

NHS Highland



Meeting: Health and Social Care Committee
Meeting date: 29 June 2022
Title: Commissioned Care at Home Services Update
Responsible Executive/Non-Executive: Louise Bussell, Chief Officer
Report Author: Gillian Grant, Interim Head of Commissioning

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Emerging issue
- 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

This report provides an overview of care at home services commissioned from independent sector providers in North Highland and highlights current issues, actions taken to date, and those planned.

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

2.2 Background

Sector Overview

Care at home services are delivered via all 4 Self Directed Support (SDS) options. In terms of option 3, service delivery is broken into three component parts, these being in house enablement care, in house mainstream care and commissioned independent sector care. Independent sector activity accounts for around 69% of the total care at home delivery in Highland. This report focuses on this independent sector provision.

NHSH purchases 10,145 hours pw (May 2022) of activity from independent sector providers, at an annual cost of around £13m. There are currently 20 providers, ranging in size from very small scale provider delivering 35 hours per week, to a large scale provider delivering 2,300 hours pw. Three large Highland based providers collectively deliver around 53% of total commissioned activity. Independent sector activity is primarily, but far from not exclusively, delivered in the more populated areas of North Highland and there are a number of very small scale providers who focus on specific locality based provision.

Commissioning Arrangements

There is an open framework currently in operation, meaning that prospective providers can request and join the framework, subject to meeting set pre contract conditions and criteria, along with attaining Care Inspectorate registration.

As part of the open framework, there are identified zones for provider activity to promote the efficient and effective use of staff resource and travel time.

The current basis for payment of commissioned care at home activity is via the "Highland Pricing Model", which was introduced in July 2019, and which was based on the UK Home Care Association pricing model at the time ("a fairer price for care at home"). The model includes a number of assumptions in relation to mileage, travel time and overhead recovery and has been adapted by NHS Highland to take into account what is considered fair rates of mileage, travel and overhead cost recovery.

The model for care at home is a three tiered range of rates for urban, remote or rural provision, to take account of travel time and mileage differences across the area. The relevant rate to apply is as per the Scottish Government Urban Rural Classification 2016, 8-fold classifications. The urban, rural and remote rates are matched to this classification data and this is then matched to postcode. Rates are automatically specified based on the postcode of the supported person.

The urban rate has travel time and mileage consistent with an urban area where providers will have very short travel distances between calls. For rural and remote areas, mileage and travel time has been increased. There are also “red zones” which enable additional payment for specifically challenged locations.

Following agreement by the H&SCC on 27 April 2022, this model has now been updated for 2022-2023 to again fully align to the original Highland Pricing Model, following two years of contract annual uplifts aligned to Scottish Government instruction.

Current Issues

As with all parts of adult social care delivery, the pandemic has had a considerable impact on the delivery and availability of care at home services. Whilst the media focus has been largely on care home activity and impact, pressure has also been acute for care at home provision over the course of 2021 and the 2021/2022 winter period in particular. The key issues are as highlighted below:

Staffing availability:

- Increased community transition of Covid-19 had a significant impact on staffing availability.
- Short notice unavailability of staff due to Covid-19 created additional pressures for those staff at work and covering for these absences – where they were covering more shifts, were delayed in getting to their next client, and were experiencing client / carer anxiety arising from this delay.

Staff retention:

- This ongoing and unrelenting pressure, and that on the “back office” functions to arrange, rearrange and react to ongoing staff availability and service changes, has impacted on staff wellbeing, and has led to a high level of absence as well as staff departures as staff move away from social care to less pressured roles with better pay, terms and conditions.
- In many cases, staff are leaving their current role to take up NHS employment, which is further exacerbating sector activity fragility.
- The lack of parity with NHS staff / pay / conditions, perceived value of role, ongoing reporting of a sector in crisis, and additional fuel cost expense and outlay for carers are also influencing factors for those joining or remaining in the sector.
- At present (June 2022) there are over 106 vacant care at home posts / 2900 vacant hours, within the independent sector.

Package “Handbacks”:

- Commissioned providers have been “handing back” packages of care due to ongoing acute staffing challenges and in many cases have sought to withdraw from these areas, despite red zone allocation and additional payment.
- The unplanned handbacks have presented operational and resourcing difficulties for in house services who are simultaneously trying to commission services, deliver mainstream / enablement services and also pick up short notice transfers.
- In addition, providers have sought to consolidate their provision in areas in which they are more confident of being able to resource.

Activity Levels and Capacity:

- Arising from staffing and delivery challenges, there has been a reduction of 1,200 commissioned hour’s pw during 2021-2022.
- This is set in the context of the current unmet need of 1,800 hours pw.
- As part of winter funding, additional funding was received from the SG for capacity creation, which presumed a stable baseline. This additional funding was directed to the earlier staff pay increase to support service stabilisation.

Sector Engagement

Since August 2021, NHSH has been working closely with care at home partners through regular and structured dialogue (13 meetings in total), in order to better understand the current issues and to work together to identify and implement sustainable solutions to seek to address the key issues identified above, summarised as:

- Staffing crisis situation arising from significant recruitment / retention issues
- Increased attrition and unsuccessful recruitment
- Acute staffing availability and wellbeing issues
- Specific geographic challenges in rural / remote delivery
- Escalations / contingencies already deployed and service instability already experienced or anticipated

NHSH has adapted plans and intentions regarding commissioned care at home services, in order to achieve the following objectives:

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

In seeking to deliver these objectives, NHSH initiated the following measures:

- Agreed and issued a Joint Scottish Care, The Highland Council and NHS Highland **letter of support** to service users of commissioned services, to advise of the context and of potential changes to visit timings (unless these are timing critical) and durations, to build in flexibility for service providers;

- Agreed and implemented a **block contract** from 1 November 2021, to both provide delivery and income certainty, to enable providers to employ staff on a wider variety of contract terms to assist recruitment and retention, and to also provide more flexibility around meeting service user outcomes, which we consider an enabling step towards commissioning for outcomes;
- Implementation of the Scottish Government **pay increase** of £10.50 per hour 4 months early, with a commitment that NHSH is actively exploring opportunities to provide further stabilising support if necessary and possible;
- A range of additional measures for **winter and festive resilience** were implemented:
 - Development of **business continuity templates**, workshop sessions and 1:1 surgeries with care home / care at home providers;
 - **Further letter of support** to be shared with service users by care at home providers, highlighting ongoing system pressures and potential changes to package timing (unless time critical) and duration;
 - **Personal contingency plans** made available to service users to support the forward planning of contingency arrangements;
 - **Care at home manager hotline** over the festive period;
 - **Expansion of Covid / Community Response Team** to care at home both in capacity and scope;
 - Development of a care at home **staffing escalation protocol**;
 - **Open provider and sector communication** for sharing of information and close contact with issues on the ground, to enable issues to be identified and addressed timeously;
 - Weekly care at home **activity oversight** to utilise capacity where available.

Forward Joint Action Plan

Over the period January to March 2022, the key area of focus in sector discussions has been the development of a joint action plan of short and long term activity areas.

This action plan was developed over two independently facilitated sessions with and between independent sector care at home providers. The output from this session is as noted in the attached **Appendix 1**.

This engagement has endorsed the following key **delivery objectives**:

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

This engagement has also endorsed the following Highland **commissioned care at home aspirations** as being those towards which we are collectively working:

- those who need care at home services are able to receive them
- care at home services have a clear and positive identity and are widely regarded as important and valued by Highland communities
- staff delivering care at home services are professionally and financially recognised as partners
- staff are attracted to the sector, stay and are supported to develop and grow
- care at home providers work collaboratively with each other, NHS and with other supporting key stakeholders, in delivering responsive and person centred services
- there are embedded opportunities to look and learn from good practice, and to review and redirect strategic direction, where needed.
- the models of care available embrace and maximise digital innovation and reflect the diversity and geography of Highland.

In taking forward this area of work, a high level **joint action plan** (provided for information at **Appendix 1**) has been agreed, setting out **now** and **next** priorities, these being:

Now – Plan and implement by Winter 2022

- Renew efforts to stabilise and grow capacity
- Closer working / concerted troubleshooting
- Identify immediate and tangible actions and implement, ahead of wider redesign

Next – Plan for now, implement in 2023

- Strategy and ambition
- Workforce creation and development
- Contract and commissioning redesign

2.3 Assessment

There are a number of issues within commissioned care at home services impacting on capacity availability and activity growth.

Regular structured dialogue with providers is enabling an ongoing understanding of the changing position and is informing the actions required to appropriately address and respond to these issues.

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

The actions described within this report are intended to support the wider availability of commissioned care at home provision and to positively impact on patient flow.

3.2 Workforce

There are no additional (independent sector) workforce impacts arising from this report at this time. However, it is likely that there will be amendments to the commissioning approach over 2022-2023 as further measures are considered to support stability and activity growth, which would seek to ensure positive staff impact.

3.3 Financial

There are no additional financial impacts arising from this report at this time. However, it is likely that there will be amendments to the commissioning approach over 2022-2023 as further measures are considered to support stability and activity growth.

3.4 Risk Assessment/Management

The joint action plan within this report sets out the mitigations to identified issues.

3.5 Data Protection

No specific Data Protection issues identified. All contracts in place with care at home providers contain standard Data Protection and GDPR provisions.

3.6 Equality and Diversity, including health inequalities

No specific equality and diversity issues are identified.

3.7 Other impacts

No other impacts are identified at this stage.

3.8 Communication, involvement, engagement and consultation

This report has been informed by the following:

- 11 x care at home sector meetings since August 2021
- 2 x externally facilitated care at home provider meetings (23/02/22 and 09/03/22)

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.

- As above.

4 Recommendation

The Health and Social Care Committee is asked to note the content of this report for:

- **Assurance**; and
- **Awareness**

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Joint Action Plan

**Care at Home Commissioned Services
2022-2023
Joint Action Plan
V0.3**

NOW – Interim Steps

Workstream Activity	Actions
Responsive capacity release	<p>Partial redesign whilst developing longer term strategy. Address immediate capacity release issues through 4 x weekly C@H Joint Business Stream established:</p> <ul style="list-style-type: none"> - solution focussed issues escalation - contract clarifications - c@h package initiation and retention improvement and capacity release (fuel costs, travel time, mileage, transport, direct / indirect care costs, admin, volumes) - tests of change, consideration and impact assessment - unmet need and high level demand oversight - package return mitigations - loss of c@h staff to NHSH mitigations - rigorous package review and release - proactive and innovative engagement with families and neighbours in a wider package of support - service availability consistency (7.00am / 8.00am start times) <p>Joint training availability, coordination and access Appropriate infrastructure investment to support activity</p>

NEXT – Strategic Steps

Workstream Activity	Actions
Strategy and ambition	Identify, gather and analyse information needed to inform a long term c@h strategy (population profile, dynamics, algorithms at population and locality level, health economics) Review best practice from elsewhere Consider digital and carbon neutral ambitions Identify future models of care at home delivery for Highland geography Develop and cost strategy Identify affordable resourcing investment / redirected investment Ongoing key stakeholder engagement Strategy agreed. Plan for implementation and oversight
Workforce creation and development	Effective, longer term, workforce planning Identify + create a positive Highland c@h identity – focus on fulfilment, value, security, income certainty Appropriate staff terms and conditions Joint recruitment processes Joint training and support Identify job roles for career progression Ongoing positive messaging Review / clarify NESH as competitor employer
Contract and commissioning redesign	Full review of contract in current context and intended ambition Full review of HPM Ethical and collaborative commissioning / NCS alignment Clarify delivery areas / locations, zoning and NHS role