# Actions Taken to Mitigate Pressures in Health and Social Care system

## Introduction

The health and social care sector is facing a tremendous amount of pressure, which is subsequently impacting on the ability of both the NHS and social care elements of the system to continue delivering services. The challenges facing social care services in particular include vulnerabilities in funding and market stability, increased demand, growing unmet need and high levels of staff vacancies.

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 clinically optimised patients from hospital. At the time of writing, there are 1,400 patients in Wales who were clinically optimised and ready for discharge. This has the equivalent impact on bed capacity to shutting the University Hospital of Wales in Cardiff.

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

## Key themes - summary

The brief 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**. 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 (strengths-based approaches are becoming more widely enacted in practice) 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 staff to aid retention is fundamental. Some of the developments therefore are focused on supporting staff and look to reduce or manage the risk of 'robbing Peter to pay Paul', and simply move staff between health and social care.

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. Further it looks to flex the role of some elements of the care system to meet local pressures.

# Preventing hospital admissions and care closer to home

Work is taking place within health boards to avoid hospital admission for frail, older people altogether which includes:

- 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) who aim to avoid hospital stays for older people.

- A new emergency service which aims to avoid unnecessary hospital visits, particularly within some of the community's most vulnerable groups. This is a joint service between Cardiff and Vale University Health Board (CVUHB) and Welsh Ambulance Services NHS Trust (WAST).

- A Single Integrated Clinical Assessment and Triage (SiCAT) approach is due to commence in the next couple of weeks 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.

- A direct admission pathway in Aneurin Bevan University Health Board (ABUHB), which allows for the direct admission to ringfenced capacity on community sites and reduces the 'lag' in acute by meeting the patient's needs as close to home as possible.

- A proposal in Powys Teaching Health Board (PTHB) to roll out comprehensive Frailty Assessment and Treatment Escalation Plans (anticipatory care plan) for residents of care homes and people in receipt of domiciliary care as the first phase; working in conjunction with primary care clusters and the network of Virtual Wards.

- A pilot in Newport which will review the use of anticipatory care plans to indicate those patients who may deteriorate and what is desired as an outcome regarding transfer to hospital. The local authority has been involved with the planning process and it is due to go live shortly.

# Discharge to Recover then Assess (D2RA)

Work has also been undertaken around the D2RA service:

- BCUHB are exploring an enhanced D2RA service to include a six-week placement in a care home as an option.

- 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.

- Cwm Taf Morgannwg University Health Board's (CTMUHB) integrated flow process aims to establish a robust baseline for implementation of D2RA pathways. This data will allow for analysis of 'days lost'.

- In Hywel Dda University Health Board (HDUHB), the D2RA Pathway 2 assessment and trusted assessor pilot is being supported by D2RA funding.

# Workforce

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) are encouraged to spread the message on social media and through the networks and channels at their disposal.

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

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

- ABUHB has recruited additional HCSW to reablement teams to provide additional capacity.

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

- Services have also 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 and Welsh Government to identify the information that staff need to access, and then provided the links on a one-stop Resource Platform.

# Broadening care and support approaches

NHS leaders are working closely with local authority partners to find solutions to challenges faced and minimise disruption. Innovative approaches are being taken within local authorities themselves, such as one in the CTMUHB area where they are:

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

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

- Integrated community hubs have been developed, which is a model where health staff can be used where social care capacity is lacking.

In the BCUHB area, the local authorities are trying to involve more volunteers. Joint working has included:

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

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

- A joint workshop with BCUHB and all local authorities across North Wales is scheduled to take place on Tuesday 7 September 2021 to consider good practice, what can be done differently and learning across the region.

ABUHB joint actions have included:

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

- Twice weekly deep dives with community hospitals team on patients delaying 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.

HDUHB has implemented the following:

- Micro-enterprise home-based care in partnership with Community Catalysts in Pembrokeshire.

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

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

Partners in PTHB and Powys County Council have developed a range of approaches:

- Micro-enterprise domiciliary care has become 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.

## Conclusion

There is clear action being taken across health 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.