

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2

16 FEBRUARY 2023

REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

ADULT SOCIAL CARE PRESSURE AREAS

1. Purpose of report

- 1.1 The purpose of the report is to detail the current service pressures being experienced in Adult Social Care, describe the mitigating actions that the service is undertaking and how we are working across Health and Social Care to manage the overall situation. Whilst there are a number of adult service pressure areas, this report will focus on two main service areas, these being care and Support at Home/Domiciliary services, and our social work service.

2. Connection to corporate well-being objectives / other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:

- **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focused on raising the skills, qualifications and ambitions for all people in the county borough.
- **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
- **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

Integrated Community Services

- 3.1 Bridgend County Borough Council (BCBC), originally with our former health board, and now with Cwm Taf Morgannwg (CTM) University Health Board, in partnership with Bridgend Association of Voluntary Services (BAVO), have developed integrated community services for adults. These approaches are based on intervening early to ensure that people receive timely responses that are proportionate to their needs and risks, and that promote people's independence, voice, choice and control.

3.2 The traditional models of service have been through a process of transformation that have evolved into the current approaches, which are consistent with the aspirations of the Social Services and Wellbeing (Wales) Act 2014 and with the shift expected within Welsh Government's *A Healthier Wales, Our Plan for Health and Social Care*, and are based on the following:

- Wellbeing and Prevention: Information advice and assistance, including local area coordination and community connectivity;
- Early Intervention: reablement, progression and recovery approaches in the community;
- Managed Care and Support: strength based approaches to complex and long term care focussing on what matters to people, as well as anticipatory co-produced contingency planning with people and their families.

The focus of our integrated services is on keeping people independent, able and resilient, to enable them to continue to live independently within their communities.

3.3 We can evidence that our success until the pandemic, and that which sustained our services through the pandemic, is predicated on taking a whole system approach to delivering our services, wrapping services around individuals, particularly for those affected by frailty and disability. In doing so we have reduced duplication in our system, maximised the use of resources, improved our communication and collaboration across social and health and third sector services and delivered tangible improved outcomes for people using community services in the most challenging of times.

3.4 Within our integrated multi-professional Community Resource Team, we have a well-established Common Access Point for people seeking information advice and assistance, based on 'what matters' to people at that time. In addition, we have developed a suite of short-term intervention services which are based on enabling and re-abling approaches. These are therapy led and aim to maximise people's recovery and independence. Where it appears people need care and support to remain at home, our well-established short-term services develop plans of recovery and enablement with individuals; the outcome of these interventions can often be that people go on to not need any ongoing care and support services at home.

3.5 There are however some people who will need long term care and support, and for these people we have developed a multidisciplinary 'team around people' in our Community Cluster Network teams, comprising multi-professional health and social care, as well as primary care professionals to support timely and responsive assessments around individuals receiving care and support at home. This approach has facilitated anticipatory and contingency planning with people and their families, their care providers and the community and primary care teams, at home or in care home settings to mitigate the risk of personal or family crisis or carer breakdown.

Care and Support at Home/Domiciliary Care

3.6 Having safe, flexible, and effective domiciliary care services are an essential part of the Council's strategy to help and support individuals to maintain their independence. The demands and pressures on care and support at home services post-Covid, whilst not yet fully understood, are increasing considerably for a variety of reasons.

3.7 The below is an extract taken from Welsh Government's '*Rehabilitation: a framework for continuity and recovery 2020 to 2021*', which is intended to assist service planning for the anticipated increased demand for rehabilitation (and therefore social care) for people affected by Covid across four main areas:

- People who have had COVID-19: those recovering from acute COVID-19 symptoms, including people who experienced extended time in critical care and hospital, or those whose acute care was managed in the community and those with prolonged symptoms of COVID-19 (Long COVID) recovering in the community;
- People awaiting paused, urgent and routine interventions and who have further deterioration in their function;
- People who avoided accessing services during the pandemic who are now at greater risk of disability and ill-health;
- Socially isolated/shielded groups where the lockdown has led to decreased levels of activity and social connectivity, altered consumption of food, substance misuse, the loss of physical and mental wellbeing and thus increased health risk.

3.8 Alongside these demand pressures, the Covid pandemic highlighted the fundamental importance of care and support at home, and the role of professional care workers, in providing essential personal care and support to highly vulnerable people to keep them safe, well and connected. Put simply, this service is the foundation of the whole health and social care system and unless there is sufficient quality and capacity of provision, the whole system and our most vulnerable people are at risk.

3.9 Social Care Wales undertook a review of social care provision across Wales in 2021 with engagement of all 22 local authorities and nearly 2,000 commissioned services. Their report established Domiciliary Care vacancies made up more than 35 per cent of the total vacancies in social care; this was the highest number of vacancies in any service in social care in Wales despite it being the second largest service area.

3.10 We are currently facing unprecedented challenges in health and social care services, in particular care and support at home services primarily as a result of:

- a. Increasing Demands** – brought about by an ageing population (2nd largest projected population growth in Wales), increasing dementia rates, and the adverse longer-term effects of Covid. Headline figures are below:

Demographic changes in Bridgend (taken from ONS statistics)

- By 2028, people aged 65+ will have increased by 11% (3,491), compared to 2022. By 2035, this figure will have increased by 25% (7,767).
- By 2028, people aged 75+ will have increased by nearly 15%, compared to 2022. By 2035 an overall increase of 27% (3,944) is anticipated.

- By 2028, people aged 85+ will increase by 17%, compared to 2022, and is likely to have increased by 53% by 2035.

Increasing dementia rates

- In 2001, 1,461 had diagnosis of dementia in BCBC. In 2011 this increased to 1,704, predicted to rise to around 3,274 by 2035 – more than double when compared with 2001.
- Between 2022 and 2035, dementia rates are projected to increase by 45%.

b. Insufficient Capacity – where there is a limited workforce in place and significant difficulties in recruiting and retaining sufficient levels of qualified care staff. This has been further exacerbated within internal services by high levels of staff absences and vacancies in care worker roles; this equates to in excess of 1,966 hours per week of missing capacity within internal services in recent months.

3.11 The impact of these pressures is that we continue to have 97 individuals on waiting lists for both short-term and long-term care at home services, which is in turn putting significant strain on hospital settings where individuals are medically fit for discharge, but there is not sufficient care worker capacity to support them in their own home.

4. Current situation/proposal

4.1 As can be seen from the table below, the total assessed weekly hours provided across all homecare services (short term and long term) has reduced over the past 2 years from pre-pandemic levels, due in the main to the capacity issues outlined above:

Period	Internal Homecare	Commissioned	TOTAL HOURS
End March 2020	2,676 (22%)	9,670 (78%)	12,346
End March 2021	2,456 (20%)	9,976 (80%)	12,432
End March 2022	2,475 (22%)	8,776 (78%)	11,251
End December 2022	2,231 (21%)	8,562 (79%)	10,793

4.2 The total long term homecare hours currently provided by our in-house service are circa 1,500hrs/week, this is less than pre-pandemic levels, and the capacity deficit is exacerbated within internal services due to high numbers of vacancies and higher than usual sickness levels. Unfortunately this deficit in capacity is reflected in the large numbers of individuals on BCBC and Independent Domiciliary Care providers (IDC) waiting lists.

4.3 In April 2022, following a recommissioning exercise of independent domiciliary care, the number of providers on our framework increased from 15 to 18. As part of this exercise, the average hourly rate paid to IDC providers increased by almost 25%, from approx. £20/hour up to £25/hour in 2022/23, which included an increase to allow for providers to pay care workers the Real Living Wage (RLW) (£9.90/hour in 2022/23), in accordance with the Real Living Wage pledge by Welsh Government.

4.4 In spite of the above, the ability of our independent care providers to pick up packages of care to enable flow from the hospital and through internal short-term services has been severely impacted throughout the pandemic, fundamentally because of a lack of care worker capacity to meet demand with the main reasons for this being:

- **Rates of pay** – although the RLW pledge and increased funding from BCBC following the recommissioning exercise has been welcomed, the additional costs in terms of the registration requirements, maintaining their own vehicles, and there often being unpaid ‘down-time’ between calls, makes care workers still feel that their role is significantly under-valued when compared to other sectors (such as retail/hospitality), where rates of pay are at least comparable, with none of the additional costs or regulatory requirements.
- **Regulatory requirements** – the Regulation and Inspection of Social Care (Wales) Act 2016, has specific requirements for care workers around registration and on-going Continuing Professional Development (CPD) requirements (specific training plus 45 hours of additional learning over three years), which although welcome in terms of enhancing the status for care workers, appears to have the unintended consequence of being a barrier to some, due to the extra cost and work required in addition to providing care.
- **Disclosure and Barring Service (DBS) delays** – a DBS check is a regulatory requirement and new staff cannot commence care work until this is completed, and providers are advising that there can be delays of up to six weeks to complete a DBS, where recruited staff are offered and are accepting other work in other sectors during this time.

BCBC support to address these challenges

4.5 In July 2022, Cabinet and Corporate Management Board (CCMB) received a report that set out a number of urgent options being considered to support internal services and the IDCs with recruitment and retention, and also support with the increasing costs being incurred by care staff, where a number of recommendations were approved by CCMB, summarised below:

- Paying IDC providers an extra £1/hour from August 2022 to March 2023, which will allow them to pay extra travel expenses and support recruitment & retention.
- IDC care workers sign-posted towards the Blue Light Card discount scheme.
- Supporting the IDC providers to identify the best methods of supporting their recruitment and retention processes, in a bespoke way if needed.
- Progressing the options to make in-house services more attractive to help with recruitment & retention. i.e.
 - Review of job descriptions and working pattern options.
 - Consideration of a market supplement.
 - Promotion of staff benefits/discount schemes.

- BCBC agreed to increase the mileage rate paid to BCBC staff to £0.50/mile, and approval is now being sought to continue this arrangement by adopting the Joint Protocol for mileage rates in Local Authorities in Wales, which is still under review currently.

A joint recruitment exercise alongside CTM Health Board has been developed for recruitment to health posts as the University Health board do not face the same recruitment challenges as the council, with secondment requirements back to BCBC's internal homecare services. We are utilising money from current vacancies to support this initiative. Initially funding for these posts was agreed up to 31st March 2023, however we are now looking to recruit permanently utilising the budget from the vacant posts.

- To improve vacancy management and carer recruitment we have:
 - Held a corporate recruitment drive.
 - Engaged and promoted job opportunities via social media campaigns.
 - Exhibited and participated with jobs fairs.
 - Promotional opportunities including the '12 jobs of Christmas'.
 - Linked with the national recruitment drive by Social Care Wales.
 - Engaged with colleges to target and encourage school leavers to consider careers in care services.
 - Facilitated community-based recruitment events.

At the of end of November 2022 Support at Home services reported 1,552 vacancy hours per week. In December 2022 and January 2023, the service appointed 6 x 25 hour contracts which are still pending clearance to commence work; as of 6th February 2023, it is anticipated that this will reduce the total vacancy hrs to 1,402 hours per week.

Revising our Hospital Social Work Model

- 4.6 On 18th July 2022, the Hospital Social Work team (HSWT) implemented a new operating model alongside the launch of a new discharge hub within Princess of Wales Hospital. The new discharge hub sees numerous practitioners co-located within a 'hub' with a shared goal towards delivering timely and safe discharges. The hub consists of Social Work Practitioners, Discharge Liaison Nurses, Care and Repair team and the Better at Home team leaders. Feedback relating to the hub has been positive, with reports of swift communication, a reduction in email contacts between practitioners and further improved working relationships.
- In response to increasing frequency of Business Continuity incidences within the local Acute Hospital site, Adult Services has written an Escalation Plan (**Appendix 1**) that will be activated by senior management within the Directorate. The Escalation Plan seeks to have an internal, consistent, and focussed response to assist the Health Board in gaining additional bed capacity in order to manage the on-site risk within the hospital.
 - There has been consultation to help inform the specific structure and working pattern(s) for care workers moving forward, which will have the objective of

making the role in internal services as attractive as possible in order to recruit and retain a sufficient, quality workforce. A pilot rota pattern and structure will be implemented in a defined geographical area from mid-February with ongoing engagement and profiling work to inform future operational elements of the service

- Following receipt of Welsh Government letter on 30th December 2022 in relation to discharging from acute hospitals we have jointly enacted a focused discharge piece of work with the Hospital to determine how we jointly manage individuals and risks associated earlier discharge.
- We are currently undertaking a focused piece of work to review the waiting lists in our short term services, specifically for BridgeStart, Bridgeway and Reablement, to ensure people who have current referrals still require the services and the information on the referral reflects the person's needs.
- Interim placements and direct payments are routinely explored with people and families. To support this the Council in partnership with the University Health Board, has jointly commissioned six 'discharge to recover and assess' beds in Brocastle Care Home, which it is envisaged will mitigate some of the risk to people remaining in hospital waiting for care at home.
- In addition, within the care home sector, Abergarw Manor care home in Brynmenyn has a phased reopening from this month. It is anticipated that 15 beds will be available by the end of March, increasing to a full capacity of 20 beds soon after. These beds will be focused on people with specialist nursing needs, addressing a particular constraint in the region.
- The directorate continues to explore all options to meet assessed needs including reviewing the skill mix of staff in the integrated services.

Waiting list information

4.7 On 23rd January 2023 a review commenced of the Bridgestart service waiting list, focused on referrals from May – December 2022. The service will be reviewing all waiting lists in other areas, once this review is completed. To date, we have completed 72 of the 125 reviews of people waiting; of these 65 packages of care were no longer required due to:

- 25 x packages of care have now commenced
- 7 x people went into long term residential care
- 5 x people have sadly died
- 10 x people were admitted to hospital – and reassessments will be required prior to discharge
- 2 x properties were adapted and enabled people to live independently and no longer require a service
- 16 x people contacted are now managing independently or with sustainable family support and no longer require commissioned services.

Overall, this equated to a reduction in waiting list for care of 52% from May to December 2022.

However, subsequently the service has received more referrals and the current situation is 97 individuals are on the internal service waiting list, of which 13 are in hospital and 84 are currently in the community with no package of care in place. There are 22 people in short term services needing 211 hours of independent domiciliary care, this in turn is impacting on the flow out of short term assessment services.

Capacity deficit in internal homecare services

- 4.8 On 3rd February 2023, Internal homecare services had 22 employees absent due to sickness, of which 18 are classed as long-term. This equates to a total of approximately 564 hours per week of missing capacity due to staff absence.
- 4.9 Even though still challenging, this is an improved position because this is a significant reduction when compared to absence levels at the end of April 2022, which totalled approximately 900 hrs per week.
- 4.10 There are also frontline staff vacancy levels of 1,402 hours per week, meaning a total in excess of 1,966 hours of missing capacity within internal services, which means some care workers are working in excess of their usual contract hours. Agency is in use to cover approximately 640 hours per week of direct support.

Social Work Service

- 4.11 The market for professionally qualified registered social workers is extremely competitive in South Wales. As at 18th January 2023 there were 99.15 full time equivalent social work staff working in adult social care services; this figure includes Team Managers and senior practitioners. In the same week there were 22 social work vacancies, which were partly mitigated by the employment of eight agency social workers and one agency social work assistant, and recruitment remains ongoing for more agency social workers. This is a significant deficit in the overall social work and assessment capacity for the Directorate. Sickness levels during the same week were however relatively low, with four social workers absence for reasons of sickness; however in 2021/22 there was average 23.94 days lost due to sickness, per full time equivalent social work staff.
- 4.12 A challenge for Adult Social Care services is the continued loss of experienced social work staff, for example from quarter two to quarter three of 2022/23, 17 members of staff left the Council and 16 were appointed. However when you look at the skill mix of the staff leaving and the staff starting in the service it breaks down as follows:
- Leaving: 2 x team manager/ senior practitioner (supervising practitioners), 11 x registered social workers and 4 x social work assistants
 - Starting: 2 x team manager/ senior practitioner (supervising practitioners), 4 x registered social workers and 10 x social work assistants

This is a significant challenge because there are limitations on the level of assessment and risk that can be managed by social work assistants, who are qualified to carry out relatively low risk straight forward tasks, under the supervision of professional social work staff. So, the remaining social workers are having to carry out the assessments where there are gaps in professional staff, as well as have oversight of the social work assistant work and this in turn places a significant additional pressure on the remaining registered qualified staff.

- 4.13 These vacancies are having an impact on social work capacity. On 18th January 2023, there were 170 unallocated Social Work Cases. When comparing April to November 2021/22 to 2022/23 we have experienced a 4.3% increase in requests for assessments and interventions. As a result of the reduction in capacity and the increase in complexity we are supporting in the community, our performance in respect of carrying out assessments, and reviews of plans of care and support or placement in residential settings, has decreased by 3.27% and 3.14% respectively.
- 4.14 We have been actively trying to recruit professional registered social work staff, through advertising and social media marketing. The Directorate is currently actively seeking to appoint a Marketing and Communications Officer to improve and enhance our ability to attract high calibre candidates to Bridgend.
- 4.15 In addition we have been exploring opportunities with Universities and their students, with fast track approaches to employing imminently qualifying staff on unqualified or casual appointments until they have completed their studies with a view to offering permanent appointments. The Directorate has also taken on four social work trainees to increase capacity, but until they have completed their studies there are limitations on the tasks that they are able to undertake autonomously. Furthermore, four staff have been seconded to undertake their social work degrees, which will increase our social work capacity throughout their training; there is an expectation that they will work for the directorate for a minimum of two years post qualifying.
- 4.16 As part of an action plan to mitigate deficits in social work capacity, Group Managers are proactively monitoring capacity in teams on a weekly basis, and where necessary moving staff to mitigate risk. Social work caseloads are proactively being reviewed in order to free social work capacity where possible by transferring long term managed care and support into the Transformation and Review Team, to free capacity for assessments. Where cases are deemed to be escalating and have high priority for intervention, a multi-professional approach is being implemented utilising the 'Team around the Joneses' in our integrated services. In addition, there is direct oversight of sickness procedures to ensure absence is managed effectively. Furthermore a central contact has been created to coordinate and manage the recruitment of agency staff.
- 4.17 The current situation is being managed under a Gold and Silver command structure, with the Corporate Director Social Services and Wellbeing chairing the Silver command meetings and monitoring the short and long term action plans.
- 4.18 The pressure in the whole of the Health and Social care system is the subject of national, regional and local media. Whilst this is not a new position in Bridgend it is now recognised that a significant number of areas of Wales are in a similar position.

4.19 There are discussions nationally, regionally and locally on how we can plan a way out of the current situation and what needs to happen in the whole system approach from primary care, community capacity, admission avoidances, internal within acute sites and then discharges. Our joint integrated services give us the foundation to meet our responsibilities and we need to work together to ensure that our community staff and skills are in the right place to deliver the right services for our population.

5. Effect upon policy framework and procedure rules

5.1 There is no direct effect upon the policy framework and procedure rules. The Authority's response will be guided by advice and guidance from Welsh Government and within the remit of the all-UK Ethical Framework for Social Care in the context of COVID-19.

6. Equality Act 2010 implications

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The delivery of domiciliary care / care at home services supports the five ways of working under the Well-being of Future Generations (Wales) Act 2015, as follows:

Long Term – our service models will be a more person-centred and outcome-focused way of working, more in keeping with the requirements of the Social Services and Wellbeing (Wales) Act 2014, and more appropriate for the longer-term.

Prevention – domiciliary care / care at home services are essential preventative services to mitigate the need for more costly residential care placement, where individuals are supported to maintain independence and live in their own homes for as long as is possible and appropriate to do so.

Integration – the service providers will need to work with a wide range of stakeholder groups and organisations (such as Health) to ensure the best possible outcomes for individuals in receipt of these services.

Collaboration – the service model is predicated on close collaboration between the service provider, social work teams, wider stakeholders and communities, and the individuals themselves.

Involvement – Key stakeholders and providers have been involved to help shape and inform our domiciliary care / care at home services

8. Financial implications

- 8.1 The Quarter 3 2022/23 budget monitoring report projected an over spend position of £4.422 million for Adult Social Care Services. Specifically for the issues raised in this report, for older adults and disabled people, the projections reflected an over spend of £1.010 million.

	Net Budget £'000	Projected Outturn £,000	Projected Variance £'000
Older People	23,371	24,030	659
Physical Disability/Sensory Impairment Budget	5,093	5,444	351
TOTAL	28,464	29,474	1,010

- 8.2 The projected over spend in services to Older People of £659,000 relates mainly to overspends in Residential Care of £132,000, Home Care of £216,000 and Assessment and Care Management of £333,000. The Residential Care over spend of £132,000 is primarily due to an increase in the additional number of care packages. The £216,000 projected over spend in Home Care is primarily due to increases in Independent Domiciliary Care/Short breaks placements – an additional 60 packages of care since quarter 2. With significant numbers of individuals awaiting packages of care, if hours become available, this projected over spend is expected to increase by year end. The Assessment and Care Management over spend of £333,000 is largely due to the increased costs of having to rely on agency staffing. Various recruitment activities and initiatives have been actioned in order to fill vacant posts, but appointments have been affected by the acute lack of availability of staff and increasing demands across the Care sector.
- 8.3 The projected over spend within the budget for people with Physical Disabilities/Sensory Impairment is mainly due to continuing demand on the equipment and adaptations budget due to the need to support individuals in line with Welsh Government's rehabilitation and recovery model. However, this is helping to support individuals at home and preventing them from escalating care needs which would increase the pressure on hospitals and other areas of pressure within Social Services and Wellbeing.
- 8.4 In 2021/22, Social Services & Wellbeing received one-off grant funding such as the Social Care Pressures Grant (£2.221m), and the Social Care Recovery Fund (£2.916m) which provided significant in year financial support for the service. No equivalent funding has been received in 2022/23 to date.

9. Recommendation

- 9.1 It is recommended that the Committee note and consider the contents of this report; and provide feedback on the options being explored, and propose any alternative options not currently listed that might be beneficial to the situation.

Claire Marchant
Corporate Director Social Services and Wellbeing
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Contact officer: Jackie Davies
Head of Adult Social Care

Telephone: (01656) 642121

Email: jacqueline.davies@bridgend.gov.uk

Postal address: Civic Offices, Bridgend, CF31 4WR

Background documents:

None