

Policy and Sustainability Committee

10.00am, Tuesday 21 March 2023

Edinburgh Health and Social Care Partnership – System Pressures Update

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 It is recommended that the Policy and Sustainability Committee:
 - 1.1.1 notes the current pressures on the Edinburgh Health and Social Care Partnership (EHSCP).
 - 1.1.2 Endorse the actions being taken to mitigate the increasing risk to people.

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Edinburgh Health and Social Care Partnership – System Pressures Update

2. Executive Summary

- 2.1 This report sets out the continued significant pressures being experienced in relation to social care in Edinburgh and the risk to people relating to this. The pressures arise from the continued long-term impacts of the covid pandemic, EU exit and cost of living crisis, alongside a decreasing availability of care due to vacancies in the care sector.

3. Background

- 3.1 Since October 2021 the Policy and Sustainability Committee has received updates describing the significant pressures being faced across the wider Lothian health and social care system. As has been highlighted previously, the pressures faced in Edinburgh are being seen nationally and that while not new, many of the pressures have been exacerbated by the EU exit, covid pandemic and cost of living crisis.
- 3.2 Increasing numbers of people are waiting for an assessment of their social care needs in the community, as a response to high levels of demand, declining conditions and complexity of need, exacerbated by the long-term impacts of covid and in tandem, challenges in recruitment of social care staff, particularly Social Workers, Occupational Therapists and front-line carers.
- 3.3 Adult Support and Protection referrals have remained significantly high, having seen a rise during covid due to isolation and the absence of many community and service supports, as well as directly from the additional stressors of the situation.
- 3.4 The EHSCP continues to work hard to balance all these demands through rigorous review, management of risk 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. This is understandably frustrating and upsetting for people and families as well as for our professional staff who are managing on a daily basis, high levels of competing demand, complexity and risk.
- 3.5 The challenges facing our workforce in managing adult support and protection has been reflected in the recent joint inspection. The inspection team identified several areas relating to key processes that need improvement and also improvement in strategic leadership. A detailed report on the findings and improvement planning response to the Adult Support and Protection inspection will be brought to the Policy and Sustainability Committee in June 2023.

3.6 While the system remains under significant challenge, sustained progress has been made in areas of performance. This is most particularly noticeable in performance related to the number of people delayed in hospital and the number of people assessed in hospital and the community as requiring a package of care

3.7 Since the last report submitted to committee, the EHSCP, NHS Lothian and City of Edinburgh Council have continued to receive additional support and capacity by Scottish Government to assist in identifying areas of current work the EHSCP could accelerate, or new actions that could be taken that would have short term impact. EHSCP continue to work closely with the Edinburgh Assistance Programme team to identify opportunities for managing the immediate extreme pressures and identify further medium and longer term sustainable solutions. Further details will be brought back to Committee as discussions progress with the Edinburgh Assistance Programme Support Team and Scottish Government.

3.8 This paper sets out:

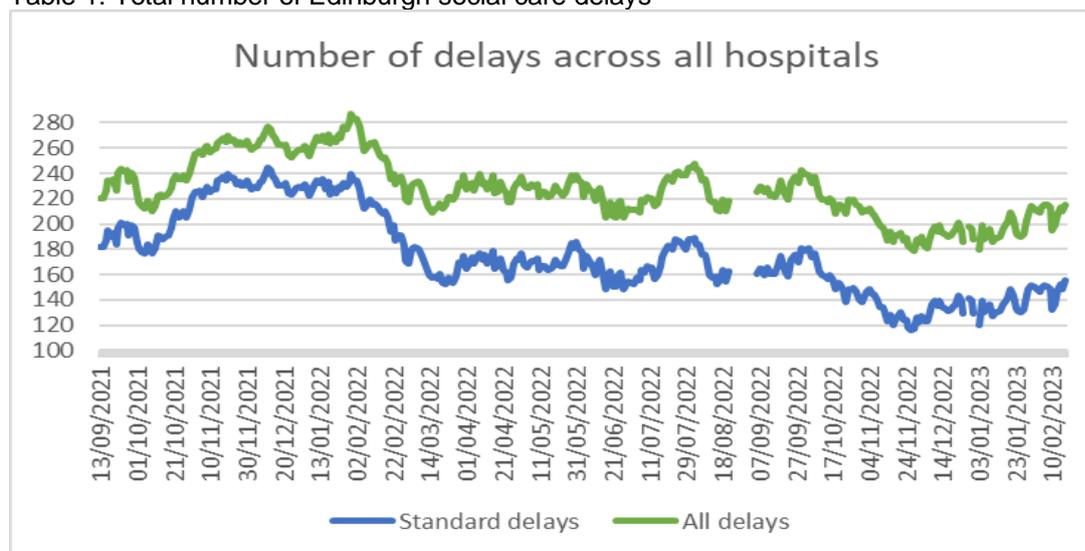
- An update on the current performance and pressures being faced by the EHSCP (see paragraphs 4.1.1 to 4.1.8).
- An update on mitigating actions being taken by the EHSCP to manage these pressures and improve performance.

4. Main report

4.1 Current Social Care Performance and pressures:

4.1.1 There remain high levels of people delayed in hospital although there has been improvement over the year (table 1).

Table 1: Total number of Edinburgh social care delays

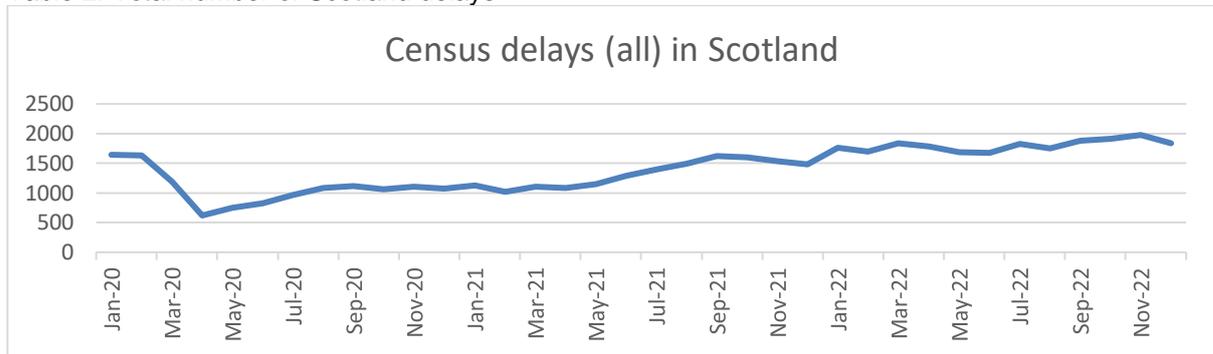


Source: NHS Lothian local data

4.1.2 The decrease in September and October is due to increased capacity in our external care at home providers. The recent increase in 2023 is due to seasonal fluctuations that annually occur over the festive period and as more people are ready for discharge following a period in hospital over winter. Similarly, January and February are routinely those winter months where the system is in most demand. Comparing the number of people delayed in hospital between mid-February 2022 and mid-February 2023, there is a 28% reduction on last year's figure.

4.1.3 The following table shows from public reports the position at national level and the total level of delays between March 2020 and September 2022.

Table 2: Total number of Scotland delays

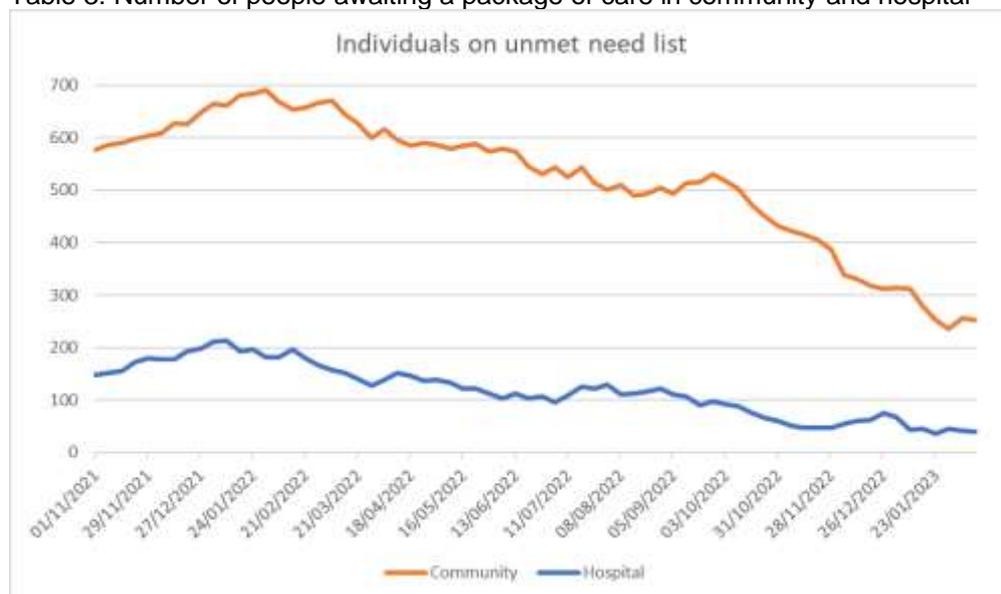


Source: Public Health Scotland's monthly delayed discharges publication

4.1.4 As can be seen from table 2 above, the number of delays has steadily increased in Scotland while, as outlined in table 1, numbers have reduced in Edinburgh. On analysis of national figures, Edinburgh's delayed discharges rate has also decreased more than in other areas since the end of 2021, bucking the regional and national trend.

4.1.5 The number of people waiting for a package of care has decreased substantially (Table 3 below).

Table 3: Number of people awaiting a package of care in community and hospital



Source: City of Edinburgh Council local data. Note: Figures exclude blocking reablement and re-provisioning, in line with definitions set by Scottish Government.

4.1.6 As can be seen from table 3, the larger proportion of those waiting for a package of care remains within the community compared to a hospital setting or interim care placement. The reasons for continued improvement remain predominantly due to external care at home providers having additional capacity and work being undertaken by the EHSCP's One Edinburgh Command Centre which is creating capacity within the Partnership's internal Homecare and Reablement teams.

4.1.7 The main challenge where we have not seen improved performance relates to the number of people who are waiting for a social care assessment. We recently undertook a data quality exercise and revised process/codes for our waitlist data, improving our understanding of those on the waiting list, the scale of the challenge and processes in place to manage risk.

4.1.8 Of the 1,589 on the waiting list for an assessment, approximately 50% are waiting for a reassessment, meaning they are already known to our social work teams or are already receiving a service. We have a number of initiatives in place to address the waitlist backlog but, as these are still in the process of being implemented, these are unlikely to have an impact on the number of people waiting before the end of March 2023.

4.2 Risk management and governance:

4.2.1 The EHSCP and the Edinburgh Integration Joint Board (IJB) Risk Registers have remained risk levels at critical in relation to insufficient sustainable capacity across the care sector and an ability to deliver on its strategic plan arising from partners' inability to meet demand.

4.2.2 Previous committee reports have outlined actions being undertaken to improve performance. This has included the EIJB's strategy of transformation, sustainability and innovation which has been set out in successive strategic plans.

4.2.3 While the overall transformation programme is an EIJB strategy, the delivery and implementation is undertaken by the Health and Social Care Partnership as part of the wider Lothian and Edinburgh system. The Whole System Delivery Oversight Board, with membership including the Chief Executives of NHS Lothian and the City of Edinburgh Council and the EHSCP Chief Officer, meet monthly to provide the most senior level operational oversight to the implementation of the programmes of work and to provide practical advice, support and where necessary, agree resources to support, recognising the EIJB's overarching accountability.

4.2.4 A weekly EHSCP senior operational oversight group, chaired by the Chief Officer reviews performance of delayed discharge, numbers of people waiting for a package of care and a social care assessment. This group reviews data, monitors progress against agreed actions and identifies remedial action, mitigating risk. Escalations are made to NHS Lothian and/or Council resilience meetings or to relevant Scottish Government where appropriate.

4.3 Specific mitigating actions being taken by the EHSCP to manage these pressures and improve performance:

4.3.1 A high priority workstream within our Home First programme is Discharge without Delay (DwD) which aims to reduce the number of bed days occupied due to delays across 6 Medicine of the Elderly (MoE) wards across the Royal Infirmary Edinburgh (RIE) and Western General Hospital (WGH), by 50% by the end of March 2023.

4.3.2 Since October 2022, we have introduced a dedicated on-site Home First team comprising Social Workers and Home First Co-coordinators. As part of the new integrated Multidisciplinary Teams (MDTs), they work together to ensure that no one whose needs can be met in the community reside in an acute hospital after they are medically fit to leave.

4.3.3 Since the implementation of DwD in October 2022 the average occupied bed days in a week across all sites have reduced significantly from high of 80.5 (October 2022) to just over 40 (first week in February 2023). Furthermore, the average delayed bed days across all sites have also reduced from 69 in October 2022 to 55 in January 2023. These measures will continue to be monitored and reviewed as we scale up to include the remaining 4 MoE wards, commencing March 2023. We are therefore on track for delivery of our target by the end of March 2023.

4.3.4 We continue to use interim beds as a means to support people that do not need to be in an acute ward but await a package of care or a care home of their choice. Between 2 November 2021 and 21 February 2023, 282 people were moved to interim beds, with 79% of those people having moved on from their interim care home placement. This equates to a

total of 13,037 bed days saved since November 2021. Since the last systems pressures report in October an additional 61 people have moved into interim placement. Since 20 September 2022, 69 people have been discharged to a final care destination.

- 4.3.5 The One Edinburgh Command Centre continues to meet daily, bringing together key staff members to make intelligence-led decisions regarding the allocation and utilisation of our internal capacity, those people needing a package of care in hospital and in the community. The One Edinburgh programme of activity, which includes collaboration with our care at home partners, is all that has resulted in the improved performance outlined in section 4.1.5 – 4.1.6.
- 4.3.6 Due to high levels of vacancy within our Assessment and Care Management Teams, progress has not been made in reducing the waiting list for those people waiting for a social care assessment. Where the risk presents at referral as urgent or critical then people would not be placed on a waiting list and will be allocated directly to a worker. When added to a waiting list for a social care assessment, systems are in place to review people's risk factors weekly and consider any new information that may be presented. Regular reports are provided to managers to help oversee the management of the waiting list.
- 4.3.7 As was reported in the last report to Committee in November, to help reduce the number of people waiting, we have recruited Business Support staff to free up Social Workers and continue to recruit to Social Care Direct, building up a resource at the front door so that can undertake all screening of new referrals at point of contact (including Adult Support and Protection), resulting in quicker outcomes and solutions for people with a more straightforward need.
- 4.3.8 Recruitment of Assessment and Care Management staff remains a particular challenge and focus for the EHSCP. Work is being undertaken in close collaboration with the Chief Social Work Officer to enhance our workforce planning, with a strong focus on recruitment and retention. We are strengthening relationships with universities to support more students in Edinburgh and establishing links with SSSC to explore opportunities for returning Social Workers from their 'reserve list'. We continue to use Social Work agency staff to support our teams while we build up a stronger permanent workforce.
- 4.3.9 To support recruitment processes, we have employed two HR Business Support Administrators – both in post by 3 March 2023. Through the acceleration of recruitment processes, the expected benefits are to take tasks away from Senior Social Workers so that they can spend more time undertaking professional tasks including supervision and case management support, screening and management of risk.
- 4.3.10 While continuing to implement all of the above to increase Social Work and Assessment capacity, it should also be noted that the EHSCP will be realigning resource to make the essential improvements required in response to the Adult Support and Protection Inspection. As we work through the development of the improvement plan, this realignment may result in impacts elsewhere in the system.

5. Next Steps

- 5.1 As set out at previous points in this paper escalation of the issues continue to be undertaken through NHS Lothian, the Council and the Whole System Oversight Board.
- 5.2 The EIJB receive regular update reports and the Chair and Vice Chair are kept apprised of the situation.
- 5.3 The EHSCP will continue implementing actions as outlined in paragraphs 4.3.1 – 4.3.9

6. Financial impact

- 6.1 The finances to support the various initiatives set out in this paper are drawn from a combination of sources all of which are reflected in base budgets as we move into 2023/24. However, it should be noted that for next financial year, Edinburgh Integration Joint Board is facing a significant financial deficit of £40m+. Delivering savings of this quantum will have a direct impact on performance and outcomes for people and all partners will have to consider how to balance the competing challenges of improving performance and managing the budget.

7. Stakeholder/Community Impact

- 7.1 The extent of pressures on the Health and Social Care system remains without recent comparable precedent. The underlying causes are multi-factorial and the resolution remains very challenging. It requires concerted and resolute action across a number of fronts and with partners across the wider system at local and national level.
- 7.2 The response from the EHSCP always take account of the latest standards and guidance and will continue to run services in ways that minimise the risk of harm to people. As has been stated in previous committee reports, it should be recognised that, during these unprecedented times, there are occasions where the level of the demand temporarily overwhelms the ability to run services safely. The EHSCP will continue to ensure that they are clearly communicating that fact, and any available options to mitigate the impact, to service users, patients and the wider community so that they may assist in preventative and supportive measures where possible.
- 7.3 The issues of system pressures have been reported previously and Policy and Sustainability Committee have been updated that the level of risk relating to this has been raised to 'critical' on the Council Risk Register. Despite the significant effort going in to addressing this position, the level of risk relating to our ability to deliver services to people, remains at 'critical'.

8. Background reading/external references

- 8.1 Not applicable

9. Appendices

- 9.1 None