

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

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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](#)