

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Impact of the Pandemic (COVID-19) on Adult Social Care.</b>
Meeting date	17 January 2022
Status	Public Report
Executive summary	To bring to the attention of this committee the pressures faced by Adult Social Care in respect of winter demand, the Covid-19 pandemic and the workforce capacity challenges in the care sector.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <ul style="list-style-type: none"> <li>• <b>Committee review the report; and</b></li> <li>• <b>Committee make such recommendations as it sees fit to Cabinet for consideration.</b></li> </ul>
Reason for recommendations	For the awareness of the Committee
Portfolio Holder(s):	Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	David Vitty – Director for Adult Social Services Phil Hornsby - Director of Commissioning for People
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Wards	Council-wide
Classification	For Information and oversight

## Background

1. During the Covid-19 pandemic it has been necessary for Adult Social Care to introduce new procedures to manage the increased demand for hospital discharges. In order to support the availability of acute hospital beds in Bournemouth and Poole for those people with urgent care needs, and particularly COVID-19 infections, it has been necessary to redirect a greater number of care resources (domiciliary care and care home places) to support rapid discharge.
2. NHS Emergency Departments are facing heightened demand as a result of the pandemic, emerging winter pressures associated with factors such as influenza and cold weather-related illness and injury as well as continued COVID-19 infections.
3. University Hospitals Dorset continues to experience significant challenges in their emergency departments. Occupancy and COVID capacity at both sites remain a challenge. At the time of writing this report, waiting times in the Emergency Department regularly exceeded 4 hours and patients waiting for more than 12 hours increased to 294 per month. Admissions on each of the Poole and Bournemouth acute hospital sites total approximately 100 per day.
4. It has become increasingly challenging to identify sufficient care resource to meet the escalating demand for hospital discharge support. Care agencies have been required to manage a range of infection control measures as a result of the pandemic, which has included staff vaccination, and have experienced difficulty recruiting and retaining staff.
5. The continued challenge for care agencies to recruit new staff when competing against the local hospitality, manufacturing, and retail sectors, as well as absences caused by COVID-19 infection, would suggest a low level of confidence that workforce pressures will improve before the spring of 2022.
6. Despite the challenges in recruiting within Adult Social Care operational areas, we are currently carrying 25 vacancies of which more than half have been successfully recruited to with start dates set. The main challenge is recruiting professionally skilled practitioners, particularly Occupational Therapists and Social Workers. Where needed, we are backfilling with a small number of agency staff.
7. Among the many challenges faced by care providers during the pandemic, services have had to make sure that there is sufficient workforce with the right skills to cope with new and increased demand. Providers are still expected to meet CQC regulations and maintain a safe environment; managing the need to socially distance or isolate people and effective infection prevention and control to minimise the risk of cross-infection.

## System Pressures

8. There has been continued pressure on hospital bed capacity, with occupancy levels consistently being at 95% and above. The reduced number of available beds has put pressure on all hospital areas such as emergency departments, general wards and critical care.
9. The Dorset system has seen an increase in demand in the following areas:
  - a) **Acute Hospital Care-** There has been an increase in the number of people attending emergency departments and in admission rates. The national hospital discharge procedures, introduced as a response to the

pandemic, require patients to be rapidly discharged once medically ready and then to receive rehabilitation and therapy at home to recover. There is a general workforce shortage of nursing and therapy staff in both hospitals and community settings, and this is limiting the extent to which patients can fully recover at home. It is, therefore, necessary to provide more domiciliary care than usual to ensure patients with higher levels of needs are safe and well cared for after discharge. The level of care provided to individual patients after discharge has increased by 30% when compared to levels prior to March 2020.

- b) **Community Hospitals-** Have been able to assist in the management of high demand by taking individuals from acute hospitals that are not able to be discharged to a community setting, therefore freeing up acute bed capacity for those that need to go into hospital.
- c) **Primary Care-** GP practices have needed to apply resources to the vaccination and booster programme, which is placing additional pressure on primary care.

## Care Market

10. There are currently 94 registered home care providers in the BCP Council area supporting 4,310 service users including self-funders, and Local Authority/Health funded clients (data: NHS capacity tracker 06/12/21).
11. Since August 2021 76 packages of care have been handed back to BCP Council from 21 providers, across Bournemouth, Christchurch, and Poole.
12. There are currently 150 registered care homes in the BCP area registered to provide residential support to maximum of just over 4700 service users. Since the start of 2021, 7 care homes have either closed or are in the process of closing/due to close by December 2021. The homes that have closed or are closing represent a loss of 174 registered bed spaces. Covid has significantly impacted our local Care Homes which is the same picture nationally too. A combination of factors since the start of the pandemic have negatively affected the sector and the impact seems to have hit the smaller homes harder:
  - a) High number of deaths in care homes
  - b) Ongoing low occupancy
  - c) Increase in covid related costs
  - d) Staff shortages due to pay and sickness
  - e) Public concerns
  - f) Mandatory vaccinations have created the perfect storm on this sector.
13. Feedback from Providers is that staff morale is low, and staff are exhausted hence they are seeing staff leave the care sector altogether. In addition, it is widely acknowledged over the last few years that the minimum number of units needed to make a care home financially viable is 60 rooms, all the homes that have closed or are closing fall into this arena with the average being 21 rooms. All 7 care homes that have closed/ or are closing have cited low occupancy and or financial sustainability concerns as the main reasons for closure
14. Providers are handing back packages of care and have cited staff shortages as the main reason for not being able to continue with individual services. Other reasons

include being unable to meet increased complexity of needs and challenging or unreasonable behaviour from service users.

### **Supporting the Market:**

15. Several initiatives have been rolled out under the 'Proud to Care' brand to support recruitment and retention and raise the profile of care locally with a view to building additional capacity in the local market. These include free childcare for framework providers in school holidays, free parking permits for providers to use in difficult parking areas across BCP Council area., as well as free hire of bikes as alternative to employing drivers, and avoid delays caused by traffic where parking is difficult.
16. We have also promoted Proud to Care Awards in association with the Daily Echo to recognise outstanding achievements of local carers and organisations.
17. We can also offer additional support with obtaining national grants such as Infection Control and Workforce Recruitment and Retention Fund and with completing the NHS Capacity Tracker in line with requirements.
18. A domiciliary social media recruitment campaign has just ended. This is the third campaign that BCP Council has hosted in the last 12 months. Previous campaigns have included radio advertising, production of video montages and social media.

### **Vaccinations as of 4<sup>th</sup> January 2022**

19. Care Homes
  - 95% staff received second dose (SW average 92%)
  - 41% staff had booster (SW average 38%)
  - 84% residents had booster (SW average 78%)
20. Domiciliary Care
  - 86% staff known to have had Dose 1
  - 77% of providers reporting at least 80% of staff had had Dose 2
21. Despite the unprecedented pressures and challenges, our Health and Social Care sector has worked together to ensure that individuals continue to be supported via a range of services which are being provided by the statutory sector and independent, private, and voluntary and community sectors.

### **Adult Social Care Operations**

22. The impact of COVID-19 has been significant for adult social care operational services, with an increase in the number of people requiring services linked to hospital discharge. Hospital teams have seen an increase in activity of more than 40% since the beginning of the pandemic. From 1st April 2021 to 1st December 2021 the hospital social work teams supported 3574 individuals and to deliver this level of activity have moved from five to seven day working.
23. As a result of the immediate focus on hospital discharge, there are delays for some routine assessments in the community and where people require care at home, and there is often a delay before this can begin. Although urgent community care

assessments are responded to immediately, non-urgent requests for assessment will often be delayed.

**As of 10<sup>th</sup> December 2021, new cases waiting, and overdue review cases stood at:**

<b>Adult Social Care Area</b>	<b>New Assessment Waiting List Number</b>	<b>Reviews (Carers &amp; Clients) Waiting List Number</b>
Long Term Conditions	987	912
Asperger's	24	15
Learning Disability	3	313
Safeguarding	91	0
Deprivation of Liberty (DoLs)	1335	0
Community Mental Health	0	51

24. Cases waiting in all areas are regularly screened. In respect of safeguarding concerns these are triaged at point of receipt. Safeguarding Adults First Response Hub (SAFeR) determine the level of risk and will seek to put in place an interim risk management plan for those that cases require immediate responses and will alert the appropriate team if urgent follow-up actions are required.
25. Over the last 20 months, there has been a significant increase in the number of Safeguarding Concerns received (approx. 100%) and this has led to an increase in the number of Safeguarding Enquiries too. This increase is partly related to COVID and also an increased awareness of Safeguarding; for example, the increased pressures in the provider market and rapid hospital discharges.
26. In respect of Deprivation of Liberty Safeguards (DoLs), all cases are triaged and prioritised using guidance from the Association of Directors of Adult Social Services (ADASS) guidance.

#### **Adult Social Care Winter Response**

27. Government and NHS funding has supported the enhancement of hospital social work and brokerage capacity in order to manage greater demand for hospital discharge. Voluntary sector support directly to hospital wards and the commissioning of additional temporary care home beds and domiciliary care hours have all increased capacity across the health and social care system to better respond to increased demand.

## Summary of financial implications

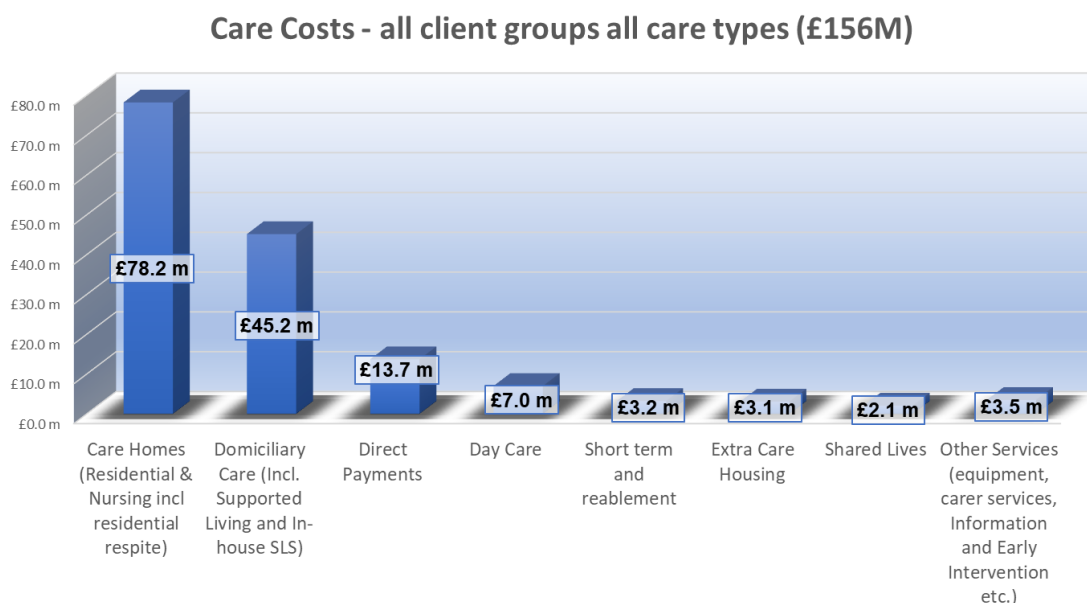


Table 1: Adult Social Care Expenditure

28. Adult social care expenditure (Table 1) focusses principally on care home and domiciliary care. The accelerated levels of hospital discharge and higher dependency needs of patients leaving hospital has placed greater demand on these two budget areas. It has also been the case that because of pressures on care homes from the pandemic, fee levels have risen substantially since March 2020.
29. Approximately 20% of people in receipt of home care do so after a hospital discharge. The number of commissioned care home placements in 2021 was 2.5% lower than in 2019 because of the work that was undertaken to reduce demand for care home placements, but the overall average weekly fees are now 19% higher than in 2019 due to the pressures on the care home market up to December 2021. The weekly fees for people with a long-term condition having care and support following a hospital discharge are averaging 16% higher than those from within the community.
30. As a result of these factors, additional domiciliary care hours have been required throughout 2021/22 at an estimated cost of £590,000.
31. The additional cost of making care homes placements associated with the pandemic, and particularly urgent hospital discharges, is projected to be £892,000 for 2021/22.

32. In order for Adult Social Care to meet these additional COVID-19 costs, it has been necessary to draw on the COVID Pressures Grant received by all local authorities during 2021/22. In addition to the covid related care costs of £892,000, the grant has also funded £437,000 additional staffing costs, such as hospital social workers and brokerage officers, necessary to support the hospital discharge programme.
33. The government has extended the Hospital Discharge Funding scheme until the end of March 2022. The funding covers care costs for people discharged from hospitals for up to 4 weeks. For the Health and Social Care System in the BCP area, this funding is estimated at nearly £8m for 2021/22.
34. There have also been grants directed at the care sector:

Grant	National Allocation	BCP Allocation
Workforce Capacity	162,500,000	1,183,459
Care Sector Protection	300,000,000	2,184,847
Infection Control	388,300,300	3,765,274

35. These grants are administered by BCP council but are passed to providers to assist with workforce support, vaccination, and infection control measures. These financial measures are to help maintain safe capacity in the care sector, but do not directly fund care.
36. Further system funding of £3m has been made available in December 2022 from Dorset CCG to support care capacity and will be applied to enhancing voluntary sector support for people leaving hospital and to provide financial incentives to support recruitment and retention of care staff.

### Summary of legal implications

37. The Care Act (2014) is the main legal framework that adult social care work within to ensure the delivery of social care to those individuals and their carers with eligible needs. The Care Act sets out clear responsibilities and duties for assessing individual need and providing appropriate care and support to meet the assessed eligible need. The Act places a duty to promote an individual's wellbeing and requires that we take this into account when assessing need and allocating and planning services.
38. Where the longer-term care resource is delayed due to the lack of market availability but all appropriate actions have been taken by Adult Social Care to secure the care but on some occasions, particularly around hospital discharging there may be a need for an interim care provision, such as a step down bed. In such cases, we are able to demonstrate that all endeavours to source the appropriate care have been made which shows we continue to act lawfully as long as we are able to meet the care needs identified.

### Summary of sustainability impact

39. There is a limited climate impact of care delivery, but it is recognised that practitioner travel to client's homes leads to emissions and traffic congestion. Practitioners are encouraged to use public transport and alternative means of travel where practicable.

40. Care Providers are responding to emissions from care use by working within smaller geographical clusters and endeavouring to reduce the travel distance required within the BCP area.

### **Summary of equality implications**

41. The primary impacts are on older people who are at a higher risk of deterioration and losing independence when they remain in hospital for longer than necessary. Other impacts are on those waiting for assessments and reviews, who are more likely to be older women with physical disabilities.

### **Summary of risk assessment**

42. This report has noted a series of risks associated with the pressures on the health and social care system during the winter of 2021/2022.
43. That care market capacity is limited because of workforce shortages. This has resulted in delays for some people who are waiting for care packages to start and a prioritisation of available capacity to support hospital discharge, with less care available to people in the community.
44. That the pressures associated with the winter period and the Covid Pandemic will result in further demand on acute hospitals and as a result, placing greater pressure on BCP council to support hospital discharge.
45. That an escalation in Covid infections may lead to further calls for local authorities to support rapid discharges in order to create bed capacity for urgent Covid-19 treatment.
46. That there is further pressure on the adult social care budget as a result of increased hospital discharges into care homes and more extensive domiciliary care packages as a result of people with high dependency needs leaving hospital.

### **Background Papers**

Hospital Discharge Service Guidance, Department of Health and Social Care, 2020

Hospital Discharge and Community Support: Policy and Operating Model, Department of Health and Social Care, 2021

### **Appendices**

There are no appendices to this report.