



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 MARCH 2024

SUBJECT: CARE AT HOME SERVICE IN MORAY (MARCH 2024)

BY: SERVICE MANAGER, PROVIDER SERVICES

1. REASON FOR REPORT

1.1 To provide the Board with an update on the delivery of the Care at Home Service in Moray and the current demands faced.

2. RECOMMENDATION

2.1 It is recommended that the Board:

- i) consider and endorse the actions being taken to continue to deliver Care at Home in Moray; and**
- ii) consider and note the increasing demand on the Care at Home Service.**

3. BACKGROUND

3.1 The Care at Home Service (Home Care) provides practical support and personal care, to people with an assessed need, to support them to live as independently as they can at home or in a homely setting in their community.

3.2 Care at Home (CAH) provision is one of the most challenging sectors within Health and Social Care. Social Care staff provide services to some of the most vulnerable in our communities. Citizens regularly face social isolation, difficulty with everyday tasks and mobility, long term health concerns and financial worries.

3.3 Self-Directed Support (SDS) is the way that care and support is delivered, making the principles of choice and control central to care and support, and giving individuals full opportunity to take control of their support and their lives.¹ The Social Care (Self-directed Support) (Scotland) Act 2013² requires local authorities to offer people who are eligible for social care four choices concerning how they receive support, taking account of the amount of choice and control the supported person wants over their social care arrangements. Option 3 is the selection of support for the supported person by the local

¹ <https://www.gov.scot/publications/statutory-guidance-accompany-social-care-self-directed-support-scotland-act-2013-2/pages/3/>

² See the full 2013 Act here: <https://www.legislation.gov.uk/asp/2013/1/enacted>

authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision. In Moray, option 3 CAH services are delivered by the Health and Social Care Partnership's own CAH or by our Partner, Care Quality Scotland (CQS).

- 3.4 Moray Integration Joint Board (MIJB) has an 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. There is also a requirement to identify any gaps in provision to inform the strategy for commissioning.
- 3.5 Weekly monitoring of the unmet need in CAH has been in place since August 2021.
- 3.6 In Spring 2023 a strategic review of current CAH arrangements was commissioned by HSCM Senior Management Team.
- 3.7 There is an ongoing review of the current contract with a focus on service improvement and sustainability.
- 3.8 As part of the review, a CAH Workshop was held on 4 March 2024 to revisit the vision "In Moray we want to empower people to live independent lives near the people and places that are important to them. We want to support people to regain their independence after a period of ill health or following a traumatic event."

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Care at Home Position

- 4.1 Planned hours of care at home refers to the assessed package of care based on an assessment completed to assist individuals to meet their personal outcomes.
- 4.2 As of 25 February 2024, the planned weekly hours of care were 4752.

	Number of planned weekly hours (Feb 2023)	Number of planned weekly hours (Feb 2024)	Change	%
Internal Care at Home	3,550	3,871	+321	+9.04%
Partner Provider	1,446	881	-565	-39.07%
Total	4,996	4,752	-244	-4.88%

	Number of people supported (Feb 2023)	Number of people supported (Feb 2024)	Change	%
Internal Care at Home	289	325	+36	+12.46%
Partner Provider	147	97	-50	-34.01%
Total	436	422	-14	-3.21%

- 4.3 A weekly care at home hub meeting was established in January 2023 with the aim of better understanding challenges faced in each locality and keeping track of where and how care is being provided, to understand risks faced by the service users and providers and to assist in developing strategies for improvement across the service. Performance information from these meetings is submitted weekly to the Collaborative Care Home Support Team Meeting, which oversees provision of care at home and care homes by internal and external services. An example can be seen in **Appendix 1**.
- 4.4 A Strategic Care at Home Group was set up in 2023 to look at the commissioning element of CAH and how internal services can support progress in this area. This is managed and progressed by the Commissioning Team, supported by the Locality Managers.
- 4.5 Internal CAH underwent an unannounced inspection between the 9-15 November 2023. This was the first inspection since 2020 and all six actions identified had been met in full, with the service being awarded the grade of five (very good) in the following categories:
- How well do we support people’s wellbeing;
 - How good is our leadership;
 - How good is our staff team; and
 - How well is our care and support planned.

The service was commended for having several projects ongoing, looking at innovative solutions to difficulties facing the care sector and improving people’s outcomes.

Key Actions

- 4.6 Recruitment/Retention/Training: Since April 2023, 58 new staff have started in the service as shown in **Appendix 1**. It also shows 48 staff have left, the reasons for this are shown in figure 1 below.

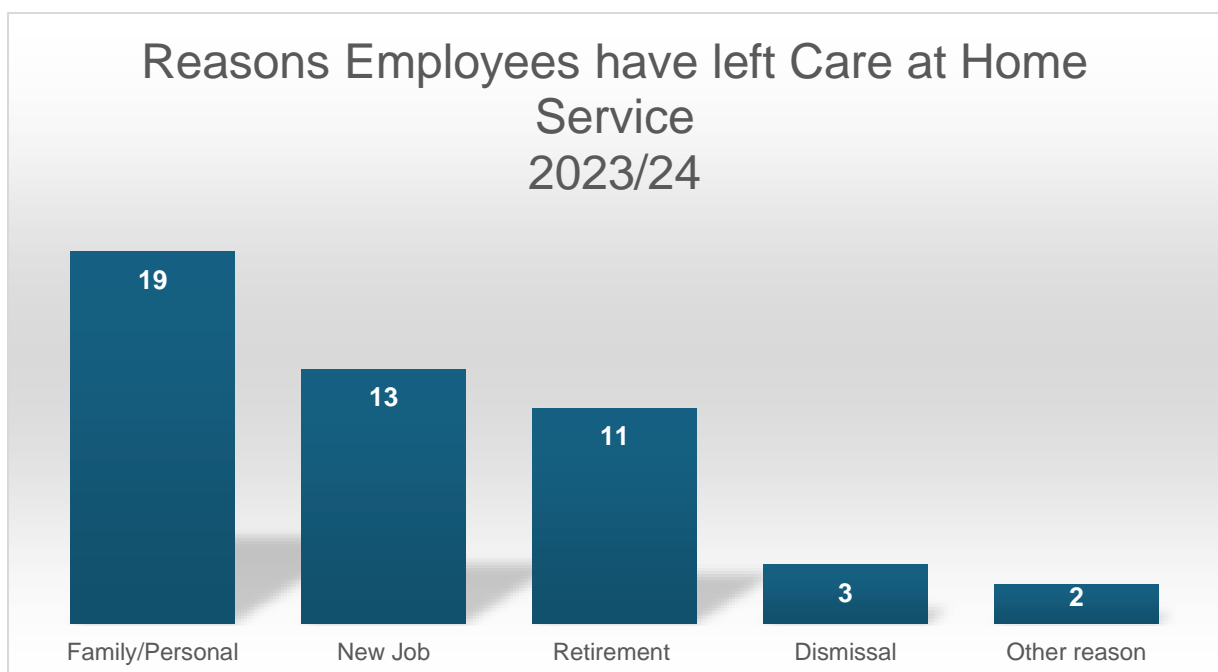


Figure 1

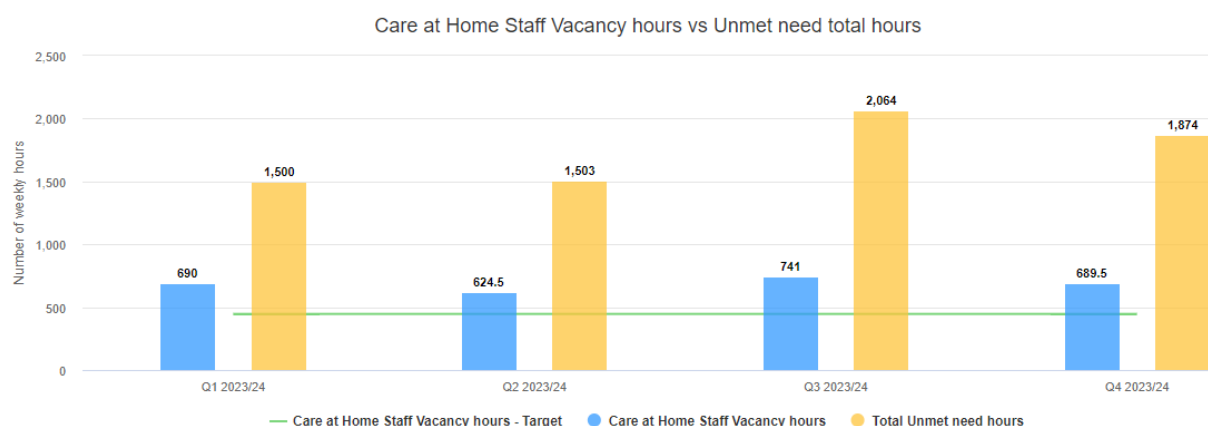
- 4.7 As a result of the CAH Practice Governance Forum, a new induction training programme has been developed, which is now held every 2 months, and has had excellent feedback from participants and CAH staff. This will continue to be collected after each course is completed, with a view to more formally reviewing the programme throughout 2024/25.
- 4.8 The retention rate in CAH remains high at 79% for staff that have joined the service since April 2023. Staff feedback gathered by the Care Inspectorate during the inspection was also incredibly positive about all aspects within the service.
- 4.9 External Partner: There has been significant work from Health and Social Care Moray (HSCM), with the help of internal services, to support the external partner. It is hoped that we will see substantial improvements during March and April 2024. The partner provider had a moratorium placed upon the service leading to a reduction in almost 60 packages of care since September.
- 4.10 Systems: The CAH service had to return to working manually after the cyber-attack in July 2022 on our IT provider, this proved resource intensive, and staff worked extremely hard to ensure continuity of service throughout. Looking forward, the service is considering the recent work of internal audit regarding Social Care & CareFirst System Information Governance Review and their recommendations to align with improved systems, which are essential to the running of a secure, efficient service for our staff and service users.
- 4.11 Proportional Care: HSCM are developing a model of assessment that will support safer moving and handling of people where multiple carers may be required. This will reduce the amount of resource required by better use of equipment and techniques. The expectation is that this will release capacity and efficiencies within the service. The project group aims to have started a phased roll out by the end of quarter two in 2024/25 and will update the Board in due course.
- 4.12 Quality Assurance: CAH have devised a Self-assessment tool based on the Care Inspectorate framework, which was highly commended as part of the Inspection process.
- 4.13 CAH Practice Governance Forum: A forum was established early in 2023 for internal CAH services. This is held on a weekly basis and ensures consistency, best practices, staff development, manages service and user risk and supports CAH to meet legislative requirements.
- 4.14 Home First: A focus group has been developed to allow the wider stakeholders to engage with the service. Once developed, further information around the Home First Project can be provided at a future date.

Unmet Need in Moray

- 4.15 Despite taking a person-centred, outcome focussed approach to Care at Home Services, there are people who are not yet receiving their assessed package of care.
- 4.16 Figure 2, below, shows the number of hours of care that have not yet been provided, alongside the number of weekly hours of Social Care Assistant

vacancies there are across the Care at Home service based on a budgetary figure. The figures show that even with a full complement of staff, there would still be a large number of hours the Health and Social Care Partnership cannot provide for.

Figure 2



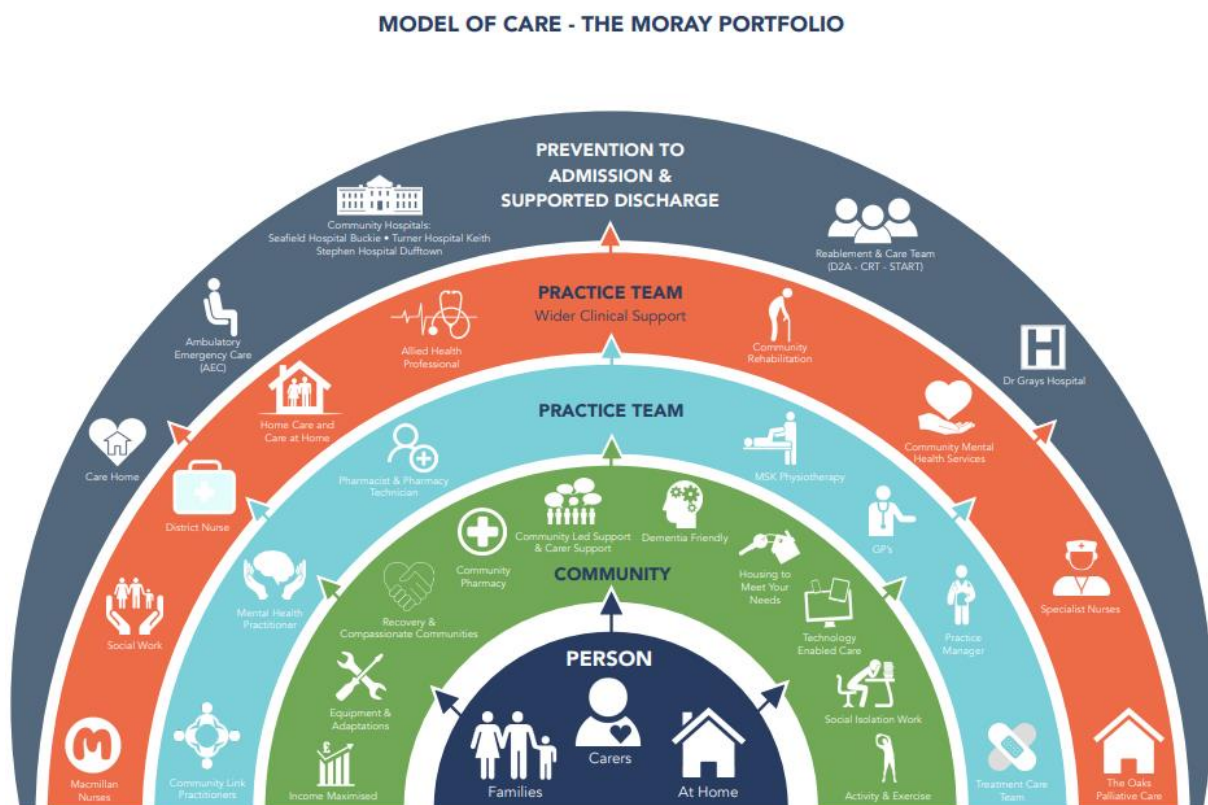
4.17 Included in **Appendix 2** is the most recent map to show where those awaiting a care package live (or their home address if they are currently not residing at home). These figures can change daily and are summarised in the table below.

HSCM Locality	Number of people awaiting a care package
Buckie, Cullen and Fochabers	69
Elgin	59
Forres and Lossiemouth	41
Keith and Speyside	34

4.18 From the Quarter 2 and 3 performance report which went to Audit, Performance and Risk committee on 29 February 2024 (para 5 of minute refers), the number of delayed discharges at the December 2023 snapshot was 37, this is an increase from 26 at the end of quarter 2. It was noted that delayed discharges for the winter (October – March) period showed a common trend with previous years. Daily huddles and increased multi-disciplinary team working are prioritising delayed discharge reduction work.

4.19 Moray has an aging population, according to census figures. In 2011, 18.5% of the population was over 65; in 2022, this had increased to 22.9%. On 4 March 2024, a workshop was held to look at the delivery of Care at Home in Moray. The outputs of this workshop are yet to be finalised, as they are currently being analysed and collated, however one of the themes emerging could be around better planning for the future to mitigate the rising future demand and following the Moray Model of Care shown below in Figure 3, there were discussions around upstream working and earlier engagement with communities (examples of which are detailed below). The examples described below would not be a quick fix; they would be a plan for the future of Moray and provide support to the current services that are not able to provide services due to the elevated level of demand.

Figure 3



Care in Place Project³ - Care in Place is exploring better ways of sharing health and care information between carers, their cared for person, and anyone involved in meeting their needs. Making it easier and more efficient to access services, improve decision-making and prevent duplication. Using digital technology to relieve pressure on health and social care services and support unpaid carers.

Digital Health & Care Innovation Centre (DHI) / Technology Enabled Care Assessments – With the use of a screening tool, Technology Enabled Care assessments could be introduced earlier, even prior to a need for formal services, could better support people to reduce the risk of harm and remain independent at home for longer.

Communities/Active and Exercise/Social isolation/Family Support – By using the information within the joint strategic needs assessment, and by engaging Community Planning partners, GPs, local voluntary and third sector organisations, it is possible to evaluate the future needs of local communities and start to plan. Projects could range from lunch clubs to walking groups. In turn this could begin to tackle social isolation, and relieve some pressure being faced by families who are providing vital care to those close to them.

Meals on Wheels – Research compiled by the University of Glasgow and Food Train⁴ detailed the cycle of risk for undernutrition and Household Food

³ Full details can be found at <https://www.dhi-scotland.com/projects/rce-moray-living-labs-lab3/>

⁴ [Exploring Household Food Security and Malnutrition Risk with Psychosocial Indicators of Healthy Ageing in Place: The Food Train - Eat Well Age Well Partnership Project](#) (Kate Reid, 2020)

Insecurity for Older Community Dwelling Older Adults (Kate Reid, 2020), shown in figure 4. Many of these risk factors can be mitigated by providing a hot meals service as Royal Voluntary Service (RVS) used to do in Moray, utilising volunteers, school meal provision, hospital canteen staff, and social care staff to little or no cost to Health and Social Care Moray but giving the community resilience and the means to remain safe and well at home. Alternatives could also be considered alongside lunch clubs or a meal makers initiative.

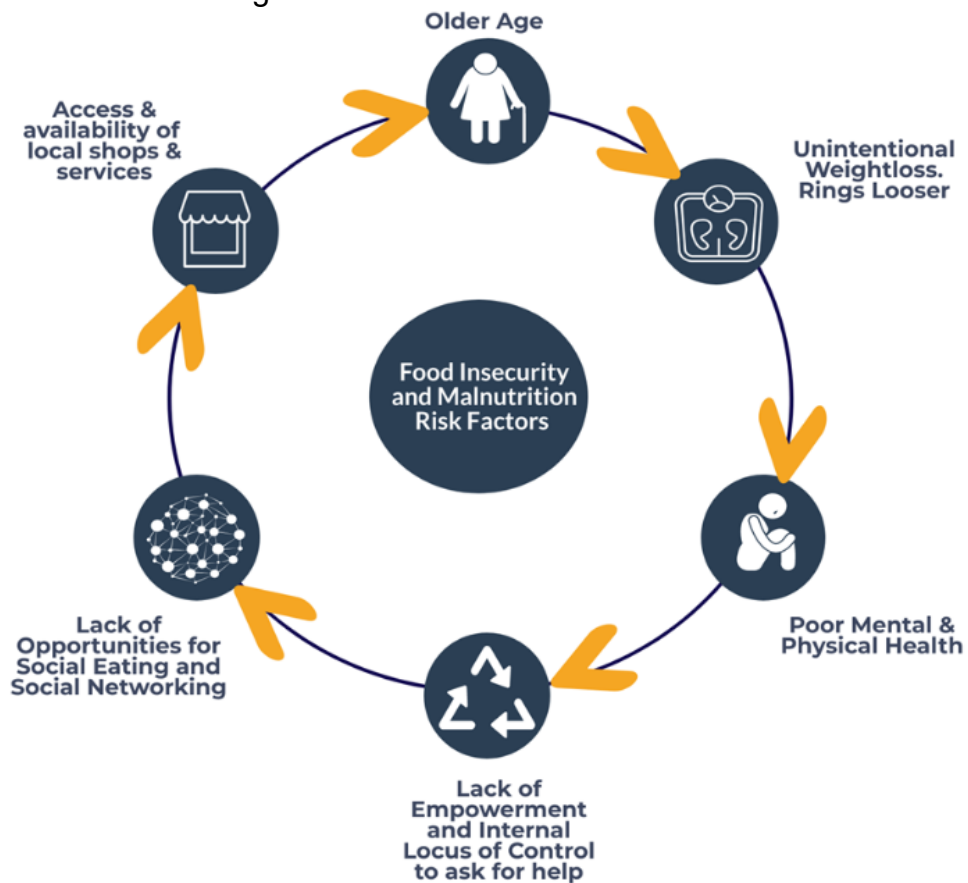


Figure 4

Unpaid carer support/advice/groups – With further research into the current challenges faced by Moray’s unpaid carers, it would be possible to plan for local services to assist them. They provide a vital role in our local communities providing care that ensures it does not become the responsibility of Health and Social Care Services already under pressure. However, the physical and emotional toll should be recognised, and plans instigated to further support those who carry out this role. Planning for future respite provision would be essential.

5. SUMMMARY 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 is a risk of potential harm to those who have been assessed as requiring care and support but who have not yet received that support. There is also a risk to families and unpaid carers whose own health and wellbeing may be impacted by the lack of care available. There is a risk of reputational damage to MIJB if these risks cannot be mitigated in some way.

(e) **Staffing Implications**

Staff absence levels are monitored on a weekly basis for both the internal CAH service and the partner provider. The internal CAH staffing retention levels are high, the feedback received by the Care Inspectorate from staff was exceptional despite the challenges faced on a daily basis.

(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, Head of Service, and Care at Home Team Manger have been consulted,

as well as Caroline O'Connor, Committee Services Officer, Moray Council, and their comments are incorporated in the report.

6. CONCLUSION

6.1 This report outlines for the Board the actions being taken to continue to address the increasing demand for the Care at Home Service across Moray. It also provides members with an overview of the actions being taken in Care at Home to address the unmet need in the area and provides some information around potential for upstream working proposals.

Author of Report:

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Background Papers:

Available on request

Ref: