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| Report to: | ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE |
| Relevant Officer: | Kate Aldridge, Head of Corporate Delivery, Performance and Commissioning, Strategy |
| Date of Meeting: | Thursday 17 September 2020 |

ADULT SERVICES OVERVIEW

1.0 Purpose of the report:

1.1 To provide an overview of the whole directorate including financial position and impact of the pandemic.

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.

4.0 Other alternative options to be considered:

5.0 Council priority:

5.1 The relevant Council priority is: Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Care and Support: In house Provider Services

ARC (Assessment and Rehabilitation Centre)

The ARC has been a COVID receiver service and supported a number of people who arrived at the building who were COVID-19 positive. The service adapted quickly to the change in service delivery and has been fortunate to have maintained a record of no-one in the building contracting COVID-19. This has been through the hard work of the team to maintain excellent infection prevention methods and use PPE correctly.

Business Support

Thanks to the efforts of Tara King and Liam Entwistle the Division had adequate PPE to support service delivery from the outset of the pandemic. The Division maintained its day to day functions thanks to the efforts of the business support team who co-ordinated deliveries and ensured that the Phoenix Centre remained accessible to contractors in a way that kept everyone safe.

Coopers Way Learning Disability Respite Service

Coopers Way saw a reduction in people using the service in the early days of COVID as people self-isolated or were shielded. Coopers responded to this by offering their service to people who would not usually access it in order to provide respite for parent/carers who were struggling to keep their loved ones stimulated during lockdown, mainly due to day service activities being cancelled or reduced. The team adapted quickly to providing this additional support and it has helped families to deal with the pandemic in a more positive way than if they had been left with no respite.

Home Care

There was a reduction in referrals to Home Care during COVID-19 as less people were in hospital with other ailments. However the team received referrals for people leaving hospital who were COVID positive. The team worked hard to adapt to the changes required to ensure that staff were kept safe through the use of the correct PPE. The staff team had a significant number of staff who either shielded or self-isolated, due to the reduction in referrals this was managed without the need to incur excessive additional hours.

Keats Day Service for People with Dementia

Keats day service has been closed since the beginning of lockdown, staff were deployed to the Provider Hub with Natalie Bainbridge heading up the emergency workforce work with Adam Patterson from Shared Lives. The Keats team have kept in regular contact with people who usually access the service and their families. Work is now being completed to ensure that Keats is a safe environment for service users and staff to return to once dates have been agreed for its reopening.

Langdale Day Service for Adults with Learning Disability

As the day service was closed quite early on staff were deployed between services that were desperate for support staff due to others being shielded. Staff were flexible in where they worked and keen to help in areas they wouldn't usually work. This was

both helpful and crucial in the service being able to support all areas required.

Regular contact was made with all families and service users that would usually receive support from us at one of our premises. We ensured that every household received contact from us on a weekly basis. They were offered support and generally we offered reassurance that although the day to day support wasn't available on the premises in line with government guidance, we would support as much as possible whilst they are at home. This offer included us shopping for individuals, over the phone support, some outreach work where required and newsletters posted to their home address. Each entry recorded and monitored to ensure everyone is coping and if they need more support.

The other areas developed from this are;

- 'Kindness on the Doorstep' made and safely delivered well over 50 flower pots put together by the green team at home and funded by BCH and Councillor Paul Galley. Local garden centres are also on-board and matching what we spend in the form of plants and pots.
- Fabulous video produced by one of the green team about the green team coming back soon
- Creation of a library for all day service individuals
- Creation of a games/jigsaw library for all day service individuals
- Communication Through Arts: some funding was secured and materials and resources were safely delivered to the artists houses across Blackpool. The Grundy Art Gallery talked about the project on Radio Lancashire earlier this year. The Grundy have offered the group an exhibition at the end of this period of lockdown, and a virtual exhibition. Several articles since lockdown have appeared in the Gazette.
- Online baking sessions
- Langdale Buzz, a newsletter developed to send to each household, including puzzles, positive stories and to keep contact with everyone.
- Involved in the Learning Disability Week
- Painting and restoring the courtyard within BCIL

Work is now being completed to ensure the re-opening of Langdale day service, and the cafes. This needs to be done safely in line with COVID government guidance, these plans are highlighting many hurdles along the way however these will all be considered to ensure the service users receive the safest, appropriate and person-centred service as possible.

Phoenix (mental health crisis support and Extra Support (Supported Living))

Both Phoenix and Extra Support have been even more creative than usual to ensure

the services were delivering safe care with safe levels of support, this was challenging after losing so many staff through shielding however was accomplished as someday staff joined the teams.

Gloucester avenue was retained as an empty building and the Extra Support (ES) prepared it in case it was required to house some service users in the event ES lost further staff through ill health and COVID, thankfully this has not been required however it is still ready in case it is required in the near future.

There was a reduction in people using the Pheonix service in the early days of COVID as people self-isolated or were shielded, this has now evolved and numbers accessing the service have increased.

Shared Lives

Shared Lives continued to support people in longer term placements. Day support and short breaks were suspended following lockdown. This enabled two of the team to be deployed to the Provider Hub. Carol Shearman did a sterling job of keeping the service going, she made regular welfare calls to Shared Lives carers and service users, and she was at the end of the phone when carers needed support and advice. The service is slowly starting to introduce day support and short breaks for people living in the service.

Social Care Volunteers Team

Volunteer services ceased when lockdown occurred as the main support was in other people's houses and a lot of people were shielding or self-isolating as were quite a few of the volunteers. A couple of months ago the volunteer drivers started to do some work for the Division delivering work books to staff who were at home, this has developed and they are now delivering PPE for the Hub. Regular welfare calls were made to both people who use the service and the volunteers.

Vitaline (emergency alarm, falls lifting and out of hours Council call handling)

Vitaline have had two staff from day services, they have been contacting all customers from the eldest cohort in their 90's to the youngest. We wanted to be sure we had contact with all our customers to ensure they were ok, coping and if they required additional support with gaining food parcels. These calls are recorded and are still continuing.

Overview:

The experience of working through the pandemic has been challenging in so many

ways, people's resilience has been tested and some have fared better than others. The overwhelming lesson learnt through this time has been the knowledge/confirmation that Care and Support has an amazing workforce that has kept going to enable the people of Blackpool to continue to receive quality care and support.

It needs to be acknowledged that for the majority of staff it has been business as usual with the inconvenience of a pandemic to contend with, and this has been from day one when there was little time to plan and adjust.

The overall positivity of staff across all areas has been uplifting to say the least. Those staff who are in work have been largely flexible, supportive of each other and generally happy to be in front line services at a time like this supporting those in need.

6.2 Adult Social Care: Social Work and Support Services

March 2020 was the start of a radically different approach to the way in which services in Adult Social Care (ASC) were organised, located and delivered. The restrictions as part of the response to C-19 meant real time changes needed to be implemented without the luxury of modelling, testing or piloting. In the midst of this the needs of people who receive either commissioned or directly delivered services and support were still there and had to be met. Added to this came the extra responsibilities arising as a direct consequence of the pandemic or social restrictions arising as a result of it, such as shielding.

The account below captures some of the across the board impact, and then breaks down into some of the team/service area specific impacts and how these have been dealt with.

Staffing

Adult social care staff, both operational and business support, had to be quickly reconfigured to enable large swathes of staff to work from a home base with a core remaining in the office observing the social distancing guidance. Arrangements were quickly put into effect to allow for a core base of staff able to oversee and coordinate service delivery from the office on a rota basis, coordinating staff working from home. Those not able to come into the office were supported by regular contact with their line managers to ensure that they received the support needed, as well as allocating work and supervising staff in their work. Whilst numbers in the office have slowly increased the distancing restrictions still in place limit this, and as the length of time this has been the case increases we have seen a rise in demand from staff to come back to the workplace, with a smaller number reluctant to do so for a range of reasons.

Staff able to work from the office were limited by those who were initially on the clinically extremely vulnerable (shielded)/clinically vulnerable list. As these restrictions have now largely ceased the majority of staff, with the appropriate personalised risk assessments have been able to return on rota to the covid-secure risk assessed workplace.

PPE has been, and continues to be, necessary to undertake face to face work. The necessary equipment has been provided to staff to ensure that these visits have been able to continue. Distribution of PPE to personal assistants (staff employed by those receiving either a direct payment or a personal health budget) has also been coordinated from the office since the onset.

IT has been key to enabling work to continue, and the accelerated improvements to systems allowing staff to work relatively effectively from home cannot be underestimated. Nevertheless, IT based contact and meetings are not the preferred option for the majority of ASC frontline staff, nor is it as effective in understanding a person's situation and assessing their unmet eligible needs as face to face work. Relationship based practice through the medium of Wi-Fi is limited.

There have been some frustrations with phone hunt groups which have been mitigated by staff using their own mobile phones to facilitate the Jabber application, ensuring calls continued to be answered as usual.

Hospital based pressures meant that increased working hours in ASC were necessary to ensure flow, alternatives to admission and avoiding delays to discharge were addressed. A number of staff agreed to work extended hours over weekdays and weekends to help deliver this, which certainly contributed to the avoidance of some of the more traumatic scenes witnessed in the international media.

Service Delivery

Despite the reduced volume of face to face work some has had to continue. People have still been assessed under the Mental Health Act, some have still needed assessing at home whilst considering the need to go into a care setting or how their needs at home could be met in keeping them safe. Safeguarding concerns have still on occasion needed enquiries making which have only been possible face to face. Whilst we have been able to carry out some of our Care Act Reviews and Assessments remotely, some have needed face to face work, for reasons which include cognitive difficulties, lack of IT in the service user's home etc.

Assessing for deprivation of liberty has been a significantly impacted area, due to the restrictions of visiting to care homes. However, this has been mitigated by the use of video and audio technology by both medical staff and Best Interest Assessors so there has been no backlog of work accruing over the lockdown period.

Business activity has been moving towards normal levels for the last few months, after a decrease over the first one to two months of lockdown. Safeguarding's are now at usual levels, referrals are back to normal if not a little higher (although not all are Care Act eligible, but in need of some support possibly as a consequence of other services not being available), and the number of hours of domiciliary care commissioned is more than 800 hours per week higher than the same time last year.

A major piece of new work was the oversight and management of the shielded list, (those people in Blackpool deemed to be clinically extremely vulnerable). The initial list had only about 150 people on it, so aroused few concerns in terms of managing it. This grew into thousands within a space of weeks, (the final figure being around 7,000). The logistics of managing the contacting necessary were not insignificant, involving cooperation with the Corona Kindness Hubs, the police, and a dedicated team from the Tourism service, and one of the outcomes is the ASC manager largely coordinating this with business support being part of the illuminations this year. Care providers are sent daily reports of people in their care who were shielded or who shared a household with a shielded person, to highlight the need for appropriate PPE.

Service Users and Carers

Obviously a massive impact has been on the people who use and need our services. Day centres closed, respite care opportunities reduced, visiting stopped in Care Homes, supportive visits from social workers and support workers limited. People and families cancelling services due to anxiety about how safe they were. The impact of these are still being worked through and a full assessment and understanding will only become clearer over time.

Services have worked hard to try and mitigate some of the above through alternative provision and alternative means of providing support, and this extends to some of our commissioned Providers, for example day services doing shopping for people, providing sitting services, personal activity programmes etc. Some of the ways in which our teams have responded are outlined below.

Hospital and Health Based Teams

The restrictions on ward based activities together with the lack of socially distant space in community health settings has led to a need to accommodate more of these staff in Bickerstaffe House, together with using home based working arrangements. Some of the operational changes have moved what were normally health based assessment activities into community settings. There has been a backlog of some assessments in relation to Decision Support Tool completion, (as part of assessing for continuing health care), which are now being addressed. New discharge guidance is likely to impact significantly on this area of work.

Adult and Older Adult Mental Health Teams

Office space has reduced the numbers of staff able to work in an office setting below what would have been preferable. Some staff groups, notably support workers, have seen a greater reduction in their activity based on it being under normal circumstances face to face work. After a brief decline in the early weeks their statutory work has rebounded, including undertaking Mental Health Act statutory work, with all the pressures that involves including bed unavailability.

Integrated Learning Disability Team

The team has had to provide a greater level of support to those service users and their families affected by the closure of day services and limited respite services, including commissioning alternatives, such as 1-1 support to people in their own homes. Staff have been in the office, on their rota, from the start of the pandemic.

Adult Social Care Initial Contact Team and North and South Teams

The three teams have effectively had to operate more as one team due to the logistical issues arising from home working, shielding and demand. Despite this they have managed to ensure that work flow has continued without the need to resort to queues in allocation, continuing to visit people in their homes and in the community where necessary.

Business Support Team

This team comprising of the Social Care Purchasing Unit, Quality Assurance, Direct Payments and Personal Health Budgets have maintained a constant presence in Bickerstaffe. They have delivered all their normal services alongside overseeing the PPE in house support, and to personal assistants. Coordinating incoming and outgoing post, this extended beyond the service to include other teams who would usually occupy the fourth floor, in their absence.

The team have managed the additional financial support care providers were offered to support the CV-19 challenges they faced, making all payments on time. They also recorded and tracked every placement and care package made that was CV-19 related to ensure accurate claw backs could be made from CCG.

Final Comments

Despite the unique set of circumstances over the last six months we have continued to deliver wherever possible the necessary service to the people of Blackpool. How well this has been done will become a matter for future analysis and enhanced understanding – of what we did well and what we didn't do well. As we move towards

a more normalised way of working we will have the opportunity to better understand what we got right, and what we didn't get right.

Whether we will build into our service delivery some of the operational changes made, e.g. home working, once restrictions no longer apply, is still under consideration, and will have to include some cost benefit analysis, advantages vs disadvantages, and staff consultation. Given the nature of the work we do in ASC, the team based approach to organising our work, the need to learn and share from/with each other, the reactions of staff of having to work from a home base and wanting to return to work in an office base, all suggest that the future will look more like the past.

The ability to do what we have done has been built on the willingness of staff to work in ways they never expected to work, at times for longer than they expected to work with fewer (and less interesting) breaks that they expected to take. There is a limit to the sustainability of this.

6.3 Provider Support Hub

Based out of the Centre for Independent Living on Whitegate Drive, the Provider Support Hub was put in place quickly to help providers of social care to work together, and with us, to address any pressures they experienced in this period. The hub has supported providers with regular information cascades ensuring they were able to access the key messages nationally and locally, and allowing them to ask questions and share concerns. The supply of PPE to care providers who found their supply chains damaged by the crisis was key to enabling providers to work safely, supporting both staff and service users. Daily welfare calls were made by the hub to providers across Blackpool, and while the frequency of these calls has now been reduced, we continue to maintain regular contact to ensure that provision is safe and supported. We set up an emergency workforce team, who have worked with providers who have experienced unmanageable levels of absence to maintain safe working practices without staff "burning out". This support will continue, and adapt as we respond to what providers tell us they need as we move in to the winter period.

The hub is well received by the provider base and has benefitted from significant interagency cooperation. There have been substantial contributions to its work taken from the Quality Monitoring Team, NHS CCG Continuing Healthcare Team, CQC, Provider services and Adult Social Care.

Corona Kindness Hubs

The Corona Kindness campaign across Blackpool was put in place to support households who needed support through the period of lockdown, and continues to offer advice, guidance and support as we see restrictions easing.

There has been a significant contribution to the work of the hubs from Adult Services, with the adult social care day services provider (Warren Manor) providing key support alongside voluntary agencies and redeployed staff from the Council. The hubs organized and carried out hundreds of welfare checks to clinically extremely vulnerable people who had not been contactable by phone, and worked in partnership with Adult Social Care to ensure that any issues with the national food parcel delivery network could quickly be addressed locally, and that anyone who could not access their medication was supported by a volunteer who could make the collection on their behalf.

6.4 Financial Position

Activity in some key areas has been elevated in response to the pandemic crisis. Care packages have increased across the board, showing 10% increase in care at home hours. This is mirrored in NHS funded care packages.

Significant investment has been made in supporting providers to deliver safe services, protecting service users and staff, and supporting the financial viability of care providers in extremely challenging operational and financial times.

Providers in some areas have experienced reduced activity and income, coupled with significantly increased requirements for additional staffing, PPE (in volume and cost) and in general consumables.

The Adult Services budget is forecasting a £9.2m estimated expenditure/income losses due to Covid-19 on an £84m gross expenditure budget, set before the pandemic hit.

The pressure areas are as follows:

Provider fees uplifts/ baseline payments (6 months) - £3.1m

PPE - £2.2m

Other Infection Control measures for providers - £1.65m

Increased hospital discharges - £1.4m

Additional financial viability support to providers - £298k

Emergency Workforce for urgent deployment to providers - £250k

Increased hours – internal services - £228k

Reduced income from cafes, meeting rooms and meals provision - £127k

This additional spend has been offset to date by the following:

Council funding from MHCLG grant - £4.4m (out of £11.6m received for all council services)

Infection Control Fund Grant from DHSC - £2.2m

NHS funding - £2.6m

Financial support to providers is under review. NHS funding availability ended on 31/8/20 and the Council's additional funding from the Infection Control Fund Grant ends at the end of September. The Council has more than spend the MHCLG Covid-19 funding.

Nevertheless, the operating conditions for Social Care remain in full pandemic response, with sustained community transmission and all that brings with regard to staffing, PPE and restricted operation. In addition, the NHS has been instructed to return to near-normal pre-Covid levels of operation, prepare for a challenging winter, and implement a new discharge pathway. Finally, all the fully NHS-funded packages that were put in place from March to August as an emergency measure and are still in place, must be reviewed before March 2021, with a view to moving Council and service user funded packages back into normal funding measures.

7.0 List of Appendices:

7.1 None.

8.0 Legal considerations:

8.1 All pandemic response support has been delivered within emergency measures to assure the ongoing viability, safety and effectiveness of social care.

9.0 Human resources considerations:

9.1 In the body of the report. Sustained activity in pandemic conditions is a significant pressure on workforce.

10.0 Equalities considerations:

10.1 Service delivery has been maintained or adapted wherever necessary and practicable.

11.0 Financial considerations:

11.1 In the body of the report. Funding is required for ongoing Covid-19 financial resilience measures.

12.0 Risk management considerations:

12.1 Financial viability of providers is a key risk

Safety and infection control are key risks
Both these are being mitigated by the measures put in place

13.0 Ethical considerations:

13.1 None

14.0 Internal/external consultation undertaken:

14.1 None

15.0 Background papers:

15.1 None