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Older People, Carers and Unscheduled Care Performance Report

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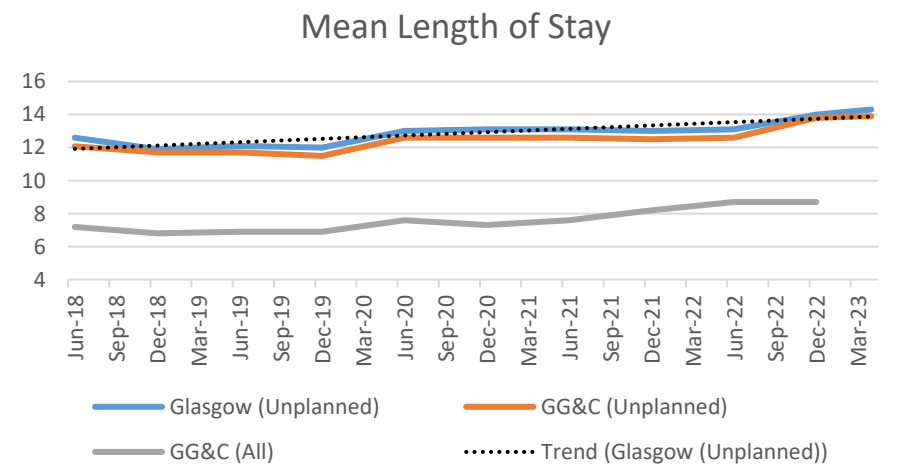
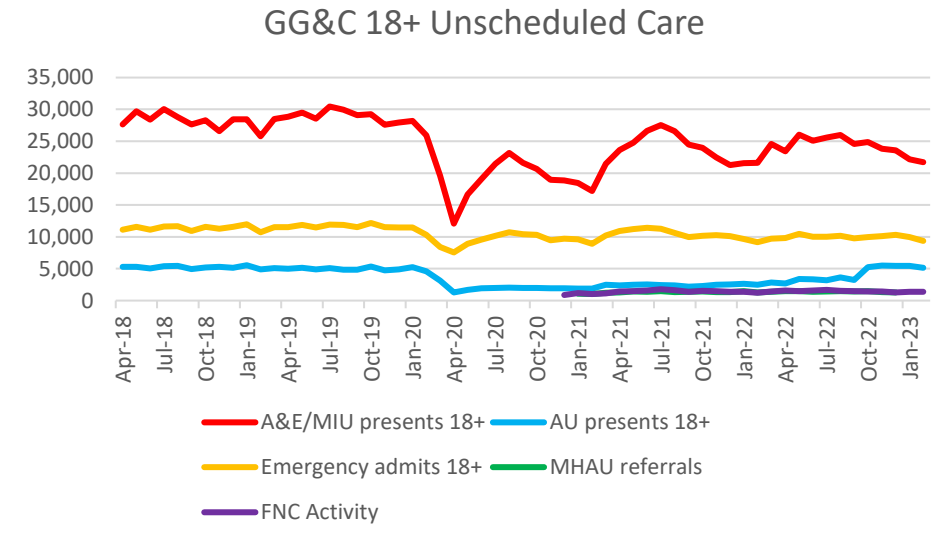
19 Apr 23

Performance Summary

- Improvement in overall performance since previous quarter.
- Good performance across a range of areas – Residential Care, Supported Living, Adults with Incapacity, Carers and Telecare.
- Areas of challenge – Intermediate Care, Reviews in Home Care and Residential Day Care, Delayed Discharges and Occupational Therapy assessment waiting times.
- However, recent improvement trends illustrate some of these service areas, too.
- Aimed to focus on strategically significant service areas.

Unscheduled Care

- ED presentations have reduced from c30,000 per month to just over 20,000 in the past almost 5 years.
- More service users are being diverted into planned care or dealt with in community through initiatives such as the Home First Response Service and Hospital@Home.
- Combined with steady admission rates this suggests that EDs are seeing more people who need emergency care and less who don't.
- However, uptick in length of stay trends likely to be indicative of an increasingly frail population, per demographic projections and impact of pandemic.



- The HSCP continues to achieve its KPI target related to the number of new carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
- Carer support remains a key strategic priority for the HSCP.
- Improvements made throughout 22/23 to meet legislative requirements were². :
 - Glasgow Social Work Governance Board has approved updated Carer Assessment Policy and Practice Guidance to embed carer awareness in practice.
 - Organisations and individuals can access Carer Aware Briefings to help deliver Glasgow Carer Strategy commitment to making Glasgow a carer friendly city.
 - Increased investment in 9 x carer services SWS Carer Team posts to support carers during pandemic recovery and support delivery of HSC Connect.

² <https://www.gov.scot/publications/national-carers-strategy/documents/>

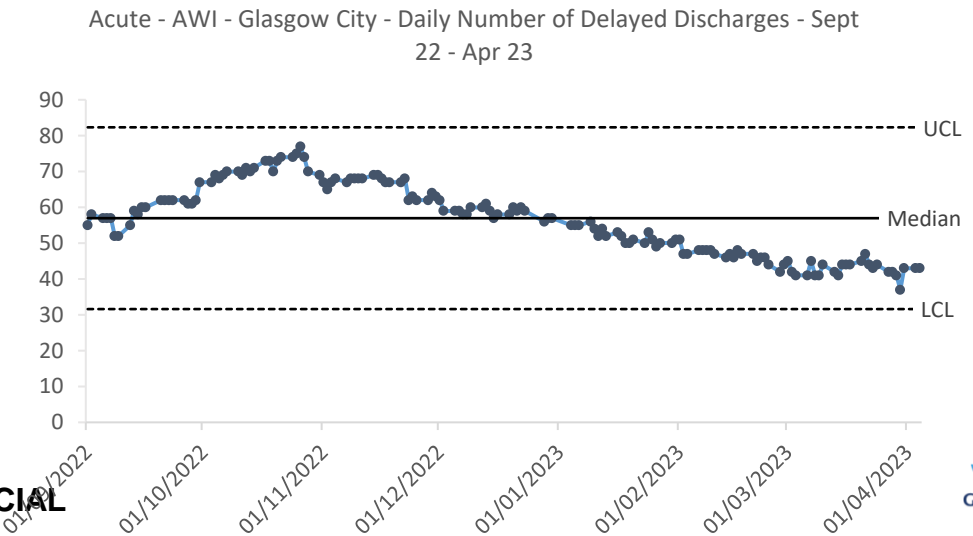
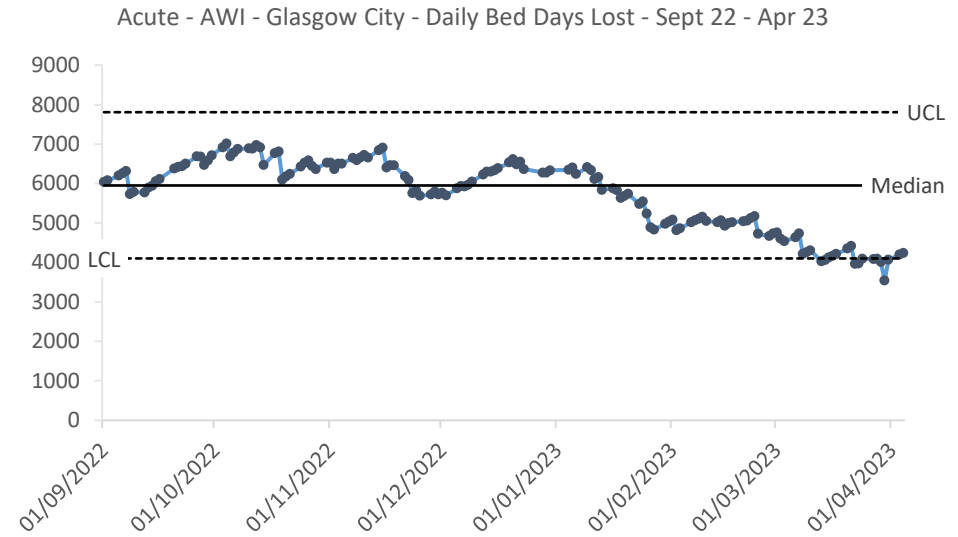
Dementia Post Diagnostic Support

- Target is 100% of service users access the service within 18 weeks of diagnosis
- Caseloads have continued to increase; i.e. by 53% between 2021 and 2023.
- This trend is expected to continue during 2023/24.

- Investment in increased staffing key to improved performance - £320K to increase Link Worker cohort to 15.4 wte; a further investment of £180K for 3 Post Diagnostic Support Social Workers (January 2023).
- Mental Health, Renewal and Recovery Funding from Scottish Government has underwritten this investment – awaiting confirmation of 2023/24 allocation.
- Performance has improved markedly – waiting list has reduced from 619 in January 2021 to 121 in January 2023 (more than 80% reduction).

AWI trends 6-month snapshot, 1st Sep '22- 1st April '23

- Decrease of bed days lost moving from approx. 5,960 to 4,100 (31%)
- Approx. decrease of daily AWI Delayed Discharges by 38% (57 to 43) throughout this period.
- Winter planning monies in 2022 provided 2 additional solicitors (Sep '22) increasing legal support available.
- Senior solicitor's expertise focused on supporting complex AWI cases (private).
- Top reasons for delays throughout period include; family disputes & private solicitors delays and MHO reports.



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- Hospital Discharges to Care Homes; Sep 22 (42) Mar 23 (34) 35% of referrals required care and support from a Care Home.
- The legacy of Covid has remained, Covid guidance still influences Delayed Discharges; from Hospitals to bed availability in Care Homes. ScotGov Covid funding has ceased.
- Care Home workforce fatigue and an observed apathy toward spring booster programme for staff directly employed within Care Homes (approx.18% of staff in sector vaccinated). The recruitment and retention of a skilled workforce within Adult Care Homes remains a significant challenge and priority for the Scottish Government.
- Viability concerns across the provider sector, particularly care homes are the highest in memory due to inflationary pressures; i.e. staffing, utilities and catering costs – 6 care home closures within 2 years.
- Increasing numbers of extremely complex adults (under 65) delays, requests for care and support whose needs cannot be met by the community within the Care Home Sector.

¹ [Open with Care: supporting meaningful contact in adult care homes – principles - gov.scot](https://www.gov.scot/publications/open-with-care/supporting-meaningful-contact-in-adult-care-homes-principles/pages/1-1-introduction.aspx)
(www.gov.scot)

Care at Home 22-23

- HSCP Home Care Services supports approx. 5,000 service users and has delivered an average of approx. 93,500 visits per week (as of 31st Mar '23).
- 68% of all referrals are from hospitals, of which 20% start within 4 hours of being referred. Average 151 per week. Less than 8% at Discharged OOHS or at Weekends.
- Average hours referred per patient - 12.08 20/23 , up from 12.01 Hrs – frailty levels, complex needs. 99% are 7 day services.
- 2928 service users were supported with a reablement service throughout 22/23 with 1015 (35%) who didn't need mainstream care home service after reablement. 1913 (65%) of reablement service users reduced care hours required by 22%. 100% of all service users are screened for reablement in order to maximise independence , critical to capacity with Home Care.
- Community referrals are prioritised based on eligibility on average 60 a week , no unmet needs beyond 72 hrs
- Budget pressures 2023 /24 will reduce capacity

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Challenges 2023/24

- Challenging financial conditions, per recently agreed IJB budget.
- Continuously high demand levels – “winter all year round”.
- Acute hospital demand drives social care demand, particularly in Older People’s Services.
- Recruitment and retention of staff in a highly competitive jobs market.
- Continuing viability challenges to key third and independent sector partner providers.
- Uncertainty regarding the potential implications of a new National Care Service.

Opportunities 2023/24

- Build upon established cross-system working and learning within GCHSCP and with external partners; e.g. strategic partnership with Strathclyde University (proactive application of data to support effective early interventions; testing Carers App).
- Application of technology; e.g. via the ongoing preparation for the Analogue to Digital Transition by 2025.
- Seek benefits from ongoing whole system working across GG&C; e.g. co-ordinated pandemic response; whole system approaches to unscheduled care.
- Engagement with the IJB's developing Maximising Independence programme; i.e. support in the right place at the right time via the ongoing development of HSC Connect and community assets.