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**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 25 AUGUST 2022**

**SUBJECT: UNMET NEED IN HEALTH AND SOCIAL CARE MORAY**

**BY: JANE MACKIE, HEAD OF SERVICE/CHIEF SOCIAL WORK OFFICER**

## **1. REASON FOR REPORT**

1.1. To update the Clinical and Care Governance Committee of the current position on unmet need within Health and Social Care Moray (HSCM).

## **2. RECOMMENDATION**

2.1. It is recommended that the Committee:

- i) **considers and notes the current situation within Health and Social Care Moray and the mitigation actions that have been introduced;**
- ii) **notes the continuing additional pressures placed upon Health and Social Care Moray staff; and**
- iii) **recognises the fragility of any improvements and the long-term impact on staff.**

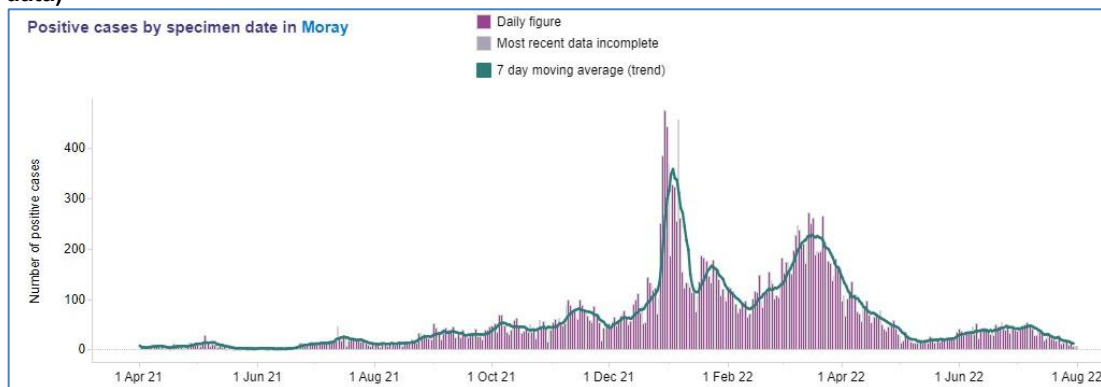
## **3. BACKGROUND**

3.1. The impact of the COVID-19 pandemic continues to place a significant burden on health and social care staff. Patients, particularly the elderly and frail, are facing delays before they can leave hospital to receive appropriate care elsewhere, be that back at home, at a community hospital or residential care. There was a surge in cases this spring that petered out in May. Although the highest number of cases recorded in a day was almost half the January peak, this outbreak lasted longer than previous surges (Figure 1). It has been followed by a much smaller spike that peaked towards the end of July and appears now to be over. However, the testing policy in Scotland changed on 1 May 2022, which inevitably led to a reduction in the quantity and quality of the available data on positive cases in the population. Consequently, the data

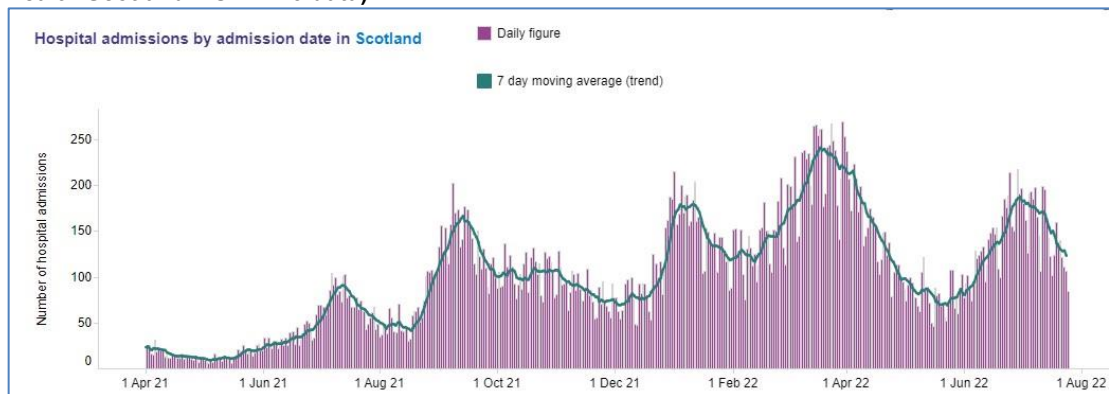
before and after 1 May 2022 is not comparable, and is only used here to indicate that there was a spike in number of positive cases over the summer.

- 3.2. The impact has been felt across Scotland with corresponding waves of increase and reducing hospital admissions. The data suggest that the most recent wave is coming to an end, but the number of admissions are considerable higher than a year ago, placing additional pressure on hospital beds (Figure 2). As noted in the previous report there has been little or no chance for health and social care staff to recuperate and recover, and there is no indication that there will be a significant lull before the usual increase in demand over winter. Note that data for hospital admissions due to COVID-19 is only published for Scotland as a whole and is not publicly available for individual health boards or local authorities.

**Figure 1: Positive PCR cases in Moray 1 Apr 21 – 31 July 22 (Public Health Scotland COVID-19 data)**



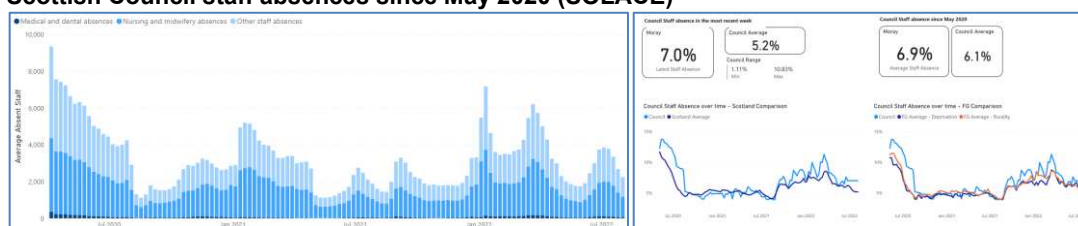
**Figure 2: Hospital admissions in Scotland due to COVID-19 between 1 Apr 21 – 31 July 22 (Public Health Scotland COVID-19 data)**



- 3.3. Nationally there has been higher than usual staff absence rates amongst both council and NHS employed staff for the first 6 months of this year (Figure 3). Amongst NHS staff there has been a dramatic reduction in absence due to COVID-19 compared to the peaks observed in January, March and early July. Indeed, at the end of May overall NHS staff absence in Moray was 4.2%
- 3.4. Moray Council employed staff absences have averaged 6.9% since May 2020, which is above the national average of 6.1%. However, for the week ending 5 August 2022, the latest data published by SOLACE, the figure for Moray was 7%. As the charts at Figure 3 illustrate absences have reduced for Council staff from over 11% in mid-March, suggesting the staffing absence rate is slowly reducing to a more typical level. Note that forecasting future trends from previous data during the pandemic has been almost impossible as new strains

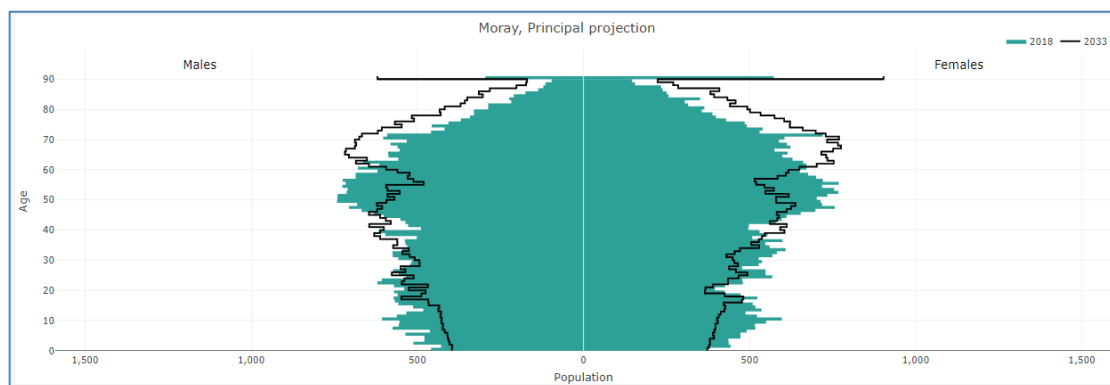
appear without warning and cause cases to rise again. Although the peaks tend to be getting smaller and the number of people unable to attend work appears to be reducing.

**Figure 3: NHS Scotland Covid-19 staff absences since April 2020 (TURAS data intelligence<sup>1</sup>) and Scottish Council staff absences since May 2020 (SOLACE)**



3.5. Demand for health and social care service are likely to continue to grow as Moray’s population continues to age. Figure 4 is taken from the National Records of Scotland (NRS) principal population projection for Moray and is based on 2018 data. In mid-2021 NRS estimated there were 20,241 residents of Moray aged 66 years and over. The NRS principal population for 2043 estimates that this figure will have risen to 27,978 over the same period. At the same time the working age population (currently defined as 16 – 65 year olds) is estimated to decrease by almost 13% from 60,228 to 52,409. It will be interesting to see the impact of the current census on this population projection when the data become available.

**Figure 4: NRS principal population projection for Moray in 2033 by age and sex**



3.6. There are 6 categories of unmet need that are routinely monitored that provide an overview of the number of people waiting for a social care assessment, a package of care, or a statutory social care review. Additionally, the number of hours of care not yet provided are also monitored. A weekly summary of trends is provided for managers (see **Appendix 1**). Overall, the level of unmet need remains much higher than it was before the pandemic. The latest trends for each measure are summarised below:

3.6.1. Number of people waiting for a social care assessment. The number of people waiting for a social care assessment overall has gradually increased since the end of April, rising from 110 to 156 at the start of August. Cases classified as URGENT have also risen over the same period from 25 to 48. These numbers continue to be well above the numbers waiting in September last year (8). Cases classified as HIGH

<sup>1</sup> <https://turasdata.nes.nhs.scot/data-and-reports/other-workforce-statistics/covid-19-staff-absence/>

are half what they were a year ago (73), but have remained between 43 and 48 for the past 2 months. The East Team took over responsibility for assessing the people classified as MEDIUM and LOW priority through the innovation site that they have set up as part of the roll-out of the Three Conversations Approach. In the first week they were able to reduce the waiting list for people in the MEDIUM and LOW priority groups from 80 to 49. The numbers in this category have remained in the 50s since this change was introduced.

3.6.2. Number of people assessed and waiting for a package of care. During the second half of 2021 there was a steady increase in the number of people who had received a social care assessment but had yet to be provided with a package of care from 94 to 152. During the first 3 months of 2022 the number of people waiting remained reasonably static. From April to June there was a steady reduction in the numbers, but in recent weeks the number of people waiting for a package of care is back to the previous level of approximately 150. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers remain at one and a half times larger than last August.

3.6.3. Number of people in receipt of a care package and waiting for a statutory social care review. For most of 2022 the number of people who are receiving a care package has decreased steadily week by week from 300 to 230. The numbers are down considerably from the 339 recorded in September 2021, but are still high.

3.6.4. Number of hours of care yet to be provided for individuals in hospital. The number of hours not yet provided for people in hospital varies weekly, but had gradually risen over time from 226 hours August 2021 to over 450 hours in March 2022, but despite a small spike in June has now reduced to 322 hours. If this trend continues then within the next 2 or 3 months the outstanding hours could be back to August 2021 levels.

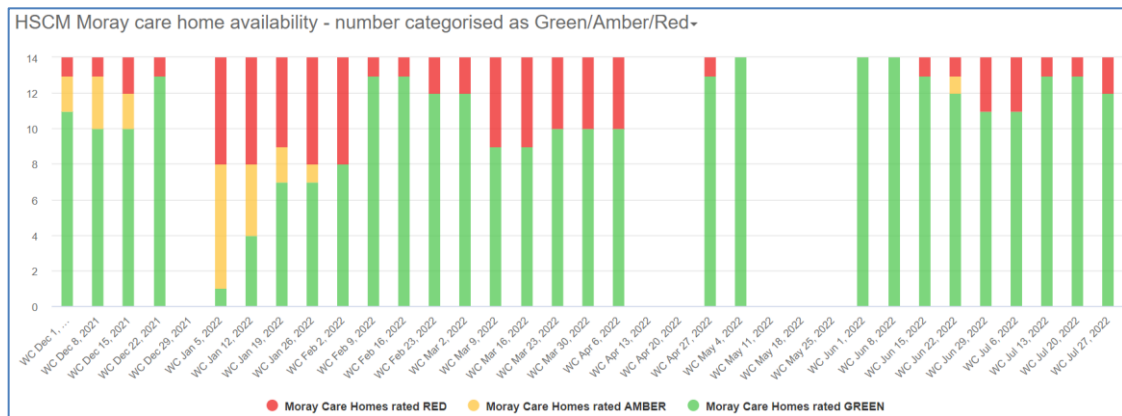
3.6.5. Number of hours of care yet to be provided for individuals in the community. Similarly, there had been an increase for people in the community over the same period from 266 hours to 778 hours at the end of January this year. Since then the number of hours not provided have reduced steadily to 439, despite a reversal of the trend at the start of July 2022. The number of hours not provided remains 173 higher than the position in August 2021 figure.

3.6.6. Number of hours of care assessed as needed and not provided for those in receipt of a care package. Since the start of April this year the number of hours of care not delivered to residents receiving a care package reduced steadily from 417 to 331 hours at the end of June. This was followed by a jump to 514, and the latest figure showed a reduction to 467 hours. This figure is much higher than in September 2021 when for 4 weeks this figure was consistently below 250 hours.

3.7. The status of care homes and care at home services, both internal and external is monitored regularly each week by the Care Homes Oversight Group. A RAG (Red/Amber/Green) rating is used to identify the ability to accept clients or deliver services. For the most recent data (27 July 2022) 13 out of the 14 care

homes in Moray were assessed as Green, and just 1 as Red and unable to accept patients. This demonstrates a marked improvement from 18 January 2022 when there were only 4 care homes rated Green, 4 rated Amber and 6 at Red (Figure 5).

**Figure 5: Moray care home availability – December 2021 to 27 July 2022**



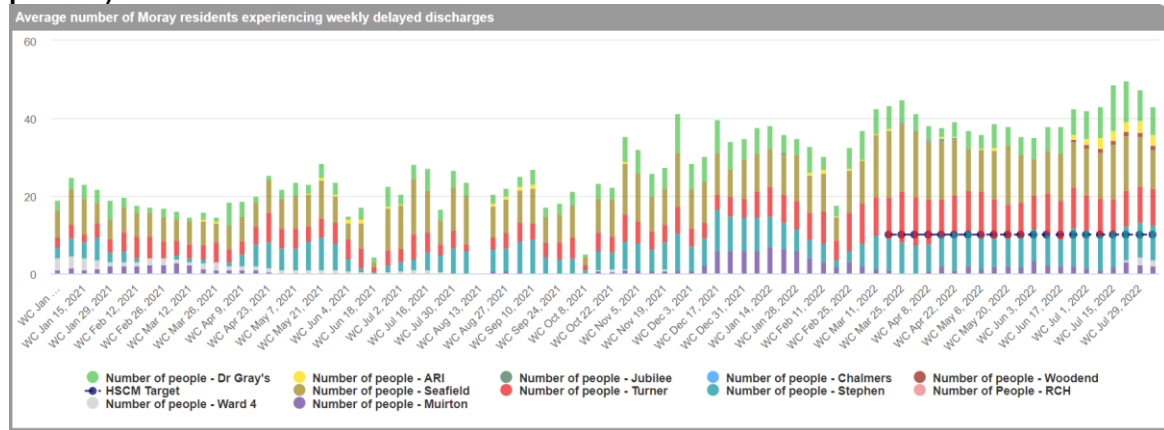
- 3.8. There were 27 Care at Home external providers rated Green on 2 August 2022, none at Amber and 8 at Red with either a member of staff or a client with a positive confirmation for COVID-19. Again, this represented an improvement on the situation as reported on 16 March 2022, with 16 external providers rated Green, none at Amber and the remaining 21 at Red. Care at Home Day Services had all locations at Green at the end of July 2022. The Care @ Home team remain Red with COVID-19 cases and 22 non-COVID related absences.
- 3.9. Overall, the situation is showing improvements compared to March and April this year, and the service is closer to capacity. However, it is likely capacity shortfalls will continue to be faced in the short-term. Furthermore, the continuing levels of unmet need noted above is still contributing to high numbers of patients facing delays in being discharged from hospital.
- 3.10. HSCM is not alone in facing these demands and shortfalls. Across Scotland Health and Social Care partnerships are recording higher levels of non-COVID absences, and staff vacancy rates are stable, but not reducing. The number of people waiting for an assessment has increased by 8% since November, although the number of people waiting for a package of care has reduced by 2% over the same period. Hours of care across Scotland has increased by 3%<sup>2</sup>. The Director of Public Health developed a social care oversight and assurance return, to identify areas of challenge within health and social care partnerships during the pandemic. As the pandemic response has changed, the number of reported issues relating to COVID-19 have fallen. Instead, key themes such as general inability to recruit; lack of financial viability in light of the cost of living crisis; and the withdrawal of insurers from the care sector in light of Operation Koper<sup>3</sup> are highlighted instead.
- 3.11. The impact of all of the above factors is illustrated by the rising numbers of delayed discharges being reported since April 2021, which remain well above

<sup>2</sup> Taken from the minutes of the GOLD meeting held on 26 July 2022

<sup>3</sup> The Police Scotland operation to collate information from Care Homes and Partner Agencies with regards to COVID-19 deaths within Care Home settings <https://www.scotland.police.uk/access-to-information/freedom-of-information/disclosure-log/2020/december/20-2008-c19-operation-koper-deaths-in-care-homes/>

historic levels (Figure 6). As the chart illustrates the recovery is fragile and any pressure on the system quickly reverses any gains. However, with fewer staff being away, and fewer care homes being closed due to COVID-19 cases, there are signs that the July peak of 51 people not able to leave hospital is over and numbers are reducing. On 8 August there were 42 people waiting, still well above the target of 10, but an improvement on just 2 weeks ago.

**Figure 6: Average number of delayed discharged patients in Moray per week (1 Jan 2021 to present)**



3.12. Delayed discharges remain high across Scotland, but there were fewer people waiting at the June census point (1,671) than in May (1,690), but average delays had risen from 21 to 23 days over the same period. In June 2022 there were 36% more days spent in hospital than in June 2021 (50,340 days compared to 37,136 days)<sup>4</sup>.

3.13. In Moray the average number of people experiencing delays in being discharged from hospital has remained below the national average since the start of the pandemic apart from a blip last winter (Figure 7). Since Moray has a higher proportion of residents aged 65 years and older compared to the Scottish average, it is not unexpected that the rate per 1,000 of the population in this age group in Moray is above the Scottish average with 1.8 cases per 1,000 people (Figure 8). There is no clear indication of the numbers starting to reduce. Due to the small population size of Moray there is a much larger daily variation in numbers, but the trend appears to be increasing for both the number of daily delayed discharges and the rate per 1,000 for 65 year olds and older. An action plan is attached describing how services are working to reduce delayed discharges across Moray (**Appendix 2**).

<sup>4</sup> Delayed discharges in NHS Scotland monthly (PHS) - Figures for June 2022

<https://publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-monthly/delayed-discharges-in-nhsscotland-monthly-figures-for-june-2022/#section-1>

Figure 7: Delayed discharge patients each day, May 2020 to April 2022 (SOLACE data)

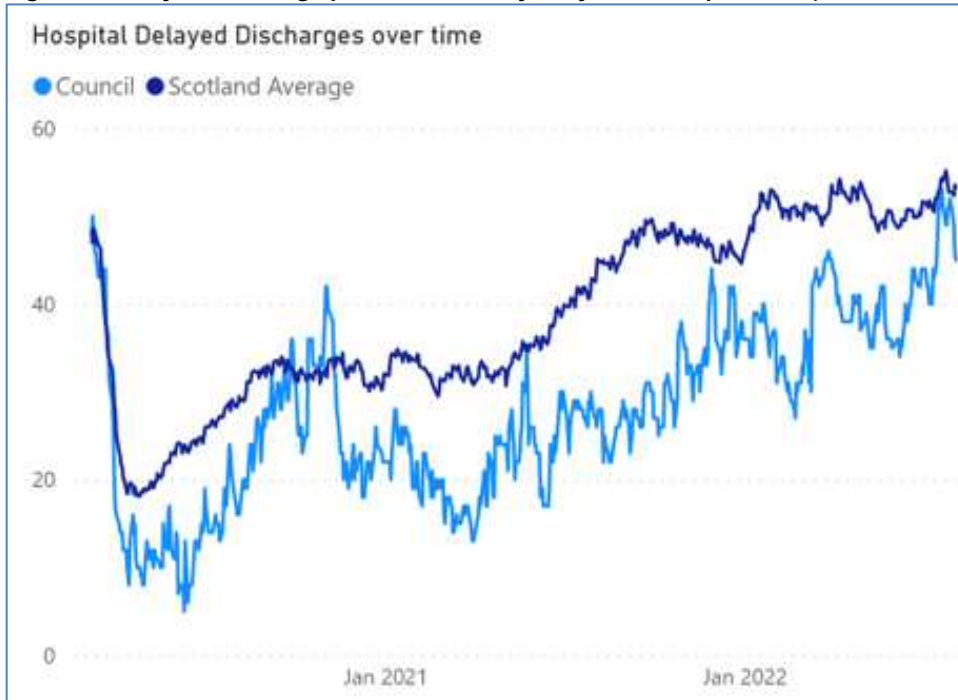
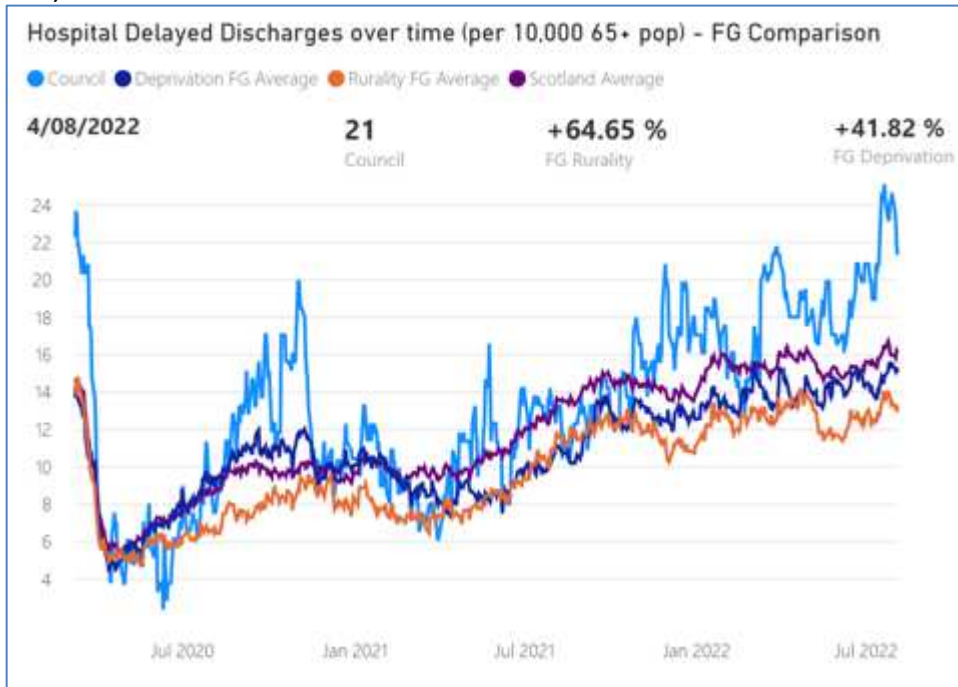


Figure 8: Delayed discharge patients (65 and over) each day, May 2020 to April 2022 (SOLACE data)

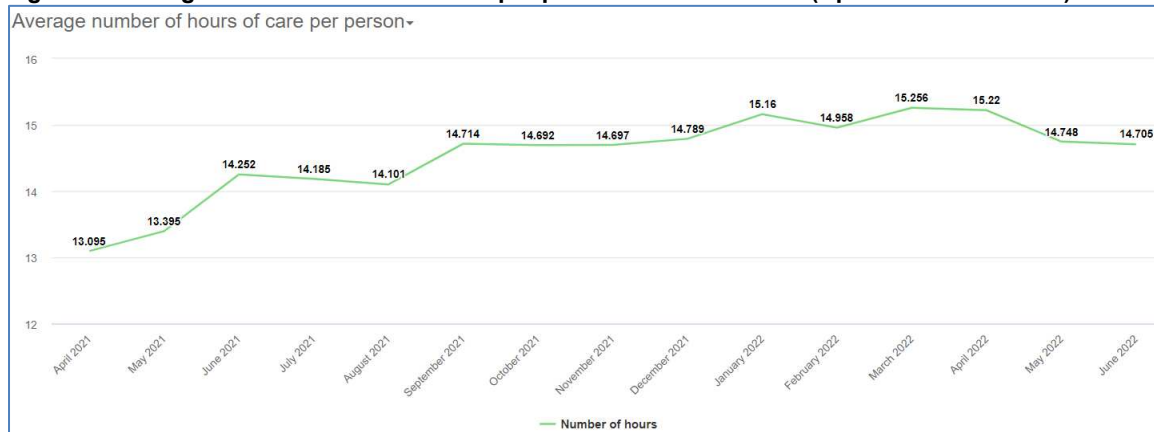


#### 4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Previous reports have included the observations made by Dr Gray’s Hospital (DGH) emergency department that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. In the previous quarterly report data suggested that the hours of care required from the Homecare Team by individuals are rising, with frailer people regularly requiring more than one carer, or more visits each day (or both). Between April 2021 and April 2022 the average number of hours of care provided to individuals by the Care at Home team rose by 17% from 13.1 to 15.3 hours.

During quarter 1 the hours reduced slightly to 14.7 hours; time will tell whether this is the new baseline level (see Figure 10).

**Figure 9: Average number of hours of care per person – Care at Home (April 2021- June 2022)**



4.2. Mitigation measures have been put in place and were described in the previous report. The following sections provide brief updates.

4.3. The Discharge 2 Assess team (D2A), which has been operating for a full year having gone live on 3 August 2021, is working at full capacity to provide early supported discharge for Moray patients from DGH, Moray Community Hospitals, Aberdeen Royal Infirmary (ARI) and Raigmore. A report on the impact of D2A was approved by the Moray Integration Joint Board at their meeting held on 26 May 2022 (Minute 9 refers). The report concluded that D2A was meeting the criteria in the initial business case, and was effective in meeting the outcomes for patients.

4.4. The recruitment cell continues to work closely with Moray Council Human Resources team to bring people into HSCM, and is working well. For example new members of the care at home have been recruited every month this year except July, with 2 more joining than leaving overall (Figure 11).

**Figure 10: Care at Home - new staff joining and staff leaving since April 2020**



4.5. The previous report identified the adoption of the Three Conversation model to reduce bureaucracy and increase our responsiveness to people who approach us for support. Three of the innovation hubs are now in place: a Hospital Team innovation site, the East Team, and Learning Disabilities. The impact of 3-conversations is being examined and analysed, but initial feedback suggests that people requiring support and their families prefer this way of working as it



provides better outcomes, more quickly. Social workers report being able to create a better rapport with people and families, gain a better understanding of the person and their needs, and spending less time on paperwork,

4.6. HSCM managers were asked for their thoughts on the current situation and this is a summary of their concerns and the issues being faced currently:

4.6.1. The fragility of staffing levels to meet demand, caused by absences due to COVID-19 and self-isolation requirements, which are unpredictable with peaks and troughs occurring in absence levels right back to March 2020. There are also absences due to other illnesses that have also increased since March 2020 (including stress due to working excessive hours to provide safe cover with reduced staff present). There was a reduction in contracted hours for care workers during the latter part of the pandemic, but staff are starting to request additional hours so the situation may be improving. Finally, there is a lack of young people willing to take-up social care work (Department of Work and Pensions data).

4.6.2. Care Home capacity from March 2020 to the present has been difficult to predict. Care homes have not been able to provide the pre-pandemic number of beds, with availability varying from week to week. The numbers were particularly low at the start of 2022. In addition, available beds are not necessarily in the right place for people requiring them (the impact of a rural and dispersed population).

4.6.3. There is considerable additional financial strain on care providers and care home owners. Since the start of the year price increases for fuel, heating and interest rates have added pressure to companies to remain solvent. For example Assist Homecare (Scotland) Ltd, operated in North Ayrshire, went into liquidation on 2 August 2022. The impact for Moray care home providers and care homes is not yet clear.

## 5. SUMMARY OF IMPLICATIONS

### (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**

This report highlights the pressures on delivering the Corporate Plan 2024 priority of “Adults and older people”. In particular the aim of ensuring that people are supported at home or in a homely setting as far as possible through a HomeFirst approach and multi-professional teams at a local level.

The LOIP priority “Improving wellbeing of our population” recognises that “health and wellbeing make a significant contribution to life experiences and can be adversely affected by many factors, including mental...health.” This report identifies additional pressures that HSCM staff are now facing and that will need to be addressed if the LOIP priority is to be met.

“Theme 2: Home First” of the Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029” notes that older people very

quickly lose their independence through loss of confidence and often reduced mobility when admitted to hospital. The current situation is causing people to be delayed in hospital and is likely to prevent some residents from functioning as they did prior to admission.

**(b) Policy and Legal**

None directly associated with this report.

**(c) Financial implications**

None directly associated with this report, although the cost of providing care packages may rise due to patients presenting with higher morbidity than previously.

**(d) Risk Implications and Mitigation**

The risks to the service from the pandemic, and the winter period, have been realised. The mitigation measures are discussed in the report. There continues to be a risk of harm to individuals who are not receiving support that has been identified they require and also for those awaiting to be assessed.

**(e) Staffing Implications**

Staffing levels, availability of staff and their health and wellbeing are core factors at the heart of this report. Support for staff continues to be a vital role for managers.

**(f) Property**

None directly arising from 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. However, it should be noted that Public Health Scotland have identified that people who live in poorer areas in Scotland are more likely to die early from disease and have more years of ill health, including mental wellbeing and depression. Although no data are available it is likely that the additional time spent in hospital waiting for suitable care packages to be put in place will have a greater impact on Moray residents from deprived areas.

**(h) Climate Change and Biodiversity Impacts**

No climate change or biodiversity implications have been determined for this policy/activity.

**(i) Directions**

None arising directly from this report.

**(j) Consultations**

Consultations have been undertaken with the following staff and their comments have been included where appropriate: Corporate Manager (HSCM), Head of Community Care, and Consultant Practitioner in Social Work, HSCM service managers and Tracey Sutherland, Committee Services Officer, Moray Council.

## **6. CONCLUSION**

- 6.1. Unmet need levels in Moray remain higher than pre-pandemic levels, both for the number of people affected and the hours of care required to be provided. There is insufficient evidence to state with certainty the impact of the various mitigation measures that have been put in place. However, although the overall situation is not improving significantly it appears to have not deteriorated.**

Author of Report: Carl Bennett, Senior Performance Officer Health and Social  
Care Moray

Background Papers:

Ref: