

Southampton adult care market status update

- Care providers in Southampton are reporting significant challenge with recruiting and retaining staff. Factors include post pandemic staff 'burnout', mandatory vaccination, and increased competition for workforce from other sectors (average Southampton care staff wage: £9.50/hr versus hospitality sector: £11.06/hr).
- Staff absence due to sickness and/or self-isolation and Covid-19 outbreaks are also having an adverse impact on access to local supply of care services.
- As a result, demand for care is routinely exceeding local supply and the average length of time required to arrange a new care home placement or package of home care has trebled in the last 6 months. Currently 1,066 out of 1,372 care home beds in Southampton are occupied (78%). However, some care homes are consolidating provision around existing residents/ staff numbers, taking an estimated 200 of the city's vacant care home beds (14%) out of circulation, reducing their intake rates, and subjecting new referrals to greater levels of scrutiny. The position is even more challenging with home care providers, with an average of 1300 hours of long-term care per week going unsourced (a fourfold increase over the previous year's figure).

Mitigating actions underway include

- Increased provision and use of ‘bridging’ care up to 860 hours per week to facilitate discharge of MOFD patients where long term care is not available within the desired timescale, and to free up ‘blocked’ capacity within reablement services. This includes trialling a new ‘24/7’ home care service for hospital discharge patients requiring ‘doubled up’ care.
- Transmission of multiple successive nonrecurrent Government grants to care providers (e.g., Infection Control Fund, Workforce Recruitment and Retention Fund, Omicron support fund). 2021-22 total value of these grants is £6.27Million.
- Targeted support for home care providers reporting moderate to high business continuity risk due to staff not yet vaccinated.
- Launched the care recruitment hub (<https://www.southampton.gov.uk/workincare>) and associated recruitment campaign.
- Establishing budget for 2022-23 provider rate uplifts to promote care market sustainability.
- Ongoing support available for care providers through regular webinars and input from infection control professionals during Covid outbreaks as well as from Quality & Safeguarding team.

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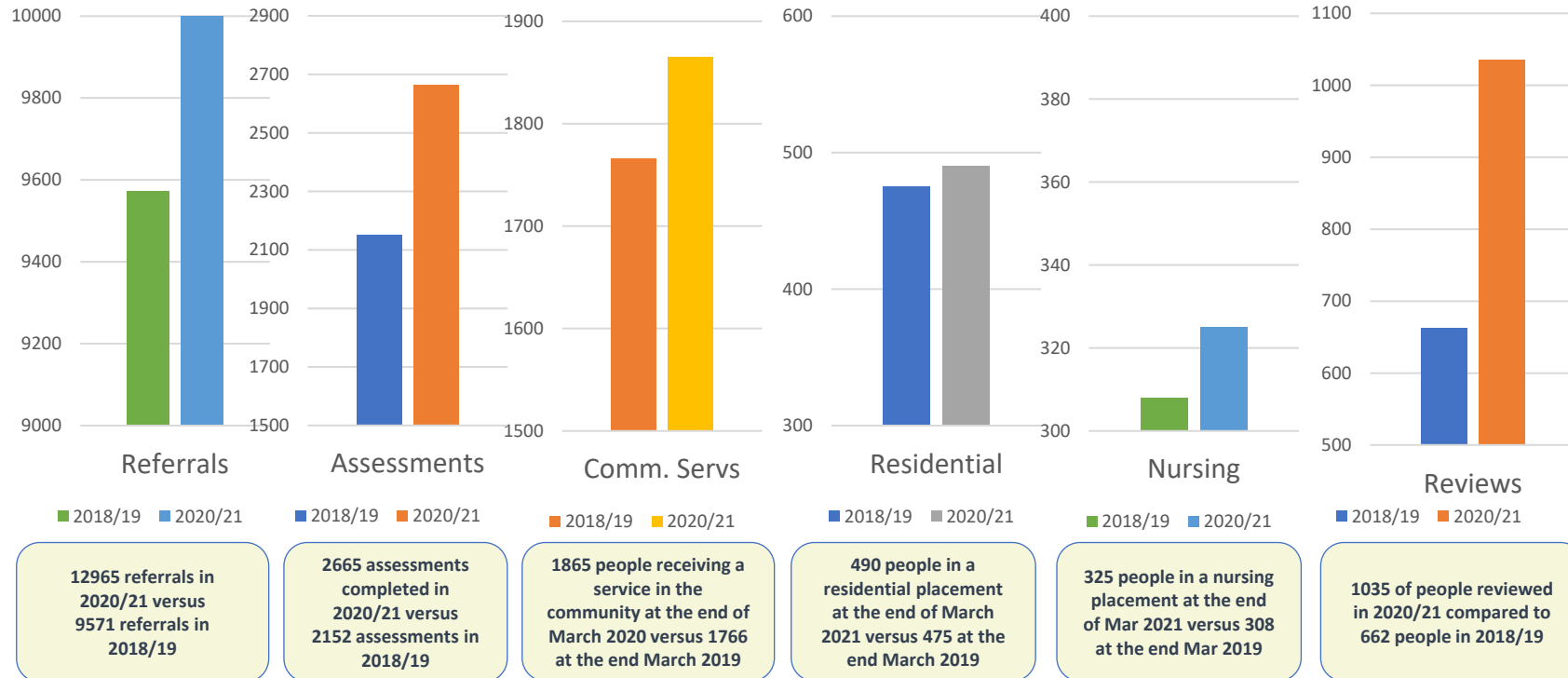
- Commissioners have been working closely with Hampshire Care Association for real time updates on pressures providers are experiencing and how to support with risks to service continuity.
- From 11th November 2021, all care home staff had to be fully vaccinated (unless exempt). All 56 care homes in the city were contacted and supported to prepare for this requirement. Around 3% of staff (about 50 people) were not vaccinated by the deadline and not exempt so had to leave their jobs.
- A similar process is being followed to support home care providers to prepare for the requirement of their staff to be fully vaccinated by 1st April 2022. Current figures are 89% of staff having had a first vaccination and 86% both vaccinations.
- Uptake of booster vaccinations is also being heavily promoted with the offer of roving vaccinators to visit care homes or other social care venues. Current figures are 49% of care home staff and 37% of home care staff have had a booster.

Adult Social Care pressures key issues

- Increased need / demand in all areas
- Waiting lists in all areas – resources spent managing waiting lists diverts from delivering support
- Significant increase in safeguarding across the board plus a specific issue with PPN1s (Public Protection Notices from police and ambulance, the vast majority of which result in no further action but take significant staff resources
- Significant increase in need for mental health support and care
- NHS and Social Care pressures inextricably linked - impact of national guidance for hospital discharge is significant
- Availability of care, especially domiciliary care and options for people with complex needs
- Staffing: recruitment and retention is mixed, some roles are particularly hard to recruit to-(senior practitioners, forensic social workers); difficulty recruiting locums as demand is high everywhere, increased rates being requested, turnover of locums is resource intensive for managers; some staff sickness absence due to covid
- Some impact of change in legislation requiring staff in registered provision in care and NHS to be double vaccinated.

Activity / Demand is up

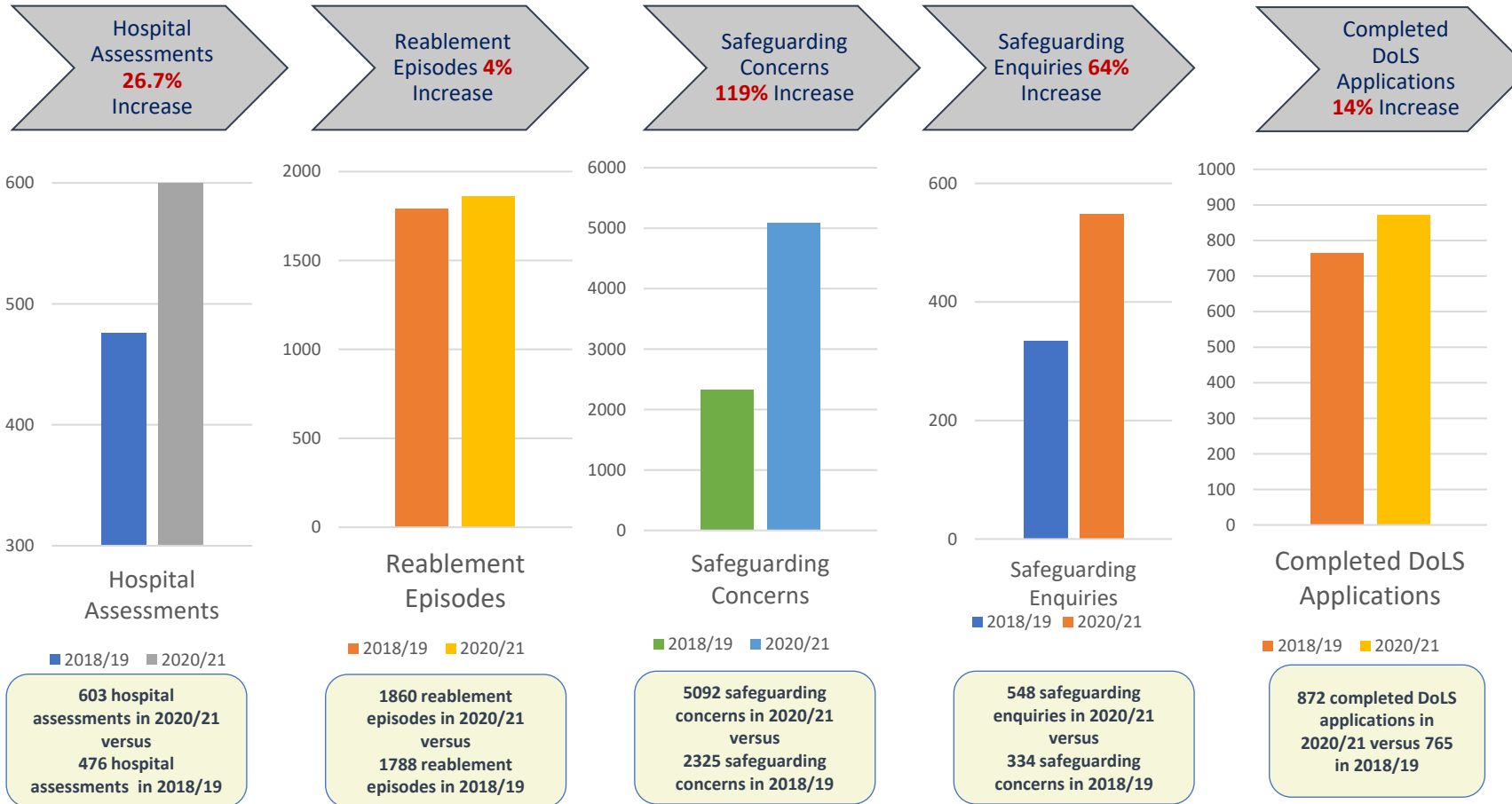
The below compares activity across 18/19 (pre-Covid) and 20/21 (post-Covid) to demonstrate the level of general growth pre-COVID-19 across all adult social care functions, from initial referral through to assessment, commissioning of care and review.



• Source: SALT 2020/21 and SALT 2018/19. Services data includes people funded via NHS D2A (excluded from SALT)

Activity/ demand is up

The below compares activity across 18/19 (pre-Covid) and 20/21 (post-Covid) to demonstrate the level of general growth pre-COVID-19 across all adult social care functions, including, hospital, reablement Safeguarding and DoLS (Deprivation of Liberty Safeguarding)



• Source: SAC 2020/21, SAC 2018/19, DoLS 2020/21 and DoLS 2018/19, information from Data & Performance Team

Mitigating actions include

- Increase in permanent staffing establishment. Greater stability and opportunity to invest in a permanent workforce
- Additional locum staff in most teams – in the main funded through NHS and / or short term Government Covid monies (COMF, Provider workforce, Infection prevention and control); additional OT at the social care front door
- Overtime and weekend working in place - balanced with need to support a tired workforce
- Triage and prioritising people on waiting lists, wellbeing and check in calls where indicated
- Discussions with police regarding PPN1s
- Support to staff in Council provided and integrated teams to encourage vaccination take-up is having some success
- Principal Social Worker and Head of Quality supporting staff (induction, supervision, education and training) and introducing new models of working to improve outcomes and efficiency
- Care Director - new case management system from January 31st will support more efficient use of staff time, greater visibility
- Medium and longer term: reviewing the model and pathways with additional capacity and expertise including from the National Development Team for inclusion. Increased emphasis on prevention and early intervention, strengths based practice and much closer working with VCSE colleagues and a focus on localities and neighbourhoods.