



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 13 December 2021

BY: Chief Officer

SUBJECT: Care at Home Services East Lothian

1 PURPOSE

- 1.1 To inform the IJB of the current, severe service pressure within Care at Home Services in East Lothian.
- 1.2 To inform the IJB of ELHSCP actions to mitigate the risks faced by service users and patient flow in NHS Lothian Hospitals caused by the severe reduction in Care at Home provision.

2 RECOMMENDATIONS

- 2.1 To note the content of this report and actions taken.
- 2.2 To offer continued support to ELHSCP Staff as they work under significant pressure to deliver Care at Home services to people who are most at risk within the community.
- 2.3 To note NHS Lothian Gold directive to move people who are clinically fit for discharge but await a Care at Home service to Interim Care Home bed.

3 BACKGROUND

- 3.1 Across Scotland the Care at Home market, *including both internal and commissioned provision* is unable to deliver care to all who have been assessed as requiring personal care within the community.
- 3.2 Service provision is set against agreed criteria, where by only needs assessed as substantial and critical are met by regulated care at home services.
- 3.3 Since July 2021 ELHSCP has been responding to the crisis as it emerged within East Lothian. Currently, we have at least two CAH providers at risk of collapse.
- 3.4 Such is the chronic shortage of Care at Home services across Scotland, that NHS Lothian are moving people who are medically fit for discharge into interim care home beds. This directive includes people waiting for Care at

Home support in their own homes. The movement of people in this way is being closely monitored and reviewed in East Lothian.

- 3.5 The precarious position, that providers are in results in a significant number of undelivered care. ELHSCP are receiving daily reports from providers regarding their status and of visits that can't be delivered.
- 3.6 Daily Care at Home Huddle was established in the summer to allow for a strategic approach to the Care at Home Crisis. Daily Sitreps are received from providers and the group works to be proactive and mitigate significant under- delivery of support.
- 3.7 A weekly Care at Home oversight meeting, comprising senior leaders from across the health and social care partnership, was established, with the aim of better understanding risk and developing actions to improve the situation. In addition, ELHSCP meets weekly with representatives from other Lothian HSCPs involved in managing care at home services, to share risks, challenges and learning. The group also feeds back to NHS Lothian senior leaders as necessary
- 3.8 East Lothian Care at Home risks have been compounded by having 92% of our Care at Home services provided by Independent and third sector providers.
- 3.9 East Lothian delivers Care at Home to 1,216 people (68% who are over 65yrs), providing 20,569 hours of support each week.
- 3.10 Within East Lothian we have 12 Care at Home Providers with 6 delivering to people over 65 on a time and task model. We have two internal Care at home services; Homecare and Hospital to Home, the latter supporting people out of Hospital, the former those within the community. We also have an Emergency Care Service, designed to respond to people who fall and palliative cases.
- 3.11 The quality of care by the Independent and third sector is closely monitored and on the whole to a high standard. However, the number of providers competing with each other for care staff and care packages has meant the efficiency of which Care at Home can be delivered is compromised.
- 3.12 One small 'off Framework' provider has ceased to exist, which has put additional strain on existing providers, including internal services.
- 3.13 The internal services have been gradually increasing since 2019, but recruitment is a slow and lengthy process. Although internal services have increased in delivery by 200 hrs per week, the external provision has decreased by nearly 1000 hrs per week.
- 3.14 This overall decrease in Care at Home has been the trend for a number of years; Figure 1

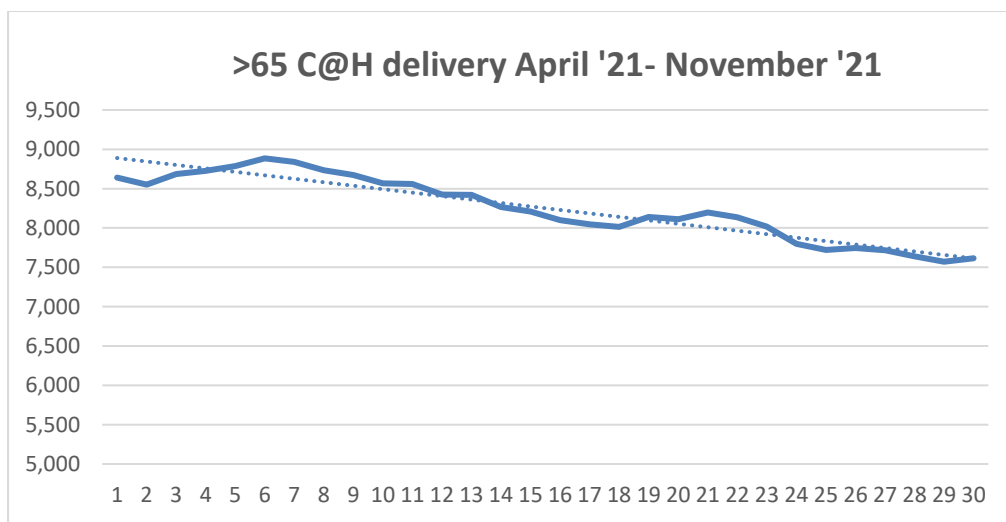
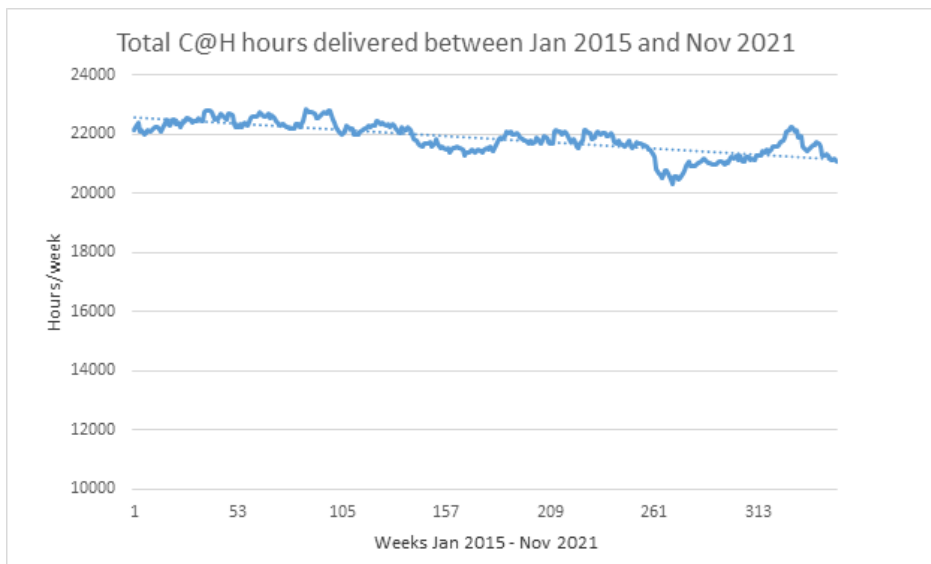


Figure 1 Decrease in Care at Home Hours

Month	July	August	September	October	November
65+ clients	850	848	854	825	830
65+ hours	9,004	8,856	8,937	8,511	8,400

Table 1 Care at Home hours and people Over 65

3.15 The table shows the reducing number of people being supported over 5 months

3.16 Providers for people under 65 particularly in Learning Disabilities and Mental Health Providers, are also under pressure, in terms of providing substantial care packages due to the reasons noted in the paper. The existing LD providers have managed small requests but are not staffed sufficiently to take on new significant packages (i.e. more than 10 hours) of care unless another service ceases.

3.17 The lack of care staff, has been true for a number of years but has been compounded by the result of the Pandemic and to some extent EU Exit, although the full impact of this is not yet being realised. Staff shortages are not unique to East Lothian and the following list outlines the significant contributing factors to reducing staff levels;

1. 'Burn Out' of care staff resulting in people leaving the sector
2. Care staff feeling undervalued especially after their response to the Pandemic, resulting in staff leaving the sector.
3. Prevalence of Covid-19 requiring care staff to self-isolate.
4. Demand for services outstripping the number of care staff available.
5. Poor Terms and Conditions (no travel time paid/ 40+ hrs per week) of employment within the Independent Sector and Living Wage of £9.50 per hour (raising to £10.02 December 2021) make the care sector an unattractive option. Many staff have been unable to maintain hours of work to allow a work: life balance. They recognise that without their support, many service users will be very vulnerable and therefore work hours far in excess of what they intended.
6. Other demands for a similar workforce within the wider economy offering enhanced pay rates, introductory payments and better terms and conditions that social care providers cannot currently compete with.
7. The increase skills required by care staff who are often required to complete complex personal care tasks, have an ability to communicate in writing complex and critical information at speed, be able to assess someone's health and social care needs and the deterioration in someone's condition in short visit times.

3.18 There is an average of 25% front line staff absence across all providers with a range from 10-43% at one time.

3.19 On 5th October 2021, in response to winter planning and system pressures, the Cabinet Secretary announced the national allocation of an additional £62 million for 2021/22, to build capacity in care at home community-based services. This recurring funding may help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers. However, there are no quick fixes.

3.20 The Scottish Government have also allocated £48million to allow HSCP's to fund all commissioned front line care providers, staff £10.02 per hr. This equates to a 52p increase in the previous rate. East Lothian is expected to process this payment in January 2022 (back-dated until December 1st 2021.) This may bring some people back to the sector, but is still short of other sectors who compete for the same staff.

3.21 Although the increase in funding is welcomed, further work on staff terms and conditions is required along with improved training and career progression to try and pull people back and attract new people, into the care sector. This will be ongoing program and require a national approach to have full impact.

3.22 Whilst staffing challenges require an ongoing national approach. We are continually working to develop solutions locally to address the challenges outlined above. The following have been put in place;

1. Enhanced clustering of providers by geographic area to reduce high travel time for care staff
2. Increased rehabilitative approach towards review care packages, so service users become less reliant on care that is no longer required.
3. Increased clarity across NHS Lothian and ELHSCP about assessing for outcomes rather than a service as a mechanism for meeting Service Users expectations and needs. There is also a need to make a stronger distinction between a professional assessment carried out with a service user and decisions regarding service delivery as not all assessed needs meet the criteria for a formal care at home service and can be met through other resources.
4. All service users have been rated as Red Amber or Green (RAG) to establish who is most at risk should limited care need to be further rationalised. This work is in conjunction with the providers so an informed decision can be made about where to direct care.
5. All care providers have been RAG rated – again to inform where we need to support to prevent provider failure. Or should this not be possible to manage provider failure with the least risk to service users.
6. We are working at providing ‘Crisis Response Teams’ around all our providers – this is a multi- disciplinary team with the aim of having the most up to date information on the service users who are supported by the provider, the provider current absence and delivery levels and working to have the most efficient delivery of Care at Home across East Lothian.
7. The review process across the partnership has been agreed and the process is being updated. This will ensure all reviews for care at home services are based on functionality and risk with a clear and evidence base for decisions that are made.
8. Development of an Integrated Community Assessment and Allocation Team – to co-ordinate requests for urgent delivery of Care at Home services and direct to those most in need. The team meet every morning to look at cases.
9. Increase the staffing within Support Plan Broker Team to provide additional management and administrative support. This will support the clustering and co-ordination of Care at Home within the Independent sector.

3.23 Unmet need has remained relatively stable since April 2021. This is a result of the stricter application of the criteria, better review and oversight of the capacity list, RAG process to identify urgency and iCAT model to capture system wide pressures. Increasing awareness that Care at Home

is no longer the go-to –option for all of social care needs. This is an area which still needs work with both professionals and public.

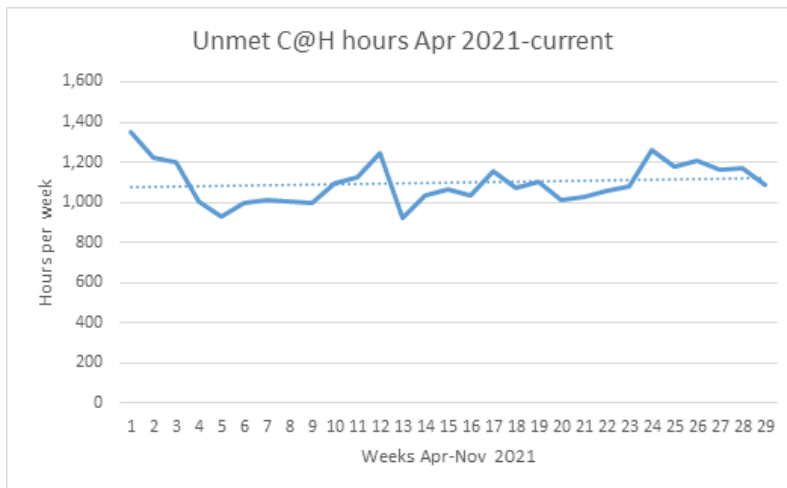


Figure 2 Unmet Care at Home need

3.24 There are a number of areas of work that still need to be developed;

1. The use of TEC to reduce the requirement on CAH.
2. A wider understanding with elected members and public on availability of Care at Home and what is available.
3. Life-curve training for all assessor who may refer people for a Care at Home service. This will help staff and users of services see how the provision of too much support can be detrimental to someone’s health and wellbeing.
4. Continued development of volunteer and community services as a preventative service and therefore reducing the impact on Care at Home services.
5. Increase staff resource to review existing service users and to allow for allocation of individuals who have had their care packages reduced or stopped but still have ongoing care needs. (Crisis Response Team)
6. Developing a process should we require to temporarily stop care to people who have a substantial need. This process will measure risk management of cases and review of individuals whose care has stopped or been reduced.
7. Improve recording of risk on an individual and visit level
8. Enhanced profile of agreed eligibility criteria so that staff, service users and carers all have an agreed reference point for service decisions.
9. Recruitment drive for Locum Care Workers to support internal services. Generating 4 locum care staff. Enhance recruitment team, to expedite the recruitment process.

10. Increase our internal Care at Home provision, in terms of actual care delivery as well as, recruitment support, quality assurance and review process. This would not only create capacity within the community, improve Hospital discharge times, further focus a rehabilitation model but also provide a greater degree of control over the Care at Home Provision and the associated risks.

3.25 The risks of this crisis are captured in ELHSCP risk register and are monitored.

4 ENGAGEMENT

4.1 We are working with Carers of East Lothian and VCEL to keep them updated on the current challenges and they are looking at what alternatives can be provided; use of micro-grants to carers, use of volunteers to support over short term, for non-regulated care tasks.

4.2 A communication strategy is being developed.

5 POLICY IMPLICATIONS

5.1 There is potential for policy implications with regard to the implementation of the Eligibility Criteria Policy. Further information is required to allow for a policy change and this will be communicated to the IJB.

6 INTEGRATED IMPACT ASSESSMENT

6.1 Not applicable.

7 DIRECTIONS

7.1 Not applicable, although consideration of; Care at Home development as a new Direction.

8 RESOURCE IMPLICATIONS

8.1 Financial –Reduction in Care at Home commitment.

8.2 Personnel – significant demand on all ELHSCP staff

8.3 Other – None

8 BACKGROUND PAPERS

8.1 None

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