

**Social Care Winter
Contingencies and
Waiting Surveys March
2022**

Introduction

Between 24th December 2021 and 5th January 2022, ADASS conducted a member survey of councils' use of contingency measures. The survey was in response to concerns from members, the Department of Health and Social Care (DHSC), providers and others about staff shortages, social care fragility and the impact of winter and the Covid-19 Omicron variant. The survey asked about councils' implementation of a range of potential contingency measures, based on a list drawn up by experienced Directors of Adult Social Services (DASSs). There was no suggestion that the measures listed were desirable or acceptable, though clearly some were proving to be unavoidable.

The survey results showed that the Covid-19 pandemic and the Omicron surge were placing serious pressures on councils, which were using extraordinary measures to offer the best possible support to people with care and support needs in a fast-changing and volatile situation. These were actions which councils judged to be necessary but were by no means actions which they wished to take. Even the most experienced directors were having to implement actions they found unacceptable.

Between 23rd of February and 11th March, ADASS repeated the survey which included both qualitative and quantitative information. There were 101 responses. Alongside this, we conducted a survey of the number of people waiting for assessments, care, or direct payments, and for reviews, to which 78 Directors responded. These questions were previously asked as part of a survey conducted in November 2021 which received 85 responses from Directors.¹

There is a separate report in progress detailing the survey results for day services.

It was hoped that the surveys might indicate a recovery from the worst of the worst winter that most Directors have experienced. The results detailed below, however, show that while the situation has changed, many of the circumstances observed in January remain extremely difficult and some have worsened. All except 12% of respondents said their councils were not operating business as usual and were still using contingency measures.

Funding for winter workforce and NHS hospital discharge funding end at the end of March 2022 and will increase the challenge. This has significant implications for people needing care and support, for the functioning of care and health systems and the wellbeing of population now and in the future. Of primary concern is the recruitment and retention of home care (and personal assistant and support staff) to meet increased need and to avoid the need for hospital or residential care admissions.

¹ [ADASS Home Care & Workforce Rapid Survey, Association of Directors of Adult Social Services, November 2021](#)

Follow up and support

ADASS has followed up with DASSs where their responses indicated that the plans being implemented are posing particular concern to better understand their position. These were the DASSs who indicated that at the time of the survey they were having to make the most difficult choices about 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, asking unpaid carers to do more as other forms of care were unavailable, or leaving carers or providers to raise concerns.

These actions would have been taken with the intention that they were temporary and in response to specific shortages, but the fact that they were needed at all and are continuing is very concerning. In each case, the DASS has confirmed that a) the risk to the Council has been identified and shared and b) there is active support or available support to them from their ADASS region. It was important to establish that the DASSs were receiving support in mitigating these difficult situations.

Key Themes

It is important to acknowledge that the circumstances are shown to be different from Christmas when the last survey was undertaken. For example, fewer councils are taking extraordinary measures in terms of redeploying staff from other council departments. There is ongoing effort in relation to recruitment campaigns and workforce winter funding is being used for a range of initiatives including retention bonuses. Collaboration is reported as being strong and effective. In the last survey there had been a significant increase in purchasing rehabilitation or reablement services; this has declined and national NHS funding for hospital discharge is ceasing at the end of March 2022.

The overall picture is deeply concerning, and narrative responses show this is for a number of reasons: increased need and the capacity to respond to it, a national pressure to focus on discharge from hospital rather than other needs and primarily, and most importantly, the ability to recruit and retain sufficient home care staff to meet this increasing need. Social care is far from recovery, and this will be having severe impacts on people needing or drawing on care and support.

1. Assessment capacity is having to be prioritised and the number of people waiting for assessments, care and reviews is increasing. People are waiting for longer and more assessments are being carried out in less depth with additional risks.

The majority of respondents (61%) are now prioritising assessment capacity to core and obvious life and limb safety is immediately threatened, including in safeguarding contexts and for people needing care to support discharge from hospital or reablement. This has risen from 46% in January. This will inevitably mean that those who are waiting at home for assessment, care or direct payments and reviews will be taking second place. The additional waits that they are experiencing will result in a proportion of these people becoming ill, deteriorating, and needing hospital care, or suffering carer breakdown or other crises, despite risks being taken into account wherever possible.

Nearly a third of councils (31%) are prioritising referrals but omitting visits. This increased from 20% in January. Visits are opportunities to gather what can be critical information about people’s circumstances, and inevitably, where assessments are less thorough, there is a higher risk that needs will not be fully understood, and therefore not fully met.

1.1 People waiting for assessments, care, direct payments, and reviews

The comparisons in this section are with a previous ADASS survey which was undertaken in November 2021.

The total number of people awaiting an assessment, care and support, a direct payment to begin or for a review in England as of 31 January 2022 was 461,289 (when extrapolated up to 152 local authorities). This is an increase of 17% since November 2021, when the figure was 395,485.

Nov-21	Jan-22	% increase/decrease
395,845	461,289	17%

1.2 People waiting for an assessment

We asked Directors how many people in their local authority area were currently waiting for an assessment of any kind (including Deprivation of Liberty Safeguards (DoLS), Occupational Therapy as well as Care Act assessments). There were 78 responses.

The average number of people awaiting assessments per local authority that responded to our survey was 1,431. If this were to be the case across England, this would represent 217,557 people waiting for an assessment. This is an increase of 7% on the backlog of 204,241 assessments reported in our Survey in November 2021.

1.3 People waiting for more than 6 months for an assessment

72 DASSs responded. The average number of people waiting over six months per local authority was 403. If this were to be replicated across England, this would represent 61,226 people waiting over six months for an assessment. This is an increase of 49% from the figure for England of 41,192 in November 2021.

1.4 People who have had an assessment and are now waiting for care and support or for a direct payment to be made.

70 DASSs responded. The average number waiting was 180. Across England, this would represent 27,406 people waiting for care and support or a direct payment. This is an increase of 8% on November's Survey, which had an indicative national total of 25,468 people.

1.5 Overdue reviews of care plans (over 12 months, as stipulated in the Care Act)

77 DASSs responded. The average number of overdue reviews or care plans per local authority was 1,386 people. Across England, this would represent 216,326 overdue reviews of care plans. This is an increase of 30% on the position (166,136 people) reported in our November Survey. Inevitably, this increases the risk that people's care and support plans will become inappropriate or inadequate for their changing conditions and circumstances, or quality concerns will not be picked up, leading to preventable harm.

Where assessments and reviews are taking place, the survey shows that councils are finding it necessary to reduce their role in them to spread the resources they have. 28% of councils are delegating some assessments and reviews to providers within a clear framework, up from 24% reported in January.² Similarly, councils are increasingly using 'trusted assessments' for areas like equipment, freeing up assessment capacity for what only council staff can do. This has risen from 52% in January to 58% in March. There is a risk that these arrangements, combined with the rising numbers of people awaiting assessments and reviews, will result in more superficial engagement and with less of an external view, increasing risks for individuals.

2. Care provision and risk assessment continue to be affected, worsening in key areas

In January 2022, 82% of councils were continuing to meet people's core assessed needs but were asking people using services to accept that there would be flexibility in this, for example changes in their usual staffing, times of visits differing, or visits being shortened which significantly reduces the quality of care provided. In March this had risen to 91% of councils.

In the contingency survey reported in January, 42% of councils had shifted to reviewing risk on a reduced and essential basis, but by March this had risen to 48% of councils. Even in the best managed circumstances this means some people will be experiencing a worsening of their circumstances, neglect or harm.

In January, 11% of councils had paused support for facilitated social contact, leaving people with dementia, learning disabilities, mental ill health isolated or alone for longer periods, but by March this had gone up to 16%. The additional burden on unpaid carers continues to be

² [ADASS Winter Contingencies Survey, Association of Directors of Adult Social Services, January 2022.](#)

considerable. A third of councils (33% in both January and in March) were still asking carers to provide more support to replace a reduction in commissioned support, for example by taking paid or unpaid time off work.

An underlying driver of these extraordinary measures is an ongoing workforce crisis particularly impacting on care and support at home. Councils are finding it necessary to maintain their contingency actions relating to rewards, incentives, and recruitment at broadly the same high levels reported in January. In their comments, many councils report success with local recruitment campaigns. However, it is unsurprising that more councils appear to have reached the limit of what they can do through redeployment of staff from non-essential functions – something which was being undertaken by 52% of councils in January, but only 27% in March.

The workforce shortage is having an impact on costs as well as the availability of services. In January, a large majority of councils were increasing their temporary staff/ agency capacity, including paying higher rates. That number has now risen from 69% to 82%.

3. Changes to commissioning, purchasing, and commissioning are raising concerns over quality and market sustainability

In January, 81% of councils were co-commissioning more rehab places in care homes or at home and/or more step-down beds with therapy input, and the same number were commissioning/co-commissioning rehabilitation/reablement in care homes under conditions as per recent guidance. It appears that councils have reached the limit of what they can achieve through these measures. In March this had fallen to 67% and 59% respectively.

In normal circumstances, councils select providers ‘on contract’ - meaning they have been through a competitive process to select providers based on quality and value. The number of councils using off contract arrangements to spot purchase care home places including from ‘Requires Improvement’ providers, and home care from ‘Requires Improvement’ providers (and new providers with less than 1 year of experience with appropriate due diligence around risk), have both risen: from 46% to 48% for home care; from 55% to 77% for care homes.

Directors were deeply concerned about the wellbeing of individuals and families where people were waiting increasingly long times for an assessment, care, or a review. They also expressed serious concerns about the longer-term financial implications of having to use these contingency measures: ‘Purchasing home care off-contract was a necessity to meet needs and reduce waiting lists but has increased the financial challenges the Council faces, with off contract spend on average 39% higher than commissioned home care and now circa 11% of total spend’; ‘Off contract purchasing of care will lead to increased long-term costs.’

4. Short-term support has helped, but Adult Social Care needs a long-term recovery plan

Directors who responded noted that while immediate, short-term support has helped over recent months, they remain concerned about the severe financial consequences of changing and increasing need, and they point to the need for comprehensive and funded long-term recovery plans for adult social care, akin to that for the NHS. Their thinking is illustrated in the following responses:

‘Demand is increasing beyond all previous trajectories, sped up by the move to transfer care earlier in the recovery journey from the NHS to Social Care. Discharge to Assess/ hospital discharge funds have offset some of the impact of this (primarily in relation to older adults). Activity continues, but funding is ceasing.’

‘Contingency based planning was implemented to respond and prioritise staff resource which has resulted in backlogs of assessments and reviews. Unlike NHS, social care is not being funded to deal with backlogs as a result of the pandemic and need to fund this within current resource which then creates more financial pressure. This generates continued inequity of provision and value of social care.’

‘Consistent feedback from market that without enduring improved financial settlement for the independent sector... workers will continue to be lost to better remunerated and less challenging sectors and capacity issues will therefore not be resolved.’

ADASS

ADASS is the Association of Directors of Adult Social Services in England. We are a charity, a leading, independent voice of adult social care.

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