



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JUNE 2022

SUBJECT: UNMET NEED IN HEALTH AND SOCIAL CARE MORAY

BY: HEAD OF SERVICE/CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

1.1. To escalate the issues raised in this report, previously submitted to the Clinical and Care Governance Committee on 26 May 2022, on the current position on unmet need in Health and Social Care Moray.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) considers and notes:

- i) the current situation within Health and Social Care Moray and the mitigation actions that have been introduced;**
- ii) the continuing additional pressures placed upon Health and Social Care Moray staff; and**
- iii) the recovery being achieved, but recognises the fragility of the improvement 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. The surge in cases this spring appears to be waning at last; 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). The impact has been felt across Scotland with a corresponding increase in hospital admissions, which are now reducing rapidly, but are still high (Figure 2). The pressure on hospitals noted in the previous report continues and there has been little or no chance for health and social care staff to recuperate and recover. 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 Feb 21 – 25 Apr 22 (Public Health Scotland COVID-19 data)

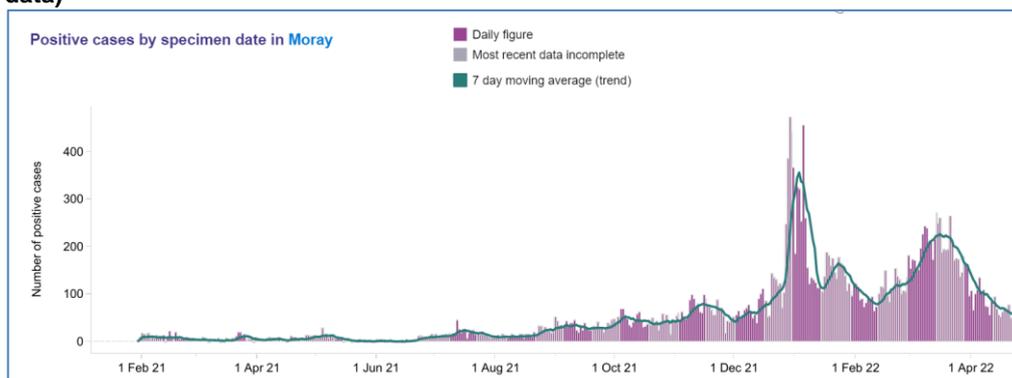
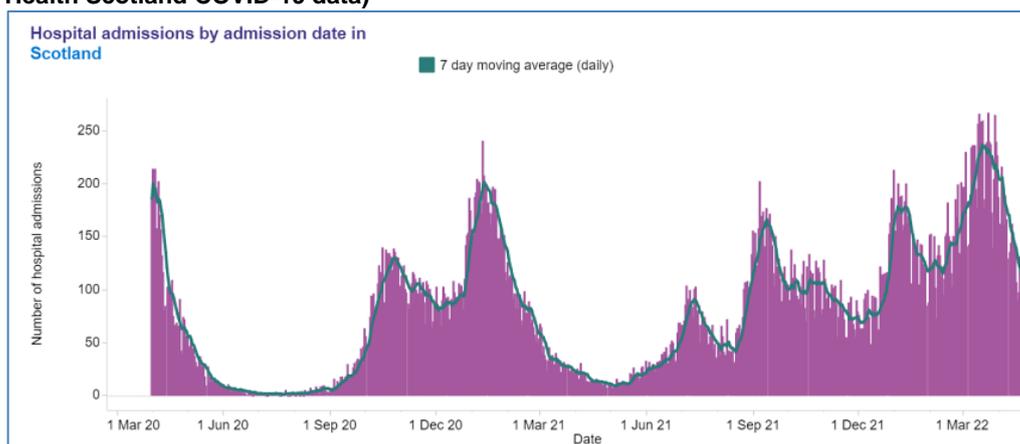
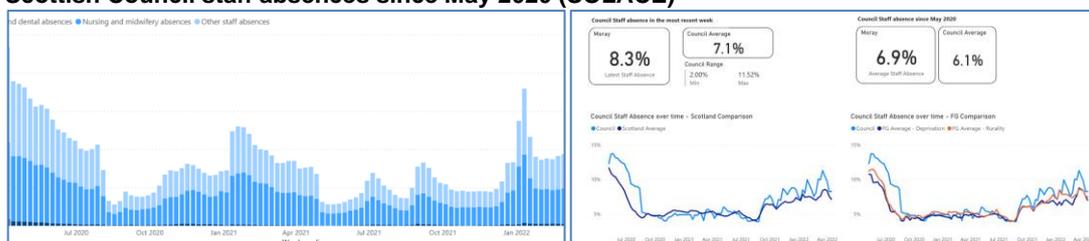


Figure 2: Hospital admissions in Scotland due to COVID-19 between 1 Apr 20 – 25 Apr 22 (Public Health Scotland COVID-19 data)



3.2. Nationally there has been higher than usual staff absence rates amongst both council and NHS employed staff over this winter period (Figure 3). Moray Council staff absences have averaged 6.6% since May 2020, which is above the national average of 5.9%. However, for the week ending 28 January 2022, the latest data published by SOLACE, the figure for Moray has risen to 10%.

Figure 3: NHS Scotland Covid-19 staff absences since April 2020 (TURAS data intelligence) and Scottish Council staff absences since May 2020 (SOLACE)

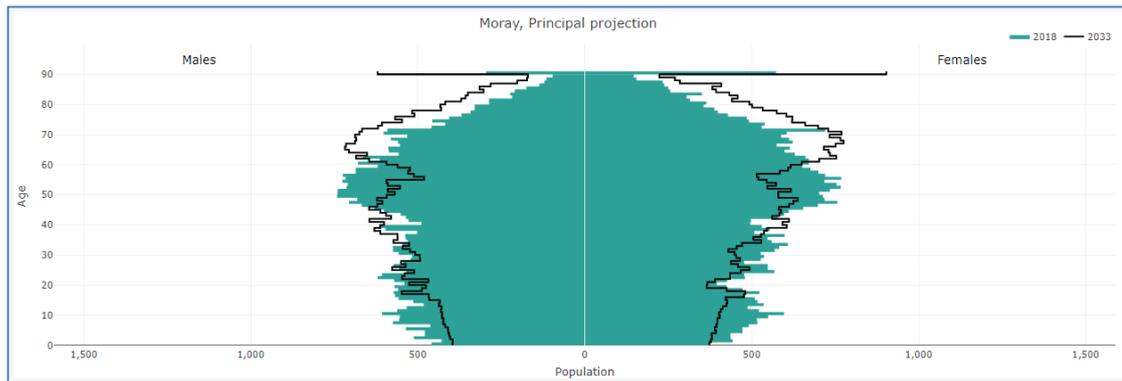


These percentages suggest that the impact of COVID-19 on staff absences will continue to be a factor in reducing the ability of the Health & Care Service in Moray to meet the demands being placed on it. The trends aren't clear, but with relatively high sickness rates for non-COVID-19 related illnesses and some care staff reducing their contracted hours, it is not going to be easy, or quick, to meet the demand.

3.3. 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 principal population projection for Moray and is based on

2018 data. 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



- 3.4. 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 is much higher than it was before the pandemic, and there is nothing to suggest that unmet need will be back to more typical values in the near future. The latest trends for each measure are summarised below:

Number of people waiting for a social care assessment

- 3.5 The number of people waiting for a social care assessment overall has been static at between 140 and 150 since last autumn. Cases classified as URGENT reduced from a high of 36 in January to a low of 15 in March, but rose again and are static (28). These numbers are well above the numbers waiting in September last year (8). Cases classified as HIGH are half what they were in August (73). Since mid-December there have been between 34 and 39 people in this category each week waiting for an assessment, although there was a blip in February and March when the number of people waiting rose to 54. The East Team have just taken 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 3-conversations model. 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 largest reduction for this measure since recording began in September last year.

Number of people assessed and waiting for a package of care

- 3.6 During 2022 there have been between 154 and 169 people each week who have received a social care assessment but have yet to be provided with a package of care. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers appear to be static at more than one and a half times larger than last August.

Number of people in receipt of a care package and waiting for a statutory social care review

- 3.7 For most of 2022 the number of people who are receiving a care package, but who are waiting for a statutory social care review, has remained fairly constant at between 290 and 300. While lower than the number waiting for a review last

summer (340) there is no clear indication that the numbers waiting for a social care review will reduce significantly.

Number of hours of care yet to be provided for individuals in hospital

- 3.8 The number of hours not yet provided for people in hospital varies weekly, but has gradually risen over time from 226 hours in August to over 450 hours in March, but has now reduced to 373 hours. If this trend continues then within the next 4 to 5 weeks the outstanding hours would be back to August 2021 levels.

Number of hours of care yet to be provided for individuals in the community

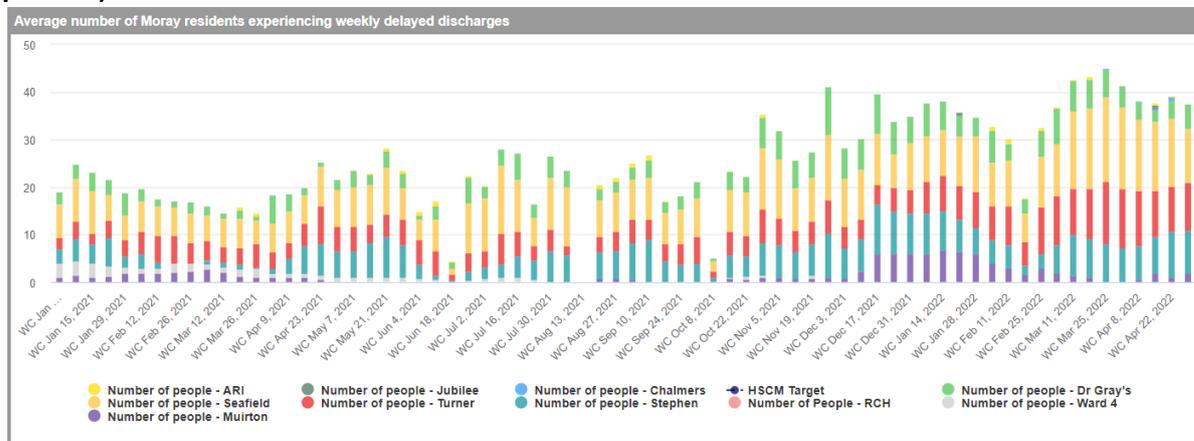
- 3.9 Similarly, there has been an increase for people in the community over the same period from 266 hours to 778 hours at the end of January. Since then the number of hours not provided have reduced to 517, but the rate of reduction has slowed down and is likely to take several weeks or months to be back to the August 2021 figure.

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

- 3.10 Since the start of February the number of hours of care not delivered to residents receiving a care package has risen steadily from 385 to 417 hours. This figure is much higher than in September 2021 when for 4 weeks this figure was consistently below 250 hours.
- 3.11. The status of care homes and care at home services, both internal and external are 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 (4 May 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.
- 3.12. There were 29 Care at Home external providers rated Green on 4 May 2022, 1 at Amber and 7 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 18 January 2022, with 17 external providers rated Green, 5 at Amber and the remaining 13 at Red. Day Services had one location at Red on 18 January due to positive test results for a member of staff and a client, but all locations are now green. The Care @ Home team remain Red but due to non-COVID-19 illnesses and vacancies, whereas in January there were 6 positive cases reported and 2 people were self-isolating. In January there was a member of staff on START who tested positive that put the team at Red. The team is currently Red due to absences and vacancies.
- 3.13. Overall, the situation is showing improvements compared to just a few weeks ago, 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 has contributed to high numbers of patients facing delays in being discharged from hospital.
- 3.14. 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 historic levels (Figure 5). At the end of February 2022 the data suggested that

the winter peak may have been reached, but then the prevalence of the Omicron variant in the local population rose rapidly and the numbers of people delayed in hospital waiting for discharge rose to a new peak. However, there was a gradual reduction in numbers in early April, which has since stagnated at 38 people per day. There is still some way to go to reach the target of 10 people per day, and the Omicron variant outbreak highlighted the fragility of the recovery. Any further pressure on the system could quickly reverse the gains.

Figure 5: Average number of delayed discharged patients in Moray per week (1 Jan 2021 to present)



3.15. Delayed discharges remain high across Scotland. In February there were 57% more days spent in hospital than in February 2021 (47,713 days compared to 30,450 days)¹. The PHS data also indicate that across Scotland health and social care reasons account for 69% of the delays, complex needs for 29% and 2% are due to patient and family related reasons.

3.16. In Moray the average number of people experiencing delays in being discharged from hospital at the end of January was 38, below the national average of 53, continuing the trend that goes back to the start of the pandemic apart from a blip (Figure 6). 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 7). Figures 6 and 7 suggest the number of people facing a delay in being discharged is levelling-off nationally, or rising much more slowly than previously, but 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.

¹ Delayed discharges in NHS Scotland monthly (PHS) - Figures for February 2022
<https://publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-monthly/delayed-discharges-in-nhsscotland-monthly-figures-for-february-2022/#section-1>

Figure 6: Delayed discharge patients each day, May 2020 to April 2022 (SOLACE data)

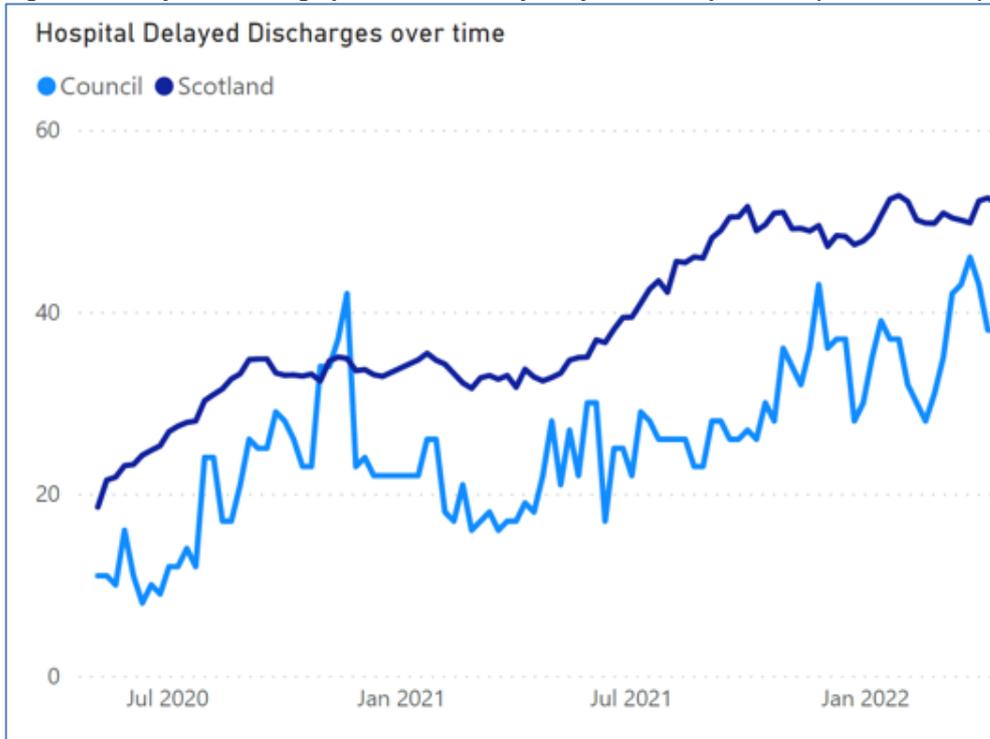
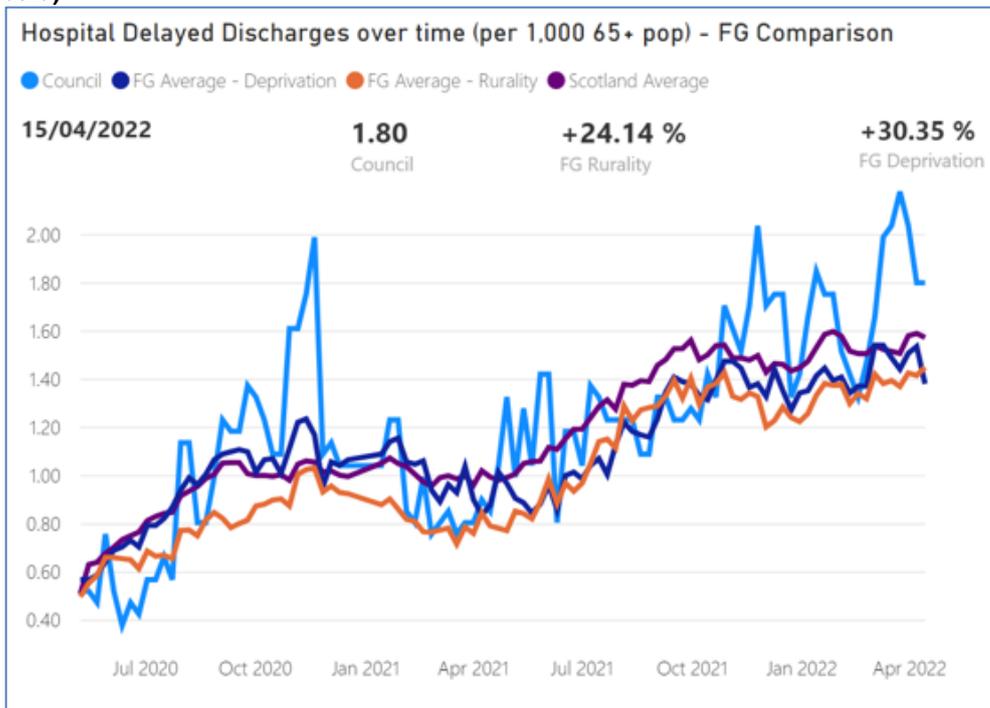
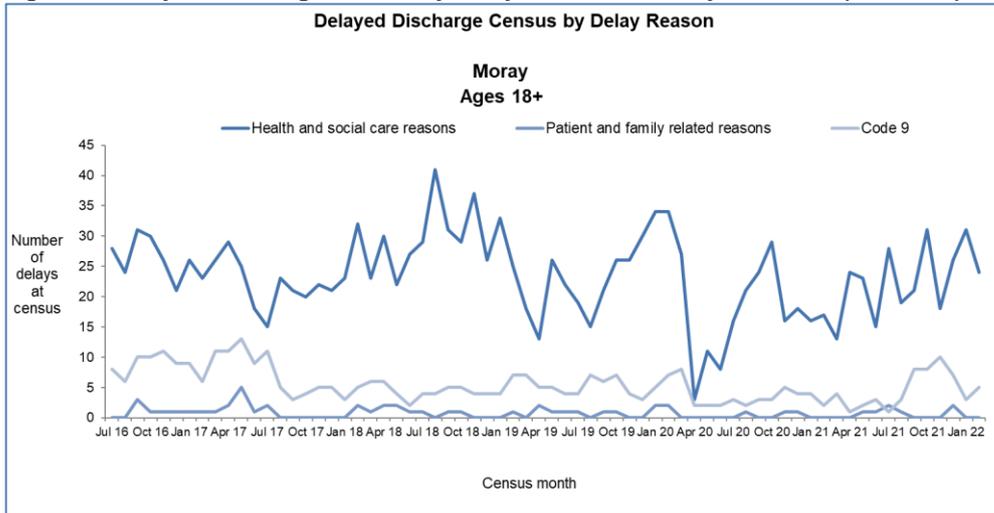


Figure 7: Delayed discharge patients (65 and over) each day, May 2020 to April 2022 (SOLACE data)



3.17. For Moray residents aged 18 years old and over the majority of reasons for discharge being delayed is social care place availability (10 out of 29 in February 2022, 34%) and care arrangements (14 out of 29, 48%). There were 4 patients with incapacity and one for whom HSCM were unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge. Figure 8 suggests health and social care reasons may still be increasing, and the data for the March and April will be vital before the trend can be clearly understood.

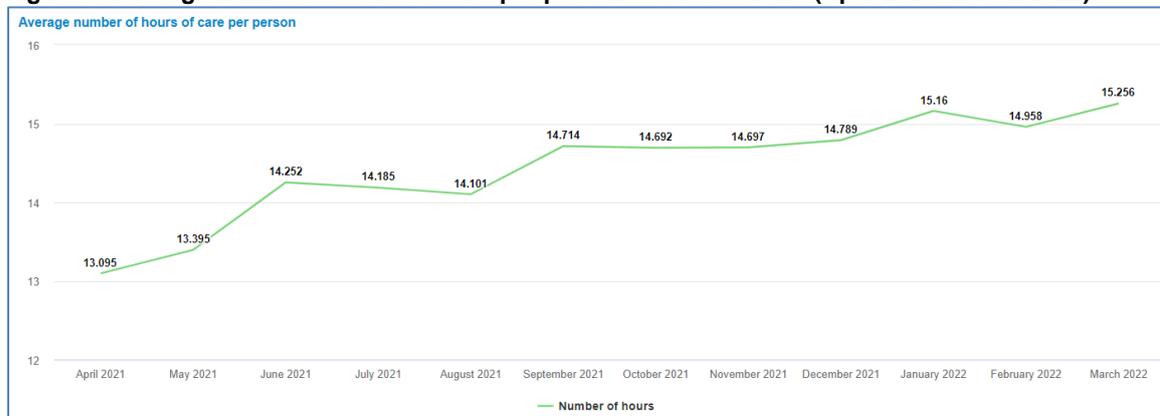
Figure 8: Delayed discharge census by delay reason for Moray residents (PHS data)



4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. As in the previous report the numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggest that the situation may starting to improve, albeit from a higher level than before, and is likely to take some time before returning to pre-pandemic levels.
- 4.2. The previous report included the observations made by Dr Gray’s Hospital emergency department that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. Data are now available that demonstrates that the hours of care required from the Homecare Team by individuals are rising with frailer people regularly requiring more than one carer, and or more visits each day. Over the past 12 months the average number of hours of care provided to individuals by the Care at Home team has risen by 17% from 13.1 to 15.3 hours (see Figure 9).

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



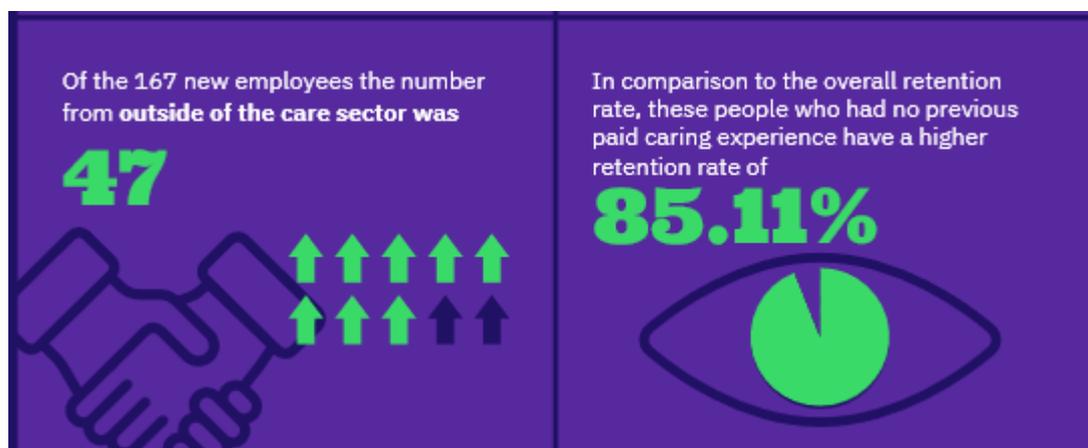
- 4.3. Mitigation measures have been put in place and were described in the previous report. The following sections provide brief updates.
- 4.4. Discharge 2 Assess team (D2A) is meeting its aim of enabling people meeting specific criteria to leave hospital as soon as possible. A report on the impact of D2A is being prepared by the HSCM project manager.

- 4.5. A request for volunteers from Moray Council to provide short-term support to the health and social care team had limited success with just 12 volunteers identified for possible re-deployment. The complexity of arranging the required training, setting-up job-shadowing sessions, and incorporating the volunteers into rotas proved challenging, particularly as managers were having to deal with a considerably high workload and trying to meet constantly changing demands. If volunteers are requested from other parts of Moray Council in the future a robust process will need to be developed with input from across the HSCM team.
- 4.6. The recruitment cell has worked closely with Moray Council Human Resources team to bring people into HSCM, and is working well. Since April 2020 167 staff have been recruited into Provider Services, of which 47 were new to the care sector and the retention rate for staff over that period is close to 80%. The retention rate for the new employees is over 85% (Figures 10 and 11).

Figure 10: Provider Services recruitment and retention since April 2020



Figure 11: Provider Services retention of new staff since April 2020:



- 4.7. 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. Two of the innovation hubs have been formed: a Hospital Team innovation site, and as noted above at 3.4.1 the East Team, who are using this approach to reduce the number of people waiting for a social care assessment. Updates on their progress will be provided at future meetings.

- 4.8. In addition, the Hospital Innovation Site are now also taking people from the waiting list (any category) who are admitted to hospital. This was previously an informal arrangement but has now been formalised through the innovation site. These people will now be seen by the hospital team, using the three-conversation approach. Data is being collected by the innovation site as an interim measure before being transferred into CareFirst and will be reported at future meetings.

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 directly arising from this report.

(j) Consultations

Consultations have been undertaken with the following staff and their comments have been included where appropriate: Corporate Manager (HSCM) and Head of Service/Chief Social Work Officer.

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. The indications are that the worst may be over and the levels are gradually reducing. However, the recovery is fragile and could easily be reversed by another outbreak of COVID-19.

6.2. The statement made about the dedication of the Health and Social Care staff and their commitment to support their clients in the previous report bears repeating. They have been exceptional throughout the pandemic ensuring basic care continued to be provided. However, the long-term position on staffing and recruitment is less clear. HSCM will need to understand the long-term impact of COVID-19 on demand, the increasing number of elderly residents forecast for Moray, and a potentially frailer community. A strategic assessment of future staff numbers to meet demand, and an appropriate recruitment strategy is suggested.

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

Background Papers:

Ref: