



## **Falkirk Integration Joint Board**

**19 November 2021**

### **Improvement Plan/ Remobilisation Plan Update**

**For Consideration and Comment**

#### **1. Executive Summary**

- 1.1 The purpose of this report is to give an update on the progress of the Health and Social Care Partnership (HSCP) plans for Remobilisation, Recovery and Redesign during the period of the Covid-19 Pandemic.
- 1.2 It is highlighted that the demands and pressures on the system are such that we are very much still in response mode: ensuring the provision of safe services to the most vulnerable during a period of increased demand for services and reduced staffing availability. In recognition of this position, this report provides an overview of the actions undertaken during the period from September 2021, building on the IJB report on 3 September, and the actions planned over the coming months during the winter period.
- 1.3 The actions undertaken and planned align with the Integration Joint Board's Strategic Plan and associated Delivery Plan.

#### **2. Recommendations**

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

- 2.1 the current system pressures and the mitigating actions that have been and are being implemented.

#### **3. Background**

- 3.1 The Covid-19 pandemic has had and continues to have a significant impact on the HSCP's delivery of services. 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, demand for, and capacity to deliver health and social care services have experienced significant pressures:
  - There has been an increase in length of stay for unscheduled care admissions at the Forth Valley Royal Hospital, and delayed discharges

have been increasing over recent months (although at the time of writing this report is at the lowest figure for three months).

- There has been an increase in the number of people at end of life at home (around 45% increase from pre-pandemic levels).
- There has been an increase in demand for packages of care with a waiting list of 332 people on week of 8<sup>th</sup> November 2021. This is an increase of 32% over 13 weeks. For additional context, the waiting list figures for 2<sup>nd</sup> September 2020 was 32.
- Staff sickness absence levels are running at a level significantly higher than that seen pre-pandemic. Examples of increased absence can be seen within District Nursing in Falkirk which has an absence rate of 7.19% in September 2021 compared to 5.32% in January 2019. Across Social Work Adult Services average absence in 2019 was 9.19% and in 2021 is 11.93%.
- Provider organisations are seeking to and have handed back packages of care citing sickness absence and staff leaving as reasons.

3.3 The emerging demand reflects the impact of the extended period of the pandemic and lock down. Citizens may have delayed seeking timely care, they may have lost mobility and be experiencing the impact of the pandemic and isolation on their mental health.

3.4 This is resulting in increased demand across the whole health and social care system: more people are requiring a higher acuity of care. Concurrently with this, our staff and carers have been working above and beyond, facing unprecedented challenges, for a significantly extended period. This is resulting in staff and carer fatigue and with resultant impacts on health and wellbeing. The staff absence data reflects absence due to covid and self-isolation requirements, but additionally there are staff experiencing significant longer term health challenges, at a level that is higher than usual.

3.5 The impacts of these changes in demand and available capacity have resulted in significant pressures in the community and affecting flow in Forth Valley Royal Hospital additional beds have been put in place. There is increasing pressure on our already stretched inhouse services, alongside a number of external care at home providers handing back packages of care. We are working to avoid people requiring care not having access to the most appropriate care in the most appropriate place, to meet their desired outcomes.

3.6 Additional funding has been announced by the Scottish Government to mitigate the current challenges. Officers are working on a cross system basis (including both HSCPs, Scottish Ambulance Service (SAS), NHS Forth Valley, Resilience Partnerships, Councils, independent and third sector), through a command structure and other collaborative arrangements to identify, prioritise and implement solutions.

## 4. Actions implemented, underway and planned

4.1 A significant number of actions are being undertaken to address the pressures as set out above, these are summarised below, and build on the actions reported to the September IJB meeting:

### 4.2 Bed Based Care

Additional hospital bed space has been created in Falkirk Community Hospital and Bo'ness Community Hospital. This has been delivered with minimal staffing implications, recognising the staffing shortages that we are experiencing. This includes creating additional space through the relocation of the rehabilitation gym, at Falkirk Community Hospital, creating an additional four bedded unit, and re-categorising a lounge area into a single bedded unit.

4.3 The provision of increased intermediate care beds is being supplemented through a spot purchasing arrangement offering enhanced rates to care homes. This payment at the same time as the current underoccupancy payment stops, is anticipated to increase the availability of suitable places. This will support sideways moves from the acute and community hospital until the identified longer term care arrangement is put in place. The intermediate care beds will provide a reablement approach.

4.4 Care Homes have been asked to submit expressions of interest for potential available beds which would be suitable for interim sideways moves. Such moves would support people in a more appropriate place than an acute hospital while awaiting:

- a suitable package of care to support their return home, or
- while awaiting a place in their preferred long term care home.

4.5 Interim placements would be for a relatively short period and would include support to provide the rehabilitation and enablement approach that will enable service users to continue to recuperate during this period. A number of care homes have expressed an interest. Progress is now with contractual arrangements and to identify suitable patients who could benefit from this interim care place.

### 4.6 Supporting timely discharge

A proposal is being worked up in partnership with third sector organisations which will see patients supported home from hospital when they are clinically fit to do so. This support includes co-ordination within the hospital and linking in patients with localised voluntary and community support to meet their requirements.

4.7 The support may include: arranging transport including a volunteer travelling with the person to their home and undertaking a home safety check including: resolving any obvious trip hazards and ensuring basic supplies are available; arranging collection of any prescriptions; providing safe and well calls as required; providing basic food packages at time of discharge and following up with an ongoing shopping service, befriending and occasional

visit for heavier household tasks; linking in with community assets to ensure medium term supports as required.

- 4.8 It is anticipated that this approach will both ensure timely discharge from hospital reducing potential harms from staying in hospital longer than required, as well as reducing unnecessary readmission to hospital.
- 4.9 Scottish Government has offered to provide support to work to improve flow processes within the acute hospital. This includes a focus on: improving flow and in day capacity; reducing length of stay through a shift to a planned date of discharge from estimated date of discharge; and prevention of admission. This support includes subject matter expertise, analytical and critical friend support as well as hands on support to carry out observation of practice, to engage key stakeholders and support the rapid test of solutions.
- 4.10 A new contract has been put in place with a specialist provider to provide a reablement/ discharge to assess pathway that can support people who are clinically fit for discharge and no longer require an acute hospital bed, or intermediate care bed to be discharged home.
- 4.11 The reablement model takes place over approximately six weeks, and in a previous test of change demonstrated improvements in outcomes for people supported, reducing the care they needed and reducing unnecessary readmission to hospital. This provider will work closely with the HSCP Homefirst team to identify appropriate patients and ensure clear, efficient and streamlined communication with the person, their current service provider and future service provider. It is anticipated that this initiative will both improve outcomes for people supported and improve flow across the system. It will create more opportunities for the right care to be provided in the right place for those who need health and social care intervention.
- 4.12 **Care at home**  
To manage the challenges in Falkirk's Care at Home services, we are working in conjunction with Scottish Care and providers to enhance productivity by:
- identifying where packages can be transferred to create efficiencies
  - planning walking runs
  - supporting transport for providers where required.
- 4.13 While this approach may impact in continuity of care for some people, the approach will create a more sustainable model, allowing for greater continuity in the longer term.
- 4.14 In recognition of the limited care at home resource that is currently available, we have also asked providers to assess/ prioritise the people they are currently supporting in order to create capacity, by reducing support where clinically appropriate and safe to do so.
- 4.15 A project is developing to move from specific packages of care to time

bandings. It is anticipated that this approach will reduce the number of refusals of packages of care. A further project is developing which would see reduced single-handed care approaches implemented. The lead in time for this is over the winter period and the impact will not be felt until Spring 2022. The implementation of training and equipment will enable support to be delivered for some service users by fewer staff, freeing up capacity to provide care for more people in need.

#### 4.16 **Creating staff capacity**

The Covid self-isolation process for staff has been revised with support from Public Health and implemented to reflect the new national guidance. This has supported staff to return to the workplace at the earliest possible time, helping to reduce the resultant strains on the remaining workforce. This has been implemented in tandem with a revision to the admissions process for care homes, utilising a revised risk assessed approach, overseen by public health, to enable admissions to continue in care homes where it is deemed safe to do so.

4.17 A range of activities are ongoing to increase available staff to deliver care and support the delivery of care. These activities include:

4.18 Recruitment of NHS Bank Health Care Support Assistant Workers (HCSW) posts – advertised through NHS Forth Valley, this process has attracted around 80 preferred candidates, it is hoped that this additional capacity will relieve some of the pressure from our established staffing teams, helping to fill shifts that are vacant as a result of sickness absence and annual leave, providing some much-needed respite for our established teams.

4.19 Internal recruitment is ongoing, with a two-week cycle of advertising for high turnover posts. Work is ongoing with HR colleagues to minimise the turnaround period for the recruitment process.

4.20 Falkirk Council has put out a calling notice for volunteers to work specific shifts at peak periods. The focus for these volunteers is for work in care at home and care homes. At the time of writing this report, a small number of staff have volunteered.

4.21 Staff attended the Forth Valley College recruitment event in September, and as a result of this, a number of placements will commence in November, creating additional capacity in the system.

#### 4.22 **Communications**

A cross system communications subgroup has been formed, ensuring joined up communications across the Forth Valley health and social care system, enabling improved communications to patients going into hospital about what they can expect; as well as supporting timely communications to our service users about changes as they are implemented.

## 5. Conclusions

- 5.1 There are significant pressures in the health and social care system, both locally and nationally. These pressures are resulting from increased demands for health and social care, concurrently with a reduced available workforce. Falkirk Health and Social Care Partnership is working to address these challenges in a cross-system way, with colleagues from Falkirk Council, NHS Forth Valley, Stirling and Clackmannanshire Health and Social Care Partnership, third and independent sectors and our resilience partnerships.
- 5.2 The significant challenges are anticipated to continue throughout the winter period. The teams will continue to work to address the emerging challenges to provide safe care.

### Resource Implications

The ongoing cost of the pandemic during 2021/22 is currently estimated at £9.311m (an increase of £1.383m compared to the estimate previously reported). 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 (included unachieved savings) are expected to be fully funded during 2021/22 via a combination of earmarked IJB Covid reserves and additional Scottish Government funding.

Note that further national funding of £300m has also recently been announced to support services over the winter period and to provide longer term improvement in service capacity across our health and social care systems. Further details on the funding are expected to be issued in due course, however early indications suggest Falkirk will receive at least £6.313m.

### Impact on IJB Outcomes and Priorities

Although the activities as set out in this report are in response to the current extremis position, all are in alignment with the IJBs strategic outcomes and principles as set out in our Strategic Plan.

### Directions

The actions detailed in this report have been implemented in line with the delegated authority of the Chief Officer and are summarised in the Chief Officer report on today's agenda.

### Legal & Risk Implications

The risk relating to provision of care is included in the HSCP risk register.

### Consultation

The various activities as set out in this report have been developed in a consultative participative manner with relevant stakeholders.

### Equalities Assessment

There are no equality implications as a direct result of the report recommendations

## **6. Report Author**

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## **7. List of Background Papers**

7.1 IJB 3 September 2021, Remobilisation Update

## **8. Appendices**

8.1 none