



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 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 inform the 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 considers and notes:

- i) the current situation within Health & Social Care Moray and the mitigation actions that have been introduced**
- ii) the considerable additional pressures placed upon Health & Social Care Moray staff over the winter months**
- iii) the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff, and**
- iv) that future reports on progress of the adoption of the three conversations model across HSCM services will be submitted to this committee**

3. BACKGROUND

3.1. Almost two years have elapsed since the initial national lockdown to control the spread of COVID-19 and to alleviate the pressure on the healthcare system. However, the pandemic is still placing a significant burden on health and social care staff. More 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 surges in cases has continued in regular waves since March 2020, with the Omicron variant causing the highest number of daily cases recorded since the start of the

pandemic (Figure 1). Although the exceptionally high number of cases recorded in January has not led to a corresponding increase in hospital admissions (Figure 2), the pressure on hospitals has been unrelenting since the late summer of 2020. There was a brief respite last summer, but there has been little chance for health and social care staff to recuperate and recharge their batteries. 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 – 2 Feb 22 (Public Health Scotland COVID-19 data)

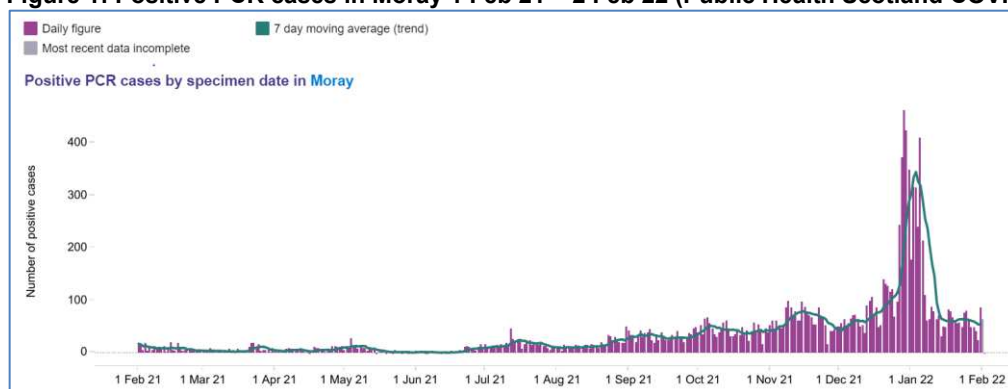
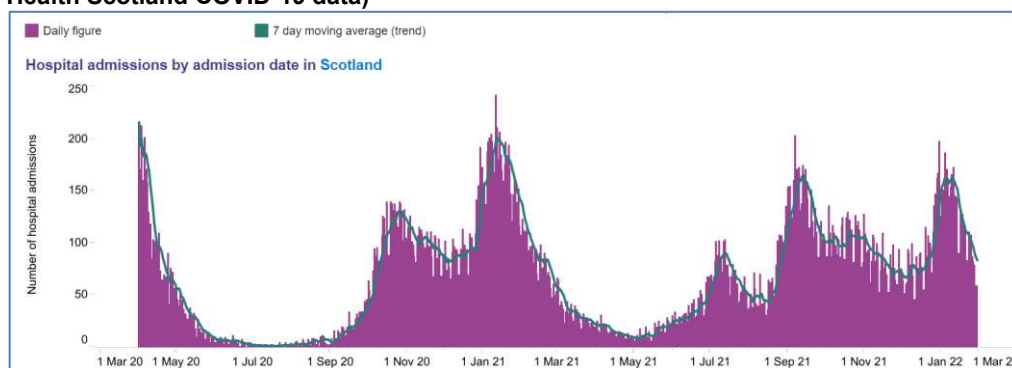


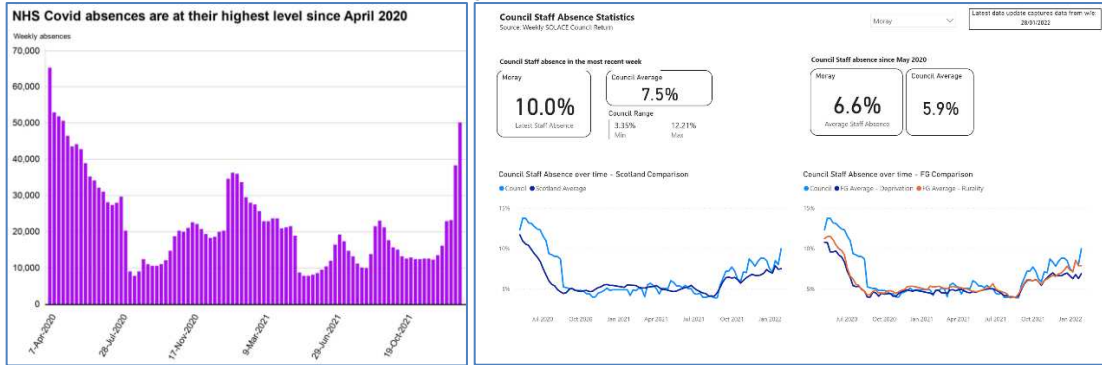
Figure 2: Hospital admissions in Scotland due to COVID-19 between 1 Apr 20 – 2 Feb 22 (Public Health Scotland COVID-19 data)



3.2. A study published in November 2021¹ found that COVID-19 stress was a significant independent predictor of a decline in the mental wellbeing of health and social staff in Scotland. 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%.

¹ Cogan, N., Kennedy, C., Beck, Z., McInnes, L., MacIntyre, G., Morton, L., Kolacz, J., & Tanner, G. (2021). ENACT project: understanding the risk and protective factors for the mental wellbeing of health and social care workers in Scotland: adapting to the challenges and lessons learned. Poster session presented at NHS Research Scotland Mental Health Annual Scientific Meeting 2021, Online, United Kingdom.

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

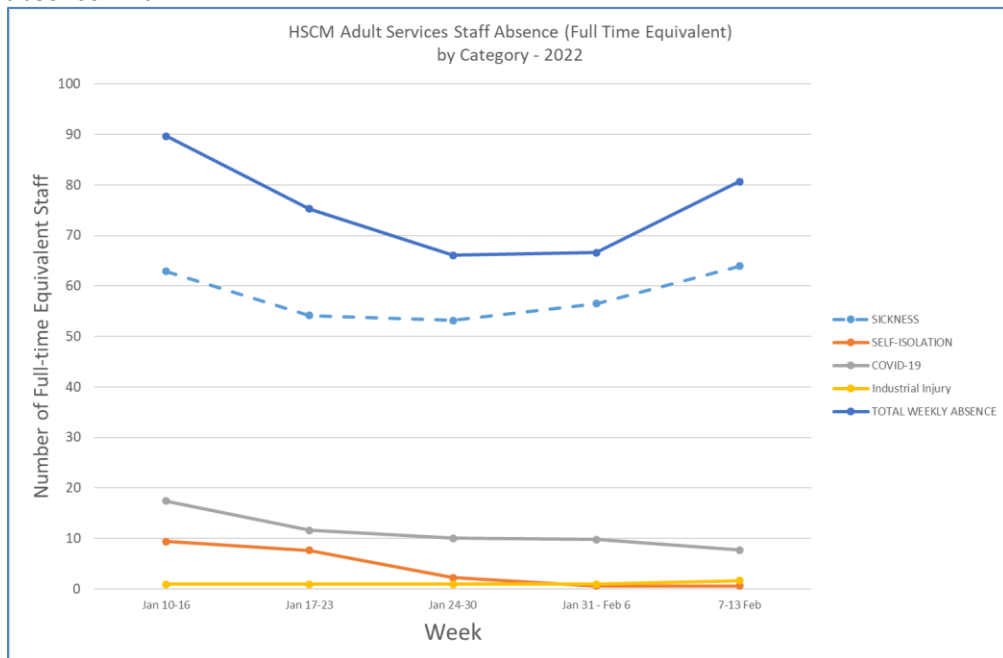


3.3 Data is now being recorded and monitored for HSCM staff employed by Moray Council in Adult Services, identifying the numbers who are:

- absent due to COVID-19,
- absent for reasons other than COVID-19,
- or isolating to meet the latest Scottish Government guidelines.

3.4 This data will be useful for monitoring trends when it is fully developed. An initial analysis suggests that daily absences during January and February 2022 were mainly due to non-COVID-19 related illnesses, with an average of 58 full-time equivalent (FTEs) absent; approximately 11 FTEs were absent due to COVID-19; and 4 FTEs were self-isolating, although this figure has reduced rapidly to just 0.61 of an FTE in the past 2 weeks (Figure 4). Note that for the week 6 – 13 February 2022 non-COVID-19 related absences rose again. This may be due to seasonal illnesses returning as people start to socialise once more, or may be due to staff beginning to feel the impact of the workload they have faced in recent months.

Figure 4: Health and Social Care Moray Adult Services staff absences (FTE) by category of absence – 2022



- 3.5 Work is currently underway to calculate the proportion of staff that are not available to work for each service and team. The percentages will be reported once they are available.
- 3.6 The services consistently recording the highest absences are Care at Home and Woodview, with 22 and 15 FTE absent in the most recent week. Other services such as Day Services and START have had around 10 FTEs absent each day during January.
- 3.7 Although not related to staff absences additional demands were placed on the social care teams during the various storms that affected Moray over the winter period (Arwen, Barra, Malik and Corrie) resulting in the loss of power for many and access roads being blocked by fallen trees. The health and social care teams played a vital role in contacting and supporting the isolated and vulnerable members of the community who were affected by these storms.
- 3.8 Note that due to the number of staff who were absent over the Christmas period there were no new care packages put in place. This prevented the backlog of cases from being reduced in the short-term. The team are slowly and steadily beginning to pick up new packages in each of the areas, but the storms mentioned previously created pressure for all teams. New staff are being recruited and trained; however, these are not all new to the care sector and they are coming from other care organisations within Moray.
- 3.9 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**). The latest trends for each measure are summarised below:

Number of people waiting for a social care assessment

- 3.10 The number of people waiting for a social care assessment overall has been static at around 150 for the past 4 months. Cases classified as URGENT are static (29), albeit well above the numbers waiting in September last year (8). Cases classified as HIGH are half what they were in August and since mid-December there have been between 34 and 39 people in this category each week waiting for an assessment.

Number of people assessed and waiting for a package of care

- 3.11 In the first four weeks of January there have been between 159 and 164 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, but are 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

- 3.12 For the past 8 weeks 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. This number is a reduction on last summer when there were almost 340 people waiting for a review some weeks.

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

- 3.13 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 314 hours in February.

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

- 3.14 Similarly, there has been an increase for people in the community over the same period from 266 hours to over 700 hours.

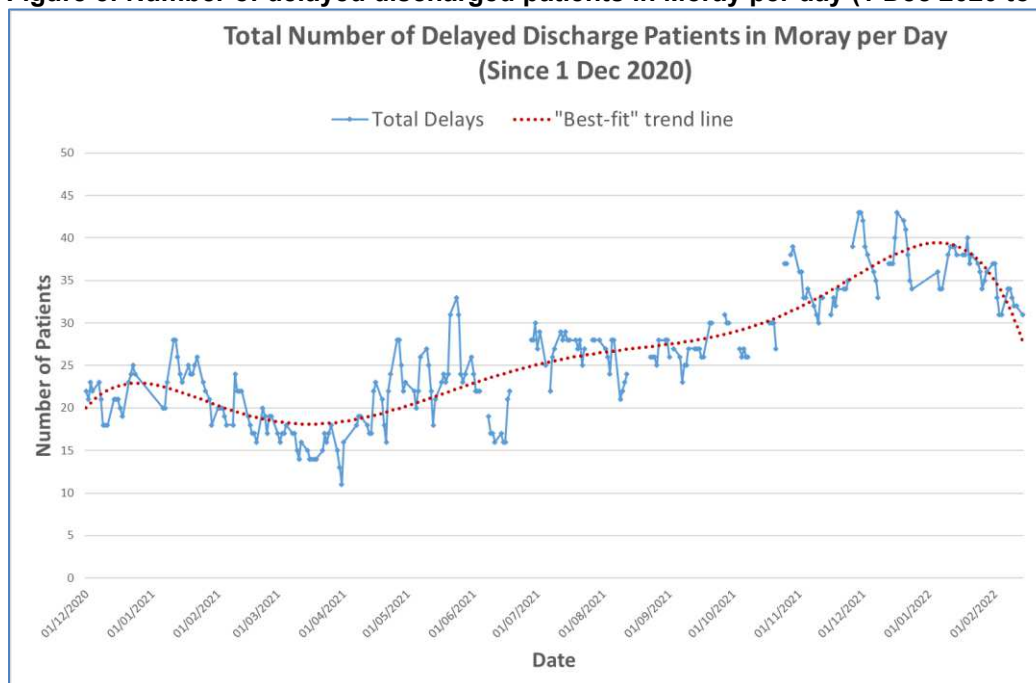
Number of hours of care assessed as needed and not provided for those in receipt of a care package

- 3.15 There are usually over 300 hours of unmet need in this category each week, and the most recent figure is 385 hours. However, for 4 weeks in September this figure was below 250 hours.
- 3.16 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 (7 February 2022) 11 out of the 14 care homes in Moray were assessed as Green, and 3 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.
- 3.17 There were 24 Care at Home external providers rated Green on 7 February 2022, 4 at Amber and 9 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. Care at Home 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, whereas in January there were 6 positive cases reported and 2 people were self-isolating. START is now Green, whereas in January there was a member of staff who tested positive that put the team at Red.
- 3.18 Overall, the situation is showing improvements compared to just a few weeks ago, but the service is still some way from full capacity.
- 3.19 The unusually high levels of unmet need noted above has contributed to high numbers of patients facing delays in being discharged from hospital. The impact of all of the above factors is illustrated by the rising numbers of delayed discharges being reported since April 2021, which are now well above historic levels (Figure 5). However, there is an indication that the peak for this winter may have been reached as the situation is starting to improve and numbers are reducing. The situation is being monitored closely by front-line staff and operational managers, but there is still a long way to go to reach the target of 10 people per day, and any further pressure on the system could quickly reverse the gains.

3.20 Other factors preventing timely discharges include Occupational Therapy. The team have identified that the system is at capacity and although the waiting list is reducing the number of critical referrals is increasing. Similarly, the Hospital Discharge Team referral numbers are static, and low. This is considered to be due to a number of factors:

- lower throughput (due to non-availability of suitable options) leading to lower numbers of patients ready to be discharged,
- delayed discharge patients impeding the flow of referrals,
- a concern that some patients may be bypassing the hub and going straight to the access team.

Figure 5: Number of delayed discharged patients in Moray per day (1 Dec 2020 to present)



3.21 For delayed discharges the sustained high figures we are seeing now are unprecedented. Public Health Scotland (PHS) data show that the delays do fluctuate throughout the year, but at a lower level than we are now experiencing. The PHS data also indicate that there has been an increase in adults with incapacity that typically take longer to be discharged.

3.22 In Moray the average number of people experiencing delays in being discharged from hospital at the end of January was 37, below the national average of 54. 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 1.75 cases per 1,000 people (Figure 6).

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



4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Unmet needs have a human context. 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 has stabilised, albeit at a higher level than before, and there are signs that some of the pressures on staff absences may start to ease.
- 4.2. Prior to the Omicron spike, in November 2021 Dr Gray's Hospital emergency department had noted that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. This has placed additional pressure on Dr Gray's staff as patients require longer stays and additional interventions and diagnostics. Similarly, the Homecare team have identified that the hours of care required by individuals are rising with frailer people regularly requiring more than one carer, and or more visits each day. So we have the perfect storm of fewer staff being available requiring to provide more care for a frailer population. Mitigation measures have been put in place and these are described in the following sections.
- 4.3. Amongst the measures to enable people to leave hospital as soon as possible was the creation of the Discharge 2 Assess team (D2A). Results so far have been encouraging with around 90% of the group of patients seen in the third quarter of last year reporting improvements in their abilities to perform activities of daily living, their balance and gait, and their mobility. Feedback from patients has been positive with praise for the staff involved and the support provided. Patients felt confident and re-assured to manage on their own and welcomed the clear communication from the team. It is too soon to identify the impact of this intervention and the data will be monitored weekly to see if the numbers reduce.
- 4.4. In addition, one of the Community Care team managers is now working 2 days per week making calls using the "3-conversation model" to identify the needs of the patients who have yet to receive a social care assessment. The manager is talking to patients awaiting assessment in the 'Urgent' and 'High' categories first and it is anticipated the impact of this intervention will be felt in the near future.

- 4.5. A daily dashboard has been produced that provides service managers, locality managers and the leadership team with up-to-date information to assist them with managing the pressures on their services. The measures include information on capacity in hospitals and care homes and the impact on unmet need. There are a number of huddles that focus on delayed discharge in different settings: community hospitals, Dr Gray's hospital, and out-of-area patients for example. The Delayed Discharge Group Moray meets monthly to progress the Delayed Discharge Overarching Action Plan. All these measures aim to reduce people having to wait in hospital any longer than necessary once they are ready to be discharged.
- 4.6. Moray Council responded to the need to provide short-term support to the health and social care team by asking for volunteers to redeploy temporarily. Twelve volunteers from within Moray Council were identified for possible re-deployment: 4 for administration roles; 2 for care only roles (1 for all care tasks; 1 for meal preparation and medication tasks, weekends only); and 6 for Care and Administration roles (1 for light personal care, meal preparation and medication tasks, the other 5 for meal preparation and medication tasks).
- 4.7. In response to the challenges with recruitment for care at home services, staff resources have been identified to form a recruitment cell working closely with Moray Council Human Resources team. There is an open advert with interviews being held weekly and necessary training schedules being aligned to streamline the process as much as possible.
- 4.8. Utilising the three conversation approach we aim to reduce bureaucracy and increase our responsiveness to people who approach us for support. It follows the approach embedded within the SDS standards so that peoples' strengths and personal assets are considered before any statutory service. Additionally, rather than focus on service description there is time taken to consider each unique solution. This work is being supported by Sam Newman, a director with Partners for Change. A steering group has been established to develop this approach for Moray with 6 initial innovation hubs being identified. The work outlined in 4.4 is an early adoption of the principles of this approach. Reports on progress will be submitted to future meetings of this committee.

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 is 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 dealing with the additional workload and filling in for sick and isolating colleagues will be required in the coming months.

(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. 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) Consultations

Consultations have been undertaken with the following staff and their comments have been included where appropriate: Equal Opportunities Officer, Principal Climate Change Officer, Corporate Manager (HSCM) and Head of Community Care.

6. CONCLUSION

- 6.1. Unmet need levels in Moray are significantly higher than pre-pandemic levels, both for the number of people affected and the hours of care required to be provided. Demand will remain high for some time to come, but the mitigation actions that have been put in place, and the relaxation of the self-isolation guidelines are starting to show an improvement for people waiting for care packages in the community, at home or in residential homes. The recovery is fragile and could easily be reversed by a future peak in COVID-19 cases.**
- 6.2. The dedication of the Health and Social Care staff and their commitment to support their clients has been exceptional throughout the pandemic. There are many anecdotal examples of staff undertaking additional duties to ensure basic care continues to be provided. There is a concern about the longer-term impacts on staff and how they will find the time to recover and recuperate.**

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Background Papers:

Ref: