

# NHS Highland



**Meeting:** Health and Social Care Committee

**Meeting date:** 8 May 2024

**Title:** Independent Sector Care Home Overview and Collaborative Support Update

**Responsible Executive/Non-Executive:** Pamela Cremin, Chief Officer

**Report Author:**

## 1 Purpose

This is presented to the Board for:

- Awareness
- Assurance

This report relates to an:

- Emerging issue

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well	X	Live Well	X	Respond Well	X	Treat Well	
Journey Well	X	Age Well	X	End Well	X	Value Well	
Perform well		Progress well					

## 2 Report summary

### 2.1 Situation

NHS Highland (NHSH) relies heavily on the capacity, availability and quality of independent sector care home provision as part of the wider health and social care system, and crucially, to enable flow within this system.

There have been continued concerns regarding independent sector viability over the last 12 months, mainly around the ongoing operational and financial sector pressures relating to small scale, remote and rural provision and the challenges associated with attracting and retaining staff, and the financial impact of high agency use. The sector continues to raise these issues, which are not abating.

Care home quality across Highland is generally good, although there has been experience of a short notice care home closure, arising from quality issues.

NHSH has sought to build on existing supportive and collaborative arrangements to best support the delivery of care home services and to improve the lives of those living in care homes.

This report provides an updated overview of current commissioned independent sector care home issues and describes the collaborative approach and arrangements in place to support independent sector care home delivery and the achievement of good outcomes for residents across Highland.

## **2.2 Background**

### **Independent Sector Care Home Overview**

There are a total of 62 (April 2024) care homes across north Highland, 46 of which are operated by independent sector care home providers and 16 of which are in house care homes operated by NHSH

Spend on commissioned care home provision is around £35.7m pa, with in house costs around £18.9m pa – a total of £54m pa on care home spend.

There are currently around 1,850 care home beds commissioned or delivered, with around 86% of beds commissioned from independent providers.

In terms of size of care homes, within Highland, 15% (7) independent sector care homes have 50 beds or over, with 3 of these being over 80 beds. The majority of care homes, this being 85% (39 care homes), are under 50 beds, with 48% (22 care homes) operating with 30 beds or less.

### 2023-2024 Key Issues

Over the course of 2023 / 2024 there have been continued sustainability concerns and arising quality issues within the independent sector care home market within north Highland. The following represents key concern areas:

- There is a higher proportion of smaller size of operator and scale of provision within north Highland. Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50 bed care home, operating at 100% occupancy.

- Independent providers (and NHHSH care homes) continue to experience difficulties in recruiting and retaining staff and this represents a very high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. There is an increasing use and reliance on overseas recruitment, which is a slow and expensive process, time consuming and requires available accommodation and additional support for these staff to settle, learn cultural differences in delivering care and integrate into a foreign country.
- Staffing difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to rural locations.
- Further to legal action initiated by the Care Inspectorate to cancel the registration of Cradlehall Care Home arising from quality issues following the transfer of this care home to a new operator in October 2023, the Care Inspectorate agreed to accept a voluntary cancellation from the operator in respect of the registration of the care home. This action required 41 residents to be relocated within a 3 week period ahead of the care home closing on 17 April 2024. This process required operational teams to find suitable and appropriate placements within both a tight timeframe and the required professional framework. This was an understandably distressing time for residents and families, who were supported tirelessly by the relocating team, who are now providing follow up contact over coming weeks as they settle into their new placement.

### Quality

Whilst operational challenges and financial pressures persist, the quality of care home services has, overall and with the above noted exception, continued to be delivered to a good standard.

The attached **Appendix 1** sets out the Care Inspectorate grading summary as at March 2024. The vast majority of services are graded as good or better.

Where there are gradings of weak or below, there is proactive work alongside providers to develop, support and oversee Supported Improvement Plans. This input is provided by contracts, operational and nursing colleagues, with other specialist input as required.

### Market and Service Changes

There have been 6 independent sector care home closures since March 2022, these being as noted below:

- Shoremill in Cromarty (13 beds), March 2022
- Grandview in Grantown (45 beds), May 2022
- Budhmoir in Portree, (27 beds), August 2022
- Mo Dhachaidh in Ullapool, (19 beds), March 2023
- Castle Gardens, Invergordon, (37 beds), June 2023
- Cradlehall Care Home, Inverness, (50 beds), April 2024

There has also been a care home acquisition by NHS Highland / The Highland Council – this being Main’s House (Newtonmore) in April 2023. This was a care home in administration, along with Grandview (Grantown), which subsequently closed. Main’s House was secured by the partnership to avoid the loss of both care homes at the same time, in this locality.

The common theme across all of these closure situations relates to staff recruitment and retention, the cost of securing agency cover and financial viability.

It is also relevant to note that there have also been a number of in house care home closures. These have arisen due to acute staffing shortages which has meant that the services have not been able to be safely and sustainably staffed. The status of these care homes are as noted:

- Dail Mhor, Strontian, (6 beds), December 2022 (temporarily closed)
- Caladh Sona, Talmine (6 beds), May 2023 (closed)
- Mackintosh Centre, Mallaig (6 beds), August 2023 (temporarily closed)

The total impact of the 9 care home closures since March 2022, has been the loss of 211 beds.

In terms of forward developments and expected capacity, the following is understood:

- There is additional capacity expected to come on stream in the next 12 months – this being the new build 56 bed care home at Milton of Leys in Inverness, which is scheduled for completion in spring 2024.
- There are planning applications intended for 2 care homes for additional 10 bed wings, which will create a further 20 beds. The timescales around this are subject to the planning process.
- The currently understood plans around the recent closure of Cradlehall is that the operator intends to refurbish the now vacant care home with a view to offering the facility for lease or purchase when the refurbishment concludes in 2025.

### Strategic Direction

NHSH / THC have been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is the direction as set out in the Joint Strategic Plan.

Strategically, we will always need a level of care home provision, but increasingly dependency levels in care homes are increasing. There is a need to work within the partnership to develop housing with support models where, with the use of technology, we could support more people without nursing needs to live in accommodation with their own front door. Technology will not replace people caring but it can improve people's resilience and help use available carers more efficiently. Technology does not only mean digital technology but also includes newer equipment and training that facilitates workers to work more efficiently.

We will need to encourage and incentivise investment in technology and work with providers of care homes and support services who are willing to innovate. Our opportunity is to commission in a way that encourages innovation in the provision of this type of support.

However, there has been and continues to be immediate and operational challenges from arising and anticipated care home closures which require to be addressed.

There is insufficient capacity within the health and social care system to cope with the ongoing scale of lost provision. Mitigating actions are therefore required to avoid whole system destabilisation, whilst ideally at the same time, moving toward the locality model which is in development.

Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered out of necessity.

The key actions currently being progressed to address concerns around viability and recruitment and provide clarification on strategic direction, are:

1. Ongoing dialogue and escalation to Scottish Ministers, Scottish Government and Scotland Excel for a national care home contract rate (and funding) which recognises Highland delivery scale and geography.
2. Investment in a Scottish Care hosted Independent Sector Care Home Career and Attraction Lead (see later detail).
3. Development of a specific care home strategy and market facilitation plan. In developing this area of work, it is intended to build on the existing communication and engagement arrangements with care home providers in Highland to discuss current issues, collaborative solutions, future delivery and how we can work best together to sustain provision and make a difference to those living in care homes.

### **Collaborative Support Update**

There have been ongoing support requirements of NHS Highland in respect of independent sector care homes since May 2020, when the Scottish Government mandated Boards to have clinical and care oversight of all care homes, in addition to their existing adult social work and social care, commissioning and public health responsibilities.

This requirement led to the creation of care home oversight arrangements, with a responsibility to have a daily awareness of issues in all care homes and to respond and react as required. The reporting around this activity was overseen by a Care Home Oversight Group chaired by the Chief Officer.

The focus and emphasis has shifted since this time from oversight to collaboration, following both the publication of the *My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes* in June 2022 ([healthcare-framework-adults-living-care-homes-health-care-home.pdf \(www.gov.scot\)](#)) and also the updated direction from Scottish Government in December 2022 and March 2023 (attached at **Appendix 2**) around collaborative support to care homes to improve the lives of people living in care homes.

The previous oversight group has been replaced by a Collaborative Care Home Support – Strategic Group, who to date, have had a focus on delivery of the plan submitted to the Scottish Government for the allocation of £681k (2023-2024) to the Highland Health and Social Care Partnership.

This funding is non recurring but has been received annually in different forms since 2020, all associated with supporting care homes.

NHS Highland have made consistent representations to Scottish Government about the practical challenges of non recurring funding – meaning that delivering a plan with short, fixed term posts, with the existing recruitment challenges in Highland, effectively means that there is no remaining team at the end of the year and recruitment from scratch needs to be repeated annually.

Notwithstanding, a plan was submitted to Scottish Government in May 2023. This required to be reviewed and revised over the course of the year in response to arising recruitment challenges, vacancies, underspend and to continue to ensure the primary objective of the funding (improving the lives of those living in care homes) was met.

The key areas of collaborative focus were:

### 1. Collaborative Care Home Support Team

The creation of a multi-disciplinary team (nursing, Public Health, podiatry, speech and language therapy, physiotherapy, dietetics) operating to a work plan jointly developed with the care home sector, to:

- provide increased ease of rapid access to multi-disciplinary team specifically for care home residents to ensure timely advice, support and intervention.
- facilitate interdisciplinary multi-sector learning to build upon the existing skills to support individuals living in care homes and support meaningful and consistent training that is fit for purpose and which recognises the increasing complexities of care home roles.
- deliver online and face to face training sessions, weekly drop in sessions and ad hoc support.

Over the period, 53 online training sessions were delivered to 667 participants; and 17 face to face training sessions were delivered to 20 different care homes.

### 2. Resident wellbeing fund

From the available Scottish Government funding, £241k was redirected from unfilled posts for the purpose of a resident wellbeing fund:

- Care home managers and staff were approached for input as to where the money would be best spent to help improve residents' experience of being in a care home.
- 4 themes were identified for spend (experiences, activity, sensory and technology).
- Funds were directly issued to care homes based on bed capacity.
- A significant number of outcomes were met from the fund, positively impacting the lives of the residents in the care homes.

96% of residents in Highland were able to directly benefit from the fund. An outcome report around this fund is provided at **Appendix 3** which clearly illustrates the positive and direct impacts.

### 3. Independent Sector Care Homes Career and Attraction Lead

At the sector's request, this post was created and is hosted by Scottish Care, to:

- Increase number of people working in independent sector care homes
- Lead and support coordinated sector care home attraction activity
- Create single online presence and positive social media content
- Proactively identify potential new employees, generate interest in care home employment, raise positive profiles and support locality attraction initiatives

This post holder only commenced in role in late January 2024 and outcome monitoring information is in preparation.

Due to the single year nature of the funding, a significant underspend has arisen as team members have understandably moved on to more secure roles.

NHSH provide support to independent care home activity in a number of ways. In addition to the Collaborative Care Home Support Team noted above, the following other inputs are exemplified (this list is not exhaustive):

- Care Response Team and Reservists
- Public Health and Health Protection
- Lead Nurse (Care Homes and Care at Home)
- Palliative Care Line
- Care Home Education Facilitator
- Business continuity and winter preparedness
- Scottish Care Independent Sector Lead (Care Homes)
- Supportive Improvement Processes and Plans
- Commissioning support
- Care home business stream meetings

#### Further Developing Collaborative Support Approaches

Going forward, it is the intention of the Collaborative Care Home Support – Strategic Group to broaden its focus to wider collaborative aspirations and opportunities with the sector and to also ensure appropriate engagement of those who use or are impacted by these services.

As part of this it is considered it would be helpful to better coordinate our existing supports into coordinated core business and to enable NHSH to best respond to and support to ongoing and arising sector issues.

This forward direction is under active consideration and proposals will be developed over coming months.

## **2.3 Assessment**

Commissioned care home services represent a key area of activity and a key component of the wider health care system.

It is essential that residents continue to receive good care experiences and that care homes continue to be supported to deliver quality and sustainable care.

It is also important that this support is provided collaboratively, in partnership, and that we look for opportunities to further develop these collaborative aspirations.

There is a need to involve care home providers and wider stakeholders in the forward direction of care home provision in Highland.

The following specific actions will progress the above intent:

- a) Continued dialogue and escalation to Scottish Ministers, Scottish Government and Scotland Excel for a national care home contract rate (and funding) which recognises Highland delivery scale and geography.
- b) Development of a specific care home strategy and market facilitation plan.
- c) Development of collaborative support aspiration and framework proposals.

#### 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"/>

#### Comment on the level of assurance

NHSH is unable to individually control the circumstances around sector turbulence. This is a broader national issue, but one that NHSH is seeking to influence through regular dialogue with the Scottish Government.

NHSH can however be confident in its organisational response to any arising situation.

The following specific assurances are noted:

- There is a good understanding of the Highland market, issues and current challenges.
- There is a clear direction of travel for future delivery – quality care home provision in locations where they can be safely, sustainably and affordably resourced.
- The Partnership is responsively and comprehensively responding to individual viability issues as they emerge, the arising actions from which may by necessity not accord with the intended and desired direction of travel.
- There is senior Partnership visibility of issues, risk and impact.
- There are ongoing and open channels of communication and support with providers and sector representation forums.



### **3 Impact Analysis**

#### **3.1 Quality/ Patient Care**

There are impacts on residents (and their relatives) who have already relocated from a closing care home and those who will require to do so in the future.

#### **3.2 Workforce**

There are significant challenges to all providers in attracting and retaining staff within care home provision, and pressures on existing staff working within these services. These pressures are exacerbated where independent sector staff move to NHSH employment for better terms and conditions.

#### **3.3 Financial**

Commissioning care home services in Highland using the nationally negotiated National Care Home Contract, presents particular challenges to providers operating on a scale below 50 beds.

There are significant financial impacts associated with the Partnership's operational response to arising care home sustainability situations and the implementation of any agreed solutions. Further, where any closures occur, there are costs associated with alternative placements and resourcing implications.

#### **3.4 Risk Assessment/Management**

There are significant risks identified with the foregoing detail. The key risk areas are noted as follows:

- System impact from reduced care home bed capacity and availability from care home closures. Seeking to mitigate by increasing visibility of issue, contingency and strategic planning.
- Residents requiring to relocate a significant distance from their current location. Seeking to mitigate by contingency and strategic planning.
- Further care home closures occurring. Mitigating by close sector liaison and early response and also escalation to SG on NCHC arrangements.

#### **3.5 Data Protection**

None.

#### **3.6 Equality and Diversity, including health inequalities**

None.

#### **3.7 Other impacts**

None.

#### **3.8 Communication, involvement, engagement and consultation**

As and when, upon care home closure announcement and supported by a communication plan.

### 3.9 Route to the Meeting

There have been various prior reports / updates on care home sustainability and collaboration as follows:

- Reports to the Joint Monitoring Committee
- NHSH Board
- Health and Social Care Committee (26 April 2023)

Specifically, this report has been considered at the following forums in advance of this committee:

- Adult Social Care Leadership Team, 23 April 2024
- Collaborative Care Home Support – Strategic Group, 23 April 2024

## 4 Recommendation

**Decision:**

- **Awareness** – For Members' information.
- **Assurance** – As to the mitigating actions being taken.

### 4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1** – Care Inspectorate Grading Summary, March 2024
- **Appendix 2** - Scottish Government Direction - Collaborative Care Home Support
- **Appendix 3** - Collaborative Care Home Support - Resident Wellbeing Fund Outcomes

**Grading Summary – March 2024**



Appendix 1 -  
2024-04-16 -Care Ho

**Scottish Government Direction - Collaborative Care Home Support**



Funding for  
Collaborative Care Ho

**Collaborative Care Home Support - Resident Wellbeing Fund Outcomes**



Appendix 2 -  
Wellbeing Fund for R

## Care Homes and Care at Home services in North Highland - Care Inspectorate Grades effective as at 31 March 2024

\* Data is based on the Care Inspectorate Datastore as at 31 March 2024 and as such may not reflect the most up to date grading position

\*\* Note Key Question 1 is always inspected, however some inspections only focus on specific Key Questions and some grades will be from the previous inspection.

Care Homes in North Highland						Quality Inspection Framework Evaluations				
Service Town	Service Name	Subtype	In-House or Independent Sector	Number of Registered Places	Last Inspection Date	Key Question 1: How well do we support people's wellbeing?	Key Question 2: How good is our Leadership?	Key Question 3: How good is our staff?	Key Question 4: How good is our setting?	Key Question 5: How well is care and support planned?
Ballachulish	Abbeyfield Ballachulish (Care Home)	OP	Independent	37	09/12/2022	5	5	6	6	6
Inverness	Aden House (Care Home)	OP	Independent	24	14/07/2023	4	4	4	4	4
Inverness	Ballfeary House	OP	Independent	24	19/05/2023	5	5	4	4	4
Inverness	Beechwood House	Alcohol & Drug	Independent	15	16/08/2022	4	4	4	5	5
Inverness	Birchwood Highland Recovery Centre	MH	Independent	23	06/12/2023	4	3	4	3	3
Nairn	Brnach House	OP	Independent	22	12/09/2022	5	4	4	4	4
Inverness	Cameron House (Care Home)	OP	Independent	30	25/04/2022	4	4	4	3	5
Nairn	Carrollton Care	OP	Independent	20	21/09/2022	5	4	4	4	4
Inverness	Castlehill Care Home	OP	Independent	88	31/07/2023	4	4	4	4	4
Alness	Catalina Care Home	MH	Independent	28	04/07/2023	4	4	4	4	5
Inverness	Cheshire House (Care Home)	PD	Independent	16	20/02/2024	5	5	5	6	5
Inverness	Cradlehall Care Home - Cancellation of Registration as of 20/02/2024	OP, LD	Independent	50		0	0	0	0	0
Inverness	Culladhel Care Home	OP	Independent	65	24/06/2022	4	5	4	4	4
Inverness	David Care Home	OP	Independent	94	25/04/2023	4	4	4	5	4
Fortrose	Eilean Dubh	OP	Independent	40	07/12/2023	4	4	4	5	4
Muir of Ord	Fairburn House	LD	Independent	40	08/08/2022	5	4	5	5	5
Dingwall	Fodderty House	OP	Independent	16	25/08/2022	4	4	4	4	4
Beauly	Fram House	LD	Independent	5	21/11/2023	5	4	5	5	5
Nairn	Hebron House Nursing Home Ltd	OP	Independent	22	02/05/2023	4	4	4	4	4
Inverness	Highview Care Home	OP	Independent	83	09/05/2022	4	5	5	5	5
Nairn	Hillcrest House	MH	Independent	23	12/10/2023	4	5	5	5	5
Tain	Imnis Mhor Care Home	OP	Independent	40	27/01/2023	5	5	4	4	5
Achnasheen	Isle View Care Home	OP	Independent	25	17/11/2021	4	4	4	4	4
Inverness	Isobel Fraser Home	OP	Independent	30	07/10/2022	5	5	4	4	4
Inverness	Kingsmills Care Home	OP	Independent	60	01/03/2022	5	4	4	4	4
Inverness	Kimmylies Lodge	MH	Independent	18	04/10/2022	5	5	4	5	4
Invergordon	Kintyre House (Care Home)	OP	Independent	41	08/11/2023	5	5	4	3	5
Grantown-on-Spey	Lynemore	OP	Independent	40	04/08/2023	4	4	4	5	4
Inverness	Maple Ridge (Care Home)	LD	Independent	18	05/10/2023	4	4	4	4	4
Inverness	Mayfield Lodge	LD	Independent	12	03/10/2022	4	5	5	5	5
Fort William	Moss Park Nursing Home	OP	Independent	40	24/07/2023	4	4	4	4	4
Invergordon	Mull Hall (Care Home)	OP	Independent	42	05/09/2022	4	5	4	4	4
Dornoch	Oversteps (Care Home)	OP	Independent	24	20/10/2023	4	3	4	4	4
Thurso	Pentland View - Highland	OP	Independent	50	24/05/2022	5	4	5	4	5
Alness	Redwoods (Care Home)	OP	Independent	42	10/06/2022	5	5	0	0	0
Wick	Riverside House Care Home	OP	Independent	44	29/01/2024	4	3	4	4	4
Dingwall	Seaforth House Ltd (Care Home)	LD	Independent	22	12/01/2024	4	4	4	4	4
Wick	Seaview House Nursing Home	OP	Independent	42	23/08/2022	5	5	5	4	5
Inverness	Southside Care Home	OP	Independent	33	15/06/2022	4	4	4	4	4
Nairn	St. Olaf - Cawdor Road	OP	Independent	44	23/10/2023	4	3	0	0	0
Strathpeffer	Strathhallan House (Care Home)	OP	Independent	32	29/07/2021	4	4	4	4	4
Nairn	The Manor Care Centre	PD	Independent	43	11/09/2023	3	3	3	4	3
Dornoch	The Meadows (Care Home)	OP	Independent	40	20/06/2023	4	4	4	4	4
Muir of Ord	Tigh-na-Cloich	LD	Independent	4	21/11/2023	5	4	5	5	5
Muir of Ord	Urray House	OP	Independent	40	18/09/2023	5	5	5	5	5
Nairn	Whinnieknowe (Care Home)	OP	Independent	24	03/11/2022	4	4	5	4	4
Dingwall	Wyvis House Care Home	OP	Independent	50	26/01/2024	3	3	3	4	4
Inverness	Ach-an-Eas (Care Home)	OP	NHS Highland	24	13/10/2022	4	4	4	5	5
Isle of Skye	An Acarsaid (Care Home)	OP	NHS Highland	10	25/10/2022	5	4	5	4	4
Thurso	Bayview House (Care Home)	OP	NHS Highland	23	08/09/2022	5	4	4	4	4
Acharacle	Dail Mhor (Care Home) - Temporarily closed	OP	NHS Highland	6	21/09/2022	4	3	4	4	5
Grantown-on-Spey	Grant House	OP	NHS Highland	20	12/04/2023	4	4	4	4	4
Portree	Home Farm Care Home	OP	NHS Highland	35	20/02/2024	4	3	4	4	4
Fort William	Invernevis House (Care Home)	OP	NHS Highland	32	07/08/2023	5	4	4	4	4
Ullapool	Lochroom House (Care Home)	OP	NHS Highland	11	30/09/2022	5	5	5	5	5
Mallaig	Mackintosh Centre - Temporarily closed	OP	NHS Highland	8	22/08/2023	4	2	4	4	3
Newtonmore	Mains House	OP	NHS Highland	25	24/11/2023	3	3	3	3	4
Thurso	Melvich Community Care Unit (Care Home)	OP	NHS Highland	6	21/09/2023	4	3	4	4	3
Wick	Pulteney House (Care Home)	OP	NHS Highland	18	26/09/2022	5	4	5	5	5
Golspie	Seaforth House (Care Home)	OP	NHS Highland	15	14/06/2022	4	5	5	5	5
Gairloch	Strathburn (Care Home)	OP	NHS Highland	13	04/10/2023	3	3	4	4	4
Fort Augustus	Telford Centre (Care Home)	OP	NHS Highland	10	08/02/2022	4	4	4	4	4
Kingussie	Wade Centre (Care Home)	OP	NHS Highland	40	09/11/2023	4	4	4	4	4

Grading Legend	
1	Unsatisfactory
2	Weak
3	Adequate
4	Good
5	Very Good
6	Excellent

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17 March 2023

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors, Directors of Public Health, Medical Directors  
Cc: Local Authority Chief Executives and NHS Chief Executives, NHS Board Directors of Finance

### **Funding for Collaborative Care Home Support arrangements 2023/24**

We are writing to confirm the continued funding arrangements for providing collaborative clinical and care support for adult and older people's care homes. The Scottish Government is making £14 million available to maintain and build on the **Collaborative Care Home Support (CCHS) arrangements (previously called Oversight arrangements)**.

The funding breakdown by NHS Board is outlined in Annex A. We hope this will be helpful to you as you continue to work with and support care homes locally.

The recommendation to continue the whole system multidisciplinary support arrangements was outlined in our [letter and advice note](#) of 14 December 2022 (Annex B). As you know this followed a review undertaken by a Short Life Working Group comprising a range of stakeholders from across the health and social care sector. In our December communication, we provided guiding principles and a framework to support health and social care professionals to continue to work together to identify ways to improve the health and wellbeing of people living in care homes.

The funding recognises the recovery phase that the social care sector is still in. It is to provide additionality, over and above core work and statutory roles, and is intended to create conditions for improving outcomes for people who live in care homes. We anticipate that it will maintain a network of support for care homes and those who live and work in them. The focus of this funding is improvement and

assurance, and complements the funding previously provided for multi-disciplinary teams.

As outlined in our advice note of 14 December 2022, staff roles funded by this allocation should focus on supporting the implementation of and embedding the recommendations made in the [My Health, My Care, My Home - healthcare framework for adults living in care homes](#), and the [Health and Social Care Standards](#).

The majority of funding and thus focus of attention should be directed towards continuous improvement affecting the quality and safety of resident care, and providing assurance. Where posts are continued or created to meet additionality required, it is expected that funded post holders will either be directly or indirectly involved in improving resident care. This should be demonstrated through role modelling, delivering and demonstrating high quality evidence-based care, provision of education, training and development for the care home workforce, monitoring the impact of the above, providing a voice for nursing, and through this assuring that care meets the health and wellbeing needs of residents or escalating timeously where there are concerns in order that appropriate action can be taken.

We know that many of you have already evolved your CCHS teams (or equivalent) in line with the principles and focus outlined in our December communication. Recognising the collaborative and coordinated multidisciplinary nature of the CCHS teams, **the funding is being given to Health Boards with the intention that it will be appropriately distributed as deemed necessary to meet the aforementioned requirements between the Board and HSCP. This distribution should be agreed, overseen and monitored by the local CCHS team.**

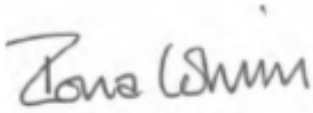
### **Outcomes and assessing progress**

With the focus of improving the health and wellbeing outcomes of people living in care homes, CCHS teams should take an outcomes-focused approach to planning, implementing and evaluating support. Many of you will be utilising an existing or a locally developed set of outcomes to guide your work. The nine [National Health and Wellbeing Outcomes](#) which HSCPs use to support commissioning are a good starting point alongside the [My Health, My Care, My Home - healthcare framework for adults living in care homes](#), which contains six core elements of care and support.

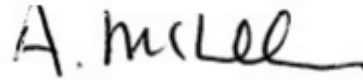
**A condition of the funding will be a commitment to provide Scottish Ministers with information on the plans for your approach and the impact of the funding. To achieve this we ask a short overview is returned by 30<sup>th</sup> April on how local areas already are or envisage using the funding to improve outcomes (see Annex C).**

We will consider how to understand and report on overall impact including sharing and dissemination of learning nationally and will be in touch in due course.

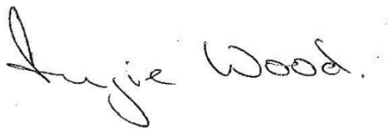
Yours sincerely



Iona Colvin  
Chief Social Work Advisor



Professor Alex McMahon  
Chief Nursing Officer



Angie Wood  
Interim Director Social Care

Table – Funding by Board

	NRAC Split*	NRAC Share
NHS Ayrshire and Arran	7.32%	£1,024,493
NHS Borders	2.15%	£300,400
NHS Dumfries and Galloway	2.97%	£415,362
NHS Fife	6.86%	£960,513
NHS Forth Valley	5.46%	£764,751
NHS Grampian	9.81%	£1,373,030
NHS Greater Glasgow & Clyde	22.18%	£3,105,168
NHS Highland	6.58%	£921,390
NHS Lanarkshire	12.28%	£1,719,370
NHS Lothian	14.97%	£2,095,862
NHS Orkney	0.49%	£69,017
NHS Shetland	0.48%	£66,659
NHS Tayside	7.80%	£1,091,860
NHS Western Isles	0.66%	£92,126
<b>Total</b>	<b>100.00%</b>	<b>£14,000,000</b>

\*Based on 2022-23 NRAC split – to be adjusted when allocation is processed using 2023-24 split.



**Letter and advice note - 14 December 2022**

Chief Social Work Adviser

Iona Colvin

E: [Iona.Colvin@gov.scot](mailto:Iona.Colvin@gov.scot)



Scottish Government  
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14<sup>th</sup> December 2022

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors,  
Directors of Public Health, Medical Directors

Cc: Local Authority Chief Executives and NHS Chief Executives

**New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note**

We are writing to confirm new arrangements for providing enhanced collaborative clinical and care support for social care in Scotland. This follows a review undertaken by a Short Life Working Group (SLWG) comprising a range of stakeholders from across the health and social care sector.

We know that the social care workforce is continually and tirelessly providing exceptional care and innovating in the face of many challenges. We would like to build on this strong platform by ensuring that the sector is supported when needed and there is a continuous cycle of cross sector collaborative support to strengthen what is already in place.

As you know, arrangements for providing additional whole system, multidisciplinary support for adult care homes have evolved during the pandemic since the original request in May 2020 from the then Cabinet Secretary for Health and Social Care. Arrangements were subsequently widened to include adult social care. There has been considerable learning and examples of excellent partnership working during this time, and a recognition of the outstanding contribution and skills of so many care

home staff and the teams that support them. That learning has very much been a two-way process.

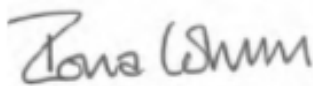
While there has been considerable value in the arrangements, it has been important to review them to ensure that they reflect the current context. Based on the findings of the review and taking account of the current pressures facing the sector, we have developed a number of recommendations. **Overall we recommend continued enhanced support for adult and older people's care homes to support the sector as it emerges from the pandemic and as it deals with the current pressures.** This note follows one from Caroline Lamb and Sally Loudon on the 8<sup>th</sup> December on winter pressures and preparedness.

We note that such an approach outlined for care homes is also relevant for the wider social care sector, which many local systems have already adopted.

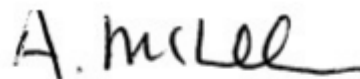
The recommendations are outlined in the advice note in Annex 1. They support a partnership approach, which recognises the experience of care home staff and the provision of support to care homes in the context of ensuring a homely environment in which people live and work. The note provides guiding principles and a framework which recommends that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes, as described in My Health, My Care, My Home - healthcare framework for adults living in care homes published by SG in June 2022 and Health and Social Care Standards in Scotland.

We hope this will be helpful to you as you continue to work with and support care homes locally.

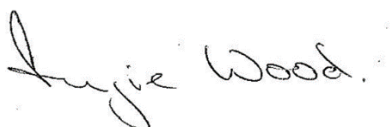
Yours sincerely



Iona Colvin  
Chief Social Work Advisor



Professor Alex McMahon  
Chief Nursing Officer



Angie Wood  
Interim Director Social Care



## Annex 1

# New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

### Overview

Enhanced clinical and care oversight arrangements for care homes were put in place early on in the pandemic to support care home staff to keep residents safe. This followed a request from the then Cabinet Secretary for Health and Sport for multi-disciplinary teams, comprising key clinical and care leads from NHS Boards and local authorities, to provide additional whole system support to protect residents and staff<sup>1,2</sup>. There has been considerable learning and examples of excellent partnership working during this time. Using this learning, a Short Life Working Group (SLWG) comprising a range of stakeholders across the sector reviewed the arrangements.

Based on the findings of the review to date and, taking account of the current pressures facing the sector, this advice note sets out recommendations, informed by the SLWG, for new arrangements for providing continuing enhanced support to adult and older people's care homes in Scotland.

Many areas have already evolved their arrangements, in collaboration with care homes, to focus on improvement, sustainability and viability, taking into account the learning and experience of the pandemic and the strong, positive relationships built between local partners and care home staff, residents and families. The outstanding contribution and skills of so many care home staff and the teams that support them during the pandemic is recognised. Currently care homes, along with other parts of the health and social care system, are operating within an increasingly complex and pressurised environment. Their value and ongoing success is critical to the future sustainability of locally based health and social care provision.

The intention of this advice note is not to supersede existing arrangements, but to provide guiding principles and a framework for collaborative improvement to strengthen any locally developed approach whilst ensuring a level of consistency across the country.

### Proposed new arrangements

There has been considerable value in the clinical and care oversight arrangements which have enabled whole system support to be provided to care homes during an

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<sup>1</sup> [Strengthened clinical oversight for care homes - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>2</sup> [Coronavirus \(COVID-19\): care home oversight - gov.scot \(www.gov.scot\)](http://www.gov.scot)

unprecedented time of crisis. Local arrangements have generally worked best where conditions have been created for a partnership approach which has fostered mutual respect, trust and equal voice. Key to the approach has been a recognition of the experience of care home staff; assurance support in the context of ensuring a homely environment in which people live and work; and solution-focussed improvement support conversations with supportive follow-up.<sup>3</sup> Arrangements which link effectively with, rather than seeking to duplicate, wider regulation activity by the Care Inspectorate, have worked well.

On this basis it is recommended that:

- Assurance and support arrangements continue but there should be a continued focus on adult and older people's care homes. They should evolve to take account of the current situation to support care homes as they emerge from the pandemic and deal with the current pressures facing the sector. Where local systems have evolved to include the wider social care sector, these principles should also apply.
- **Local oversight teams should be renamed as Collaborative Care Home Support Teams or local equivalent – removing 'oversight' from the name is recommended.** This is to reflect the emphasis on building on existing good practice, collaborative improvement and assurance, wider considerations around the pressures of financial viability/ sustainability in the face of rising costs and to avoid confusion with the statutory duties of the Care Inspectorate.
- The local teams' TOR and membership should be reviewed in line with this shift, recognising that the need for flexibility to respond to current challenges (see below for more details around roles).
- Collaborative Care Home Support Teams should take a collaborative improvement approach, with health and social care professionals working together using approaches such as [appreciative inquiry](#)<sup>4</sup> to identify ways to improve health and wellbeing of people living in care homes as described in My Health, My Care, My Home - healthcare framework for adults living in care homes<sup>5</sup> published by SG in June 2022 and Health and Social Care Standards in Scotland<sup>6</sup>. There should be robust engagement with care homes including representatives for example through Scottish Care, CCPS.
- Collaborative Care Home Support Teams should not replicate inspection or regulation, which is the clear statutory responsibility of the Care Inspectorate. There should be a move away from an inspection model of assurance which has caused confusion in the sector and teams should not use Care Inspectorate terminology. For example, rather than making recommendations or areas for improvement identify what is working well and how to build on this in line with an appreciative inquiry approach. Decisions on assurance visits should be guided by local circumstances which may mean a nuanced approach.

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<sup>3</sup> [Care home quality assurance during COVID-19 | Iriss](#)

<sup>4</sup> Appreciative Inquiry practical resources SSSC <https://lms.learn.sssc.uk.com/course/view.php?id=14>

<sup>5</sup> [My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>6</sup> [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Collaborative Care Home Support Teams will have an ongoing duty to respond to serious concerns by taking immediate steps to mitigate risks and reporting concerns to the regulator, who will consider what, if any, action may be appropriate at an individual or regional service level.
- The Care Inspectorate share with Executive Nurse Directors, Chief Social Work Officers and Health and Social Care Partnerships concerns about care services by providing both with copies of Letters of Serious Concern and Improvement Notices issued. These should be used to guide improvement with a multi-agency action plan put in place that includes the involvement of the Care Inspectorate.
- Where NHS Boards issue instructions or policies for their staff to provide mutual aid for local care homes then this work by NHS staff would fall within the scope of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Nevertheless, where questions arise about individual cases, NHS Boards should consult the Central Legal Office about the Board's potential liabilities in those cases.

### **Supporting people to live well in a homely setting**

Care homes, whether they provide residential or nursing care, are people's homes and are not clinical settings. However, it is nevertheless entirely appropriate that there should be assurance of clinical standards and quality of care sought by Executive Nurse Directors, in the context of Excellence in Care. This is a national approach which aims to ensure people have confidence they will receive a consistent standard and quality of care no matter where they live.

It is therefore recommended that:

- Arrangements should focus on clinical and care support with leadership from Executive Nurse Directors, Chief Social Work Officers, HSCP Chief Officers and Medical Directors in full partnership with providers and care home staff who are experts in providing care and support for people in a homely setting. Directors of Public Health should continue to play a role in outbreak support to care homes. The roles of other professionals to support the Group around understanding of pressures, developments and opportunities across the whole system will also be important. For example, Director of Planning and Commissioning and social care contracts team or equivalent to make best use of intelligence from contracts and commissioning teams.
- Executive Nurse Directors should ensure that care homes are being supported in the context of Excellence in Care to facilitate the best possible care for residents, including IPC support for embedding of the National Infection Prevention Control manual. Such support should be delivered in full and collaborative partnership and aligned with My Health, My Care, and My Home - healthcare framework for adults living in care homes, the Health and Social Care Standards in Scotland, Healthcare Improvement Scotland IPC standards/national IPC requirements and the National Care Home Contract.
- Executive Nurse Directors and Chief Social Work Officers should continue to work in close partnership with the Care Inspectorate to act on findings from inspection and when intelligence is shared to guide the support to services. There should be a collaborative approach to the development of improvement

plans with care homes, HSCP operational/professional leads and the Care Inspectorate.

- Collaborative Care Home Support Teams should continue to monitor opportunities for people living in care homes to connect with their loved ones both in and out of the home in the context of the ongoing delivery of Anne's Law (named visitor policy, health and social care standards implementation and any forthcoming directions linked to provisions in the National Care Service (Scotland) Bill)

### **Support for responding to current challenges**

Many of the challenges facing the care home sector that were apparent during the pandemic remain and have been exacerbated by recent cost of living crisis, staff shortages and wider pressures in the health and social care sector. Collective and ongoing support for care home staff and those living and working in care homes has never been more important at this time. It is therefore recommended that:

- Care Home Support Teams, under the leadership of the appropriate person should monitor the viability of care homes as far as is practicable, taking a whole system overview of capacity. The arrangements for this will vary locally depending on other support systems for example at Board level. Regardless of the arrangements, this should be supported by planning and commissioning teams in HSCPs.
- The following guidelines for Care Home Support Teams to assist in monitoring capacity and to support with the provision of assurance to Scottish Ministers will be useful. Collaborative Care Home Support Teams should have:
  - A pathway for escalating/report serious concerns about quality and safety in care homes to the Care Inspectorate
  - Ongoing review of local care home bed availability and viability, including workforce and financial risks, taking a whole system approach which appropriately balances risks and considers provider as well as individual service viability/sustainability.
  - Refreshed contingency planning for care home closures recognising that multiple care homes may fail due to viability
  - Sight of a strategic plan for commissioning care homes as developed by local Social Care Contracts and Commissioning teams
  - Where there are care home beds not being used there should be work with providers to understand reason for this and put supports in place, for example improvement support or support with staffing where appropriate, recognising that there are staffing challenges across the whole health and social care sector
  - Escalating concerns nationally through the recently redesigned "Director of Public Health" care home monitoring template which now focuses on viability and pressures.
  - Regular review of completion rates of the Safety Huddle Tool – this is particularly important for local planning.
  - Transitions of care between care homes and hospitals – consider drawing on best practice including hospital at home, to enable where appropriate admission prevention and planned interventions to keep residents safe in

their own home. In the same way, facilitation of timely discharge to hospital should be a key element of consideration.

- Started developing a local plan towards implementation of the Healthcare Framework for Care Homes, with MDT support to care home residents and a quality management approach based on the Health and Social Care Standards.
- Care Home Support Teams alongside providers may find it useful to undertake a self-assessment based on the healthcare framework to identify actions that can be taken forward by all partners to support people in care homes. We are already aware that many areas are or have undertaken a mapping exercise and prioritising which of the recommendations to focus on in the first instance. We will continue to support implementation in the New Year.

## **Conclusion**

This advice note has been developed with input from SLWG members. It recognises that in many places assurance and support arrangements have already evolved to respond to the current context based on good practice and sound partnership working. These recommendations seek to provide guiding principles and a framework to support local approaches. With many significant challenges facing the care home sector at this time, such approaches will be essential to supporting those living and working in care homes.

Going forward collaborative work will commence to consider the development of a Collaborative Improvement Model to provide a framework to support local approaches aligned to existing work looking at improvement models and support in the social care sector. This will enable more detailed consideration and confirmation of the roles of clinical and professional leads including Executive Nurse Directors in context of a collaborative improvement approach.

## Annex C

## CCHS teams reporting

Local CCHS teams should provide, by 30 April 2023, an overview of how the money will be spent in line with the objectives set out in 14 December 2022 letter and how improvement will be monitored and reported, using qualitative and quantitative measures.

We continue to receive a monthly return (previously Director of Public Health (DPH) return) from each Health Board that details immediate care home concerns and challenges including viability and we will review these along with the template below.

## Template

Please send plans for your area to CareHomesCovidSupport@gov.scot, by 17:00 on 30 April 2023 with subject 'Care Home Collaborative Support team plans'

<b>1. What are the overall aims and anticipated outcomes of the work of the CCHS team, taking account of learning to date?</b>
<b>2. i) Outline how the CCSH team will support the objectives outlined in the 14 December 2022 letter?</b>
<b>2ii). How will the funding will be used to contribute to overall improvement and building capacity for improvement? (it might be helpful to use the pillars outlined in the healthcare framework to structure answer)</b>
<b>3. How are the CCHS team monitoring and evaluating improvement? If easier please send standalone reports have been carried out on specific projects to date.</b>
<b>4. What has worked well so far (what will you consider scaling up for example)?</b>
<b>5. What has worked less well so far? What have your learned that would be valuable to share with others (including challenges that you have had to overcome?)</b>



**6. Please detail anything else you would like to share with Scottish Ministers?**

**7. Please provide details of the expenditure of this funding, broken down into resource e.g. staff, whether full or part time, £value (see table below)**

For example

Resource	Hours	Unit Cost	FTE	Total Cost
Advanced nurse practitioner	37	£40,000	1	£40,000
Staff Training		£5,000	N/A	£5000

# CARE HOME COLLABORATIVE SUPPORT - NORTH HIGHLAND

## MAXIMISING RESIDENT EXPERIENCE AND WELLBEING ACTIVITIES FUND REPORT

1,707

96%

Number of residents who benefitted or will benefit ongoing from the fund

Percentage of total Care Home residents who have benefitted or will benefit ongoing from the fund

MARCH 2024

**PREPARED BY:  
GWEN HARRISON  
INDEPENDENT SECTOR LEAD  
(CARE HOMES) HIGHLAND**



# BACKGROUND

Within North Highland there are 47 Independent Sector Care Homes and 14 NHS Care Homes covering a mix of urban and rural settings, 25 of these are nursing homes. Of these, 44 are within the Inner Moray Firth area and 17 within North and West, 48 are in the main care for the elderly (65+) and 13 supporting younger adults (under 65), covering a mix of learning and physical disabilities, mental health, and substance use. Of the Independent Sector homes, 33 are private sector and 14 are for not for profit / charity.

NHS Highland is in receipt of funding from Scottish Government of £681k for collaborative care home support - the purpose of which is to improve the lives of people living in care homes.

This funding is being used for the Collaborative Care Home Support Team and to also fund the Partners for Integration / Scottish Care – Independent Sector Care Home Career and Attraction post.

The funding from Scottish Government is allocated on a 12-month basis only, which has caused challenges to being able to fully recruit to the collaborative team. As a result, there was a projected underspend of £240k, which was utilised instead as a maximising resident experience / wellbeing fund, but still fulfilling the primary objective of the funding this being to improve the lives of people living in care homes.

## Funding theme suggestions

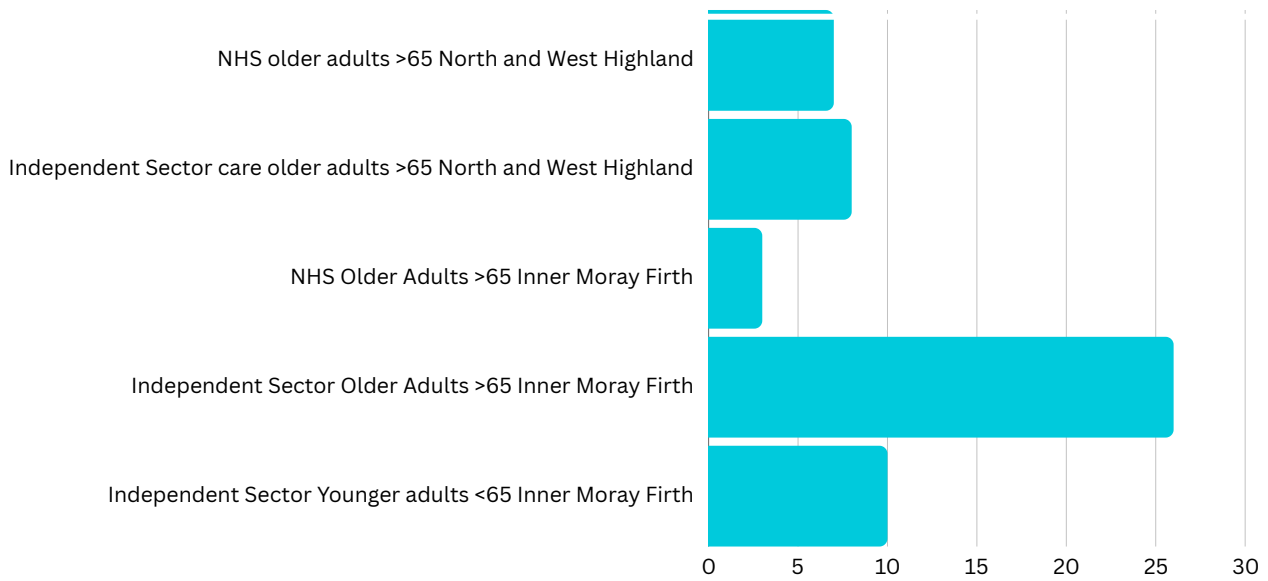
Through feedback received from informal discussion through Collaborative Care home support team and through the Scottish Care Independent Sector Lead, the following 4 funding themes were identified:

Experiences	Activity	Sensory	Technology
examples include a party, or an event	examples include things like mobility bikes, burns gym or yoga for residents, some equipment for resident activities	examples include things like lighting, sound, textures in a sensory room, sensory garden or sensory lighting, projectors	examples include things like interactive digital tables

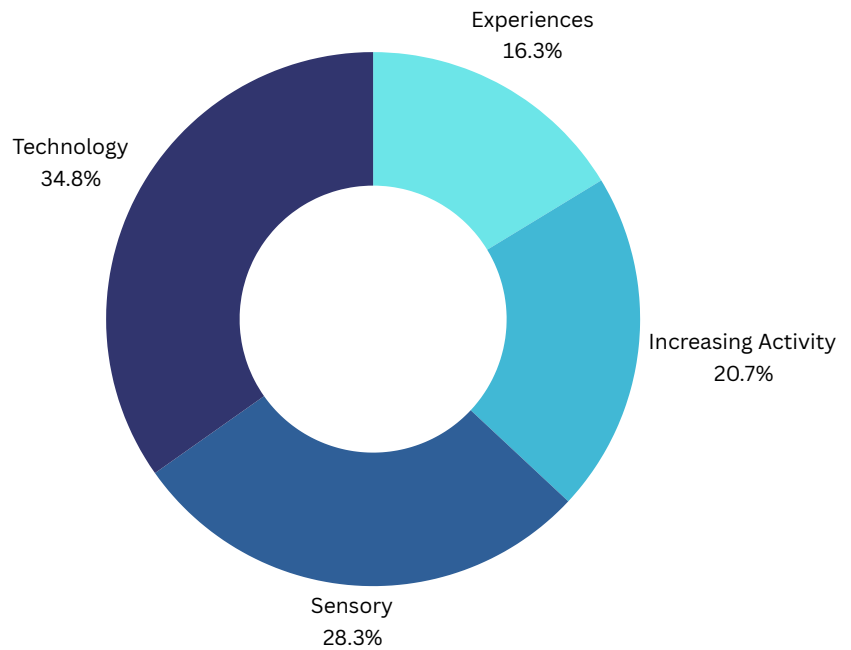
An options appraisal was circulated to the Care Homes on how the money would be allocated and the majority opted for a sliding scale as follows:

Size of Care Home	Fund Allocation
1-15 registered beds	£2,500
16 - 30 registered beds	£3,500
31 - 45 registered beds	£4,500
46+ registered beds	£5,500

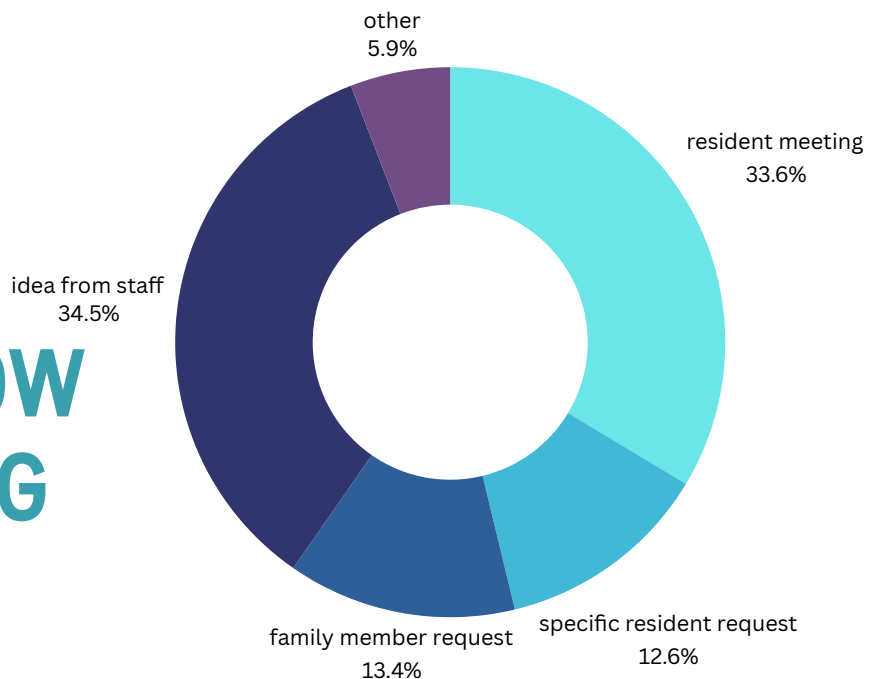
# CARE HOMES THE FUNDING REACHED



## HOW THE FUNDING WAS SPENT



## WHO DECIDED HOW THE FUNDING WAS USED



# ACTIVITIES

- Raised beds in garden to increase time and involvement outdoors and other accessible garden equipment
- Burns Gym subscription
- Electric assisted bikes

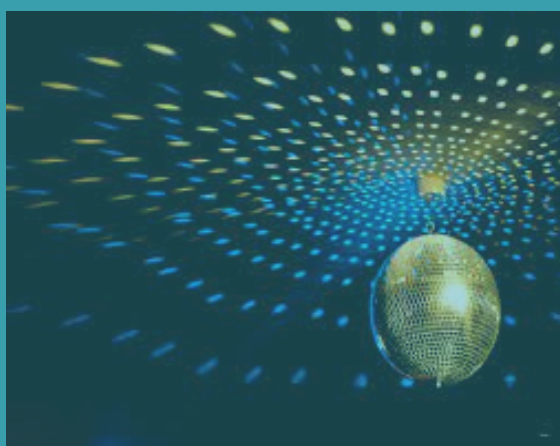
Games for physical activities including:

- ten pin bowling
- basket ball nets
- floor games
- garden games
- fishing equipment

# TECHNOLOGY

24 opted for Interactive Tables of varying types and sizes as well as:

- Projector
- VR headsets
- Portal
- TV and sound bar
- Tablets
- Music system
- Dementia radio



# EXPERIENCES

- Garden Parties
- Musical entertainment
- Karaoke equipment and subscriptions
- Incredible Egg - incubator kit
- Day trips
- Monthly resident trips
- Caravan holiday



# SENSORY

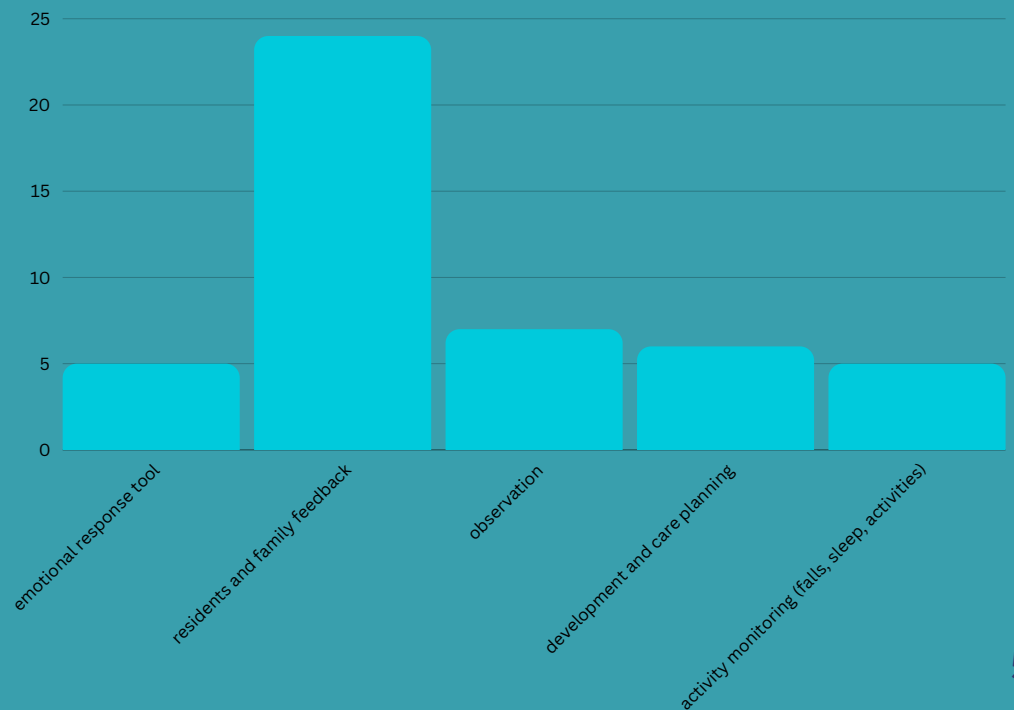
- Sensory tables
- Sensory Garden with lights and plants
- Sensory lighting
- Sensory boards
- Empathy dolls
- Dementia sensory items
- Creating a therapeutic / calming area
- Musical therapy equipment for indoors and outdoors

# OUTCOMES

The range of both short and long term outcomes that the Care Homes highlighted for residents as a result of the funding

- Improved wellbeing
- Increased levels of happiness
- Increased sense of achievement
- Reduced isolation
- Improved communication with family and friends and staff
- Increased independence
- Increased community interaction
- Increased choice in activities
- Increased participation in activities
- Greater access to the outdoors
- Increased involvement in outdoor activities
- Reduction in distress in people with dementia
- Reduced anxiety
- Enhanced psychological wellbeing
- Increased cognitive stimulation
- Increased emotional regulation
- Increased connection and empathy
- Virtual experiences now available which were inaccessible physically
- Reduced risk of falls
- Improved sleep patterns
- Improved dexterity

## EVIDENCE TOOL USED



**WHAT THE RESIDENTS, FAMILY AND FRIENDS SAID:**

excellent thank-you anticipation  
 great amazing positive  
 happy brilliant  
 love-it enjoyable excited enthusiastic pleasure  
 beneficial excitement lovely use diverse  
 practical convenient wonderful  
 healthy togetherness laughter easy fantastic  
 interesting useful generous exciting  
 good thankful  
 convenient



**WHAT THE STAFF AND OTHER PROFESSIONALS SAID:**

helpful multi versatile multi-functional  
 motivated worthwhile useful  
 good functional fun thankful  
 work lovely technology positivity person-centred  
 innovative  
 engaging amazing excellent meaningful  
 brilliant great fantastic inclusive encouraging  
 enthusiastic excited team appreciated  
 participation positive  
 happy-staff

# THE IMPACT OF THE FUNDING ON THE RESIDENTS' EXPERIENCE

## What the managers told us:

Residents have increased their learning and experiences

Residents have enjoyed being part of the planning process

It has allowed a much more fun and interactive approach to activities

Staff and residents are enjoying the activities

It has had a positive emotional impact on residents and staff

So many residents have engaged with the table

## What the residents said:

*"Its a game changer"*

*"Its a brilliant thing to have"*

*"These daily exercises keep the old bones moving, if you don't move it, you lose it"*

*"Love having trips out, reminds me when my husband was alive"*

*"You have given me my life back"*

*"This is the highlight of my week"*

*"I don't feel so lonely now"*

*"I'll sleep tonight - I hope we do this every week"*

*"Loved having the animals here"*

*"Oh my word, that is amazing"*





# CARE HOME COLLABORATIVE SUPPORT - NORTH HIGHLAND

## MAXIMISING RESIDENT EXPERIENCE AND WELLBEING ACTIVITIES FUND REPORT

MARCH 2024



PREPARED BY:  
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