Impact of COVID-19 on Carmarthenshire's Adult Social Care Services

Social Care & Health Scrutiny Committee
5th October, 2021

carmarthenshire.gov.uk

Cyngor Sir Gâr
Carmarthenshire
County Council

Health and Social Care Scrutiny Report: Covid-19 Position Statement

Introduction

The Committee will recall that an update was last provided at its meeting on 11th March 2021 surrounding how the Council had continued to deliver safe and responsive adult social care services, in the face of the pandemic. Our Covid response has now very much become business as usual, and the priority is now how we respond to the demand and pressures that have emerged as a result of the pandemic. This report will therefore seek to articulate the pressures that we are now facing from an adult social care perspective, and outline the mitigations and actions that we are taking forward to respond effectively.

1. Our Covid response and recovery plans

We continue to deliver safe and effective services in response to the pandemic. We are now in the third Covid wave, which feels very different to the previous two. Whilst at the time of writing this report community transmission was increasing, the effect of a significant proportion of the population now being double vaccinated does seem to be translating into a significantly lower number of the vulnerable people that we support becoming seriously ill or passing away from Covid. This is a hugely positive step forward in the pandemic.

To date, whilst positive cases continue to emerge in care homes, with the exception of one home during the summer, these do not seem to be emerging into significant Covid outbreaks. The reasons for the outbreak in this particular home are in the process of being investigated by Public Health Wales as it does appear to be an anomaly which has not been replicated elsewhere.

Whilst the impact on care homes seems to be now be much less, the national guidance has not changed and homes are subject to 20-day closure to new admissions/visitors from the date of the last positive test. At the time of writing the report, 16 older people care homes were under 'exclusion', with 6 care homes for people with a learning disability and or mental health also subject to 'exclusion'. This is presenting some difficulties in terms of supporting new admissions or returns to care homes following a hospital stay.

The significant increase in community transmission is providing a particular challenge to our colleagues in TTP, who continue to trace contacts of positive cases and provide advice as needed.

We are continuing to pursue our recovery plans in relation to both day services and respite. In relation to Learning Disability and Mental Health day services, these have remained open for the majority of the pandemic albeit on a reduced scale. The service is continuing to safely increase the support that it can provide for those most vulnerable. In relation to older adults, the recovery plans for reopening our building-based services are currently being worked up. In the meantime, those that previously attended our day services have been offered 1 to 1 support at home where appropriate and also access to our pilot virtual day service.

2. Context to demand and pressures

Since Spring 2021, we have seen a significant increase in the volume and complexity of new referrals to adult social care both from within the community and from those admitted to hospitals. This appears to be delayed demand following the pandemic as a result of people not being monitored and receiving treatment for ongoing chronic health conditions, not having access to the usual forms of respite, and making active choices to not access services until absolutely critical due to understandable fears of contracting Covid.

As a consequence of the above, we have seen a very high increase in the number of people requiring assessment and consequently a significant increase in demand, particularly for domiciliary care.

Since the early summer, this situation has been compounded by the domiciliary care market both in-house and externally being hit by extreme pressure on staffing.

The impact of the factors described above is that at the time of writing the report we now have over 240 older people waiting in the community for social work assessment, with just under 100 people waiting for long-term domiciliary care in the community, and a further 25 in hospital. In addition to this, we have just over 40 people waiting for support via our reablement service. It is important to stress that whilst there are a large number of people waiting, new packages of care are still being started; it is just not at the pace that it would expect. To give an indication of this, we would ordinarily expect to support on average 20 discharges from hospital a week with domiciliary care. At the moment, we are supporting approximately 10 to 12 a week.

Over the last year, we have seen an increase in demand for mental health services. In response to this we have invested in our mental health social work teams. Currently, however, recruiting to the additional social work posts has proved difficult and we are looking at innovative ways to attract mental health social workers to Carmarthenshire as part of a recruitment strategy. We are also investing in social work assistant posts to enable us to have an increased focus on the preventive agenda.

3. Current position in-house domiciliary care service

In Carmarthenshire the in-house service has approximately 33% share of the market and employs 366 (357 staff in total, includes supervisors and Seniors) domiciliary care staff. Going forward the ambition is to grow the in-house service to 40%.

During the pandemic, we had a rolling programme of recruitment and successfully recruited additional staff. In recent months, this has been less successful; we currently have 30 vacancies at present equating to circa 750 hours of care. We are progressing a recruitment strategy which will outline a number of approaches such as using social media and local campaigns.

Sickness levels within the in-house service are running at approximately 16%. The impact of short and long-term sickness, and those self-isolating is a loss of 1,633 hours of care which is currently very challenging.

It is perhaps useful to note that during the first covid wave sickness levels were approximately 8/9%.

Mitigations

We are meeting as a management team to do some contingency planning for a worst-case scenario given our recruitment challenges. This will include current vacancies and pre planning for resignations, retirement, and stage three dismissals under the sickness policy. What is clear is that our attrition rate far outstrips our ability to recruit, so we may need to start looking at reviewing existing care and support plans to see where we can rationalise some packages.

We are training our supervisors in reablement to be able to undertake SSWBA Assessments and review care and support plans which will relieve some of the pressure and assessment waiting times in care management teams. At present we have approximately 40 waiting in reablement for long term care accounting for 200hrs per week. Consideration is also being given to how reablement capacity is supporting long term care to sustain packages due to the current demand/capacity pressures, and to meet regulatory requirements.

Furthermore, most sickness is short term which compromises the service's ability to contingency plan.

Additional recruitment, retention and remuneration measures are included at the end of this paper. Colleagues across the Council are collaborating to sustain this critical service, to protect our most vulnerable, and support staff at this unprecedented time.

3. Commissioned sector

There are currently 12 providers on the domiciliary care framework providing care and support to 854 services users, which equates to 9,026 hours. All providers are experiencing workforce challenges which is having an impact on their ability to meet service users' needs and a number of providers have handed back packages of care, the majority of which are now being picked up by the in-house service. These challenges are not unique to Carmarthenshire and are being mirrored across the region, Wales and the UK.

There is no single cause of the workforce challenges, but feedback from providers and our own experience has highlighted that it is a combination of the following:

- Staff sickness (the lag impact of Covid and general fatigue within the sector);
- The summer holiday season and staff legitimately requiring leave;
- Staff isolating as a result of covid contacts via TTP;
- The impact of Brexit and reduced immigration has resulted in a reduction in the overall pool of labour to meet hospitality, tourism, retail etc and the associated knock-on effect for the care & support market;
- The associated service challenges i.e., unsociable hours, isolated roles, parity of pay when compared to other service areas etc;
- Active recruitment from Welsh Government agencies and Health at better terms and conditions taking people from the front line of social care.

4. Demand

The demand on the whole sector has seen a rise in the number of service users and number of hours being commissioned in the Local Authority and the Independent sector.

In February 2020 (Pre Covid) the number of Service Users were 1139, and provided 12,472 hours. The in-house team supported 317 service users and 3,860.5 hours, and the independent sector supported 836 and 8,611.5 hours. (14 service users were supported by in-house and the independent sector)

At the end of July 2021, the number of Service Users were 1149, and provided 12,766 hours. The in-house team are broadly supporting a similar level of service users and hours at 308 service users and 3,818 hours. The independent sector has picked up the additional demand who now support 854 service users and 9,026 hours. (10 service users were support supported by in-house and the independent sector)

The additional pressure has seen that the demand on the independent sector has increased by 415 hours from February 2020 to the end of July 2021. Based on the average staff contract of in-house staff, there would be a requirement for an additional 16 staff to meet the contracted hours without any cover for sickness, holidays, etc.

Mitigations

The following mitigations are in place to address the workforce issues:

- A Regional Escalation Policy for Domiciliary Care has been developed and awaiting sign off. This provides a consistent framework across the region in

relation assessing system pressures in the market. It also details the contingency approach to escalation;
- It is a contractual requirement for all providers to have contingency arrangements and a RAG based approach to delivery of care forms part of this;
- Effective brokerage working with providers to effectively use available resources;
- The recommissioning of domiciliary care has commenced, and the tender is currently being evaluated. We have worked with the sector to develop the new framework and learnt from the previous recommissioning exercise;
- An all Wales Workforce Strategy has been developed and regionally there is now a strong focus to develop a regional strategic approach to inspire people with the right value base and attitudes to start a career in care. This will involve a marketing campaign, use of social media feeds etc;
- Rebalancing the care market supporting the growth of the in-house service and therefore capacity to support contingency/provider of last resort;
- A regional rapid recruitment pilot project - response to joint induction framework and blended induction approach of virtual learning linked to Social Care Wales recruitment portal;
- We are developing our Direct Payments offer as an alternative to commissioned services, and have just launched our Family Support Grant as a way to pay families who are in a position to provide care on a temporary basis to provide support until a long-term provider can be found;
- We are developing a business case to develop micro markets to respond to hyper local needs, especially in more rural parts of the County;
- Key recruitment and retention initiatives are also being progressed.

We are also doing everything we can to minimise the level of support that people need and consequently care required, as well as offering temporary support, through the following:

- We review everyone on brokerage in both hospital and the community on a weekly basis to look at opportunities to decrease the level of support needed as level of independence improves. As part of this, we will be having conversations with families about what they can do to support their loved ones on an interim basis until care can be secured and look at options to safely support people home from hospital whilst they are waiting for a package of care;
- Our Releasing Time to Care Team/Review Team are routinely reviewing all existing packages in excess of 28 hours per week to look at every opportunity to right size/release hours where possible;
- We are offering all those waiting in hospital for domiciliary care short-term placements in residential care whilst they are waiting. This offer however is being met with some resistance due to the 14-day isolation required on transfer

to a care home and the fear factor of going into a residential setting following the number of deaths in care homes in the first and second waves;
- We are continuing to use ART Crisis Response, Delta, the Community Independence Service and reablement service to bridge packages of care wherever possible and where capacity allows;
- We are transferring people out of acute beds to our community hospitals where appropriate to wait for a package of care;
- We continue to develop the step-down assessment unit in Llys Y Bryn to support a safe step-down from hospital before patients are ready to go home.

5. Older People Services Assessment and Care Management

We have experienced unprecedented numbers of complex referrals following the easing of restrictions and currently have approximately 240 assessments waiting allocation. This is an improvement on a few weeks ago when there were close to 300 waiting, but is still much higher than we would like. We are screening all requests for assessments as they come in and risk assessing each referral and RAG rating them in order to prioritise allocation. We have an emergency duty officer on call every day, so any emergencies are seen in a timely manner. Social Work recruitment is at a critical point with growing numbers of adult social work vacancies. There is evidence that Welsh Government (CIW, CAFCASS) and Health board recruitment are all taking capacity out of the social work and social care workforce. All referrals are being dealt with by our Information, Advice and Assistance service to divert or respond to without the need for social work assessment.

From an Occupational Therapy perspective, we do have a small number of vacancies, but we are not experiencing the same difficulties with recruitment currently.

Mitigations:
- We are advertising for social workers but are having limited number of applicants.
- We are also approaching agencies for social workers with no success, but continue to do so.
- We are looking at new ways of working to manage demand ensuring we continue to work within legislative remit; there is scope to look at the reablement pathway and take a trusted assessor approach for screening for suitability into the service, rather than require a professional assessment.

6. Further Actions and Covid Recovery Grant

Whilst the mitigations outlined above are helping us to manage demand, there is a significant risk that they alone will not allow us to keep pace with the overall demand and pressures. We are therefore implementing some key actions as follows:

1. A rapid recruitment and retention analysis regarding social work across children's and adult social care. This will consider – vacancies, advertising, response, and benchmarking salaries/ T& Cs) across the region.
2. Implementation of a a new HR system for social care recruitment.
3. A retitle of jobs from domiciliary care worker to Home care worker (or similar)
4. An abridged application process and preapproval to advertise corporately.
5. Suspending the requirement to go to redeployment for domiciliary care, residential care and social work.
6. Rolling recruitment for social work, domiciliary and residential care with applicants interviewed weekly.
7. Enhanced pay and terms and conditions for in-house domiciliary care staff to incentivise them to work increased hours.

In addition to the above, we have been awarded £2.4million by Welsh Government to aid social care Covid recovery. This funding is a one-off grant and has to be spent by the end of the financial year, but will be used on initiatives that help us to develop assessment and care management capacity, domiciliary care capacity and temporary support for individuals and families until longer-term arrangements can be put in place.