**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
24 AUGUST 2022**

ADULT SOCIAL CARE SUSTAINABILITY

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   Note the ongoing concerns about social care sustainability.

1.2   Seek assurance from this report on the importance ascribed to this issue by the Health and Social Care Partnership (HSCP) and the work underway to improve sustainability.

1.3   Be made aware that proposals may come forward to the IJB around increasing sustainability which require service changes and / or have financial implications.

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1   IJB Risk 1 – Sufficiency and affordability of resource – the report highlights risks and work on going in relation to ensuring sufficient social care to meet our communities' needs.

3.2   IJB Risk 3 – Workforce capacity, recruitment, training, development and staff empowerment – lack of sustainable services may impact on the quality of care delivered and on workforce wellbeing.

3.3   IJB Risk 6 – Service/business alignment with current and future needs – the areas of work identified in this report are a priority and align to the short-term priorities of the Strategic Delivery Plan.

3.4   IJB Risk 8 – Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right time and place – the report sets out the assurances being sought in relation to the impact of unmet social care need on individuals and carers.

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4   Background

Issues

4.1   Aberdeenshire HSCP currently provides over 45,500 hours of care a week and supports individuals (approximately 2600 people) living in their own homes. There is general recognition, including from the Scottish Government that the adult Social Care sector continues to struggle with recruitment and retention of staff, and this is compounded by considerable challenges around meeting the demand for new care at home support packages. These challenges relate to a combination of factors including staff vacancies, staff absences and a high level of additional demand for care packages as well as an increase in the acuity of people's conditions leading to more complex needs. These pressures will be compounded by the predicted demographic increase in older people in Aberdeenshire. Although a level of unmet need has been long standing, it has increased over the last year.

4.2   The IJB recognises the pivotal role of social care and is committed to valuing our staff and colleagues in independent and third sector providers, including our Personal Assistant workforce. This commitment has been evidenced in the implementation of fair wages for both our social care staff and providers.

4.3   Aberdeenshire HSCP commission and provides in house a significant level of adult social care. Figure 1 below shows the number of hours of care at home and clients by **month**. This shows an increase in activity across 2020 to 2021 with a flattening off more recently which relates to a lack of capacity.
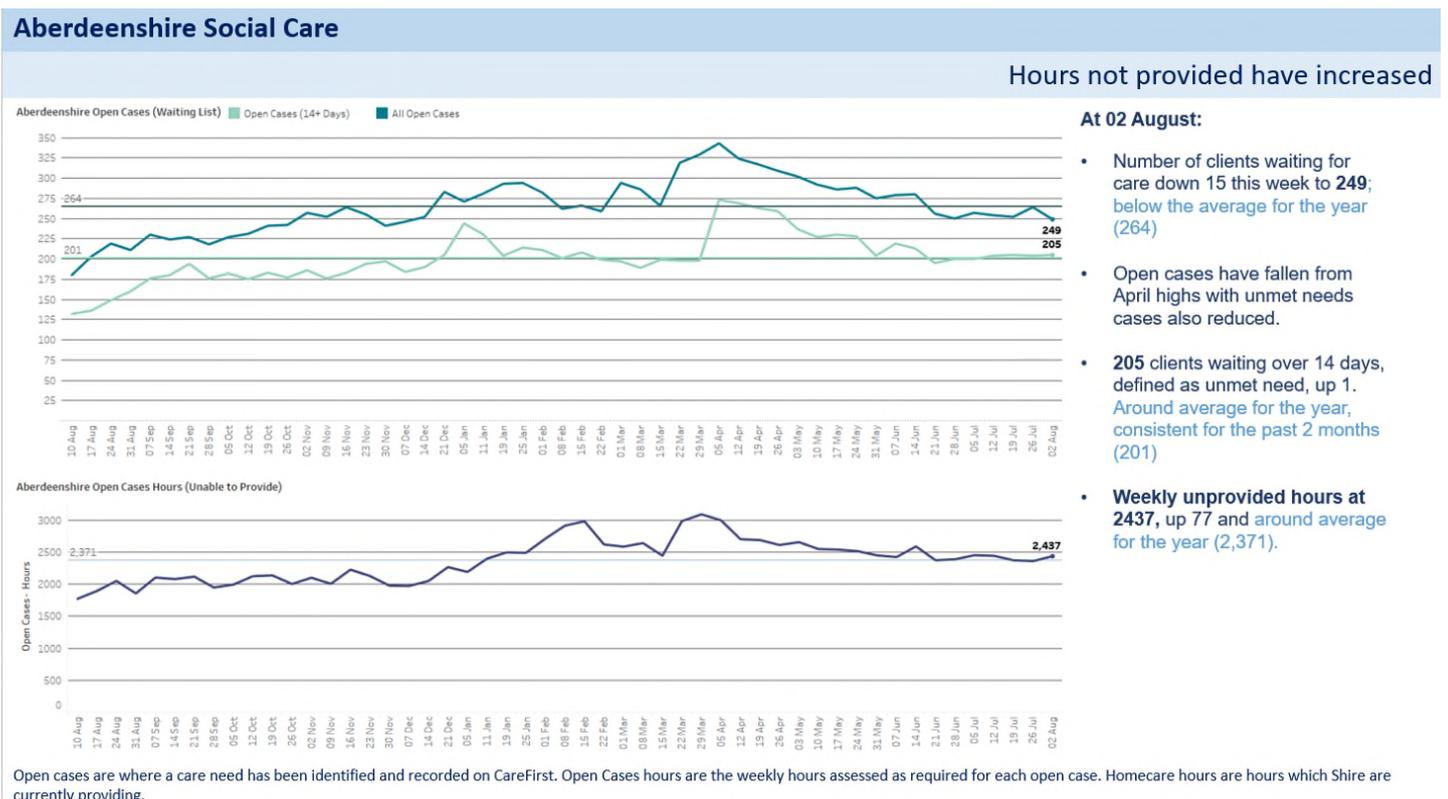
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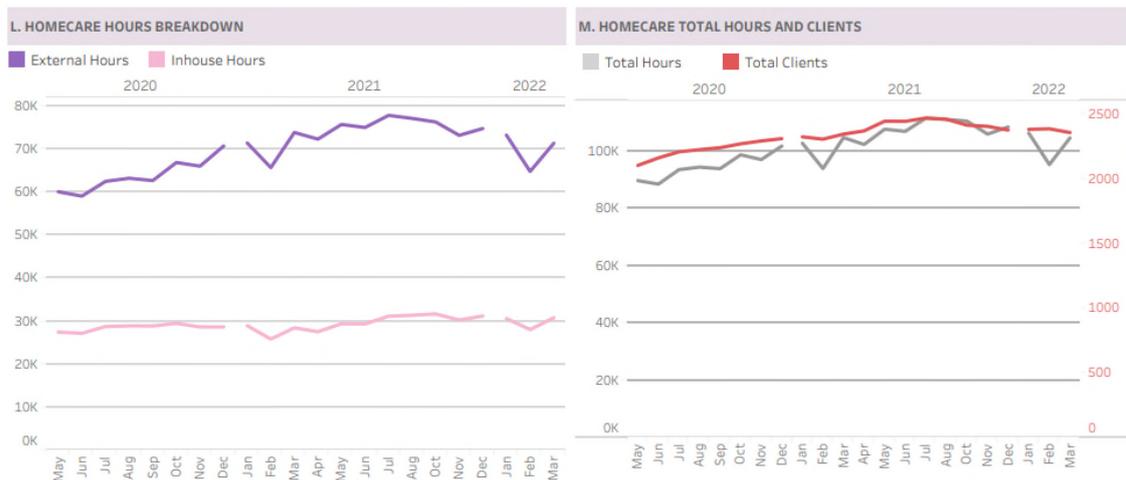
4.4   From April 2022, with the implementation of a new Support at Home Framework, the format of data reporting has changed. Data is now reported as Support at Home and includes both Supported Living and Care at Home activity. Figure 2 below shows the number of clients and **weekly** hours.

Figure 2

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SUPPORT AT HOME FRAMEWORK (weekly snapshot)

4.5 In common with all HSCPs, Aberdeenshire has a level of unmet need for social care as shown in Figure 3 below. This provides a weekly trend on care packages over the period August 2021 to August 2022. This shows that as of 2 August 2022, 249 clients were waiting for care with a total of 2437 unprovided hours per week (i.e. indicator of unmet need). Of these 205 clients have waited over 14 days for care and many will wait much longer than this.

Figure 3

Open cases are where a care need has been identified and recorded on CareFirst. Open Cases hours are the weekly hours assessed as required for each open case. Homecare hours are hours which Shire are currently providing.

4.6 Work has been ongoing mobilising our new Support at Home Framework. 31 suppliers, providing care at home and/or supported living services, have been admitted to this framework. The establishment of the Framework was informed by a test of concept and by benefits mapping activity, with a drive for outcomes-focused commissioning and weekly budgeting. Our commissioning approach and contract terms seek to support the sustainability agenda for our providers.

4.7 We are also working closely with our TSI, Aberdeenshire Voluntary Action (AVA). AVA continue to support and deploy the volunteers that they initially recruited in response to winter pressures. A project report from AVA will be received that will include volunteering output data, case studies from the participating volunteers, feedback from services and outcomes achieved and this will inform how the project might be extended for this coming winter.

Causal Factors

4.8 Challenges in social care delivery are being experienced nationally however there are issues particular to Aberdeenshire which impact on provider sustainability and our in-house recruitment and retention including the job market of other industries, our rurality and geography, travel costs and the cost of rural housing.

4.9 These challenges are being exacerbated by the increased cost of fuel and teams are reporting that staff are resigning to take up higher paid posts in other sectors, quoting travel costs and cost of living.

4.10 Through its plans for a National Care Service, the Scottish Government has set out how it would improve social care provision for individuals, families, carers and care providers. Planning for the National Care Service will take place through a co-design methodology; however, its implementation will not be in a timeframe to address current short term sustainability issues.

Additional Funding

4.11 The HSCP received £5.178m funding at the end of 2021/22 to fund additional interim care, care at home and multi-disciplinary team members. This was made up of £3.48m which was recurring and a non-recurring amount for Interim Care of £1.698m. Due to this being received late in the year, £0.630m was spent on new staff. The intention is that the non-recurrent underspend from 2021/22 is held in an earmarked reserve to support service capacity and redesign.

4.12 In March 2022 we received the 2022/23 allocation made up of £0.849m for interim care along with the full year effect of the recurring funding of £5.263m. The plan is to use this funding to recruit 169.83 full time equivalent posts at a recurrent cost of £5.160m. The range of posts include home care daytime and ARCH, care home (activity coordinators, cooks, care assistants, social care officers), care management, mental health social workers, occupational therapy staff and physiotherapists. As of August 2022, 71.43 full time equivalent staff have been recruited to at a recurrent cost of £2.457m and a further 98.40 full time equivalent posts are being advertised at a recurrent cost of £2.703m. Of the posts which are still vacant all but one are social care posts which highlights the challenges around recruitment.

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5   Social Care Sustainability Programme and Actions

5.1   To address the challenges around capacity for adult social care the HSCP has agreed with the IJB that social care sustainability will be a key priority for 2022/23. A range of actions are being progressed as described in this section including recruitment and retention as well as looking at managing need before it escalates, and greater innovation in how individuals are supported.

5.2   Overseeing this activity is the **Social Care Sustainability Programme Board** convened by the Chief Social Work Officer (which will have its first meeting in August). The purpose of the Board is to oversee a programme of work to create self-improving and sustainable social care services through cultural, system and transformational change. Project plans are currently being developed. There is no single solution to the issues of social care sustainability, consequently action is being progressed across a number of areas.

Main Actions

Training, recruitment and retention

5.3   We continue to be creative in our approach to addressing some of our current gaps in staffing. For example, we are offering different types of staff contract (fixed term and permanent) and flexible working to accommodate individual staff circumstances and enhance staff retention. We are also investing in other types of roles to free up frontline staff from more administration related tasks to focus on delivering more direct care to people.

5.4   We are increasing support capacity to staff around training, advice, and practice in areas of Self-Directed Support and Carers.

5.5   Over the last 9 months we have been actively promoting recruitment to our social care roles. Firstly, we participated in a Grampian wide campaign which brought in over 200 notes of interest to the roles we were promoting. Unfortunately, the rate at which those notes of interest converted into new staff was not as we would have wished and highlighted the downside of promotion on a Grampian wide basis. The difficulty in formulating a campaign when each area has slightly different criteria, job name and terms and conditions, highlights how difficult it is to do the right specific marketing to attract candidates.

5.6   Consequently, we have focussed our recent efforts on a much more local and targeted approach to attracting the right candidates. Our teams – from across the social care and health spectrum – have recently started to attend local shows and events to talk to people directly about what we can offer as an employer. The recent attendance at the Turriff Show was not only an opportunity to market the Aberdeenshire HSCP but also to speak directly to those who are looking for a new career. The initial feedback from these events have been positive. By empowering our local team leads to 'get out there' and recruit, one Care Team Co-Ordinator in the Aboyne area recently ran a small, local recruitment fair - complete with leaflet drop – and managed to recruit to all her open vacancies.

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5.7 We are recruiting to Care Management vacancies to allow us to increase our assessment capacity and we continue to deploy qualified staff from across our system to support where Care Management teams are experiencing staff shortages.

5.8 In terms of wider support, there are also a number of areas being developed to reduce the burden on Social Work/Care Management practice teams that should free up some of their capacity to complete community assessments:

- Increased capacity within the Social Work team at Aberdeen Royal Infirmary. Their primary aim is to support a quick and effective discharge.
- Increased capacity/roles around Care Home and Care at Home oversight which frees up frontline practitioners.
- Increased support capacity to staff around training, advice, and practice in areas of Adult Support and Protection, Self-Directed Support and Carers.
- We are maintaining our focus on our Training and Development team and the need for additional student practice capacity. Aberdeenshire already has successful student and newly qualified social worker programmes. However, work is in place to develop an additional Practice Development Post and we are looking to increase the capacity of the team to develop a strengthened programme for Social Care students and staff.
- We have recruited additional Occupational Therapists and Moving and Handling Assessors to strengthen our multi-disciplinary approach to assessments. Occupational Therapists risk assess the need for two carers to assist with support, with the aim of reducing this or minimising the length of time that both carers need to be in attendance.

In-House Care at Home – The Future Project

5.9 As outlined about Aberdeenshire has historically found it difficult to recruit to home care. This means we need to consider redesigning how we operate our in-house service. Underlying issues include a lack of flexibility in the rotas, availability of alternatives to requiring home carers to access their own transport, a lack of opportunities for succession planning / professional development as there are only three posts – home carer, care team co-ordinator (CTC) and team leader. Despite the increase in the complexities of service delivery, there are no formal opportunities for an experienced and competent home carer to support home carer development while remaining in a front-line caring role. New and innovative ideas are required to create posts that enable adaptability across the health and social care system and allow the opportunity for carers to learn different skills.

5.10 The aim of the project is to review the internal Home Care Service, to improve recruitment and retention and ensure the sustainability and quality of service delivery to meet unmet need and service users' outcomes. The project will consist of the following workstreams:

- Recruitment and retention
- Home Care Service posts and structure
- Staff and service development
- Review of the four pillars model

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5.11 The project is led by the Stonehaven Location Manager and each Home Care Manager leads on a workstream. Engagement and collaboration with home care service staff, trade unions representatives, other services, service users and informal carers and other stakeholders will be integral to all the workstreams.

5.12 **Phase 1 initiation and planning:** Further objectives will be developed in the next phases of the project depending on initial findings and options to be taken forward. An ambitious timeline has been set, reflecting the priority of this issue for the HSCP.

Recruitment workstream:
- Develop and implement a recruitment strategy
- Monitor the vacancies and trends in recruitment and retention of home carers – increase the rate of recruitment.

Home care service posts and structure:
- Evaluate the current service structure and develop proposals
- Evaluate options for home carer hybrid posts and opportunities for cross system working.

Staff and Service Development:
- Identify the training needs and create an initial training plan
- Develop a proposal for addressing the transport requirements of the service
- Identify the administration requirements for the service
- Evaluate rotas and shift patterns.

Review the Four Pillars Model:
- Scope the model and its effectiveness.

Project deliverables	Deliverable	Expected delivery date
	Produce and implement an Aberdeenshire recruitment strategy.	31 October 2022
	Produce an options appraisal for the home care service structure and posts.	31 October 2022
	Produce an options appraisal for hybrid posts and cross system working.	30 December 2022
	Produce an initial training plan.	31 August 2022
	Produce a proposal for transport and admin requirements.	31 August 2022
	Evaluation of rotas and shifts.	31 September 2022
	Scoping of the evaluation of the four pillars model.	31 September 2022

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Project benefits	Benefit	Target date	Measure	Present value	Target value
	A decrease in vacancies.	June 2023	Staffing Vacancy data.	*832 hours per year*	*416 hours per year*
	A decreasing trend of unmet care need.	June 2023	Hours of unmet need reduced.	*791.17 **average** Aberdeenshire hours per week*	*395.59 **average** Aberdeenshire hours per week*
	Increasing trend in staff retention	June 2023	Staffing vacancy data	*March 2022 **average** Aberdeenshire CTC – 92.4% Manager – 100% Home Carer – 70.1% Responder – 69.8% Relief Home Carer – 49.5%*	*June 2023 **average** Aberdeenshire CTC – 100% Manager – 100% Home Carer – 90% Responder – 90% Relief Home Carer – 70%*
	Increased staff well-being.	November 2022	Survey on Engagement HQ		
	Staff feedback about training.	October 2022	Survey on Engagement HQ		
	Increase in positive reputation.	June 2023	Care Inspectorate grades and feedback. Service user surveys. Decrease in complaints. Increase in complements.	*North 2020 – 5,5,5,5 Central 2022 – 5,4*	*All Services and Inspection Areas - 5*

5.13 The following progress has been achieved:
- The Project name agreed as 'In-house Care at Home – The Future' – 160 responses were received from the Home Care Service to decide the project name.
- Project Charter completed, and 3 Project Boards Meetings have been held.
- The Workstream Leads have formed their project groups and are completing terms of reference.
- Paper presented and approved at Senior Management Team meeting for transformational funding for one year for posts to expedite the project.
- Engagement Session with staff arranged for 1st September and staff focus group created.
- A June Staff Briefing was circulated to inform staff about the aim of the project and to request their engagement and collaboration.

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- Benefits advice has been provided for staff and an online information session about applying for Universal Credit is arranged for 19th August.

Re-enablement

5.14 Pre-covid the Rehabilitation and Enablement approach was piloted in Aberdeenshire, with dedicated teams established in three areas. The REACH pilot was evaluated by Robert Gordon University and demonstrated that, in the main, service users were enabled to be more independent with a reduced need for formal care following 6 weeks of rehabilitation and enablement. A strategic decision was taken to mainstream rehabilitation and enablement with our core community health and social care teams and a steering group established to progress this. However, data on its implementation during the pandemic shows that the pathway has not been implemented consistently by all teams.

5.15 The steering group was reconvened in April 2022 to support embedding this practice. A phased approach to implementation is proposed. The first phase running from August to end of October 2022. The focus of the first phase is:
- Implementation of the pathway on discharge from Aberdeenshire Community Hospitals and Secondary Care
- Establishing an accurate baseline for community referrals to care management.

6 Partnership working across Grampian HSCPs

6.1 At the request of the Chief Officers of Aberdeen, Aberdeenshire and Moray HSCPs, a workshop was held on 1st August 2022 to explore and agree options to collectively maximise efficiency and create consistency in areas of the Care at Home journey across Aberdeen, Aberdeenshire and Moray HSCPs.

6.2 HSCPs identified the following 4 areas to start working on together to maximise efficiency and create consistency:
- Discharge to Assess
- Education/communication with public to manage expectations
- Moving away from 4 times a day care being the default
- Recruitment and Retention.

7 Assurance and Care at Home Oversight

7.1 Aberdeenshire HSCP's **Clinical and Professional Oversight Group for Care at Home and Community Health** was created to provide assurance that the current risks created by shortages in care delivery are being effectively identified, monitored and managed. The group meet twice weekly and report directly to the Chief Officer AHSCP (and to the Chief Social Work Officer).

7.2 The members of the group are responsible and accountable for: the provision of professional oversight; analysis of data and current issues; and the

development and implementation of solutions required to manage care at home and community health pressures, and monitors local measures taken to manage current levels of risk.

7.3 All individuals in need of new or additional care provision, in Aberdeenshire, have been risk assessed and measures put in place to ensure that the absence of these supports does not put them at risk of harm. Care Management and providers have contingency plans in place to identify service users when changes to care provision may be necessary. This can include reliance on family members/unpaid carers, use of respite services or increased time spent in hospital, as well as the provision of essential care only. These plans are reviewed locally and feed into Location area management of the risk. Social Workers, Care Managers and Homecare Co-ordinators remain in regular contact with service users and their carers, to ensure that the risk does not increase, and that care is sourced timeously.

7.4 There are weekly, twice weekly or daily contact between Care Management and service providers (based on staffing and risk level being reported) to ensure that gaps in provision are risk assessed and alternative arrangements put in place. This can again involve a short-term requirement that family members/unpaid carers provide the care, mutual aid across providers as well as the use of urgent residential placements, if care cannot be found.

7.5 In addition to monitoring the number of hours and individuals affected by unmet need, the Oversight group receives assurance that individuals do not wait for care indefinitely. The Clinical and Professional Oversight Group for Care at Home and Community Health requires each area to have a reporting mechanism that provides assurance that the above actions are being maintained.

7.6 Aberdeenshire HSCP operates the Grampian Operational Pressure Escalation System (G-OPES) which defines levels of pressure on the health and care system and links these to actions. Feedback from Clinical and Professional Oversight Group for Care at Home and Community Health and a weekly Staff Escalation Tool is provided to daily HSCP meetings which reviews service pressure and put contingencies in place.

7.7 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

8 Equalities, Staffing and Financial Implications

8.1 A high level Equalities Impact Assessment was completed for the Strategic Plan 2020-2025. The work described in this paper is in line with the strategic plan. Implementation of aspects of the strategic plan could result in unintended negative impacts on certain population groups.

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8.2 An equality impact assessment is not required because this is an update report. As the project work undertaken by the programme develops, periodical reviews of impacts on equalities will be considered and if likely an updated EIA will be completed and brought to the IJB at a suitable juncture, i.e., when taking a strategic decision

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Report prepared by Pam Milliken, Chief Officer
Date: 08 August 202

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