

Virgin Care Commissioning Update Report for Scrutiny March 2021

1. Introduction

This is the third commissioning update report to the Children, Adult Health and Wellbeing Policy and Development Scrutiny Panel regarding the performance and activity of the Virgin Care contract. Previous reports were received in March 2020 and September 2020.

In September 2020 the Panel requested more detailed information to be presented in this update report on reablement and the financial position of Virgin Care at the end of year 4 of the contract. In addition, commissioners have provided an update on the role that Virgin Care has undertaken to respond to the pressures of COVID-19 since March 2020 as a health care and social care provider and highlighted specific areas of performance activity.

2. Reablement

2.1 What is Reablement

Reablement is a short term assessment and support service which takes place in an individual's own home / usual place of residence and usually lasts up to six. Reablement aims to support and encourage individuals with specific daily living activities e.g. showering or movement around the house. The aim is to support them to regain skills and confidence that they may have lost, ultimately helping them to live more independently.

Reablement services promote fast recovery from illness and hospital admission; prevent unnecessary acute hospital admission and avoid premature admission to long term residential care.

2.2 Reablement Delivery in B&NES

The Reablement Service within B&NES has been a long standing service which brought together Council reablement provision and NHS intermediate care provision into a single Integrated Reablement Service. The integration of such services aimed to deliver a more seamless, responsive and effective provision. Additionally, it aimed to reduce duplication and align with the national direction of travel of the integration of reablement/intermediate care services.

The B&NES Integrated Reablement Service, which is currently delivered by Virgin Care, supports 3 key referral streams:

- Admission Avoidance (Crisis Response) - This provision aims to reduce hospital admissions and readmissions by providing rapid

multidisciplinary support to stabilise people in their own home or usual place of residence

- Home First (Discharge to Assess) - This service supports people to return home following an elective or non-elective hospital admission (including acute and/or community hospital admissions) and aims to assess longer term care requirements in a more appropriate environment.
- Planned (Core Reablement) - This service provides a core reablement offer to individuals who would benefit from reablement input in a planned manner but who are not requiring Admission Avoidance or discharge from hospital through Home First.

The Integrated Reablement Service in B&NES is delivered by a range of professionals including Occupational Therapists, Physiotherapists and Reablement Support Workers. In total the Service has an establishment of around 88 full time equivalent staff members and annual funding of £4.36 million. This funding is pooled Council and CCG monies which sit within the Better Care Fund (BCF).

2.3 Transformation of the Integrated Reablement Service

Reviewing reablement has been a longstanding priority for B&NES and was included as a specific transformation programme in the Service Development and Improvement Plan (SDIP) within the original Virgin Care contract. The aim of this transformation was widening access to reablement, so that more people could access and benefit from the Service. This in turn would support an increased number of individuals to maintain or regain their independence and ultimately reduce their potential need for long term formal care. This transformation linked with the Council's strength-based approach and wider system plans for care coordination and navigation.

Following decision at the former B&NES Joint Commissioning Committee (JCC) in November 2019, a new reablement model was agreed within the existing contract envelope, to deliver the above aims and deliver the following key transformation priorities:

- Have a more open eligibility criteria, allowing more people to access the service
- Deliver a robust two week assessment/checkpoint to ascertain an individual's ongoing reablement requirements
- Ensure consistency of practice and processes between the Locality teams (Bath, Midsomer Norton and Keynsham)
- Facilitate more effective service user outcome measure recording and reporting

- Reduce Length of Stay (LOS) within the service, supporting more people to move through the Service
- Support the delivery of the NHS Long Term Plan (LTP) requirements of the two hour crisis response and two day reablement response

Additionally, the new service model aimed to bring together the Virgin Care Reablement Service and reablement support worker capacity which sat within three strategic home care providers (Somerset Care, Care South and Care Watch) which had been contracted by the Council since 2008. This aimed to remove inefficiencies within the provision and provide a more robust and flexible workforce model, with the TUPE of staff from the three home care providers into Virgin Care concluded in December 2020.

A Reablement Steering Group has been in place since October 2018 to oversee the delivery of this transformation; since February 2020 it has sat monthly and has a new commissioner chair. Additionally, a fixed term Project Manager has been brought into Virgin Care to engage with the Reablement Teams, supporting them in driving forward the ambitions of the new service specification, within the existing financial envelope.

Based upon the above transformation a contract variation was agreed between the Council, CCG and Virgin Care to deliver the proposed new model, which included an updated service specification and key performance indicators, with this new model due to go live on 1st April 2021. The contract variation was agreed at the Virgin Care contract review meeting in August 2020 and has been signed by all partners.

Whilst specific progress has been made with this transformation since August 2020, it is noted that COVID-19 has had a pronounced impact on the Service. This has understandably prevented full focus on the transformation plans at this time. This COVID-19 impact is explored further in the section below.

2.4 COVID-19 Impact

As noted above, COVID-19 has had a significant impact on the Reablement Service and the delivery of reablement within B&NES. Following the release of the Hospital Discharge Guidance by the Department of Health and Social Care, all health and care systems were required to deliver the ambitions of Discharge to Assess (D2A) to ensure the safe and timely discharge of people who no longer needed to stay in hospital.

In response to the D2A requirements, it was agreed in B&NES that the Integrated Reablement Service would be the service that would support individuals being discharged on Pathway 1 (home with additional support). This meant the Service would support all individuals who needed a new or increased package of care on discharge to be supported and assessed by the

Service, prior to their long-term care needs being determined and arranged. In addition, the Service would be responsible for the case management of such individuals, including the administrative processes associated with this.

Due to this change, people who would have traditionally been discharged from hospital directly into a local authority/self-funded long-term package of care now have an assessment and support offer from Reablement for up to six weeks. The impact of this has been an increase in activity (i.e. contacts – the number of times an individual needed to be seen by a member of the Reablement team) of around 20%, alongside increased case management burden, putting significant pressure on the Reablement team. This has also coincided at times with staff sickness (COVID-19 and non-COVID-19 related). It is suggested that such activity increases are primarily associated with a more complex caseload, with the team supporting individuals with higher care needs than was done so prior to the D2A requirements.

2.5 Actions Taken to Help Manage Demand








Since December 2020, to manage such demands, the CCG has funded additional short term reablement capacity in the following settings until the end of March 2021:

- D2A Homecare – additional Reablement Support Worker capacity from a number of home care providers (block contracts totalling 450 hours per week)
- Interim Reablement Beds (3R Beds) – flexible spot capacity in two local care homes to support individuals on a short-term basis whilst they wait for Reablement at home
- Care Home Support Reablement Workers – funding was identified to recruit additional therapy resource to in-reach into care homes, with specific reference to the D2A Beds (Pathway 2). However, unfortunately to date it has not been possible to recruit additional Occupational Therapists or Physiotherapist capacity, with a shortage of qualified therapists being noted nationally.

2.6 Performance

As noted previously performance and activity for the Reablement Service has been significantly impacted by COVID-19. The table below shows trends for key measures of service performance and activity:

Reablement performance and activity

Measure	Latest data	Latest value	KPI Status	Target	Trend
Reablement: proportion of people (65+) still at home 91 days after discharge into service (ASCOF 2B(1)) (▲)	Dec 2020	82.1%	◆	85%	
Referrals into reablement (-)	Jan 2021	352			
Caseload	Jan 2021	550			
Discharges from reablement	Jan 2021	359			
Length of stay: referral to discharge (days)	Jan 2021	37.00			
Reablement: contacts	Jan 2021	4,609			
Reablement: service provided	Jan 2021	239			

Caseload, discharges, contacts, service provided and length of stay trends are monthly averages for the last 13 months. The Adult Social Care Outcome Framework (ASCOF 2B) trend covers April 2018 onwards. Referrals trend is a monthly average for April 2017 onwards.

After an initial fall in referrals in April 2020, as services and services users were adapting to the national lockdown, the trend since then has been a significant increase. In the year to date to the end of January 2021, average monthly referrals are 7.9% higher than the 2019/20 average. In parallel, the number of discharges from the Service has seen an increase over the past year since January 2020.

While the number of people receiving a service per month has dropped compared to the 2019/20 average by 6.4%, the number of contacts has risen significantly, with 20.4% more contacts on average per month than the 2019/20 average. As a consequence, length of stay in the Service has increased above average levels for the three years prior to April 2020. While the monthly average in 2020/21 is 4.0% above the 2019/20 average, the shorter length of stay in the first quarter of 2020/21 is offsetting the high levels seen currently. To put this in context, the latest value for January 2021 is 24.2% above the 2019/20 average.

In addition, the 2020/21 year-to-date monthly average caseload (to the end of January 2021) is 18.1% higher than the 2019/20 average. However, the sudden fall in the caseload at the beginning of the national lockdown means that the monthly average caseload doesn't evidence the full extent of the increases seen in 2020/21. The peak caseload in November 2020, at 662 people, is 37.1% higher than the 2019/20 peak of 483 (January 2020). The latest data shows that the caseload is reducing but it remains high relative to previous years.

Despite the pressures on the Service, performance for the ASCOF measure (which reviews whether people remain in their usual place of residence 91 days after discharge into reablement from hospital) remains close to the targeted level of 85%.

2.7 Reablement Next Steps

For the Integrated Reablement Service there are a number of key milestones and priorities over the coming financial year (2021/22):

(Q1/Q2)

- Continue to support the COVID-19 response and recovery, with a review of long term D2A requirements as they become clear nationally

(Q1/Q2/Q3)

- Deliver the new reablement model and the transformation requirements for the service, with specific reference to Length of Stay and two-week review points

(Q3/Q4)

- Support the delivery of the Councils financial savings programme and aim of increasing independence and minimising the number of people needing long term funded care

(Q4)

- Support the delivery of the NHS Long Term Plan requirements regarding access timelines for crisis response and reablement

3. Finance

The information below builds on the information provided in the previous two reports.

During 2020-21, Virgin Care received a total income of approximately £56 million from the Council and BSWCCG for the delivery of the health care and social care services specified in the contract.

Virgin Care's original bid planned for losses in the early years of the contract as a result of investment in transformation to allow ongoing investment into the services, increasing demand and the annual efficiency requirement for services of c1%.

It should be noted that for Council funded services the contract does not permit for increases linked with inflation as this is a flat cash funding profile.

In 2018/2019 (year 2 of the contract term) the contract was £1.4 million overspent and in 2019/2020 (year 3 of the contract term) the overspend was £0.7million. The forecast for 2020/21 is an overspend of £0.3million, which demonstrates an improving trend for Virgin Care.

The year has been dominated by dealing with the COVID-19 pandemic with additional financial support from the NHS to support ongoing services, both directly provided and through sub-contracted partners. Both the Council and BSWCCG have supported the initial financing of the physical building housing the Community Wellbeing Hub and ongoing funding for 18 months has been identified from within existing Virgin Care and Council resources along with additional third-party funding.

Virgin Care have responded to the Council's financial position, as a result of COVID-19, through pro-active engagement on ways to appropriately reduce spend within the Council's purchasing budgets for 2020/21 and beyond. To date £1.2m has been identified as cost savings and/or cost avoidance from care and support packages or placements. Additionally, a business case to expand Virgin Care's Supported Living Service has been supported by the Council which will reduce out of area placements bring individuals back to B&NES and reducing expenditure in 2021-22.

4. Performance and Service Overview, Impact of COVID-19

4.1 Community Health Services

Since the last report the impact of wave two of the pandemic has been significant. Following a short period of reduced pressure during December the impact on the system locally in terms of admissions, bed occupancy, ITU bed occupancy, and discharge pathways surged dramatically during January 2021 to exceed the Spring peak by more than two times. Infection rates and demand for health capacity has since fallen but there remains significant demand on some services including adult social care.

In addition to the Integrated Reablement Service noted above, community wards and district nursing have been under considerable pressure, due to additional demand, increased complexity of individuals, the need to support


discharge from hospital and the extra pressures of sickness, absence due to COVID-19 exposure or other reasons. Virgin Care have reported that at different times individual teams have been very short staffed and from time to time have had to consider, and in some cases invoke, business continuity plans to focus on essential and urgent cases only for a short period. It has been difficult across the whole social care and health system to secure agency and bank staff to make up staff shortfalls. Staffing pressures in certain teams have been exacerbated in some of the health provision in more recent weeks by the demands of the vaccine programme which also requires trained staff.

Whilst redeployment of staff was extensive in wave 1 this has not been as possible in wave 2; all services have been kept open with the exception of a short closure of the Paulton MIU as agreed by the BSW CCG 'Gold' command to release staff for redeployment on wards and into District Nursing.

A further impact has been that whilst additional beds were secured to enable opening of surge capacity in the community wards however Virgin Care were not able to open these to new admissions due to fragile staffing. Shift patterns and rotas have had to be changed on a daily basis to ensure that sufficient substantive staff have been on shift at any one time, particularly overnight, to avoid over-reliance on agency staff. Nurse managers have switched to predominantly clinical work to support staffing.

Performance for the percentage of people waiting over six weeks for Diagnostic testing has been significantly challenged since the first wave of COVID-19, prior to which the 1% target was being achieved by Virgin Care. While performance saw some recovery as services reopened in summer 2020, since November 2020 the rate has been rising away from the national standard.

While the table below shows that Virgin Care's latest rate is higher than the latest available national average, the values cover different periods; the latest national data is for December 2020 whereas local contract reporting is from January 2021. Comparing December data shows that Virgin Care performance was better than the national and CCG rates at 15.0%. Given the pressure on health services nationally and with the possibility that patients will not deem their appointments for tests as essential during a national lockdown, the national rate may well see an increase away from the target in January, so the latest contract performance should be considered in that context.

Measure description	Direction to improve	Standard 2019/20	VC for B&NES 2020/21 actuals ¹	Latest period	England 2020/21 ²	BSW CCG ³	Trend
Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end	▼	1%	34.0%	Jan-21	29.2%	33.7%	

The main area of challenge over the winter has been Audiology performance (for both Adults and Children) but the Heart Failure service has returned 0% breaches during the past four months.

4.1.1 Innovation for Outpatients as a Result of COVID-19

1. Early work on a long term COVID-19 pathway by some allied Health Professionals in the Service, enabled BSW CCG to commence their services to support people with long COVID-19 as soon as this was identified
2. Planned therapy pilot: using the Musculoskeletal Physio and Bank Occupational Therapists and a small amount of Falls Rehabilitation Support Worker's, Virgin Care have been calling or video calling patients, giving advice, exercises, arranged equipment over the phone, referring onto the 3rd sector then discharging. Face to face contacts has occurred where clinically necessary; this pilot has managed to reduce waiting lists. Virgin Care have collected data to evidence that individuals identified goals have been achieved
3. Parkinson's Disease Nurse Feedback groups with service users have ran virtually
4. Parkinson's Disease nurses now offer an advice line, no appointment necessary, to resolve service user issues
5. Speech and Language Therapy are using video calls successfully to treat individuals especially in Nursing Homes
6. Osteo Arthritis exercise classes delivered by the Physiotherapists have moved from a face to face class to being virtual
7. Physio Musculoskeletal (MSK) and Orthopaedic Interface Service (OIS) are mainly using new way of working (NWOW) to assess and treat patients, however OIS have ascertained it is more efficient with some diagnosis to see face to face rather than have two appointments. Feedback has been collated as to service user experience. In December 2020 the feedback showed 49% OIS treated virtually. There was a 93.78% satisfaction rate; 4.3% were not satisfied, the remaining 1.91% were neutral
8. Falls clinic are trialling video exercise classes with elderly people
9. Podiatry staff are taking some wound dressings from District Nurses to help with demands on service

The above innovations will be kept under review going forward.

4.2 Children's Health Services

Virgin Care have not seen significant numbers of children and young people (CYP) requiring medical treatment for COVID-19 related symptoms, but instead have needed to work alongside colleagues in education and social care to mitigate the risks of:

- Delays in parent carers seeking medical advice for non-COVID-19 but potentially urgent conditions or symptoms
- Reduced visibility of potentially vulnerable CYP to services as a result of lockdown
- Family or placement breakdown due to the pressures of caring for CYP with complex needs at home with reduced respite, or escalating behaviours that challenge as a result of changes to routines and increased anxiety
- Inability to access education due to being clinically extremely vulnerable
- Increased anxiety and deteriorating mental health of CYP

Children's Community Health Services are operating as business as usual, with a default virtual provision unless clinically required face to face meetings are needed, such as:

- New birth visits from health visitor and six-week universal contacts
- Children and families with safeguarding concerns
- Any child requiring a physical examination
- Looked After Children's Initial Health Assessments





All services are operating within waiting time targets excepting Paediatric Audiology and Autism Assessments. Business continuity plans are in place, but have not yet been called upon, to maintain provision of priority services such as Children's Continuing Care. Children's Immunisation programme (non COVID-19) is continuing to be delivered with the support of schools – adolescent immunisations catch up programme in place. Virtual school drop ins and groups are being offered.

4.3 Adult Social Care Services

4.3.1 Waiting lists for Adult Social Care

A summary of key waiting list measures for Adult Social Care is shown in the table below.

Assessments and reviews

Measure	Latest data	Latest value	KPI Status	Target	Trend
Total number of people waiting for a social care assessment	Jan 2021	61			
Total number of people waiting for an OT assessment (priority 1)	Jan 2021	0			
Total number of people waiting for an OT assessment (priority 2)	Jan 2021	94			
% of reviews up to date	Jan 2021	51%	■	80%	

The latest performance updates for these measures are as follows:

- Social Care Assessments:

Since the last report, the number of people waiting for assessment has increased over the second wave of the COVID-19 pandemic, albeit there has been a reduction in January 2021 as shown in the table above. As previously reported, assessments have taken longer to complete during the pandemic, with challenges such as social distancing requirements affecting the completion time. Where possible, assessments have been carried out virtually to mitigate this as far as possible.

The risks to those waiting for an assessment are reviewed daily and there is no one waiting for support as short term arrangements have been put in place. Weekly meetings are being held between the Council and Virgin care to review the situation.

- Occupational Therapist Health Assessments

The month-end waiting list for people requiring an Occupational Therapist (OT) assessment continues to be low for people in the highest priority category (priority 1). The waiting list for Priority 2 cases remains high although it is on an improving trend since June 2020 but has again been impacted by people's COVID-19 concerns.

- Annual Social Care Reviews

The methodology for calculating the proportion of Virgin Care service users with up-to-date reviews was revised following discussion between Council and Virgin Care Business Intelligence (BI) teams.

Since October 2020, the trend in performance has started to improve gradually as shown in the table above. The Council has agreed a prioritisation for reviews, priority 1. focus on those living out of the area and on level of need and priority 2. people with a "stable" care and support plan.

- Timeliness of Hospital Discharges

Previous reports included summaries of performance for the national measure of delayed discharges, delayed transfers of care (DTC). Reporting against this measure ceased at the outset of the initial COVID-19 response and is not expected to resume. The focus of reporting on the timeliness of discharges has changed to the "criteria to reside". These criteria establish whether care in the acute setting is necessary; if the criteria are not met, the patient should be discharged to a less acute setting.

Currently there is no replacement for the ASCOF measure of DTC but the next round of Better Care Fund planning guidance may set out a national measure. In the interim, local reporting on patients still in acute hospitals who do not meet the criteria to reside is in place, but this focuses on Trust-level reporting and is not specific to B&NES. There is no measure related to criteria

to reside for community hospitals (which Virgin Care operate in B&NES) currently, however this is now in development.

5. Community Wellbeing Hub

5.1 Activity

Since 20th March 2020 to 19th February 2021 the Service has supported over 11,700 calls into Triage with 69% of calls being resolved at this stage. In partnership with 3SG the Hub has co-ordinated over 3,542 volunteer tasks including 2,905 for food, 515 for medication and 122 other activities i.e. electricity top up. To date 3SG volunteers have completed £78, 693.22 worth of shopping to support B&NES residents. 3SG have access to approx. 2,126 volunteers who are supporting on average 174 B&NES residents at either weekly or two weekly intervals.

5.2 Council Logistics Pod

The Council Logistics Pod at the Hub has completed the following activity since March 2020:

- Total of 639 emergency food parcels delivered in B&NES which has supported 803 individuals. 25% of the boxes delivered were repeats
- Emergency food boxes continue to be supplemented with frozen meals supplied by the Bath Masonic Hall Trust, Square Meals Project. The Trust has raised further funds to continue the project until the end of April 2021
- Frozen meals have also been supplied to local charities and organisations. Since April 2020 over 38,000 meals have been distributed - 6,000 children's meals supplied by the Ivy Restaurant and 32,000 provided by the Square Meals Project.

5.3 Supporting Clinically Extremely Vulnerable (CEV)

The Hub was set up in response to COVID-19 but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term.

During the third national lockdown the Hub is again leading on behalf of the Council, the implementation and co-ordinated delivery of the COVID-19 Guidance to local authorities on support for Clinically Extremely Vulnerable (CEV) individuals advised to shield. At the start of the winter lockdown 6,500 CEV individuals in B&NES have been contacted to signpost them to the Hub for support with those registering a support need on the National Shielding Service System receiving a welfare check call and referral to a Hub pod for their required support outcome. To date the Hub has followed up 128 CEV individuals to ensure their basic needs are being met.

Following the recent announcement by the Department of Health and Social Care and the NHS to explain new research that identifies people who may be at increased risk of becoming seriously unwell from coronavirus, the Government has extended the criteria for people who are at higher risk and therefore been added to the CEV list. This is estimated to be an additional 2,032 CEV individuals in B&NES shielding until 31 March 2021. The Council has written to these newly added CEV individuals offering support from the Hub and offer a webinar to individuals shielding as they are CEV for ongoing advice and support which is planned for 9th March 2021.

As part of the Hubs ongoing engagement plan a series of webinars have been developed with the first being held on 19th February 2021 on the Vaccination Programme. Due to the success of the Vaccination Programme webinar, which engaged over 50 delegates, dates will now be planned for future webinars which will focus on:

- I. Shielding for Clinically Extremely Vulnerable (booked for 4th March)
- II. Mental Health
- III. Power of collaboration
- IV. Building back together – volunteering

6. Contract Extension

The Virgin Care contract is a seven year contract from 2017/18 to 2023/2024 with the option for the Council and BSW CCG to extend the contract term by three years, taking the contract term to 2026/2027. Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than March 2022. It is recognised that it is important to ensure that Virgin Care are notified of the final decision well in advance of the contractual deadline of March 2022.

Panel is asked to note the contract extension is under consideration and will be notified when the Cabinet and BSW CCG have informed Virgin Care of their decision regarding this.

7. Conclusion

The report has focused on the areas Panel requested from its last update in September 2020. The next report will be in six months time and will give a detailed update on the workforce and service user feedback.