

# Report

Report to:	<b>South Lanarkshire Integration Joint Board</b>
Date of Meeting:	<b>17 August 2021</b>
Report by:	<b>Interim Chief Officer, Health and Social Care Partnership</b>

Subject:	<b>Care at Home Update</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Board on the outcome of the recent Care Inspectorate activity within the Care at Home Service
- ◆ update the Board in relation to current operational and financial pressures across the whole Health and Social Care system, in particular the Care at Home Service

## 2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the contents of this report be noted in relation to the Care Inspectorate review for both Hamilton and Rutherglen Care at Home Services;
- (2) that the current and future demand pressures and the operational and financial risks across the whole Health and Social Care system, in particular the Care at Home Service, are noted;
- (3) that the actions being taken to mitigate the operational risks are noted; and
- (4) that the work which is progressing to secure a funding solution to the current and recurring financial risks associated with the increase in demand for Health and Social Care Services is noted.

## 3. Background

- 3.1. Members will recall that South Lanarkshire Council (SLC) imposed a voluntary moratorium on the Care at Home Services in both Hamilton and Rutherglen in January 2020. This moratorium was introduced following concerns that had been highlighted in inspections carried out by the regulatory body, the Care Inspectorate and placed a suspension on new referrals to the Service.
- 3.2. The Care Inspectorate had been concerned about Hamilton Care at Home Service for some time resulting in Improvement Requirements in their Inspection Reports. In December 2019, the Hamilton Service was issued with a formal Improvement Notice that required improvements to be undertaken. The original notice, for a period of eight weeks, was extended to the end of May and then subsequently extended until 30 September 2020 because of the outbreak of the Pandemic.

- 3.3. Similar concerns were highlighted within the Rutherglen Service following an inspection in October 2019. This did not result in an improvement notice however, a decision was taken to initiate a moratorium on new referrals to enable the Service to focus on the improvement required.
- 3.4. The Services embarked on a significant programme of improvement to address the requirements arising from the inspection activity. This has been wide ranging and has involved the recruitment of new management teams that have developed and led improvement action plans aimed at bringing about positive change within the Service.
- 3.5. The Care Inspectorate had largely suspended its programme of Care at Home inspections during the Pandemic to enable it to focus on supporting services and the continued inspection of care homes in-line with temporary legislation. Services maintained weekly contact with the Care Inspectorate throughout the pandemic and the Care Inspectorate acknowledged that significant progress was being made within services. As a result of this progress, agreement was reached to lift the moratorium on new referrals in the Rutherglen service from the 31 August 2020.
- 3.6. The Hamilton Service was subject to a positive inspection in October 2020. This resulted in lifting of the Improvement Notice and agreement was reached to lift the moratorium on new services from 11 November 2020. This outcome reflects the exceptional work undertaken by staff within both services at a time when services were also working hard to respond to the challenges experienced because of the pandemic.

#### **4. Current Position**

- 4.1. As restrictions have eased, the Care Inspectorate have recommenced inspection activity within Care at Home services. Inspections have now taken place in Rutherglen and Hamilton Services, resulting in very positive outcomes with both services.
- 4.2. The Rutherglen Service was inspected in November 2020. Feedback from the inspection was exceptionally positive regarding the progress that had been made within the service and awarded the Service the following grades:
- how well to we support people's wellbeing 4
  - how good is our Leadership 4
  - how good is our Staff Team 4
  - how good is our care planned 3
- 4.3. Not only was this confirmation of the excellent progress that had been made but also an acknowledgement of the exceptional work that has been undertaken by staff within the service. The Care Inspectors were so impressed with the progress that they recategorised the Service from high risk to medium risk.
- 4.4. The Hamilton Service was subject to a further inspection in June 2021. Again, feedback from the inspection was exceptionally positive, highlighting the very positive steps that had been taken to improve the service and the improvements in the management of the service. The Service was awarded the following grades:
- how well do we support people's wellbeing 3
  - how good is our care and support 3

- 4.5. It should be noted that Inspectors highlighted that the service largely awarded grades of 4 for the sub-categories inspected and noted that continued progress in two areas would result in grades of 4 being awarded. These areas are currently being progressed.
- 4.6. Inspectors highlighted several areas of good practice during the inspection and were complimentary regarding the scale of improvement that had been achieved in such a short period of time, amid a pandemic. The Hamilton Service has also been re-categorised from high risk to medium risk. This again reflects the excellent work undertaken by staff within the Service.
- 4.7. The Services continue to be on an improvement journey. However, the outcomes highlighted above underlines the positive progress that has been made to stabilise the Services and ensure that service users receive services of the highest quality.
- 4.8. The Rutherglen and Hamilton Services will now return to an annual regime of inspections, similar to those experienced within the Clydesdale and East Kilbride Services.

## **5. Current Demand Pressures and Risks:**

- 5.1. A range of pressures are being experienced across health, social care, and social work services. NHSL have used social media to highlight the unprecedented levels of demand resulting from: increased COVID-19, maintaining and recovering services, and a shortage of staff due to annual leave or having to self-isolate as result of contacts outside work, or childcare arrangements where children require to self-isolate.
- 5.2. The pressures experienced in the three Lanarkshire hospital sites is at a level higher than would normally be experienced during the winter months and has a significant consequential impact on a range of community services, particularly the Care at Home service.
- 5.3. The same pressures are being experienced across the social work resource particularly Care at Home services. The issues are the same with a combination of COVID absences ranging from positive cases amongst staff to self-isolation due to close contacts. Over the past weeks we have in excess of 110 staff not available for duty. This is above normal absence levels as well as at a time when annual leave is higher due to it being a peak holiday period.

## **6. Current Position**

- 6.1. **Delayed Discharge:** With the success of introducing Planned Date of Discharge (PDD) the delays in hospital had moved from 120 plus March 2020 with a gradual decrease and running for a significant period 30-40 delays through winter and first 3 months of 2021. Delays are now increasing and over past 2 months have steadily been increasing rising to high 70's and are continuing to increase. This reflects whole system challenges and demand far outstripping capacity. The complexity of cases in the community continues to be a challenge with staff capacity.
- 6.2. **Equipment and Adaptation Service:** As a result of the complex interplay between C19, Brexit and the blockage in the Suez Canal, interruption in the supply of some metals and materials, particularly flame-retardant foam, has affected the availability of key equipment including commodes and hoists. Advice has been circulated widely within the H&SCP and in the three hospital sites about the importance of prioritising essential equipment.

- 6.3. **Move to Care Home:** negotiations are taking place with families for clinically fit for discharge patients to move to a residential home until their choice's options are available. This can only take place within an informed statutory framework and patients cannot be forced to move.
- 6.4. Negotiations and discussions with families and establishments is progressing on the basis that the increased activity and pressure on acute hospital sites, resulting in no available beds for acutely unwell patients, means that people who are clinically stable and no longer need care of an acute general hospital, will be moved to more appropriate care facility temporarily until the placement of their choice becomes available.
- 6.5. **Interim moves for people awaiting care at home:** The increased demand and pressure across the whole system has led to a difficult decision to consider interim residential care home placements on a respite basis for some adults who require care at home services to facilitate discharge. This requires careful discussion and negotiation with acute colleagues, the individual and family members / carers. Chief Officer has commissioned 12 emergency beds to facilitate some of these discharges.
- 6.6. To support the pressures and manage the impact of demand on the Care at Home, service managers have been holding daily huddles to share and manage priority cases. This is an ongoing prioritisation and reprioritisation of services to the community and in facilitating hospital discharge.
- 6.7. **Risks: Care at Home:** To manage demand and capacity pressures for new and existing work the following risks have been identified that are current, cumulative and intensifying:
- ◆ Missed visits, reduced, or suspended service
  - ◆ Delays in discharge from hospital
  - ◆ Delays in sourcing packages to meet need in communities
  - ◆ Service capacity dealing with critical and substantial only
  - ◆ Essential equipment not available
  - ◆ Redeployment from other essential services reducing capacities elsewhere
  - ◆ Health and wellbeing of staff compromised
  - ◆ Resilience amongst the management team
  - ◆ Increased concerns and complaints from public
  - ◆ Care Inspectorate concerns
  - ◆ Reputational damage for the council and H&SC Partnership
  - ◆ Increase expenditure on direct service
- 6.8. **Total Mobile:** System now fully implemented in Hamilton and Rutherglen localities. Clydesdale and East Kilbride will follow thereafter. Agreement reached to extend Microsoft 365 accounts to all Home Carers. Pilot to take place in Bothwell and Uddingston and new shift patterns being introduced for staff as Total Mobile is implemented.
- 6.9. **External Providers:** In terms of External Providers, capacity across the sector is exceptionally challenging with providers experiencing the same issues as highlighted for NHS and council Care at Home staff. Provider meetings take place fortnightly, and a group has now been established to develop procurement and consultation strategies going forward so in house and external providers are complementing each other's work.

- 6.10. A temporary variation to the Care at Home provider's contracts has been extended until 30 September 2021. This revised arrangement, will facilitate the retention of care packages for 3 days following admission to hospital. Voluntary moratorium in place for Care 1 following CI inspection grades of 2. Sustainability arrangements extended until 30 September 2021.
- 6.11. All alternative options to stand down other service are being considered however these pose alternative risks to services users. For example, the standing down of Day Centre support is not in the same position as previous lock down with carers families and supports furloughed or isolating. The capacity to offer this support is no longer viable.
- 6.12. **Oversight and Management:** Arrangements continue for Care at Home and wider system issues.
- ◆ Daily 8.30 Extended Management team calls re risks and pressures.
  - ◆ Daily Care at Home operational management team calls re hospital discharge.
  - ◆ Daily morning call re Care at Home community resources and prioritisation.
  - ◆ Continued participation in the daily PDD calls
  - ◆ Health and Social Care Partnership (HSCP) Emergency command structure stood back up chaired by Interim Chief Officer. Director of Social Work
  - ◆ Weekly meeting with Trade Unions

## **7. Mitigation Actions**

- 7.1. A scoping has been undertaken in relation to the unmet need in terms of hours and projected need to support current and future self-isolation. Also, with sustainability payments ceasing from September 2021, the service needs to prepare now for what will be increased demand due to providers not being able to sustain services as well as for winter planning. Recruitment and profiling in October 2021 will not give enough time for recruitment for carers or supervisor posts.
- 7.2. Financial projections and profiling of demand is currently being undertaken to address current demand and future demand. The current pressures are being described as winter pressures during the summer months, which is unprecedented.
- 7.3. In order to mitigate the operational risk as a result of the increase in demand, the HSCP has confirmed that increased costs will be incurred between September 2021 to March 2022 in respect of additional staff costs for the Care at Home Service, subject to workforce being available to recruit. This cost will also include the costs of uniforms, mobile phones, transport costs etc. There are also other costs being incurred in respect of the Covid-19 pandemic across both Health and Social Care Services.
- 7.4. The additional costs incurred in respect of the recruitment of the Care at Home Service and other Social Care staff to address the emergency response to the Covid-19 pandemic in 2021/2022 has been included in the Remobilisation Plan which has been submitted to the Scottish Government on 30 July 2021.
- 7.5. The Scottish Government have advised that current IJB Reserves are to be drawn down first before any further funding is made available. In respect of existing IJB reserves, there is a ring-fenced Remobilisation Fund reserve of £6.944m (SLC - £5.575m; NHSL - £1.369m). This was funding received in 2020/2021 to address the cost of the Covid-19 pandemic which was not spent in 2020/2021 but was carried forward to 2021/2022 through IJB reserves. All of this funding is held by Health. SLC will invoice Health to access this funding as appropriate, similar to last year.

- 7.6. There is an expectation that further funding will require to be sought from the Scottish Government to meet the total cost of the health and social care response to the Covid-19 pandemic in 2021/2022.
- 7.7. The IJB ring-fenced reserves funding and further Scottish Government funding made available, if any, is non-recurring. On the basis that it would be challenging to recruit to Social Care posts on a temporary basis, in order to mitigate the current and ongoing operational risks, approval has been given by the Chief Executive of South Lanarkshire Council to recruit staff on a permanent basis to mitigate the operational risks. The appointment of staff on a permanent basis will require an additional recurring funding contribution from the SLC partner from 1 April 2022.
- 7.8. The South Lanarkshire Chief Executive has linked with COSLA and the Scottish Government in relation to the current operational pressures and the recurring financial implications of these. There is currently an ongoing exercise being undertaken to scope the national pressures across all local authorities in relation to Care at Home. The Scottish Government have been advised of the financial risks associated with the service at this time and are being asked to make available a sufficient recurring financial settlement to meet the current and projected pressures.
- 7.9. The success of the recruitment drive will be dependent on the workforce availability. The risk of failing to deliver safe services to service users and carers is significant. There will also be a significant detrimental impact on the health and well-being of staff if sufficient additional staff capacity to meet the increase in critical and substantial complex care needs is not secured.
- 7.10. As highlighted above, the requirement to recruit staff on a permanent basis will require an additional recurring funding contribution from the SLC partner from 1 April 2022. At this point, there is no recurring budget available when the non-recurring ring-fenced reserve is exhausted.

## **8. General/Other Implications for Council/IJB**

- 8.1. Reputational risk and service user risk are identified as a consequence for the council and registered services where no action is taken to mitigate the risks.
- 8.2. The South Lanarkshire Council Chief Executive and the Chair of the IJB have been apprised of the current risks through a Briefing Report and the Chief Executive has engaged in discussions with COSLA and Scottish Government in relation to current pressures. The IJB Chief Officer and the IJB Chief Financial Officer are also engaging with national forums to contribute to the request for sufficient recurring funding from the Scottish Government to maintain safe services when the non-recurring Covid-19 funding is exhausted.

## **9. Employee Implications**

- 9.1. Staff wellbeing both physically and psychological is a key concern.
- 9.2. Management resilience across the Care at Home Service is a concern. Some of these posts are person dependent and the requirement to increase management capacity needs to be addressed as a priority.
- 9.3. Registration requirements could be compromised due to the safe staffing structures to meet current demand.

## **10. Financial Implications**

- 10.1. The use of the ring-fenced reserve is a temporary funding solution to meet the additional demands and further work to mitigate the financial risks is ongoing between the Chief Officer, Chief Financial Officer of the IJB and Chief Executive and Chief Financial Officer of South Lanarkshire Council.
- 10.2. The SLC partner will require to confirm a recurring funding solution effective from 1 April 2022.
- 10.3. At this stage, further Scottish Government funding for 2021/2022 has not been confirmed. Any further funding will be non-recurring. No additional recurring funding has been confirmed for social care services by the Scottish Government. The Scottish Government financial settlement for 2022/2023 is not yet known.

## **11. Climate Change, Sustainability and Environmental Implications**

- 11.1. There are no implications for climate change in terms of the information contained in this report.
- 11.2. There are no implications for sustainability in terms of the information contained in this report.
- 11.3. There are no implications for the environment in terms of the information contained in this report.

## **12. Other Implications**

- 12.1. There are no additional risk implications associated with this report.
- 12.2. There are no other issues associated with this report.

## **13. Equality Impact Assessment and Consultation Agreements**

- 13.1. Changes to policy and practice procedures to be mindful of the EIA's for protected groups.
- 13.2. There is a fortnightly Trade Union liaison meeting in relation to these demands and Trade Unions are aware of the challenges and supportive of a solution to ensure safe staffing levels and service delivery.

## **14. Directions**

- 14.1. The implications of the content of this report in respect of IJB Directions is summarised as follows:

<b>Direction to:</b>	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

**Marianne Hayward**  
**Interim Chief Officer, Health and Social Care Partnership**

Date created: 28 July 2021

### Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

### Previous References

◆ none

### List of Background Papers

◆ none

### Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Ian Beattie, Head of Health and Social Care

Phone: 01698 453701)

Email: [ian.beattie@southlanarkshire.gov.uk](mailto:ian.beattie@southlanarkshire.gov.uk)

Marianne Hayward, Interim Chief Officer / Director (Health and Social Care)

Phone: 01698 454354

Email: [marianne.hayward@lanarkshire.scot.nhs.uk](mailto:marianne.hayward@lanarkshire.scot.nhs.uk)