



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 29 JUNE 2023

SUBJECT: RESILIENCE IN CARE AT HOME (MAY 2023)

BY: PROVIDER SERVICES MANAGER

1. REASON FOR REPORT

- 1.1. To update the Audit, Performance and Risk Committee on work being done in Care at Home to address the Unmet Need in Moray.

2. RECOMMENDATION

- 2.1. It is recommended that the Committee consider and note:

- i) the actions being taken in Care at Home to address the unmet need in Moray; and
- ii) the increasing demand on the Care at Home Service.

3. BACKGROUND

- 3.1. The purpose of this report is to ensure the Moray Integration Joint Board (MIJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.
- 3.2. Weekly monitoring of the unmet need in Care at Home has been in place since August 2021.

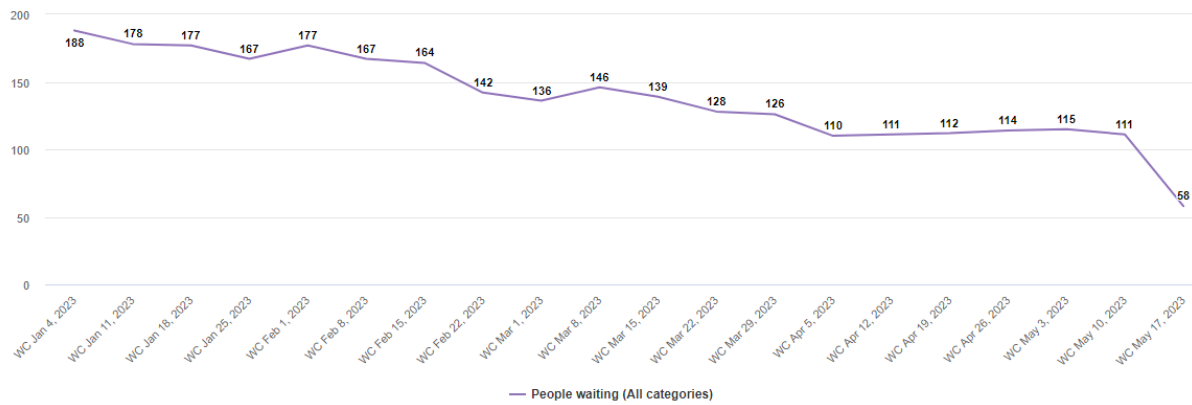
4. KEY MATTERS RELEVANT TO RECOMMENDATION

Assessments

- 4.1. Since January 2023 the number of individuals awaiting a social care assessment has been decreasing steadily from 188. In the week commencing 17 May 2023 this decreased to 58. This is a 69% decrease since January 2023.

Figure 1

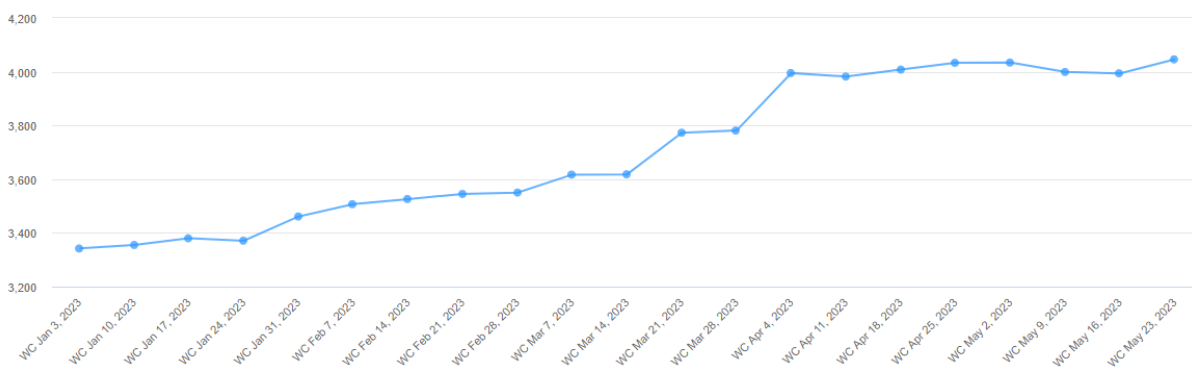
HSCM Unmet Needs - Total Number of people waiting for a social care assessment-

**Care at Home Hours**

- 4.2. Since January 2023 the number of weekly hours of Care at Home provided by Moray Council has increased from 3342 hours to 4046 hours. This is an increase of 21%.

Figure 2

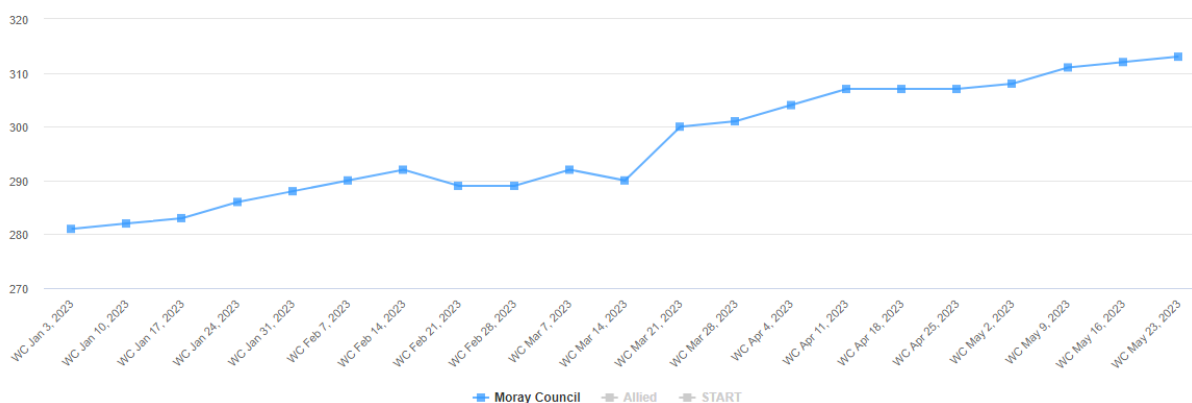
HSCM Care at Home Hub - TMC-

**Care at Home People**

Since January 2023 the number of people receiving a Care at Home package provided by Moray Council has increased from 281 to 313. This is an increase of 11.4%.

Figure 3

HSCM Care at Home Hub - people-

**Waiting for Care**

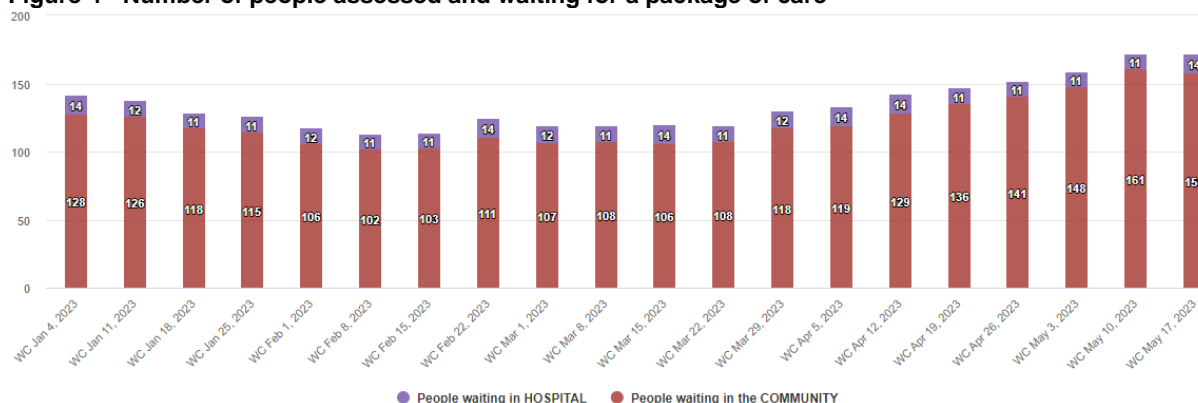
- 4.3. The increasing number of assessments being completed has led to an increase in the number of people who have been waiting a package of care as shown in the table below. This has shown that those waiting in the Community are

increasing rapidly, with an increase of 23.4% in the number of people waiting for a care package between January and May 2023.

Table 1

Number of people assessed and waiting for a package of care	W/c 02/01/2023	w/c 22/05/2023	% change from Jan-23 to May-23
In the Hospital	14	14	-
In the Community	128	158	+23.4%

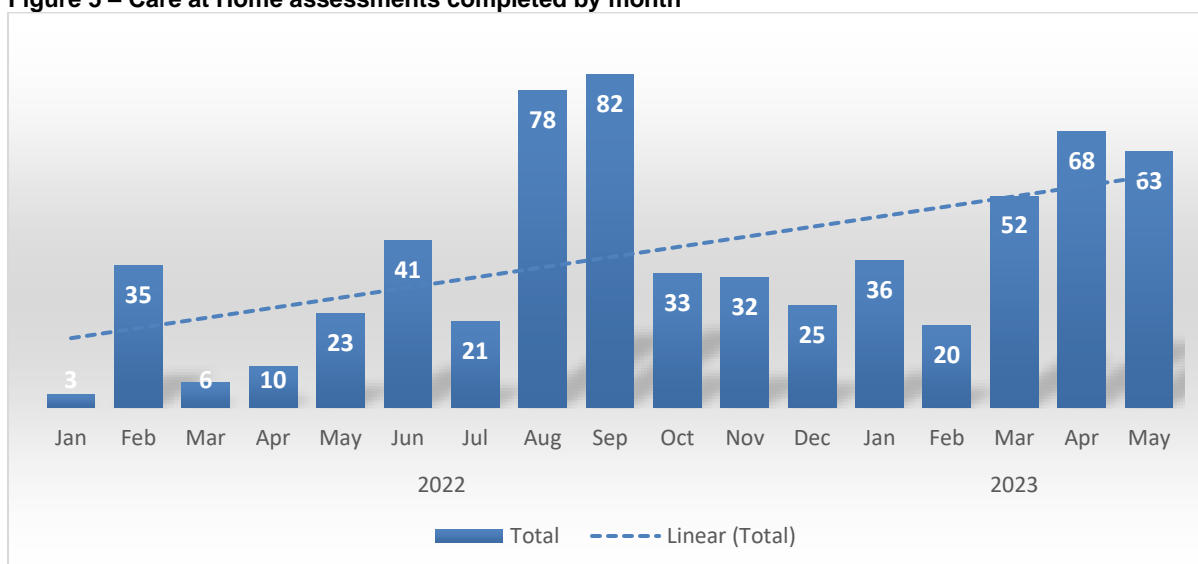
Figure 4 - Number of people assessed and waiting for a package of care



Care at Home Enablers

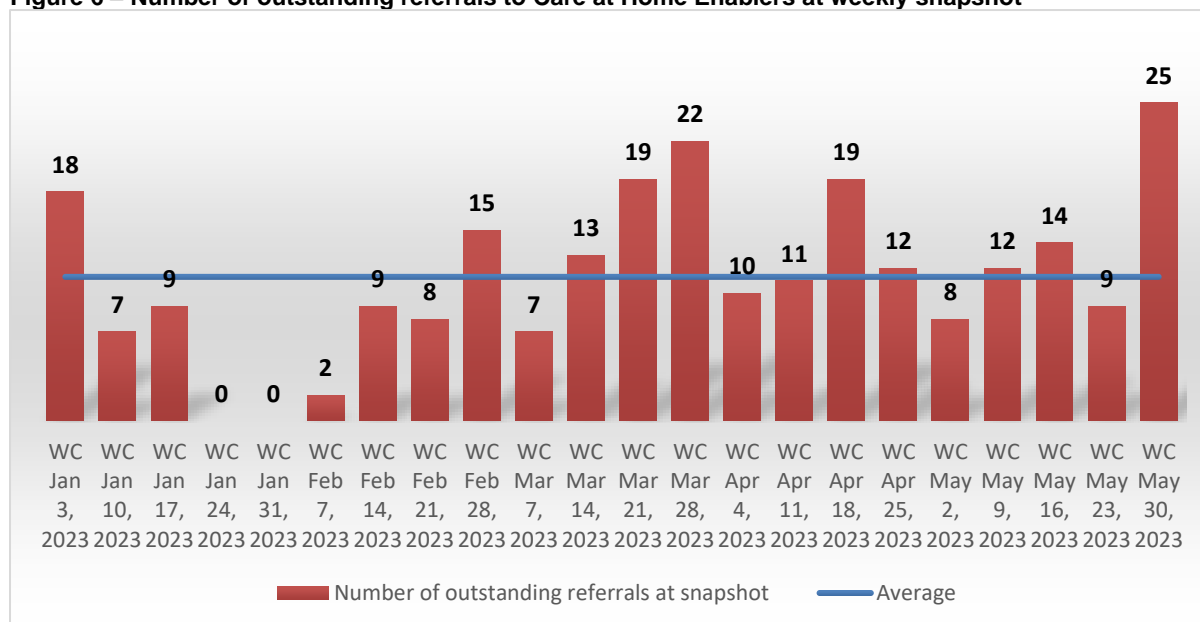
- 4.4. Care at Home Enablers carry out Care at Home assessments to determine if care is required. Since January 2023 the number of assessments completed by the Care at Home Enablers is 239, compared to 77 completed in the same period in 2022 (Jan-May). This is an increase of 210%

Figure 5 – Care at Home assessments completed by month



- 4.5. The chart below shows the number of outstanding referrals taken at the weekly snapshot time each week since January 2023. The average is 11, but has been as low as 0 and as high as 25. Staffing levels will affect the number of referrals that can be allocated on a weekly basis and also the caseload of each Enabler at any point in time.

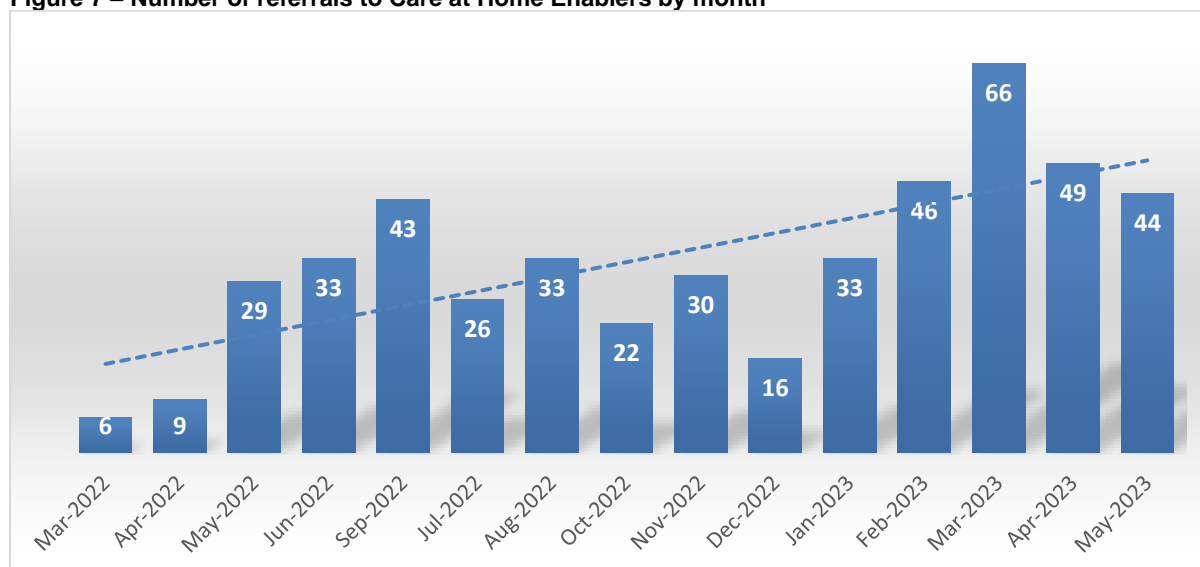
Figure 6 – Number of outstanding referrals to Care at Home Enablers at weekly snapshot



4.6. Since March 2022 there have been 496 referrals received for a Care at Home Assessment.

4.7. The chart below shows the number of referrals for assessment received each month since April 2022. The average is 33 per month, this has been as low as 9 and as high as 66 (March 2023). This is showing an increasing trend and is expected to remain high following the start of the Test of Change in the Access and Area Teams.

Figure 7 – Number of referrals to Care at Home Enablers by month

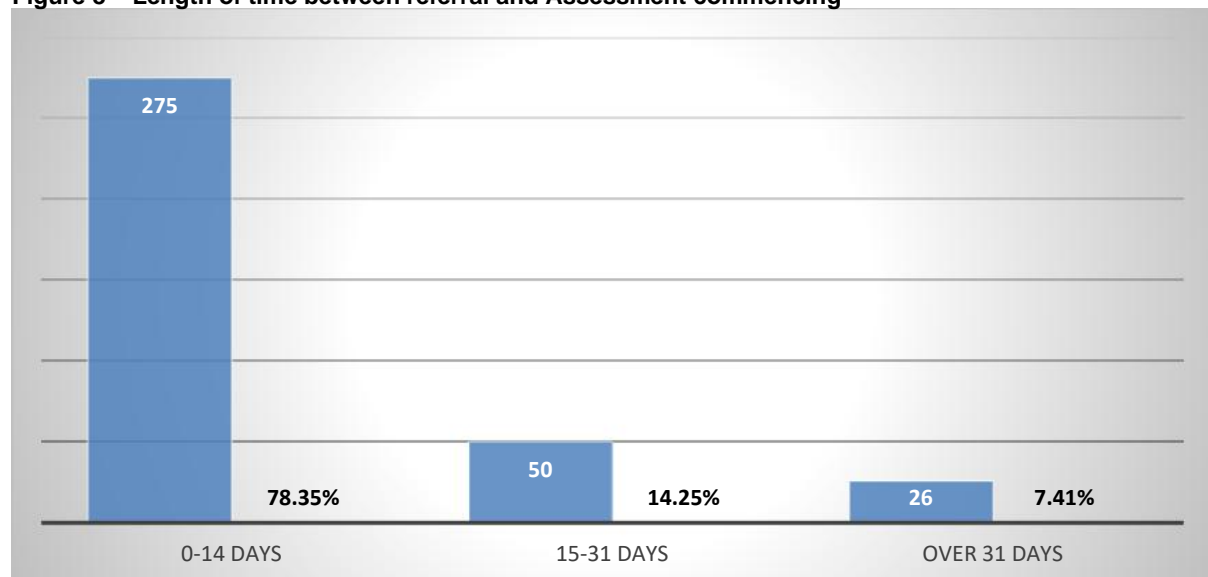


Assessment times

4.8. From the 496 referrals, 122 did not require or did not receive an assessment. This can be for a number of reasons for example, inappropriate referrals, crisis has ceased, care has been sourced elsewhere, person has decided to move to long term care. The remaining 60 assessments are ongoing. This leaves 382 assessments that have been completed.

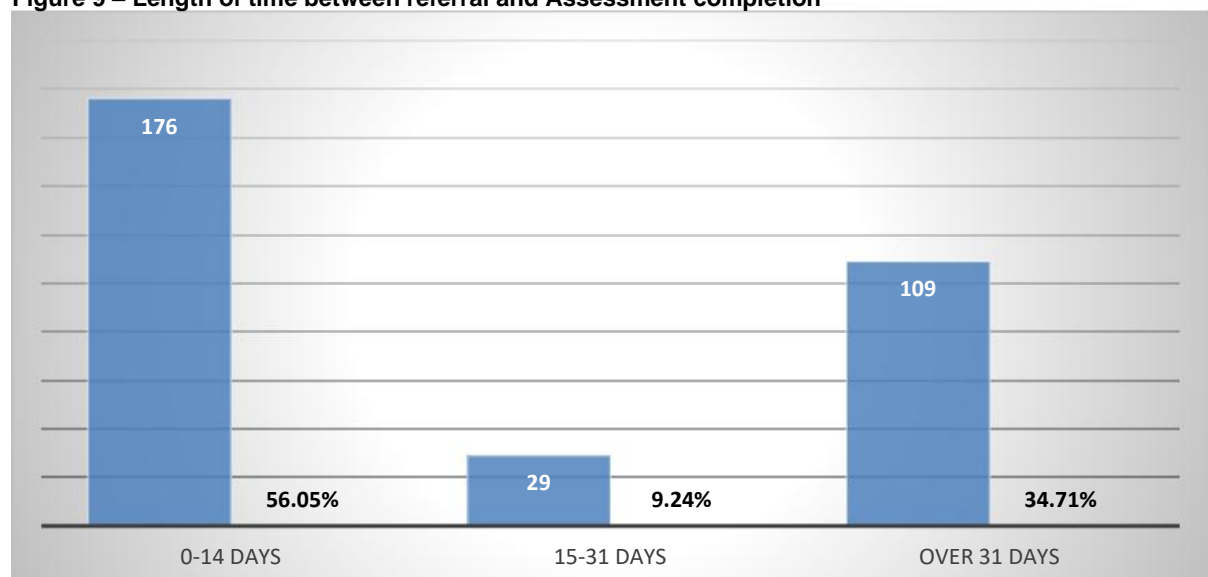
4.9. The Chart below shows the number of days people have waited for an assessment to commence following a referral.

Figure 8 – Length of time between referral and Assessment commencing



4.10. The Chart below shows the number of days people have waited for an assessment to be completed (from point of referral).

Figure 9 – Length of time between referral and Assessment completion



4.11. There are various reasons why assessments are taking longer than expected. One reason is that until recently light touch assessments were being carried out in hospital causing delays when the person was not deemed medically fit for assessment but referral had already been received by the team. The person could also be waiting for other assessments to take place before the Care at Home assessment to take place. The assessors could also have to wait for family or other guardians to be available to attend assessment in the persons home, rather than an over the phone assessment, and this can take some time. Finally the team may have trouble locating the person if their circumstances have changed since the referral was passed over.

Test of Change

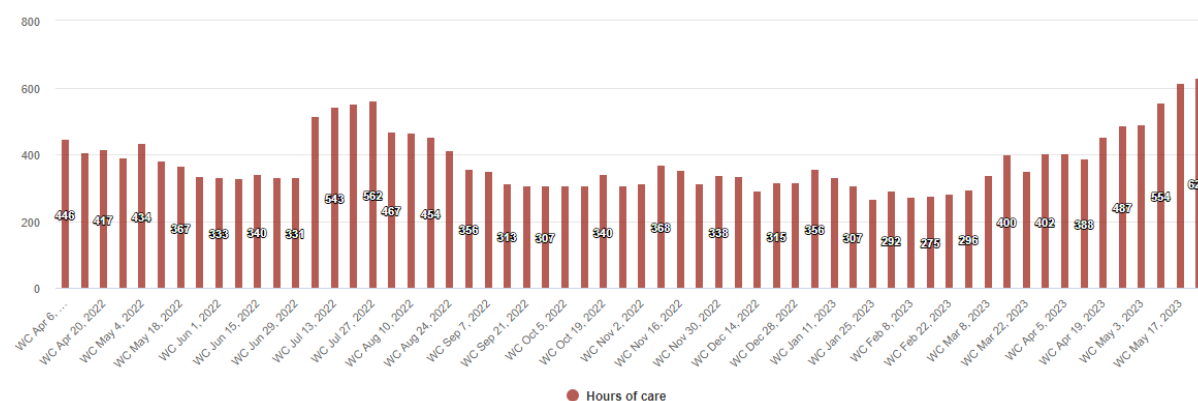
- 4.12. There is a Test of change in progress in the Area Social Work Teams in conjunction with the Access Team, allowing the East and West teams to take on long term pieces of work (e.g. assessments leading to care) which allows the Access Team to concentrate on the other (short term) pieces of work. This has moved the 'bottleneck' of the waiting lists for assessment along the process to those now awaiting care, and more specifically, those waiting for increases to their care package.

Brokerage List

- 4.13. Partial Care packages – The chart below shows the trend for those already in receipt of care, but not the full amount they have been assessed (or reassessed for).

Figure 10

HSCM Unmet Needs - Number of hours of care assessed as needed and not provided for those in receipt of a care package-



- 4.14 The number of hours of care assessed as needed and not provided for those in receipt of a care package is currently **629 hours**, the highest since recording of these figures commenced.

The number of weekly hours of care people are waiting for range from **15 minutes to 49 hours**.

The average number of care hours people are waiting for is **8 hours 30 minutes**.

There are 7 people who have been on the brokerage list for over **300** days.

32 people have been waiting longer than 2 months.

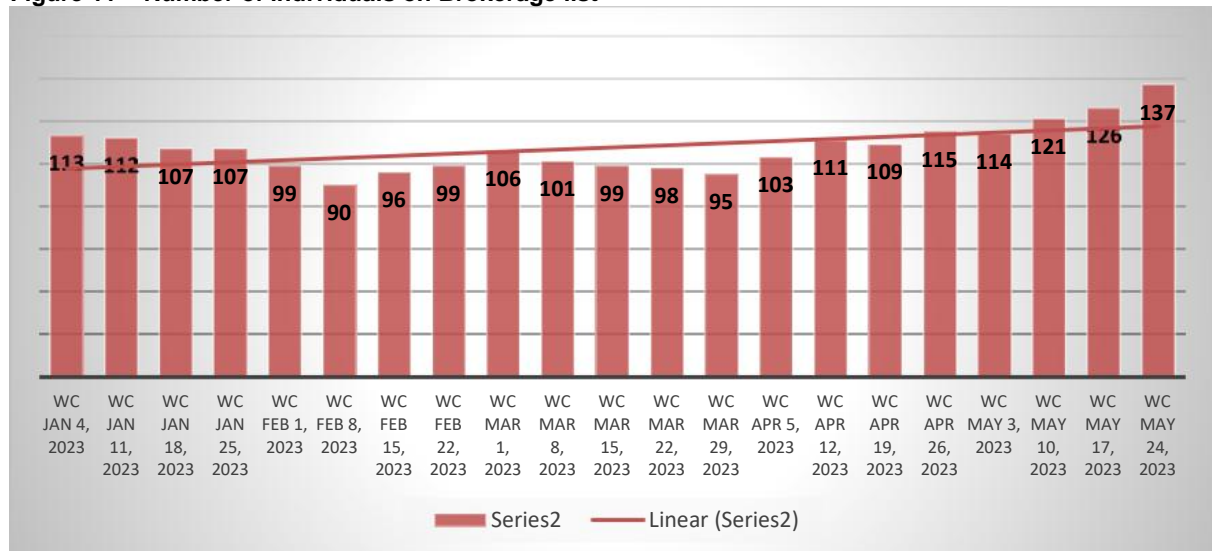
START, Moray Council and one external partner provide the majority (**64.6%**) of these partial package in terms of outstanding hours (**388 hours**). The remainder are provided by other external providers, Direct Payments, or NHS Teams.

- 4.15 The average number of people on the list is **107**. The lowest number was captured on week commencing February 13 2023, this was **90 people**.

The highest number was recorded this week at **137**.

If added to this list people in the community awaiting care from the START Team this number increases to **179**.

Figure 11 – Number of individuals on Brokerage list

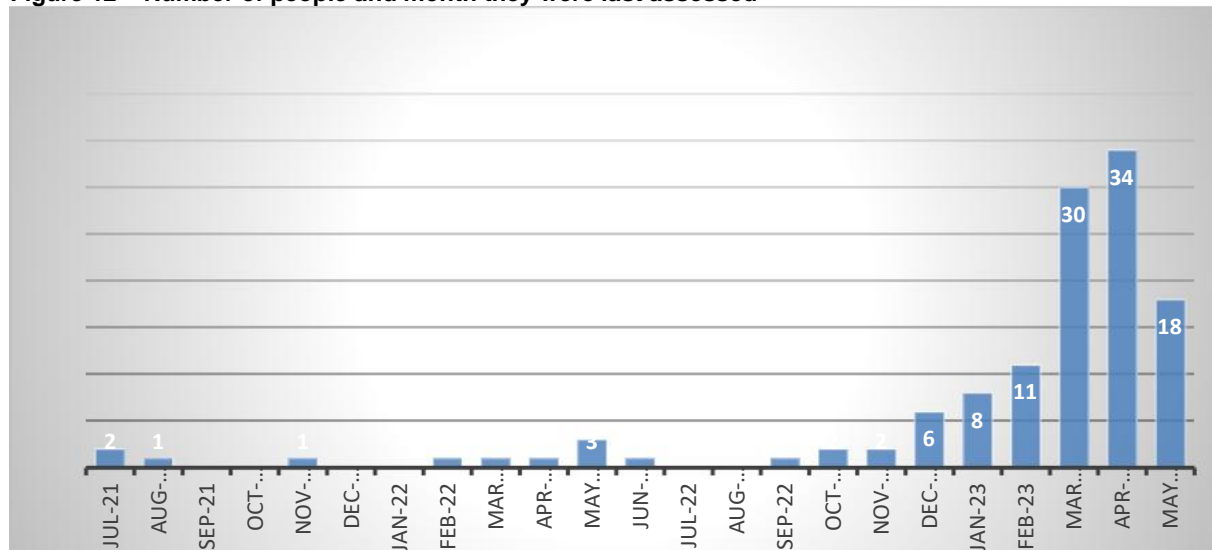


4.16 The effect of having an increased amount of assessments completed is that people may face a wait whilst care is sourced. The Broker has advised that they have seen an influx of care requests recently which has been exacerbated by our external partners having no capacity to take any care on.

4.17 The chart below shows the months the people on the Brokerage list were last assessed/reassessed.

- 82.11% have been assessed or reassessed since January 2023 (101 people)
- 17.89% have not been assessed in 2023 (22 people)

Figure 12 – Number of people and month they were last assessed



5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The aims of the Care at Home service align to those set out in the MIJB Strategic Plan and the Moray 10 Year Local Outcomes Improvement Plan.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there will be no impact, as a result of the report, on people with protected characteristics.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this policy/activity. It should be noted that extreme weather events, such as the recent storms, are expected to occur more frequently and with greater ferocity in future years. In the longer-term there are likely to be issues with the reduction in availability and increases in costs of fossil fuels that will pose challenges for the delivery of care services to people living in rural areas.

(i) Directions

There are no directions arising from this report.

(j) Consultations

For Health and Social Care Moray the Chief Officer, Corporate Officer and Provider Service Manager have been consulted as has Joan Hall, Team Manager, Care at Home and Democratic Services Manager Moray Council and their comments are incorporated in the report.

6. CONCLUSION

6.1 This report outlines for the Committee the increasing demand for the Care at Home Service across Moray. It also provides the Committee with an overview of the actions being taken in Care at Home to address the unmet need in the area.

Author of Report: Aylsa Kennedy, Performance Officer

Background Papers: Available on request

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