



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 OCTOBER 2023

SUBJECT: QUARTER 2 (JULY TO SEPTEMBER 2023) PERFORMANCE REPORT

BY: CORPORATE MANAGER

1. REASON FOR REPORT

- 1.1 To advise the Audit, Performance and Risk (APR) Committee, that due to timetabling and data release conflicts, the Quarter 2 (July to September 2023) performance report will be presented at APR Committee 29 February 2024.
- 1.2 To present the Unmet Need data available to 4 October 2023.

2. RECOMMENDATION

2.1 It is recommended that the APR Committee consider and note:

- i) **the performance of local indicators for Quarter 2 (July to September 2023) will be presented at APR Committee in February 2024; and**
- ii) **the update on Unmet Need data**

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.

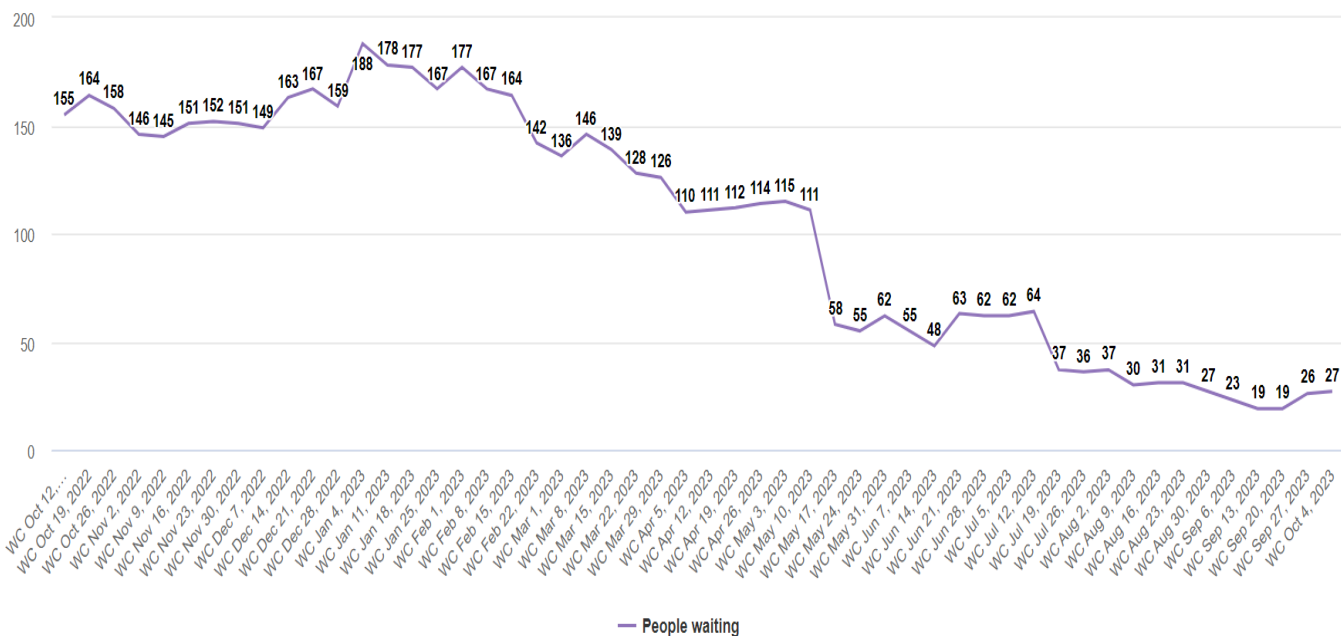
4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 Quarterly data is released on a quarterly schedule. Due to the timetabling of the APR committee in this quarter, there is insufficient time to allow this data to be analysed, presented and reported to APR committee.
- 4.2 The last Quarterly Performance Report was presented to committee on 31 August 2023 (para 6 of the minute refers).

- 4.3 The numbers of people awaiting a social care assessment has remained low over the last quarter following a test of change, which has now become business as usual, the lower numbers are being maintained.
- 4.4 The test of change involved the assessments being split across the 4 teams rather than solely the Access Team in the first instance.

Figure 2 - People awaiting a social care assessment

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



- 4.5 The numbers of people who have been assessed and who are waiting for a package of care has now increased in the past quarter with 209 people waiting, (figure 3) in the week of the 4 October with a total of 1,593 hours of care outstanding, (figure 4). This is a 60% increase on the number of hours outstanding in March. A contributing factor to this increase is the reduction of time people are now waiting for assessment. There are a number of reasons for this increase and a certain number of mitigations in place.

Figure 3 - Number of people waiting for a package of care

HSCM Unmet Needs -Total Number of people assessed and waiting for a package of care-

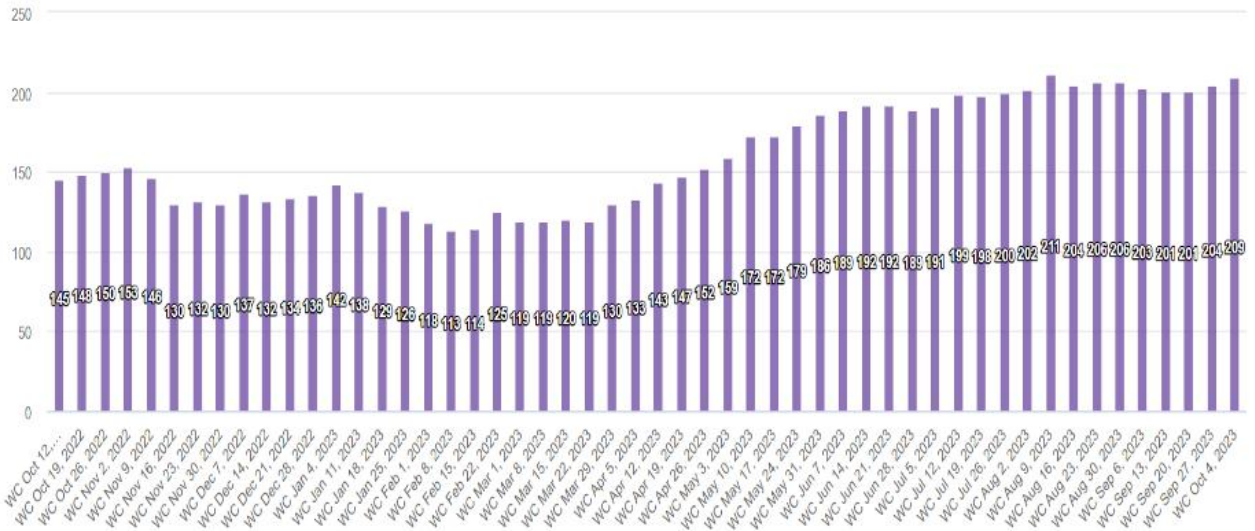
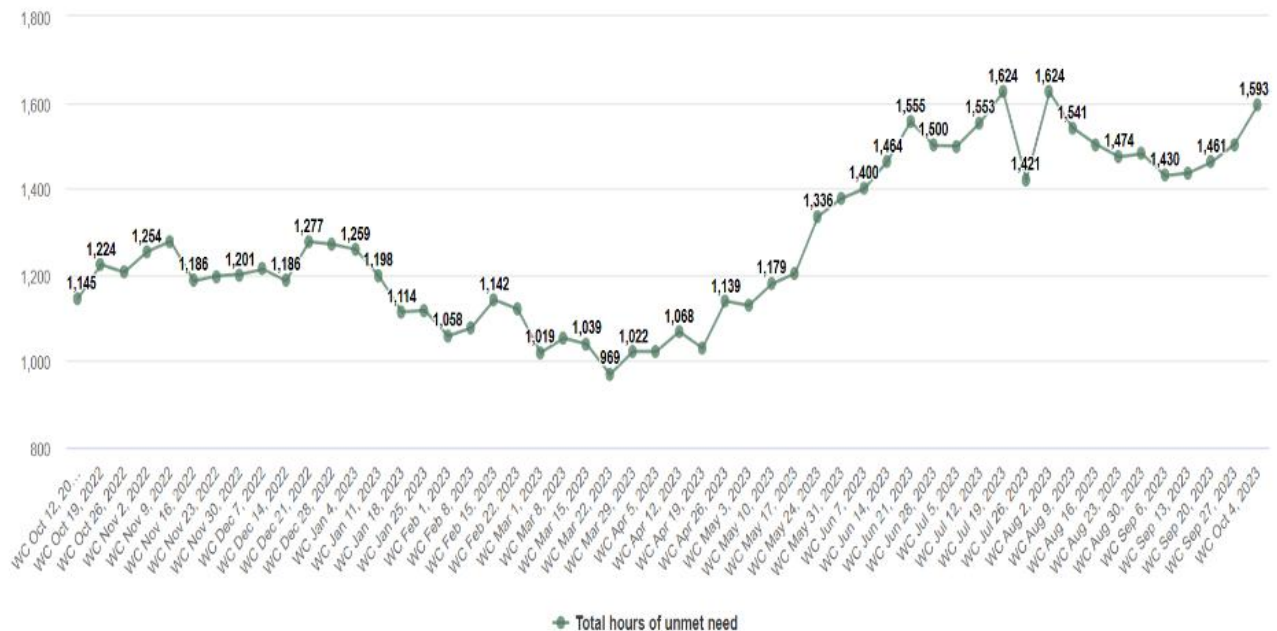


Figure 4 - Number of hours of care yet to be provided

HSCM UN-Hrs Total number of hours of care not provided each week



Reasons for increase

Acuity

4.6 There is an overall increase in both the acuity and complexity of individuals requiring a care package. Care packages will often require ‘double up’ visits numerous times per day, requiring a significant workforce resource. In striving to achieve the wishes of individuals to be cared for at home, Health and Social

Care Moray (HSCM) are following the principles of realistic medicine – involving service users in conversations regarding their care. The acuity rise is multi-faceted: waiting time on lists for physiotherapy and occupational therapies, chronic condition management, elective orthopaedic procedures all add to a steady decline in our service users' health and thus the requirements of the care package increase. Moray has an ageing population and although people are living longer, their health span, i.e. the number of years they stay healthy is not increasing. 54% of all persons over 65 have at least 2 chronic conditions (multi-morbidity). 31% of adults in Scotland live with a life limiting long term condition.

Mitigation: Prevention

- 4.7 There are a number of resources and approaches used to promote health prevention. These vary from social/green prescribing, signposting, physiotherapy and occupational therapy days. Green prescribing is a form of social prescribing that encourages individuals to engage with nature to improve their mental health. Realistic medicine and Making every Opportunity Count (MeOC) frameworks all support the individual affected to help themselves as much as they can, preferably before they need service input, or to prevent further decline. By involving the individual in discussions, choices and decisions about their care, HSCM are empowering individuals to take control, 'Building Resilience' as per one of our three strategic themes.
- 4.8 Making every Opportunity Count¹ encourages service staff to engage in conversations on lifestyle and life circumstances. This could include, for example, smoking, healthy eating, healthy weight, being physically active and alcohol intake, money and housing issues.
- 4.9 Physiotherapy and Occupational Therapy are about to embark on a series of days in localities where individuals on relevant waiting lists can attend a local facility for review. Previous case studies have seen this significantly reduce the waiting lists of these services, allowing prioritisation of resource.
- 4.10 Our well embedded Multi-Disciplinary Team wrap around our most vulnerable service users, encouraging the right care in the right place at the right time.
- 4.11 Our Focus on Frailty² work with Health Improvement Scotland supports the early identification and assessment of frailty and provides support to those identified and their families. It encourages an integrated working process pan Grampian, across our partnerships, involving Primary, secondary and tertiary care, as well as unpaid carers and third sector colleagues.

Lack of care home places

- 4.12 Moray has been operating between 98-99% occupancy in care homes since 2021. One care home closed permanently, three were under enhanced monitoring and therefore closed to admissions for an extensive period of time. A further three care homes were taken over as they went into receivership. A lack of available places has led to a captive market situation. The extensive administrative burden of both planned and emergency respite and any interim

¹ <https://www.hphsgrampian.scot.nhs.uk/>

² <https://ihub.scot/improvement-programmes/community-care/focus-on-frailty/about-focus-on-frailty/>

placement has seen some care homes decline respite or emergency/interim allocation. The cessation of non-recurring interim funds will further exacerbate the lack of places. Although care home places are limited, places are allocated according to a robust clinical and social risk matrix on the same day. Our neighbouring partnerships and boards are also competing for beds, as well as an increase in out of area requests, as care home bed shortage is a national issue.

Mitigation:

- 4.13 A percentage of our interim allocation is used to pay for care home beds as soon as they became available, reducing the competition from neighbouring boards and out of area. There are sufficient funds to continue to do this until March 2024 when this non-recurring fund will be depleted.

Carer failure, stress and exhaustion

- 4.14 A lack of available respite places, both planned and emergency has seen an increase in the request for emergency places due to carer exhaustion/ failure. Some carers have now been looking after their loved ones for a period of almost four years without a break, impacting on their own health.

Mitigation:

- 4.15 The process of tendering for a number of respite beds across Moray is underway. There are three end of life beds, two in the west and one in the east. Both West beds have only temporary funding and a review is in place to evaluate the need of these beds moving forward from March 2024.
- 4.16 There are a number of volunteer activities in place including Be Active Life Long (BALL) and Singing, Exercise and Tea (SET) groups, as well as Men's Shed. Work is actively progressing on the Self-Directed Support (SDS) process and the Shared Lives capacity. Shared lives are currently undertaking work with Improving Adult Care Together (IMPACT) to look at the issues regarding inequalities in rural areas.

Lack of respite places

- 4.17 Respite places are administratively heavy burdens for care homes and the acuity of users has meant that even HSCM facilities are unable to support them due to safe staffing criteria. Closures due to enhanced monitoring or regular enteric and Covid outbreaks have also impacted availability. The limited number of day service facilities available also impact on the stress of carers.

Mitigation:

- 4.18 Please see 4.15 – 4.17.

Cost of Living Crisis

- 4.19 An increase in the cost of living has seen carers having to return to paid work. This has reduced the number of families able to assist in the care of family members. Rising utilities costs have seen care homes struggling; they therefore take the most lucrative of offers (permanent, private nursing rate) to sustain their business. UK parliament has launched an inquiry to explore the effects the rising costs of living have on rural populations across Scotland, the final report is anticipated.

Mitigation:

- 4.20 Changes are in place to consider multi-faceted approaches to care with some providers providing elements of the care and families picking up the remainder. Increased respite service will ensure families get an appropriate break, and work continues to ensure this is equitable and planned where possible.

Retention of care at home / care home / care provider staff

- 4.21 There is an ongoing recruitment and retention programme across Care at Home, Care Providers and Care Homes. Despite pay raises and increased flexible working, the stress of the job is considerable. With so many health care support worker posts and carer posts being advertised, there is a flexibility with moving posts that is relatively new. The cost of fuel also sees staff reluctant to use their own vehicles. Fuel expenses are paid in arrears meaning staff are bearing the upfront cost and many are unwilling or unable to accommodate this in the current financial climate.
- 4.22 Moray has an ageing workforce coupled with an ageing population, which sees the dominant group of our carer staff aged 50 years and over. The desire for part time working is also high, often based on age or carer/childcare responsibilities. This is also a national trend, reflected in Primary and Secondary care workforces in particular.
- 4.23 Absences remain constant at 7% across both Moray Council and NHS Grampian. The main reasons for absence are mental health and musculoskeletal injuries. This also is a national shift with the UK claiming the entire workforce has unprecedented absence levels at present.³

Mitigation:

Enhanced absence monitoring and action plan

- 4.24 All services are looking at robust absence monitoring ensuring services are operating, where possible, at a safe absence rate, planning for contingency during holiday periods when sickness unfortunately increases. Work is ongoing to support staff and try to reduce our mental health absences.

Pool cars

- 4.25 A pool car costs on average £40k per annum, however, a fleet would support the carers not wishing to use their own vehicles.

Walking Carers

- 4.26 Consideration is being given to employing carers who do not/cannot drive in an attempt to improve recruitment. This would also benefit in reducing any environmental impact. Consideration could be given to a minibus drop off within locations of multiple staff but would require a reworking of rotas which may not be viable in the more rural areas where houses are more spread out.

Best practice

- 4.27 Care at Home have regular best practice workshops and share their learning. Regular wellbeing initiatives are ongoing.

³[Sick days at work hit highest level for 10 years - BBC News](#)

Location of service user

- 4.28 Any care resource available is allocated using a dynamic risk matrix that assesses the clinical needs and social requirements of a package. Care is allocated immediately as it becomes available but can be limited by location. Recruitment remains a challenge to areas such as Buckie and Lossiemouth, but the allocation of care packages does not reflect that, due to the careful management by the services.

Mitigation:

- 4.29 Care at Home and START managers will continue with their careful management of allocation. These actions are scrutinised at the Portfolio flow meetings which occur three times a week. A strategic Care at Home Group and operational development workshops are now established.

Pandemic impact

- 4.30 Services continue to recover from the impact of Covid-19 which saw elective procedures, and all critical services reduced or ceased. This has resulted in extensive waiting lists for most services such as orthopaedics, physiotherapy, occupational therapy and long term condition reviews and management. Interim non-recurring funding was received from the government to help with acute flow, in particular with the purchase of care home beds. Due to a lack of care packages, a six week stay became a two year stay for some, making the likelihood of returning home considerably reduced.

Mitigation:

- 4.31 Dr Gray's Hospital and Allied Health Professionals (AHP) services continue to reduce their waiting lists in the safest way possible. As mentioned previously, physiotherapy and occupational therapy review days across Moray will hopefully reduce the waiting list size allowing prioritisation of resource to where it is most needed. Increased early identification inpatient support in Dr Gray's and the community hospitals encourages a faster recovery, albeit it may not be the same level they were admitted with, depending on their clinical state.
- 4.32 A successful bid was granted for HSCM to join Health Improvement Scotland 'A Focus on Frailty'.
- 4.33 Our priorities and Primary Drivers:
- Person-centred care through co-production with people living with frailty, carers and family members to design systems and processes with and around the person
 - Creating conditions for integrated frailty services which would include co-production between health, social care and the third sector with access to frailty resources and aids
 - Early identification and assessment of frailty with early assessment, diagnosis and ongoing holistic shared assessment
 - Proactive cross sector planning and management to anticipate changes to health and support and also progression of frailty with proactive individualised support in the right setting
 - Engaging the public in healthy ageing through increasing public awareness and self-management.

- Digital health investment; research and development for a personal data store for each service user, Care in Place living lab which focusses on our most challenging areas.

4.34 The areas which were most challenging for older people and their families included:

1. Long waiting times for assessment and care packages
2. How to prevent a crisis that leads to hospital admission
3. Tackling loneliness which was exacerbated during Covid-19 and in a rural context is more problematic
4. The level of services needed by the community outweighs the capacity of the workforce
5. Additional pressure placed on unpaid carers.

Delayed Discharges

4.35 An extended period of delay in hospital due to a lack of care package increases the frailty of the patient, reduces their independence and leads to them becoming increasingly institutionalised. This can also be said of their families who fear they will not be able to maintain the standards of 24/7 care seen in an acute setting. Our predominant reasons for delay are always for long term home care, followed by nursing care home places.

Mitigation:

4.36 All stays over 90 days are added to the Datix system and managed by the Lead Operational Nurse. They are subject to enhanced monitoring and will be escalated via the clinical governance and clinical risk management groups. Robust delayed discharge plans are in place and the multi-disciplinary team working is well embedded, all our resource decisions are monitored at portfolio flow and delayed discharge meetings.

4.37 Regular Care at Home workshops continue, evidence based change continues, including analysis and enhanced monitoring of the Brokerage lists and a minor change in End of Life (EOL) pathway from Dr Gray's Hospital to care homes. Daily huddle meetings continue that includes studying delayed discharges.

Period of examination

4.38 The period of reporting for this report is over the holiday period - national trends show a propensity for care requests increasing⁴. This is due to increased financial pressures on families during school holiday periods in particular. This period, and the winter period, December to March would expect to see the highest figures in both request for care coupled with increased hours of care required.

⁴ 1 Stewart, H., Watson, N. & Campbell, M. (2018) 'The cost of school h

holidays for children from low income families', *Childhood*, 31 May 2018,

<http://journals.sagepub.com/doi/10.1177/0907568218779130>

Child Poverty Action Group in Scotland (2015) The Cost of the School Holidays

<http://www.cpag.org.uk/sites/default/files/CPAG-Scot-Cost-School-Holidays-full%20report.pdf>

Risk Appetite

- 4.39 There is always a balance between the demand for care and what HSCM can facilitate. HSCM are increasing the risk appetite to look at other ways of providing the best care possible, using hybrid versions of care involving paid care, family or unpaid carer support and third sector and volunteer agencies.

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”

Performance management reporting is a legislative requirement under Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014. In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will “monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis” (para 5.2.2 of the Moray Integration Scheme refers).

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. The long-term impact of the COVID-19 on the Health and Social Care system are still unknown and performance measurement will remain flexible to enable the service to be prepared and react to any future developments.

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 for the Performance Framework 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

Senior Management Team, Operational Managers, Health and Social Care, Caroline O'Connor, Committee Services Officer, Moray Council and their comments are incorporated in the report.

6. CONCLUSION

- 6.1 This report provides the MIJB with an overview of the latest unmet need in social care. Due to the unavailability of data for this committee due to scheduling overlap, the Quarter 2 performance report will be presented to committee in February 2024.**

Authors of Report: Bruce Woodward, Performance Support Officer, Operational Management Team and Sonya Duncan, Corporate Manager

Background Papers: