



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 OCTOBER 2021

SUBJECT: SOCIAL CARE PROVISION IN MORAY

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

1.1. To inform the Committee of the situation and to agree mitigating actions in relation to current concerns around social care provision.

2. RECOMMENDATION

2.1. It is recommended that the Committee notes the content of this report and agrees that the mitigating actions identified in section 4 should be taken forward.

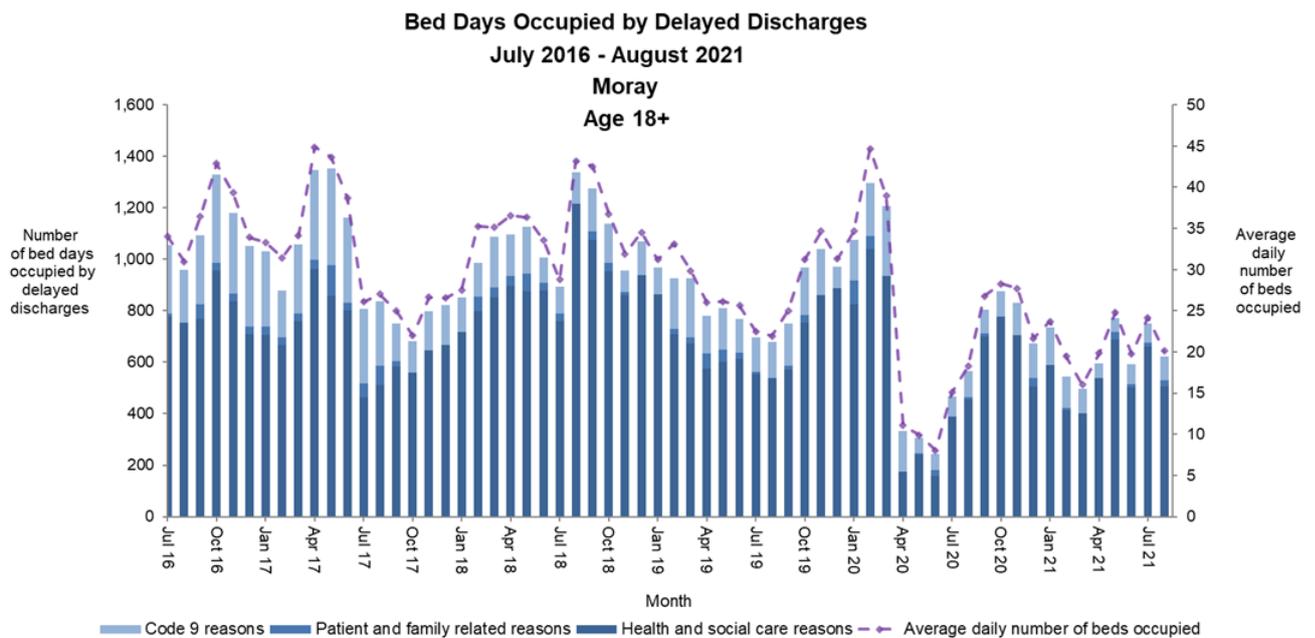
3. BACKGROUND

3.1. The Covid Pandemic began in March 2020 and has had an impact on people's need for social care and has also created difficulties in the delivery of social care.

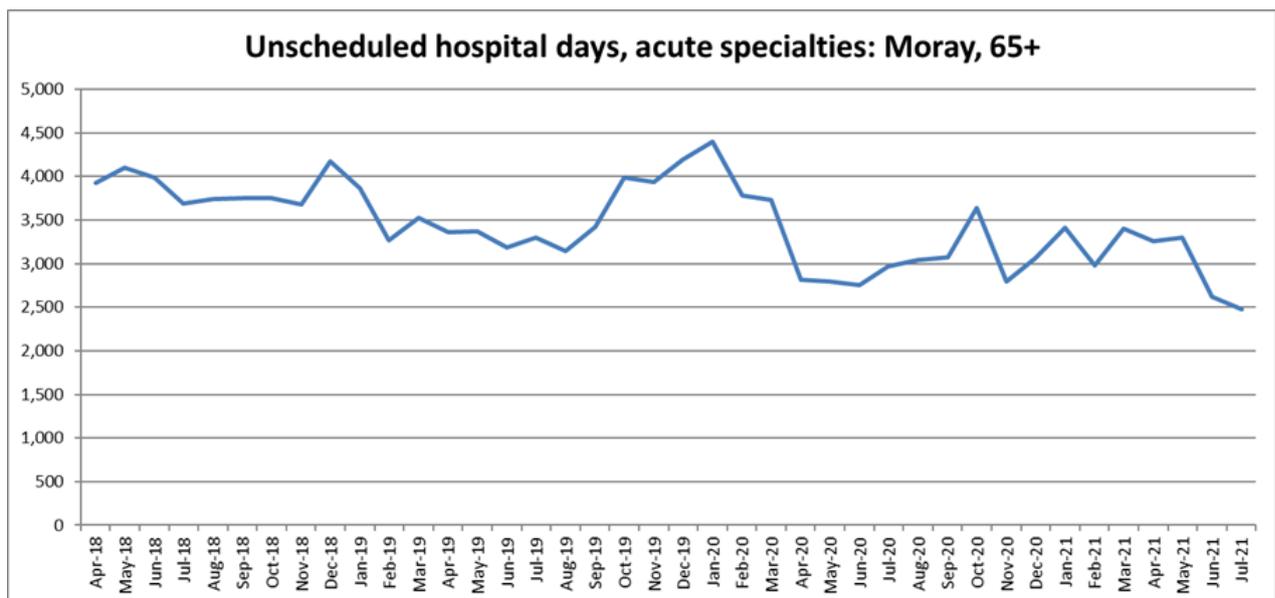
3.2. The impact in Moray was slow to build. Following the initial action of making available additional capacity through social work review in March and April 2020 the number of referrals and demand for social care gradually began to build. Moray's rates of Covid have always been relatively low, so a severe impact was not experienced for some time, despite, in accordance with Government guidances, having reduced or withdrawn specific care resources i.e. Day services and specific respite services. The impact on Social Care of the pandemic can be seen both as a consequence of the impact on Health services and as a consequence of the impact directly on the lives of vulnerable people, stemming from isolation, anxiety and disruption to everyday life.

3.3. The first two graphs below are from the Ministerial Steering Group (MSG) figures that are sent every quarter. These demonstrate the pressures in the Health part of the Partnership. They show that while Moray have a high number of Delayed Discharges at snapshot, the more pertinent figure of number of Delayed Discharge Bed Days is not nearly as high as pre-COVID-19. This is up to the end of August 2021 but more recent management information does not

show a significant increase in Bed Days occupied for a significant period of time.



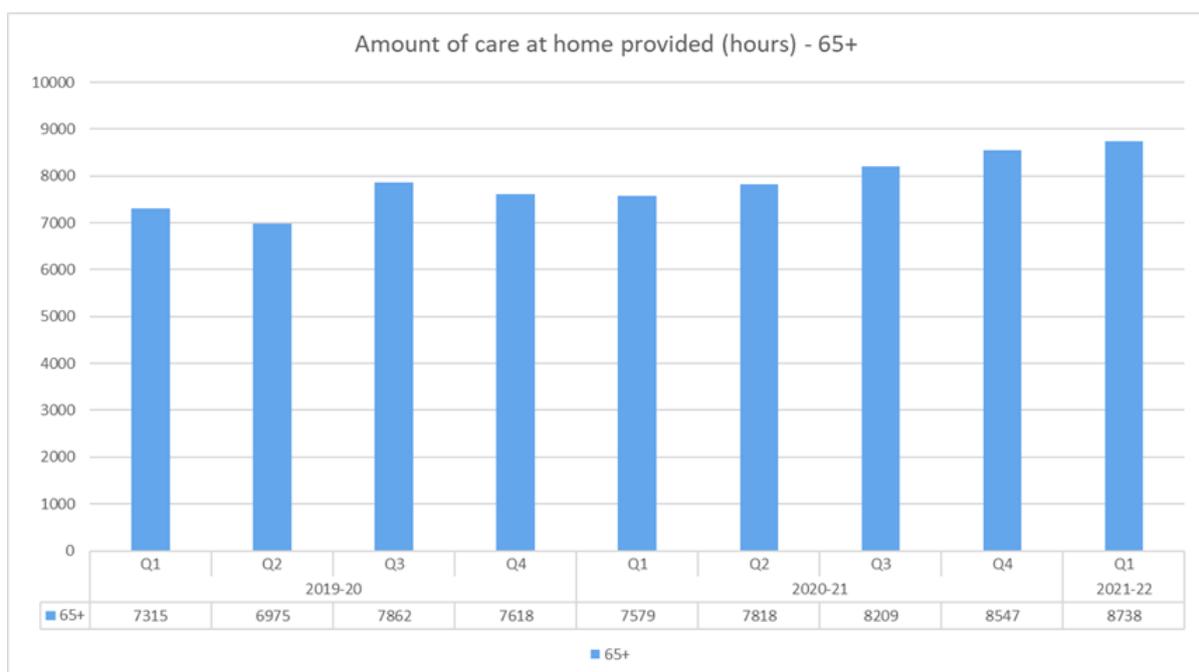
3.4 The number of unscheduled hospital days dipped at the start of the COVID pandemic. Figures have increased since then, however they have not returned to the pre-COVID levels. The 2021 June and July figures for unscheduled bed days for over 65 are two of the lowest figures since April 2018.



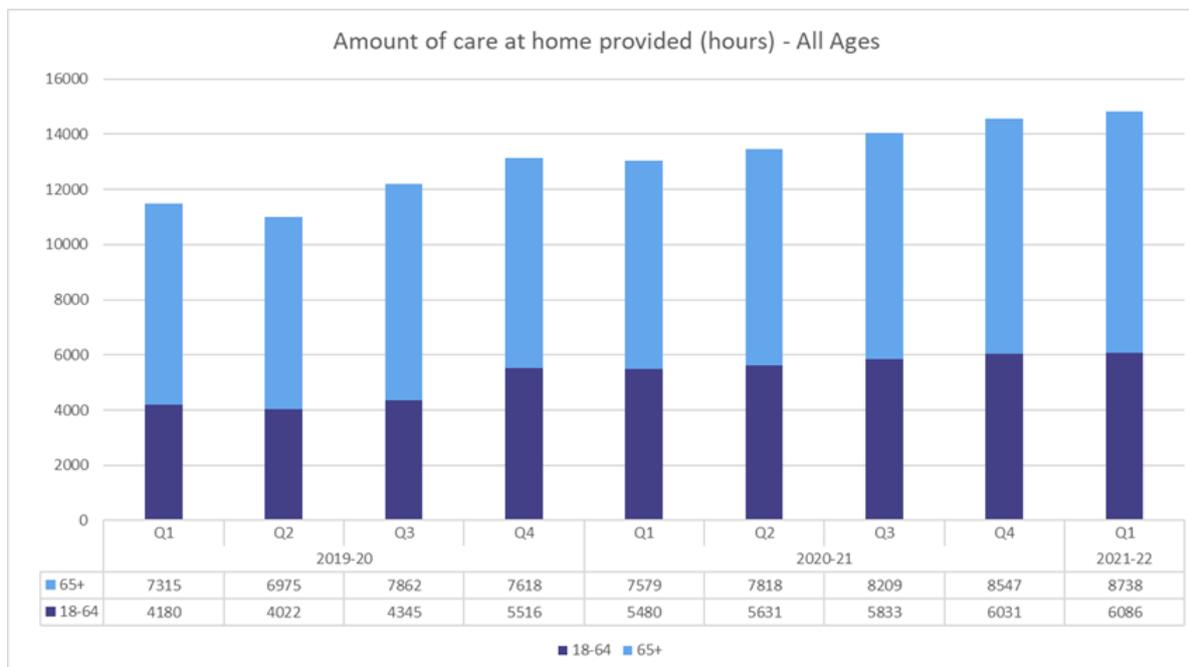
3.5 Additionally Moray is still performing well in the Percentage of last six months of life spent in the Community. It has increased a full 2 percentage points to 91.8% in 2020/21. While this is above the Scottish Average it does match the general increasing trend across Scotland in the Community. The percentage of last six months of life spent in Large and Community Hospitals took quite a dive in 2020/21 in Moray and in Scotland in general.

3.6 An interpretation of this activity, in relation to impact on Social Care suggests that a reduced in-patient bedbase had to work more quickly to maximise use of a restricted resource. For Social Care this would be experienced as continuing high demand. The sharp rise in bed days occupied by delayed discharge is evident from May to October 2020. For this purpose this may be seen as increasing pressure for social care resource.

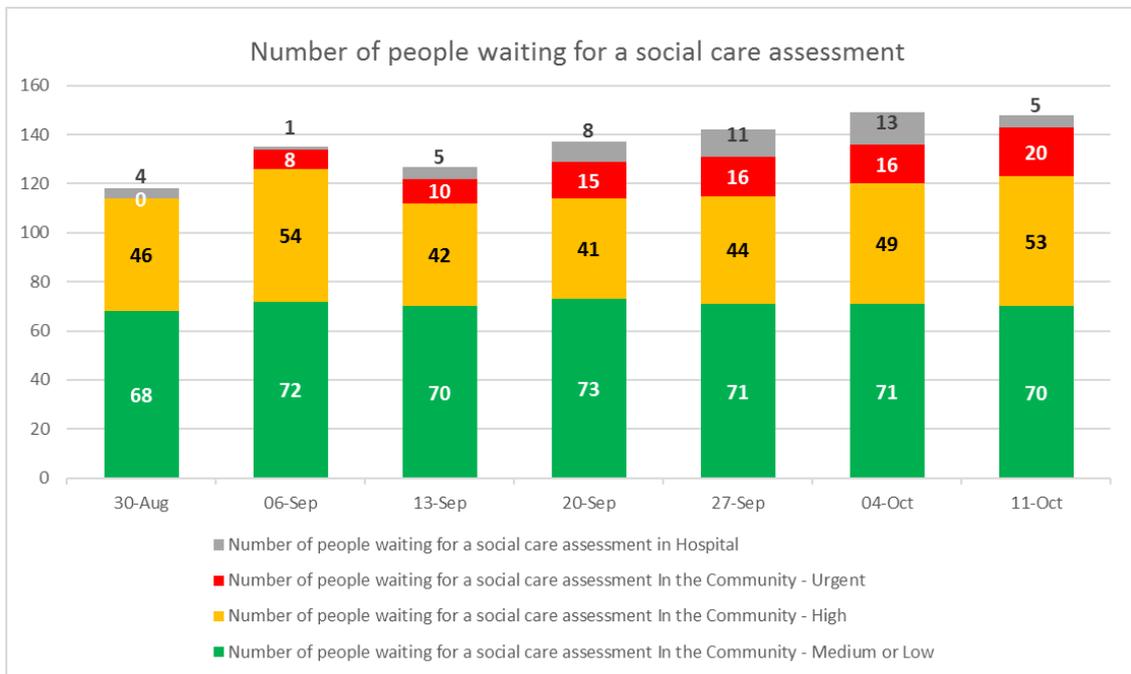
3.7 The following data explores Social Care activity: The number of care at home hours being provided in Moray for Free Personal Care and Free Nursing Care (FPC and FNC) has historically been increasing but since the start of the COVID-19 pandemic in Moray the number of hours being provided to those over 65 has increased from 7,600 hours a week to over 8,700 hours per week in quarter 1 (April 1 to June 30) 2021. This is an increase of 15% year on year and shows no sign of decreasing. For context the 2019-20 to 2020-21 increase as only 1%.



3.8 In total, the number of FPC/FNC hours being delivered in Moray has increased by 1,800 hours per week from 13,000 hours a week to 14,800 hours per week. (1,300 in the 65+ age group and 500 in the 18-65 age group).



- 3.9 There was an awareness of the increasing demand for complex social care situations at home towards the end of 2020. This represents the direct impact on the lives of vulnerable people of the pandemic, and of the public Health measures taken to combat this. Whilst many families offered and preferred to support their family members early in the pandemic, this became increasingly difficult as time progressed. Isolation and loss of support to informal family carers created breakdowns in these family arrangements. The closure of most community supports, added to family stress and, as alternatives were unavailable to requests for formal social care support.
- 3.10 This has continued to increase in number and severity. As at 11 October 2021 there were 148 people awaiting social care assessment and 111 people for whom an assessment had been concluded, indicating care was required, but for whom care could not be delivered.
- 3.11 In July 2021, perhaps associated initially with the onset of school holidays and the unavailability of care staff as a consequence of these holidays, social care support became much harder to secure. The pressure on all social care providers intensified. This situation has continued since then. The Scottish Government became aware of increasing difficulties across Scotland and a first meeting was convened on 6 August 2021 to hear of the difficulties being experienced. Since then weekly reports have been sent to Scottish Government on key information relating to social care agreed by the Oversight Group. Significantly the number of people waiting for a social care assessment has been steadily increasing since then. The increase has been driven by those requiring Urgent and High care in the Community.



3.12 In Moray, the continued pressure on the social care system has now reached a critical stage. The risks and issues identified are noted below:

- a) Infection, Prevention and control failures in external sector, causing increase in Covid risks.
- b) Return of packages from external sector to internal home care causing distress and gaps in care services to clients.
- c) Poor quality of service delivery identified in external providers resulting in poor experience and outcomes for clients.
- d) Limited and poor quality of management and supervision in care at home in external sector.
- e) Inability to meet demand for care at home service resulting in extensive waiting lists and long periods without care.
- f) Inability to meet demands for social care support affecting the efficiency of partners particularly hospitals.
- g) Pressure on Social Care sector to deliver, resulting in high levels of stress in care staff, leading to loss of staff.
- h) Loss of staff and limited recruitment makes the sector unattractive to new entrants.
- i) Work with Council HR to consider ways to streamline recruitment, possibly reviewing previously drafted 'quick start' procedures.
- j) Pressure on Social Care to deliver direct care resulting in erosion of staff support time e.g. Team meetings, training and support.

3.13 The following information may be helpful in understanding the situation further in relation to its impact on care providers and staff. Internal Care at Home (CAH) covers all localities in Moray.

- i) There are **130** shifts per day; each shift consisting of 6.5 hours. The 6.5 hours in the shift include travel to and between people as well as a 20 minute break.

- ii) The shifts are made up of Early shifts (07.00-13.30) and Late shifts (16.00-22.30).
- iii) There is a mixture of contracts available for Social Care Assistants (SCAs): zero hours, 6.5 hours, 19.5 hours, and 26 hours to 32.5 hours per week.
- iv) Each SCA works alone on each shift and they have mobile devices with schedules on for each person they are to visit. These schedules are monitored by a support team ensuring each shift is covered and all visits are in place, so covering all absences and vacancies on a day-to-day basis.
- v) Since January to September 2021 35 new SCAs covering 462 hours have been recruited and there has been increased contracts for 8 SCAs covering 95 hours: A total gain of 557 hours. There were 6 adverts, one of which was open for 6 weeks with interviews held every 2 weeks.
- vi) The service lost 34 SCAs, 578 hours and reduced the contracts of 25 staff at 365 hours. Total loss of 943 hours. There has been a mixture of reasons for reduction and leavers: "Time to retire", "the hours don't work around my family", "I'm finding it too stressful", "I do not want to put myself through the training required for registration" "Childcare problems with my partner changing jobs" being a few of the reasons given. Some left due to ill health and no longer being fit to do the role.
- vii) The people being referred to the service recently have changed in terms of what the assessed need is now, often complex, multiple conditions requiring more time and often double-up care.

3.14 The external Care at Home Providers are under pressure across Moray. The challenges faced are staff sickness, holidays, vacancies and people leaving, sometimes for other professions. Some providers are reporting a very slight easing in absence numbers. However, Care at Home across Moray as a whole is still under considerable stress. There is no availability across external Care at Home and most of the providers are at Red RAG status due to staffing issues and trying to safely deliver existing support packages. Multi-agency meetings have taken place as issues arise. Calling these meetings early and involving senior management are proving to offer positive steps forward that it is hoped will continue going forward.

3.15 In general providers are reporting that staff sickness and vacancies are still higher than average. This is due to the pressure placed on staff to cover additional runs as well as some COVID related illness – isolating whilst waiting for PCR results. Anticipated impacts are that there will be people who required care and no carers available to provide it.

3.16 Providers are increasing staff hours, cancelling or shortening annual leave, actively recruiting, pulling in office staff and some are using agency staff. They are also beginning to contact other providers to work together to move packages if required. Multi-disciplinary team meetings with the providers are being called to work together to come-up with strategies to meet the need. Social Work are looking at reviewing care packages to ensure the most at need

are prioritised. Social Work in the East are working with providers as required to make rotas/runs sustainable if possible even if that means moving packages around.

- 3.17 The information indicates severe pressure widespread across the social care system which is increasing in severity and creating potential negative outcomes in the community and for staff.

4 KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 One mitigation is to adopt a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity.
- 4.2 The Oversight Group have created a sub-group to support the care at home sector. The new external partner has been asked, and agreed, to provide some support for infection prevention and control and support quality across the care at home service in Moray. It is recommended that this is accepted.
- 4.3 It is proposed that management support for social work is increased or strengthened.
- 4.4 Professional review leads to the streamlining of any professional processes to help alleviate delays.
- 4.5 Recruitment activity should be continued and enhanced across the sector.
- 4.6 To provide additional support the social care sector through a range of different support mechanisms e.g. digital support group for all new starts in social care to ensure their experience is positive and hopefully help to retain staff.
- 4.7 Consider focussed and cross-sector recruitment drives, particularly with new external partner for care at home.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2019 – 2029

This report, and the previous/ongoing work detailed within it, support the delivery of the Corporate and 10 Year Plans and specifically support meeting the following outcomes in the Moray Integration Joint Board Strategic Plan:

- People are safe
- The workforce continually improves
- Resources are used effectively and efficiently

(b) Policy and Legal

This links to the Social Work (Scotland) Act 1968 as well the Integrated Joint Board's ability to deliver on the Home First policy.

(c) Financial implications

There are no property implications as a result of this report

(d) Risk Implications and Mitigation

These are noted within the body of the report.

(e) Staffing Implications

Stress on the sector is causing concerns for the wellbeing of the current social care workforce.

(f) Property

There are no property implications as a result of this report.

(g) Equalities/Socio Economic Impact

The lack of social care service will have the most meaningful impact on Moray's most vulnerable citizens.

(h) Consultations

Consultation on this report has taken place with the Deputy Chief Officer, Sean Coady, Head of Service, Katrina McGillivray, Senior HR Adviser, Tracey Sutherland, Committee Services Officer, who are in agreement with the content of this report as regards their respective responsibilities

6 CONCLUSION

6.1 The social care sector in Moray is under extreme pressure which is creating an impact on the wider community and the effectiveness and efficiency of health services.

6.2 Some mitigating actions are identified.

Author of Report: Jane Mackie, CSWO/Head of Service

Background Papers:

Ref: