

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 11 June 2020, 11.00 am

Due to the current COVID-19 pandemic, Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Please note that this is a public meeting, conducting remotely by videoconferencing between invited participants and live streamed for general access via a link on the Council's website to the Council's You Tube [Channel](#)

The Agenda papers and background papers can be accessed electronically on the Council's website. Members of the public and press are permitted to report on the proceedings.

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 11 June 2020, 11.00 am, Online Only

Membership

Councillors:

Mrs J A Brunner (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P Grove, Mr P B Harrison, Mr R C Lunn, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Agenda

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1	Apologies and Welcome	
2	Declarations of Interest	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer), in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case Wednesday 10 June 2020). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
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Agenda produced and published by the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston telephone: 01905 844964 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's [website](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Date of Issue: Wednesday, 3 June 2020

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 11 JUNE 2020

COVID-19 PEOPLE DIRECTORATE RESPONSE FOR ADULT SERVICES

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to be briefed on Adults Social Care and wider Council's response to the COVID-19 Pandemic.
2. The overview covers the Council's response to the Coronavirus Act 2020, social care and support for residents, support for social care providers and the community urgent helpline established during the pandemic.
3. The Strategic Director for People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting.

Meeting the Needs of Those in Receipt of Care and Support

4. All operational teams reviewed all people currently in receipt of care and support funded by the Council or who were known to the Council as being potentially vulnerable and did not already have a named social worker. This identified those people in the community who were considered to be at high risk of carer breakdown or other pressures due to the withdrawal of services by providers, the loss of community support, the restrictions imposed by 'lockdown' or by virtue of being in the 'shielded' cohort. Over 40% of people fell into this category. Each person, and where relevant their family or representative, has been contacted and a support plan agreed for the pandemic which reflects their personal circumstances and resilience. Where required, this has included regular welfare calls and in some cases a named social worker or social care worker.
5. Worcestershire Association of Carers has followed the same approach for carers. This proactive approach has been well received by people and Adult Social Care has received no formal complaints about lack of response and has had a higher than usual number of compliments.
6. Where a person requires additional support or a change in the way it is delivered, this has been provided. In some cases, people and their families have declined to use services due to understandable concerns about the risk of COVID-19 infection. Again, support has been provided to enable this to happen in the best way possible under the circumstances, including providing alternative care arrangements. All arrangements will be reviewed at the declared end of the pandemic.

7. For self-funders in care homes whose capital has fallen below the £23,250 threshold, the Council has continued to fund their care home placement and has not followed the usual process where it explores whether there is a better value placement available.

8. This approach was adopted to; reduce the COVID-19 infection risk to people of transferring from care home to care home; to minimise the impact on the care home market; to reduce family anxiety caused by a potential care home move in such challenging times. All these 'self-funding pickups' have been notified that these arrangements will be reviewed within 6 months.

9. The Cabinet Member for Adult Social Care has been advised of all the above actions.

Care Act Easements

10. The Coronavirus Act 2020 allowed all Councils to apply 'easements' to the Care Act, which effectively permitted the Council to turn its duties under the Care Act into powers, so long as its actions remained compliant with Human Rights legislation. Advocacy and safeguarding duties were exempted. The guidance required the Council to take specific governance steps if it wished to apply easements.

11. To apply easements, the Council must demonstrate that there has been either a significant impact on its workforce or a significant increase in demand, due to COVID-19.

12. The Principal Social Worker has reported weekly to the designated Director of Adult Social Services on these. As neither of these scenarios have applied to Worcestershire County Council, no easements have been sought or applied and, based on current predictions, it is highly unlikely that any will be.

13. The Cabinet Member for Adult Social Care has been kept informed of the approach to easements.

Safeguarding

14. The Council has continued to respond to safeguarding concerns reported. Although referrals fluctuated during April and early May, there was no discernible pattern to reflect a reluctance of people to refer. This included domestic abuse referrals. Some concerns were raised - due to people being in more restrictive arrangements as a result of providers implementing a blanket approach to social distancing. These have been addressed on a case by case basis and guidance issued to all providers.

15. It remains a practice concern amongst social workers that the inability to have face-to-face contact with people and restricted access to care homes has reduced the capacity of staff to identify potential situations where people's safety is compromised.

Hospital Discharges

16. The Government introduced new hospital discharge guidance on 19 March 2020.

This was designed to create capacity in hospitals in advance of the anticipated demand from COVID-19 cases and to ensure that people were discharged rapidly and safely to maintain flow. The core of this approach was a 3-hour discharge 'window' from the point someone was medically determined as no longer requiring acute care to the point of discharge, and to shift fundamentally the focus to assessing post-hospital care and support needs after discharge and not whilst in hospital.

17. The Council with NHS partners enacted these changes. This included: operating a 7 day 8am to 8pm service in hospitals; seconding additional managers and staff from community teams; block purchasing care home beds; increasing the capacity of Pathway 1 (support at home). In addition, the Government suspended all Continuing Healthcare (CHC) assessment processes.

18. Locally, the NHS and Social Care system decided: Community Hospitals would no longer offer reablement and this would be provided at home, and that any person who was assessed on the Rockwood scale as having severe frailty or above would be discharged direct to a Community Hospital, otherwise they would go home. Whilst these changes were dramatic to existing local discharge processes, it should be noted that they are wholly consistent with best discharge practice.

19. The Council also contracted with two local hotels (Cadmore Lodge in Tenbury and Stourport Manor) to provide safe accommodation for people who were discharged 'home' but unable to immediately do so due to infection risk to other household members. However, due to the lack of demand, only 4 people have accessed this and the contract ends on 30 June. Stourport Manor has since been contracted to accommodate homeless people. Support was also provided to The Dolan Park Hospital, Bromsgrove.

20. The impact of these changes has seen: a significant drop in the number of people at the end of each day who no longer need acute care but who are still in Acute Hospital (from approx. 50 pre-COVID to approx. 10 per day now); reduced length of stay in acute hospitals by 1.5 days on average; a significant reduction in length of stays exceeding 7 days (circa 50%); reduced average length of stay in Community Hospitals from 24 days to 14 days. However, it should be noted that demand never reached the levels predicted: approximately 50% of all hospital beds remained vacant even at the peak; the number of people discharged home with support remained at 12 per day whilst capacity was in place for 50 people to be supported; the proportion going home with no support was 85% compared to the national planning model of 50%.

21. The Health and Care System, via the Service Improvement Board, is actively considering how to enable effective and safe discharges going forward, subject to revised national guidance.

Workforce and Working Practices

22. The Council has actively monitored the health and availability of its adult social care workforce. Throughout there has been a cohort of people who fell within the definition of 'shielded' or who are caring for someone who is shielded or have childcare responsibilities. This cohort of staff has been unable to undertake any face-to-face visits and has represented approximately 45% of the workforce. The

proportion unable to work due to COVID-19 (symptomatic or self-isolating) averaged at 9% in April and ranged from 5% – 14%. This period pre-dates the introduction of key worker testing.

23. The proportion of staff who have been available for face-to-face to visits has been between 45-55% at one time. Whilst this is a significant reduction from pre COVID-19 levels, it has not impacted on the ability of adult social care staff undertaking their work. Social distancing and the protection of shielded people has meant a significant change in work practices.

24. Face-to-face visits are now only conducted where essential and there is no other means of effectively interacting with people. Where one is planned, a risk assessment is undertaken and access to appropriate personal protective equipment (PPE) provided. This is consistent with national guidance and that issued by for example the British Association of Social Workers (BASW). Staff have regularly used telephone as a means of contact, including welfare checks for the high-risk cohort. In some cases, this has even been reported as more effective, as it allows people who are uncomfortable with face-to-face contact to engage more readily. Staff have also used other media to maintain contact, such as video conferencing, although this has been more challenging due to the platforms accessible to Council employees. In terms of staff-to-staff and staff-to-partner contact, working on-line and from home has now become a standard feature.

25. Approximately 15% of adult social care staff have been redeployed to other roles, largely to support operational teams undertake welfare checks or to support the Here-to-Help offer. This has ensured that all staff have been able to make a valid contribution and have been fully utilised.

26. Extensive advice and guidance have regularly been provided by the Council through HR and Public Health on how to work effectively and safely from home, and how to maintain good physical and mental health. Adult social care staff were surveyed at the beginning of May to understand people's experiences and challenges. This was generally positive in terms of the opportunities of home working and the support provided by the Council and managers. Specific concerns about long-term arrangements is already been addressed by the Council, including IT, home working equipment and access to offices.

27. However, there remains understandable concerns about the long-term mental health for some staff due to the impact of social isolation, reduced peer-to-peer support and pressures of home-work life.

28. Given the circumstances of working imposed by the COVID-19 response, there is no evidence that the work of adult social care has been significantly adversely affected. A number of opportunities to review working practices have presented themselves and this will be taken forward over the coming months. Particular focus will be placed on those staff for whom the new arrangements present personal challenges.

Funding Arrangements

29. As part of the Government's response to COVID-19, they have issued two grants to local authorities both totalling £1.6 billion. From this the Council has received £25.5 million to contribute towards its cost of response and recovery to COVID-19.

30. The Council Grant supports additional expenditure as well as loss of income. This has included additional fee uplift for providers, the additional costs incurred relating to the homeless and rough sleepers, lost income due to not charging for certain services, inability to deliver savings plans and implementation of the Here2Help scheme. It has also been used to fund enhanced care packages for individuals impacted by COVID-19 and those situations where no additional client charge has been made. It should be noted however, that the Council grant is not being used to fund those clients who have been discharged from hospital or to avoid admission, as these have been claimed via the NHS grant.

31. The NHS Hospital Discharges Grant is claimed via the Clinical Commissioning Group (CCG) for those people discharged from hospital, or to prevent admission to hospital. This provides free care from discharge until such time as the Government declares the COVID-19 response phase ended, unless the person is discharged back to an existing care package. Any person in receipt of this free care will be subsequently reviewed in terms of Care Act eligibility. It should be noted that people are still being reviewed in the interim to ensure they receive appropriate care and support which maintains and supports their independence.

32. In addition, £600 million funding was made available for Care Homes and processed via Councils under Government guidelines. The Council will receive £7.5 million, of which 75% will be directly distributed to all care homes in the County on a per beds basis. The remain 25% will be distributed in consultation with Public Health to support infection control and protection measures required and determined locally.

Supporting the Market

33. Worcestershire's COVID-19 Care Home Support Plan was published on 29 May 2020. This sets out how key partners across Adult Social Care, Worcestershire Public Health, Public Health England, the Clinical Commissioning Group and other health partners are working together to support care homes. The support plan includes current and future plans for co-ordination of infection control measures, testing programmes, training, HR support, and co-ordination and distribution of PPE.

34. Planning for the recovery phase is also underway in relation to other commissioned adult social care provision. The new block contract which was commissioned with a home care agency is now fully operational and the future commissioning strategy for domiciliary care is being updated to ensure that current and future needs arising from COVID-19 and post COVID-19 can continue to be met.

35. Discussions are taking place with externally commissioned day services in relation to a potential phased re-opening of services as national lockdown conditions are eased. While there is no current expectation that external day services should re-open, commissioners are working with providers on a service by service basis. Providers are being advised to carry out a thorough risk assessment for their service which will inform their decision-making. Individual risk assessments will also be needed, with social worker input, for adults and their families who may be considering a return to services.

36. Commissioners are also working with other services areas and partner organisations to review the next phase of the COVID-19 response, and considering how commissioned services need to be organised to respond to future changes to work patterns, for example the embedding of a “7-day working” pattern.

Personal Protective Equipment

37. Following the outbreak of COVID-19 and the subsequent guidance issued by Public Health England, demand for PPE dramatically increased placing unprecedented demand on the existing UK stock and distribution network.

38. The Council had to step into the normal supply arrangements and secure items from other sources to ensure that care services and other key worker activities could continue safely.

39. As a first, and immediate, response to the issue the Council sourced and procured external (non-government source) PPE stock (masks, gloves, aprons, eye protection, hand sanitizer) in order to support demand from County Council staff and care providers. A storage and distribution hub was set up and an online request system implemented providing either same day or next day delivery of emergency PPE where requests were validated. Emergency PPE is currently being provided free of charge. Over 500,000 items have been distributed to date.

40. The Council has had 123 individual requests from 84 care homes and 144 individual requests from 85 providers and continue to provide a safety net of supply where providers are unable to source PPE.

Social Care Day Centres

41. Worcestershire County Council is responsible for and runs 9 day services for people with Learning Disabilities. These have all been closed since March and all service users have been contacted and alternative support has been put in place, as required.

42. During Phase 2 in early July some of the centres will start to re-open – the capacity within these services will be determined by ensuring that social distancing guidelines can be practiced, during service users’ attendance. This will mean that fewer people can initially return to their day service support and these will be prioritised by need – noting that all service users have been risk assessed and those with the highest risk of carer breakdown will be prioritised for day service support in the first phase.

43. Changes to service delivery, put in place during the pandemic, have given rise to different ways of working and support, being provided in people's homes or by staff and/or volunteers in the community, close to people's homes. Consideration is now being made to how the service may be improved and/or re-designed to continue with local and community-based support in the future.

Home Care

44. Worcestershire County Council's home care service has continued, throughout the pandemic, with staff re-deployed from other areas of the People Directorate to ensure appropriate capacity to domiciliary care provision given in people's homes and in the County's prisons.

45. The service is now planning to introduce the Community Reablement service, due originally to go live in April 2020 – it is envisaged that this service will be promoted and be in place from the Autumn.

Residential Settings

46. The Communities Division are also planning innovative approaches to enabling family and friends to visit residents in our residential settings, including proposals for visitors to be allowed to meet with residents outside, with social distancing guidelines in place.

Prevention as Part of The Response

47. A community response was rapidly established with a range of partners, including District Council and voluntary and community sector (VCS) organisations to support people in need of practical help as well as the collection and co-ordination of offers of help. The Here2Help website was launched with online information and advice that followed an evidence-based MIND checklist for health and wellbeing. The aim of the Here2Help service is to provide practical information and assistance enabling people to remain safe and well in their own homes.

48. By the end of March 2020, a one contact telephone helpline was established and promoted for Worcestershire's residents, service users, carers, families and providers. The service continues to be open 8am-8pm, 7 days a week. This has supported many thousands of people in accessing care and support services, food supplies, medical supplies, as well as linking individuals with local voluntary and community groups for day to day support, information and advice. Mutual aide and NHS Good Sam volunteers are providing additional support where needed.

49. Worcestershire Association of Carers also aligned their opening hours and service provision for carers with the 8am-8pm, 7 days a week offer. This is supporting the County's carers and has resulted in an increased number of carers assessments being undertaken via telephone, over recent weeks. This service enhancement has been funded by the County Council.

50. As the Government takes the Country through each phase of their 3 Step Plan, during the medium term the service will remain in place. Ongoing review will analyse the need for a 7 day a week service as the current reduction in weekend and evening demand may indicate a reduced service will meet need.

Worcestershire's Local Outbreak Plan

51. The NHS Test, Trace and Isolate (TTI) service was launched on 28 May 2020. A national contact tracing service aims to identify people who are contacts of people with a confirmed COVID-19 diagnosis and instruct them to self isolate at home for 14 days.

52. As restrictions begin to ease, social distancing, good hand hygiene and a contact tracing system will help to limit the spread of infection, protect out health and social care system and enable some return to normal life.

53. The national TTI system will identify local outbreaks of COVID-19 rapidly. Regional Public Health England will continue to respond to outbreaks, however, Local Authorities will have a role in providing local management in more complex situations, prevention of outbreaks across settings and practical support for people who are isolating.

54. Every Upper Tier Local Authority in England is required to create a local Outbreak Plan, led by the Director of Public Health (DPH), by the end of June and WCC will be allocated a share of £300m to fund these.

55. Plans should cover 7 themes set out nationally and can be locally developed and refined through a new local COVID-19 Health Protection Committee. This committee will go on to oversee management of outbreaks, ensure that appropriate resources and standard operating procedures are in place for outbreak management and reflect on learning to identify improvements for future outbreak management.

56. A Member led 'COVID-19 Local Outbreak Engagement Board' will be developed as a sub-group of the existing Health and Wellbeing Board to provide effective public communication and democratic oversight of the management of outbreaks.

57. A communications and engagement plan will drive campaigns around prevention, testing and the importance of following guidelines and will support provide responsive communication to members of the public in response to clusters and outbreaks

Purpose of the Meeting

58. Members are invited to consider and comment on the information discussed and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member/s

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) the following are the background papers relating to the subject matter of this report:

- Agendas and minutes from COVID-19 Response Report to Cabinet on 4 June 2020 [Agenda for Cabinet on 4 June 2020](#)

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 11 JUNE 2020

COVID-19 CARE HOME SUPPORT PLAN

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to be briefed on Worcestershire's COVID-19 Care Home Support Plan.
2. As a result of the Coronavirus pandemic, the Government had asked all councils to work with local system partners to put in place care home support plans by 29 May, to help combat the spread of the virus in care home settings.
3. Before the pressures on care homes brought by the pandemic, the Panel's work programme already included regular monitoring of care and nursing home provision, including quality, staffing and market resilience. This was added to the work programme following an earlier scrutiny review of the Council's quality assurance of care and nursing homes (led by the Panel Chairman).
4. The Strategic Director for People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting.

Background

5. The Worcestershire COVID-19 Care Home Support Plan consists of two documents, as specified by the Minister of State for Care:
 - A letter that sets out a short overview of current activity and forward plan (attached at Appendix 1);
 - A template which summarises individual care homes' assessment of their current level of access to Worcestershire's support offer (attached at Appendix 2).
6. The letter includes a brief narrative focussed on the following topics:
 - A description of the joint work to ensure care market resilience locally, and that support is in place for care providers. This includes confirmation of daily arrangements in place to review local data and information on the state of the market locally.
 - Worcestershire's collective level of confidence that these actions are being implemented, including any areas of concern or where further support is needed.

- A description of the approach that commissioners are taking to address short-term financial pressures experienced by care providers including rate uplifts and other extra funding for care providers.
- The approach agreed locally to providing alternative accommodation and care arrangements where this is required.
- Local co-ordination for placing returning clinical staff or volunteers into care homes, where requested.

7. The template consists of information reported directly from the national Capacity Tracker at 29 May 2020, based on self-assessment by Worcestershire care homes. 98% of care homes in Worcestershire are registered on the Tracker and approximately 70% of these had completed this new dataset at 29 May. The template is intended to support local authorities to lead a cross-system conversation to ensure that measures are in place and identify where action or help is needed. It focusses on the following areas:

- Infection prevention and control
- Testing
- Personal Protective Equipment and Equipment supply
- Workforce support
- Clinical support.

8. Worcestershire's COVID-19 Care Home Support Plan was published on the Worcestershire website on 29 May, as directed. However, due to the tight reporting timescales, Central Government has clarified that the initial submission of the Care Home Support Plan can be treated as a final draft which can be amended following consultation with stakeholders, including the Health and Wellbeing Board, Local Resilience Forum Chairs, Healthwatch and other interested parties. This engagement is currently in progress. The support plan and template will also be updated in line with the developing situation and the further embedding of Worcestershire's support offer.

Purpose of the Meeting

9. Members are invited to consider and comment on the information discussed and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member/s

Supporting Information

- Appendix 1 – Worcestershire's COVID-19 Care Home Support Plan (covering letter)

Appendix 1 is also available on the website and can be found at the following link:

http://www.worcestershire.gov.uk/downloads/file/12567/worcestershire_s_covid-19_care_home_support_plan_-_covering_letter_29_may_2020

- Appendix 2 – Worcestershire’s COVID-19 Care Home Support Plan (template)

Appendix 2 is also available on the website and can be found at the following link:

[http://www.worcestershire.gov.uk/downloads/file/12568/worcestershire_s_covid-19_care_home_support_plan - excel template](http://www.worcestershire.gov.uk/downloads/file/12568/worcestershire_s_covid-19_care_home_support_plan_-_excel_template)

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer), the following are the background papers relating to the subject matter of this report:

- Scrutiny Task Group Report ‘Quality assurance of Care and Nursing Homes in Worcestershire’ (November 2019) [Scrutiny Task Group Report](#)
- Agendas and minutes from Covid-19 Response Report to Cabinet on 4 June 2020 [Agenda for Cabinet on 4 June 2020](#)

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Helen Whately MP
Minister of State for Care
39 Victoria Street
London
SW1H 0EU

Date: 29 May 2020

Dear Ms Whately,

Worcestershire's COVID-19 Care Home Support Plan

I am pleased to set out below an overview of Worcestershire's current activity and our forward plan for supporting care homes in the county. This letter forms part of Worcestershire's COVID-19 Care Home Support Plan along with the completed template which summarises individual care homes' assessment of their current level of access to Worcestershire's support offer.

Please note that the information in the template is reported directly from the national Capacity Tracker at 29th May 2020 and figures are based on self-assessment by Worcestershire care homes at this point in time. 98% of care homes in Worcestershire are registered on the Tracker and approximately 70% of these have completed this new dataset at the date of writing. It is intended that the template will be updated in line with the developing situation and the further embedding of Worcestershire's support offer as outlined in the template and in this letter.

Joint work to ensure care market resilience locally

Worcestershire has a well-established system plan to ensure care market resilience and to support providers in the key areas of infection prevention and control (IPC), testing, Personal Personal Equipment (PPE), workforce and clinical support, as well as a system of financial support to safeguard providers' financial viability.

The "Worcestershire Care Home Hub" has been established since March 2020 to strategically lead, co-ordinate and facilitate action across the system to support care homes and prevent infection during COVID-19. By pooling and adapting resources and

capacity and working collectively using a proactive and supportive methodology, the joint working across Adult Social Care, Worcestershire Public Health, Public Health England, the Clinical Commissioning Group (CCG) and other health partners aims to reduce the number of homes experiencing an outbreak and reduce the absolute number of cases and deaths.

Terms of reference attached at Annex A set out how the Hub operates via a strategic group and an operational “huddle”. The huddle proactively monitors on a daily basis the numbers of cases and deaths in care homes and has oversight of the situational analyses, enabling the management and mitigation of risks and where relevant escalation to Silver or Gold Command, as referenced in Annex A. The group also enables sharing of information, including reviewing individual organisations’ risks, mitigations and progress against priority actions.

The support plan to care homes in Worcestershire includes co-ordination of infection control measures, testing programmes, training, HR support, and co-ordination and distribution of PPE. Examples of specific areas of action include:

- Development and issuing to providers of regularly updated health and infection control guidance, in the form of easy-to-use action cards.
- Procurement, storage and distribution of PPE stock via an online request system providing either same day or next day delivery of emergency PPE free of charge.
- Early availability of testing for symptomatic residents, with subsequent rollout of a local programme to enable large scale testing for all residents and staff in COVID-positive homes
- Priority access to next-day testing for symptomatic and asymptomatic care home staff through the Worcestershire single point of contact led by Worcestershire County Council Human Resources department
- Proactive roll-out of Infection Prevention and Control (IPC) training offer to all homes
- Roll-out of iPads to all care homes in Worcestershire, enabling online GP consultations and the use of technology to reduce social isolation
- Proactive support for the mental health and wellbeing of care home managers and deputy managers

Daily arrangements to review the state of the market locally

The Care Home Huddle meets daily to review the state of the care home market locally, using a risk-based assessment approach to target support to care homes. Discussions are underpinned by analysis of national capacity tracker information and local data obtained from proactive engagement calls made to all care homes across the county on a regular basis (at least weekly with more frequent contact if required). Escalation

pathways are in place to ensure any issues identified are addressed. When required, multi-agency Incident Management Team meetings are held with individual homes, to seek assurance, target support and formulate service-specific action plans.

Advice and support to providers is available via the dedicated CoronavirusASC@worcestershire.gov.uk email address, which has been set up as a single point of contact to deal with all provider queries during the crisis. This is staffed seven days a week and able to respond to urgent situations. Telephone support is also available via the Worcestershire's Here 2 Help access number on 01905 768053.

Worcestershire's collective level of confidence that these actions are being implemented

The establishment of the Care Home Hub and daily "Huddle" meetings at an early stage of the COVID-19 outbreak has enabled a system-wide approach to be put in place and embedded with collective accountability from all partners across Worcestershire. Governance from the Care Home Hub through to Worcestershire's Silver and Gold Command ensures the system has oversight and confidence that actions are being implemented.

The testing of symptomatic care home residents has been available since the beginning of this pandemic. The availability of access to testing on a larger scale for staff and residents did present a challenge in the absence of the national portal, however, a local solution was identified which has resulted in all care homes with positive COVID-19 residents receiving large scale testing of both residents and staff. This process is now complete. Homes that remain COVID-19 free are currently accessing their testing kits via the national portal and testing is anticipated for completion before 6th June.

Positive ongoing feedback obtained from care home providers evidences that this approach is helpful and valued. Impact of the actions taken is also evidenced in the data. We have seen a decline in the number of infections, outbreaks and deaths in care homes related to COVID-19.

Commissioners' approach to addressing providers' short-term financial pressures including rate uplifts and other extra funding for care providers

Annex B to this letter provides details of agreed rate uplifts for 2020/21, along with Worcestershire County Council's approach to additional funding for Worcestershire care providers in response to COVID-19 related cost pressures.

Worcestershire County Council has paid £1.9 million of additional financial support to adult social care providers during April 2020. This includes contracted domiciliary care providers and Worcestershire-based residential and nursing care providers. It is forecast that this may total £7 million by the end of June 2020.

Where these additional payments relate to clients who have been discharged from hospital or are made to prevent hospital admission, funding is claimed via the Hospital Discharges Fund which is being co-ordinated by the CCG, otherwise the payments will be funded by the additional grant which has been allocated to local authorities.

Amounts stated do not include the Adult Social Care Infection Control Fund which will be distributed to providers in accordance with the recently-issued Grant Determination No. 31/5061.

The local approach to providing alternative accommodation and care arrangements where required

During the period of peak demand on services earlier in the COVID-19 situation, additional accommodation and care arrangements were commissioned to meet demand and provide alternative options for accommodation and care, for example an increase in Community Hospital capacity. This has been gradually reduced and stepped down in line with need but is under constant review in order to respond to any changes in the epidemiology.

Alternative accommodation and care is currently being targeted as required on a case by case basis, for example through the provision of additional 1-1 staffing support for up to 14 days in homes so that residents can isolate with guidance. It is intended that this offer will be extended and offered more proactively moving forwards.

Local co-ordination for placing returning clinical staff or volunteers into care homes

Clinical staff returning to practice and other clinical volunteers have been supported to align with local health providers. Care home providers have been informed of the resource available and can draw down on this as required.

In relation to non-clinical volunteer support, all care homes have been proactively contacted and offered support with a variety of non-face to face volunteering activities. These include support with shopping, collecting medication and social support via remote conversations using tablet computers etc. Those homes which have requested support

have been matched up with volunteers through the Here 2 Help programme. Here 2 Help is Worcestershire's community action response to the COVID-19 pandemic.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P. Robinson'.

Paul Robinson
Chief Executive
Worcestershire County Council

Annex A

Worcestershire Care Home Hub - Covid-19

Terms of Reference

1. Purpose:

- 1.1. To strategically lead, co-ordinate and facilitate action across the system to support care homes and prevent infection during COVID19.

2. Objectives

- 2.1. To reduce the increase in the number of homes experiencing an outbreak and reduce the absolute number of cases and deaths.
- 2.2. To pool and adapt resources and capacity to work collectively using a proactive and supportive methodology.
- 2.3. Decision making to enable appropriate infection control measures and prevention activity to prevent the spread of COVID19.
- 2.4. Proactively monitor the numbers of cases and deaths in care homes and to have oversight of the situational analyses.
- 2.5. Management and mitigation of risks and where relevant escalation to Silver or Gold Command.
- 2.6. Intelligence sharing of information, including reviewing individual organisations' risks, mitigations and progress against priority actions relevant to the Task Force.

2 Accountability

NHS Silver and Gold Command

3 Membership

WCC Director of Public Health (Chair)

CCG Director of Nursing and Quality

WCC Interim Director of People

CCG Assistant Director of Nursing and Quality

CCG Clinical Lead for Care Homes

WCC Public Health Consultant

WCC Lead Commissioner (ASC)

CCG Commissioning Infection Prevention Lead Nurse

4 Frequency of meeting:

Strategic meetings will be held weekly on Thursday afternoon until further notice

Daily tactical huddle meetings, Mon, Tues, Wed and Friday

5 Operations

Collective expertise across agencies will be coordinated through the COVID-19 Incident Cell structure.

The operational work is outlined in Figure 1 and will centre around three approaches:

- 1) Proactive Engagement: regular brief contact with all care homes to identify current sit rep for each home, provide key IPC support/advice and to help early identification and escalation of issues.
- 2) Preventative proactive interventions for “green” homes to prevent introduction of Covid-19. A preventative action plan will be developed
- 3) Reactive Support: enhanced IPC and other support for homes and assistance with managing outbreaks.

6 Governance

A daily huddle or situational review will take place at 9.00hrs to review proactive call summary, preventative action plans and outbreaks. The huddle will confirm actions complete and issues referred/escalated, as required and of care homes flagged for concern. A representative from Public Health England will join the huddle once a week to review outbreaks and offer further support (e.g. IMT), if required. The multi-agency weekly hub will review progress of three approaches and identify issues for escalation across the system. The governance structure and escalation pathways are summarised in Figure 1.

Worcestershire Care Home Support – Operations and Governance

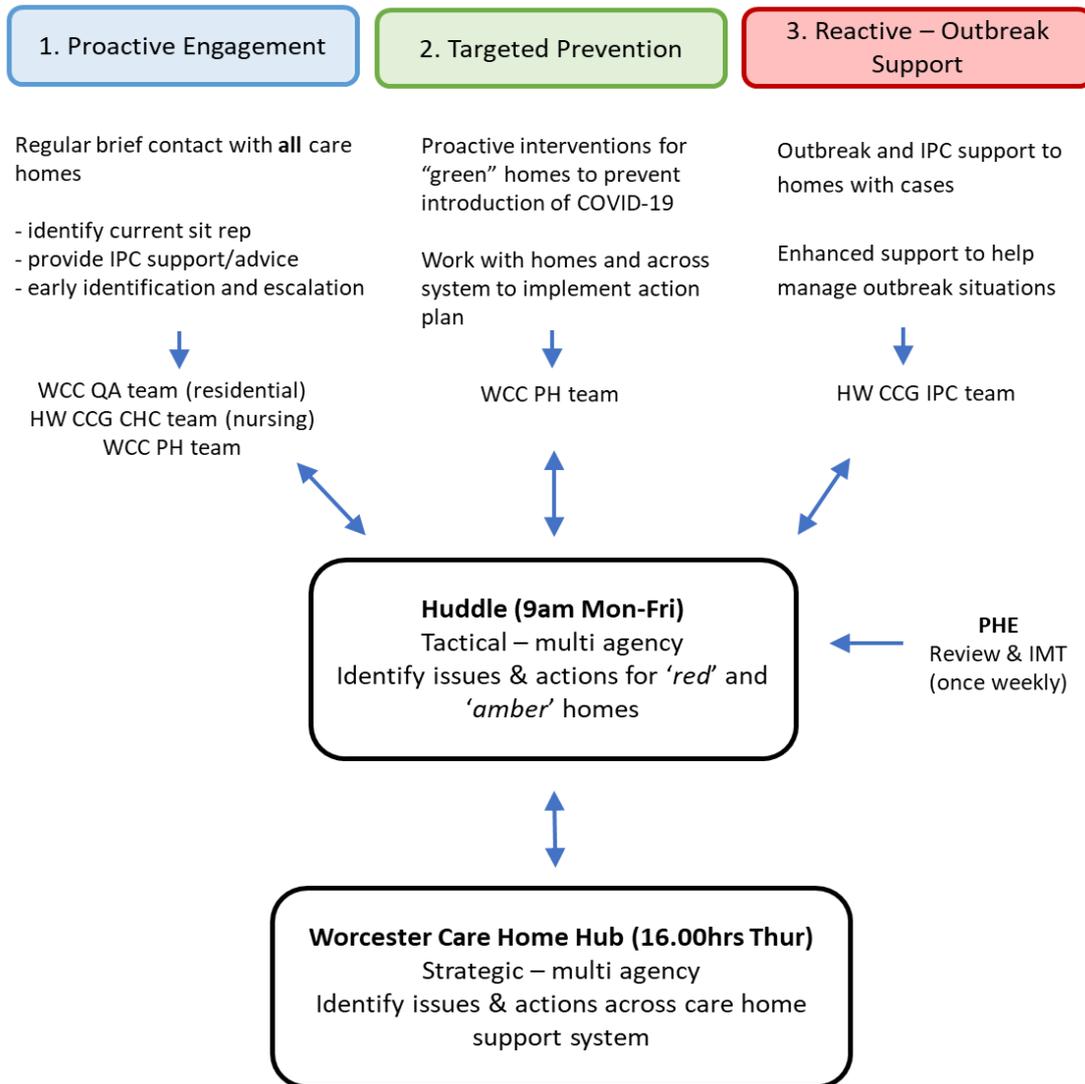


Figure 1: Overview diagram of operational processes and governance structures.

Annex B – Worcestershire County Council approach to additional financial support for adult social care providers

1. 2020/21 Annual Fee Review

The council on an annual basis consults with providers about fee increases and awards increases to providers based on consultation feedback, as well as analysis of cost pressures such as inflation and increases in National Living Wage etc. For 2020/21, this process was concluded in March 2020, and has resulted in the following fee increases awarded to providers:

Type of service	Increase	Notes
Domiciliary care	4.88%	Excluding 24/7 packages
Supported Living	4.88%	
Extra Care	4.88%	Excluding core payments
Flexible Breaks	4.88%	
Residential Care Homes	2.71% on Band 2 rate (0% on fee levels above Band 2 rate)	Band 2 rate for a single room for 2019/20 was £467. Increase therefore equates to a (rounded) cash value of £12.50.
Nursing Care Homes	2.29% on Band 4 rate (0% on fee levels above Band 4 rate)	Band 4 rate for a single room for 2019/20 was £481. Increase therefore equates to a (rounded) cash value of £11.
Shared Lives	2%	Plus proportionate increase to pay providers for two weeks' leave per year to enable them to take a break without losing pay (this equates to a total uplift of 5.8% for long term placements)

For other services and for direct payments, it was agreed that there would be no across-the-board increases, but requests would be dealt with on a case by case basis.

2. Continuity of payment during the COVID-19 outbreak

The council wrote to providers of domiciliary care, supported living, extra care and day services on 17th March 2020. The council confirmed that, for the duration of the COVID-19 outbreak, we will continue to pay providers even in cases where services cannot be delivered (for example where day services have closed due to COVID-19 or where homecare cannot be delivered due to individuals self-isolating or where staff are not able to work due to COVID-19 related issues). Providers have been asked to log the visits which were unable to be made, or services unable to be delivered, in the form of a “frustrated” episode on the provider portal.

We stipulated that providers must continue to pay staff, including staff who may be themselves having to self-isolate and therefore unable to work temporarily.

These measures were designed to contribute towards the resilience of the health and social care system in Worcestershire and have been welcomed by providers.

3. Additional payments for COVID-19 additional cost pressures

In recognition of additional cost pressures being faced by providers due to COVID-19, such as additional staffing costs, increased cost of Personal Protective Equipment etc., the council has awarded an additional temporary percentage increase to providers, from the beginning of April. The temporary nature of the increase will be reviewed in line with the developing COVID-19 situation.

For domiciliary care, supported living, extra care and shared lives providers this increase is an additional 5% on their fee rates.

For residential and nursing care providers, the increase is 5% on Band 2 and Band 4 rates respectively. This equates to a cash value of approximately £24 on the weekly fee rate. The increase in percentage terms which providers will receive therefore varies significantly depending on the total level of fees paid (as the majority of fees are above the banded rates), with percentage increases ranging from 0.3% to 3.7%, and the average increase being 2%.

4. Further COVID-19 related costs

It is likely that some providers will be incurring additional COVID-19 related costs over and above the costs already reimbursed, but this is also likely to vary considerably from provider to provider. A process has therefore been agreed to consider additional reimbursements for providers who apply to the council for further financial assistance.

Providers who approach the council will be asked to submit details of the further additional costs which they are incurring. These applications will be reviewed by Commissioners and the Head of Finance on a case by case basis and payments made where costs are deemed reasonable and directly related to COVID-19. Payments will be made through a separate process within the Controcc system, once signed off.

The provider will be expected to be explicit in identifying what they are claiming for e.g. additional costs of PPE, staffing etc which is in excess of the additional amount they have received as an increased fee or which cannot be funded from any other grants or support that the provider is receiving. The amount reimbursed will also take into account other factors such as the percentage of total business that the council has with the provider.

The claim for additional costs is conditional on this being on an 'open-book' basis and evidence (such as payroll, invoices, management accounts) may be requested and audited at a later date. Any payments made which are found subsequently to either not meet the criteria or not be substantiated will be set-off by Worcestershire County Council from future payments in accordance with the conditions of providers' contracts.

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COVID19 Care Home Support > Implementation Status

Local Authority:

Contact name:

E-mail:

Total number of CQC registered care homes in your area:

Please submit local plans (covering letter and this template) to CareandReform2@communities.gov.uk by 29 May

Complete

**Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place*

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) <i>If Yes, please offer a brief description of the type of support that would be helpful</i>	Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures			
1.1 Ability to isolate residents within their own care homes)	122	No	Support is tailored to individual homes depending on circumstances. Most homes have responded "Yes" but it is recognised that isolation is more difficult for Learning Disability homes.
1.2 Actions to restrict staff movement between care homes)	113	Yes	There has been a significant reduction in agency staff moving from home to home; access to staffing e.g. "return to practice" nurses has helped support this. Results from mass swabbing will enable further action on an individual home basis through individual home action plans. NB a number of homes in Worcestershire are standalone and therefore this question is not applicable.
1.3 Paying staff full wages while isolating following a positive test)	46	Yes	Financial support has been offered to homes through percentage increases and additional funding on a case by case basis, and workforce payments via IPC. There is ongoing work through the One Worcestershire business support offer to ensure homes are aware of and can access all available funding streams.
Section complete			
Focus 2: Testing			
2.1 Registration on the government's testing portal)	106	Yes	Noted that multiple communications re testing have led to an unclear picture. Support required re lack of access for Learning Disability homes to portal.
2.2 Access to COVID 19 test kits for all residents and asymptomatic staff)	64	No	NB In Worcestershire, homes with outbreaks have already been able to access testing and therefore did not have to register on portal. NB Number of homes responding "Yes" likely to be lower as swabs for whole home testing have been supplied rather than having to be requested.
2.3 Testing of all residents discharged from hospital to care homes)	79	No	Pathway has been in place since end of April. Homes may have responded "No" where residents were discharged before this or where there have been no relevant discharges in the period.
Section complete			
Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment			
3.1 Access to sufficient PPE to meet needs)	128	No	PPE support & supply organised locally and well-established.
3.2 Access to medical equipment needed for Covid19)	105	No	Definition of "medical equipment" may be interpreted differently by providers; all homes have access to IPADS for virtual consultations; oxygen saturation monitors are also being rolled out.
Section complete			
Focus 4: Workforce support			
4.1 Access to training in the use of PPE from clinical or Public Health teams)	123	No	All providers have been supported with free access to FFP2 and FFP3 training and FIT testing where required.
4.2 Access to training on use of key medical equipment needed for COVID19)	94	No	As above, clearer definition of "medical equipment" would assist with consistency of response.
4.3 Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers)	85	No	Clinical and non-clinical volunteer support offer is in place.
Section complete			
Focus 5: Clinical support			
5.1 Named Clinical Lead in place for support and guidance)	92	No	All care homes have named clinical lead - this is being clarified with care homes via proactive calls.
5.2 Access to mutual aid offer (primary and community health support))	124	No	Offer in place and embedded from neighbourhood teams and general practice.
Section complete			

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 11 JUNE 2020

WORK PROGRAMME 2019/20

Summary

1. From time to time the Adult Care and Well Being Overview and Scrutiny Panel will review its work programme and consider which issues should be investigated as a priority.
2. Due to the COVID-19 coronavirus pandemic, the Panel meetings scheduled in March and May 2020 were cancelled to allow the Council to focus its activity in responding to the pandemic.
3. The Panel is asked to consider and agree the Work Programme for the remainder of 2019/20.

Background

4. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2019/20 Work Programme has been developed by taking into account issues still to be completed from 2018/19, the views of Overview and Scrutiny Panel Members and the findings of the budget scrutiny process.
5. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
6. The Adult Care and Well Being Overview and Scrutiny Panel is responsible for scrutiny of:
 - Adult Social Care
 - Health and Well-being
7. The current Work Programme was agreed by Council on 12 September 2019.

Dates of Future Meetings

- 17 July 2020 at 2pm
- 22 September 2020 at 2pm
- 18 November 2020 at 10am

Purpose of the Meeting

8. The Panel is asked to consider the 2019/20 Work Programme and agree whether it would like to make any amendments. The Panel will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

- Appendix 1 – Adult Care and Well Being Overview and Scrutiny Panel Work Programme 2019/20

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer), the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of Council on 12 September 2019 – available on the Council website [here](#)
- Agenda and Minutes of OSPB on 24 July 2019 - available on the Council website [here](#)

2019/20 SCRUTINY WORK PROGRAMME: Adult Care and Well Being Overview and Scrutiny Panel

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
20 March 2020 – cancelled due to COVID-19	3C Approach to social Work – Update and feedback from Member Visits to Locality Teams	14 March 2019	
	Performance (Q3 October – December 2019) and In-Year Finance Monitoring (P9)	27 January 2020	
4 June 2020 – cancelled due to COVID-19	Support for Children with Disabilities during Transition to Adulthood (with Children and Families Overview and Scrutiny Panel)	21 June 2017 July – August 2017 (Panel Chairmen)	
11 June 2020	COVID-19 People Directorate Response for Adult Services		Requested by OSPB
	Care Home Support Plan		Links to outcomes of scrutiny review of quality assurance of care and nursing homes
17 July 2020	All Age Refresh of the Carers Strategy	25 September 2019	
	Performance (Q4 January – March 2020) and In-Year Finance Outturn Monitoring		
22 September 2020	Performance (Q1 April – June 2020) and In-Year Finance Outturn Monitoring		
18 November 2020	Performance (Q2 July – September 2020) and In-Year Finance Outturn Monitoring		
Possible future Items			
TBC	Peer Review Feedback	27 January 2020	When new Director of People in post
TBC	Continuing Health Care Assessments	25 September 2019 (support for carers discussion)	Following feedback from carers, the Panel has contacted the CCGs to follow up concerns
TBC	Adult Social Care Outcomes Framework		

2019/20 SCRUTINY WORK PROGRAMME: Adult Care and Well Being Overview and Scrutiny Panel

TBC	Green Paper on Social Work for Older People		
TBC	Health and Social Care inequalities		
TBC	Reablement		
TBC	Implications for Adult Services from the NHS Long Term Plan		
TBC	Liquid Logic		
TBC	Overview of services provided to adults of working age		
TBC	Prevention Work (with HOSC)		
TBC	Regular review of the Adult Services Business Plan		
TBC	Transport for adults with Learning Disabilities		
TBC	Visit – Patient Flow Centre		
TBC	The Council's approach when self- funders in residential care homes run out of funds		OSPB suggestion (November 2019)
	Task Group: Learning Disabilities (taking one aspect, such as Respite or Support for Carers or Access to Services)		Chair / Vice-Chair
Standing Items	Performance and In-year Budget Monitoring Budget Scrutiny Process Safeguarding – Annual Adult Social Care Outcomes Framework – Annual Adult Services Business Plan – regular review	Jan/March/July/Sept/Nov	

2019/20 SCRUTINY WORK PROGRAMME: Adult Care and Well Being Overview and Scrutiny Panel

<p>Recommendations arising from the Scrutiny Task Group on Quality Assurance of Care and Nursing Homes</p>	<p>Update on Care and Nursing Home Provision, in particular dementia beds (including Quality, Staffing and Market Resilience).</p>	<p>November 2019 (Report) and six monthly thereafter</p>	<p>Recommendation 2 and 6 of Report</p>
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