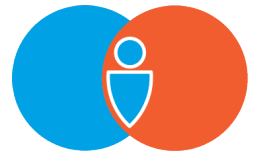


Agenda Item 7

Remobilisation Update



Falkirk Integration Joint Board

3 September 2021

Remobilisation Update

For Consideration and Comment

1. Executive Summary

- 1.1 The report provides an update on the progress of the Health & Social Care Partnership (HSCP) plans for Remobilisation, Recovery and Redesign during this period of the Covid 19 pandemic. The plan is in line with national guidance relating to fluctuating patterns of the virus in our community. The report gives a high-level summary of current actions being undertaken.
- 1.2 We remain confident that the HSCP Delivery Plan continues to reflect the direction that is required for services, and we continue to work towards full implementation. Progress over the course of the last two months has been slowed due to significant pressures across the health and social care system. This update reports provides some context to these pressures and the impact they have had on achieving the timescales previously set out in our delivery plan.

2. Recommendations

The Integration Joint Board is asked to consider and comment on:

- 2.1 the impact of systemic pressures and the impact this has had on previously agreed timescales
- 2.2 the current actions being undertaken by the HSCP to support the recovery phase of the Covid 19 pandemic, while recognising and maintaining a level of preparedness due to the fluctuating nature of the pandemic.

3. Background

- 3.1 The Covid-19 pandemic has had a significant impact on the HSCP's delivery of services for well over a year. During the initial stages of the pandemic lockdown, the partnership was able to move staff resources from one area to another. Some services were closed on a temporary basis releasing staff, and the HSCP commissioned additional capacity from external providers to meet demand across community care. This flexibility enabled the partnership to continue to deliver vital care services whilst responding to the numerous demands of the pandemic response and coping with staff absence.

- 3.2 Over recent weeks we have seen significant changes to this position brought about by a combination of the pandemic restrictions easing and an increasing community level of Covid-19. The demand for care @home has increased by 40% against a backdrop of staff absences and vacancies across the local system. We have seen a number of care agencies lose staff back into the food and hospitality sectors. The apparent increase in community spread has also led to a position where we have a significant number of staff across the sector being required to self-isolate and temporary closure of care homes to admissions. At the time of writing the report there are 7 Falkirk care homes closed to admissions. These issues have been further compounded by our on-going challenges to recruit to vacant posts within our internal care at home service and within our care Homes.
- 3.3 The Acute Hospital is experiencing similar pressures re staff absence together with increased attendances and increased length of stay, affecting the flow across the system. The NHS Chief Executive stood up Gold command on 16 August to coordinate strategic decisions and actions in response to the current demand pressures.
- 3.4 The increased demand in community referrals for care has made it more challenging to support discharges from hospital. These pressures are being experienced across Scotland with some NHS Boards suspending elective care. The Chief Officer is feeding into national discussions in this regard and is meeting locally as an HSCP tactical group with senior managers, supported by daily operational meetings.
- 3.5 In July the HSCP reached a point where our ability to delivery care services was greatly reduced both in terms of our own provision and that of the external market. As such, the partnership reached a point where we needed work with families and carers to review the level of care provided, to identify If any capacity can be freed up to meet the critical need of others.
- 3.6 In the early stages of the pandemic, the health and social care partnership took the decision to close our day services for both younger and older adults, and closed respite/short brakes provision. The staff from these areas were moved to work in other care settings to ensure we could continue to provide services to those in need of care and support.
- 3.7 In addition to the internal staff redeployments, we also worked with external providers to help them build capacity and moved to a model where we would guarantee provider allocation of work over the course of the pandemic. This guaranteed work, enabled many providers to go to advert and recruit additional staff.

- 3.8 The use of PPE and the social restrictions that were in place for much of the pandemic, initially saw limited community spread of Covid-19 and, we saw relatively low numbers of staff absent due to Covid-19 illness. Although staff across the care at home sector were still required to self-isolate following either a close contact exposure or where family members were Covid-19 positive, the number of absences in this category were still manageable given the additional capacity.
- 3.9 With the easing of restrictions, we have seen an increase in community spread of COVID-19 and this has had an impact on our available staff resource. This alongside the historically high numbers of vacant posts within the in-house service has meant that we have struggled over recent weeks to find sufficient capacity to deliver care at home services.
- 3.10 Whilst we have taken some steps to fill vacant posts and are currently proactively advertising a wide range of roles. It is worth noting that we are also competing for staff with the external providers too, and whilst we are hopeful that we will see some gains in terms of recruitment, we have reached a point where the staffing resource across both in house and external services is having a significant impact on our ability to provide care for individuals.
- 3.11 A number of external providers have recently begun the process of giving back care packages where they have been unable to provide staff to deliver services. This has added additional pressures on the in-house provision.
- 3.12 The table 1 below shows the current (and historic) data for the number of cases awaiting care packages of support. These are individuals, who have been assessed as requiring care, but where there is no capacity to provide that care at the point of assessment. As evidenced below, the current level of unmet care provision for our care at home services is considerably higher than at any period over the past three years.

Table 1

Referrals awaiting care packages			
Date	2019	2020	2021
1 - 2 July	15	10	141

4. Actions

- 4.1 Each locality team is reviewing people awaiting care in the community to assess the level of risk and priority for care. The team will be in regular contact with families to assess any change in need. The HSCP is working with the third sector to develop a range of alternative supports including meal provision to meet need.

- 4.2 The team has made some progress over the last few weeks to reduce the number of people awaiting packages of care and continue to explore ways to address unmet need.
- 4.3 Given the challenges outlined above, the HSCP partnership has taken the decision to review all those currently receiving care, with a view to reducing the level of care provided, where possible, so that any freed-up capacity, can be directed toward those in need and waiting for care.
- 4.4 We have written to people who receive our care to explain the current pressure and to advise that we may review their care package with them and their carer to adjust their care package, with their agreement.
- 4.5 We have written to our external providers and asked them to identify any individuals they work with to undertake similar reviews.
- 4.6 We have agreed temporary additional review and assessment capacity to work with our care at home services over the coming weeks to review all our provision in the hope that this will free up capacity whilst we go through the proactive recruitment process.
- 4.7 We have written to all our care at home service users, providers and our workforce advising them of the challenges and our proposed actions and informing them of our need to review their care.
- 4.8 As outlined in the Chief Officers update report, we have halted the expansion of our day service provision so that all available staff can continue to be deployed to support critical service delivery.
- 4.9 We have relocated staff from some areas to more critical roles to ensure safe ongoing delivery of vital services.
- 4.10 We are proactively recruiting to a significant number of vacant posts and are in the process of launching a wide-reaching recruitment campaign to fill vacancies, whilst looking at new ways of recruiting temporary support staff, through links with the NHS staff bank, the local colleges etc.
- 4.11 A press release has been prepared for wider communication if required.

5. Impact on Remobilisation Plan

- 5.1 Review of the remobilisation plan has highlighted that whilst a significant proportion of actions continue to be on track, there have been some areas which were due for completion by September 2021. Whilst staff had made significant progress toward achieving these timeframes, a number of these areas have been delayed and the plan (attached at appendix 1) has been amended to reflect these delays with a revised time scale of December 2021.

- 5.2 The leadership team and responsible officers are confident that the revised timescales will be met and have ensured that all critical areas have been addressed.
- 5.3 The actions in response to system pressures are summarised at Appendix 1 and will be incorporated into the remobilisation plan. Officers will provide a full update on the remobilisation plan at the next meeting.

6. Conclusions

- 6.1 The HSCP continues to make progress with the remobilisation, recovery and redesign of services and ask the IJB to note current progress whilst acknowledging the reason for delays and extended timescales.

Resource Implications

The initial estimate of the ongoing cost of the pandemic in 2020/21 is currently estimated at £7.928m (excluding the impact of unachieved savings). The position will be kept under review during the course of the year in line with our remobilisation, recovery and redesign plans. All Covid related costs are expected to be fully funded during 2021/22 via a combination of earmarked Covid reserves and additional Scottish Government funding.

Impact on IJB Outcomes and Priorities

This continues to contribute to the delivery of the HSCP Strategic Plan, Scottish Government improvement targets and improve outcomes for people and their carers.

Directions

No new direction is required.

Legal and Risk Implications

The risk of provision of care has been escalated into the HSCP risk register.

Consultation

No consultation is required.

Equalities Assessment

Any resulting changes to service delivery would be subject to an Equalities Impact Assessment to ensure all implications are considered.

7. Report Author

- 7.1 Martin Thom, Head of Integration

8. List of Background Papers

n/a

9. Appendices

Appendix 1: System Pressures Actions List



Appendix 1

System Pressures Action List

1.	Reduced Management Capacity across HSCP Care Homes due to Sickness Absence and Vacancies Impacting Care.
1.1.	Care Home Manager in place to oversee management arrangements for all council care homes.
1.2.	Staff deployed to manage individual care homes.
1.3.	CHART Team providing additional support to ensure are robust assurances processes in place.
1.4.	Care Inspectorate kept up to date of arrangements in place.
2.	Waiting List and Referrals for Packages of Care (POC)
2.1.	Written to families informing of the current system pressures and the need to review their current POC with critical criteria being implemented.
2.2.	Written to providers to ask them to review and identify where a service user could receive a reduction in their POC.
2.3.	Use identified capacity from reviews to bring down the waiting list.
2.4.	Look at 3 rd and voluntary sectors to provide safe & well / befriending calls to people on waiting list.
2.5.	Implement a risk assessment matrix for calls being made to people awaiting POC to identify any urgent need for care.
2.6.	Explore discharge to assess model to aid discharges from acute in the short term.
3.	Staff Absence
3.1.	Recruit staff in permanent posts to ensure continuity of service and retention of staff.
3.2.	Use NHS Staff Bank staff support care at home services alongside in house team.
3.3.	Explore NHS setting up a bank for health & social care staff.
3.4.	Recruitment drive scheduled in September with Forth Valley College Health & Social Care students.
3.5.	All staff within Health & Social care have been asked to volunteer to cover shifts at peak times where possible with training being provided.
3.6.	Working with DWP to explore potential opportunities to recruit people who are ready work.