residential weighting of 71% as an example:

$$(71/113.8)*115.05 = 71.8\%$$

113.8 relates to 100% of total pay and other on-costs which are earnings for staff (e.g. holiday pay, pensions) plus the 13.8% eNICS rate up to 31st March 2022. (100 + 13.8)

115.05 relates to 100% of total pay and other on-costs which are earnings for staff (e.g. holiday pay, pensions) plus the 15.05 eNICS rate from 1st April 2022. (100 + 15.05)*

Pre 1st April 2022

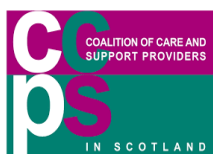
National weighting: Contract uplift:

71%	3.40%
86%	4.12%
89%	4.26%

Post 1st April 2022

National weighting: Contract uplift:

71.8%	3.44%
86.9%	4.16%
90.0%	4.31%



25 March 2022

NATIONAL CARE HOME CONTRACT 2022/23

I am pleased to advise that the National Care Home Rate for 2022/23 has been agreed and I am writing to confirm the terms of this year's settlement, which takes effect from 6th April 2022.

Financial Settlement

The Nursing and Residential Care Home rates are based on benchmarks for direct care costs and care home costs in the National Care Home Contract ("NCHC") Care Home Cost Model.

The rates which will apply to payment for Nursing and Residential Care for 2022/23, effective from 6th April (commencement of the tax year for pension uprating), are as undernoted:

- **Nursing Care Rate per person per week** - **£832.10**
- **Residential Care Rate per person per week** - **£719.50**

The settlement is the most significant in recent years, reflecting the challenging environment faced by the sector and the desire for all stakeholders to work in partnership. This settlement recognises the Scottish Government's policy of increasing the earnings of direct care staff within adult social care with an increase to staff salaries of 4.8%. This results in an increase in pay for direct care staff to £10.50 per hour in line with policy commitments

All other staff roles (excluding the manager, management support and nurses) are also subject to a 4.8% increase in the cost model. The Care Home Cost Model provides a level of transparency on the cost of care to inform the national rate, but as it is based on benchmark averages, it may not directly match the costs or staff structure of individual care home.

An increase to nursing salaries of 3% has been included with a commitment to vary this rate to align with the final agreed Agenda for Change pay increase.



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The agreement this year includes a commitment from all parties to work in partnership to redesign the NCHC with this work expected to commence in April.

In the meantime, continuity of payments and supporting providers to meet increased costs remains the priority and it is important that financial systems are updated as soon as possible and that payments are effective from 6 April 2022.

Non-Staff Costs

The settlement recognises the financial pressures within the older person's care home sector and reflects a number of exceptional changes in the cost calculations in the non-staffing areas of the cost model.

Efficiencies will no longer be applied to staffing costs. The model for 2022/23 will include efficiencies against non-staffing costs only at a rate of -2.5%.

Furthermore, insurance and energy cost lines will be subject to a temporary, exceptional increase of 30% in recognition of the increased pressure on care homes in both these areas.

Domestic Supplies costs will increase by 10%. This is a further exceptional increase for 2022/23 in recognition of cost pressures faced.

Other non-staffing cost elements are also subject to an inflationary increase of 2.81%

Further Commitments

This settlement recognises that the Scottish Government has confirmed the continuance of funding for additional covid costs for the care home sector until 30th June 2022 and therefore, covid specific cost pressures are not reflected in the model.

The settlement includes a commitment from local government representatives to work in partnership to agree a mutually acceptable mechanism to address any continuing Covid-19 pandemic cost pressures currently covered by the aforementioned funding should it cease during the financial year 2022/23.

The settlement recognises that all parties to the negotiations support the need for a redesign of the current NCHC and are seeking to engage in this important work with some urgency. The offer included a commitment to begin this work with them and other key stakeholders as soon as possible.

Adult Social Care Pay

The settlement requires all providers delivering publicly funded care to pay all workers providing direct care, regardless of age, experience or time in employment, a minimum of £10.50 per hour from 6th April 2022 in line with the commitment to the Adult Social Care Pay policy.

On this basis, the National Care Home Contract will be varied to ensure:

- Any provider delivering publicly funded care must pay all care workers a minimum of £10.50.
- Providers agree that remuneration can be periodically monitored by the commissioning authority, including direct verification with employees of the provider.
- There will be no displacement of any other costs onto staff by the employer.

All other staff roles (excluding the manager, management support and nurses) are also subject to a 4.8% increase in the cost model. The Care Home Cost Model provides a level of transparency on the cost of care to inform the national rate, but as it is based on

benchmark averages, it may not directly match the costs or staff structure of individual care home. In keeping with previous agreements, however, displacement of cost onto staff by the employer, for example payment for uniforms or service costs, is not permitted. In the event of non-compliance, the uplift can be withheld until such time as the matter is resolved.

Personal Expense Allowances, Capital Thresholds, Savings Disregard and Free Personal and Nursing Care Rates

The Uprating for 2022/23 rates are outlined below;

- The Personal Expenses Allowance is set at £31.00 per week.
- The Lower Capital Limit is set at £18,500 and the upper Capital Limit £29,750
- The Savings Disregard is (for a single person) from £7.30 and (for couples) from £10.85 per week.
- For care home care the Free Personal Care payment is £212.85 and Free Nursing Care rate is £95.80.

Please note that the Free Personal and Nursing Care Rates upratings are effective from 1st April and have been uplifted by 10% for 2022/23 in recognition of the increasing cost of providing care, particularly for people with dementia. The PEA, Capital Threshold and Savings Disregard are effective from 11th April.

Default Rate

The “**Default Rate**” is the rate applied where the provider is in breach of contract as outlined in Clause A.20.10 of the National Care Home Contract (2013-14 as varied). It is determined by applying a percentage reduction of 7.38% to the nursing fee rate and 8.58% to the residential fee rate.


Contract Management

Public contracts in Scotland are governed by the provisions of the Public Contracts (Scotland) Regulations 2015 and Clause A.1.1 of the National Care Home Contract brings all current regulations into force. Those regulations require public bodies to verify that operators have not engaged in corruption, bribery, fraudulent trading or tax evasion, money laundering and human or drug trafficking. Scotland Excel will seek to revisit discussions in relation to introducing a national self-evaluation approach to meeting these requirements as part of the wider review of the NCHC. In the meantime, a local consideration will continue to be required.

Yours sincerely



Julie Welsh
Chief Executive
Scotland Excel



Donald Macaskill
Chief Executive
Scottish Care

Annie Gunner Logan

Annie Gunner Logan
Chief Executive
CCPS

c.c. Sally Loudon, Chief Executive, COSLA
Jackie Irvine, President, Social Work Scotland

Mirren Kelly

Mirren Kelly
Chief Officer
Local Government Finance
COSLA

NHS Highland



Meeting: Highland Health and Social Care Committee
Meeting date: 27 April 2022
Title: Third Sector Update Report
Responsible Executive/Non-Executive: Louise Bussell, Chief Officer
Report Author: Jacqueline Paterson, Senior Contracts Officer

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X
Other (please explain below)			

2 Report summary

2.1 Situation

This document provides an update on the Third Sector review, as requested at the Committee meeting on 2 March 2022.

The Committee is asked to note the current position as set out in Appendix 1; and to further agree the Third Sector Project Board's decision to extend current contracts, where required, at current funding levels, from 1 April 2022 to 31 March 2023 to allow discussions/tenders to complete.

2.2 Background

NHSH Board agreed in 2017 to undertake a review of current services commissioned from Third Sector providers to ensure alignment with NHS Highland's strategic and mission critical objectives; and to ensure it:

- Commissions services aligned to strategic priorities, which can demonstrate measurable value and impact;
- Follows the principle of equity, transparency, consistency and openness;
- Provides stability for aligned services; and
- Promotes a self-sustaining and diversified Third Sector.

The specific contractual arrangements within scope of the review, covered services purchased or secured from the sector through third sector service delivery contracts and/or third sector grant funding; with the majority of these generally based on long standing and historic arrangements.

Over the years, and other than a reduction in funding of 5% over 18 months during 2011-2013, these providers have continually received annual standstill funding; whilst their service delivery costs have continued to rise.

It is also worth noting that the providers are non-registered services and as such do not currently qualify for any of the Scottish Government uplifts awarded to registered services.

A Project Board and Project Team were formed to progress the review, with robust governance arrangements put in place and procurement and Standing Financial Instruction compliant processes developed and implemented.

During the review period and particularly at times when extensions to contracts are required providers have highlighted their growing concern around their organisations sustainability and continuing ability to deliver services in line with their agreed contractual agreements.

Any request for changes to funding levels/extensions to contracts is raised by the responsible NHSH operational manager to the Project Board for consideration/approval prior to submitting to the Health and Social Care Committee for approval thereafter.

2.3 Assessment

Appendix 1 sets out:

- the current position with regards to the specific funding categories within scope of the review of Third Sector commissioned services;
- the processes undertaken/due to be taken;
- agreed extensions to current contracts (where required) to allow discussions/tenders to be undertaken; and
- a view on any possible need/timing of uplifts to funding.

It is highlighted that whilst Appendix 1 states that uplifts to funding may not be required for those providers already awarded funding via bidding/tender processes, it is recognised that decisions around submitted costings had been made by bidders prior to current unforeseen events and the significant service delivery rises as a result. The Contracts Team is currently seeking advice from the Head of Procurement around this matter to help inform any future decision making.

The Third Sector Project Board met on 17 March 2022 and agreed:

- to extend the four contracts under the category “>£50k – Tender” for one year i.e. from 1 April 2022 to 31 March 2023, at current funding levels to allow discussions/tenders to be finalised; and
- the development of an agreed framework/values/principles to be adopted by the Project Board if asked for an uplift in funding, to ensure consistency, fairness and transparency.

Updated contractual documentation is being drafted for issue to the relevant providers and a meeting is currently being arranged to commence the development of a framework/values/principles for any uplift request.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

3 Impact Analysis

3.1 Quality/ Patient Care

No Impact.

3.2 Workforce

Not applicable

3.3 Financial

The cost of the recommendations will be contained within the agreed NHS Highland financial plan for 2022-2023.

3.4 Risk Assessment/Management

Contractual and service continuity risk has been mitigated by seeking appropriate measures, to ensure decision making within the required timescales.

3.5 Data Protection

No Impact

3.6 Equality and Diversity, including health inequalities

An Equality Impact Assessment has been developed as part of the Third Sector review process, and is being maintained on an ongoing basis until the review process concludes

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

3.8.1 Membership of both the Project Board and Project Team include representatives from Highland Third Sector Interface (HTSI), who have been actively involved in the development of the review process from the start.

3.8.2 Further, NHS Highland, working with its partner, HTSI, has held a number of local provider engagement/consultation events across Highland, during the Third Sector review process. The most recent local events were held during early 2021.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Third Sector Project Board meeting on 17 March 2022.

4 Recommendation

- **Decision** – The Committee is asked to:
- **Note** the current position of each funding category within scope of the Third Sector review; and
- **Agree** the Third Sector Project Board's decision to extend current contracts, where required, at current funding levels, from 1 April 2022 to 31 March 2023 to allow discussions/tenders to conclude.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, Third Sector Categories

DRAFT

Third Sector Categories

< 50k providers<£50k Bidding Process (approx. £500kpa)

- Application bidding processes undertaken during 2019/20 and again in 2021
- Funding progress reporting submitted by providers during September/October each year
- Bidding total “pot” size on each occasion = approx. £500kpa
- Providers were asked to set out within their application how much funding they required each year, in line with the application process
- 2021 application bidding process - contracts awarded for the period 01/04/22 – 31/03/25
- 14 providers awarded contracts totalling approx. £500kpa

View at Present time: No requirement for any uplift.

Reason: A procurement complaint, competitive exercise for funding has been undertaken, with providers setting out the amount of funding they require for the 3 year award period. Contractual documentation states that the funding provided for the duration is the total price to be paid and that no further increases will therefore apply.

Future Consideration: It is suggested that any desire by NHSH to uplift the available overall “pot” of funding for this area of activity, should be considered/approved by the Project Board/Health and Social Care Committee prior to any future bidding process commencing.

>£50k providersTender Waivers (approx. £603kpa)

- 9 Tender waivers approved by NHS Board during March 2020, covering the period 01/07/20 – 30/06/23
- 2 mental health providers totalling approx. £260kpa
 - 1 mental health provider did not agree the 3 year extension, stating that whilst year 1 is “do-able” at current funding level, years 2 and 3 are not due to insufficient funding, further intimating they would require uplifts over the 3 years ranging from 2%-5%. Discussions are currently being progressed with the Head of Mental Health/Contracts and the provider to agree a way forward.
 - 1 mental health provider signed the 3 year contract but has since raised concerns around sustainability stating they are running at a deficit of approx. £17kpa and are seeking a meeting with the District Manager to discuss options.
- 7 Health and Wellbeing hubs totalling approx. £343kpa
 - All providers signed their 3 year contract, with no issues raised at this time.

View at Present time: No uplift required at this time.

Reason: Discussions with providers to be concluded, position/requirements remain unclear. Any proposal/recommendation will be submitted thereafter to the Project Board/H&SCC for approval.

Future Consideration: It is suggested that any desire by NHSH to uplift the available funding for this area of activity, should be considered/approved prior to contracts ending on 30 June 2023.

Tender Cases (approx. £538kpa)

- Project Board agreed tenders to be undertaken for 4 providers totalling approx. £538kpa
- Discussions currently being held with NHS operations managers and providers regarding intentions/requirements going forward.
- Current contracts are due to end on 31 March 2022.
- Agreement from the Project Board was given on 17 March 2022 to extend providers' contracts to 31 March 2023 to allow discussions to conclude and tenders to be undertaken.

View at Present time: There may be a requirement for uplift(s) depending on discussions with the providers around future intentions.

Reason: Discussions with providers to be concluded, position/requirements remain unclear. Any proposal/recommendation will be submitted thereafter to the Project Board/H&SCC for approval.

Future Consideration: It is suggested that any desire by NHS to uplift the available budget for these areas of activity should be considered/approved by the Project Board/H&SCC prior to any future procurement exercise commencing.

Sensory Providers (approx. £308kpa)

- 4 providers totalling approx. £308kpa, with current contracts due to end 31/03/22
- It is the intention to continue to contract with 1 provider beyond 31/03/22 (approx. £13kpa) due the provider meeting strategic priorities.
- Following a lengthy negotiation with the remaining 3 providers, as a collective, they wrote to NHS on 18 January 2022 advising that that they had exhausted negotiations and asked NHS to undertake a tender exercise and have intimated they require to negotiate funding for any extension meantime.
- Letters were issued on 09/03/22 to all 3 providers advising of NHS's agreement to extend by 18 months to 30/09/23 to allow the tender to be undertaken and the offer to meet with each provider regarding their financial concerns.
- NHS met with each of the providers on 11 March 2022, to discuss possible uplifts to their existing contracts. Information is being collated by the providers to help inform the uplift process, with follow up meetings currently being arranged for end April 2022.

View at Present Time: Discussions with the providers around extension is still ongoing. There may be a possible need for short term uplift for 18 months to ensure service continuity during the procurement phase, amount unknown at present. It is highlighted that it is in the providers' interest to agree an extension, to ensure continued TUPE protection of their staff, in the event they are not awarded the tendered contract.

Reason: During earlier negotiations, the providers submitted proposed high level costings for future service delivery, which were substantially greater than current funding i.e. approximately £200kpa. Any proposal/recommendation will be submitted thereafter to the Project Board/H&SCC for approval.

Future Consideration: It is suggested that any desire by NHS to uplift the available budget for this area of activity, should be considered/approved by the Project Board/H&SCC prior to the procurement exercise commencing.

Advocacy Providers (approx. £420kpa)

- Tender exercises undertaken during 2019/2020 for advocacy services, for a 3 year basis with the option to extend on a year by year basis for up to 2 years.
- 2 providers awarded funding
- 1 contract for approx. £300kpa, ends on 30/09/22, with extensions allowed up to 30/09/24
- 1 contract for approx. £120kpa, ends of 31/03/23, with extensions allowed up to 31/03/25

View at Present time: No requirement for any uplift.

Reason: Compliant procurement exercises for the required services undertaken, with prices agreed for the duration of both contracts. Contractual documentation states that the Price supplied by the provider must include all costs in developing and delivering the service, including inflation and any costs associated with Living Wage/TUPE and further states that the price is fixed for the duration of the contract and will not be open to negotiation.

Future Consideration: It is suggested that any desire by NHH to uplift the available budget for this area of activity, should be considered/approved by the Project Board/H&SCC prior to any future procurement exercise.

Total of all areas: approx. £2.3m



Meeting: Highland Health and Social Care Committee

Meeting date: 27 April 2022

Title: Care Homes Oversight Group Annual Report 2021-2022

Responsible Executive/Non-Executive: Louise Bussell, Chief Officer, HHSCP

Report Author: Gillian Grant, Interim Head of Commissioning

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X
Other (please explain below)			

2 Report summary

2.1 Situation

The Health and Social Care Committee (H&SCC) has requested to receive an assurance report from the Care Homes Oversight Group (CHOG), this being a group established in response to a Scottish Government requirement from May 2020, which set out that Partnerships should undertake enhanced professional clinical and care oversight for all care homes in their area and that an oversight group should be stood up.

Accordingly, the requested report has now been prepared and is provided at **Appendix 1**. The report sets out the following and is provided to the Committee for assurance:

- a reminder of the requirements relating to the Scottish Government mandated Care Home Oversight Group and provides assurance to the H&SCC as to the effective operation of this group during 2021-2022; and
- current care home issues and those anticipated during 2022-2023 and provides assurance to the H&SCC with regard to the plans in place to effectively address these issues.

2.2 Background

As per **Appendix 1**.

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

3 Impact Analysis

3.1 Quality / Patient Care

There has been a significant number of Covid-19 outbreaks in care homes over 2021-2022 (57 in total), and in a number of these situations, acute staffing shortages have been experienced.

Mutual aid from NHSH has been provided from an expanded CRT team where resources have allowed, but where there have been simultaneous outbreaks with high staff absence levels, where providers have exhausted their contingencies and where mutual aid has been unavailable, there has been mutual aid unmet need. Providers have been supported in their contingency planning and to prioritise safe care to ensure that residents' needs have been met.

3.2 Workforce

There have been significant and sustained pressures on frontline staff working in care homes during the course of the pandemic.

These pressures have been exacerbated by pre-pandemic staffing recruitment and retention challenges, and also pandemic staff absence due to Covid or wellbeing issues.

There is a pressing need to attract and retain a sufficient number of staff into this employment area, and the attached advises of the need for urgent action in this regard.

3.3 Financial

There are no financial impacts / costs directly associated with the assurance report or Care Homes Oversight Group.

There are however indirect costs in terms of:

- undertaking oversight activities;
- the provision of mutual aid;
- the purchase of care home places; and
- the impacts arising from care home market instability.

3.4 Risk Assessment/Management

There are numerous risks associated with the delivery of care home services which have been overseen by the CHOG over the course of 2021-2022. These are as previously reported to the H&SCC on 3 March 2022.

The current risks are as noted in the attached **Appendix 1**, with the primary risks relating to staffing availability and financial sustainability.

There is an identified need for a CHOG formalised risk register going forward and for this to be reported to the H&SCC.

3.5 Data Protection

No data protection issues identified.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None highlighted.

3.8 Communication, involvement, engagement and consultation

In the preparation of this report, the Care Homes Oversight Group has been consulted on the content, as noted at 3.9 below.

In terms of the content of the report and the actions described within it, there has been ongoing communication, involvement and engagement with providers of care home services over the course of 2021-2022 both individually and strategically with the wider sector.

3.9 Route to the Meeting

This report has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

- Care Homes Oversight Group, 8 April 2022

4 Recommendation

This report is provided to the Health and Social Care Committee for **assurance** as to the operation of the Care Homes Oversight Group during 2021-2022.

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1:**
North NHS Highland Care Homes Oversight Group Annual Assurance Report 2021-2022

**Care Homes Oversight Group (CHOG)
North Highland
Annual Assurance Report to Highland Health and Social Care Committee
2021-2022
V1.1**

The purpose of this report is to:

- Provide a reminder of the requirements relating to the Scottish Government mandated Care Home Oversight Group (CHOG) and to provide assurance to the Highland Health and Social Care Committee (H&SCC) as to the effective operation of this group during 2021-2022; and
- Identify current care home issues and those anticipated during 2022-2023 and provide assurance to the H&SCC with regard to the plans in place to effectively address these issues.

Given the previous reporting by the CHOG to the H&SCC within various previous Chief Officer reports over the course of 2021-2022, this report intentionally includes a high level overview only of this period and is focussed on forward care home issues.

It is noted that the scope of this report does not cover care at home assurance, but it is highlighted that one of the recommendations within this report refers to care at home.

Background

The care homes governance framework was originally developed in June 2020 with the purpose of ensuring a clear understanding of the accountabilities and responsibilities for care homes following communication from the Cabinet Secretary on 17 May 2020.

The communication outlined the additional oversight required by NHS Boards and Local Authorities to undertake enhanced professional clinical and care oversight for care homes and that an oversight group should be stood up accordingly. This requirement applied to all care homes including independent, Council and NHS managed facilities across Highland. The intention was that these arrangements would complement rather than supplement existing Social Care, Social Work and Care Inspectorate responsibilities, accountabilities and oversight and activities relating to care homes

Further, NHS Board Nurse Directors received an additional variation letter from the Cabinet Secretary also on 17 May 2020, as follows: “Executive Nurse Directors’ role during COVID 19” with a clear direction “*to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector, specifically to:*

- *Identify where specific nursing support may be required and to develop and implement solutions where required. This will include clinical input to ensure that*

there are effective community nursing arrangements in place to support increasingly complex nursing care requirements;

- *Identify where specific infection prevention and control support may be required; this will include recommendations and review with regard to cleaning to prevent transmission and appropriate use of PPE;*
- *Support the development and implementation of testing approaches for care home and care at home settings;*
- *Identify and support sourcing of staffing as required by the care home and are at home setting as defined by the requirements set out in DL (2020) 10 and DL (2020) 13.*

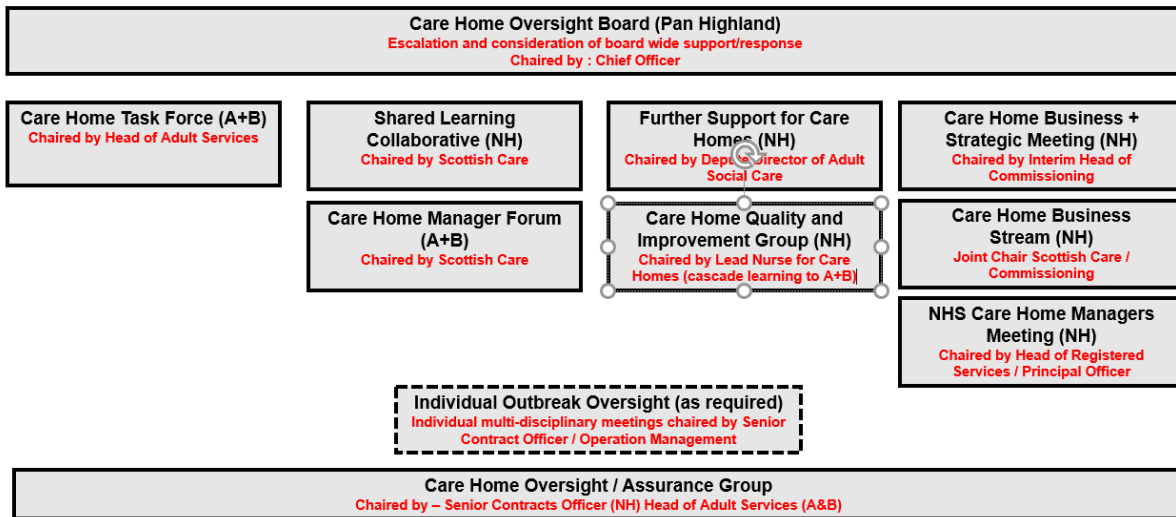
The original governance framework was ratified at EDG.

Further to this initial requirement as noted above, the Cabinet Secretary wrote on the 23 March 2021 to Chief Officers, Nurse Directors, Directors of PH and Chief Executive, to confirm that that enhanced multidisciplinary, clinical and professional oversight should remain in place until March 2022 at a minimum.

The summarised role of the CHOG therefore is to:

- provide oversight, professional leadership and support in relation to clinical and care governance standards and to support the health needs of care home residents;
- use information from the safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required;
- seek assurance through the Daily Safety Huddle that local intelligence and data is being used to ensure there is a clear line of sight to each care home in Highland and oversight and professional scrutiny in relation to IPC standards across all care homes;
- maintain oversight of the overall status of each care home and include in the weekly compliance report to the Scottish Government;
- provide assurance that there is a robust system in place in relation to care homes.

The updated governance arrangements which NHS Highland has put in place to ensure effective, enhanced, multi professional clinical support and professional oversight in place for care home services over the course of the pandemic to support provision of high quality care, is provided in detail at **Annex A** and summarised below:



2021-2022 Issues and Challenges

- Over the course of 2021-2022, there has been a considerable level of care home related activity / supports within NHS Highland, across a wide number of NHSH service areas: adult social care, nursing, health protection, infection prevention and control, vaccination, testing, community operational teams, business support (and others), all of whom have had a pivotal role in supporting or overseeing commissioned or delivered care home services.
- The challenges faced by care home services have been multiple, sometimes simultaneous, fast changing and unrelenting, spanning across staffing, guidance, financial and regulatory areas.
- The primary challenges have undoubtedly been in relation to staffing and Covid status, particularly around recruitment, retention and Covid impacted absences.
- There were already insufficient numbers of staff in care home employment pre Covid. This has been exacerbated over the pandemic as exhausted staff seek to leave the sector for a less demanding and often better paid role.
- The impact of Covid within a home can acutely and rapidly decimate staffing levels, which is, at best, significantly challenging to plan for, and highly stressful to manage and coordinate, in terms of staffing cover, along with supporting residents and their relatives during these anxious periods. These situations also have a direct and negative impact on resident experience.
- Staffing issues have therefore dominated care home activity over 2021-2022, mainly arising from the significant number of care homes experiencing staff or resident related Covid cases.

- Over this period, the highest number of care homes “closed to new admissions” at any one time, was 47 (out of 69 care homes in north Highland) on 9 January 2022. The highest number of care homes in outbreak at any one time was 29 on 24 March 2022. The knock on impact on staffing availability for care homes in these situations, was significant. Despite an expanded and expanding mutual aid support team (CRT) there has been unmet need and providers have been supported to prioritise the delivery of safe care.
- During 2021-2022, this area of activity has been overseen by the Care Homes Oversight Group. The issues above and also those summarised in the attached **Annex B**, have been reported on a fortnightly basis to this group. In addition, regular update reports have been provided to the H&SCC.
- As a member of the CHOG, the Chief Social Work Officer has also been sighted on these issues and has ensured that The Highland Council has been appraised accordingly.
- A summary of Covid key issues and risks since March 2020, was presented to and considered by the CHOG on 6 November 2021.
- A staffing escalation protocol for care home services operating “in extremis” was considered and agreed by the CHOG in December 2021. Following initial use, this was revised and requires further consideration for effective use.

2021-2022 CHOG Assessment

- (Daily) clinical and care huddles have enabled timely flow of information to and between relevant stakeholders, assisting fast and effective decision making.
- Staffing availability, both substantive and Covid related, has been the primary challenge for care home provision in 2021-2022.
- Significant efforts and energy have been invested in provider liaison, relationships and supporting service continuity plans.
- A significant level of mutual aid has been made available but not service all demands have been able to be met.
- There has been a necessary focus on priorities of safe care for risk mitigation.
- Staffing escalation protocol has not been as effective as envisaged
- Sector sustainability issues are emerging, with confirmation of 3 short notice closures received in Q4 of 2021-2022, all sighting Covid related experience and costs, including the prohibitive expense of relying on agency staff when in staffing crisis or otherwise unable to recruit.
- Staff availability is also impacting on access to empty but unavailable beds, which providers need to fill to ensure ongoing viability and which NHSH need for flow.

- The CHOG has been well sighted on all of these key issues and has regularly reported on same to the H&SCC.

April 2022 Position Statement

In turning to the current April 2022 care home issues landscape, the following is highlighted:

- The care home sector in Highland is in significant distress in terms of staffing availability, which is impacting on bed vacancy levels, which in turn is affecting financial viability.
- Bed vacancy level is critical to provider viability.
- Access to the required level of permanent staff is critical to avoid prohibitive agency costs and be able to increase occupancy.
- The high level of instances of “closed to new admissions” status is exacerbating matters.
- Our ability to access currently “empty” but “unavailable” beds is crucial to NHSH flow.
- It is highly likely there will be further unplanned short notice closures.
- These short notice closures result in poor resident outcomes, are resource intensive to manage and require significant short notice and high level business and commercial input to support.
- A decisive and proactive plan is needed to ensure availability of and support to, care homes, in identified strategically important locations.

2022-2023 Anticipated Issues and Challenges

Following on from 2021-2022, the most recent arising issues, and the ongoing sector liaison, it is anticipated that the acute staffing issues experienced in 2021-2022 will continue, and in addition to quality related impacts, these challenges will also present increasing viability and sector sustainability issues.

The anticipated issues and challenges are as summarised below:

- Covid exhaustion + increasing staff exit to other sectors
- Destabilised provision
- More provider failure(s) / short notice closure(s)
- Single operator / rural remote provision contraction
- Some marginal opportunistic consolidation
- Further depressed / reduced bed availability
- Insufficient available beds for multiple provider failures
- Remaining provision by circumstance not design
- Staff training attendance implications
- Legacy impact of operating in extremis

- Lower grading scores when CI resume inspecting
- Continued open / closed status / frustrations
- Ongoing NHSH reactive measures / emergency response
- SG sector pay recognition but insufficient impact
- Need to build new approaches – interim/intermediate care

2022-2023 Proposed Action Areas

The current and anticipated care home landscape requires a strategic response of NHS Highland in order to:

- stabilise provision
- identify / confirm strategically important locations
- build resilience and flexible workforce
- secure activity in line with costed capacity plan
- improve efficiency / processes / data

The following proposed action areas are the currently suggested routes towards addressing the issues as described above:

1. Expeditious sector recruitment and retention support and joint strategy (with c@h) – to package and market working in social care.
2. Individual care home assessment of staffing, financial, building and quality issues, by geography, to identify potential locational contingencies required.
3. Costed capacity plan to confidently forward commission
4. Dedicated “business” support / and response team for improved market awareness and to manage any further care home failures
5. Immediate additional mutual aid - when it is identified it is needed.
6. Establish bed availability certainty.
7. Operational improvements to build trust / improve resilience.
8. Ongoing Scottish Government dialogue in terms of care home supports

Recommendations

In order to respond the changing issues and to be best positioned to address them, the following recommendations are intended specifically as the CHOG focus areas for the year ahead:

- a) Review CHOG role, remit and membership for a) continued relevance and alignment with governance / SG requirements and b) role and remit in the context of the current challenges, strategic issues and sector dynamics.
- b) Set key CHOG priorities for 2022-2023 as part of a shift from reactive to proactive operation and strategic oversight.

- c) Ensure alignment of membership and technical input, with the nature and scope of current issues.
- d) Establish and maintain a risk register with ongoing and more formal oversight of risk management.
- e) Develop and maintain a rolling action log to ensure oversight and accountability for requested and commissioned actions.
- f) Ensure appropriate resourcing to support the forward work programme, oversight and reporting arrangements.
- g) Agree, address and implement similar arrangements for **care at home** oversight

Summary

Going forward, the new financial year offers an opportunity to refocus towards the care home challenges within the current changing context, and to consider improvements going into 2022-2023.

This report has therefore sought to provide the H&SCC with assurance that there is an in depth understanding of current care home issues and that a range of actions and measures have been identified to appropriately address and respond.

Care Homes Oversight Group
19 April 2022

NHS Highland – Highland / Argyll and Bute HSCP

Care Home – Clinical and Care Professional Oversight Governance Framework

10th December 2021



Microsoft Word 97 -
2003 Document

PLEASE NOTE, THIS ITEM IS IN A SEPARATE FILE

Care Home Oversight – Key Activity Summary

Assurance / Monitoring Activity Area	Actions	Outcome / Impact / Comment
Quality assurance and oversight	<ul style="list-style-type: none"> - Adult Social Care daily dashboard and review of NES-designed Care Management System on TURAS, which allows care homes to escalate concerns, including requirements for additional staff through mutual aid. 	<ul style="list-style-type: none"> - Organisational visibility of care home RAG status.
	<ul style="list-style-type: none"> - Regular (daily / 3 x weekly) Clinical and Care Oversight Group safety huddle to identify, discuss and agree any required actions. 	<ul style="list-style-type: none"> - Organisational oversight by key stakeholders - Timely flow of information to and between relevant stakeholders, assisting fast and effective decision making.
	<ul style="list-style-type: none"> - 57 COVID-19 care home outbreaks in 2021 -2022. - During periods of outbreaks, there was daily / regular contact by Operational and Commissioning teams to discuss practical inputs, contingency actions/steps, and to facilitate any supports that may be necessary. - Care Home Assurance meetings conducted with all Care Homes classed as being in outbreak to review staffing levels, contingencies and ensure safe care provision. Number of assurance meetings held per quarter are in excess of: Q1 - 35; Q2 - 61; Q3 - 24; Q4 - 170 	<ul style="list-style-type: none"> - Support providers to ensure adequate staffing and safe levels of care. - Dynamic and responsive Covid / Community Response Team and Care Home Nursing Liaison input.
	<ul style="list-style-type: none"> - Attendance at Care Inspectorate feedbacks for all key Questions including Covid Specific Key Question 7 – <i>How good is our care and support during the COVID-19 pandemic?</i> 	

Assurance / Monitoring Activity Area	Actions	Outcome / Impact / Comment
	<ul style="list-style-type: none"> - Quality Assurance Visits (round 2) as mandated by the Scottish Government – consolidating actions from all visits, reviewing outcome reports for each care home, and following up on actions as part of contract monitoring process. 	<ul style="list-style-type: none"> - Completed.
Large Scale Investigations	<ul style="list-style-type: none"> - LSIs initiated with 6 separate care homes. 	<ul style="list-style-type: none"> - Escalation and liaison meetings with each provider during or after periods of LSIs to get a status update on the home, jointly look at improvements that are required, oversee issues and monitor progress, and discuss how NHS Highland can provide support or assistance.
Sector support	<ul style="list-style-type: none"> - Regular strategic and business meetings with care home providers to understand current issues and inform appropriate actions. Frequency tailored appropriate to level of activity. - Care home manager hotline, including 7 day cover where required. - Contingency planning support. 	<ul style="list-style-type: none"> - Open communications and clear points of contact. - Good sector intelligence.
Provider Sustainability	<ul style="list-style-type: none"> - Supplier Relief applications for all providers as part of the response to COVID-19. 	<ul style="list-style-type: none"> - Providers supported with additional costs due to covid-19 in line with Scottish Government requirement. - As at 21 March 2022, 1083 applications have been received and £6.8m paid (across all services).
Care Home closures	<ul style="list-style-type: none"> - In Q4 of 2021-2022 confirmation of 3 care home closures were received, arising from viability concerns. 	<ul style="list-style-type: none"> - NHS Highland is working in partnership with providers to ensure a person centred, safe and smooth transition to alternative provision for the residents affected.

Meeting:	Highland Health & Social Care Committee
Meeting date:	Wednesday 27th 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 26th 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 16th 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).

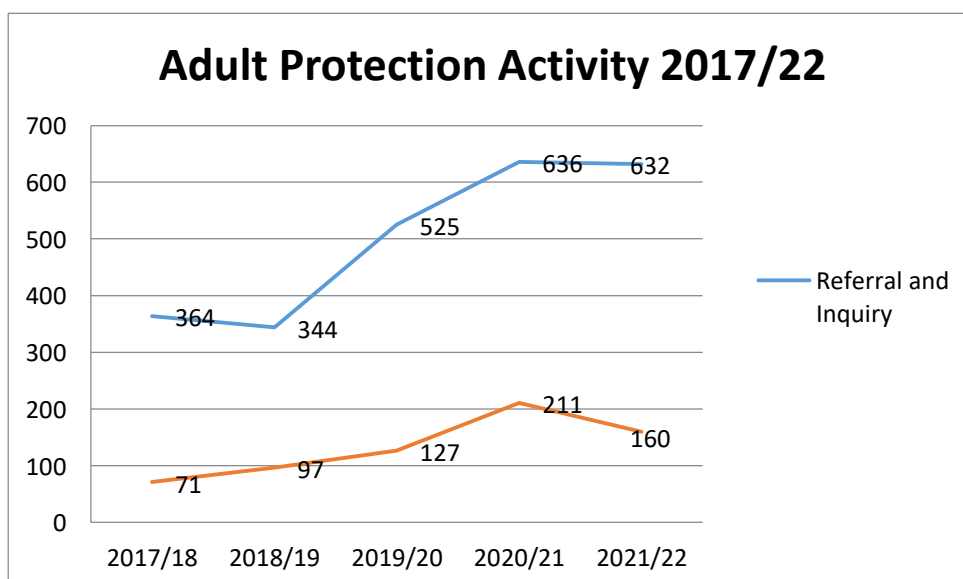


Chart 1

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.

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

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

Social Work Teams	31/3/2019	31/3/2022
Total	697	886

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.

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN**Highland Health and Social Care Committee Planner to 31 March 2023****Standing Items for every HHSC Committee meeting**

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Performance and Service Delivery
- Health Improvement
- Committee Function and Administration
- Date of next meeting

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN	
MARCH 2022	
• Learning Disability Services Assurance Report	Postponed to August
• Highland Council Commission Assurance Report	
• Adult Social Care Fees and Charges Report	
• Chief Officer's Report	
• Committee Annual Assurance Report	
• Committee Work Plan 2022/2023	
• Committee Terms of Reference	
APRIL 2022	
• Report into Care at home and Wider Community Services	Chief Officer's Report
• Annual Report of Care Home Oversight Board	

• Chief Social Worker's Report	Chief Officer's Report
• Adults with Incapacity (Mental Welfare) Report	Chief Officer's Report
• Adult Protection Committee Annual Report	Chief Officer's Report
POSTPONED during 'Governance Light' mode – MAY: Development Session on Climate Change theme	
JUNE 2022	
• NHS Highland Strategy Together We Care	
• Commissioning Strategy for Integrated Health and Social Care Services	
• Community Planning/Engagement Strategy	
• Performance Framework/Public Bodies Annual Report	
[Development Session, tba]	
AUGUST 2022	
• Primary Care Improvement Plan Assurance Report	
• Mental Health Services Strategy	
• Drug and Alcohol Services	
• Carers Strategy	
• Learning Disability Services Assurance Report	Postponed from March
[Development Session, tba]	
NOVEMBER 2022	

• Community Health Services/AHP	
• Winter Planning/Redesign of Unscheduled Care	
• Highland Council Commissioned Services Assurance Report	
[Development Session, tba]	
JANUARY 2023	
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