

Report to:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Relevant Officer:

Karen Smith, Director of Adult Services

Date of Meeting:

3 February 2022

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To provide an overview of the current work of Adult Services including the financial position of the service.

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 Adult Services.

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

Covid has impacted significantly on the way in which services in Adult Social Care (ASC) have

been organised, located and delivered since the start of the pandemic. These were comprehensively detailed in the report delivered in October 2021.

The account below updates 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 are being dealt with.

6.2 Staffing

Adult social care staff continue to operate in a covid secure way as they have since the start of the pandemic. Staff continue to work from a home base with a core remaining in the office observing the social distancing guidance, on a rota'd basis. As has been the case since the start, 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. 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.

The mandated vaccination arrangements for staff who have to enter residential settings is being managed. We have small, single figure, numbers who remain resistant to accepting a vaccination, and are able to make reasonable adjustments to the way in which work is allocated to manage this with the guidance as it is. The overwhelming majority of frontline staff have taken advantage of the vaccination programme which has been available since January. Despite this we have had some staff off work due to being either asymptomatic or symptomatic.

The impact of the Omicron variant has seen a higher number of staff off work, but in line with the general population data, fewer symptomatic cases, lower severity of symptoms, and quicker returns to work. The office based working arrangements have remained unchanged, and we have no evidence of any office based outbreaks, reflecting the staff adherence to all the measures we have in place.

6.3 Service Delivery

Face to face work is now returning to pre-pandemic levels, although some of the efficiencies that have been developed have been retained. For very vulnerable people in NHS and care settings virtual assessments have continued, apart from those occasions when it would not be viable or professional decision making over-ruled this as an option.

Assessing for deprivation of liberty was a significantly impacted area, due to the restrictions of visiting to care homes. This was mitigated by the use of video and audio technology by both medical staff and Best Interest Assessors so we continue to have no backlog of significance. Recent guidance advising to return to face to face assessments has been followed by our Best Interest Assessors. The increased numbers of outbreaks in residential

settings has meant more recently a reduction in these, but wherever possible we continue to assess face to face.

We saw a decrease in the number of Care Act assessments over the autumn months following the increase in late spring and early summer, but there are indications that these are returning to higher levels now. One significant area of growth has been the number of assessments that are now being undertaken in community settings, either in people's own homes or residential settings as part of the nationally mandate discharge to assess process.

Demand for domiciliary care hours commissioned remains significantly higher per week, both in terms of requests and total hours commissioned, and the average size of the package over previous years. The recruitment and retention problems in the independent domiciliary sector remain high, and competition for workforce, with some of the commercial sector paying higher rates than are offered in this sector, add to the difficulties.

As outlined in the last report, we continue working towards a "home first" approach to try and enable people to return to, often their first choice, their own home. This does explain some of this dramatic increase. However, this is only part of the story. Some of the other main contributory factors include the following: the accelerated discharges from hospital; increased caution in considering moving to a residential setting; an increase in general morbidity in the population by people not seeking medical intervention as quickly as they may have done in the past.

Waiting times for care remain at an all-time high, not just a local picture. Engagement with the provider market continues to be a regular feature of the weekly work, and all available supports to increase care hours available are actively pursued.

6.4 Service Users and Carers

Face to face work wherever possible continues on more normalised basis. We are confident that this leads to a more holistic assessment which is more personalised, and will continue to move back to putting the "social" in the "work".

6.5 Hospital and Health Based Teams

The Transfer of Care Hub, a multi-disciplinary team of health and social care staff that oversee hospital discharges for those people requiring a service on discharge is now well established and still developing. The service works over seven days a week, and ASC have staff in throughout this period. Further recruitment to ensure robust cover is available is ongoing. Adult Social Care staff from the A and E team are now part of this larger team. This model has in practice moved the full assessment process to outside of the hospital, and tries to ensure that any ongoing care needs are identified once the person is functioning at their optimum level.

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 staff in Bickerstaffe House, together with using home based working arrangements. Some of the operational changes have moved what were previously 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.

Winter plans, developed with our NHS colleagues, are now functional, although it remains a dynamic environment in terms of delivery, not least due to the Omicron wave of infections. The extension of the D2A (Discharge to Assess) funding until the end of March 2022 is helpful in continuing flow from hospital using the systems now set in place, although there are some logistical issues due to the high number of outbreaks in care settings.

The Hospital Discharge Teams, Clifton and BVH (Blackpool Victoria Hospital), together with some additional staff funded through winter pressure monies, are now fully engaged in discharge to assess work. However, they do not have a substantive base as they moved out of their hospital bases, and are temporarily accommodated in Bickerstaffe due to the high numbers of other departments' staff working from home. This will need addressing in the, probably not too distant, future.

6.6 Adult and Older Adult Mental Health Teams

Pressures in mental health services remain extremely high in both adult and older adult services, with significant increases in referrals as well as regular delays in admission for people liable to be detained due to bed unavailability.

We continue to work with LSCFT (Lancashire and South Cumbria Foundation Trust) and other local authority partners in the transformation projects although these are at very early stages of development and there is as yet no "blueprint". Many of the scheduled planning meetings have been cancelled, due in large part to operational priorities, e.g. sickness absence and staffing shortages, settings closures etc.

6.7 Integrated Learning Disability Team and Autism Team

The team continues to provide a greater level of support to those service users and their families affected by limited day services (in terms of numbers) and the limitations of respite availability due to outbreak closures, including commissioning alternatives, such as 1-1 support to people in their own homes. Staff continue to be in the office, on their rota, as they have from the start of the pandemic.

The Autism Team is now fully staffed and fully engaged with those people with a primary diagnosis of autism. Demand for the service is high. The team has good contacts with health diagnostic staff, working closely with them. The imminent creation of an Autism Partnership Board will help to shape the service going forward, and bring all relevant partners together to

maximise benefits for service users and their families and friends.

Going forward the numbers of people with a learning disability and/or ASD (Autism Spectrum Disorder) continues to grow. Although relatively small in number, young people coming through transitions needing a supported living placement are growing and this is evidenced in the budgetary impact this leads to.

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

The three teams have returned to covering their respective geographical areas and work priorities. They are, as they have done throughout the pandemic, continuing to visit people in their homes and in the community. The teams continue to work on a hybrid basis spending some time working from home, other times in the office, on a rota.

6.9 Business Support Team.

The team, comprising 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 Covid-19 challenges they face, making all payments on time. They also record and track every placement and care package made that is Covid-19 related to ensure accurate invoices can be submitted to the CCG.

6.10 Overall

Despite everything thrown at our services over the last 22 months, staff have continued to demonstrate the care and commitment to the people in Blackpool needing it. The pace of change, not just in ways of working but also in structures within they work, has been dramatic in terms of not just what has been achieved, but how successfully it has been achieved.

But the pace of change is not slowing, and there are significant changes coming in the near future. The changes in the NHS and how we work together with them, the implementation of the "Care Cap", and the Liberty Protection Safeguards are simply some of those, and will undoubtedly have a major impact on Adult Social Care. To meet these and other challenges we anticipate the new senior management structure to be both crucial and critical in being confident we can continue to deliver a high quality service to the people of Blackpool.

6.11 Blackpool Council - Care and Support – Adult Provider Services:

Blackpool Council's Care and Support (Adult Provider Services) continues to transition to a more business as usual operational environment at the same time as planning for the

anticipated difficult winter period. The demand for social care has continued to increase during 2021 and this has been compounded by the current situation with increasing covid cases but also the legacy of two years of living and adapting to covid across health and social care as well as society.

In particular the Council's Care and Support services have focused on two key areas that supports the health and social care system (1) delivering services that help avoid hospital admissions (2) deliver services that help people being discharged from hospital when they no longer require inpatient support.

6.12 Avoiding Hospital Admissions:

Homecare Service – Delivers a crisis care response to the Council's Emergency Duty Team in emergency situations where care is required to ensure the person can remain safely at home until a full assessment can be arranged. The service also works closely with Social Workers based in Accident and Emergency supporting those attending to return home with care as an alternative to an admission to hospital. Blackpool also benefits from having a multidisciplinary Rapid Response Team which will assess patients in their own homes and where crisis care can be provided to help someone remain at home with care but also with some additional clinical oversight. All these elements of care delivery help avoid hospital admissions. During December the total number of care hours delivered by the Council's Homecare team where they directly prevented a hospital admission, equate to 1,531 hours of care preventing around 16 hospital admissions.

ARC (Assessment and Rehabilitation) – A vital resource available that supports community preventative services. Admissions to ARC can come through via Accident and Emergency as well as a direct pathways from the Council's Emergency Duty Team and multidisciplinary Rapid Response Team. The ARC prevented around seven hospital admissions during December 2021 through the provision of a residential model of care with enhanced clinical oversight.

Vitaline – The Council's Technology Enabled Care service has responded to requests for installation of equipment for 39 Blackpool residents during December. The installed equipment has ensured that people have been able to remain safely at home and call for assistance when required instead of needing to call 999. The service also delivers a Falls Pick Up scheme and during December Vitaline responded to 194 Fall Pick Up alerts, where they attended the person's home, supported them with the Pick Up and thus preventing a call to 999 and/or admission to hospital.

6.13 Supporting Hospital Discharges:

Homecare Service – An integral part of the Homecare services response is to support hospital discharges. There have been significant changes in this area of health and social care over the last 12 months with all these changes leading to reducing the length of time someone

remains in hospital and then supporting them to be discharged in a timely manner. During December the Homecare service delivered 2,234 hours of care for the purpose of supporting hospital discharges. This equates to between 100 – 200 discharges dependent upon level of care required at the time and for the following four weeks.

ARC (Assessment and Rehabilitation) – ARC remains the service that supports covid positive patients ready for discharge from hospital. The flexibility of the service ensures that capacity of the different configuration of beds better meets demands across the health and social care system. This has proved to be pivotal in maintaining system flexibility through what has been a difficult early winter period. ARC has operated at 81% occupancy during December which equates to around 26 beds out of the 32 available being occupied at any one time. This has ensured that beds have remained available to support hospital discharges as they arise which in turn has support effective flow across the health and social care system.

Vitaline – In response to the increasing demand for same day hospital discharges, Vitaline has adapted how it responds to urgent requests for installations. Working in partnership with health and social care colleagues, a priority identifier has been agreed and this ensures that Vitaline is able to identify the referral as a priority for same day installation. During December the Vitaline service has completed 28 same day installations ensuring that the person being discharged from hospital is able to safely return home on the same day that a discharge decision is made.

6.14 General Responses to the wider Social Care Market:

Provider Support HUB – During the pandemic the Provider Support HUB has been available to all providers across Blackpool 7 days per week. The guidance, advice and practical support has enabled providers to continue to deliver good quality care services to Blackpool residents. All providers have experienced difficulties during the pandemic and having a peer provider with expert knowledge about service delivery has ensured the support available is tailored to the providers needs at the time. During December the Provider Support HUB has directly assisted over 109 separate providers. In addition to this support, the development of an Emergency Workforce has ensured that when providers have found themselves experiencing difficulties with covering their staffing requirements, the Provider Support HUB has been able to assist through the deployment of Emergency Workforce. This provision has directly supported 12 separate providers of care services and ensured a level of resilience which has enabled the provider to continue to care for some of Blackpool's most vulnerable residents.

Homecare Service – The demand for social care is increasing at the same time as our providers experiencing difficulties in recruiting to vacant posts. This is evident in the number of packages of care that the Council's Homecare service is responding to in the medium and longer term. During December the Homecare service delivered 3,096 hours of care for the purpose of supporting market resilience, this equates to around 40 individuals requiring care

at home dependent upon the level of care required.

6.15 Outbreaks and Vaccination levels

Outbreaks were at a relatively low level consistently throughout the last 6 months, only recently impacted by the immense rise in community infection rates during the Omicron Wave. Activity in Outbreak Management is currently extremely busy, but with excellent joint working between the Department staff, providers, Public Health and the Quality Monitoring Team.

Vaccination levels remain among the highest in the land, with good take up in all areas where mandatory vaccination is a requirement and for care home residents. Booster vaccination has been more sluggish than we would like in staff, but remains significantly higher than the national average and our nearest authorities.

	Total Staff:	Vacc One	Vacc Two	Zero Vaccination	Booster
CAH	1388	1308 (94.24%)	1262 (90.92%)	80 (5.76%)	616 (47.09%)
Resi	1926	1897 (98.49%)	1896 (98.44%)	29 (1.51%)	1090 (56.59%)
Combined	3314	3205 (96.71%)	3158 (95.29%)	109 (3.29%)	1706 (51.48%)

Vaccinations as at 18/1/22

6.16 Partnership working

Our approach to working with all partners who can contribute has really come into its own during the pandemic and continues to do so. This takes many forms:

- Joint service delivery with the NHS in the ARC, Community Learning Disability Team, and Transfer of Care Hub at the hospital
- Co-location of staff in Mental Health Teams and Neighbourhood Teams
- Hands on, financial, commissioning, and peer support for external providers
- Services working together to strengthen service delivery and solve problems – Adults, Public Health, Quality Monitoring, Fylde Coast CCGs, Blackpool Teaching Hospitals
- Participation in Escalation reporting structures of the NHS – local, regional, national
- Social Care and Health Partnership with Lancashire CC, Blackburn with Darwen, and

Cumbria CC, together with NHS partners

- Commissioning and Finance partnership working with NHS partners.

6.17 Financial position to date 2021/22

Adult Services have incurred significant costs in relation to Covid-19 in 2021/22 of £9.3m. Providers have been supported through a number of schemes including the Emergency Workforce provision, a 10% Covid-19 premium applied to fee rates and access to free Personal Protective Equipment (PPE). There have been increased Covid-19 related hospital discharges with these costs being reclaimed from Blackpool Clinical Commissioning Group. Direct Service Grants have also been allocated to providers in relation to Infection Prevention Control, Lateral Flow Testing, Vaccine and Workforce Recruitment and Retention. Adult Services is currently forecasting a net overspend of £0.5m at month 9.

There are two key areas contributing to rising cost that is out of proportion to our expected position on our medium term plan AND the additional funding we have been given.

1. Rising demand for statutory services from or via Adult Social Care (demographics)
 - a. Earlier discharges from hospital and NHS long term care – people need to recuperate at home or in a care home, with higher needs, which would previously have been met in an NHS setting. Medically fit for discharge, is not the same as recovered/not unwell.
 - b. More people needing our support – both older people and people with Learning Disabilities and Autism, including rising numbers of young people coming through from transition from children’s services.
 - c. More hours needed per person due to increasing complexity of need in all areas.
2. Increasing pay / provider costs
 - a. National Living Wage went up by more than expected in national predictions – to £9.50 per hour.
 - b. Shortage of staff in all areas has highlighted the poor pay levels in this sector.
 - c. Pay rates are consistently below all competitors, compared to e.g. retail sector. Major retailers in competition for same cohort of recruits routinely paying £10 per hour. Public services (NHS and LA) pay rates in the same sector higher.
 - d. Turnover is high in this sector, in large part driven by lower pay than competing areas. Turnover adds to overheads in terms of advertising, training

and oversight costs.

- e. National pressure to increase fee rates to accommodate more viable pay rates and cover other rising essential costs (e.g. insurance, consumables, gas and electric).
- f. National pressure to pay AT LEAST Foundation Living Wage - to £9.90 per hour (an additional 40p per hour above the NLW).

Work is still underway internally and with NHS partners to ensure a viable budget for Adults Department as part of the Council's budget setting process, within the framework of our Medium Term Financial Sustainability Strategy.

6.18 Provider Finances

A number of financial support arrangements were established at the start of the pandemic to help ensure the continuing financial viability of social care providers. These arrangements included:

- A 10% increase in the usual fee rate to help cover additional costs associated with Covid-19. This came at a cost of £6.2m during the period 1 April 2020 to 18 July 2021 and was funded by the central government grant designed to help local authorities with general covid related pressures. This covid related funding from government to local authorities came to end on 30 June 2021.
- A baseline or minimum guaranteed payment scheme was in operation from April 2020 to December 2020 at a total cost of £1.1m. The Council guaranteed a regular level of income at pre-covid rates in the event that providers experienced reductions in the level of activity as a result of the pandemic, thus adversely affecting cash-flow.
- Additional supplies of PPE, at nil cost if required. Note the arrangements for supplies through the national portal have been extended to now end in March 2023.
- Infection Control and Testing Grants of over £10m have been received from central government and allocated to social care providers to specifically help reduce the spread of infection. Providers can use the funds to help with the additional costs associated with limiting staff movement, ensuring staff receive full pay when isolating, administering PCR and lateral flow testing, facilitating safe visiting etc. This funding has been awarded in a number of tranches, with the current allocation to be spent by 31 March. At the time of writing no further specific Infection Control and Testing Grants have been announced for the next financial year.
- Additional discretionary funding continues to be available in the event of significant covid-related cost pressures which pose a risk to financial viability and which providers cannot manage using the existing funding sources. To date £263k has been allocated to providers who have demonstrated unsustainable additional cost

pressures which have arisen as a consequence of covid and the urgent need to control the spread of the infection.

Ongoing support for provider finances

- A new Workforce Recruitment and Retention Fund £1.7m in total to support all providers (internal and external) with retaining staff, recruiting new staff, paying for temporary staff, additional hours and overtime in order to maintain sufficient capacity within the care sector.
- This was announced in October, but the detail and the funding came through a bit later.
- This has been used to deliver a flat rate per head amount to every provider, and an immediate fee uplift to take us through to the end of March, paid as two lump sums to assist with cash flow, based on the payment of a Foundation Living Wage rate modelled into our fee structure. Providers are able to use this to fund increases in wages, additional staff hours or any other measure designed to increase or maintain workforce capacity, retain existing staff, or recruit new staff. There is also a range of other relatively small scale schemes designed to trial different approaches.
- Apart from free at the point of use PPE, all other temporary measures are currently expected to end at 31st March 2022. However, a number of these have been extended several times as the operating conditions have not substantially changed.

6.19 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 body of the report at 6.17 and 6.18.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.