

Report to:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Relevant Officer:

Karen Smith, Director of Adult Services

Date of Meeting:

17 March 2021

ADULT SERVICES OVERVIEW

1.0 Purpose of the report:

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

2.0 Recommendation(s):

2.1 To consider the update provided, comment upon progress, propose potential improvement 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? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Introduction

Since March 2020 the way in which services in Adult Social Care (ASC) were organised,

located and delivered changed. The restrictions as part of the response to COVID-19 meant real time changes were 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 updates the report from September 2020, and as in that report 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 over the last six months.

6.2 Staffing

Adult social care staff, both operational and business support, are still reconfigured as reported in September 2020, enabling large swathes of staff to work from a home base with a core remaining in the office observing the social distancing guidance. These arrangements described in the previous report have not changed. Similarly, those not able to come into the office continue to be supported by regular contact with their line managers to ensure that they receive the support needed, as well as allocating work and supervising staff in their work. Whilst numbers in the office remain relatively low, there has been 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 numbers affected by being clinically extremely vulnerable (shielded) remain low, and the recent expansion of this list has only meant single figure additions to this list in ASC. Guidance regarding working from home remains in place and is adhered to by those staff affected, who undertake work that can be done from a home setting.

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. There is still a very limited amount of extra weekend working being undertaken, specifically to assist with hospital discharges, but we anticipate that this will cease once the team that does this work is fully recruited to.

Vaccinations for frontline staff have been available since January 2021, and in ASC take-up has been good.

The recently published health check staff survey indicates that staff are generally well supported and happy with the arrangements that have been put in place demonstrating higher levels of satisfaction than many of our comparator authorities.

6.3 Service Delivery

Some face to face work has continued, albeit at a reduced level. People have still been assessed under the Mental Health Act, (it now having been established that undertaking this via video conference would not meet the legal criteria of an assessment), some people still need 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. There is a growing recognition, especially in relation to the care home sector, that in person visits are crucial in recognising when standards fall below acceptable levels and people are harmed or are at risk of harm. 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, and this remains the case.

Business activity has reflected to an extent the impact of the restrictions that have been imposed under the national lockdowns. Whilst there was a decline in assessments during the first three months last year, as things opened again we experienced a rise in the three summer months above the numbers for the same period the previous year. Again, as restrictions were imposed in October, assessments reduced and we expect to see a consequent rise as things open up again following the recent roadmap declarations.

Safeguarding in the care home sector have shown a recent increase, and this rise may continue further as increases in access to these settings occurs.

The number of hours of domiciliary care commissioned in January was more than 2000 hours per week higher than the same time last year, for which there are a variety of reasons. Although we do not have a clear understanding of all the factors contributing to this, we suspect that these include the accelerated discharges from hospital, and increased caution in considering moving to a residential setting.

The numbers of people on the shielded list, (those people in Blackpool deemed to be clinically extremely vulnerable) given the original criteria, settled around the 6,500 -7,000 mark. However the latest expansion of the criteria have added an extra 2,300 people under 70, and there will be a further tranche of those over 70 added at the end of February, probably in the order of 2-3,000.

The logistics of managing the contacts with those on the new list(s) will benefit from our experience of the first wave arrangements. Again this will involve the Corona Kindness Hubs, the Police, and a dedicated team from the Tourism Service. Care providers continue to be

sent daily reports of people in their care who are shielded or who share a household with a shielded person, to highlight the need for appropriate PPE.

6.4 Service Users and Carers

Obviously a major impact has been on the people who use and need our services. Day centres are mainly closed, respite care opportunities reduced, visiting almost stopped in care homes, supportive visits from Social Workers and Support Workers limited. Planning has already started for how we can re-start these following the relaxations in respect of social contact that are due to start in March, and progress onwards over time.

Services continue to work 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.

6.5 Hospital and Health Based Teams

The arrangements described in September 2020 remain largely in place. The restrictions on hospital/ward based activities together with the lack of socially distant space in community health settings means we continue to 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. Services are on target to meet the national target for completing all the CHC assessments by the end of March, together with our CCG colleagues.

6.6 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.

Due to a lack of a Covid secure risk assessment we had to move staff from their normal office base in the Gateway in to Bickerstaffe House, but were easily able to accommodate them due to the reduced numbers in the building. The issues at the Gateway have now been resolved so a return that building and to co-locating with their NHS colleagues is presently underway.

6.7 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. The situation remains unchanged.

6.8 Adult Social Care Initial Contact Team and North and South Teams

As reported in September 2020, 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.

6.9 Business Support Team.

Similarly, 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 continue to deliver all their normal services alongside overseeing the PPE in house support, and to personal assistants. Coordinating incoming and outgoing post, this extends beyond the service to include other teams who would usually occupy the 4th floor, in their absence.

The team still manage the additional financial support care providers are offered to support the CV19 challenges they face, making all payments on time. They also record and track every placement and care package made that is CV19 related to ensure accurate invoices can be submitted to the CCG.

6.10 Quality Assurance and Support for Providers

The Quality Assurance Team continues to work closely with providers across the sector (in residential, nursing, day care and care at home) to provide “high support and high challenge” on behalf of our service users. Regular welfare calls explore with providers whether support is needed with staffing, PPE, advice and guidance, and our provider forums work well to enable providers to share issues, solutions and good practice with each other using their significant expertise. Where concerns are raised by or about providers understanding of or compliance with Covid Secure approaches to delivering safe care, the team work collaboratively to explore these issues and support the provider in finding a resolution. We have an Emergency Workforce Team who provide practical help to providers to secure experienced staff in times of crisis, where normal contingency plans are insufficient to ensure safe working. The QMO team have supported providers to access vaccinations for all of their staff and this has been welcomed by the market and we have seen a positive uptake across providers with staff keen to protect their vulnerable service users. Where there have been pockets of vaccination reluctance, the Council is working in partnership with health and the providers to explore the concerns of individuals and ensure they have been provided with the

relevant trusted information to support their decision.

6.11 ARC (Assessment and Rehabilitation Centre)

The ARC has been registered with the Care Quality Commission (CQC) as a Designated Setting for COVID-19 positive discharges from hospital. The service has adapted quickly to the changing climate and able to flex the number of beds in response to demand for both covid and non-covid related intermediate care. During this time the ARC has also achieved a rating of **GOOD** from the Care Quality Commission after a comprehensive inspection in the latter part of 2020. ARC continues to be an integral part of the overall health and social care system in Blackpool delivering critical, essential and flexible services to the most vulnerable residents of the town. ARC has also responded to the new demand for hospital discharges at weekends, this has reduced the length of time that people stay in hospital and enabled them to embark on their recovery and rehabilitation journey earlier than would have been only 6 months ago.

6.12 Coopers Way Respite and Short Breaks Service for Adults with Learning Disabilities

Coopers Way has now returned to normal levels of service delivery and have remained open throughout the pandemic. The service has continued to maintain its position of no-one using the service contracting COVID-19. This is testament to the exemplary work from the staff team in delivering high quality and safe care in accordance with infection prevention and control standards. The building work on the new Coopers Way Respite and Short Breaks Service at Mereside has been re-started and is due for opening in October 2021. This is an understandable delay from the original date of May 2021 due to the pandemic.

6.13 Home Care

There has been and upward surge of referrals during the second lockdown as community covid infections have risen and more people have been admitted to hospital. This has not only been impactful in terms of service users being admitted but their family members who would ordinarily care for them. The Home Care service has been able to adapt flexibly to the different request for care and support to ensure people have either remained safely at home or have been safely discharged from hospital. This is evident in the contribution the service has continued to make to the Home First and Discharge to Assess pathways. This has resulted in discharges from hospital over a seven day period and with a new emphasis on weekend discharges. The Home Care service has responded positively to this new demand and is now starting to develop plans to adapt further to the changing demands that are coming through from the health and social care system.

6.14 Keats Day Service for People Living with Dementia

Keats day service re-opened in October 2020 with low numbers attending over the course of the week to ensure social distancing and adequate infection prevention and control

standards. Unfortunately when we entered the second lockdown in January Keats day service had to close. The staff kept in contact with families and delivered outreach support to that's that needed additional support to help them continue to care for their loved one. Keats day service is now working up the plan to re-open in April 2021 and hopefully building up to full delivery by the end of June 2021, dependent upon the development of the pandemic. Keats day service staff have been supporting the response to covid by working in different areas, this has enabled them to develop new skills and sharing new experiences.

6.15 New Langdale Day Service for Adults with Learning Disabilities

Langdale day service remained closed until January 2021. The service has provided support to service users and their carers during its closure and this continues now that the service has started to provide day care once again. The support offered includes:

- Regular contact with service users and their carers to check on their welfare and if any additional support is needed. This information was shared with the Learning Disability Team so that support could be considered.
- Outreach support to service users and their carers. This included 'pop in' visits and also longer care visits to enable the carers to have a break or for them to go shopping.
- Digital sessions via Zoom for service users.
- Online baking sessions.

Langdale is now supporting some service users across both of its service locations in a covid secure manner. The service is planning to increase the numbers of people who can be supported in line with the governments timetable for lifting restrictions, but this will be done cautiously and ensuring that the infection prevention and control standards continue to be adhered to. The 'Green Team' volunteers will be stepping back out to the green spaces in Blackpool over the coming months.

6.16 Day services for older adults and some younger adults with Learning Disabilities

Services are delivered via Warren Manor and Warren Hub. These services are now operational and providing services to people wishing to attend a day service. For buildings based services, this is the Warren Manor site, with those who would usually attend Highfield Day Centre also attending that site. Covid secure measures have been put in place. This service also offers a meals delivery service on a commercial basis.

6.17 Autism Initiative's Day Services

These have continued throughout the pandemic, due to the adverse impact on adults with autism of standing down the service, compared to the covid risks.

6.18 Phoenix Mental Health Crisis Support and Extra Support (Supported Living)

Although during the first lockdown there was a decrease in people using the Phoenix service. This changed as we approached winter and continued when the second lockdown started. It was evident that people welcomed the support from the service at a time when they were experiencing difficulty adjusting to the second lockdown and greater isolation. The Extra Support service continued to deliver support to people who needed to use the 'crisis apartments' working alongside other care providers to ensure service users remained safe. Staff from both services also supported the covid response and helped in other areas.

6.19 Shared Lives

Shared Lives continued to support longer term placements with additional support from other shared lives carers to assist with short breaks to enable carers to have a break. Some of the team were deployed to the Provider Support HUB and these have now returned to Shared Lives. Plans are being developed to re-start the day care and respite elements of the service in line with the government's timetable to lift restrictions. Regular contact with shared lives carers continues and home visits will resume in due course. New shared lives carers have applied to the service during the pandemic and these are now working through the assessment process.

6.20 Social Care Volunteers

Volunteer services ceased when lockdown occurred as the main support was in people's homes and a lot of people were shielding as were a number of volunteers. This has continued through the second lockdown. Plans are being developed to re-start some of the volunteer services over the coming months in line with the government's timetable for lifting restrictions. The volunteer drivers have been invaluable supporting the divisional workforce who have been shielding at home by delivering work to them to complete. This has kept our staff motivated and enhancing their wellbeing through what has been a difficult period. Our volunteer drivers have also helped to deliver PPE to care homes and other providers.

6.21 Vitaline (Technology Enabled Care)

Vitaline went in to their usual emergency response mode at the start of the pandemic and this has continued throughout. The service has been making calls to the most vulnerable residents, signposting families to additional support services and even following up with GP's where required if concerns have been noted. The Vitaline Team have delivered food parcels to vulnerable residents over a weekend and in emergencies overnight. The team have continued to work with North West Ambulance Service to deliver a 'falls pick up service' which has ensured the ambulance services has been able to focus on responding to the most serious of calls, safe in the knowledge that Vitaline was dealing with some of the 'falls pick ups' that they would have ordinarily needed to respond to. Vitaline also lost a valued and loved member of their team due to covid, this was a difficult period for the team but they

continued to deliver an exemplary service to Blackpool residents and felt that this was the best way to pay tribute to their colleague, as that is exactly what they would have done.

6.22 Provider Peer Support and Resilience HUB

The Provider Support HUB has continued to offer practical assistance to the social care providers in Blackpool throughout the pandemic. The services has taken all the learning from delivering this type of support and the Provider Support HUB will become part of the Care and Support Division going forwards beyond covid. The HUB has been well received by providers 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, Public Health Blackpool, CQC, Provider Services and Adult Social Care. Each provider continues to receive a regular 'welfare call' and the HUB also support with PPE and the provision of an Emergency Workforce to assist when the provider is experiencing difficulties with staffing due to covid or other operational pressures. The Emergency Workforce has supported over 40 care homes over the last few months. This is a workforce made up of several providers working in collaboration to deliver a partnership delivery model to the social care market across Blackpool.

6.23 Supporting our Shielding Residents

There has been a sharp increase in the number of people who are identified as "clinically extremely vulnerable" from 6,700 people to just over 11,500 across Blackpool. This has happened as a result of the introduction of a new algorithm which has been brought in nationally to ensure that those people with a range of risk factors can access support to help them to stay safe and are able to access the vaccination programme, if they have not done so already. We have been proactively contacting our shielded population throughout the lockdown periods, with those known to social care being contacted by adult social care, and a range of staff from across the Council contacting those not otherwise known to adult services. We have had incredibly positive feedback from those people who have been contacted, who have welcomed the call to check on their welfare. Very few people contacted have required support, but where this has been required the Corona Kindness support network has been used to enable this, with a range of services including befriending for those people who are feeling particularly isolated in current circumstances. People identified as clinically extremely vulnerable can also use an online national system to ask for contact and support from the local authority and this is routed through to us, with calls being made daily to ensure that people are able to navigate the range of support available to them and find the right solution to meet their needs. Our thanks go in particular to the Customer First and Tourist Information Teams who have been responsive, professional and most of all kind in all of their interactions with our shielding residents. The demand coming in to Corona Kindness, through the telephone helpline, email and online form, continues to be low. However, much of the long term support that people accessed in the initial lockdown has

continued to be in place for people who needed it, with many people receiving weekly calls from trained befriending volunteers, accessing regular shopping services and support from various community groups in their area to help them to stay safe and well.

6.24 Final Comments

Despite the ongoing CV19 related circumstances over the last six months the service has 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 did not do well. Hopefully, the vaccination programme and management of community transmission and morbidity will see a return to a more normal world over the next 3-6 months. 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 active 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 some actively wanting to return to work in an office base, are all factors to take into consideration.

Recognition must go to staff who have continued to deliver a service within the restrictions imposed, with a willingness and enthusiasm that reflects the qualities that underpin what a public service can deliver, and which can only give confidence in what the future can look like. The government's proposals for a solution by the end of the year to the future of adult social care funding will hopefully recognise and build on that.

6.25 Adult Services - COVID support, Costs and Funding

| Description | Full Year Forecast |
|---|--------------------|
| | £ |
| Guaranteed Minimum Payment Levels | 1,003,638 |
| Rate uplift to care providers | 4,621,727 |
| Overtime/Increased hours Internal staff | 310,510 |
| PPE | 2,200,000 |
| Increased Hospital Discharges | 2,225,842 |
| Emergency Workforce | 450,000 |
| Provider Hub | 113,000 |

| | |
|---|-------------------|
| 7 day Social Work Pattern | 126,666 |
| Home Care Additional capability | 365,219 |
| Increased Costs to Care Providers | 298,354 |
| Infection Control Funding - 75% provider element | 1,645,348 |
| Infection Control Funding - 80% provider element | 1,766,643 |
| Lateral Flow Testing Grant | 542,707 |
| Additional Workforce Capacity | 451,842 |
| Infection Control Funding - 20% discretionary element | 441,661 |
| | 16,563,157 |

The above has been covered through a combination of government grants, Infection Control monies and general (tranche 1-4) EHD/CCG funding.

6.26 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 Contained within the report.

9.0 Legal considerations:

9.1 Contained within the report.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None specifically associated with the report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None specifically associated with the report.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.