Edinburgh Integration Joint Board

REPORT

System Pressures

Edinburgh Integration Joint Board

7 December 2021

Executive Summary	The purpose of this report is to update the Board on the actions being undertaken in relation to alleviating current systems pressures and appraise it of the Scottish Government funding package and its known relationship with the plan. It also seeks approval for a decision made under urgency in support of addressing the significant pressure within the system.

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; 2. Welcome the additional funding which acknowledges these pressures, being allocated by the Scottish Government; 3. Approve the high level allocation plan as set out in paragraph 17; 4. Homologate the decision made under urgency in relation to progressing the purchase of interim care provision and in terms of progressing the One Edinburgh approach, the paper considering the urgent; 5. Note that the detailed paper on which the decision was made under Urgency by the Chief Officer, Chair and Vice Chair of the IJB is provided separately under the B agenda, given the commercial sensitivities contained within it; and 6. Through the Chief Officer issue relevant Directions to both NHS Lothian and City of Edinburgh Council in relation to the delivery of actions under this spend.

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 & NHS Lothian	✓

Report Circulation

1. This report has not been considered elsewhere.

Main Report

Context

2. At its meeting on the 26th October 2021, the board received an update on the extent of the current system pressures affecting the whole of the Health and social care system. The paper presented that day outlined the extent of the demand and supply pressures as well as providing some broad indicators of actions being taken by ourselves and our partners to mitigate the challenges.

3. Pressures in the system have been much reported upon and the Edinburgh Health and Social Care Partnership (EHSCP) has escalated the level of risk arising from these pressures from Very High to Critical.

4. The reasons for these pressures are well understood and have also been widely reported:
   a. Loss of staff – to other industries and arising from the EU Exit
   b. Staff sickness absence and Covid related absences
   c. Increasing need of service from people who have increasingly complex needs and frailties

5. This paper will provide a brief update on the challenges and provide a more detailed action plan on activity we, and the wider sector, are undertaking to address these serious challenges. It will also update on the announced SG funding package for system pressures and correlate, where currently possible, the relationship between the announced funding for Edinburgh and the activity being undertaken.

Update on System Pressures

6. Since the report to the IJB on the 26th October, the whole health and social care system has remained under intense pressure:

a. Pressures within Acute have continued to escalate, with increasing numbers of 'front door' presentation being beyond what the system can safely handle, a large number of scheduled operations and clinical interventions having to be postponed, and delays within acute sites have not improved due to limited options to discharge patients safely;

b. Capacity within community care at home remains very fragile, with many Providers asking for reprovisioning of care packages and/ or expressing concern over their continued sustainability to provide at current levels. Even the larger organisations, although not themselves at this stage expressing any risk of business failure, are unable to extend their capacity due to workforce supply issues.

c. The internal Care at Home service remains stable in terms of overall capacity but is now under considerable strain due to the extent of reprovisioning work which must be absorbed, as there are no options with the external market.

Scottish Government Support

7. Scottish Government have set out areas of priority aimed at supporting local system work to address the pressures collaboratively and a funding for a package of measures which include:

- Partnerships sanding up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- Enhancing multi-disciplinary working including strengthening Multi-Disciplinary Teams and recruiting 1,000 Healthcare Support Workers into the NHS at a band 3 and 4 level; and
- Expanding care at home capacity.

8. £300m has been made available across Scotland for the remainder of this financial year to address these areas of effort with some elements of this being recurring in the following year.

9. The allocation for the Edinburgh IJB is as follows:

Table 1 – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE	Interim Care (£)	Care at home capacity (£)	Multi-disciplinary Teams (£)	Total (£)
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000

10. A range of key performance indicators in relation to these will be measured across, for example and among others; reduction in delayed discharges, reduction in length of stay, reduced waits for assessment, reduced levels of unmet need and reduced waits for care once assessed.

11. A joint letter from the Director of Health Finance and Director of Mental Wellbeing was issued on the 4th of November setting out the allocations and a range of schedules relating to guidance on their use against the measures. The letter is at **Appendix 1**.

12. We have not, as yet, had any specific criteria beyond these broad headings, but they do serve as a helpful recognisable framework for the key areas of activity we are targeting.

Contextual Challenges to programme delivery

13. We require to be mindful of some of the contextual challenges to delivering within an Edinburgh context:

    a. The increase in pay rates will have some effect but the scale of better-paid alternatives within the City's buoyant employment market diminishes the potential impact;

    b. The complexity of our provision model and its heavy reliance on a large number of external providers means it is challenging to have a truly shared platform of progress and sustainability;

    c. New recruitment initiatives within the care at home sector run the risk of just moving around existing capacity rather than adding new capacity;

    d. A reliance on bed-based provisioning – however understandable in the circumstances – runs the risk that the whole bed capacity quite quickly becomes fully utilised, particularly when there is little by way of throughput to the community at present, and further system backlogs as more demand arrives and we have no bed outlet left. This might, for example impact people waiting in the community for a care home placement but who become unable to secure one due to exceptionally high occupancy levels. Similarly, fewer people would be able to be discharged to a care home from the community.

Health and Social Care Partnership Responses

14. Since the last report to the IJB, the EHSCP has stepped up its formal mobilisation approach, with the intention to align the approach with the stated:

a. Tom Cowan, Service Director, has stepped into a specific 'Sustainability' portfolio, for the next six months. This work reflects the immediacy of our 'keeping going and optimising' challenges, along with connecting current system emergency actions to our broader more strategic ambitions of making the whole system sustainable beyond the Covid/ post-Covid challenges;

b. A System Sustainability Board has been established which aligns, tasks and co-ordinates the range of activity connected to system pressures, as well as mapping the impact, individually and collectively across the activity;

c. We have mobilised our task force teams to concentrate on flow and impact, and this has been supported by dedicated data and analytics capacity;

d. We have in place a governance arrangement that reflects the focus on the system pressures, with the SSB ensuring the Executive-level Incident Management Team (IMT) is well and proportionately sighted on activity and is able to monitor the financial, operational and strategic impact of the measures being undertaken;

e. The IMT in turn ensures that the CEC and NHSL respective Gold Commands are kept appraised of the progress and impact of its measures to address system pressures. Similarly, regular updates are in place to ensure the IJB remains updated on pressures and activities.

Opportunities

15. Whilst acknowledging the outlined contextual challenges, the HSCP have set out an ambitious programme to address the current system challenges, as well as providing the basis for longer term sustainability.

16. It is important to emphasise that at this stage we only have headline investment figures rather than for any individual activities. There is some refinement required to capture any additional expenditure linked to addressing immediate system pressures against existing expenditure. In some instances, there may be an immediate correlation, for example recruiting additional professionals beyond existing establishments, but with other activity there may already be activity in the same direction but are able to accelerate the programme with this additional money. Consequently, we require to separate these elements off in relation to the new funding for system pressures.

17. This programme has been reframed to reflect the priority areas identified by the Government. The figures are at this stage indicative and will require refining:

Funding and Spending Plan

Category of Spend	21/22 £m	Comment
Interim Care	3.6	Expansion of interim care capacity – limited by availability
Care At Home	1.0	Progress OneEdinburgh initiative with PwC
	0.4	Infrastructure to support change (analysis, business support, project management)
	2.9	Additional capacity programme (in house recruitment, targeting of 'hard to reach' students, provider portal)
	0.2	Optimising existing capacity programme
	1.0	Prevention Programme (community navigators, community helpline, 'community taskforce', developing capacity)
	5.5	
MDTs	0.3	Test of change initiative at Ward 70 WGH, planning for discharge at admission and safely reducing PoC size expectation
	0.2	HomeFirst system optimisation (embedding PDD, enhancing D2A, hub weekend working)
	0.3	Expansion of in-reach/bridging teams, high impact 2-3 week model
	0.2	Infrastructure to support change (business support etc.)
	0.8	Additional recruitment
	1.8	
Grand Total	10.9	

18. The above measures are in progress and targeted at a system supporting trajectory over the next six months, but also many are designed to support the move from that current focus to supporting a more sustainable future delivery. We are trying to avoid a set of crisis decisions derailing the strategic direction of the Board, and so are attempting, where possible, to align actions we are taking to that programme to support our sustainability beyond the current crisis.
19. Given the growing pressures and risk in relation to the delivery of care for people, the Chief Officer, in consultation with the Chair and Vice Chair of the EIJB approved a decision under urgency to secure interim care capacity from the external care home market. The Chief Officer, Chair and Vice Chair also approved a proposal to secure external support in relation to starting work on the One Edinburgh approach and to fund a direct award to PwC for this. The proposal has also subsequently been approved under urgency procedures by the Convenor and Vice Convenor of the Finance and Resources Committee of the City of Edinburgh Council.

Additional Measures

20. In developing this response to system pressures programme, we recognise that there remains a risk that this programme, combined with the actions of our key partners, may not be enough to contain the pressures over the next six months. There are a couple of factors here:

    a. We may not be able to fully deliver on all programmes that rely upon further capacity being added through recruitment. The recruitment market is very challenging, and there remains a risk of us merely moving the same resources around the system;

    b. Pressures on the system may worsen as the weather creates a further potential dynamic and all existing measures are not enough;

    c. Key aspects of flow being already very challenged, there is a significant risk that the use of existing bed capacity across the city for interim beds will become blocked due to a lack of throughput into communities, and new system pressures will build up behind that.

21. Consequently, as part of the OneEdinburgh approach, we are working with partners to prepare options around the whole system capacity within the community as we may 'in extremis' have to consider moving to a single direct care at home delivery model for the city. We will be working with Providers, community organisations – formal and informal – over the next month to shape this single service option should the trajectory and projections from the existing mitigations programme indicate more escalated actions are needed.

22. Other actions we are taking relate to a full-system internal review of service delivery and capacity, to ensure that we have considered what potential capacity we could redirect to help support system pressures. Examples of this are clinical (nursing/ AHP etc.) capacity we may have associated with specialist services and Primary Care.

Implications for Edinburgh Integration Joint Board

Financial

23. Officers will continue to refine the plan set out in paragraph 17 above within the levels of funding available. This paper discusses the extreme pressure the health and social care system is currently under and the requirement for a robust and speedy response. In particular, there is an expectation from the SG that all available beds will be purchased for interim care and that people are supported to move to this accommodation while waiting for either a package of care or a care home placement. The associated financial risk has been the subject of discussion between the Leader of the Council, the Cabinet Secretary

and the IJB Chief Officer. As a result, the SG has now confirmed that, if necessary, further funding would be made available to Edinburgh to support the purchase of this capacity and that next year's costs would be considered and a subsequent letter of comfort has been issued by the Cabinet Secretary and accepted by the Council.

Legal/risk implications

24. We are in the process of reviewing and updating the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.

25. Colleagues are also working closely with the risk teams in the Council and NHS Lothian. The Council in particular having developed and agreed an approach to managing the new and emerging risks associated with the current system pressures environment, whilst implementing appropriate responses to mitigate these risks that will support ongoing delivery critical services and the safety and wellbeing of citizens, visitors, and colleagues. This approach recognises that we are working within an unprecedented and dynamically changing environment and that the risk management approach applied must be intuitive; agile; and sufficiently informative to support decision making, with limited impact on first and second line teams focusing on key operational resilience activities.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

28. 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 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

29. As outlined elsewhere in this report.

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Appendices

Appendix 1 Joint letter from the Director of Health Finance and Director of Mental Wellbeing was issued on 4 November

Health Finance, Corporate Governance & Value Directorate
Richard McCallum, Director

Mental Wellbeing, Social Care and NCS Directorate
Donna Bell, Director

Scottish Government
Riaghaltas na h-Alba
gov.scot

Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	**100.00%**	**40,000,000**	**62,000,000**	**20,000,000**	**102,000,000**

Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available).
People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
  https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in CCD 1/2021 - Revised guidance on charging for residential accommodation (scot.nhs.uk)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.

Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.

Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:
Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.