

Wiltshire Council

Health Select Committee

11 January 2022

Overview of Adult Social Care Winter Pressures

Purpose of Report

1. This report provides a brief overview on the current status of Adult Social Care (ASC) operational and commissioning services facing increasing pressures related to winter demand and Omicron, and the strategies to meet the requirements for current and future demand. In response to the DHSC publishing a winter plan for Adult Social Care on 3 November 2021, the Council has also developed an action plan.

Background

2. Winter 2021 and Spring 2022 are expected to be particularly challenging for all parts of the Health and Social Care system. Traditionally winter pressures and high levels of demand begin in January when flu becomes more prevalent. This year is following a very different pattern with increased demand earlier. The increasing community spread of the new COVID variant is significantly exacerbating the situation.
3. Legislative changes coming into effect from April 2022 requiring care staff in the domiciliary sector to be double vaccinated will be mandatory by 1st April 2022, may have a further negative effect on the already fragile domiciliary care position. Providers in neighbouring Local Authorities e.g. Somerset are offering generous 'golden hellos' to recruit new staff and Providers have requested uplifts to meet the National Living Wage ensuring care staff pay remains competitive with retail and hospitality and that skilled staff are retained.
4. The DHSC has published a winter plan for ASC with over 60 recommendations for Local Authorities. The Council has met the recommendations on the majority of all the actions as a significant amount of work has carried on from the pandemic. A minority of actions are in progress.

Main Considerations for the Council

Demand

5. Services are experiencing unprecedented demand across all areas. There are people waiting in hospital who are classed as not “meeting the criteria to reside”. This means that they are medically well enough to leave but are waiting for appropriate support to facilitate the discharge. This could include waiting for reablement, domiciliary support at home, bed-based support in care homes and a bed in a Community hospital.
6. As an indication, on 10 December 2021 there were 139 Wiltshire residents waiting in hospital for support to be discharged. Capacity has increased across all areas over the last 12 months, however demand continues to present challenges across all three discharges pathways.

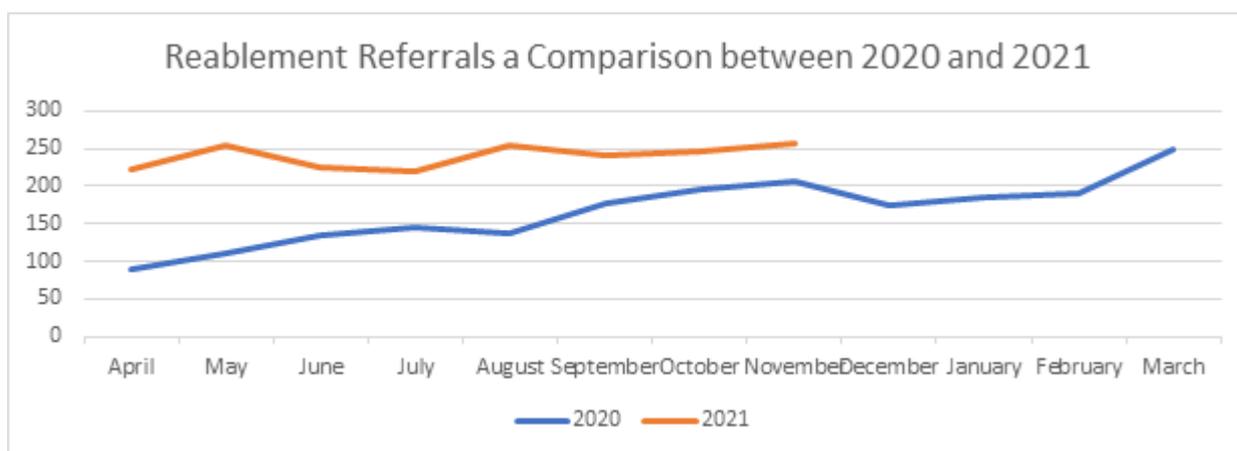
Pathway	Type of Support
Pathway 1; Individual returns home with some additional support	Reablement or HomeFirst support at home post discharge
Pathway 2; Rehabilitation and Reablement in a temporary bedded setting	Community Hospital or Care Home placement for assessment and long term planning
Pathway 3; Complex assessment required in hospital to plan and resource support required prior to discharge	Longer term placement, or complex support in own home.

7. In Wiltshire in 2021, there has been a increase in demand for pathway 2 beds from the 2019/20 baseline of 60 beds to current levels which include 126 pre-purchased block beds and an additional 48 spot care homes bed purchased on an individual basis due to specific health and care needs.

Wiltshire Council Reablement Service

8. The Reablement Service has been supporting both hospital discharges and Wiltshire residents in their own homes since 2017. There was increased investment into reablement during 2020 to support the increased demand on the acute hospital pathways, and this has been directed to increase the workforce and provide more resilience across 7 days as required by the Hospital Discharge Service Guidance.
9. There are continued and increasing demands on the reablement service. It is anticipated that this trajectory will continue as a result of both the normal seasonal winter pressures and the additional impact associated with rising COVID-19 infection rates.

10. The chart below shows the increased demand when comparing the referrals from the same period 2020 to 2021.



In addition to the overall demand, the complexity of people seen by the service has increased with more people requiring larger support packages at home due to their complexity and acuity. Currently a high number (27%) of facilitated discharges are readmitted to hospital in the first four weeks at home, previously this figure would have been approximately 18%. This figure is higher than we would normally expect to see and use of the Rapid Response service will be explored if health needs change to reduce the number of readmissions.

Wiltshire Support at Home

11. Wiltshire Support at Home is a new Wiltshire Council In-house domiciliary care with reablement ethos. The service evolved as a pilot following the “call to care” response and has been functioning as a small pilot since September 2020, delivering 200 hours of domiciliary care.

12. In September 2021 the service was commissioned to expand and take on the Domiciliary Care capacity in Wiltshire for hospital discharge (Pathway 1) demand and complement the existing services. The service will also meet the increased demand due to Rapid Response. The rationale for moving this in-house is:

- To ensure greater operational efficacy and support the expansion of the service offer
- To expand the in-house provision to provide a viable alternative to the home care market

13. Recruitment is the current focus and there has been some success, enhancing the original establishment of 9 FTE to 15 FTE with further plans for a dynamic campaign in January 2022. Consideration has been given to incentive payments, however, the stability across the wider market must be a priority and therefore the options are being carefully evaluated.

14. Wiltshire Support at Home is now picking up new packages and will be able to provide 400 hours face to face care from January 2022. With continued recruitment, the plan is to expand the service to deliver 1000 hours by March 2022.

Hospital Social care teams

15. The Covid-19 hospital discharge requirements have resulted in Social Workers being moved to support discharges in the community. There remains a presence on site at the three acute hospitals to support complex discharge planning.
16. We reshaped our hospital social care discharge teams to support a Discharge to Assess (D2A) model and this has enabled better connection working in, and alongside, communities and stronger links in the community with individuals and partners. The Discharge to Assess model aims to avoid making any long term decisions while the person remains in hospital. This approach provides every opportunity for reablement and rehabilitation support before actual levels of care required are determined.
17. We established a joint health and social care single point of access through a centralised referral and triage hub that enables patients to be discharged into D2A for further assessments or home from hospital as soon as they are medically fit. This model has enhanced flexibility across workforce to tolerate the work demand effectively.

Rapid Response

18. The integrated Rapid Response service has been established to address issues that often lead to a 'social admission' to the acute hospitals. There are a number of reasons why this may take place, but frequent issues relate to carer breakdown and an individual being unable to be left alone or someone rapidly needing extra care and support at home with no acute medical condition identified.
19. Individuals who are admitted in these types of circumstances will often have extended length of stay, decondition rapidly and do not return home. We have been able to take an approach that prevents the admission taking place, offers significant benefits for the individual and also the Local Authority in terms of reduced longer-term funding commitments. In order to achieve hospital admission avoidance, the Rapid Response Service is accessible 7 days a week, 8am-8pm. We have been able to respond within two hours of the referral having been accepted. From March 2021 Adult Social Care have supported avoiding 160 hospital social admissions.

20. The current surge in demand has meant additional workforce capacity being required. The number of current vacancies across services has had a significant impact on service delivery

Pressure on Wiltshire Council & Market

Workforce

21. There are a number of challenges facing the staff groups both within the council and with partners in the local care market. Recruitment and retention are areas of concern along with the issues around wellbeing in highly stretched services and sickness levels within the workforce relating to COVID and COVID contact isolations.

22. 777 provider staff left their roles within the last 6 months. 2 providers have lost 50% of their staff and 24 providers have lost between 21% and 50% of staff. The west of the county has lost the largest percentage of the workforce. Reasons for staff leaving include;

- Refusal to be double vaccinated 14%
- Move to other care providers 15%
- Move to other sectors/other reasons 71%

Pressures across Domiciliary and Bed Based Care

23. Difficulties in sourcing packages of care for customers requiring ongoing care are affecting the ability for services such as Reablement and Wiltshire Support at Home to take on new discharges. This system blockage is difficult to resolve and will require sustained support at a national level.

24. There are problems with providers managing existing packages and 100 people have had their domiciliary care provider hand back packages of support since June 14th, 2021. This places increased pressure on all parts of the system.

Case Study Example

On the 29th November, a domiciliary care provider with 16 customers became insolvent, only a few hours' notice was given which placed these vulnerable customers at risk of not receiving essential support around provision of medication and personal care. This risk was managed through the new in-house Wiltshire Support at Home Service who were able to pick up the care without any disruption to the customers. The staff group who were being dismissed with immediate effect and without any compensatory package were offered roles with the Council which was positive for the individual staff members, the local workforce and economy.

COVID-19

25. The new Omicron variant of COVID-19 is presenting an increased risk across all parts of the system. Community transmission impacts domiciliary workers when they are required to isolate from contact pending a clear test result and means the services must actively manage the risk and ensure preparedness through robust business continuity planning.
26. Care homes are also managing ongoing COVID outbreaks. As of 9th December, 16 care homes were shut due to COVID infections. This prevents new admissions and impacts on hospital discharge and flow.

Planning, Developments and Mitigations

Short term plan

27. A workforce recruitment and retention grant has been made available to the local authority and work is underway with Wiltshire Care Partnership to passport the majority of this to providers who can identify the most effective methods of incentivising their workforce. This funding is insufficient to stabilise the market and officers have requested additional funding from the CCG.
28. Wiltshire Council is working with wider system partners to identify additional actions to support flow, there are regular multidisciplinary meetings and virtual clinics with consultant support to make the best use of existing bed based resource by reducing the length of stay in each home in order to increase capacity.
29. The need for care staff in the domiciliary sector to be double vaccinated will be mandatory by 1st April 2022. The Government has extended staff in care homes being able to self-exempt from 24 December 2021 to 31st March 2022. The delay is helpful but will have an impact at the same time as domiciliary care staff have to be double vaccinated.
30. Wiltshire Council is commissioning an additional 23 care home beds to support discharge across two care home settings which will be available until 31 March 2022. These have been sourced with providers who are already working with the services and delivering support to the right standard in line with CQC best practice.

The Council has developed a winter plan which is attached as an Appendix.

Long term plan

31. Some of the workforce recruitment & retention grant will be used collaboratively with Wiltshire Care Partnership who will lead a Wiltshire wide recruitment campaign for all providers.

32. The council will scope out the options around delivering more services in house especially where care is hard to commission e.g., complex nursing, dementia, expansion of Wiltshire Support at Home.
33. The upcoming Care Home tender will increase the number of block beds which can be used flexibly and deliver better value than spot purchasing beds on an individual basis.
34. Help to Live at Home (domiciliary care) will be retendered by October 2022 and officers will review the current model and price modelling to improve sufficiency.
35. The review of care home provision for Pathway 2 (bed based discharge to assess services) will be completed and implemented.

Safeguarding Considerations

36. The teams are a part of adult social care and, as such, have received safeguarding training and work to the council's Safeguarding Policies and Procedures.

Public Health Implications

37. The report is for an update only, no new public health implications are identified

Environmental and Climate Change Considerations

38. As part of environmental considerations, the council's travel policy will be adhered to. The BCF team will work with the Climate Manager from Economic Development and Planning at Wiltshire Council during the development of the specification of the new model for temporary bedded support required on discharge. Any service using energy in buildings or transport is worth a look in terms of carbon emissions, as part of the wider environmental and social value considerations.
39. The Climate manager is commissioning work in the new year to look at the overall pathway to carbon neutral for the council, and part of this will be to look at our Scope 3 emissions and devise an approach for improving them. Other local authorities have looked at the suppliers that represent the biggest spend (perhaps the top 10) and focus on working with those suppliers to understand what they already do to record carbon impacts and work with them to develop our requirements going forward.
40. In addition, resilience to the impacts of climate change could be important and relevant to build into contracts (e.g. flooding, overheating, impacts on food production, transport, and vulnerable people are more likely to feel

the effects). The street scene and highways contracts will hopefully give some insight on the considerations that can be included, and I think this will also be particularly relevant for care provision contracts.

Equalities Impact of the Proposal

41. This report is for an update only, no new equalities considerations are identified

Financial Implications

42. This report is for an update only, no new financial implications are identified.

Legal Implications

43. The report is for an update only, no new legal implications are identified.

Conclusions

44. This report provides a brief overview of the complex situation which is currently being managed by services who are supporting discharges across the Wiltshire system, winter pressures and flow. Services are focusing on implementing efficiencies and making best use of all resources in order to mitigate predictable risks such as COVID-19 rates and the workforce retention and recruitment. However it is likely that the system is going to be under continued and sustained pressure throughout the winter/spring period.

Proposal

45. Request that the Committee notes the report.

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17.12.2021

Background Papers

The following unpublished documents have been relied on in the preparation of this report:

None
