

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on:	12th October 2022	
Agenda Item:	10	
Title:	Care at Home Risks and Mitigations	
Summary:		
<p>The purpose of this report is to provide an update on the current level of risk within homecare and the actions being taken to mitigate that risk.</p>		
Author:	Billy McClean, Head of Community Health and Care Services	
Recommendations:		
<p>It is recommended that members:</p> <ul style="list-style-type: none"> - considers the risks facing Care at Home services. - endorses the actions being taken to partially mitigate the risks for those awaiting community services. - considers actions to be escalated to a regional and national level to help mitigate the escalating risks. 		
Route to meeting:		
Directions:		
1. No Directions Required	<input type="checkbox"/>	
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	
3. Directions to South Ayrshire Council	<input type="checkbox"/>	
4. Directions to both SAC & NHS	<input type="checkbox"/>	
Implications:		
	Financial	<input type="checkbox"/>
	HR	<input type="checkbox"/>
	Legal	<input type="checkbox"/>
	Equalities	<input type="checkbox"/>
	Sustainability	<input type="checkbox"/>
	Policy	<input type="checkbox"/>
	ICT	<input type="checkbox"/>

CARE AT HOME RISKS AND MITIGATIONS

1. PURPOSE OF REPORT

- 1.1. The purpose of this report is to provide an update on the current level of risk within homecare and the actions being taken to mitigate that risk.

2. RECOMMENDATION

2.1 It is recommended that the IJB

- i considers the risks facing Care at Home services.**
- ii endorses the actions being taken to partially mitigate the risks for those awaiting community services.**
- iii considers actions to be escalated to a regional and national level to help mitigate the escalating risks.**

3. BACKGROUND INFORMATION

- 3.1 There has been a considerable focus nationally and locally on reducing the number of people waiting in hospital to transfer home or closer to home, otherwise known as delayed transfers of care.
- 3.2 Although data is now collected nationally and locally on unmet need in the community, the focus remains on those in hospital. This presents a risk to individuals in the community whose needs have not yet been assessed.
- 3.3 Where care is required but not provided, this may lead to needs not being met and result in people tipping into crisis and subsequent emergency presentations for either health or social care.
- 3.4 During the early part of 2021-22 the number of people awaiting assessment or care in both the community and the hospital had significantly improved to a six year low of 17 delays. However, during 2021-22 a number of acute on chronic workforce challenges (particularly in care at home) have resulted in the number of people awaiting care increasing.
- 3.5 This paper provides an update on the deteriorating position of in both the in house and commissioned Care at Home services and Reablement service.

4. REPORT

4.1 People Awaiting Care in Hospital and the Community

On 14th September 2022 there were **111 people in hospital** experiencing a delayed transfer of care and those **awaiting care in the community had reached 168**, which is amongst the highest number of delays ever seen in South Ayrshire. This is a significant deterioration from April 2021 when hospital delays had fallen to their lowest number (n=17) for over six years. A

combination of increased demand (number of people and complexity of need) and diminished capacity (vacancies, sickness absence and provider sustainability) have contributed to the deterioration.

The total number of hours having been assessed as required but not yet provided stands at over 3000hrs per week. This does not include those not yet assessed which is likely to result in a further 2000hrs per week giving a **total backlog of over 5000hrs per week**. The backlog is **rising by approximately 5% (200hrs) per week**.

4.2 Rising Demand

There has been a steady rise in demand for care, especially care at home, for a number of years which was anticipated as a consequence of demographic pressures. This has accelerated over recent years (**32% increase during 2021-2022**) as a result of the Covid pandemic where we have seen both the number of people requiring care and the amount of care that they require increase due to increasing frailty and complexity (**August 2021 = 157 referrals compared to August 2022 = 207 referrals**). Delays in providing care are further compounding the problem with people either falling into crisis at home causing otherwise unnecessary admissions to hospital and those who are delayed in hospital becoming deconditioned and requiring additional care in order to return home.

4.3 Diminishing Capacity

During 2020-21 South Ayrshire invested heavily in Reablement and undertook a redesign of Care at Home with the aim of improving people's independence, minimising demand on care services and mitigating the effect of demographic changes. In April 2021 the impact of these changes led to an improvement in flow and service efficiency and resulted in delays reducing to the lowest number since 2015.

4.4 In House Services

Care at home is continuing to experience real difficulty in maintaining a workforce of sufficient numbers to meet demand. Unfortunately since then people have steadily been leaving their jobs in care resulting in **13.5% (27 of 201 posts) vacancy rate** within in house care at home compared to **1.6% (3 of 189) in April 2021**. Currently there is a **31% (32.5 of 105 posts) vacancy rate** within Reablement. Very significant effort has and continues to be put into the recruitment but at this stage with limited impact.

Our assessment is that there are a number of reasons for the difficulty to recruit staff including:

- The overall numbers of people of working age to draw on in South Ayrshire.
- Remuneration is clearly an issue in such a competitive market.
- Career progression remains an area where we know we need to do better.
- The workforce is ageing, with significant numbers of people retiring or due to retire.

- The difficulties with recruitment and retention are experienced in other partnerships but South Ayrshire's remote geography and demographics bring additional challenges not felt elsewhere in Scotland or in our neighbouring partnerships.

Sickness absence has also risen with **44 staff off long term sick August 2022** compared to 16 in April 2021 for in house Care at Home.

The combined effect of vacancies and sickness absence means that in house capacity has fallen from **4137hrs per week in April 2021 to 3255hrs per week in August 2022 (a reduction of over 22%)**.

In common with all HSCPs, South Ayrshire has submitted a Workforce Plan to the Scottish Government for comment, with feedback expected shortly. A report will be provided to the IJB in October. The Workforce Action Plan is intended to mitigate as far as is possible the impact of these areas of risk.

4.5 Commissioned Care at Home

Private providers are also struggling to recruit and retain staff and many are either struggling to provide the quality or the quantity of care required. There has been a **20% reduction in available capacity** within commissioned services (**9600 commissioned hours per week compared to 12000 hours per week in April 2022**). 2050hrs of care per week, approximately 20% of commissioned care hours have been handed back by providers over the last 12months with three companies stopping providing care altogether (Table 1).

Provider (not named)	Number of Hours Handed Back	Timeframe
A	450	Autumn 21
B	400	Autumn 21
C	300	Summer 22
D	700	Summer 22
E	200	Autumn 22
Total	2050	

Another provider (F), who provide circa **1,400 hours per week**, is currently experiencing significant challenges and is being supported by the HSCP. This has resulted in resources (staffing) being re-directed to maintain continuity of service and improvements following the development of an agreed action plan to stabilise the service.

Some staff have transferred to the local authority under TUPE but the numbers were insufficient to cover the work allocated. This puts additional pressure on the in-house services. We have sought to engage with as wide a range of providers as possible in order to identify additional capacity but all are finding it difficult to recruit staff. We continue to have very positive engagement with Scottish Care who are as concerned as we are and have worked collaboratively with providers to run recruitment initiatives.

4.6 Care Homes

Care Homes are also struggling with recruitment and retention of staff for much the same reason. This has caused a number of homes to close their doors to new admissions and seek support from the partnership throughout the last two years. It is anticipated that inflation, especially heating will heap additional pressure on the sector and may result in some providers leaving the market with potentially serious consequences for residents and our services.

4.7 Improvement Actions and Mitigations

There are a range of issues that are within our control, some that are within our influence and others that are outside of our sphere of influence or control. Three of the major risks are on the IJB strategic risk register and are:

- Demographic challenges
- Workforce challenges
- Premises

4.8 Actions Within Our Sphere Of Control

Table 1 sets out a number of actions being taken with the aim of providing some marginal gains to improve the current situation and mitigate risks. However, it is unlikely that these will be sufficient to fully mitigate the risks noted in section 4.2

Table 1 Improvement Actions and Mitigations

Minimising Demand	Intended Impact	Progress
RUNAT team	Review those in the community and reduce the need for formal care.	Recruited to all posts with start dates likely to be November 22.
Intermediate Care Beds South Lodge	10 beds	Funding agreed and ELT paper to be submitted. Staff already in post. Residents need to move to Fort Street. Could be operational by November 22.
Hospital at Home	28 virtual beds Prevent hospital admission for those with complex needs	New geriatrician and practitioner posts filled. Full capacity anticipated end December 22.
Maximising Capacity		
Care at Home and Reablement Recruitment Initiatives	Maximise recruitment into care at home.	Ongoing. Radio, leaflet, online advertising. Attending summer events. Online and in person recruitment events.

		Minimal impact.
Interim Care Beds	Maximise use of available care home capacity for those awaiting care home or care at home.	Ongoing. 25 commissioned. 18 filled. 7 in progress. >50 throughput since December 2021.
Absence Management Post	Reduce sickness absence within care at home from 10% to 6%	Ongoing. Post filled. Reporting active. Support being provided to supervisors.
Self-Directed Support Reviews	Review those on the waiting list in Troon and Prestwick to offer SDS options 1 and 2.	Those in hospital undergoing review.
Additional Beds in Biggart	17 additional beds.	Ongoing. Already open.
Recruitment Coordinator Post for Care at Home	Coordinator post will focus on activities to maximise recruitment to care at home and Reablement.	Paper being developed for ELT. Likely recruited December 22.
Reablement assessor based in hospital.	Provide additional capacity to review those currently waiting in hospital.	Post recruited and will start in September 22.
Care at Home Short Life Working Group	Exploring innovative incentives (provide driving lessons, support students, free public transport)	e-bikes ordered, fleet vehicles provided.
Process Improvement		
Discharge Without Delay	Improve communication and discharge processes across acute and community services.	Regular discharge events to review every person who is delayed. Most recent week 5th Sept 22.
Community Discharge Process Mapping and Improvement	Improve communication and discharge processes between community services.	Pathway mapping beginning 19th Sept 22.
Guardianship Process Improvements	Improve systems and processes related to guardianships to minimise length of delays.	Ongoing. Timescales agreed and monitored. Reduced number of delays from 14 to 4.
Demand, Capacity and Queue work for Care at Home.	Have information and systems to enable care at home supervisors to monitor and manage demand, capacity and queuing within the service.	Review of demand, capacity and queue data and management within care at home complete. Work to develop dashboard commencing 12.9.22.
Self Directed Support Process Mapping and Improvement	Streamline the process for Self-Directed Support to make it more attractive to Social Workers and Service Users.	Reduced process from 23 steps to 2 steps for Social Work – implemented end of September. Workshops with Social

		Workers and Service Users in progress.
Other		
Leadership Programme for CAH Supervisors	Support Care at Home supervisors and managers to lead and manage effectively.	Bespoke leadership programme complete.
Leadership Programme for Residential Service Managers.	Support Care Home supervisors and managers to lead and manage effectively.	Bespoke leadership programme commenced 7.9.22.

4.9 Actions Within Our Sphere Of Influence

There are a number of actions that will help us to overcome challenges in the medium and long term. We are working closely with partners to plan and progress a range of developments including:

- with officers in the local authority and NHS to develop short, medium and longer term solutions to many of the premises and accommodation pressures we have. Our ambition is to have fit for purpose and high quality accommodation for our teams which facilitates integrated locality working.
- with education partners to improve both access and attractiveness of careers in social work and social care.
- with housing colleagues within the council to develop housing that enables our aging population to live more independently in their own home for longer.
- with place planning colleagues to develop transport, highstreets and community infrastructure that supports our older people to stay connected and active.
- with communications teams to build on our partnership with the public through the ambitions set out in the wellbeing pledge.
- with Human Resources and organisational development partners to make it easier and quicker to recruit and retain good people, to empower managers and leaders to offer flexible, attractive terms and conditions and to develop our leadership and improvement culture.
- with Information Communication and Technology teams to support our workers to have systems and hardware that help them to do their jobs more efficiently and effectively.
- with the Community Planning Partnership to develop a long term strategy to support the people of South Ayrshire to age well.

A number of these actions are already progressing but are unlikely to come to fruition quickly enough to have an effect this year.

4.10 Issues Outside Of Our Sphere Of Control Or Influence

There are a number of other issues that are outside of our control influence that might impact on our ability to deliver safe and effective services in the medium

to long term. These include immigration policy, housing policy, pay and conditions, the impact of the National Care Service

4.11 Summary and Recommendation

A range of acute on chronic issues have led to a **rise in demand by over 30%** whilst we have simultaneously experienced a **greater than 20% loss of capacity** since April 2021. This has resulted in a significant and rapidly rising backlog for care at home, and a poor experience for service users and staff. This report sets out the actions being taken to mitigate the risks for those who are currently awaiting an assessment and care provision. There are short term mitigations in place to ensure that people are not left without support and are reviewed and reprioritised as necessary on a regular basis.

However, it is unlikely that the actions will be sufficient to mitigate the current level of risk and with no prospect of recruitment and retention improving and with a cost of living crisis likely to hit our lowest paid workers and care homes hardest the risk is likely to rise.

It is recommended that the IJB endorse these mitigations and consider escalating actions to a regional and national level to help mitigate the escalating risks.

5. STRATEGIC CONTEXT

5.1 Public Protection is a key strategic objective for all partner organisations represented on the Adult Protection Committee and for the COG.

6. RESOURCE IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no financial implications arising from the consideration of this report.

6.2 Human Resource Implications

6.2.1 There are no human resource implications arising from the consideration of this report.

6.3 Legal Implications

6.3.1 There are no legal implications arising from the consideration of this report.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Partnership working is a key feature in the work undertaken for the completion of the action plan.

8. EQUALITIES IMPLICATIONS

8.1 There are no equalities implications arising from the consideration of this report.

9. SUSTAINABILITY IMPLICATIONS

- 9.1 There are no environmental sustainability issues arising from any decisions made on this report.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Billy McClean, Head of Community Health & Care Services

Phone number: 01292 612465

Email address: billy.mcclean@aapct.scot.nhs.uk

BACKGROUND PAPERS

Appendix 1

Risks	Mitigations
<p>Vacancies</p> <p>In house service is currently sitting with 27 vacancies out of 201 posts which is 13.4%. We used Winter pressures money in 2021 to create 12 posts for a palliative care team and although some internal staff expressed an interest we were unable to backfill. These posts were therefore additional to the establishment.</p> <p>Reablement 30.5 vacancies 22.5 x 21-hour posts 6 Temporary (4 maternity leave, 2 carers in Ass Supervisor roles) 3 x 20-hour Monday to Friday Vacancies 2 permanent and 1 temp (Carer in Ass supervisor post) 5 x 16-hour weekend vacancies. (Unable to recruit to this)</p>	<p>Rolling job advert for 12 months on MJS</p> <p>SLWG for recruitment and retention generated ideas regarding retention and incentives.</p> <p>In person event at the Grain exchange – feedback from providers was not favourable as yielded no candidates. SAC received 5 applications in total (x interviews)</p> <p>Leaflet drop to every household in SA</p> <p>Radio advert</p> <p>Collaboration with Ayr college re placements</p> <p>Collaboration with the job centre</p> <p>Ongoing work with Ayrshire hospice around a test of change for end of life care to increase capacity.</p> <p>Recruitment ongoing We have 7 x 21-hour posts awaiting safe recruitment. 2 were interviewed on 3 August and have had references now complete, awaiting start dates 4 were interviewed on 14 September 2022. Advert about to go on describing the hourly rate and specific detail about the reablement role and the possibility of 32.5-hour contracts.</p> <p>Other posts We have recruited 4 for 3 OTA posts, One Temporary Systems Implementation Officer and three Temporary Alarm installers for ERT. These are awaiting start dates being agreed.</p> <p>Recruiting September 2021 to</p>

	<p>September 2022</p> <p>Carers Since September 2022 we placed 5 adverts for Carers on My Jobs Scotland receiving 27 applicants and from these, we have recruited 10.</p> <p>There are also 10 carers who have taken extra 'half posts' with two waiting on half post contracts. This is becoming an attractive proposition.</p> <p>Retention 15 Homecarers have left during this period as follows.</p> <p>6 carers have received permanent contracts with Mob Attendants 1 carer now has a contract with ICT 3 carers have taken posts at NHS. One of these had 1.5 posts 1 carer has taken a post at SW Children and Families 1 Carer has taken a post at Overmills as a Day-care Officer 2 carers will be redeployed (medical) to ERT one of these has 1.5 posts 1 Carer is leaving to live in Spain</p>
<p>External Provider D</p> <p>Current status of working through TUPE legislation and process is placing significant burden on in house team to cover</p>	<p>ELT paper approved for transfer of carers and coordinator, working to date of 29th September</p>
<p>External Provider F</p> <p>Moratorium placed 8.8.22 due to concerns over poor care practice resulting in significant reduction in capacity. LSI agreed</p> <p>CM data has identified that care delivery begins at 5:15am</p> <p>1300 hours currently delivered by Provider</p>	<p>Regular meetings and oversight at LSI meetings and CSOG. The service will be supported by Service manager and commissioning team to improve service delivery. Operational support will be provided by In house supervisor.</p>
<p>External Provider E</p>	<p>Unable to sustain service delivery due to staffing therefore handing back 19 care packages equalling approximately</p>

	<p>200 care hours on the 3rd October, all from the Troon area, the in- house team are working to resource these packages and we may be able to absorb some but not much and other providers are also struggling and we have a real concern that we will not source all of the packages in time.</p>
<p>Meeting needs</p> <p>As part of the FFA carers can return packages of care if needs cannot be met – resulting in double packages being returned recently due to inability to recruit staff. In total 4000 hours have been picked up in house over a 3-month period</p>	<p>Agreement for vacant level 7 post to be used as M&H coordinator – to continue to review all POC with double carers and advise, as well as support training and observations in the community.</p> <p>Aim is to reduce demand for double carers. In addition we are exploring use of equipment which can be utilised by one carer to reduce demand</p> <p>Ongoing work needs to be done to educate referrers</p>
<p>CM data</p> <p>Now that data is starting to be available we are concerned about practice that we may need to address that will impact on service delivery - see above example (Provider F)</p>	<p>None so far</p>
<p>CAPTECH</p> <p>Due to changes to the management of the team, staff are unsettled – two temp posts have been advised they will not be continued but there has been no discussion with the partnership about their plans for the service, and there are concerns about the senior management understanding of the service they provide to home care. Removal or reduction of this service will have a significant impact on home care</p>	<p>To engage at senior level with Heath Board colleagues to understand the issues</p>
<p>Stress on carers</p> <p>Increased workload and changing complexity, coupled with worries about fuel prices and cost of living has resulted in some carers sharing they are</p>	<p>Responsive approach to concerns raised including weekly mileage claims and fleet hire. Wellbeing continues to be top priority.</p>

<p>increasing stress.</p>	<p>Ongoing engagement with Trade Union colleagues.</p>
<p>Increase to unmet need</p> <p>Recent figures have suggested that unmet need is rising by approx. 5% a month. In previous years demand was stable</p> <p>Reablement</p>	<p>CAH CCA post and OTA post filled last week – their role and function will be to review every single care package jointly making recommendations for other solutions, including equipment.</p> <p>Micro- enterprise work is progressing</p> <p>Recruitment and retention working group which is exploring innovative ways of attracting and retaining staff. New membership of this group has brought forward new ideas.</p> <p>Exploration of recruitment coordinator post RUN-AT – OTAs interviewed and going through recruitment process – no start date yet Working with VASA to support Reablement CCA linking in regards SDS</p>
<p>Framework report</p> <p>Procurement team have not written the Tender Outcome Report as agreed at joint evaluation meeting on 30.6.22 There are 2 providers who we are recommending for the framework who have capacity we could be using. We also have not been able to advise them of the outcome and risk losing them. This would result in a significant reduction in capacity</p>	<p>Procurement colleagues sent an urgent email - report to be ready by Monday 15th – NB this has now gone to Tim for approval</p>