Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on	**14th September 2022**
Agenda Item:	**11**
Title:	**Community Capacity: Risks and Mitigations**

Summary:

The purpose of this report is to provide an update on the management of risk for those people who are in the community and in hospital awaiting a Social Work assessment or Social Care support.

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Recommendations:

It is recommended that the Integration Joint Board

i.   considers the risks facing community 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

Route to meeting:

Directions:
1. No Directions Required ☐

2. Directions to NHS Ayrshire & Arran ☐

3. Directions to South Ayrshire Council ☐

4. Directions to both SAC & NHS ☐

Implications:

Financial ☐

HR ☐

Legal ☐

Equalities ☐

Sustainability ☐

Policy ☐

ICT ☐

SOCIAL WORK AND SOCIAL CARE COMMUNITY WAITING LIST

1. PURPOSE OF REPORT

1.1. The purpose of this report is to provide an update on the management of risk for those people who are in the community and in hospital awaiting a Social Work assessment or Social Care support.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- **i. considers the risks facing community 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 who's 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. 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 assessment or care increasing.

3.5 This paper provides an update on both delayed transfers of care and unmet need in the community and the actions being taken to improve support and outcomes for people who need our services**.**

4. REPORT

4.1. **People Awaiting Social Work Assessment and Review**

4.1.1. The most recent data for 7 September 2022 highlights the issue. In hospital there were 9 people awaiting assessment while at the same time there were 32

people waiting assessment in the community alongside 196 people who require a service review. The number of people waiting has for a review, in particular, has deteriorated rapidly over the last 12months.

4.1.2. The main challenges are as a result of a reduction in capacity due to sickness absence and vacancies within the Social Work teams. The high number of vacancies, sickness absence due to Covid and long term system pressures leading to stress and burnout are all contributing to a deteriorating cycle of recruitment and retention challenges and stress related sickness absence across our teams. At present, the Hospital Team, for example has only 50% of the staff that were in post this time last year (3.5fte. v 6.5fte.) due to long term sickness absence and vacancies. Over the summer period, in particular, annual leave exacerbates the capacity issues. The team are working to fill vacancies (including recruiting an additional worker for the winter period) and support team members back to work.

4.1.3. In the short term there are a range of activities that all teams undertake to manage risks associated with unallocated cases:

- Waiting list reviewed at least weekly by the Team Leader and allocations are prioritised as required to effectively manage risk.
- Team Leader uses duty resource to visit individuals as required to review their situation.
- Duty workers triage and make contact with Service Users to ascertain if their situation has changed and inform team leader in order that allocations are prioritised in regards to risk and need.
- Screening visits are also taking place where there are concerns being raised. Service Managers review statistics weekly and discuss risk management with Team Leaders.
- Service Managers work together to redeploy workers if necessary to address areas of high risk (The Prestwick team supports the Troon team for instance).
- The community waiting list forms part of the daily reporting within South HSCP and is reviewed weekly at the Delayed Transfers of Care and Community Services Oversight Groups.
- Everyone who is either awaiting an assessment or is awaiting a service have been offered support by VASA who can provide telephone befriending, wellbeing checks, support with meals or drop off medication.

The Adult Social Work Learning Review identified a range of opportunities to improve the way in which the demand for assessment and review activity is managed. Over the medium term, the proposals for investment in leadership capacity for the locality services will provide much greater capacity to support front-line delivery for service.

4.2. People Awaiting Care in Hospital and the Community

4.2.1. On 7th September 2022 there were 107 people in hospital experiencing a delayed transfers 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 at approximately 5% (200hrs) per week.

4.2.2. 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 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. 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.

4.2.3. 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 in over 6yrs (n = 17).

4.2.4. In House Services

In February the IJB received a report on the risks associated with workforce sustainability across a wide range of services within the HSCP. 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 and 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.

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.

4.2.5. Commissioned Care at Home

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). 1500hrs of care per week, approximately 15% of commissioned care hours have been handed back by providers over the last 12months with two companies stopping providing care altogether. 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.

4.2.6. 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.

4.3. 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

4.3.1. 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.**

4.3.2. 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.

4.3.3. 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

4.4. Summary and Recommendation

This report sets out the current backlog in our community and the actions 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 COG endorse these mitigations and consider escalating actions to a regional and national level to help mitigate the escalating risks.

5. STRATEGIC CONTEXT

5.1. Demographic, workforce and premises risks present a short term and long term challenge to the IJB in delivering on the ambitions set out within the Strategic Plan.

6. IMPLICATIONS

6.1. Financial Implications
6.1.1 There are no immediate financial implications arising from the consideration of this report. However there is a need to consider the long term financial impact including the need to make a career in Health and Social Care more attractive through pay and conditions, training and development and good quality premises and accommodation.

6.2 Human Resource Implications
6.2.1 There are significant human resource implications arising from the consideration of this report. There is a need to take action in the short and medium term to mitigate the workforce risks set out within the report.

6.3 Legal Implications
6.3.1 There are no immediate legal implications arising from the consideration of this report.

6.4 Equalities implications
6.4.1 There are no immediate equality implications arising from the consideration of this report. However, there is a risk that if trends continue that the negative impact of longer waiting times and insufficient care will impact on those who are unable to afford to fund their own alternatives to health and care provision.

6.5 Sustainability implications
6.5.1 There are no environmental sustainability issues arising from any decisions made on 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 and will be essential in mitigating the risks raised in this report.

8. RISK ASSESSMENT

8.1. There is a high risk to our ability to continue to deliver safe and effective services. This presents a risk to those who use our services, our workforce and our reputation.

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BACKGROUND PAPERS

N/A

12.09.22