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Agenda Item: 11.

## **Integration Joint Board**

**Date of Meeting: 13 December 2023.**

**Subject: Respite Pressures within Older People's Residential Services.**

### **1. Purpose**

1.1. To update Members on the respite pressures within Adults and Older People's Residential services and to inform of mitigation actions being undertaken.

### **2. Recommendations**

The Integration Joint Board is invited to note:

2.1. The current pressures regarding respite provision.

2.2. The work identified to refocus the position of home being the default place for individuals following a hospital inpatient episode.

2.3. The performance landscape of onsite respite provision for 2022/23 and for the first six-month period of 2023/24.

### **3. Background**

3.1. There are many different types of respite care but for the purposes of this report the focus will be on respite provision requested to take place within Older People's Residential services, namely: St Rognvald House, Hamnavoe House and Smiddybrae House. There are a total of nine identified beds for respite across all three sites with a mixture of Dementia and Physically Frail beds in each facility. The breakdown is as follows:

Care Home.	Dementia Respite Beds.	Physically Frail Beds.
St Rognvald House.	2.	2.
Hamnavoe House.	1.	2.
Smiddybrae House.	1.	1.

3.1.1. Within Hamnavoe House there is a 10 bedded wing (Brinkies) that currently is not utilised. There has been discussion regarding what the model of this wing should look like e.g. respite provision only; step up/step down facility; mixture of both. However, those discussions aside, there is no financial resource to support the recruitment of staff for this wing and even if that is resolved there is no workforce availability or capacity across the system to allow a transfer of staffing to support the wing becoming operational.

3.2. Much has been written about the world post COVID-19 with the impact on NHS Boards, Local Authorities and Health and Social Care Partnerships being highlighted across media outlets regularly regarding demand, planned/unplanned care, waiting times, workforce, recruitment and retention. For many individuals the needs of the people they cared for intensified during the pandemic with the restrictions contributing to a deterioration in the condition of the person(s) being cared for. This in turn, post pandemic, has led to greater carer stress and fatigue and further affected the mental health and wellbeing of those individuals in their caring role. Subsequently the consequential impact of lockdowns, restrictions and retraction/cessation of some service areas, are now being experienced across every health and care service area within Orkney, which is similarly mirrored across Scotland. The increased numbers of referrals in Orkney sit alongside greater complexity of need.

3.2.1. Over the course of the first six months of the financial year 2023/24 the referrals for respite within the three residential care homes, in particular, has continued to increase as has the request for permanent beds within the same three sites. Therefore, both waiting lists have increased. Unfortunately, as a consequence of the increased referrals for permanency the numbers of individuals delayed in hospital have increased and have fluctuated between five and nine each week over the first six month period of 2023/24. At the weekly Resource Management Meeting (RMM) there have been weeks where, due to the high level of delayed discharges, the RMM membership has agreed to allocate a respite bed to an individual, delayed in hospital waiting on permanency, in order to reduce the delayed discharge figures. In doing that, it has meant the reduction in respite bed capacity until that individual has been allocated a permanent bed. This in turn has meant individuals waiting on respite have remained on the waiting list for longer periods of time.

3.2.2. The respite beds are all fully utilised for the majority of the time. On the occasions that this has not been the case it has been due to:

- Choice of location/care home not being what has been requested for respite period.
- COVID-19 outbreaks.
- Extreme workforce pressures.
- Admission/re-admission to hospital of respite service users; or
- Individuals have had to postpone their planned respite period due to other personal/family situations that have arisen.

3.3. The pandemic has led to changes in public attitudes, behaviours and expectations and managing all of those things is even more crucial, going forward, in order to deliver person centred and outcome focused services, to those whose needs are greatest, in a climate of greater resource and financial pressures.

3.3.1. Within services a Strength and Asset Based ethos requires to be more embedded into assessment practices with a focus on what individuals can do and have in their lives and their communities rather than what they cannot do or do not have.

3.3.2. There is work ongoing to refresh the Eligibility Criteria for Social Care and to re-establish with partners, stakeholders and the public that, remaining at home or returning to home, is the default position. Earlier interventions at the point of admission to hospital assists in greater planning opportunities for when an individual is clinically ready for discharge and this approach also promotes a more seamless continuum of the assessment process when the individual returns home.

3.3.3. Desktop bench marking exercises have taken place over the last few months to review work undertaken across some of the other Health and Social Care Partnerships as Strength and Asset Based approaches have been adopted alongside the refresh of their Eligibility Criteria. It is anticipated that within Orkney this work will be concluded first quarter of 2024 with a further report being brought to the Board in April 2024 with the outputs, actions and recommendations for progression.

## **4. Performance Information**

4.1. Over the course of 2022/23 and for the first six months of 2023/24 services have seen a rise in respite requests as well as seeing an increase in individuals requiring permanency within a care home setting. During 2022/23, for many of the individuals, who had initially entered the care home for a period of respite, it became apparent, once in the care home setting that their long-term conditions had deteriorated and returning home was not a realistic option. Those individuals and their families/loved ones had been coping pre respite admission in the best way possible but once the respite period had commenced and everyone involved had been able to reflect on the circumstances at home, for many of those individuals and their families/loved ones, there was a realisation that returning home again was not feasible. This was confirmed by a social work assessment. Most of those individuals had some form of support package at home prior to the respite admission, however, in the majority of cases the respite request had been asked for to give the main carer a break from their caring role.

4.1.1. Given the majority of the main carers were spouses of similar ages to the looked after individual, many with co-morbidities of their own, and, as outlined earlier in this report, had seen a decline in their own health as well as that of the individual they cared for, it was not surprising that so much of the respite provision then translated into permanency. However, as the demand for permanent care home beds also increased in 2022/23 this increase from respite to permanency meant that respite individuals were occupying a respite bed while waiting on a permanent placement to become available.

Therefore, this reduced the number of available respite beds in the system for use solely as respite as those beds were occupied by individuals waiting on a permanent bed becoming available.

4.1.2. The trend graphic that presented in 2022/23 is not unique to Orkney but given the size of Orkney's population, demography, geography and the very limited resources available, this makes that graphic more challenging to manage both in terms of respite beds available but also in terms of the public's expectation in that wider context of how respite should be delivered.

4.1.3. The three residential care homes in Orkney operate, mainly, at full capacity. A permanent bed becoming available in a care home means, very sadly, that an existing resident has passed away or very rarely a discharge home. When there is a death of a resident it is obviously very upsetting and traumatic for all concerned and there requires a high degree of sensitivity in the management of that situation, so it is not always an immediate reallocation of said room. Therefore, someone who has become a permanent resident while utilising a respite bed cannot always immediately vacate the respite bed.

4.2. The weekly RMM meeting, chaired by the Head of Health and Community Care, has a multi-disciplinary membership and is the governance and scrutiny group for a number of areas of work. Authorisation of referrals for permanent care home beds as well as authorisation of respite requests is part of that group's remit. It is important to outline that not every referral for permanency and request for respite are approved. Very often further questions are sought for points of clarity as well as suggestions offered for alternative creative solutions that could be looked at, for some situations. Therefore, the figures contained in this report are for individuals who have been approved via RMM either retrospectively, when a crisis situation has occurred, or via the natural business of the RMM meeting.

4.3. As outlined previously there are nine respite beds in the system, four Dementia and five Physically Frail, and beds are allocated on needs and referral/risk assessments. So, where there could be physically frail beds available the individuals on the waiting list may all require a dementia respite placement and vice versa. Consideration for respite allocations have also to be given to the permanent resident mix already residing in the care homes and the workforce establishment at that time. Ergo allocation of beds for either permanency and/or respite is multi-faceted and is not merely a mathematical exercise.

4.4. The last quarter of the financial year 2022/23 has been the definitive point where the increase in the referrals for permanent care home beds as well as an increase in respite requests has become apparent. Table 1 below, shows the numbers of the individuals waiting on respite provision and permanent residential beds as well as the allocations for each, where applicable.

Table 1: Waiting List and Allocations – January to March 2023:

Jan-23				
Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated
09/01/2023	5	0	8	7
16/01/2023	6	0	2	0
23/01/2023	7	0	3	0
30/01/2023	9	0	4	1
Feb-23				
Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated
06/02/2023	10	0	3	0
13/02/2023	11	3	4	1
20/02/2023	9	3	3	1
27/02/2023	6	0	6	2
Mar-23				
Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated
06/03/2023	7	1	7	0
13/03/2023	7	0	10	3
20/03/2023	11	0	8	0
27/03/2023	11	0	8	2

Note: the respite figures within Table 1 are the total number of individuals for both Dementia and Physically Frail beds.

4.4.1. During January to March 2023 all three of the care homes were affected by coronavirus and closed at various points during those months.

- St Rognvald House: was closed in January 2023 and although partially allowed to re-open at the end of January 2023 the dementia wing did not re-open until 15 February 2023.
- Hamnavoe House: was closed in January 2023 and then again in March 2023.
- Smiddybrae House: was closed in February 2023 and then again in March 2023.

4.4.2. Where permanent allocations were made during those months the individuals were either already in the care homes on a respite basis or the moves were delayed until the care home re-opened. Obviously, the closures also affected the ability to offer any respite provision and it was 14 February 2023 before any respite allocations were able to be offered and again respite dates for admission had to be amended/changed due to the fluctuation in the care homes' open/closure status.

4.4.3. For the last quarter of 2022/23 seven respite placements were offered and against a backdrop of care home closures and limited respite bed availability it is testament to the care homes' management and staffing teams in their flexibility and approach in order to maximise all available bed capacity.

4.4.4. However, the respite waiting list carry forward from 2022/23 to 2023/24 was 11 individuals and the waiting list for permanency in a care home setting carry forward was eight individuals.

4.5. Table 2, attached as Appendix 1 to this report, shows the breakdown of available respite beds across all three sites at the start of April 2023. What this shows is at the start of the new financial year there were four and nine beds available for respite, (one Dementia and three Physically Frail) with five and nine beds occupied, (three Dementia and two Physically Frail) with individuals holding permanency awaiting a permanent bed. Therefore the landscape of available respite beds coming into 2023/24 was already in a challenging position.

4.6. Table 3 below shows the Waiting List and Allocations for April to September of 2023/24 for respite and residential care home placements with the continued picture of challenges and pressures across the system. Unfortunately, during April to September 2023 there have been a number of individuals, who had initially been on the respite waiting list, but due to a deterioration in their long-term condition and/or change in their familial circumstances, moved from requiring respite to needing a permanent placement in a care home setting. There has also been a number of individuals who have successfully had a period of respite but have subsequently requested a further period, due to main carer fatigue and complex family dynamics reaching breaking point.

Table 3: April to September 2023 – Waiting List and Allocations:

Apr-23					May-23				
Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated	Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated
03/04/2023	12	0	6	1	01/05/2023	14	0	4	2
10/04/2023	13	0	6	1	08/05/2023	16	4	6	0
17/04/2023	13	2	5	2	15/05/2023	9 ( 1 x cancelled as needed LTC: 2 x admitted to hospital)	0	7	0
24/04/2023	12	0	3	0	22/05/2023	11	1	7	0
					29/05/2023	11	0	7	1
Jun-23					Jul-23				
Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated	Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated
05/06/2023	13	2	8	1	03/07/2023	12	3	9	2
12/06/2023	12	0	8	1	10/07/2023	9	0	9	1
19/06/2023	12	0	7	0	17/07/2023	12	1	9	1
26/06/2023	12	0	9	0	24/07/2023	11	1	9	2
					31/07/2023	11	0	8	1
Aug-23					Sep-23				
Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated	Week	Respite Waiting	Respite Allocated	Residential Waiting	Residential Allocated
07/08/2023	12	0	9	1	04/09/2023	18	1	9	1
14/08/2023	14	0	11	2	11/09/2023	18	0	9	0
21/08/2023	16	0	9	0	18/09/2023	19	3	13	1
28/08/2023	17	1	10	1	25/09/2023	16	4	13	2

4.7. In conclusion, the resource challenges highlighted in this report are expected to be mirrored in the second half of 2023/24. The statistical data provided in Table 3 would support that expectation given that at the end of September 2023 there were 16 individuals on the waiting list for respite provision and 13 individuals on the waiting list for a permanent placement within a care home setting.

4.7.1. Coronavirus has also continued to be a presence in the care homes, with St Rognvald House being closed the last two weeks in August through to 12 September. This, once again, limited allocations and availability of beds and postponed transfers/admissions.

#### 4.7.2. Given that the respite beds:

- Have been used to support delayed discharges where individuals are waiting on permanent care home beds.
- Have been blocked with individuals who were initially placed there for respite but have been unable to return home and are waiting on a permanent bed.

The consequences of those situations means that the entire respite resource of nine beds are not operationally available for use solely for respite provision. Therefore, the collective resource for respite usage is, more realistically, operationally between three and four beds each week which reduces the numbers of allocations that can be made.

4.7.3. The work highlighted earlier in this report regarding a refresh of the Eligibility Criteria and improving on a Strength and Asset Based approach within assessment practices, are all imperative pieces of work that need to take place but they will not deliver instant results as some of those transformational elements are about changing cultures and expectation management. Both of those things take time and patience as well as consistency and transparency of approach. The ongoing work of the multi-disciplinary RMM group in the governance and scrutiny of referrals and respite requests is also key to providing assurance of appropriate resource transfer. With regard to resource growth, the 10 bedded wing, (Brinkies), within Hamnavoe House is the obvious solution to support in reducing the waiting lists and the delayed discharge figures but the opening of the wing is not an easy or quick resolution as outlined in an earlier section of this report.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. There are no resource or financial implications within this report. However, there will be resource and financial implications if, in the future, there is a decision taken and subsequent agreement to proceed with opening the 10 bedded Dementia wing (Brinkies) within Hamnavoe House.

## 7. Risk and equality implications

7.1. Under Section 50A(4) of the Local Government (Scotland) Act 1973, the public should be excluded from the meeting in respect of any discussion relating to Appendix 2 of this report. Appendix 2 contains exempt information as defined in paragraph 3 of Part 1 of Schedule 7A of the Act.

7.2. There are no risk or equality implications directly arising as a result of this paper.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Authors and contact information

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## **11. Supporting Documents**

11.1. Appendix 1: Respite Bed Availability April 2023 (Snapshot).