



Impact of COVID-19 on Social and Intermediate Care

Report on Data Analysis and Stakeholder Workshop

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Table of Contents

Executive Summary.....	3
Project Overview.....	5
Initial Evidence Review.....	6
Results from the Quantitative Data Analysis.....	8
Outputs from Session 1 of the Workshop: Analysis of Care Needs.....	13
Ageing Population.....	13
Increased Expectations.....	14
Unmet Need.....	14
Demographics.....	14
Multimorbidity.....	14
Outputs from Session 2 of the Workshop: Analysis of Care Provision.....	15
Workforce.....	15
Financial Cost.....	16
Variations across South and North Lanarkshire.....	16
Assistive Technology.....	17
Outputs from Session 3 of the Workshop: Priorities and Options Going Forward.....	18
Workforce Planning.....	18
Reducing Unmet Need.....	19
Realistic Expectations.....	19
Conclusions and Recommendations.....	20
References.....	22
Appendix 1: Questions Guiding the Analysis.....	23
Appendix 2: Care Hours Provided per capita (by Age Group and Sex).....	24
Appendix 3: Care Hours Provided per capita (by Locality and SIMD).....	25

Executive Summary

Social and intermediate care is under stress, with COVID-19 adding to existing pressures. It is clear that a variety of factors are at play, and whilst many of these factors are already well known to those providing these services, the overall situation is complex. The overall aim of this project is to better understand the impact of COVID-19 on social and intermediate care in Lanarkshire and to provide guidance on how those tasked with delivering this care can best plan and prioritise for the future in light of current uncertainties.

This report details preliminary analytical work on the issues underlying COVID-19's impact in both the short term and longer term. After an initial evidence review, quantitative data from South Lanarkshire and subsequently also North Lanarkshire were analysed to better understand the patterns and trends in care provided over the past five years. This analysis included data on variables such as the total hours supplied, package size, age, sex, SIMD and locality. In addition, a stakeholder workshop was organised to gather expert opinion from those responsible for care provision in South and North Lanarkshire, respectively, with a focus on three topics: analysis of care needs; analysis of care provision; and priorities and options going forward.

Three key themes can be seen to emerge from the research so far, including both the quantitative data analysis and the qualitative outputs of the stakeholder workshop; namely:

- Long-term and short-term changes in care needs
- Current and future workforce availability
- Expectations about the provision of care and support

The workshop participants considered the ageing population to be the most important driver for long-term changes in care needs. The number of people with comorbidities and more complex care needs seems to be increasing, which is particularly significant in the highest age brackets. In the short term, the analysis of quantitative data – in particular, average care package size – shows an increase in social care needs as COVID-19 started to impact on the population. Overall, the combination of higher demand for home care and lower workforce availability has resulted in a level of unmet need among service users. However, accurate evaluation of unmet need is challenging.

Workforce availability was identified by the workshop participants as the most important constraint in relation to care provision. This constraint is particularly severe in the short term because of the impact of COVID-19 on staff absences. However, lack of workforce availability is likely to persist into the longer term because of problems of staff retention and recruitment. Although different local authorities may have different staffing policies (focusing on independent providers or, conversely, on directly employed staff), the workforce availability problem affects them all to a greater or lesser extent. The view was expressed that assistive technology has not, so far, been used to its full potential.

People's expectations of care provision may also be changing. In the short term, residential and respite nursing care have decreased significantly and nursing home vacancies have increased significantly from pre-COVID-19 levels. In consequence, the expectations placed upon home support teams may have increased. In addition, there may be a rise in expectations in the longer term. Older people appear to be more willing and able to carry out of daily living tasks themselves than people younger than them. There is a discussion of how services can be delivered in the most effective way, with better communication on the availability of other services and additional opportunities for people to better support themselves.

Flowing from these findings are the following initial recommendations:

1. Measuring unmet need for care and support

In order to effectively tackle current problems of unmet need for care and support, an appropriate and consistent measurement tool should be agreed and applied. South Lanarkshire staff have developed an initial estimate of unmet need, based on cases awaiting assessment and average package size. Whilst this is an approximate measure, it does appear to be useful and could be developed further.

2. Further work on a collaborative workforce strategy

Social care in Scotland is highly dependent on a skilled and motivated workforce but staff are currently not properly rewarded or developed. Local authorities could exchange more information on different service models in operation and associated workforce issues. It may also be possible to jointly develop new opportunities for educational and professional development of care staff in collaboration with local institutions of further and higher education. Similarly, there could be joint projects to explore and pilot new approaches to care through innovation and technology.

3. Analysis of longer term changes in social care needs and provision

Further analytics can be done to improve our knowledge about the needs of current and future service users and their carers in the drive towards continuous improvement. For example, the ageing population is regarded as the most important long-term driver for changes in care needs. Research in England suggests that some of this rising need is counterbalanced by a higher proportion of older people in the community being able to live independent lives – even if they suffer from an increased number of chronic health problems. (Conversely, individuals needing social care typically also have several long-term conditions.) Does this finding also hold for Scotland, in general, and Lanarkshire, in particular? And what will be the longer term impact of the many cases of long COVID?

Project Overview

Social and intermediate care is under stress, with COVID-19 adding to existing pressures. It is clear that a variety of factors are at play, and whilst many of these factors are already well known to those providing these services, the overall situation is complex. This complexity arises through the differing timescales and degrees of significance related to these factors, and the interrelationships between them.

The overall aim of this project is to better understand the impact of COVID-19 on social and intermediate care in Lanarkshire and to provide guidance on how those tasked with delivering this care can best plan and prioritise for the future in light of current uncertainties.

Four key questions were originally identified to guide this investigation and can be found in Appendix 1. This report details preliminary analytical work carried out in support of the first two of these questions, namely:

1. What is the impact of COVID-19 on social and intermediate care and how it has affected the dependencies? What are the access patterns by age groups, gender, locality, SIMD and complexity of need?
2. How long lasting is the impact of COVID-19 and what are the underlying issues even when COVID-19 is not as prominent as it is now?

In order to begin to answer these questions, an initial evidence review was undertaken. This compiled work done and insights obtained by other researchers tackling similar issues across the UK. After this, quantitative data provided by South Lanarkshire were analysed to better understand the patterns and trends in care provided over the past five years. This analysis included data on variables such as the total hours supplied, package size, age, sex, SIMD and locality.

This analysis was followed by a workshop that aimed to gather expert opinion from problem stakeholders; that is, those responsible for care provision across both South and North Lanarkshire. The following topics guided three different discussion sessions:

1. Analysis of care needs
2. Analysis of care provision
3. Priorities and options going forward

After the workshop, similar quantitative data (as that provided by South Lanarkshire) was provided by North Lanarkshire. This enabled analogous analyses to be carried out, and for useful points of comparison to be drawn.

The purpose of this report is to summarise and synthesise the results from these analytical approaches, to highlight the implications, and to identify the recommendations and next steps going forward.

Initial Evidence Review

As noted, this project began with an initial review of evidence. This exercise uncovered work already done and insights obtained by other researchers tackling very similar issues across the UK. This information helped ensure the most appropriate analytical methods were applied and it also assisted in the validation of findings. The review is still ongoing; some interesting and important findings are outlined below.

From a longer term perspective, research conducted by the Health Foundation's REAL Centre in England [1] indicates (pages 4 – 6) that:

“The proportion of older people who need social care support at any given age has fallen over time. For those living in the community, the change was greatest for those in their 80s, with the share of those aged 80–84 with no ‘activities of daily living’ (ADL) limitations rising from 68% in 2006 to 75% in 2018. This means a higher proportion of older people in the community are now able to live independent lives. This fall has counterbalanced some of the increase in need driven by our ageing population. ... [O]lder people are living with an increased number of long-term conditions, typically managed by the NHS, without on average needing more support with social care. ... But people with the highest needs have seen their needs become increasingly complex – an individual with a social care need typically also has several long-term conditions.”

The Health Foundation's REAL Centre report also highlights a sharp difference in the assistance required for those aged 85 and over. For those aged 80-84, around 78% require no support, yet for those aged 85 and older, just 58% require no support. By way of comparison, for those aged 65-69, around 87% require no support.

A joint briefing by the Health Foundation, the King's Fund and the Nuffield Trust on the value of investing in social care in England [2] supports the Health Foundation's REAL Centre's projection that substantial amounts of additional funding are needed (about £11.8 billion by 2024-25 in England alone) to meet future demand for social care and also to improve access to care and pay more for care. In connection with this, the joint briefing by the Health Foundation *et al.* suggests a five key priorities for government, including (page 9):

- *“Developing a comprehensive workforce strategy that both tackles urgent problems with current availability of staff and plans effectively for the future, by better rewarding and supporting social care staff and unpaid carers.*
- *Advancing data and analytics to fill gaps in our knowledge about people who need and draw on social care and those who provide support in order to better shape services for the future.”*

Although all of these findings refer to the situation in England, it is not unlikely that similar trends pertain in Scotland (although further research is needed to confirm this).

From a more immediate shorter term perspective, it is clear that pressures in social care are being felt across the UK. A report detailing the response to a survey on the impact of COVID-19 by ADASS (Association of Directors of Adult Social Services) in England [3] noted (page 7) that:

“Directors have seen significant changes in the way that people's needs present to them since March 2020. Overall, they see this as an increase in the number of people with a social care need. However, there are some variations where a decrease is equally of concern. ... Overall, the onset of the pandemic has led to an increase in the number of people presenting adult social care needs to local authorities and unmet need. The temporary closure of services and

understandable concerns from some providers about accepting new people has led to an increase in people approaching local authorities with an adult social care need. At the same time almost a quarter of Directors said that unmet needs in their area has increased by 1-5%.”

Finally, the Adult Social Care Winter Preparedness Plan 21-22 **[4]** published by the Scottish Government in October 2021, is centred around four key principles (page 3):

- *“Supporting the needs and wellbeing of the social care workforce and unpaid carers.*
- *Maintaining high quality integrated health and social care services throughout the autumn/winter period.*
- *Protecting those who use social care support from the direct impact of COVID-19 and wider winter viruses.*
- *Working in partnership across health and social care to deliver this Plan.”*

Within each of these categories, specific guidance is provided on a range of critical issues. For more details, please refer to the Plan.

Results from the Quantitative Data Analysis

In this section of the report, we summarise the results from the quantitative data analysis carried out in support of the project. Initially, analysis was conducted on data provided by South Lanarkshire. This data provided information on a range of variables over a 5-year period (from April 2016 to August 2021). This included variables such as the total hours supplied and package size, and demographic variables such as age, sex, SIMD (Scottish Index of Multiple Deprivation) and locality.

Looking at **Figure 1**, the total hours supplied per week in South Lanarkshire have been increasing year by year from 2016. However, this upward trend has flattened off from the beginning of 2021. (Additionally, some seasonality can be seen, with peaks observed during the summer months.) Based on data prior to December 2020, a projection for 2021 shows a gap of roughly 3,800 hours (between actual and projected hours) for the final week of August 2021 (a peak month in terms of observed seasonality). This figure is close to South Lanarkshire’s approximate estimate of unmet need of 3600-4000 hours per week.

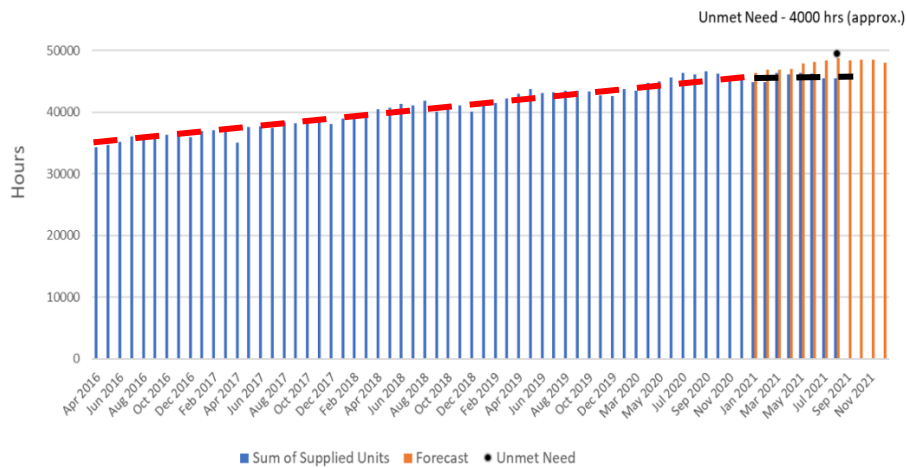


Figure 1: Hours provided in South Lanarkshire, with an estimate of unmet need (the difference between Forecast and Sum of Supplied Units in August 2021)

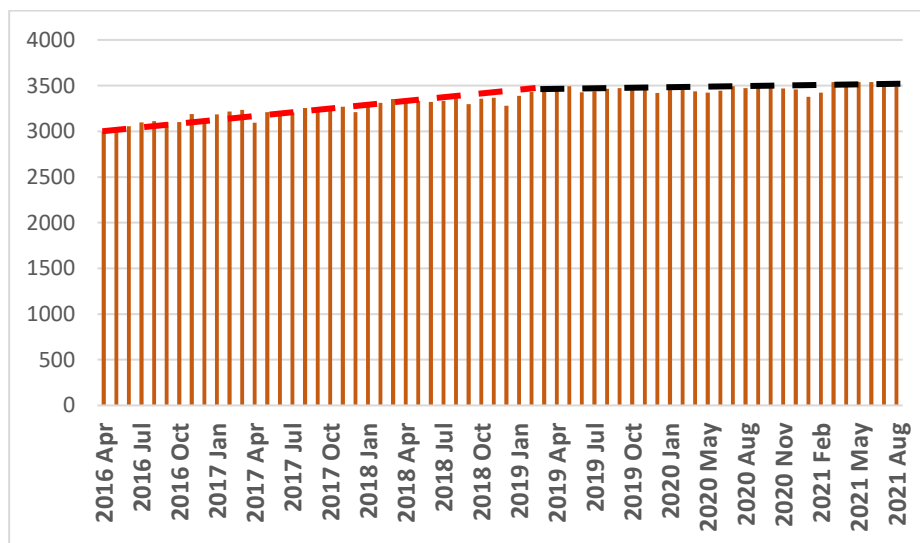


Figure 2: Number of individuals receiving care in South Lanarkshire

Considering the number of individuals receiving care in **Figure 2**, the South Lanarkshire data show that this has increased about by about 500 people in the period from April 2016 to February 2019. However, there has been little increase in this number since February 2019.

In **Figure 3**, we can see a jump in average care package size in South Lanarkshire around the onset of the COVID-19 pandemic. Examining the distribution of package sizes over time (not shown In Figure 3), we found that the number of hours provided had been increasing in the medium package size groups, ranging between 11 hrs to 35 hrs. In contrast, hours provided in smaller package sizes and larger package sizes were decreasing.

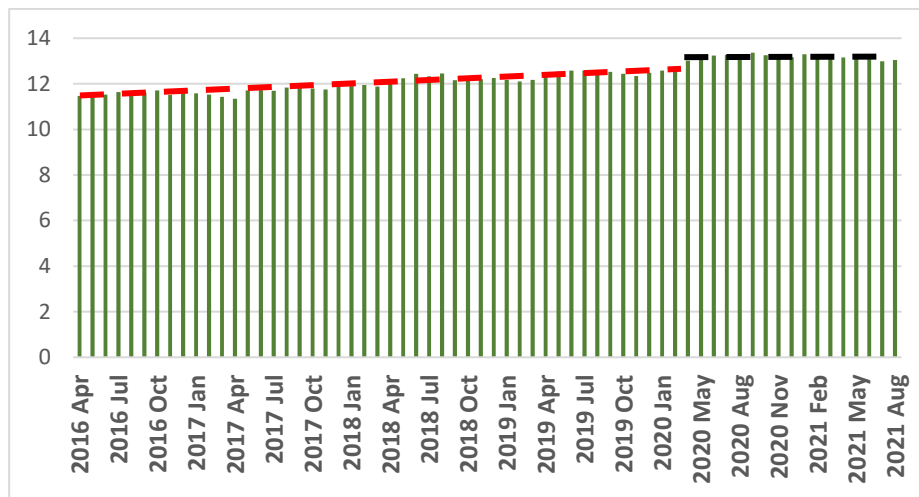


Figure 3: Average Care Package Size in South Lanarkshire

The data provided from North Lanarkshire present a somewhat different picture. **Figure 4** shows the total hours supplied per week in North Lanarkshire. The overall trend is slightly downward sloping but relatively flat. However, there was a substantial drop in hours provided when the COVID-19 pandemic hit in March – April 2020 followed by a gradual increase back to trend by the summer of 2021.

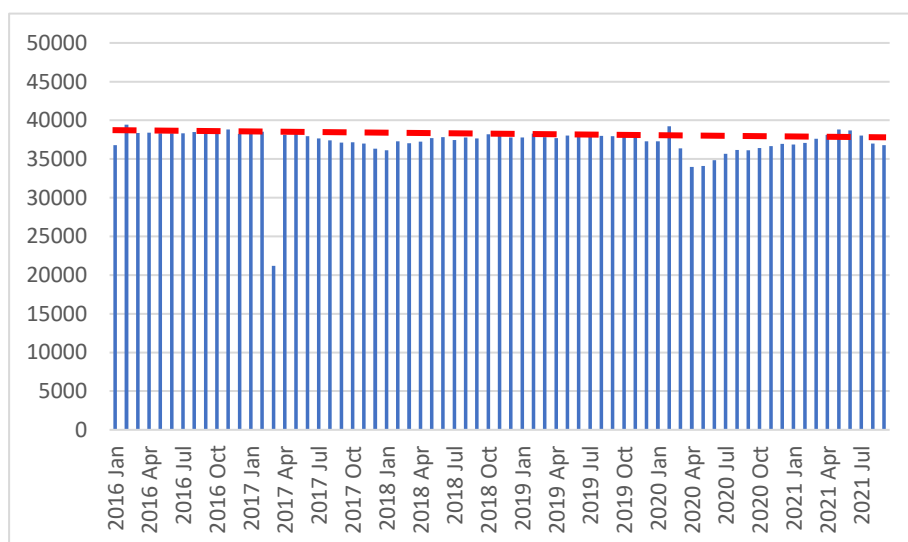


Figure 4: Hours provided in North Lanarkshire

The number of individuals receiving care in North Lanarkshire is shown in **Figure 5**. Again, the overall trend is downward sloping, with a substantial drop in March – April 2020 and a gradual increase back to trend by the summer of 2021.

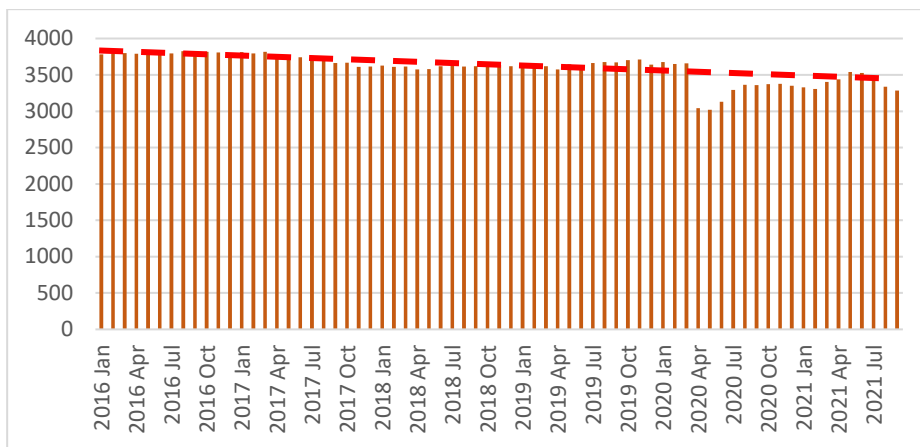


Figure 5: Number of individuals receiving care in North Lanarkshire

Considering the average care package size in North Lanarkshire in **Figure 6**, we can see a clear increase from the time when the COVID-19 pandemic hit: from around 10 hours per week pre-pandemic to around 11 hours per week mid-pandemic.

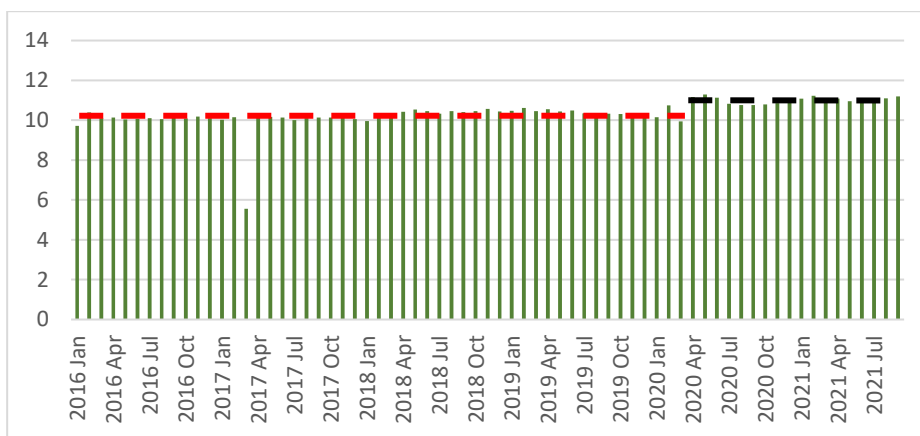


Figure 6: Average Care Package Size in North Lanarkshire

Next, we look at the break-down between In-house (Local Authority) hours delivered and External (Independent providers) hours delivered: **Figure 7** gives the picture for South Lanarkshire and **Figure 8** for North Lanarkshire.

In South Lanarkshire, the greater proportion of hours was supplied by external providers; also, any changes (up or down) in the total number of hours provided were mainly effected by changes in the externally-supplied hours (as shown by the clear correlation between the grey and red data lines in Figure 7). In North Lanarkshire, in contrast, the greater proportion of hours was provided by In-house staff; also, any changes (up or down) in the total number of hours provided were mainly effected by changes in the hours directly provided by the Local Authority (as shown by the clear correlation between the grey and blue data lines in Figure 8).

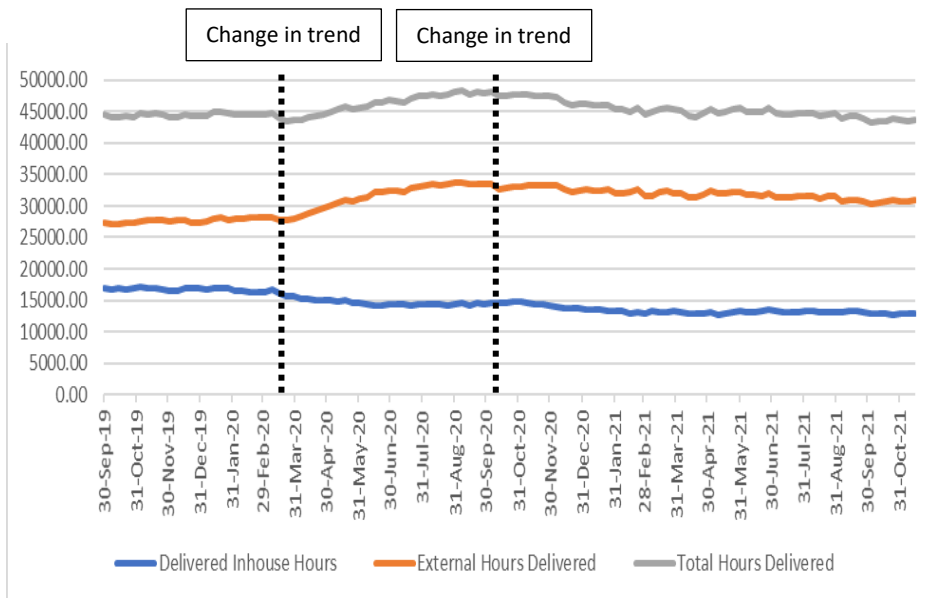


Figure 7: In-House versus External Hours Provided in South Lanarkshire

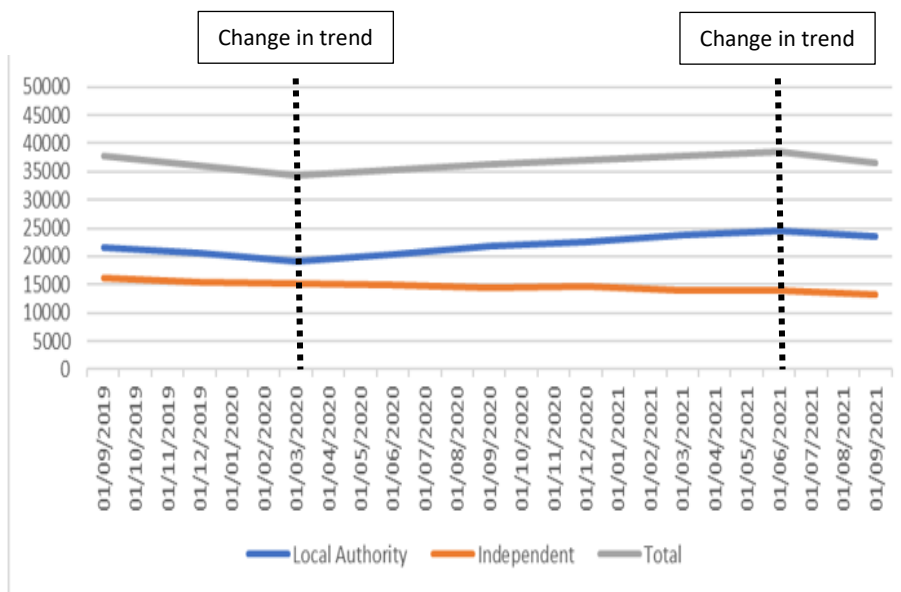


Figure 8: In-House vs External Hours Provided in North Lanarkshire

Finally, we examine the distribution of package sizes for the years 2016- 2021: **Figure 9** shows the package sizes in South Lanarkshire and **Figure 10** in North Lanarkshire.

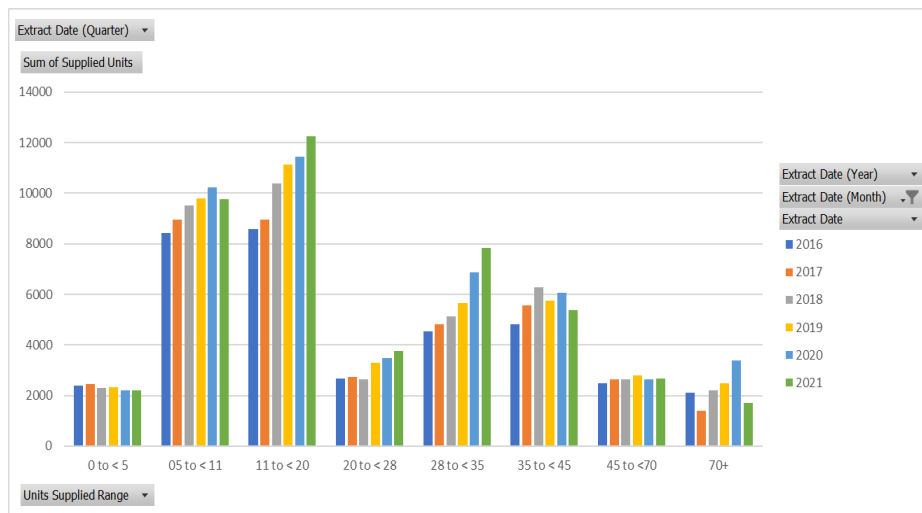


Figure 9: Distribution of package sizes over time in South Lanarkshire

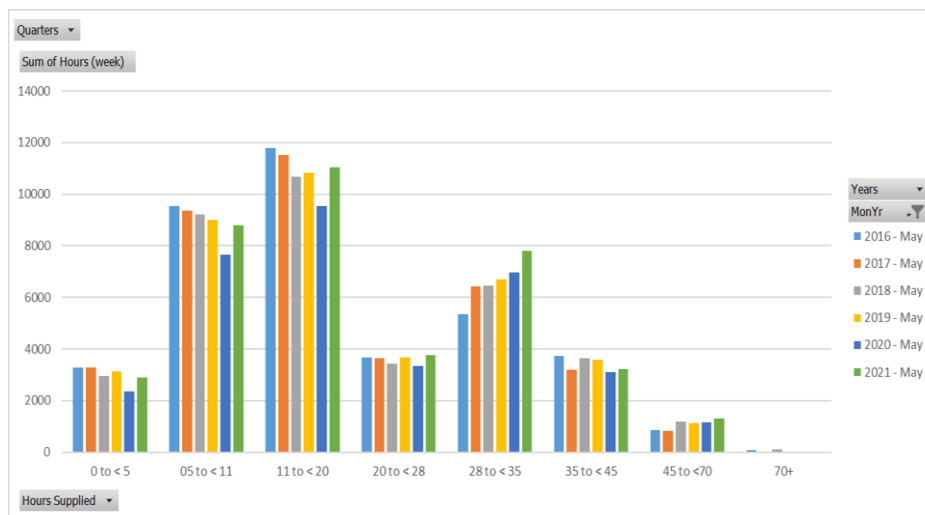


Figure 10: Distribution of package sizes over time in North Lanarkshire

In South Lanarkshire, a relatively small number of care receivers accounted for a large package (70+) of hours. These 70+ hours care packages reached a peak in 2020. (Nineteen people received a total of 3400 hours in 2020. A reduction in the number of care receivers of six people reduced the total hours by 1900 hours in 2021.) In North Lanarkshire, the distribution of package sizes had a somewhat different shape. In particular, the proportion of larger care packages (45 to 70 and particularly 70+ hours) was much smaller.

Additional diagrams showing how care hours provided per capita vary with changes in Locality and SIMD, and also with changes in Age Group and Sex (per capita) are included in Appendices 2 and 3.

Increased Expectations

- Residential and respite nursing care have decreased significantly, and nursing home vacancies have increased significantly from pre-COVID-19 levels. These changes go some way to explain an increase in demand for home support.
- With these individuals now being cared for by family, the expectations placed upon home support teams may have increased – with families feeling that they are delivering but that their home support is not meeting their expectations.
- It was not clear whether these changes would persist through time, settling into a new normal, or revert back to past patterns.

Unmet Need

- Accurate calculation of unmet needs is seen as challenging due to a variety of factors.
- The recent level of unmet need for South Lanarkshire is approximately 4,000 hours, calculated based on cases awaiting assessment and average package size. This was noted to be a rough estimate, and likely to be overstating the true value.
- Before COVID-19, North Lanarkshire had very manageable waiting lists (single-digit numbers); however, there are now some teams with waiting lists of around 100 people.
- The biggest factor (driving waiting lists, etc.) appeared to be the reduction of capacity in the independent sector (external providers).
- There may be evidence to suggest increasing complexity of needs in North Lanarkshire (the number of service users unchanged, but a higher number of supporters).
- The rise in delayed discharges was discussed. It was noted that this increase was not due to those waiting to enter nursing homes. Rather, they appear to be related to those looking for community support, and lack of staff was indicated as a key driver.

Demographics

- It was felt that it was too early to ascertain the direct and indirect impacts of COVID-19 on population demographics.
- The majority of those who have died from COVID-19 are older people with additional care needs, but there is no noticeable reduction in service delivery.

Multimorbidity

- With certain conditions being recognised risk factors for COVID-19, those with multiple long-term conditions also tend to be observed with long COVID more frequently.
- More research is needed to better understand this issue; however, this could be a significant factor in modelling demand increases.
- There are issues around the accurate identification and categorisation within the system of people with long COVID.

Outputs from Session 2 of the Workshop: Analysis of Care Provision

This session discussed the key drivers for changes in care provision, before and during COVID-19. The Mentimeter results are shown in **Figure 12**.



Figure 12: What are the changes in key drivers of care provision?

The top three responses (“workforce”, “ageing workforce” and “financial pressures”) were explored in detail in the subsequent discussion. Through this discussion, recruitment challenges and the variations between South and North Lanarkshire also emerged as important themes. The key findings are summarised below.

Workforce

- The most important constraint identified with respect to care provision was workforce availability. Significant numbers of care staff were unavailable due to COVID-19; these absences persisted for significant periods of time, putting much additional pressure on remaining staff. Furthermore, absent staff (due to, for example, shielding) found the return to work difficult, and there have been significant challenges in finding replacements.
- Staff recruitment has become more difficult. It was noted that, whilst Brexit may have had an impact, there was a lack of information from which to draw firm conclusions. The difference between recruitment of care-at-home staff, as compared to care home staff (in particular, registered roles), was mentioned in this context – with the availability of care home staff likely to be more significantly impacted by Brexit.
- Differences were highlighted in terms of recruitment patterns. North Lanarkshire was finding no difficulty with in-house recruitment (e.g., 150 new contracts) – as compared to staffing issues identified in the independent sector, despite both the Local Authority and external providers drawing staff from the same pool. Differences in the employment packages offered may well play

a role in the recruitment patterns observed, with terms and conditions offered by the Local Authority more attractive).

- Differences were also noted with regards to the ratio of in-house care staff. Whilst the North Lanarkshire service has been delivering approximately the same hours as before, their ratio of in-house staff has increased. The independent sector has been less able to meet North Lanarkshire's staff requirements. However, the situation is different in South Lanarkshire, as there is a smaller in-house service.
- All local authorities (South and North Lanarkshire included) are competing for care staff from the same pool as the independent sector, and this competition translates into competition with regards to hourly rates, etc. Competition from other industries, such as hospitality, was also a relevant factor.
- It was remarked that care staff did not or were not able to take their annual leave last year and that this has had an effect this year, limiting staff mobility.

Financial Cost

- In previous years, there has been an on-going pattern of councils being forced to cut costs, which has led to a lack of flexibility and resilience when the COVID-19 pandemic hit.
- The attribution of costs to COVID-19 expenses has allowed for more flexibility in the short-term. However, there is a concern that this may have masked the true impact and that this could lead to a financial crisis in the longer term.
- The provision of financial support from the Health and Social Care partnerships may have detracted from previous efforts by councils to set aside financial resources for increases in demand. It was felt that there was a need for budget realignment and for previous efforts to be reinstigated. The need to factor in unmet need and complexity of needs was also mentioned, as was the general struggle to manage the budget and meet current needs.
For South Lanarkshire, the lack of workforce seemed to be a bigger constraint than budget restrictions, with the budget changing little year on year.

Variations across South and North Lanarkshire

- The quantitative data from North Lanarkshire (similar to the data already provided by South Lanarkshire) should enable quantification of any differences in experiences between the two councils.
- The push for standardisation of data measurement approaches across Lanarkshire was noted. Whilst it was recognised that this would offer a number of advantages, it was not without difficulty given the operational variations between the two council regions. In addition, the variations across different localities within each council region were mentioned. The need to be aware of these variations in any attempt to compare data or standardise measurements was stressed.
- In this respect, it was noted that North Lanarkshire has the lowest spend from all mainland Local Authorities on Social Care but the highest spend on Community Resources. This highlights that there are clear variations in resource allocation.
- The differences in service models between South and North Lanarkshire were recognised, and the need for a better understanding of these differences was discussed.

Assistive Technology

- The view was expressed that assistive technology has not, so far, been used to its full potential. It was suggested that there have been previous discussions on this topic and that it was worthwhile revisiting and exploring these further.
- North Lanarkshire is trying to use technology more effectively within home support.
- Making families more aware of what is available and educating them on what it could assist with, might help to increase the use of technology in practice.

Outputs from Session 3 of the Workshop: Priorities and Options Going Forward

This session discussed the priorities and options going forward, during and after the COVID-19 pandemic. The Mentimeter results are shown in **Figure 13**.



Figure 13: What are the priorities and options going forward?

The top responses “workforce planning” and “reducing unmet need” were explored in detail in the subsequent discussion. Through this discussion, important issues such as expectations of care and, in particular, ensuring realistic expectations, were also explored. The key findings are summarised below.

Workforce Planning

- Social care does not seem to represent an attractive career to younger people; therefore, work needs to be carried out to improve the profile of the sector in this regard. Efforts have already been made to further this objective, including discussions with Colleges and offering sessional contracts.
- Retention of care staff was also identified as a key issue. Whilst other issues relating to staff retention have been noted earlier (returning after COVID-19 related absences; increased competition for staff by other industries in light of COVID-19 and BREXIT), an additional point was made that the older staff profile leads to an increased rate of staff retirement and associated issues.
- Differences between South and North Lanarkshire were mentioned in this context. Higher rates of pay in other local authorities can lead to a loss of staff in South Lanarkshire.
- The relative rate of pay, in terms of the complexity of work involved for the pay offered, was highlighted as a key challenge. Similar rates of pay are offered in retail jobs, such as supermarket roles; however, the demands on care staff are greater and so the compensation is not comparable.

Reducing Unmet Need

- This issue of reducing unmet need featured prominently in the Mentimeter map. It was acknowledged that it is necessary first to measure unmet need before it can be effectively tackled.
- The lack of a consistent tool to measure care needs was noted, together with the problems this presents.
- The potential for technology to assist with unmet need was highlighted, as this has been used successfully in the past. For example, technology can be used to provide physio support, help people consistently take medications or monitor safety and wellbeing, all remotely. It was noted that this could help reduce anxiety around need and support.

Realistic Expectations

- The need for a review of the services being delivered and requested was stressed.
- It was observed that older people are more willing and able to carry out of daily living tasks themselves than people younger than them – which would seem to indicate an increase in expectations over time. This led to the suggestion that there needs to be a focus on managing expectations to a more realistic level.
- There was a discussion around the need for an effective assessment process post-referral and the better use of signposting to highlight other services available.
- It was accepted that it would be useful to review national models, to share learning between councils, and to identify best practices through further research.
- The idea was raised of communicating key issues with the community, to explain how people can better support themselves, enabling early interventions.

Conclusions and Recommendations

The overall aim of this project is to better understand the impact of COVID-19 on social and intermediate care in Lanarkshire and to provide guidance on how those tasked with delivering this care can best plan and prioritise for the future in light of current uncertainties.

Three key themes can be seen to emerge from the research so far, including both the quantitative data analysis and the qualitative outputs of the stakeholder workshop; namely:

- Long-term and short-term changes in care needs
- Current and future workforce availability
- Expectations about the provision of care and support

The workshop participants considered the ageing population to be the most important driver for changes in care needs in the longer term (say in the next 5 years and beyond). The number of people with comorbidities and more complex care needs seems to be increasing. This appears to be particularly significant in the highest age brackets and results in high demand for home care hours. In the short term, the situation is dominated by the ongoing COVID-19 pandemic. The analysis of quantitative data – in particular, average care package size – shows an increase in social care needs as COVID-19 started to impact on the population in spring 2020. People with multiple chronic conditions also tend to be more frequently observed with long COVID but the longer-term impact of this is not yet clear. Overall, the combination of higher demand for home care and lower workforce availability has resulted in a level of unmet need among service users. However, accurate evaluation of unmet need is challenging.

The workshop participants identified workforce availability as the most important constraint in relation to care provision. This constraint is particularly severe in the short term because of the impact of COVID-19 on staff absences. Such absences can persist for significant periods of time, putting much additional pressure on remaining staff. Furthermore, absent staff (due to, for example, shielding) can find the return to work difficult, and there have been significant challenges in finding replacements. However, lack of workforce availability is likely to persist into the longer term because of problems of staff retention (including older staff retiring) and recruitment (including competition from other industries offering better working conditions or pay). Although different local authorities may have different staffing policies (focusing on independent providers or, conversely, on directly employed staff), the workforce availability problem affects them all to a greater or lesser extent. The view was expressed that assistive technology has not, so far, been used to its full potential.

People's expectations of care provision may also be changing. In the short term, residential and respite nursing care have decreased significantly and nursing home vacancies have increased significantly from pre-COVID-19 levels. With the individuals thus affected now being cared for by family, the expectations placed upon home support teams may have increased – with families feeling that they are delivering but that their home support is not meeting their expectations. It is not yet clear whether these changes will persist and settle into a new normal or revert to past patterns. In addition, there may be a rise in expectations in the longer term. The workshop participants observed that older people are more willing and able to carry out of daily living tasks themselves (echoing one of the key findings from the Health Foundation's REAL Centre report) than people younger than them. Perhaps there needs to be a focus on helping to set expectations to what is practically achievable. This led to a discussion of how services can be delivered in the most effective way, with better communication on the availability of other services and additional opportunities for people to better support themselves.

The above findings and conclusions lead us to suggest the following initial recommendations:

1. Measuring unmet need for care and support

In order to effectively tackle current problems of unmet need for care and support, an appropriate and consistent measurement tool should be agreed and applied – in the first instance, across the two local authorities in Lanarkshire but ultimately, if possible, across all Scottish local authorities. South Lanarkshire staff have developed an initial estimate of unmet need, based on cases awaiting assessment and average package size. Whilst this is an approximate measure, it does appear to be useful and could be developed further.

2. Further work on a collaborative workforce strategy

Social care in Scotland is highly dependent on a skilled and motivated workforce but staff are currently not properly rewarded or developed. As highlighted in the workshop, financial pressures constitute a key constraint for workforce management – but ultimate responsibility for this lies with central government. However, there would seem to be greater possibilities for local authorities to exchange information on different service models in operation and associated workforce issues. It may also be possible to jointly develop new opportunities for educational and professional development of care staff in collaboration with local institutions of further and higher education. Similarly, there could be joint projects to explore and pilot new approaches to care through innovation and technology.

3. Analysis of longer term changes in social care needs and provision

Further analytics can be done to improve our knowledge about the needs of current and future service users and their carers in the drive towards continuous improvement. For example, the workshop has highlighted the ageing population as the most important long-term driver for changes in care needs. Research in England by the Health Foundation's REAL Centre, already referred to in our initial evidence review, suggests that some of this rising need is counterbalanced by a higher proportion of older people in the community being able to live independent lives – even if they suffer from an increased number of chronic health problems. (Conversely, individuals needing social care typically also have several long-term conditions.) Does this finding also hold for Scotland, in general, and Lanarkshire, in particular? And what will be the longer term impact of the many cases of long COVID? (A report from the Office of National Statistics released on 6 January 2022 [5] estimates that 1.3 million people in the UK are experiencing self-reported long COVID, many living in more deprived areas or already suffering from another activity-limiting health condition or disability.) In short, more research is needed.

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Appendix 1: Questions Guiding the Analysis

Initial List of Questions

What is the impact of COVID-19 on social and intermediate care and how has it affected the dependencies? What are the access patterns by age groups, gender, locality, SIMD and complexity of need?

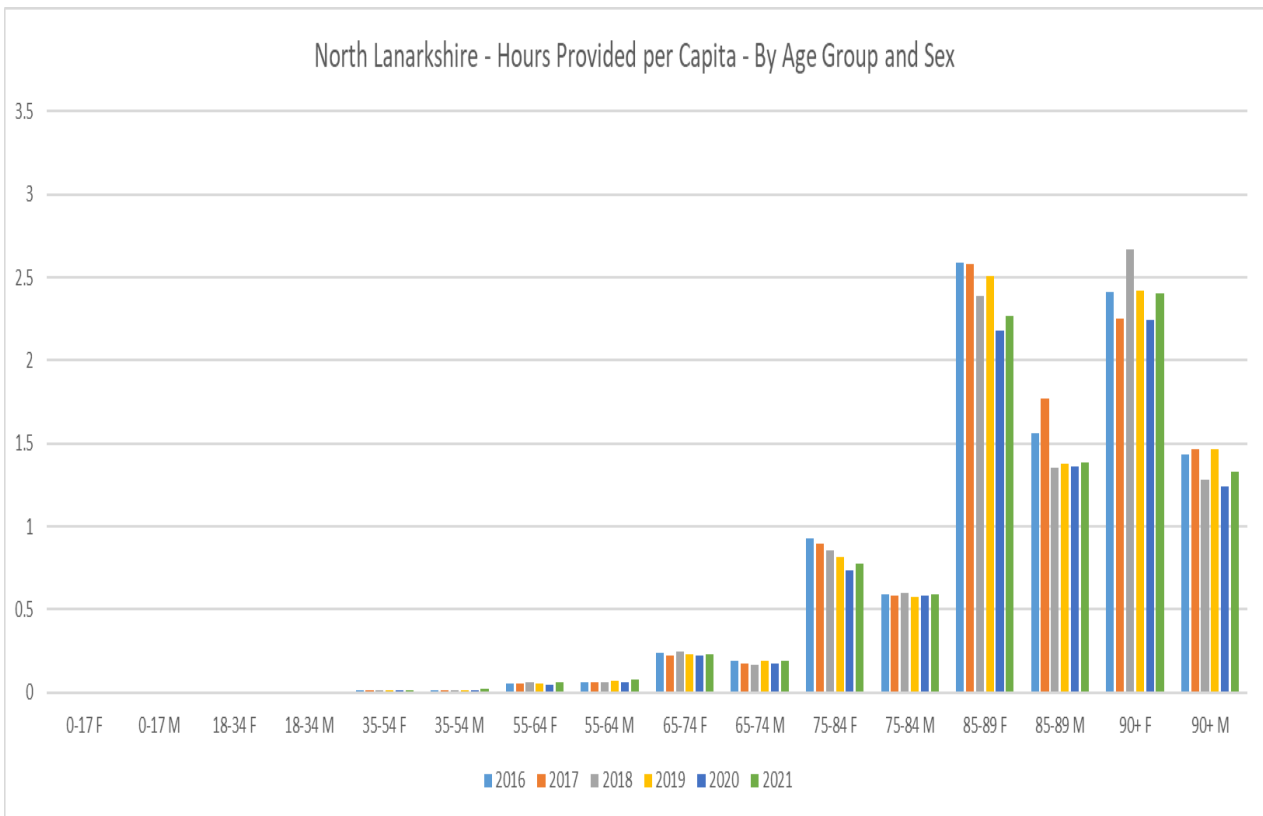
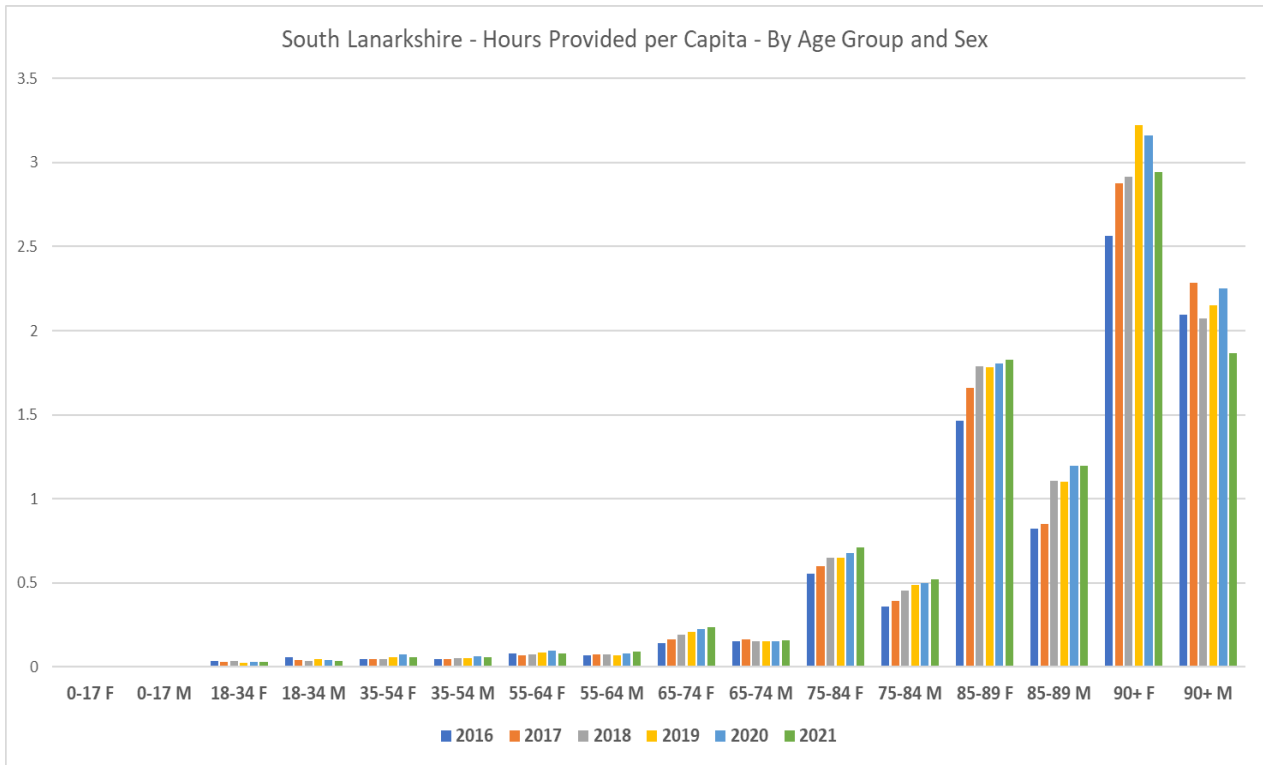
How long lasting is the impact of COVID-19 and what are the underlying issues even when COVID-19 is not as prominent as it is now?

What is the impact of COVID-19 on people with long-term conditions and how does it affect the assessment of population needs?

Could we model the access requirements and explore the early interventions and models of care that need to be considered in a low, medium and high-risk scenario – taking account of the following key variables:

- Demographics: age, gender, locality and deprivation
- Level of dependency or complexity of need
- Service models in place
- Staffing resources
- Other

Appendix 2: Care Hours Provided per capita (by Age Group and Sex)



Appendix 3: Care Hours Provided per capita (by Locality and SIMD)

