

REPORT

System Pressures Update Briefing

Edinburgh Integration Joint Board

8 February 2022

Executive Summary

The purpose of this report is to update the Board on the system pressures facing the Health and Social Care system and mitigating actions being undertaken

Recommendations

It is recommended that the Integration Joint Board (IJB):

1. Note the significant, ongoing pressure and demand being seen within the Health and Care System;

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been considered elsewhere.

Main Report

Context

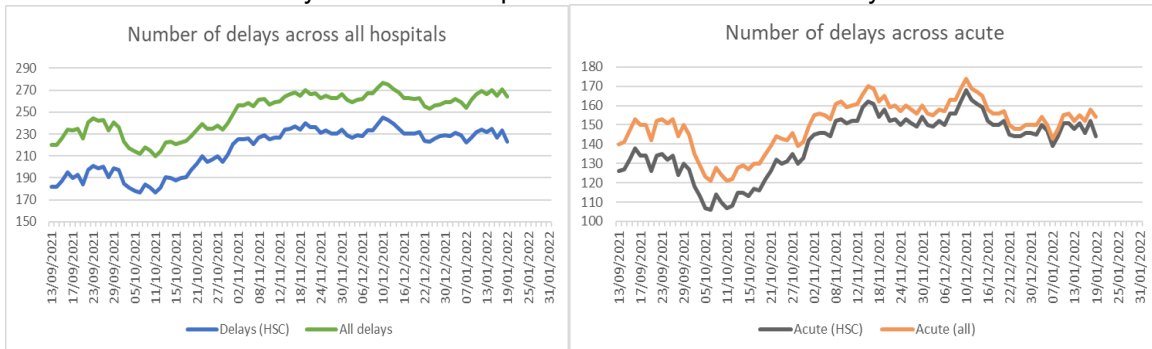
2. At previous meetings, the Board has received reports on the system pressures faced by the Edinburgh Health and Social Care Partnership, with a detailed report received in December outlining the extent of the current system pressures affecting the whole of the Health and Social Care system.

3. Pressures in the system have been much reported upon and the Edinburgh Health and Social Care Partnership (EHSCP) has maintained the level of risk arising from these pressures at Critical.
4. This paper will provide a brief update on the key challenges faced over the past two months and an update on the activity we, and the wider sector, have most recently undertaken to address these continuing, serious challenges.

Update on System Pressures

5. Since the report to the IJB on 7 December 2021, the whole health and social care system has remained under intense pressure. This has included:
 - a. High levels of people delayed in hospital. While the number of people delayed has plateaued (See tables 1 and 2 below), December was a particularly challenging month, with higher numbers, due to limited capacity of community care at home providers and our own internal Homecare and Reablement services blocked, also due to no flow through into external community provision.

Table 1: Number of delays across all hospitals Table 2: Number of delays across acute

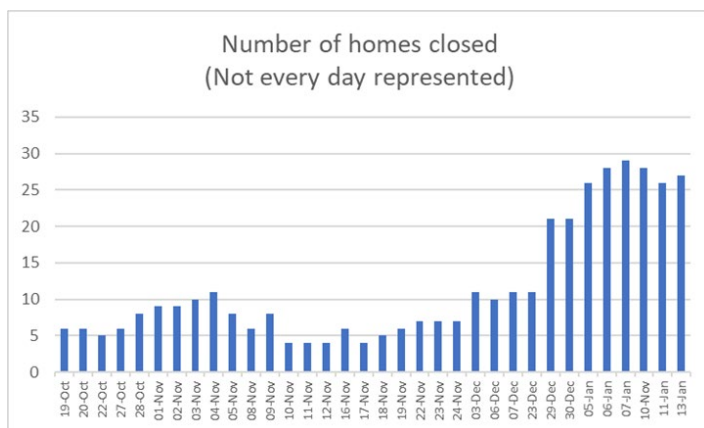


- b. Due to staffing shortages within community care at home, many organisations had to focus their limited resources on the delivery of essential visits only, working with families and carers to ensure that people’s care needs were met. A loss of staff to their organisations, several community care at home providers were unable to cope with their existing care commitments and requested that the Partnership find alternative care providers for their service users. Between September and

December, alternative arrangements needed to be found for 83 people, totalling almost 1,400 hours. This was a distressing time for many people and their families, who had alternative arrangements to be sought for quickly. It also placed significant demands on already stretched resources within Assessment and Care Management, Homecare, Care Home and Community Nursing services who had to prioritise liaising with families, other providers and the delivery of care to ensure that people received the care required.

- c. From December, we have seen significant impact of covid outbreaks within care homes and as a result, increasing numbers closed to admissions.

Table 3: Number of care homes closed due to covid outbreak, September 2021 – January 2022



- d. High levels of request for people requiring a social care assessment of need, coupled with a lack of capacity due to staff vacancies and inability to recruit. As a result of our inability to meet the level of demand, our waiting lists continue to grow, and people are waiting longer to receive an assessment of their needs.

Actions taken to address the system challenges

- 6. Priority actions to address the system challenges have built on existing activity reported in previous meetings. Particular actions to note are:
 - a. In December, the Partnership stepped up to daily Incident Management Meetings (IMT), chaired by the Chief Officer, ensuring Executive oversight

of the daily position, urgent action required and escalation into NHS Gold Command and the Council's CIMT.

- b. In line with the Scottish Government's expectation, there has been procurement of interim beds for those people delayed in hospital while waiting on a package of care or a permanent bed that is currently unavailable. By 12 January 2022, 67 moves to an interim bed had taken place.
- c. We have accelerated the implementation of our One Edinburgh approach, with support from PWC, which will optimise the capacity available within our existing Homecare service and community care at home providers. In December, a data enabled 'Command Centre' to enable active crisis management was established. This Command Centre ensures we have a view of critical data in order to make informed decisions, allocate resource based on need and maximise capacity. This has focused initially on the internal Homecare service with engagement now taking place with community care at home providers.
- d. We are working with Edinburgh College to recruit students to deliver care via the NHS Lothian Staff Bank. Uptake was low prior to Christmas however a focus on targeting students on their return from festive leave is now taking place.
- e. Support is being provided from the City of Edinburgh Council where staff in 'non-essential' operational service areas are being asked to move to Health and Social Care for 12 weeks to support the direct delivery of care and supporting functions. Work is being undertaken to support staff moving into the Partnership, ensuring that they are appropriately trained and supported to safely deliver the required roles and care.
- f. Under Urgency, the Chief Officer agreed with the IJB Chairperson to suspend IJB Committees, creating Executive and senior capacity to prioritise the management of the significant system pressures.
- g. In response to the Scottish Government's request for how LRPs can support Health and Social Care Partnerships, a response has been

submitted detailing the level of staffing and practical resource required to meet existing levels of need.

Implications for Edinburgh Integration Joint Board

Financial

7. A financial plan was outlined in the IJB report of 7 December 2021, which officers are continuing to work to and implement.

Legal / risk implications

8. We continue to review and update the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
9. Colleagues are also working closely with the risk teams in the Council and NHS Lothian and report through the Partnership Risk Committee. As a result of the continued system pressures, the Partnership has maintained the level of risk arising from these pressures at Critical.

Equality and integrated impact assessment

10. No separate assessment has been undertaken at this time.

Environment and sustainability impacts

11. No separate assessment has been undertaken at this time.

Quality of care

12. In common with the global pandemic, the extent of pressures on the HSC system is without recent comparable precedent. The underlying causes are multi-factorial, the extent to which it could worsen is unknown, and the resolution is very challenging. It requires concerted and resolute action across a number of fronts. Our response will always take account of the latest standards and guidance and we will continue to run our services in ways which minimise the risk of harm to people. It should be recognised however that, during these unprecedented times, there are likely to be occasions where the level of the demand we are facing temporarily overwhelms our ability to run services safely. We will continue to ensure that we are clearly communicating that fact, and any available options to mitigate the impact, to our service users,

patients and the wider community so that they may assist in preventative and supportive measures where possible.

Consultation

13. As outlined elsewhere in this report

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

Name: Mike Massaro-Mallinson

Email: Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk

Telephone: 07860595382

Appendices

None