

Policy and Sustainability Committee

10.00am, Tuesday, 5 October 2021

System Pressures – Edinburgh Health and Social Care Partnership

Executive
Wards All
Council Commitments

1. Recommendations

- 1.1 It is recommended that Policy and Sustainability Committee:
 - 1.1.1 Note the content of this report relating to both the increasing demand for services as well as the decrease in available care capacity
 - 1.1.2 Note the escalations which have taken place and the increasing risk rating in relation to support to vulnerable people
 - 1.1.3 Endorse the actions being taken to mitigate the increasing risk to people
 - 1.1.4 Endorse escalation within the appropriate resilience arrangements locally, regionally and nationally as necessary
 - 1.1.5 Agree that HSCP officers communicate the extent of the pressures directly to people that use services and that officers communicate the potential need to adjust packages of care and support where this is considered appropriate within professional judgement.

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Report

System Pressures – Edinburgh Health and Social Care Partnership

2. Executive Summary

- 2.1 This report sets out the significant pressures being experienced in relation to social care in Edinburgh and the increasing levels of unmet need and risk to people relating to this. The pressures arise both from an increasing level of need and demand in the community, alongside a decreasing availability of care due to vacancies in the care sector.

3. Background

- 3.1 Over the last few months, as society has opened up and as restrictions have been reduced, the Edinburgh Health and Social Care Partnership (EHSCP), as with other partnerships across Scotland, has seen an increase pressures on the system. This is seen in both an increase in referrals to social work and requests for service, and an increasing number of people being assessed as requiring a service. Other drivers for increasing demand include people being de-conditioned (i.e. frailer, less confident) following periods of lockdown, family/unpaid carers who have cared for people during the pandemic returning to work following furlough and a general, build-up of demand emerging as messaging about services being 'open as usual' have been released.
- 3.2 The demand sits across a range of areas:
- 3.2.1 Increasing number of people requesting an assessment and service in the community, as a reaction to declining conditions exacerbated by the long periods of lockdown.
 - 3.2.2 Increasing complexity of need being seen due to people being deconditioned following the restrictions of lockdown.
 - 3.2.3 Adult Support and Protection referrals have significantly increased, due to the absence of many mitigating factors during Covid, as well as directly from the additional stressors of the situation.

- 3.2.4 Increasing requests for services for people needing support to be discharged home from acute hospital care. The acute hospital sites in Lothian have all seen unprecedented levels of presentations (not merely in terms of covid) much of which has flowed through to subsequent social care demands on the point of discharge back into the community.
 - 3.2.5 Pressures on the court system and a significant backlog there has reduced our ability to move Adults with an Incapacity (known as 'Code 9 delays') as a clear legal basis for any move in these cases is required. In addition the increase in referrals under this is also placing an increasing demand on our Mental Health Officer service.
 - 3.2.6 Continuing pressure on staffing due to a rise in covid cases.
- 3.3 The EHSCP is seeking to balance all these demands through rigorous triage, risk management and prioritisation of need, acuity and safety both within current systems and models of care while also looking to develop new approaches that may relieve the position. However, the overall impact is increasing waits for assessment for people seeking support and increasing waiting times for care to be put in place once need has been identified. This is naturally very frustrating and upsetting for people and families as well as for our professionals who are managing competing demand and risk. It is also a very difficult situation for unpaid Carers who are maintaining that role while waiting for formal support.
- 3.4 Coupled with the increasing demand for services, the HSCP is also seeing a decrease in care capacity available to support people and this is compounding the already challenging position. External providers of care are reporting staffing reductions and high levels of vacancies and turnover. Some providers have reported as much as a 30% reduction in staffing arising from EU nationals returning home (sometimes as a permanent decision, but also significant numbers leaving for an extended time back home following lengthy travel restrictions which have prevented them doing so), people moving to jobs in other parts of the economy, and due to fatigue and absence related to Covid. We have experienced an aspect of what has been called 'The Great Resignation', in that people who have been on the front line of social care during this lengthy period are seeking a fresh start in new sectors.

4. Main report

- 4.1 The Edinburgh Integration Joint Board (EIJB) and EHSCP have increased the capacity in Home Care in recent years in response to general demographic change and demand. This had a positive impact on the HSCP's performance across a range of measures including an ongoing downward trend in Delayed Discharge, and reductions in people waiting for an assessment and in those waiting for care following an assessment. However, given the current levels of demand and complexity as set out above, and the decreasing care capacity available, the partnership is now escalating further the level of risk to people and performance arising from this.

4.2 Delays and community capacity are inextricably linked, with delays rising through the reductions in capacity that have been seen in recent weeks and providers being unable to provide care at home. The HSCP has seen growing waiting lists for assessment and increasing waits for care once an assessment has been completed. Capacity issues are due to reductions in staff available across the sector with both our internal and external provision seeing as much as a 30% reduction in capacity as indicated above. Delays have grown significantly over recent weeks - almost exclusively due to the challenges with capacity necessary to keep pace with demand.

Evidence of increasing demand

4.3 While the numbers of delays in hospital are has increased so too has the demand in the community and there are far more people waiting in a community setting than in an acute hospital. The HSCP continues to have a significant backlog of people who are waiting for an assessment or for a package of care. These are people who have been determined as having a critical or substantial level of need for social care support and there is a need to balance risk and ensure people's safety

Table 1: People waiting for a package of care and their unmet need shown in hours

Total waiting for an assessment to start	Hospital people	Community people	Total people waiting	Hospital Hours	Community hours	Total hours waiting
30/08/2021	1306	93	474	567	1,498	4,075
23/08/2021	1280	96	446	542	1,466	3,588
16/08/2021	1261	103	419	522	1,615	3,447
09/08/2021	1202	99	421	520	1,726	3,283
10/08/2020	766	42	489	531	746	3,528

4.4 Social care services in Edinburgh are provided through our internal Home Care (HC) service or externally commissioned Care at Home (CAH) services to over 5,000 people. The number of hours per week provided has increased substantially from 104,000 in 2019 to 121,000 in 2021.

4.5 Additionally, we provide funding for people selecting to have an Individual Service Fund (ISF) and Direct Payments, where they organise their care directly from the market. While we are not directly involved in managing this care, the increase in hours under a Direct Payment also represents the growing pressure in the market.

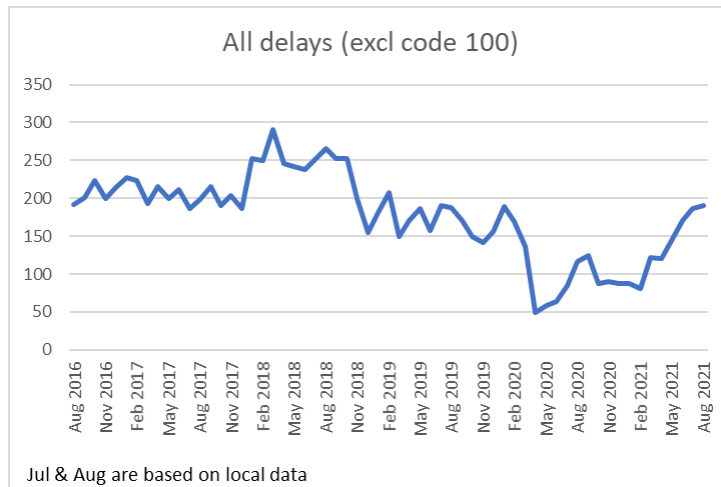
4.6 As well as the increases in demand for our adult social care services, we are also experiencing pressure in other areas of activity. In particular, the number of adult protection cases has increased over the last year, potentially linked to the restrictions during lockdown. These cases need to be prioritised to ensure the safety of the vulnerable individuals involved. This puts increased pressure on our social work and locality teams.

Table 2: Adult Support and Protection activity

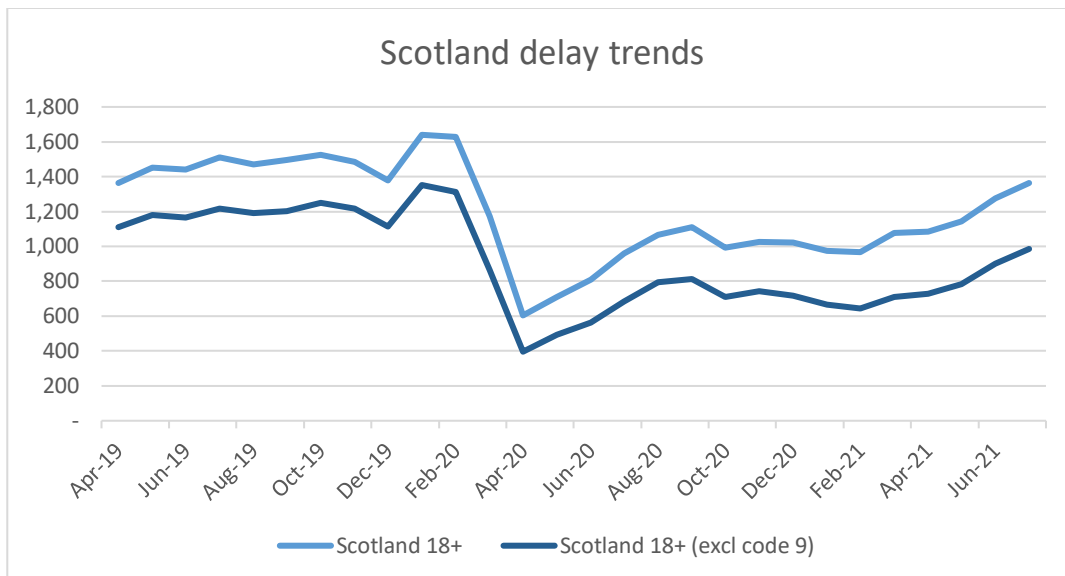
	Jun-19	Jun-20	Jun-21
Duty to Inquire (DTI) Assessments started	89	111	109
Open Adult protection cases	132	149	192
Number of case conferences recorded	38		44

4.7 As set out above we are also experiencing an increase in the number of people who are delayed in hospital when medically fit for discharge and who are unable to access either a suitable care home place or care in the community. This rise in delays reflects the wider capacity issues in the social care system described above.

Figure 1: Long-term trend in delayed discharges



4.8 This system pressure is not unique to Edinburgh with a similar pattern of increasing delays and pressures being seen across Scotland. The impact of reducing capacity is also reported in other HSCPs as driving these pressures. Figure 2 below shows a similar pattern as the Edinburgh position in Figure 1.



Risk Management and Risk Escalation

4.9 The HSCP management team has recognised the increasing risk to people and performance and we are managing this in a number of ways. At a locality level we have clear systems of triaging and prioritisation of all referrals coming through to ensure consistency of resource allocation, and Practice Oversight Groups in each of the 4 Localities are in place to ensure the consistency is maintained. However

balancing of demand and supply has placed these processes under considerable strain over the past six months.

4.10 In terms of risk escalation we have moved the risk in relation to care for people from Very High to Critical and have reflected this in the Council's Covid-19 Risk Management Plan and Risk Register, the HSCP Risk Register and the IJB's Risk Register in relation to its ability to deliver on its strategic plan arising from partners' inability to meet demand. The Chief Officer reports the position at both the Council's CIMT and NHS Gold Command meetings and the HSCP Incident Management Team (which has been maintained throughout the pandemic) is meeting three times per week to oversee the situation and the actions being taken. The Chief Officer has also called for a Local Resilience Partnership (LRP) meeting to be held in order to ensure Resilience Partners in Lothian are aware of the growing risk and the impact this may have on the IJB and HSCP's ability to respond to any other concurrent resilience incidents that could arise. There is also a risk in relation to Business as Usual as HSCP officers have to prioritise the operational crisis. This has a potential impact also on the Integration Joint Board with officers being unable potentially to meet the requirements of the Board and its committees.

Other actions being taken

4.11 The HSCP has developed a number of plans in response to this and these are being reported into both NHS Lothian and Council and will also be shared with the LRP. The below sets out actions underway across the following areas of focus:

- Increasing capacity within the care sector – working with providers on a single recruitment portal and advertising campaign and work is also underway with education providers on supporting more students into part time work in care to fit with their studies
- Optimising the care already available – working with providers to ensure efficiency and reduce any duplication in any of the areas of Edinburgh
- Engaging with 3rd sector on opportunities to work with volunteers in a way that is safe and appropriate
- Enhancing multi-disciplinary teams already in place including increasing staffing into District Nursing in-reach, Home First and Discharge to Assess models
- Optimising use of Technology to support people and carers
- In each case there will be a natural limit in relation to available workforce, and we anticipate that despite the efforts being undertaken there will continue to be risk of impact on vulnerable people.

5. Next Steps

5.1 As set out at previous points in this paper escalation of the issue has been undertaken through both NHS and CEC and to the LRP. An action plan has been

developed and will be actioned as far as is possible and this will be overseen by a joint NHS and CEC oversight group given the risks sits across both these areas.

- 5.2 Further, there are a number of national meetings on system pressures being led by Scottish Government Officials and the Chief Officer links to these to ensure access to any support as well as to ensure the situation in Edinburgh and actions being taken are clear.
- 5.3 The Chief Officer has also ensured that the Chief Social Work Officer is aware of the situation and she has been briefed as a member of the CIMT.
- 5.4 The IJB has been briefed and the Chair and Vice Chair are kept apprised of the situation on a weekly basis.
- 5.5 Oversight continues within the HSCP on the Care Home and Care at Home Oversight groups which are in place.
- 5.6 The HSCP's link Care Inspectorate inspector has also been alerted to the position.

6. Financial impact

- 6.1 Given the level of uncertainty set out in this paper, quantifying the financial implications with any degree of confidence is complex. The impact of the shortage of care at home on the hourly cost of these services is unknown at this point. However, we have seen some providers offer staff recruitment and retention incentives and seek to reclaim these via the provider sustainability arrangements.
- 6.2 The actions set out in this paper will fall across both NHS and Council services and have a range of funding sources, including:
 - specific funding received by the IJB to support winter pressures;
 - unscheduled care monies delegated to the IJB, an element of which is currently held in restricted IJB reserves;
 - a share of an additional £3m received by NHS Lothian to fund system wide 'summer pressures';
 - covid funding, an element of which is currently held in restricted IJB reserves with any balance to be recovered from the Scottish Government via the mobilisation planning process;
 - underwriting by NHS Lothian on the assumption they will be reimbursed via the same process.

7. Stakeholder/Community Impact

- 7.1 This paper has set out the significant challenge facing the provision of care in Edinburgh and the risk and impact this may have on people. It has also set out the mitigations and actions underway to address the situation and the escalation and reporting in place. Clearly the concern is one of impact on the vulnerable people that require support and their families and carers and the HSCP is writing to all service

users and families to appraise them of the situation, the impact it may have on waiting times and actions being taken.

8. Appendices

None.