

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 4 September 2024

Title: Internal Audits:
 Adult Social Care Services – i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems and
 Younger Adults Complex Care Packages Governance Arrangements
 Actions Update

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

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1 Purpose

Please select one item in each section *and delete the others*.

This is presented to the Board for:

- Assurance

This report relates to a:

- Board Objectives: Internal Audit findings and requirements.

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	
Care Well	x	Live Well		Respond Well	x	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes			

2 Report summary

2.1 Situation

The Adult Social Care Services i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems and Younger Adults Complex Care Governance Arrangements audit reports were considered by the NHS Highland Audit Committee in May 2024. The contained recommendations and associated management actions due in October 2024. The improvement required and the actions to be undertake in response are attached.

2.2 Background

The Adult Social Care Audit Report states that the background to the audit is: Adult social work and social care is about managing risk while meeting people's needs and outcomes. It supports people - as much as practicable - to live ordinary lives. To ensure NHS Highland (delegated services on behalf of the Highland Health and Social Care Partnership) can deliver such services it is fundamental that a consistent and integrated approach is taken across NHS Highland involving both the Community and Acute services. Further, it is fundamental NHS Highland has a sufficient understanding of what services are being delivered to individuals and that these remain the services required at a point in time. In accordance with the 2023/24 Internal Audit Plan, we reviewed two areas i) Multi-Disciplinary Planning for Discharge across Community and Acute Services and ii) Care at Home Packages."

The Younger Adults Complex Care Packages Governance Arrangements Audit Report states that the background to the audit is: "There are currently 142 people within the NHS Highland area with care packages with a service provision cost of over £100k each, totalling approximately £21million in aggregate. As such it is important, that there are arrangements in place for developing, reviewing, and approving packages for younger adults which are over £100k in value. This review considered how these packages are reviewed and approved in the context of wider service delivery and the sustainability of the packages for the future."

2.3 Assessment

The conclusion of the Adult Social Care Audit Report states that:

“NHS Highland has implemented a new discharge planning model in response to best practice national guidance issued by the Scottish Government. This is led by the ‘Home is Best’ approach. This has involved fundamental changes to ways of working, including clients being ‘pulled’ out of hospital by Community Teams rather than ‘pushed’ out by Acute, and a number of new processes and tools being implemented. While this is intended to improve processes and reduce issues or delays in discharge planning, we have outlined a number of recommendations that would support more efficiency and effectiveness of this new model. The recommendations can be grouped into the following key themes:

- Leadership oversight and accountability
- Upfront project plans and design of new processes
- Resource allocation (personnel and funding)
- Communication and training plans
- Ongoing support to be fully embedded.

We also found issues with the governance of Care at Home package reviews. Implementing an effective process for monitoring and reporting on these reviews will ensure appropriate level of care is provided to service users and reduce unnecessary spend by the organisation.”

The conclusion of the Younger Adult Complex Care Packages Governance Arrangements Audit Report states that:

“We confirmed there is a process in place for the development, review and approval of complex care packages within NHS Highland. For all care packages a personal outcome plan is developed for end users, detailing the social circumstances and when appropriate, medical history of the applicant, needs, personal outcome and required resources for the package to be delivered by NHS Highland. For packages over £100k in value these are reviewed by Pre-ACAAG (Adult Care Advisory and Allocation Group) before being presented to Highland Adult Care Advisory and Allocation Group (HACAAG) for approval. However, we have identified areas for improvement in the current processes in place. These include (i) the need to document the development and approval process for complex care packages, (ii) update the Terms of Reference for the Pre-ACAAG and HACAAG, (iii) developing a reporting framework for complex care packages in which the number and costs of packages are reported regularly within the NHS Highland governance structure, and (iv) ensuing reviews from Pre-ACAAG are clearly documented and provided to HACAAG.”

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

The report is providing assurance that actions are being progressed. Actions are not yet complete but are on track.

3 Impact Analysis

3.1 Quality/ Patient Care

As described in the improvement required and action to be undertaken.

3.2 Workforce

It is expected that clear governance structures and operational processes will support staff in decision making.

3.3 Financial

It is expected that financial governance and decision making in the allocation of resources will be improved. As described in the reports.

3.4 Risk Assessment/Management

The audit report recommendations and management actions identify risk and aim to mitigate those risk.

3.5 Data Protection

No personally identifiable data is used in the Audit Reports

3.6 Equality and Diversity, including health inequalities

It is expected that improving governance arrangements and operational processes will ensure equitable allocation of resources.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

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

The Audit Reports have been considered by the NHS Highland Audit Committee.

The Audit Report Adult Social Care Services – i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems has been shared with the HHSCP SLT and the integrated SLT (acute and community systems leaders); and management

actions are being taken forward by relevant key individuals in the SLTs and their teams.

The audit reports identify the key contacts involved in the audit process.

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.

- The reports have been shared with the HHSCP SLT and will be reported to Audit Committee in September 2024

4 Recommendation

- **Assurance**
- The committee is asked to accept moderate assurance that management actions are being progressed appropriately.

4.1 List of appendices

The following appendices are included with this report:

- Internal Audit Status Update August 2024

Internal Audit Report 2023/2024**Younger Adults Complex Care Packages – Governance Arrangements.****Status update for HSCC & Audit Committee.****21/08/2024****Control Objective 1:**

There are clear policies and procedures in place for the development and approval of complex care packages which are being adhered to in practice.

Management Action:

1. Policies and procedures relating to the allocation of funding to be reviewed and ensure reflect SDS standards, including current recommendations around eligibility and consider the reality of resource availability.
2. Update ToR for HACAAG and to include process to monitor and check review and resource allocation.
3. Ensure clear roles and responsibilities for HACAAG members. Support this with a checklist to ensure consistent decision making and the support of all stakeholders.

Due date: Implement urgently with review October 2024

August status update:

- Adult Social Care now has a specific area on the NHS intranet, this will support with a consistent application to guidance and regulation as is located in a central location. Next Steps – to ensure all guidance in relation to funding and resourcing ASC packages is current and uploaded.
- Director of Finance has gathered ToR for all decision making fora in this area to promote consistency and compliance with governance requirements.
- Draft ToR completed. Final review and implementation pending. Roles and Responsibilities are documented in ToR.

Control Objective 2:

Package development includes an analysis of need and availability of resource and there is appropriate oversight of all packages to ensure they are considered in the context of the entire service model, priority and sustainability of service provision.

Management Action:

1. Management will ensure that requests for service based on individual outcomes are considered in relation to resource availability – or non availability in its entirety.

Decisions are requested based on individual circumstances but resource allocation for packages over 100k cannot continue to be made without a clear mechanism to document the availability and impact on other parts of the service if approved. Documentation to support HACAAG will assist with this to provide assurance that individuals have been empowered to consider choice and control. There also needs to be a clear statement of available resource.

2. Use of the Dynamic Support Register as a tool at HACAAG to monitor resource allocation, pending requests and unmet need.

3. HACAAG reporting to go via SLT on a monthly basis.

4.HACAAG to report into SLT as acting on behalf of the Health and Social Care Partnership. Therefore a process of escalation and decision to be considered for packages above a certain threshold if they are considered an exception. Guidance and SOP to be developed for this and to consider the interface with Fees Group.

5. A process of auditing to be established and embedded through the whole system

August 2024 Status Update

- Dynamic Support register is established, accurate and monitored.
- Monthly Reporting to SLT commenced, however further work planning required to establish better understanding of trajectories, and associated variance.
- Role and Remit of Fees group is being reviewed in conjunction with this work to ensure streamline processes. This links to the Governance review referenced above.

Control Objective 3:

There is ongoing monitoring and reporting on the packages in place to management and the governance structure with any issues being escalated in a timely manner.

Management Action:

1.In line with guidance and SOP actions to support HACAAG a document will be created to record and monitor resource allocation.

2. An exercise will be undertaken to establish compliance with SDS reviews in line with legislative principles and report via HACAAG.

3.HACAAG , acting on behalf of the Health and Social Care Partnership, to report into SLT. Therefore a process of escalation and decision to be considered for packages above a certain threshold if they are considered an exception. Guidance and SOP to be developed for this and to consider the interface with Fees Group.

4. A process of auditing to be established and embedded through the whole system.

August Status update:

- Districts have clear mechanisms to monitor financial spend and resource allocation as well as waits for resource allocation.
- Current systems do not enable automatic reporting of SDS reviews and remains a manual exercise until such time CareFirst is replaced.
- Further work required to establish relationship between Option 1&2 investment and associated Option 3 disinvestment

Summary and Conclusions

Improvement work in relation to the allocation of social care resource, across all service user groups (not exclusively younger adult complex care packages) is accepted as an area of priority.

This work is now being taken forward on behalf of the HSCP by the Interim Deputy Director of Adult Social Care and the Head of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services.

A programme approach has been adopted and this work is being amalgamated with other projects aimed at cost containment. It is recognised that the improvements and management actions published in the audit report are the foundations of ensuring service improvement and best allocation of resources. In addition it will act as a platform to accurately inform service gaps and commissioning requirements currently and in the future. This programme will formally commence on 30/08/24.

Internal Audit Report 2023/ 2024

Adult Social Care Services

- 1. Multi Disciplinary Planning for Discharge across Community and Acute Services.**
- 2. Care at Home Review and Systems.**

Control Objective 1:

There are clear processes in place within districts to ensure the MDTs are working alongside staff within Acute to ensure discharge planning is taking place in a joined-up way.

Management Action:

1. Create an escalation policy to enable a single route for decision making when required. This route to be accessible in a timely manner and to be led by an appropriately skilled professional who understands needs, risks, outcomes and resource availability in the community.
2. CM2000 Project to be supported to completion in September 2024 to create the foundations for the consistent use of the system which includes establishing procedures for governance and reporting as well as the accuracy and consistency of reviews. Oversight of action via Care Programme Board.
3. Review of the model that incorporates the DMT process that is supported by the Chief Officers, Professional and Clinical Leads. Review to include the governance route for reporting
4. Chief Officers (Acute and Community) supported by clinical and professional leads to ensure standardised processes for all discharge destinations. To ensure overarching guidance is in place to support the required SOP's and to have clear single place for access. To link with the Care at Home implementation plan and have governance via the Care Programme Board.
5. Management to develop, roll out and review training and practice development plan for all relevant staff including managers and clinical leaders.
6. Ensure existing national plans guiding the DWD group and associated local reports are presented and a level of assurance provided to appropriate governance committees, namely Care Programme Board.

August 2024 Status Update

- Decision Making Team structure reviewed and confirmed largely functional. Alternate “campus” approach being designed to better manage pressures of Inverness area.
- Areas of improvement in relation to communication identified and improvements being progressed.
- Escalation process for DHD definition and complex planning being progressed
- Resource availability data being reviewed with decision making hub being explored.
- CM2000 project largely due for completion, ongoing maintenance of system use required. Project Manager continuing in post for 6 months to ensure seamless transition.
- Discharge planning model reviewed (August 2024) with improvement areas identified.
- Revised SOP under construction for multi disciplinary roll out.
- Specific analysis of implementation of Discharge App being undertaken
- Full DHD data quality review undertaken.
- First stage of development complete through full review of data quality which has indicated improvement areas and areas of confusion.
- As per above, data based assurance now being established based on accurate DHD list.
- Training needs identified and plan in response under construction
- Leadership and reporting arrangements for Unscheduled Care and Delays in Discharge amended. Leadership now resting with Medical Directors and Chief Officers (Community and Acute) **See Appendix 1**

Control Objective 2:

There is an effective interface between Community MDTs and discharge support teams / discharge planning teams in Acute.

Management Action

(There is a constant cycle of education in relation to the statutory role of social work and its interface with ASC meaning that a social worker is not always the best placed professional to take forward community discharge planning)

- 1.To have assurance that the Care Portal is in place and can store key information from all relevant systems including CareFirst, Morse, Sci and Trak care.
- 2.The detailed Guidance relating to Discharge Without Delay is reinforced and implemented with appropriate clinical and management engagement, monitoring and review.
3. Practical application of “Choice” Guidance is reviewed

August 2024 Status Update

- Particular attention and analysis given to the SW Assessment definitions within DWD. This has informed reductions in totals and more accurate recording.

- Visible clinical and managerial leadership identified as above. **See Appendix 1.**
- Accurate coding is allowing a focused pursuit of compliance with “Choice” Guidance.

Control Objective 3:

There are clear escalation processes in place where differences of opinion arise over where patients should continue to receive treatment.

Management Action

Create an escalation policy to enable a single route for decision making when required, This route to be accessible in a timely manner and to be led by an appropriately skilled professional who understands needs, risks, outcomes and resource availability in the community.

August 2024 Status Update

- ASW&SC Directorate scoping the professional resource required to support this work.
- Chief Officer for Acute has instructed a delegated group to scrutinise DD and resource availability. ToR are being established
- Revised Leadership and Coordination arrangements in place (**See Appendix 1**)

Control Objective 4:

There are clear policies and procedures regarding the monitoring and review of Care at Home packages

Management Action

We acknowledge that there is a legacy of inconsistency from previous management structures. We will provide clarity on the responsibility and direction of the Care at Home Service. This will enable single route for consistent reporting. Variation should be accepted if the whole service is working to the same principles and ethos.

August 2024 Status Update

- Head of Service – Registered Services commenced in post in May 2024 and has been reviewing and creating standard work with professional leadership and operational teams. This includes the monitoring and review of individual care at home services
- Current community redesign to include a clear position of the management and leadership of Care at Home (in house)
- Recognising that there has been a lack of consistent coordination of Care @ Home interventions, the Joint Officer Group has vested oversight in the Head of Commissioning. Establishing this discipline is being taken forward.

Control Objective 5:

Care at Home packages are being reviewed in line with requirements and services adjusted as and when necessary

Management Response

Provide clarity and leadership on consistent principles based on the ASC Practice Model to support dynamic reviews. This will link with the established SDS strategy as per the ambition of national guidance.

August 2024 Status Update

- Purpose, frequency and quality of reviews are being audited via professional leadership.
- There is good work in areas where there is risk or actual provider service collapse in that communication goes to all service users and there is constant consideration in relation to rebalancing distribution of available care resource.

Control Objective 6:

There is regular reporting on the reviews taking place to management and the governance structure with data outputs and trend analysis

Management Response

1. CM2000 Project to be supported to completion in September 2024 to create the foundations for the consistent use of the system which includes establishing procedures for governance and reporting as well as the accuracy and consistency of reviews.

2. Building from the completion of the CM2000 project (end September 2024) have agreed centralised support for CM2000. Link with ehealth and strategy and transformation to describe the product that is needed and resource to cover summary level information, granular information, system support and training. A specification of scale is being developed and will be reported to SLT. Power BI will assist with this and improve effectiveness and oversight.

3. ASC planning and performance capacity has been redirected to other NHS priorities. The report requirements and resourcing will be reviewed within the context of a more general review of SW/ASC reporting requirements and resourcing. This action will be linked closely with the C@H sector in terms of broader reporting, link to the C@H implementation plan and report finally to the Care Programme Board.

August 2024 Status Update

- There has been some slippage in the CM2000 project due to issues with the provider that have had to take priority for resolution. This has been to ensure that technology is working to enable carers to know where to deliver service. However the project is largely due for completion and the system will accurately show where there is activity in relation to reviews.
- The system reporting will then support the existing audit process and target any areas of improvement.

Summary and Conclusions

Meeting the needs of people in our communities is becoming more complex as individuals are living with more co morbidities, frailty and risk than in previous years. NHS Highland must have a clear and consistent understanding of the complexity involved in delivering care at home compared to even 5-10 years ago.

The recent focus area of work in relation to Delayed Hospital Discharge data has enabled targeted monitoring of the role and function of the Decision Making Teams. In the main, it is clear that those working in Districts knew individuals very well, to enable sound assessment and decision making. This is more challenging in Inverness and does impact on communication therefore a campus style model is being considered.

The idea of building the discharge app while trialling is sound in principle, however, given the system pressures, there has been unforeseen complication and duplication onto systems. Consideration is being given to pause this initiative and ensure that the required foundation work is robust .

There is a programme of improvement work underway in relation to in-house care at home services and this does include the review process. The service has been historically fragmented has been differentially managed within Districts. A revised approach is being taken forward to ensure the continuation of integration but also to enable cohesive and consistent service delivery through a professionally directed approach.