People and Health Scrutiny Committee
31 January 2022
Update on Market Sufficiency and the Impact of Covid-19

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): Cllr

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Report Status: Public

Recommendation:

For Members of the People and Health Scrutiny Committee to:

- Consider, comment and note the updated position and further deterioration in Dorset's market sufficiency of social care provision since the November 2021 report as a result of additional workforce pressures caused by the new Covid-19 variant
- Consider, comment and note the change in Government guidance since the last report and the additional funding released into the sector and the actions Dorset are taking in response to this
- Consider, comment and note the level of risk for Dorset residents and Dorset Council as an organisation
- Review the progress on the short term and medium term actions to mitigate the risk and new actions identified

Reason for Recommendation:

To continue to ensure Members of People and Health Scrutiny Committee are appraised of the current position for adult social care in Dorset and the actions being taken to reduce and mitigate the situation.

1. Executive Summary

1.1 The lack of available care as a direct result of Covid-19 continues to be reported nationally. This has been further exacerbated in December 2021 and January

2022 by the spread of the Omricon – a Covid-19 variant. This spread of the variant has led to a rise in the numbers of care staff having to self isolate therefore reducing workforce capacity and a significant reduction in care home placements available.

1.2 In response to the new variant a plethora of changes to government guidance have been introduced at short notice; additional one off funding provided until 31/02/2022 to support and retain the adult social care workforce and new targets introduced to ensure acute hospitals can manage the forecast increase demand on beds.

1.3 As reported to Committee in November 2021, Dorset Council faces the same pressure being reported nationally where all systems are reporting high demand. Dorset has additional factors exacerbating the scale of the challenge. These factors are unique to Dorset and are set out in the Councils Plan; they include:

- The demographic profile - an ageing population and a decreasing working age population; consequently a higher number of people needing care and fewer people available to deliver it – this means the health and social care sector has to focus on how it will build and retain its workforce
- The rural nature of Dorset – a large dispersed area which requires care staff to travel long distances to deliver support to people in their own homes. This means that individual care staff can support fewer people each day than if there were working in urban areas
- An affluent area (with pockets of deprivation) - a higher than average number of people are able to pay for their own care. This has a direct impact on the provider market as 'self funders' are likely to pay more for care than the Council rates. When resources are scarce as they are currently are in the home care sector the Council is less able to compete for care hours unless higher rates are being paid. On the 16/12/2021 the government published *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023* – this includes the new approach and ambition for parity for self funder and council charges for care
- Property prices – the Council Plan states that property prices are more than 10 times average earnings; social care sector staff paid at living wage rates find it more difficult to buy and live in Dorset reducing the available workforce

1.4 The scope of the report focusses on the sufficiency of the following areas and builds on the report presented at the November 2021 Committee meeting:

- Reablement and short term services
- Home care services (domiciliary care)
- Supported living and supported housing services (including support to individuals in transitions)
- Care homes

1.5 The report confirms the continued shortage of home care and therapy provision in the Dorset area however it also highlights the significant impact the Omicron Covid-19 variant is having on the care home market. The position changes daily however, as a snapshot, on the 04/01/2021 53% of care homes had an incident

or outbreak of Omicron meaning only 2%[1] of care home beds were available for admission without a thorough risk assessment being conducted by the Councils Public Health and Quality teams alongside Clinical Commissioning Group colleagues.

1.6 Lack of care home beds, in addition to the shortage of home care and therapy support continues to have an adverse impact on the local hospitals discharges. Whilst the numbers of people waiting to be discharge remained relatively steady in December there has been a decline in January 2022 because of the shortage of health and care support provision at the same time as the requirement to reduce our number of people who are medically fit for discharge (referred to as No Criteria to Reside) by 50% by 24/12/2021 and 30% by 31/01/2022.

1.7 Dorset hospitals consistently report they are working at Opel 4 level which is the highest level of risk and lack of unoccupied beds however there has been odd occasions this has reduced to Opel 3.

2. Financial Implications

2.1 Since the last report there have been a significant influx of Government announcements and additional funding into the sector. This is short term until 31/03/2022 and primarily to be passported through to providers; ringfenced to alleviate workforce pressures and to support providers to reduce infections:

- Funding ringfenced to support winter workforce pressures for adult social care:
    - Additional national £162.6 million announced on 21/10/2021 – for Dorset equating to just under £1.157 million payable in two instalments* and became available in December 2021
    - Additional national £300 million was announced in December 2021 with guidance published on 16/12/2021 – for Dorset equating to just under £2.136 million payable in two instalments*
- On the 29/12/2021 an extra £60 million (Adult Social Care Omicron Support Fund) to support against the spread of the infection – includes investment in improved ventilation, use of direct payments, paying for Covid-19 sickness and self isolation of workers – for Dorset this equates to approx. £427,000

2.2 The above funds are in addition to support from the Community Outbreak Management Fund; Adult Social Care Infection Control Fund; Adult Social Care Vaccine Fund and Adult Social Care Rapid Testing Fund. The distribution and allocation of these are reported to the Council Audit and Governance Committee.

2.3 Whilst the additional funding is appreciated and helps with workforce retention for the winter it doesn't help strategic long term planning. The Council is planning how to support the sector in 2022/2023 and beyond and is currently undertaking cost of care exercises for care homes and home care / supported living fee rates. This will inform rates for 2022/2023. The Committee following its scrutiny of the

[1] The National Capacity Tracker reports on average between 13-16% vacancies in Dorset Care Home beds however this does not account for the bed closures due to Covid-19 outbreaks or quality concerns.

Councils 2022/2023 budget in December 2022 is aware of the proposed 7% increase for the Adult Social Care and Housing budget which has been identified as the increase needed by both the National Audit Office and the Association of Directors of Adult Social Services (ADASS) if directorates are to meet the increasing complexing of individuals needs. In addition to this UKHCA (UK Home Care Association) and other organisations are also recommending bring direct pay rate of care workers is bought to parity with other sectors eg, retail and leisure and a minimum of £10.50 per hour is paid to workers.

2.4 The Hospital Discharge Programme 4 (HDP4) funding is only available until 31/03/2022 and this covers a number of services which support people who are 'medically fit' for discharge. The Council and CCG alongside discussions with 'system' partners will need to make decisions on the ongoing commissioning of these services and this will depend on further guidance from government.

3. Climate implications

3.1 Staff continue to travel across Dorset in order to deliver care and support. All providers and commissioners are cognisant of climate implications and reducing travel time by delivering support to people in the same areas rather than travelling across from one side of Dorset to the other.

4. Other Implications

4.1 The significant gaps in workforce capacity continue to impact:

- People continue to wait for care in the community for longer than they should or they are being placed in care homes prematurely as there is only limited care available in the community and a lack of therapy. A recent national ADASS survey reports 1 in 10 people are not getting the care options they are assessed to need.
- People are not able to be discharged from hospitals into the service they need in a timely way therefore blocking hospital beds for other patients. As stated in the report during December 2021 all health and social care systems were asked to discharge 50% of people who were 'fit' for discharge by 24/12/2021 and to discharge 30% by 31/01/2022
- Assessments and reviews are not undertaken as timely as the Council would hope as teams need to prioritise people with the highest risk. Carers and the voluntary and independent sector are all being asked to do more. The ADASS National Winter Contingencies Survey published on the 13/01/2022 stated the majority of local authorities are reporting this (see Appendix 4).

5. Risk Assessment

5.1 Having considered the risks associated with this decision, the level of risk has been identified as critical due to:

- The prioritisation of people at greatest risk (critical and high)
- Delays for people accessing assessed levels of care and support because of lack of workforce capacity
- The decrease in care home bed availability due to the Omicron variant

- Continued significant financial risk

6. Equalities Impact Assessment

6.1 Not required for this report.

7. Appendices

7.1 Appendix 1: Services Commissioned from Hospital Discharge Programme Fund

Appendix 2: ADASS Prioritisation Tool for Home Care

Appendix 3: Responding to COVID-19: The ethical framework for adult social care

Appendix 4: ADASS Winter Contingencies Survey

8. Background Papers

8.1 November 2021 Market Sufficiency Report to the Committee.

Footnote: Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

THE REPORT

1. Introduction

1.1 This report builds on the previous report to the Committee on 01/11/2021; setting out the current market sufficiency position, updates on mitigation action being taken and highlights in greater detail the level of risk the council and health and social care system is holding.

1.2 As with the previous report it focuses on market sufficiency in the following service areas:

- Reablement and other short term services
- Home care services (domiciliary care)
- Supported living and supported housing services
- Care homes

1.3 The report makes reference to the sufficiency of health services commissioned by Dorset NHS CCG but does not go into detailed actions being taken however the Home First report to Committee will present part of that situation and these two reports are to be read together.

2. Government policy updates since the previous report

2.1 The White Paper - *People at the Heart of Care: adult social care reform* was published on 01/12/2021. This set out the 10 year vision for adult social care, providing information on funding proposals which intend to be implemented over the next three years. A separate briefing paper will be provided to Committee on this; in relation to commissioning and market sufficiency the white paper states the commitment *to invest in innovation across the sector, to shift away from a reliance on residential care, and offer people genuine options for drawing on outstanding care at home and in the community.* The white paper references the focus on wellbeing within the Care Act 2014 as a *strong foundation* and places a focus of funding on the workforce, housing and innovation.

2.2 Since the new Covid-19 variant Omicron was identified in December 2021 the Government have published a range of changes to national guidance to reduce the spread of the variant and has placed additional targets on health and social care systems. At the time of writing these included:

- Changes to care home visiting guidance put in place to reduce contact and therefore risk of spread to vulnerable residents (applied 30/12/2021)

- Changes to testing guidance for social care workforce from mid December 2021

- Changes to self isolation periods depending on negative Covid-19 tests also introduced in December 2021

- Acceleration of the Covid-19 booster programme with target for all adults to have received the booster by 31/12/2021.Thereby reducing the risk of serious

illness and pressure on the acute hospitals. Dorset met the booster vaccination target

- On the 08/12/2021 the cut-off date for care home workers who are not vaccinated to have this medically certified was extended until 31/03/2022. This extension was to retain as many care home workers as possible during this period. Currently 3% of Dorset care home workforce are not vaccinated

- On the 14/12/2021 MPs approved the mandatory vaccination of all patient facing health and social care workers in England – a requirement by 31/03/2022

- On the 13/12/2021 NHS England and NHS Improvement sent out a letter to all LAs and health providers setting out what needs to be done in preparation for the impact of the Omicron variant and other winter pressures – highlights for this include declaration of a level 4 National Incident. The letter stated the need to roll out the vaccination programme; the need to ensure seven days per week discharges taking place including during Christmas and New Year; the requirement to reduce by 50% the number of people in hospital with no criteria to reside; the set up of a new national discharge taskforce; stepping up the two hour urgent care response model (CCG led); ensuring surge plans are in place and also ensure as much expansion to capacity is taken eg through new models / services being commissioned; consideration of re-opening closed wards, looking to volunteers and to the independent sector

- On the 15/12/2021 government set out for councils what needs to be done to prepare for the potential impact of the Omicron variant and other wider pressures on Adult Social Care – outlined in the letter was confirmation of commitment to and requirement for, all care home staff and residents to have received the booster by 24/12/2021 (subject to no further Covid-19 outbreak); confirmation of the national £300m workforce and recruitment funding which is in addition to the £162.5m announced in October 2021. The letter stated the money was to ensure there is *enough capacity … and the quicker this can find its way into the pockets of care workers the better.* It also requested a review of business continuity plans and for councils to ensure we have capacity to manage service interruptions. It reiterated the need to ensure we meet the requirements set out in the letter of the 13/12/2021

- On the 16/12/2021 *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023* was published. The allocation associated with this is not yet clarified however the fund will be used for the following:
    - *conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it*
    - *engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care)*
    - *strengthen capacity to plan for, and execute, greater market oversight… and improved market management to ensure markets are well positioned to deliver on our reform ambitions*

- *use this additional funding to genuinely increase fee rates, as appropriate to local circumstances. To fund core pressures, local authorities can make use of over £1 billion of additional resource specifically for social care in 2022 to 2023. This includes the increase in Social Care Grant and the improved Better Care Fund, a 1% adult social care precept and deferred flexibilities from last year's settlement*

- 24/12/2021 the Government published a press release on the changes to the Health and Care Visa Scheme for a 12 month period; changes likely to be implemented in February 2022 to try and encourage more overseas care workers.

2.3 Some of the above is time limited and significant because of Covid-19; some is long term to help reform adult social care and the market. All however need attention and action.

2.4 13/01/2022 ADASS published the results of the Winter Contingencies Survey (survey was completed by all local authorities between 24/12/2021 to 05/01/2022. The survey was based on potential emergency contingency measures / list of actions considered by ADASS. It states very clearly:

> *It was clear in sharing the list and in conducting the survey that whilst these were possible actions to manage rising levels of demand in the face of acute workforce shortages, there was no suggestion that these were desirable or acceptable, though clearly some were unavoidable.*

Dorset Council completed the survey as did 93 other local authorities and the information in relation to Dorset in comparison to other areas is referenced throughout the report.

3. Market Sufficiency – Current Supply and Demand

3.1 Care at Home for Older People and Older People with Dementia

3.1.1 Utilisation of Short Term Care at Home Services for People Discharged from Hospital and Those Living in the Community

Appendix 1 of the report sets out the services we currently commission which were highlighted in the last report. Utilisation of the services during November and December has dropped slightly from an average of 75% to 72% - this decrease has been caused by reduced workforce in addition the previously mentioned reasons.

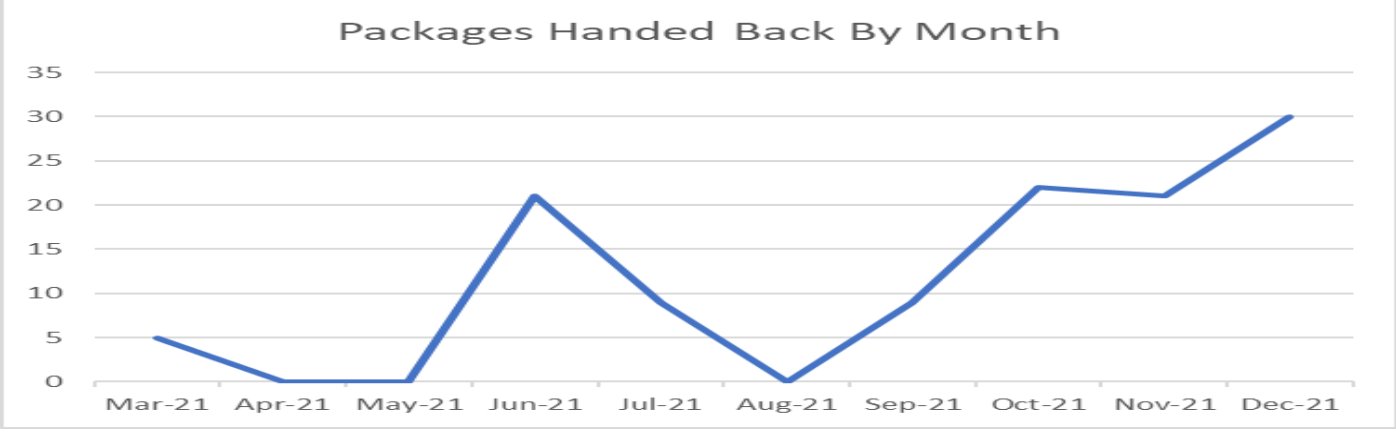
The Roaming Night service utilisation has dropped during October and November to below 50% however in December it started to increase again to just over 60% utilised. This service is to prevent night nurses and ambulance services needing to go out. They support in a rapid response way to divert people from needing emergency care and consequently support admission avoidance. We are working with 'system' partners to promote the service.

Over the last year the Reablement Service like other services has struggled with staffing shortages and are unable to deliver approximately 15% of the contracted hours. In addition to the staff shortages they have redirected some of their team to

deliver home care to people where other home care providers have had to hand back the care packages. As a consequence, they are not able to support the number of people requiring reablement support.

There have been no new block care at home contracts put in place since the last report however other schemes are being considered as part of the system escalation work and may be in place at the point of presenting the report due to the volatility of the market.

3.1.2 Hand backs – packages which providers are unable to continue to service - there are on average 12 hand backs per month (85% of these are from domiciliary care providers who are unable to continue to deliver care and support to the individual in their own home). Staffing shortages continues to be the reason for this. The graph below shows that this is a worsening position. These packages are prioritised for support through the next available provider. On some occasions the provider of last resort has needed to be called upon.



3.1.3 Long Term Care at Home Services for Those Living in the Community

- See Appendix 1 for information on the long term block contracts which remain fully utilised.
- There remain 48 home care providers on the Dorset Care Framework (signed up to the Framework terms and conditions and accepting the published rates) of which 28 deliver commissioned care and support, and 39 providers not on the Framework (ie do not accept Framework rates). All of these providers deliver long term home (domiciliary) care for older people and older people with dementia
- Packages placed with Framework providers is just slightly lower than previously reported 76% down from 77%. The ADASS Winter Contingencies Survey stated that the:

  'vast majority of local authorities are needing to change their procedures and are going off-contract to spot purchase home care from good or outstanding providers (88%) while about half this number are going off contract to purchase home care from providers who are Requiring Improvement, with less than one year of experience, following due diligence around risk (46%).'

Dorset are trying not to go off Framework however this is balanced against high waiting lists and the need to commission care which is the priority. 91% of home care providers in Dorset are good with one provider who is CQC rated outstanding; we are purchasing care from the three providers who are rated as 'requires improvement (RI)' but packages are risk assessed before agreement. Services which are rated as RI are monitored via the commissioning teams who work closely with CQC.

3.1.4 Demand for Care at Home

A snap shot of the number of packages commissioned was set out in the previous report however below demonstrates a further reduction as expected given workforce pressures:

Year Snap Shot	No. of People with Packages	Total Number of Hours	Average Cost Per Package
30.09.2021	1,351 (12% reduction on previous year)	27,646	£346.34
04.01.2022	1,266	25,961	£335.41

- The average home care package has decreased slightly during November and December to 20.15 hours (from 20.4 – remaining still a significant increase from pre Covid-19 times of 13.6 hours)
- As of 14/01/2022 the number care hours waiting to be sourced is: 3835.25 (15% below level needed) hours of social care funded home care and 737.5 hours of health funded home care waiting primarily due to lack of workforce capacity and lack of provision
- The number of people waiting for those hours of care across health and social care is 340
    - Please note, each and every person who is waiting for care is going through a risk management process and those at high need are being risk assessed daily. Please see section 4.6.3 below.

There is NOT sufficiency in the market in this area

3.2 Supported Living - Adults with Disabilities [care in their own home]

3.2.1 Current Provision for Supported Living for Adults with Disabilities

Dorset Council continues to work with 48 providers delivering care packages for adults with Learning Disabilities in supported accommodation. A slight decrease in the number of adults (18-64 years) with learning disabilities in receipt of packages since April – see below.

Year	Care and Support Needs	No of People with Packages	Average Cost Per Package Per Week

Apr 2021	Learning Disability	344 (8.5% increase on previous year)	£1,081.26
Q3 2021/22 (31/12/2021)	Learning Disability	341 (a decrease of 0.8% from Apr 2021)	£1,159

Dorset Council continues to work with 32 providers supporting people with mental health issues in supported accommodation.

The increase in the weekly average cost of care packages (see below) is attributed to the levels of complexity of people supported in the community. Some of the packages relate to young people who have reached adulthood in the last quarter who have require significant community based care packages 24 hours a day/7 days a week. A further increase in the number of adult in need of support with their mental health is consistent with the national picture.
The level of complexity presents as an in increased risk to themselves and others in the management of their needs.

Capacity within the specialist provider market continues to be a challenge and is impacting on cost, for example the council is commissioning specialist providers who charge enhanced hourly rates, in some instances this will include enhancements for agency staff as recruitment remains an issue.

Commissioners are working with three specialist providers who will be new to Dorset, this is a positive step in developing the market and creating more capacity.

Year	Care and Support Needs	No. of People with Packages	Average Cost Per Package Per Week
Apr 2021	Mental health	66 (37% increase on previous year)	£694.79
Q3 2021/22 (31/12/2021)	Mental Health	74	£928.11

Dorset Council continues to work with 10 providers supporting people with a physical disability in supported accommodation.

The increase in weekly package costs is linked to complexity of the need of the individuals the council supports as they require more intensive packages. Workforce issues are part of the reason for increased costs also as stated through out the report.

Year	Care and Support Needs	No. of People with Packages	Average Cost Per Package Per Week
Apr 2021	Physical Disability	12	£866.83
Q3 2021/22 (31/12/2021)	Physical Disability	10	£913

3.2.2 Demand for Care at Home for Adults with Disabilities

This section highlights the changes from the last report:

- The number of people requiring social care support for mental health conditions has grown by 43% from April 2019/2021; however with the above increases reported this will show a further increase by 2022
- The number of unsourced care at home hours has reduced from 1000 in November to 278 which is a significant improvement and accounts for the increase in number of adults with care packages in the table above

There is NOT sufficiency in the market in this area particularly for people with more complex needs or behaviour that challenges

3.3 Children Transitioning into Adulthood

3.3.1 Demand for Services

- In April 2019 there were 198 18-25-year-olds receiving an adult service this figure has risen by 30% to 259 in October 2021 and on 17/01/2021 rose again to 264.
- The challenges cited in the last report remain the same

There is NOT sufficiency in the market in this area

3.4 Care Homes for Older People, Older People with Dementia and Adults With Disabilities

3.4.1 Current supply of Care Homes

For Older People and Older People with Dementia – this section has been retained in the report as information on an additional two homes has been added which were not included in the previous report:

- There are 100 registered care homes that provide services for older people in Dorset with 3,552[2] beds
- 6 of the 100 in Dorset Council area are CQC rated as 'outstanding', 86 are rated 'good', 6 'require improvement' and 2 are awaiting assessment
- The care homes are registered to provide:
  - residential care without nursing (1,985 beds)
  - residential care with nursing (1,497 beds)
  - residential care with and without nursing (dual registration, 70 beds)
- 59 of the 100 care homes state that they provide services for people living with dementia
- Dorset's care homes tend to be small, making them potentially less profitable and more vulnerable to closure
- 14 homes have less than 20 beds, 61 homes have 20-49 beds, 25 have 50+ beds. (In general larger care homes with at between 80 and 99 beds are the most profitable).

[2] National Capacity Tracker 05/01/2022 and CQC Active Locations Report 01/09/2021

- Five companies, have over 100 beds each and together they own 38% of all care home beds in the Dorset Council area
- Supply is distributed unequally across the area - Weymouth has a disproportionately high number of care homes relative to the 65+ population, whilst Purbeck has relatively few

The Council currently purchases a total of 245 beds via its' contract with Tricuro and a further 176 beds via block contracts with Care South (144 beds) and Agincare (32 beds). These arrangements are long standing.

The Council has commissioned a further two block contracts (15 beds) on behalf of the 'health and social care system' in order to secure beds for people being discharged from hospital – these are short term block arrangements until 31/03/2022. One of these with 10 beds has commitment for wrap around therapy support. At the time of writing commissioners are intending to block contract a further five beds however this has been delayed due to Covid-19. These block beds are focussed to support people who are fit for discharge, or to avoid admission, where the individual is waiting for care at home to become available. This is in line with the majority of local authorities who responded to the Winter Contingencies Survey: *81% are co-commissioning more rehab places in care homes or at home and / or more step-down beds with therapy input, and 77% are commissioning or com-commissioning rebab/reablement in care homes (in line with recent guidance).*

The average price paid by the Council:

Type of Care Home for 65+	**September 2020 average weekly cost for the Council**	**September 2021 average weekly cost for the Council**
Residential care with nursing	£749.31	£878.77
Residential care without nursing	£784.43	£862.46
	December 2020 average weekly cost for the Council	**December 2021 average weekly cost for the Council**
Residential care with nursing	£877.77	£902.08
Residential care without nursing	£784.43	£974.11

- There have been no additional home closures since November however there has been a significant increase in Covid-19 outbreaks and incidents with a rise of 25% from the 29/12/2021 when 30/118 care homes were affected to 63/118 (53%) on the 04/01/2021. In addition there are a number of homes closed to admissions as there are quality concerns.

For Adults with a Disability:

- There are currently approximately 128 people aged 18-65 with a mental health need or learning disability in a registered care home.
- Dorset Councils ambition is where possible to support people in their own home not in a care home.

3.4.2 Demand for Care Homes

- In the previous report we stated that care homes bed occupancy levels had dipped to 80% during 2020/21 but were returning to pre-Covid-19 levels with between 13-15% vacant beds indicated. The majority of these are closed to admission because of outbreaks, incidents or concerns about the quality of the home therefore the figure whilst factually accurate does not represent the true availability. On the 31/12/2021 there were 54 residential beds and 24 residential beds with nursing available out of 3724. (2% vacant beds available for use)
- The reduction in care home beds being available for admission is compounded by increased infections, lack of workforce to staff them and additionally the Government drive to move 50% of people with no criteria to reside in hospital out by Christmas Eve. ADASS reported in November that 1 in 10 people are not getting the preferred care option and some are being placed in residential settings because of the lack of care at home. An additional factor affecting care home sufficiency.

There is NOT sufficiency in the market in this area

- This position changes daily with suspensions being placed on new homes and lifted from ones that have reached the end of the required isolation period.

4. Legal Implications for Dorset Council

4.1 The implications of the current situation are extremely serious.

4.2 Our Council is taking mitigating actions to help and increase the supply of social care because, without this, people may come to harm if their assessed needs are not being met. The Council would be remiss in its duties if a person did come to harm, if all actions haven't been taken. Dorset Council needs to be able to evidence all reasonable steps to mitigate harm.

4.4 Mitigations

4.4.1 At the start of the pandemic, local authorities were allowed, through the process of legal easements, to relax some elements of the statutory requirements beholden on it. Dorset Council, like many others did not do so. The situation on some elements of practice and sufficiency are that if this local authority were to take the decision to ration care or any other actions that manage risk at this time, it would need a record of the decision with evidence that was taken into account.

4.4.2 Dorset Council Officers are recording:

- The nature of the changes to demand or the workforce

- The steps that have been taken to mitigate against the need for this to happen
- The expected impact of the measures taken
- How the changes will help to avoid breaches of people's human rights at a population level
- The individuals involved in the decision-making process
- The points at which this decision will be reviewed

4.4.3 ADASS have developed a risk assessment / prioritisation tool for home care (see Appendix 2 for detail) to enable councils to monitor the risks for individuals. Dorset Council have expanded this to include an additional category of critical and also include people waiting for care homes placements and people with Direct Payments who need additional support. Social care teams review individuals who meet the high and critical criteria on a daily basis and work with unpaid carers, family members and neighbours, commissioners and providers to ensure care is provided. The voluntary and independent sector are also stepping in to help. The risk assessment / prioritisation tool takes account of the *Ethical Framework for Adult Social Care* which was published in 2020 and *Responding to COVID-19: The ethical framework for adult social care* updated in April 2021 (see Appendix 3 for details). This Framework set out the principles adult social care must work to. These include:

- Respect
- Reasonableness
- Minimising harm
- Inclusiveness
- Accountability
- Flexibility
- Proportionality
- Community

5. Actions to Improve Market Sustainability and Sufficiency

5.1 Consistent with the national picture the greatest challenges of sufficiency are in home care, therapy and in care homes. There is significant focus at 'system level' on supporting market sustainability. The Home First Update report to the Committee sets out the work the 'system' is doing.

5.2 Update on short term actions to improve sufficiency includes:

	Short Term Action	**Progress Update Jan 2022**
	New activity since last report :	
1	Continue to meet with providers to develop ideas to improve sufficiency	Providers themselves are going overseas to recruit new staff and are lobbying Government for visas. Government has added social care staffing to the immigration shortage occupation list - this demonstrates further recognition from Government that there is not sufficient workforce across the UK

		We are working with providers to understand how we can support them with overseas recruitment and how the latest Workforce Recruitment and retention Fund may be utilised.
2	Distribute Government Workforce Fund – Winter Retention Bonus for Care Home and Home Care staff	In December, just under £1million was issued to Dorset providers (registered staff on the National Capacity Tracker) to be passported to staff as a Winter Retention Bonus, this equated to £150 per person before deductions. 81% of councils who returned the Winter Contingencies Survey reported taking measure to recruit and retain staff with staff incentive payments.
3	Secure / distribute government funding to support providers in their workforce campaigns	£54,000 has been issued to providers and we are continuing to look at any benefits the Council can offer to enhance this
4	Supporting care home providers who will have vacancies due to the loss of non-vaccinated staff by funding agency cover and recruitment costs.	This has been supported by Contained Outbreak Management Fund. At end December £52,000 had been claimed by eligible providers
5	Home Care providers can apply for parking permits at discounted rates and eligible providers have been offered a number of free permits	Approximately 50 permits have been issued to several providers, and reminders have been issued to encourage Providers to apply. Other councils are exploring staff loans for driving lessons or vehicle purchases which Dorset Council will discuss with the sector.
6	Additional support to individuals to prevent hospital admission or to help people home from hospital who need additional but not regulated support	In additional to Fire and Rescue offered mutual aid over Christmas and New Year to provide welfare calls to vulnerable people. The Volunteer Centre also provided additional support over Christmas and are continuing with this offer over the next few months – with out of hours and weekend cover. 92% of the local authorities that have responded to the Winter Contingencies Survey have 'strengthened links with local volunteering networks.'
7	Agreement to proceed with a Care Hotel	A 16 bed care hotel, in the BCP Council area, to support people discharge from hospital whilst their care is being sourced has been approved. The provider is sourcing care workers from overseas to support this. 39% of local authorities are commissioning new accommodation like hotels or using sheltered and extra care housing according to the Winter Contingencies Survey.
8	Quality Visits - the Dorset Quality and Improvement team have maintained regular contact with the whole market, provided advice and escalated concerns where there is	Quality visits had resumed however they have subsequently been paused due to the Omicron variant.

	evidence of provider failure. This has enabled commissioners to intervene at an early stage and support with measures to reduce the risk of home or bed closures.	This is under constant review but regular contact via phone, email, on-line meetings remain in place with the Market.
9	Oversight and support to Care Homes with Covid Incidents	Joint System risk assessments in place for care home placements as required – providing consistent support to all care home providers in the Dorset ICS area.
10	Service Continuity Planning - continue to request providers to assess the risk of home care packages being handed back. Providers are required to develop plans to ensure service continuity and work with the Council to minimise risk.	Providers were asked in mid December for an update on the continuity planning, responses evidenced that providers are managing and mitigating risks within their own Business Continuity Plans. The theme of greatest concern to the market was resilience of the workforce as anticipated.
11	Promotion of Proud to Care / Made with Care campaign	The Councils central recruitment team are directing people to this campaign if unsuccessful in their application with the council. Further work is needed in this areas and funding has been identified for a Workforce Lead. There is a perception from other Local Authorities that the campaign had 'gone silent' hence the rebranding. A joint system workforce recruitment campaign is being developed, including reviewing opportunities to attract and employ overseas workforce to Dorset.
12	Contacted border authorities for joint commissioning potential for care homes	Whilst this did not provide immediate options, conversations confirmed existing intelligence that border authorities are experiencing similar challenges.
13	Exploring whether additional staffing can be secured to re-open unused care home space.	Securing staff is challenging but there are providers willing to work with us to open space (currently closed care home beds) if a care workforce can be found.
14	Started to exploration of increasing the pay per hour to £10.50 to the care worker. The Council is currently undertaking a fair cost of care exercise and awaits the outcome of this however it is cognisant of requests for parity with other sectors.	
	The following activity has become standard / business as usual activity to maintain market overview, support providers and manage risk:	
1	Continuous monitoring of short term intervention services to ensure best utilisation.	
2	Working closely with Home Care providers to look review the care they provide to each individual and identifying if any is non-regulated care which can therefore be undertaken by the voluntary sector for a short period of time.	

3	Bringing providers together to review areas they are providing support in and whether they can find any efficiencies with rota changes to reducing travel time. This conversation continues and will be raised again at the next provider forum.
4	Offering provider guaranteed hours or guaranteed referrals – providers are willing but waiting for additional workforce to be recruited.
5	Provider of Last Resort - Commissioners worked in partnership with the provider to increase capacity to support hospital discharges. Time limited packages have been set up with a view to reducing the care hours needed in the future.
6	Where possible request that care users and families are more flexible in their care visit timings this will enable providers to carry out visits through out the whole of the day rather than a specific times.
7	Where possible requests for a preferred gender of carer will only be enabled for exceptional reasons.
8	Continue to offer Direct Payments to family members to hold interim care arrangements – many Local Authorities are also doing this and have been encouraged to do so by Government and ADASS where it is safe to do so.
9	Redeployment of staff – the Council has moved some social workers and managers to support hospital discharge processes. Other staff have also been redeployed into specific teams and this has also occurred in over half of the councils who answered the Survey.

5.3 In the last update a number of medium to longer term actions to improve sufficiency where explained. The table below details specific updates:

	Medium to Longer Term Action	**Progress Update Jan 2022**
1	Introducing a zone approach for home care	Proposed changes have been shared with Providers for feedback. In addition, this will be linked to the cost of case exercise outcomes where future published rates may rates dependent on 'rural' locations – e.g. time to reach
2	Trusted Practitioner model	Work has begun to instigate the working group needed to develop this model. Best practice is currently being benchmarked so that we can build on and benefit from learning from others, this includes within some areas of Dorset Services.
3	Dorset Care Framework	Work continues to prepare for the launch of the new Framework, this has been delayed but is on track for publication by the end of January 2022.
4	Cost of Care Exercise	Both timelines for care homes and home care have been extended to enable as many providers as possible to take part – recognising the pressures on providers at present. The outcomes of both exercises will be shared with the Council in February.

5.5 The remaining actions continue and we are working jointly with a range of partners to progress:

- **Community groups and micro enterprises – encouraging and supporting entrants** to the market thus seeing growth of a diverse market place. Various workstreams are in place under the Greater Partnership work undertaken as

part of A Better Life Programme and at the next Stakeholder Group the members are looking at what else can be offered.

- **Home First Board** – continue to work as a proactive system partner of the Board and support with the development of new service specification. The Board however will need to make decisions about the continuation of some of the services commissioned via Hospital Discharge Programme Funding as there is no indication this funding will continue post 01/04/2022.
- **Learn from other areas** – jointly with health colleagues continue to review what is working in other areas to improve sufficiency. ADASS have produced a list of things all areas are doing which led to the questions in the Winter Contingencies Survey.
- **Joint working with Children Services** to ensure greater sufficiency for children transitioning into adulthood – a transitions lot is being developed as part of the Dorset Care Framework. This is part of the Birth to Settled Adulthood Board which will improve planning and ways of working.
- **Housing developers and housing support providers – there is no further update on this** – the council continues to bring on stream new accommodation offers for people.

5.6 Dorset Council is also ensuring it distributes (as per the criteria in the government guidance) all funds received swiftly. Audit and Governance Committee receive a report on spend however this Committee may want to have oversight of where and how specific social care funds have been used.

6. Next Steps:

6.1 In addition to the actions identified above to improve market sufficiency and sustainability the Council also needs to focus attention on:

- The delivery of the *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023.* Dorset Council is in a strong position in relation to the requirement for conducting a cost of care exercise as this is already in hand; work is needed with local providers in relation to self-funders and a Market Sustainability Plan is required. Information on these will be brought to the Committee once completed.

- Working closely with NHS England and NHS Improvement, health colleagues and all partners to improve the discharge position and to ensure a focus on services to support admission avoidance; enhancing the support from the voluntary and community sector in the short term and developing a longer term plan.

- Workforce recruitment and retention and ensuring the Funds are shared with the care workforce.

- Reviewing and monitoring people waiting for care and ensuring community and residential packages are secure.

Appendix 1

Services Commissioned from Hospital Discharge Programme Fund:

Short term block contract schemes:

- Seven Active Recovery Schemes running across Dorset with the capacity to deliver 1,580 hours of care per week for hospital discharges and to support admission avoidance to hospital
- Short-term intervention service delivering 300 hours of support per week
- Getting You Home Schemes running out of Dorchester Community Hospital (DCH) and Poole Hospitals. 700 hours and 270 hours of care per week respectively
- Roaming Night Service, providing two response cars every night, to help with personal care, welfare checks, non-injury falls etc. This service is referred to from urgent care partners, such as 111, 999.
- The Reablement Service is Council wide and is commissioned to deliver
- 2,500 hours of support per week – the majority of use is to support people following hospital discharge

Long term block contract schemes

- Swanage block scheme 100 hours of care per week
- Blandford Forum scheme 100 hours of care per week

Appendix 2: ADASS Prioritisation Tool for Home Care

Note Dorset Council uses a variation of this tool. Dorsets tool includes residential care, direct payments etc and is not limited to home care

	LOW	MEDUIM	HIGH
Living Arrangements	Has family member(s) who live nearby and can meet all care needs.	Has family member(s) who can meet some of the care needs.	Does not have any family members who can meet care needs.
Medication	No medication needs.	Medication required – not time critical.	Critical health need – time critical medication, e.g. Insulin, medication administered via PEG, epilepsy medication.
Equipment/ Moving/Positioning	No equipment.	Low level equipment - single carer call - adult can use equipment independently or needs can be met in bed.	Person's care needs cannot be met without equipment.
Behaviours that Challenge	None.	Occurs daily and are managed with verbal de-escalation.	1 -1 (or above) support required at all times, due to high risk behaviours causing a risk to self or others. Interventions needed include physical ones and occur at least daily.
Dietary Requirements	Able to feed self - may require support with shopping.	Is supported to prepare food and requires some	Modified diets, thickened drinks, PEG fed, choking

		supervision and prompts to eat.	risk. Unable to feed self.
Skin Integrity	No issues.	Lower level wound (e.g. grade 1-2) or no current wounds but high risk of developing them.	Has current skin breakdown (e.g. grade 3 or 4) and have been graded at significant risk of further breakdown. New wounds with no treatment identified.
Falls Risk	No falls risk.	Occasional falls, mainly during periods of illness - has access to (and can use) call alarm.	Recurrent falls - high risk and no support available.
Continence Care	Fully continent or can manage continence needs independently.	Episodes of incontinence that require intervention from others.	Always doubly incontinent and requires intervention to meet continence needs.
Personal Assistant	PA used for social contact only.	PA used for some practical care tasks such as meal preparation and/or some personal care needs, but this can be met by another person.	PA used to meet all personal care needs, no available alternative support.
End of Life	Not at imminent end of life.	End of life pathway but not within the last few days of life.	Within the last few days of life.

Appendix 3: Responding to COVID-19: The ethical framework for adult social care

1. Respect

This principle is defined as recognising that every person and their human rights, personal choices, safety and dignity matters.

To ensure people are treated with respect, those making decisions should:

- provide people with the opportunity to express their views on matters that affect their care, support and treatment
- respect people's personal choices as much as possible, while considering and communicating implications for the present and future
- keep people as informed as possible of what is happening or what is expected to happen in any given circumstance
- where a person may lack capacity (as defined in the Mental Capacity Act), ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf
- strive to support people to get what they are entitled to, subject to available resources, ensuring that there is a fair judgement and clear justification for any decisions made on prioritisation

2. Reasonableness

This principle is defined as ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

When considering how reasonable a decision is, those making decisions should:

- ensure the decision made is practical with a reasonable chance of working
- base decisions on the evidence and information that is available at the time, being conscious of known risks and benefits that might be experienced
- consider alternative options and ways of thinking, being conscious of diverse views from cultures and communities
- use a clear, fair decision-making process which is appropriate for the time and context a decision must be made in, and allows for contributions to be considered seriously

This principle should be considered alongside relevant equalities-related legal and policy frameworks. Although resources may become stretched, it should be upheld that people with comparable needs should have the same opportunity to have those needs met.

3. Minimising harm

This principle is defined as striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability.

It's important that those responsible strive to:

- acknowledge and communicate that everyone has a role to play in minimising spread, for example by practising thorough hand-washing or social distancing
- minimise the risk of complications in the event that someone is unwell
- provide regular and accurate updates within communities and organisations
- share learning from local, national and global experiences about the best way to treat and respond to the outbreak as understanding of COVID-19 develops
- enable care workers and volunteers to make informed decisions which support vulnerable people

4. Inclusiveness

This principle is defined as ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.

To ensure inclusiveness to the extent possible, those making decisions should:

- involve people in aspects of planning that affect them, their care and treatment, and their communities
- involve families and carers in aspects of planning that affect them and the individual who they care for
- ensure that no particular person or group is excluded from becoming involved
- consider any disproportionate impacts of a decision on particular people or groups
- provide appropriate communications to all involved, using the range of communication methods and formats needed to reach different people and communities
- be transparent and have a clear justification when it is decided to treat a person or group in a different manner than others, that which shows why it is fair to do so

Where appropriate, the above should be considered alongside relevant equalities-related legal and policy frameworks that will inform inclusive decision-making by ensuring that specific barriers to service use are minimised for those who may be or become disadvantaged as the outbreak develops.

5. Accountability

This principle is defined as holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.

Those responsible must be accountable for their decisions and actions by:

- acting on and delivering the outcomes required by their responsibilities and duties to individuals, their families and carers, and staff
- adhering to official guidance, statutory duties, and professional regulations at the time
- being transparent about how and which decisions need to be made and on what basis
- being prepared to justify which decisions are made and why, ensuring that appropriate records are being kept
- supporting others to take responsibility for their decisions and actions

Within organisations, this will also entail:

- continuing to carry out professional roles and responsibilities unless it is deemed reasonable not to do so
- providing an environment in which staff can work safely, effectively and collaboratively, which protects their health and wellbeing as the outbreak develops
- providing appropriate guidance and support to staff who may be asked to work outside of their normal area of expertise or be unable to carry out some of their daily activities
- having locally-agreed processes in place to handle ethical challenges during and in the aftermath of the outbreak

6. Flexibility

This principle is defined as being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

To ensure flexibility, those making decisions should be prepared to:

- respond and adapt to changes as and when they occur, for example in the event of new information arising or changed levels of demand
- ensure that plans and policy have room for flexibility and innovation where necessary
- provide people with as much opportunity as possible to challenge decisions that affect them in the time that is available
- ensure that the health and care workforce is supported to work collaboratively across disciplines and organisations, as agile and resilient as possible

- review organisational practices, standard approaches and contractual arrangements that may obstruct these ambitions

7. Proportionality

This principle is defined as providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.

When considering proportionality, those responsible should:

- assist people with care and support needs to the extent possible
- act on statutory or special responsibilities, while noting any duties that might be amended as the outbreak develops
- provide support for those who have extra or new responsibilities to care for others
- provide support for those who are asked to take increased risks or face increased burdens, while attempting to minimise these as far as possible
- provide appropriate support and communications to staff who may experience unexpected or new pressures

8. Community

This principle is defined as a commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

Everyone involved will have a role to play in the response to the outbreak and will be affected in one way or another, and therefore should:

- work with and support one another to plan for, respond to, and cope with the outbreak
- support our networks and communities to strengthen their response and meet needs that arise, for example by helping and caring for neighbours, friends and family
- be conscious of own behaviour and decisions, and how this may impact on others
- share learning from own experiences that may help others

Appendix 4

EMBARGOED TO 1901 Thursday 13th of January 2022

ADASS Winter Contingencies Survey

13th January 2022

Introduction

ADASS responded to concerns from members, DHSC, providers and others relating to staff shortages, social care fragility and the impact of winter and the omicron variant on social care by conducting a member survey between 24th December and 5th January. The survey was based on a list of potential emergency contingency measures drawn up by experienced Directors of Adult Social Services (DASSs). These were shared first to assist DASSs across the country in reviewing their contingency plans and then to assess whether, in the period specified above, any of the measures were being taken. We are clear from responses that sharing the list of actions has been useful. One respondent said:

"We are using the contingency survey as a checklist at our twice weekly Gold planning meetings to ensure that we have worked through every possible scenario prior to consideration of re-prioritising support. It has been a useful tool for us."

It was clear in sharing the list and in conducting the survey that whilst these were possible actions to manage rising levels of demand in the face of acute workforce shortages, there was no suggestion that these were desirable or acceptable, though clearly some were unavoidable. There was a narrow window of time for survey completion, mainly during a holiday period. Despite this difficulty, and the acute operational pressures being faced by Local Authorities, we received 94 responses.

Not all DASSs answered all questions though the vast majority answered nearly all.

Outcome of the Survey: summary

The clear messages from the survey are that of the Councils that responded:

- **All 94 are implementing at least some contingency actions in the current circumstances.** The responses made clear that these are actions which councils judge to be essential, but these are by no means actions which they wish to take. **Even the most experienced directors are being forced to implement actions that they find unacceptable** – e.g. staff are being redeployed to cover shortages but this is clearly undesirable as the redeployment is strategically and tactically into the wrong places – e.g. library staff to care roles or reablement staff to regular long term care at home. There is a real challenge in ensuring that responses remain personalised to meet the needs of individuals
- **49 Councils are, for at least some of the time, taking at least one of the measures needed to prioritise care and assess risk that Directors regard as least acceptable** g. prioritising life sustaining care such as supporting someone to eat, and remain hydrated over supporting someone to get out of bed or complete other activities; being unable to undertake reviews of risk at all or to rely for this on the views of providers, family carers or people using services themselves; and leaving people with dementia, learning disabilities or poor mental health isolated or alone for longer periods than usual.

In reviewing the results of the survey it is important to remember that it represents a snapshot of what was happening on the ground at the precise time of the survey. **It is clear from discussions with ADASS's Regional Chairs that the position is serious across the country but also extremely volatile.** A DASS who might have responded on Christmas Eve stating that they were having to take some extreme measures to manage pressures might have felt able to cope without them now, even though they still face serious challenges in eking out the care available. Equally, a DASS who felt able to cope before Christmas by implementing some contingency actions, and have responded to say so, might be in a much more challenging position now. As one respondent said in terms of the seriousness of the situation and the volatility:

"Our position is very fluid as I am sure most areas are, in terms of life and limb I would say we are prepared for this and are having isolated incidents with providers being unable to fulfil care home runs, or cover shifts in care homes these change and seem to resolve daily, it feels difficult but we are currently managing. We are supporting business continuity and taking a risk approach on a case by case basis…."

The situation is volatile and it is clear that a very significant number of Councils are having to make extremely difficult choices about who receives care and support, and what level of care they can expect given the increasing constraints.

Follow up to the survey

ADASS has followed up with DASSs where their responses indicated that the plans being implemented are posing particular concerns, in order to understand better the position they were in. These were the DASSs who indicated that at that particular time they were having to make the most difficult choices around providing the most

basic levels of care, leaving people with dementia, a learning disability or mental illness alone for longer periods of time than usual, being unable to assess risk or leaving carers or providers to raise concerns. **These actions would have been taken temporarily and in response to shortages and, the fact that they were needed at all is very concerning.** In each case, the DASS has confirmed that a) the risk to the Council has been identified, shared and accepted and b) there is active support or available support to them from that DASS's region. It was important to establish that the DASS was not shouldering the burden alone.

As far as possible DASSs are being supported across the Council and their regions. Examples of comments include:

"The corporate management team and the politicians are well briefed on the risk in both older people LD and MH. I feel as a DASS well supported by our approach to manage and mitigate the risk. I have to say these are extremely risky situations we are dealing with because of the lack of staff and now the period of staff absence due to isolations" and

"We have excellent support from region and sub region ADASS … regional chair is fully briefed and we are working across the piece on mutual aid …and sharing best practice etc".

Issues to escalate to Government

DASSs were invited to raise issues for escalation to Government. Responses show a number of common issues of concern:

- Short term fixes being used (and failing) to address long term problems. Staff pay and progression are critically important and need to be addressed if the workforce is to become resilient. While additional funding is welcome, grants at short notice and in the thick of the emergency are difficult to use to best effect and short-term funding will not attract new staff to working in the sector. It cannot substitute for a more realistic long-term settlement.
- Respondents also flagged difficulties accessing sufficient therapists and physios from community services to support recovery and reablement.
- Respondents also noted the pressures on staff, speaking of a tired and stressed workforce.

The survey responses bring home the reality of 'riding out' the OMICRON surge. It is having a serious impact on the health and well-being of older, disabled and poorer people, and paid and unpaid carers across the country. Councils are making extraordinary efforts to offer the right support in a fast-changing and volatile situation. **They are looking for Government to recognise the seriousness of their situation, which reflects not only the immediate crisis but the long-term, underlying fragility and under-funding of the sector – which has been raised repeatedly over many months and years**.

It is also clear that once the surge of Omicron has abated, there will remain a very high number of people waiting for care and support or who are in interim arrangements with a depleted and exhausted workforce.

Detailed survey results

The survey looked at three main areas of contingency measures: service supply and provision; need and risk; and assessment. **Where percentages are quoted these relate to the percentage of those who responded.**

A. Survey supply and provision

1. Rewards, incentives and recruitment

- Many Councils are taking measures to improve recruitment and retention with staff incentive payments (81%) and rolling recruitment campaigns (91%). 58% of respondents are supporting fast-track on-boarding of staff e.g. through shortening induction and using the basic rather than enhanced DBS processes.
- Other measures raised by respondents included setting up an in-house domiciliary care provider arm, setting up a social care cadet scheme (a bank of supply staff for the provider market), shortened application processes and increased use of telephone interviews, parallel recruitment of drivers and exploring staff loans for driving lessons or vehicle purchase.
- Issues raised for government included a perception that the national recruitment campaign had 'gone silent' and that there was the risk of a 'cliff edge' when the Workforce Recruitment and Retention Fund ends in March. Changes to the immigration rules were welcomed, but government was urged to go further. DBS checks were reported to be slow.

2. *Contracts, purchasing and commissioning*

- In normal circumstances, councils select providers 'on contract' - meaning that they have been through a competitive process to select providers based on quality and value. In the current crisis, the vast majority of local authorities are needing to change their procedures and are going off-contract to spot purchase home care from good or outstanding providers (88%), while about half this number are going off contract to purchase home care from providers who are Requiring Improvement, with less than one year of experience, following due diligence around risk (46%). This has longer term cost implications and the risk that councils will not be able to afford to support as many people in the future. Respondents are also having to go off-contract to spot purchase care home capacity from Requiring Improvement providers (55%). This involves risk to the quality of care if providers are struggling to adequately care for the people they already support. Collaboration is a crucial strategy for most councils. 81% are co-commissioning more rehab places in care homes or at home and/or more step-down beds with therapy input, and 77% are commissioning or co-commissioning rehab / reablement in care homes (in line with recent guidance). Around half are taking at least some provision in-house as a provider of last resort (52%), and a substantial minority are commissioning new accommodation like hotels, use of sheltered and extra housing (39%). The extent of support to existing providers is shown

in 57% of respondents moving to payment on plan for some of their providers, and 73% of councils providing further support for providers to access LFTs.

- Other measures raised by respondents included offering 'family payments' to hold interim care arrangements (which might enable a family member to take some unpaid leave, or get in child-care arrangements to enable them to care for a family member as well), developing designated setting places in care homes or community hospitals for people who are Covid positive) with system partners, co-commissioning interim residential places with no therapy and looking at enhancing delivery of community meals to release domiciliary care capacity.
- Issues raised for government included a Lack of Occupational Therapists and physiotherapists is challenge, with a lack of therapy capacity across health and social care reducing the system's ability to offer reablement at home or in care homes, providers handing back packages of care for both staff shortages, and latterly for more money, and little or no interest from the provider market to engage in designated premises provision.

3. ***Staffing and redeployment***

- Many councils are facilitating or requiring mutual aid between providers (73%), and a substantial majority are getting home care providers to collaborate, e.g. on best deployment for routes and areas (59%). Over half of councils are redeploying staff from non-essential or non-critical services to meet more urgent needs in social care roles. Only a quarter have introduced flexible deployment across the statutory and independent sector, with access to each other's staff banks (24%). Volunteering is an important resource for many councils. 92% have updated their volunteer schemes and strengthened links with local volunteering networks. 75% are using volunteering for non-personal care tasks, though only 21% are using volunteers and / or redeployed staff in second carer, double-up visits.
- Other measures raised by respondents included stepping up trusted assessor schemes to allow providers to flex packages up/down and enabling VCS social prescribers to support people whose care packages are not in place.
- Issues raised for government included the ongoing stress on the social care workforce – 'people are tired' – and the possibility of incentivising the use of IT/e-scheduling between providers.

B. Need and risk

1. ***Prioritising and risk assessment***

- The great majority of councils are continuing to meet people's core assessed needs but asking people using services accept that there will be flexibility in this, for example changes in their usual staffing, times of visits may differ, or visits may be shortened once core needs are met (82%). However, pressures are acute. 43% of councils are re-prioritising support to those most at risk and essential activities only, and 42% are reviewing risk on a reduced and essential basis, including accepting provider view, relying on people drawing

on services and carers or providers to flag issues, and responding only to demands rather than regular review. 38% are moving to welfare calls for some. A small but significant number of councils have had to go further, at least for a short time and in respect of particular services. Some councils report moving to 'life and limb' care only – e.g. help limited to helping to eat, hydration, toileting, and changing continence laundry (13%) in at least some of their area for at least some of the time. A similar number report pausing support for facilitated social contact – leaving people with dementia / learning disabilities / mental ill health isolated or alone for longer periods (11%).

- Other measures raised by respondents include providers identifying care packages that can be reduced, risk rating all care activity by the person using services (working with providers to do so) and devising local a legally compliant model of easement of the Care Act
- Issues raised for government included the question of easements in national policy, and the need for government to appreciate the significant number of people who are waiting longer for assessment, care or reviews that are building up.

2. ***Carers***

- The majority of councils are introducing measures to support unpaid carers (71%), with an increased offer of short breaks from 36% of respondents. Nevertheless, 33% of councils say that they are having to ask carers to provide more support.
- Other measures raised by respondents include providing a carers network virtually to listen to and respond to pressures, and a range of hospital discharge carers grant schemes.
- Issues raised for government include councils' limited resources to intervene in support of carers, something which they acknowledge to be 'counter productive' but which is not in their gift to correct. Stress on carers is also being compounded by a 'fear factor', with some people scared of going back to day care.

C. Assessment

- Just over half of councils are making more use of 'trusted assessments' for areas like equipment, freeing up assessment capacity for what only councils can do (52%). Just under half of councils are prioritising assessment capacity to core and obvious safeguarding where life and limb safety are immediately threatened, those currently at most immediate risk in life and limb safety, and for maintaining flow out of reablement or hospital (46%). In a smaller number of cases, assessments have been scaled back, *consistent with the prioritisation principles outline above.* In 20% of councils, referrals are being triaged, but visits (opportunities to gain what can be critical information about circumstances) are being omitted. 27% of councils are reducing DOLS assessments and 24% are delegating some assessments and reviews to providers within a clear framework. A small minority have suspended CHC assessments, and redeployed staff (11%).

- Other measures raised by respondents include looking at DOLS and CHC and Mind doing Care Act work, introducing overtime for OTs to accelerate / avoid blockages in equipment, handling etc and trialling trusted assessment within bridging home care agency.
- Issues raised for government include whether Care Act flexibility is sufficient to meet current risks, and the fact that annual review performance is deteriorating as staffing resources are focused on new assessments and changes in circumstances.

In summary, the need for these measures illustrates the fact that these are unprecedented times: none of the actions described is ideal or desirable and this evidence shows why we describe the current position as a national emergency in Adult Social Care.

NOTE TO EDITORS

The Association of Directors of Adults Social Services is a charity. Our members are current and former directors of adult care or social services and their senior staff. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
- Furthering the interests of those who need social care services regardless of their backgrounds and status;
- Promoting high standards of social care services.

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