Actions taken to mitigate pressures in the health and social care system

Introduction

The health and social care sector is facing a tremendous amount of pressure, which is subsequently impacting the ability of both the NHS in Wales and social care providers to continue delivering services.

Many staff working in healthcare are exhausted, with wider workforce challenges compounding the situation. High absence rates, due to stress, psychological issues, needing to self-isolate or long COVID, are exacerbating staffing issues that existed before the pandemic.

The challenges facing social care services include vulnerabilities in funding and market stability, increased demand, growing unmet need and high levels of staff vacancies. Their impact on capacity means people are missing out on vital care and support.

The NHS is reliant on a sustainable social care system, and issues of capacity and workforce in social care are having serious implications on the NHS' ability to discharge large numbers of medically fit patients from hospital into care packages. At the time of writing, there are over 1,000 patients in Wales who are medically fit and ready for discharge from hospital. Apart from the negative impact on the patients themselves and their outcomes, this also slows down the flow of patients through hospitals, affecting care available for others. It also has a knock-on effect on other services, including the Welsh Ambulance Services NHS Trust's (WAST) ability to provide effective and rapid responses and interventions and on elective capacity and services.

This system-wide challenge to provide care is starting to impact on the health of our communities more generally, with higher numbers of very sick people presenting in emergency departments (EDs). All these effects, felt by patients and across the system, make it harder to tackle the backlog of healthcare due to the ongoing impact of the pandemic.

This briefing seeks to outline some of the recent developments being taken by the NHS and Local Authorities at a local level to assist in reducing the current extreme pressures on health and care in Wales.

Key themes - summary

This briefing outlines the key developments under four key themes:

1. **Preventing hospital admissions**. Given the significant challenges to patient flow and the potential and actual harm that results from a prolonged hospital stay, it is essential that as many people as possible are supported in their own community, rather than in a hospital. Efforts are therefore focused on reducing avoidable hospital admissions.
2. **Discharge to Recover and Assess**. One of the main sources of system bottleneck is transfer out of Discharge to Recovery and Assess pathways to onward packages of domiciliary care. It is clear that assessing patients in hospital for ongoing and often long-term care can underestimate the ability of individuals to recover and improve. This can result in an over-provision of care and in some cases set a pattern of long-term care that becomes irreversible. A systematic approach to discharging patients from hospital to assess their strengths and identify care and support requirements is a major element of development across Wales.
3. **Workforce**. It is important to recognise that workforce supply is critical. Whilst recruitment efforts are important, engaging, developing and supporting current staff to aid retention is fundamental. Some of the developments are therefore focused on supporting staff.
4. **Broadening care and support approaches**. This focuses on widening the approaches to the provision of care and support, including working with the voluntary sector and families themselves. It also looks to flex the role of some elements of the care system to meet local pressures.

1. Preventing hospital admissions and care closer to home

Work is taking place within Health Boards and Trusts across Wales to avoid hospital admission for frail, older people, including:

- A direct admission pathway has been introduced in Aneurin Bevan University Health Board (ABUHB), which allows for the direct admission to ringfenced capacity on community hospital sites. The service enables medical teams to fully assess individuals, carry out extensive tests and provide additional care whilst avoiding the stress of attending an enhanced general hospital, meeting the patient's needs as close to home as possible.

- A Single Integrated Clinical Assessment and Triage (SiCAT) approach has commenced in Betsi Cadwaladr University Health Board (BCUHB), offering 24/7 access to GP advice for the top 10 nursing homes in each area, supporting alternatives to hospital admission.

- Cardiff and Vale University Health Board (CVUHB) and the WAST has introduced a new Physician Response Unit (PRU) which aims to avoid unnecessary hospital visits, particularly within some of the community's most vulnerable groups.

- Cwm Taf Morgannwg University Health Board (CTMUHB) is implementing Same Day Ambulatory Medical and Surgical Assessment Services to complete emergency assessment, treatment and same day discharge to avoid admissions to ED. The Health Board has also introduced frailty assessment services in hospitals to reduce admissions for vulnerable people who attend ED, and an extension of the model to community clusters will treat people in the community to stop them escalating to the point of requiring a hospital attendance.

- Powys Teaching Health Board (PTHB) has rolled out comprehensive Frailty Assessment and Treatment Escalation Plans (anticipatory care plan) for residents of care homes and people in receipt of domiciliary care through working in conjunction with primary care clusters and the network of Virtual Wards.

- A hospital department exclusively for frail older people has been introduced by the Older Person's Assessment Service in Swansea Bay University Health Board (SBUHB) with the aim of avoiding hospital stays for older people. Targeted work is also being progressed on a partnership basis with third sector providers to increase the scope of provision available to support individuals following attendance at ED to provide follow up support as required to reduce the likelihood of re-admission.

- WAST continues to invest in the development of Advanced Paramedic Practitioners (APPs), supporting patient care in both face-to-face assessment and remote clinical triage. Evidence shows that APPs convey around 30 per cent fewer patients to EDs than non-APPs. This year a further 15 paramedics enrolled on the MSc in Advanced Practice and 10 APPs enrolled onto the Independent Prescribing programme, which allows greater autonomy in managing medicines administration and less reliance on other healthcare practitioners.

- WAST is undertaking rapid improvement work on the 111.wales website, including improved search and filtering to make the site easier to use for patients, better outcomes from symptom checkers to offer more options for patients to manage their own care and five new mental health symptom checkers to meet the growing demand for a more diverse service offer. This forms the start of a wider piece of work to use digital tools to allow patients to make more informed choices about their health and care.

- WAST has been commissioned to double the capacity of its Clinical Support Desk this year, which provides remote clinical triage and assessment for 999 callers. The additional 41 staff will include five mental health practitioners, a first for the service. The aim is to increase the number and proportion of callers whose needs can be met safely and more appropriately without the need for an ambulance to be dispatched ('hear and treat').

2. Discharge to Recover then Assess (D2RA)

Work has also been undertaken around the D2RA service:

- BCUHB has opened a Ready for Home Ward in Wrexham Maelor Hospital, helping prepare patients to leave hospital and go home. The Ward has capacity for five patients who no longer need medical attention but need to be observed and assessed by therapists and nurses to see how they will cope once they are home, and decide what further support they may need. BCUHB are also exploring an enhanced D2RA service to include a six-week placement in a care home as an option.

- CTMUHB's integrated flow process has been extended to include a full process mapping project from the point of admission to the person's return to their new baseline, giving them insight into days lost due to delays in discharge to the community.

- In PTHB, following the expansion of the D2RA service, the wider community therapy service has moved to seven-day working. Further work is underway to redesign reablement services to further enhance the community service offer and enable a rapid response approach.

- In SBUHB, enhanced D2RA pathways are being rolled out, including a new multiagency partnership to support proactive identification of individuals ready for discharge, aiming to reduce the length of stay in an acute bed. This includes dynamic cross-sector solutions to promote independence based on need, ranging from third sector support, care packages or placement when considered appropriate.

3. Workforce

Historically, staff recruitment and retention has been challenging within the care sector, and in some parts of Wales average vacancy rate has run at around 8 to 9 per cent. The **WeCare.Wales** campaign is receiving a renewed focus, promoting the benefits of working in care and providing a glimpse into various job roles within the social care sector. Partners and stakeholders across health and care (and beyond) have been spreading the message on social media and through the networks and channels at their disposal. An initial evaluation of the campaign has highlighted encouraging results, showing an increase in job views on the website and an increase in job applications.

- ABUHB has recruited extra Health Care Support Workers to the reablement teams to provide additional capacity.

- Health Boards have been supporting actions to recruit and train within the social care sector, including going out to joint recruitment in Wrexham (BCUHB) to support the in-house home care team.

- Health Education and Improvement Wales (HEIW) has developed a bilingual online platform which showcases the wide range of career opportunities available across health and social care in Wales. '**Careersville**' currently targets learners and young people aged 14-16 but will expand to appeal to all ages as it develops.

- HDUHB are piloting a generic health and social care worker model in Ceredigion, which is at the early stage of implementation.

- PTHB are expanding the education of health and care staff through a Health and Care Academy. It's first campus opened in the autumn, with plans to develop further facilities over the next couple of years. There is emphasis on training and supporting volunteers and unpaid carers as well as employed staff.

- SBUHB, via the West Glamorgan Partnership, developed a Standard Operating Policy to support care homes that found themselves with a reduced workforce. This enabled the region to provide additional support to care homes via paid staff volunteers from across the partnership. In addition, the region developed joint recruitment for domiciliary care workers, who have been employed within SBUHB but seconded to Local Authorities until March 2022.

- WAST has launched a new **Volunteer Strategy** aimed at building awareness and embedding a culture of volunteering, enhancing training, support, communication and involvement of volunteers and increasing volunteer contribution and diversity. As WAST's remote clinical triage and assessment services increase, they are also working on ways of supporting staff to work from home, giving them increased flexibility whilst continuing to provide excellent clinical support, helping to retain this important workforce.

- Services have been launched to support staff in the social care sector, such as a Resource Platform for care home and domiciliary staff. The **Care Home Cymru** team at Improvement Cymru worked in partnership with Public Health Wales NHS Trust and Welsh Government to identify the information that staff need to access, and then provided the links on a one-stop Resource Platform. Links include information on infection control, recognition of deterioration, mental health and wellbeing, training, guidance and useful contacts.

4. Broadening care and support approaches

NHS leaders are working closely with Local Authority and voluntary sector partners to find solutions to challenges faced and minimise disruption.

In ABUHB, joint actions have included:

- Commissioning of packages of care provision from a private domiciliary care agency and commissioning vacant care home beds as a short-term solution for patients waiting for long term point-of-care or care home placement

- Twice weekly deep dives with community hospitals team on patients delay and a daily link with Local Authority heads of services to foster a greater understanding of patient requirements

- A specific project to gain better understanding of the provision that can be delivered by the third sector in assisting early discharge

In the BCUHB area, joint working has included:

- Exploring possibilities of 'block-booking' residential and nursing placements

- Considering the Provider Embedder Service (Enhanced Clinical Support) to improve the offer to care homes and support returning and new residents

In the CTMUHB area they are:

- Reviewing whether care can be provided in a different facility to release domiciliary care time

- Supporting families to provide some care hours in the patient's home

- Integrated community hubs have been developed, a model where health staff can be used where social care capacity is lacking. They will be extending the community hubs to include support from the third sector

HDUHB has implemented the following:

- Micro-enterprise home-based care in partnership with **Community Catalysts** in Pembrokeshire, supporting people to live independently and well at home

- Delivered or commissioned bridging care – attracting greater interest through recruitment and developing this as a partnership model to consider for wider delivery

- Hub & spoke model of care provision aligned to care homes

PTHB and Powys County Council have developed a range of approaches, including:

- Micro-enterprise domiciliary care has been established over the last 12 months, with several enterprises now expanding the offer, bringing additional capacity into the system. This has been supported by the **Powys Pledge** relating to terms and conditions

- Based on the successful work in several localities of the Home Support Service, a proposal to expand this across Powys has been developed. The service, rooted in volunteering and community connector approaches at a hyper-local level, supports people in their own homes with fundamental tasks/activities, including some low-level personal care.

SBUHB have implemented the following:

- SBUHB aims to commission up to 100 care beds from the independent care home sector within the Swansea Bay footprint. This is in addition to the routine purchasing of beds for individuals requiring long term care. The scheme will facilitate discharge from an acute hospital bed and provide ongoing NHS care for up to six weeks, pending finalisation of an individual's ongoing needs. Therefore, a pool of step-down beds are being created to ensure individuals leave acute hospital beds in a timely manner

- Further building and supporting the community resilience work-stream by engaging directly with the third sector, citizens, communities and volunteers to identify emergency community actions as part of the overall emergency/ winter plan

- Volunteers are supporting the emergency response through the use of care home volunteers, and wider links with education, to establish potential volunteering opportunities to support the wider community.

- Due to the increased burden on unpaid carers, they have reconfigured the unpaid carers liaison group to have an immediate action planning focus, tasked with generating a list of mitigating actions that can be taken with unpaid carers and in communities and services

- Supporting the emotional and psychological wellbeing of children through coordinating the support available through CAMHS, other Health Board emotional and psychological wellbeing services (including Child Psychology, schools, Local Authorities and the third sector) and accelerating any capacity building where possible

Across Wales Care & Repair Cymru have strong operational links with NHS and social services partners and offers a range of services to ensure older people are well-supported. Their **Hospital to a Healthier Home** (H2HH) service is working with over 30 hospitals across five Health Boards to provide assistance in supporting safe hospital discharge, maintaining independence, and reducing the risks of hospital readmission. The H2HH service offers a rapid response remedial action for urgent works, such as home adaptations, temporary heating, urgent repairs, home safety, improvements to heating systems, disabled access, addressing damp, and home security for patients who are medically fit for discharge.

Conclusion

There are clear actions being taken across the NHS and Local Authorities to address the undeniable pressure in the social care sector, with initiatives taking place within discharge, workforce and prevention spaces. However, the long-standing issues within the care sector further add to the urgency in existing calls for Governments across the UK to support integration between health and care and create a sustainable financial model for the sector.

We are calling on the Welsh Government Budget in 2022-23 to:

- Provide Local Authority allocations that are ring-fenced for social care funding to support system-wide health and wellbeing sustainability
- Provide recurrent funding to support the pump priming of 'upstream/out of hospital' transformation and long-term service development.