

TITLE OF REPORT: **Integrated Adults and Social Care Pressures**

REPORT OF: **Dale Owens, Strategic Director, Integrated Adults and Social Care**

Summary

The report provides an overview of the current service pressures within Integrated Adults and Social Care Services Strategy, analysis of trends, and comparison with national social care pressures.

Purpose of the Report

1. To seek the views of the Committee regarding the factors leading to the current pressures within Integrated Adults and Social Care Services, and facilitate scrutiny and assurance in respect of the progress being made to address these.

Background

2. In common with other Local Authorities, Gateshead Integrated Adults and Social Care Services have experienced significant pressures and challenges which developed during austerity, worsened during the Covid19 pandemic and peaked during the winter of 2022/2023, when flu and Covid19, combined with plans to recover services to pre pandemic levels, created significant pressures across social care and the NHS.
3. The Association of Directors of Adult Social Services (ADASS) have monitored data from Local Authorities relating to service pressures, as part of their twice a year survey, thus allowing Gateshead to compare its position against the national picture.
4. This report focuses on 3 key areas:
 - Waiting lists for packages of care
 - Waiting lists for Care Act assessments
 - Admissions to residential or nursing care

- I. **Care Package Waiting Lists:** In Gateshead, the number of people awaiting a package of care peaked in December 2022 when there were 216 people. Whilst many of these people were receiving an alternative service, such as reablement, or a short term residential care placement, there were still a number of people without any formal support, with subsequent significant pressures on family carers. The service risk managed those people who were awaiting packages of care, to ensure the most pressing situations were resolved as soon as possible, however, this has created a subsequent pressure in respect of residential care admissions (point iii below). Further pressures arose due to the level of support people required when coming out of hospital. This was driven by both an increasing acuity of need within the population, and the strategic aim to discharge people from hospital sooner, meaning that the size of individual care packages, led to fewer people being able to be supported with existing resources.

The number of people requiring a package of care has now reduced to 74 as a result largely of an improved home care market and increased reablement capacity; both of which have required significant investment and focus on attracting and retaining social care workers. Whilst 74 people awaiting support is still significantly higher than pre pandemic levels, it demonstrates a significant improvement within 8 months.

- II. **Assessment Waiting Lists:** The current waiting list for a Care Act assessment is 183, down from a high of 261 in April 2023. There is a synergy between waiting lists for assessments and waiting lists for packages of care; whilst people are waiting for a package of care, social workers and assessors are more actively working with them for a longer, thereby reducing the number of new assessments they can undertake. It was not surprising therefore that the waiting lists for assessments started to reduce 3 to 4 months after the waiting list for packages of care started to reduce. The service utilises a risk management framework for those on the waiting list (appendix 1) which has been benchmarked with similar tools used across the North East in terms of best practice.

Work undertaken so far to address and reduce the waiting lists has focused on increasing the throughput of assessments, and reducing the number of people who need to go through a formal assessment, by diverting people to reablement following the increase in capacity in that area. There have also been a range of models developed to increase assessment capacity, through use of the apprenticeship levy to grow and develop our own social workers and occupational therapists; a model that has been recognised as national best practice¹. [Grant to Streamline Local Authority Adult Social Care Assessments - 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108121/Streamline_Local_Authority_Adult_Social_Care_Assessments_-_2022_to_2023_guidance.pdf)

Data analysis in terms of the number of people who progress to an assessment and receive long term support, versus the number of people who are supported to prevent or meet their needs via existing community services, demonstrates that the pathway into Adult Social Care requires a comprehensive review and redesign; focusing more on prevention and supporting people to delay the need for care and support. The service is currently tendering for a development partner who will

¹ A report is scheduled in the work plan for the Committee to advise on these models and approaches.

support this redesign work, in conjunction with the work happening across the Council and the Integrated Care System, to focus on locality based delivery of health, care and prevention interventions.

- III. **Residential and Nursing Care admissions:** The service has an ambitious target to reduce admissions to care by 200 over the next 5 years. A range of factors can lead to people being unnecessarily admitted to residential care; pressure to discharge from hospital; lack of alternative services (e.g., home care, overnight support or extra care); risk averse practice; delays in completing assessments or a lack of access to therapies during recovery.

Analysis of admissions from March 2023 to date identifies that 56% of people admitted to long term residential or nursing care, were initially placed in a short term placement. Whilst this is an appropriate care pathway, the length of time many people were waiting for a care package in a short term placement inevitably led to their deconditioning, and ultimately remaining in residential care, when had the home care been available at an earlier date, they would have been more likely to return home.

In respect of the other routes into residential care, there is a programme of work across the department to further develop our strengths based approaches to assessment²; reducing risk averse practice and supporting practitioners to challenge pressures to default to bed based service provision. Whilst it is appreciated that some people with very complex needs will require a bed based service (particularly those who require ongoing nursing care), work is ongoing via the departmental strategy and action plan, to develop the frameworks and resources required to meet the target of reduced admissions to residential care.

National Comparison: The ADASS Spring Survey 2023 ([Adass](#)) identified that there had been a reduction in waiting lists (for both assessments and packages of care), from a national high of 542,000 in April 2022 to 430,00 at the end of March 2023, demonstrating that the reductions in Gateshead are in keeping with the national trends. The survey identified that assessment and care package waiting lists were increasing within the context of hospital discharge pressures, increasing admissions to residential care, workforce recruitment and retention issues, and increased acuity of need, again demonstrating that the issues identified within Gateshead are in line with the national experience.

Proposal

5. The Integrated Adults and Social Care Services departmental strategy and action plan have been developed within the context of these pressures and will support the strategic aim to enable more people to receive support in their own homes, through increased capacity in community services, and thereby reducing reliance on bed based support.

² A report is scheduled later in the Committee work programme regarding the Strengths Based Practice model

Recommendations

7. Care, Health and Wellbeing Overview and Scrutiny committee is recommended to:
- (i) Comment on the content of this report and identify any areas for further scrutiny
 - (ii) Note that the Committee work plan includes further scrutiny of the following areas which interface with demand pressures, and identify any specific areas the Committee would like the reports to include:
 - a. Hospital Discharge and residential care admissions
 - b. Social Care recruitment
 - c. Home care models
 - d. Extra care and Supported Living development
 - e. Strengths based approaches
 - f. Visit to Sr Winifred Laver PIC
 - (ii) Note that performance in relation to the pressures will be reported via the Performance Management and Improvement Information Framework.

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