



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

WINTER PLANNING FOR HEALTH AND SOCIAL CARE

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To inform and seek approval from IJB on the Plans to be put in place to fully utilize the funds for Winter Planning for Health and Social Care as set out by the Cabinet Secretary for Health.

COMPETENCE

2. This report sets out the financial and operational implications of the plans for the parent bodies and other partner organisations.

BACKGROUND

3. The new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health in Parliament, is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade-unions and non-affiliated staff-side representatives. All monies whether given in a form of an allocation to the NHS or to Local Authority in a form of Grant must be passed onto the IJB in full. Any monies not spent in year should be carried forward for the same purpose set out below.
4. All the winter planning preparations are predicated on four key principles:
 - Maximising Capacity – through investment in new staffing, resources, facilities and services
 - Ensuring staff wellbeing –ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
 - Ensuring System flow – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
 - Improving outcomes – through our collective investment in people, capacity and systems to deliver the right care in the right setting.





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SUMMARY OF MAIN FUNDS

5. Below is a table of the main funds that will be provided under the banner of Winter Planning, following is a description of the main 4 funding items.

Allocations/Grant	R/NR	Funding to NHS/LA £	Funding Advised or Received £	Funding for 22/23 £
Workforce Wellbeing				
Workforce Wellbeing - Primary Care & Social Care	NR	NHS	13,370	TBC
Workforce Wellbeing - NHS	NR	NHS	14,692	TBC
Health and Social Care Support				
Interim Care	NR	LA	248,000	124,000
Care at Home Capacity	R	LA	384,000	768,000
Multi Disciplinary Teams	R	LA	124,000	248,000
Up Lift to Social Care Staff	R	LA/Direct	TBC	TBC
Health Care Assistant Support (x7)	R	NHS	100,500	201,000
Nurse Director Support for Care homes	NR	NHS	120,000	TBC
			0	1,004,562
				1,341,000

INTERIM CARE

6. Interim Care Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.
7. Outcome Required: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available).





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People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

8. Western Isles Health and Social Care Partnership Plan: The Western Isles is in a similar position the mainland Scotland in that securing interim capacity is challenging. However the requirement to maintain capacity with acute/community hospitals is pivotal, particularly to ensure robust winter resilience plans. The local plan is predicated on 3 core elements and is supported by £248k (non-recurring funding) announced by Scottish Government:
 - Interim beds-likely mainland provision to be determined on a case by case basis. Funding will be used to extend family support through travel or use of technology (ipad/tablet) for video calling. Note the schedule indicates that consent is required but remaining in hospital is not an option
 - Funding 3rd sector partners to support additional interim capacity in partnership with existing services
 - Extend funding for self-directed care for time limited period

The above will require robust discharge planning (Planned date of discharge) to optimize the funding and deliver on the outcomes

EXPANDING CARE AT HOME CAPACITY

9. Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.
10. Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.





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11. Western Isles Health and Social Care Partnership Plan: The funding will support the recruitment of 16.88 WTE roles. This is predicated on NHS terms and conditions (mid point band 3).

The rationale for basing the recruitment on NHS terms and conditions draws on recruitment practice for CnES and NHS WI in the first 6 months of the financial year. The summary below is a comparison for similar roles in the Health and Social Care Partnership. The comparison is for Health Care Support Assistant and Care at Home/START/Reablement posts:

	Post advertised	Applicants received	Posts appointed	Fill rate
CnES	38	78	20	53%
NHS WI	11	68	10	91%

The posts will be community based with the expectation that the successful candidates will work across the health and social care system,

Please note permission requested (**see Recommendations**) for 16.88 WTE whereby the funding must pass in full to the Integrated Joint Board as outlined in the finding schedule from Scottish Government. Both sources of funding are recurring (see section 5).

MULTI-DISCIPLINARY WORKING – Including the recruitment of 1,000 Health and Care Support Staff (7 for NHS Western Isles)

12. Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues. Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services. Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multidisciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services. Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent





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avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

13. Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.
14. Western Isles Health and Social Care Partnership Plan: Colleagues are asked to note that the funding for 7 posts is calculated on NRAC share and will sit within NHS WI finances. It is anticipated that 2 of the roles will be dedicated to the Hospital at Home service to build on early success with the balance of the roles being focused on partnership arrangements between Primary Care and Community Nursing. The funding is recurring (see Section 5).

SOCIAL CARE PAY UPLIFT

15. The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants and staff providing Sleepovers. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct 2 support through all SDS Options. This funding will enable pay for these workers, in these services, to be uplifted from at least £9.50 per hour to at least £10.02 per hour.
16. This funding will take effect from 1st December 2021. Due to the nature of this uplift, in direct response to winter pressures, Local Government and Integration Joint Boards will be working through the required governance, legal and contractual arrangements at pace to deliver this and best endeavours will be made to get this funding to providers and PA employers in December to allow for payment in December salaries. Where this is not possible, funding will be back dated and provided for all hours worked from 1 st December 2021. If all paperwork is returned by providers in due time and order, payments will be made before or during February 2022.
17. The Chief Financial Officer at the time of writing this report does not know if payments will be made directly to providers after their returns to the Scottish Government or via Local Authority Grants





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RECOMMENDATIONS

18. The following are the recommendations of this report, seeking the IJB to:

- Note the plan for appropriate care and support for people who are unnecessarily delayed in hospital;
- Approve the establishment of 16.88 wte Health and Social Care Workers through NHS Western Isles terms and conditions;
- Approve the transfer of grant to NHS Western Isles for expanding care at home capacity on the understanding any underspend is held in IJB reserves for the original purpose of the fund; and
- Note the plan for Multi-Disciplinary Working.

Nick Fayers
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Integration Joint Board 16.12.21

Agenda Item: 6.1.1

Purpose: For Approval



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