

South Ayrshire Council

**Report by Head of Community Health and Care Services
to Cabinet
of 23 April 2024**

**Subject: Current Risks and Mitigations in Community
Assessment and Support**

1. Purpose

- 1.1 The purpose of this report is to provide an update on the management of risk for those people who are in the community and in hospital awaiting a Social Work assessment or Social Care support.

2. Recommendation

2.1 It is recommended that the Cabinet:

- 2.1.1 **considers the risks facing community services (identified in paras 1.2 to 2.5 of [Appendix 1](#));**
- 2.1.2 **acknowledges the improvement activity and resultant improvement to date (identified in paras 1.1 to 3.2 of [Appendix 1](#)); and**
- 2.1.3 **endorses the improvement activity being taken to mitigate the risks for those awaiting community services referred to in recommendation 2.1.2.**

3. Background

- 3.1 There continues to be considerable focus nationally and locally on reducing the number of people waiting in hospital to transfer home or closer to home, otherwise known as delayed transfers of care.
- 3.2 Although data is collected nationally and locally on unmet need in the community, the focus remains on those in hospital. This presents a risk to individuals in the community whose needs have not yet been assessed.
- 3.3 Where care is required but not provided, this may lead to needs not being met and result in people tipping into crisis and subsequent emergency presentations for either health or social care.
- 3.4 This paper provides in [Appendix 1](#) an update on both delayed transfers of care and unmet need in the community and the improvement actions being taken to improve support and the resultant improved outcomes for people who need our services.

3.5 Further detailed background information is provided in [Appendix 1](#).

4. Proposals

4.1 It is recommended that the Cabinet acknowledges the improvement activity and resultant improvement and continues to endorse the ongoing improvement actions.

5. Legal and Procurement Implications

5.1 There are no legal implications arising from this report.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 Not applicable.

7. Human Resources Implications

7.1 Not applicable.

8. Risk

8.1 Risk Implications of Adopting the Recommendations

8.1.1 There are no risks associated with adopting the recommendations.

8.2 Risk Implications of Rejecting the Recommendations

8.2.1 There are no risks associated with rejecting the recommendations.

9. Equalities

9.1 There are no implications to equalities within this report.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to Priority 4 of the Council Plan: Efficient and effective enabling services.

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13. Results of Consultation

- 13.1 There has been no public consultation on the contents of this report
- 13.2 Consultation has taken place with Councillor Lee Lyons, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.

14. Next Steps for Decision Tracking Purposes

- 14. If the recommendations above are approved by Members, the Head of Community Health and Care Services will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

Implementation	Due date	Managed by
None	Not applicable	Not applicable

Background Papers **None**

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Date: **12 April 2024**

1. ***People Awaiting Social Work Assessment and Review***

1.1 The most recent data for 28 February 2024:

- 14 people awaiting assessment in hospital (up from 12 in January).
- 191 people (down from 235 in January) awaiting assessment in the community.
- 118 people (up from 97 in January) who require a service review. 16 of these are outstanding 3months beyond the 12month review target.

1.2 The main challenges remain with a reduction in capacity due to absence and vacancies within the Social Work teams although a number of vacancies have now been filled and it is expected that these will make a positive difference over the next quarter:

- 3 vacancies (down from 9).
- 3 long term sick.
- 2 maternity leave.

Work continues to fill the remaining 3 vacancies and minimise sickness absence across the teams.

1.3 There continue to be a range of activities that all teams undertake to manage risks associated with unallocated cases:

- Waiting list reviewed at least weekly by the Team Leader and allocations are prioritised as required to effectively manage risk.
- Team Leader uses duty resource to visit individuals as required to review their situation.
- Duty workers triage and make contact with Service Users to ascertain if their situation has changed and inform team leader in order that allocations are prioritised in regard to risk and need.
- Screening visits are also taking place where there are concerns being raised. Service Managers review statistics weekly and discuss risk management with Team Leaders.
- Service Managers work together to redeploy workers if necessary to address areas of high risk (The Prestwick team supports the Troon team for instance).
- The community waiting list forms part of the daily reporting within South HSCP and is reviewed weekly at the Delayed Transfers of Care and Community Services Oversight Groups.
- Everyone who is either awaiting an assessment or is awaiting a service have been offered support by VASA who can provide telephone befriending, wellbeing checks, support with meals or drop off medication.
- Agency staff are being used within the Ayr South Team.
- A discharge to assess process is being used with work being allocated across the locality teams to take pressure off a stretched hospital team.

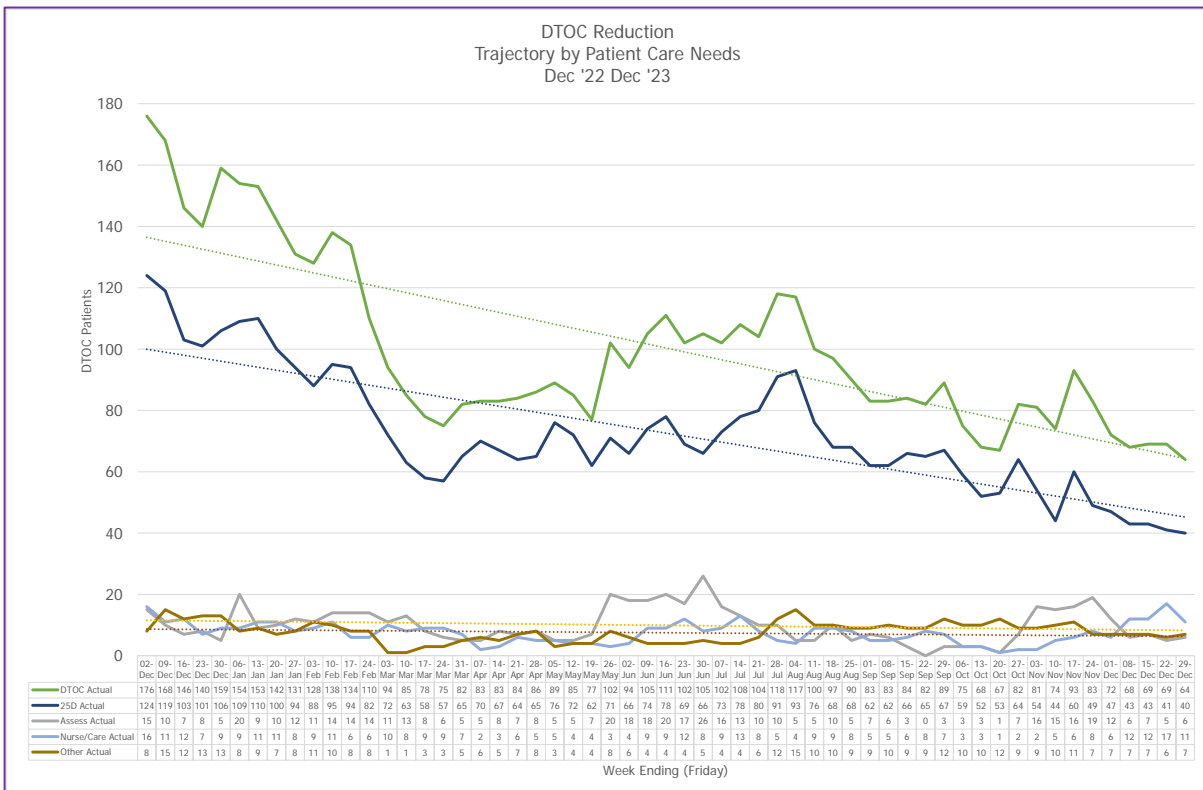
2. People Awaiting Care in Hospital and the Community

2.1 On 28 January 2024 there were:

- 70 people in hospital experiencing a delayed transfers of care (down from 83 in January). 59 of these were “standard” delays with 11 being related to guardianship.
- 85 people assessed and awaiting care in the community (up from 70 in January).

The number of standard delays has reduced significantly between 2 December 2022 where delays peaked at 176, and 1 December 2023 where standard delays had reduced to 72 (Fig 1). This is a reduction of 104 beds and equivalent to three and a half wards.

Figure 1. Delayed Transfers of Care December 2022 to December 2023



2.2 Demand

Demand for care has stabilised over the last 6months (Table 1) with a 3% reduction in demand for Care at home and a 1% increase in demand for care home places.

Table 1/

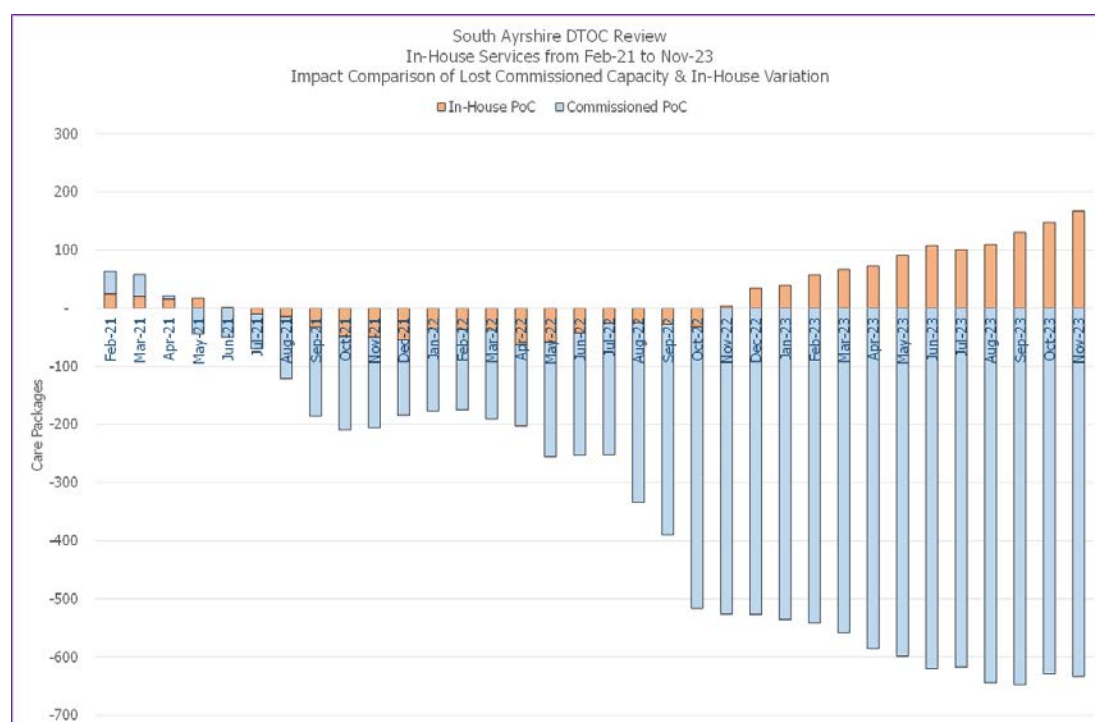
Table 1. Demand for Care (Number of people receiving and waiting for care)

Care Type	May 2023	January 2024
Care Home	887	898
Reablement	91	91
Private Care at Home	738	676
In House Care at Home	411	433
Care at Home Waiting	147	149
Total CAH demand	1387	1349

2.3 Capacity - In House Services

An additional 110 in house care at home posts were recruited to during 2023 providing capacity for an additional 220 service users. This additional capacity is beginning to have a positive impact with a net gain of almost 200 places but is not sufficient to make up for the loss of capacity in the private sector (Fig 2).

Figure 2. Private and In House Care at Home Capacity 2021-2023



2.4 Capacity - Commissioned Care

Private providers are also struggling to recruit and retain staff, and many are either struggling to provide the quality or the quantity of care required. There has been a further 30% reduction in available capacity since September 2022, a 50% reduction overall since April 2022 within commissioned services (Fig 2) (5,800 commissioned hours per week now being delivered, compared to 12,000 hours per week in April 2022 and 6,600 in June 2023). This is a loss equivalent to well over 600 care packages.

Even taking account of the recent in-house recruitment there has been a net loss of approximately 540 care at home placements. However, recent data shows that the sector seems to be stabilising.

2.5 Activity

In house services deliver an average package of 7.3 hours (Up from 6.8 in May 2023) per week and external providers deliver an average package of 8.3 hours (down from 8.5 hours in May 2023). Work to review care packages has resulted in the average number of hours being delivered by the private sector reducing by 15% over the last 12months but remaining 13% above that delivered by in house services. Work continues to improve the efficiency of both in-house and private care activity.

2.6 Queue

The result of improved recruitment into Care at Home, stabilisation of the private sector and the success of initiatives to reduce demand has resulted in a reduction in the backlog for Reablement (Fig 3) and Care at Home (Fig 4) with the combined queue reducing from 331 in January 2023 to 149 in January 2024.

Figure 3: Queue for Reablement

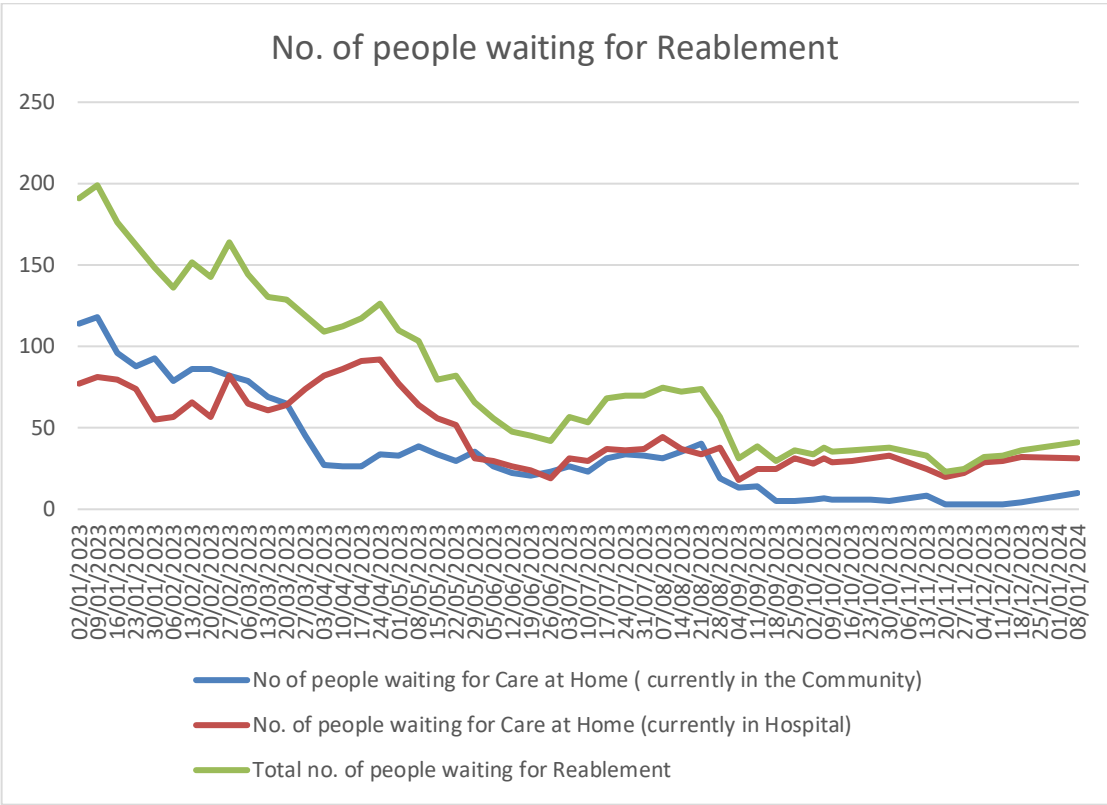
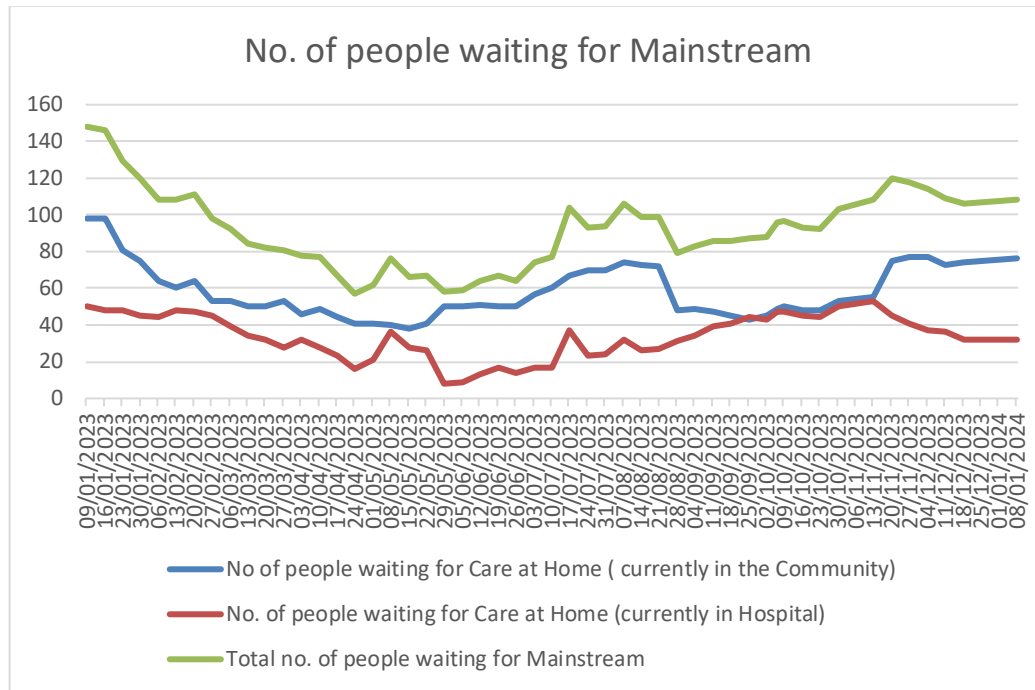


Figure 4/

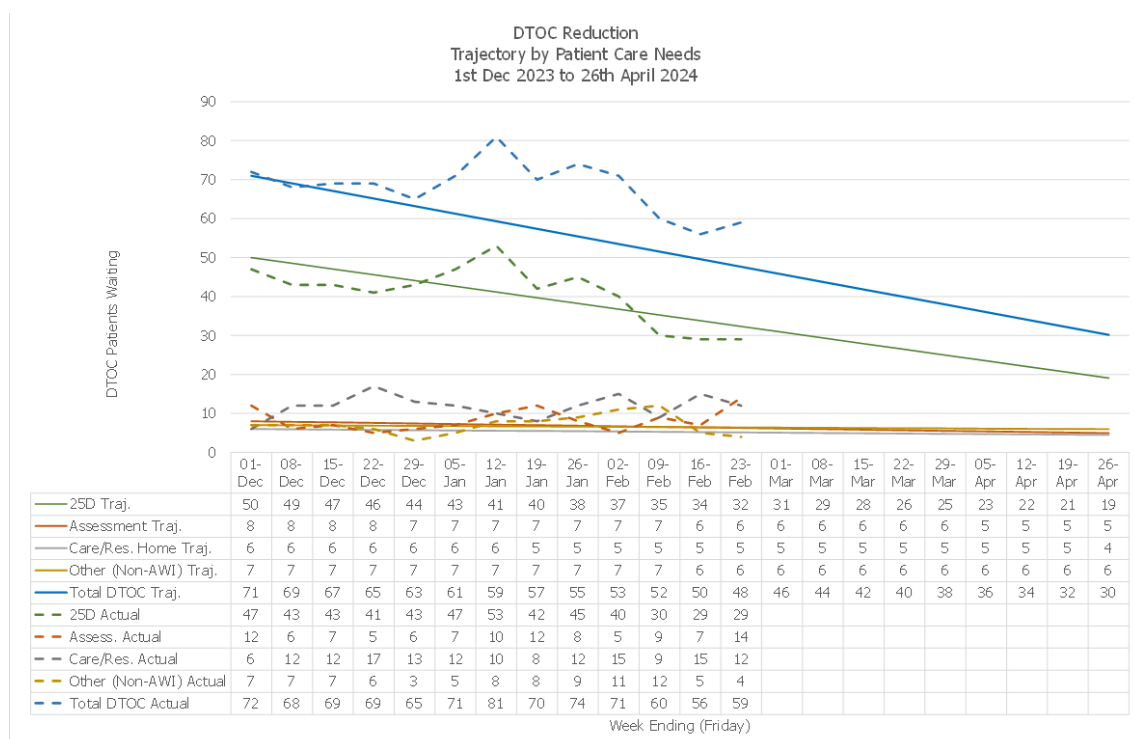
Figure 4. Queue for Care at Home



3. Ongoing Monitoring of Trajectory and Improvement Actions

3.1 Having missed our improvement trajectories during 2023, a new improvement trajectory has been set for winter 2023-24 with the aim of reducing standard delays to 30 by the end of April 2024 (Fig 5). This improvement trajectory is based on the rate of improvement seen during 2023 and takes account of that all anticipated improvements set out in the 2023-24 Winter Plan have been completed. Currently improvements in care at home delays are meeting our trajectory but overall delays remain above trajectory primarily because of higher than anticipated delays related to Social Work assessment and care home places.

Figure 5: Delayed Transfers of Care Trajectory and Progress



3.2 **Benchmarking**

South Ayrshire have demonstrated the greatest reduction in delays this month compared to the rest of Scotland and we now have the fourth greatest number of standard delays (a significant improvement having had the highest rate of standard delays for almost 2yrs).

4. ***Summary and Recommendation***

- 4.1 Over the recent period since June 2023 there has been a relative stabilisation of the private sector, strong recruitment and retention in the in-house care at home service and further improvement work such as Discharge to Assess. This has resulted in an improvement in the number of delays in both the Community and Hospitals. Despite challenges within the Social Work Teams there have also been improvements in performance although more recent data shows a slight deterioration in both.
- 4.2 The situation remains precarious with continued challenges within the private sector, two care homes under investigation and further improvements heavily reliant on improving efficiency within Care at Home and Social Work teams.
- 4.3 Short term mitigations remain in place to ensure that people are not left without support and are reviewed and reprioritised as necessary on a regular basis.
- 4.4 Recent benchmarking data demonstrates that South Ayrshire are improving more quickly than other partnerships across Scotland and are no longer have the greatest number of standard delays. The team were recently awarded a Certificate of Excellence in the UK Public Sector Improvement Awards as a result of the focussed improvement approach to the work.