

**Report to:**

## **SCRUTINY LEADERSHIP BOARD**

**Relevant Officer:**

Ms Karen Smith, Director of Adult Services

**Date of Meeting:**

22 July 2020

## **ADULT SERVICES OVERVIEW**

### **1.0 Purpose of the report:**

1.1 At members' request to provide a general overview but with a focus on care homes, impact of Covid-19 on vulnerable residents and how the Council has provided support.

### **2.0 Recommendation(s):**

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny which will be reported back as appropriate.

### **3.0 Reasons for recommendation(s):**

3.1 To ensure constructive and robust scrutiny of these areas of work.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? No

### **4.0 Other alternative options to be considered:**

4.1 None.

### **5.0 Council priority:**

5.1 The relevant Council priority is:

- Creating stronger communities and increasing resilience.

### **6.0 Background information**

#### **6.1 Adults Services COVID-19 Response**

Throughout the pandemic, emphasis has been on prevention of infection,

containment of outbreaks, support for safe delivery of adult social care services and ensuring anyone in our community made vulnerable due to Covid-19 related issues has access to the practical help and advice they need.

## 6.2 **Lancashire Resilience Forum (LRF) work**

The LRF has co-ordinated the Lancashire response to the COVID-19 pandemic and encompasses all local authorities, NHS bodies, Public Health, Fire, Military and Police as well as a range of other public services and utilities. Blackpool Council has played a key role in the Humanitarian Assistance function, encompassing Community Response, Social Care, and Testing and Tracing.

## 6.3 **Support for social care providers**

Blackpool has a multiagency response to support nursing and care homes, and to prevent and manage outbreaks of Covid -19 in many at risk settings with vulnerable and high risk residents.

Support for the social care market has comprised a combination of both financial and practical support. All providers have experienced an increase in their financial pressures, including from reduced numbers of service users, increased staff absences, increased overheads for PPE and cleaning materials, and enhanced infection prevention measures. The Council's approach has been to take early decisions and action to do whatever is reasonable and practicable to support providers to deliver safe care and a safe working environment for their staff. Many of the steps Blackpool took later appeared in national guidance to Councils.

### 6.3.1 Financial measures include:

'No strings' financial support: To secure cash flow for providers, guaranteed minimum baseline payment, early payment arrangements, a temporary across-the-board 10% fee uplift by way of a Covid premium, initially for three months, but now extended to the end of September. This increase was matched by the CCG for their commissions.

Providers experiencing unsustainable increased costs that are outstripped by the combined financial support and help in kind to claim additional Covid funding from the Council can receive additional financial support.

'Some strings' financial support: For care homes, in June the Council passported over the first tranche received of the Government's Infection Prevention Fund, equivalent to around £460 per registered bed. In return homes have to spend on allowable measures, provide monthly spend information, and log in regularly to the national tracking system that captures information about vacancies and business continuity.

Given the growing difficulties with supplies and cost of PPE (including difficulties with the national logistics scheme) and the importance of correct PPE being used at all times, the Council took a decision to source and supply, largely free at the point of use. This has taken concerns over costs and supply away from the frontline and ensure the only decision to make with regard to PPE is to follow the national guidance.

The Council has also funded an Emergency Workforce as part of our Provider Failure Support Plan, able to be deployed temporarily into care providers experiencing shortages of staff that impact on care delivery. Staff from a range of Council services have also been deployed to support fragile staffing, including catering and hands-on care.

### 6.3.2 Infection Control measures include:

There is capacity within the residential care market with cohorted facilities to accept new and returning residents and isolate those who are positive or awaiting results. In practice all people coming into care homes are being isolated for at least 14 days. Some care homes have chosen to not accept new referrals for some or all of the pandemic period. This is for a range of reasons, including ensuring that reduced staffing levels can nevertheless provide safe care, environmental restrictions in relation to isolating new residents, and keeping a Covid-free home. The ARC Assessment and Rehabilitation Centre has repurposed to meet the needs of people with Covid-19 who cannot be admitted to, or return to, a residential care home.

Infections within care homes and amongst hands-on care staff have remained relatively low, with many settings able to retain their non-Covid status and the current position characterised by sporadic, well-contained cases, largely asymptomatic and identified via testing. The area has also achieved a significant recovery rate, from among a group of people who are extremely vulnerable to Covid-19. Nevertheless, every infection has far-reaching personal impacts, and we remain vigilant. Work will continue in partnership with providers and our NHS Acute and Community, CCG and CQC colleagues to strive to minimise the impacts of the infection.

#### 6.4 Infections in Care Homes:

	April		May		June		July (to 10th)	
	No of people	No of Homes	No of people	No of Homes	No of people	No of Homes	No of people	No of Homes
<b>Confirmed</b>	49	17	21	12	13	9	0	0
<b>Symptomatic</b>	62	20	28	14	7	6	4	2
<b>Recovered</b>	26	7	95	30	128	34	2	2

	No of outbreaks*	No of single case events	Total Outbreaks and Single Case Events
<b>April</b>	28	0	28
<b>May</b>	10	4	14
<b>June</b>	1	9	10
<b>July</b>	1	1	2
<b>Total</b>	<b>40</b>	<b>14</b>	<b>54</b>

- An outbreak is two or more cases within a setting

Blackpool's Public Health Team infection prevention and control specialists provide support both responsively and proactively to all providers – with practical advice and support as well as statutory monitoring and oversight.

Regular situation reports are provided on a weekly basis to a wide range of internal and external stakeholders to ensure that they are aware of the extent of covid infection in the homes, which homes in Blackpool are experiencing covid related incidents and outbreak, where testing is taking place, and which homes may require extra support for other agencies. This also enables patient admission, and staff movement to be considered to prevent infection entering the home.

The Provider Support and Resilience Hub is fully operational 8am-8pm, seven days a week, conducting daily ring rounds of care providers to ensure that problems are picked up early and we are responsive to issues that need our help. The Hub has been supported by a wide range of external partners, including the NHS Clinical Commissioning Group, Blackpool Teaching Hospitals Acute Trust and the Care Quality Commission.

To underpin the support for providers, the DASS hosts weekly webinars with briefings and question and answer sessions, which are helping to provide direction, clarification, and shared understanding of the latest issues and emerging threats. These are well-attended, and are underpinned by circulation of important information

to all providers.

## 6.5 **Shielded persons**

The Adult Social Care team has supported those people on the Government's Extremely Vulnerable Persons (EVP) shielded list. Officers have made contact with several thousand people to make sure that they have all the practical help they need to remain at home during their shielding period, and keeping in touch with those who need it. The community hubs have provided the hands-on support needed where required. As the shielded programme comes to an end, the lists will be maintained nationally in the event of further lockdowns, and we are ensuring that everyone has robust arrangements in place going forward.

## 6.6 **Co-ordinating the work involved with the National Shielded list**

Blackpool Adult Social Care (ASC) has been responsible for making contact and providing ongoing support for the most vulnerable people of Blackpool throughout the current pandemic. These people are those recorded on the extremely vulnerable shielded list because they have been advised by the government to shield themselves for at least a 12 week period of time.

The shielded list has been an ever changing list as people have been added to the list each week as well as taken off. At this current time Blackpool has **6,670** residents on this list. However, there have been **281** people also removed from the original list at various points. That means that Blackpool Council has made contact with **6,951** people. The prioritisation order of contacting people was agreed by the Management Team within the first week of receiving the list. It was agreed that the least priority people were those who disclosed that they were able to make their own arrangement for food supplies or able to meet their basic care needs. This list of lower priority people a total of **1,435** were assigned to the Tourism team to make contact. A referral pathway was designed to enable the Tourism team to refer back to ASC for those who were in need of ongoing support.

ASC has made contact with **5,516** people. The Council has involved **110** workers including Social Workers/ Case assessors/ Initial Contact Assessors / Support workers and Students who are on placement to make contact with these people.

At one point during the work, there were over **1,000** people who required ongoing support following the initial contact made. Now this number has dropped down to **269** as the country is coming out of lock down.

The service has requested **679** welfare visits to be carried out by the volunteer hub team and ASC completed an estimated **100** welfare visits of those who had initial engagement or any previous contact with ASC. The service also referred **409** people to shopping services provided by Warren Manor (this figure also includes some people

who were also receiving ongoing care and support from the Council).

The work also involved creating people on Mosaic/ updating details of people already existed on Mosaic/ auditing all the work completed by staff by pulling reports from the system on a daily basis. The service has also followed up all the unsuccessful food parcel deliveries with contact or welfare visits where required.

#### **6.7 Hospital discharges**

Adults Social Workers at the hospital and in the community supported the safe but rapid discharge of hospital patients in advance of the peak of the Covid pandemic. Our strong existing joint working relationships helped ensure that this was always in a timely and appropriate way. Whilst this is a function of day-to-day work, the pace and volume of discharges in a short period of time made this a significant challenge to support, whilst maintain the rights and choices and safe discharge of our service users. As things move into the next phase, and head to winter, activity is picking up within the hospitals and this has knock-on impacts for staff and services supporting timely discharges. There are ongoing tensions at times between the various processes and information flows; but close working with the Trust and community health colleagues helps all work through these collaboratively.

#### **6.8 Social Work Services**

During the pandemic, all Social Work services have been operational, albeit delivered in some different ways. Staff have maintained an office presence throughout, with a significant number of staff working from home. Visiting has been limited to essential circumstances only, with phone and video contact and assessments ensuring that as far as practicable ordinary business carried on. The Council is now in the process of reintroducing more face to face work, and picking up areas of work that were lesser priority than the immediate crisis response.

#### **6.9 Support for the community**

The Corona Kindness service launched when lockdown began. Since 23 March, an incredible community-wide effort has helped to ensure that those in need do not go without.

Each of Blackpool's 12 Corona Kindness community hubs provided food parcels, shopping assistance, medication supplies, a befriending service and dog walking. And we are still here for anyone that needs us, including those instructed to isolate as part of the test and trace programme who do not have support from friends and family.

As at 23 June 2020 (three months from inception):

**3,269** calls to the Corona Kindness helpline have been received

**1,000** emails on average per week to the 'help needed' inbox

**2,288** households have been contacted and offered assistance by a Corona Kindness coordinator, including local shopping delivery services, prescription collection and delivery, and help with dog walking for those unable to get out.

As well as providing support to those in need, there has also been tremendous support from across the community. Over **500** Individuals and groups from across Blackpool have come forward to offer their support, with **188** of those officially signed up to give assistance.

Meanwhile, redeployed council staff continue to work alongside volunteers at the hubs to ensure that residents continue to receive food parcels. The ongoing effort includes many council departments including Catering, Leisure, Transport and Schools.

The food distribution service has now delivered more than **35,828** food parcels. The total number of meals distributed is getting close to the **half a million** mark. This couldn't have happened without the support and generous donations from those involved.

This was a massive community effort from every volunteer, service and organisation included in this huge effort to support our residents here in Blackpool. Demand is starting to ease and transition plans are well underway to reduce the operational capacity of the hubs, pass on more of the active help to ongoing community support arrangements, but retain the capability to meet demand quickly and effectively, as well as step up operations in the event of further lockdowns and/or a second wave of infection.

Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 None.

**8.0 Legal considerations:**

8.1 The direct financial support and help in kind given to social care providers is available to all providers, not just those commissioned by the Council to ensure that all parts of the Social Care market can access what is needed. This support is made available in order to enable them to respond to a pandemic crisis, which is an exceptional situation with unusual and otherwise unsustainable service demands placed upon them.

**9.0 Human resources considerations:**

9.1 Staff have been supported to work from home where needed and/or have been deployed to high priority tasks to support our Covid-19 response. In addition, new volunteers have stepped forward, some of whom will continue; some will return to their usual jobs or activities. Attention is being paid to ensuring that staff are supported returning to more external-facing work both practically and emotionally and to balancing the demand for service against the staff and volunteers available as we move into the next phase.

**10.0 Equalities considerations:**

10.1 Attention has been given to ensuring that the help and support on offer is accessible and takes into account differential impacts on different parts of our community.

**11.0 Financial considerations:**

11.1 The financial and PPE in kind measures represent a significant additional cost to the Council. These costs are being collated and reported separately to other costs and the Council is taking full advantage of all available financial support from the Government and from the NHS, as well as supporting providers to access any appropriate Government financial support. To date, the forecast spend on these measures far outweighs the additional income received by the Council; however at all times, we have operated on the basis of doing the right thing for our communities and vulnerable residents.

**12.0 Risk management considerations:**

12.1 Risk assessment and mitigation has been and remains an overt feature of all our work. Most notably, at no point were our providers left without the correct items of ppe in sufficient supply to ensure they could operate in accordance with national guidance. This was no mean feat, and the product of a huge effort from across the LRF and a number of services within the Council working in partnership with our providers.

**13.0 Ethical considerations:**

13.1 None.

**14.0 Internal/external consultation undertaken:**

14.1 None.

**15.0 Background papers:**

15.1 None.