

Blackpool Council

14 July 2020

To: Councillors Burdess, Mrs Callow JP, Galley, Hugo, Mitchell, Mrs Scott, Stansfield and Walsh

The above members are requested to attend the:

Special meeting of
SCRUTINY LEADERSHIP BOARD

Wednesday, 22 July 2020 at 6.00 pm
via Zoom meeting

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM - SYSTEM RESPONSE TO COVID-19 EMERGENCY (Pages 1 - 56)

To provide an overview of the response to the pandemic by the Integrated Care System (ICS).

3 ADULT SERVICES OVERVIEW

(Pages 57 - 64)

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.

4 HOMELESSNESS - COVID-19 RESPONSE

(Pages 65 - 72)

To provide an overview and understanding of the Council's response to Covid-19, in respect of homelessness.

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

Report to:	SCRUTINY LEADERSHIP BOARD
Relevant Officer:	Dr Amanda Doyle ICS Lead and CCGs Accountable Officer
Date of Meeting:	22 July 2020

LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM – SYSTEM RESPONSE TO COVID-19 EMERGENCY

1.0 Purpose of the report:

1.1 To provide an overview of the response to the pandemic by the Integrated Care System (ICS).

2.0 Recommendation(s):

2.1 To challenge the response and identified areas of learning.

3.0 Reasons for recommendation(s):

3.1 To ensure the response was robust and accountable.

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

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 Since March 2020, when the UK Government declared a national emergency in response to the current coronavirus (COVID19) pandemic, NHS organisations in Lancashire and South Cumbria have been working within a revised ‘command and control’ governance structure comprising a hospital cell and an out-of-hospital cell, each reporting to the Lancashire Local Resilience Forum and the NW Regional Incident Control Centre.

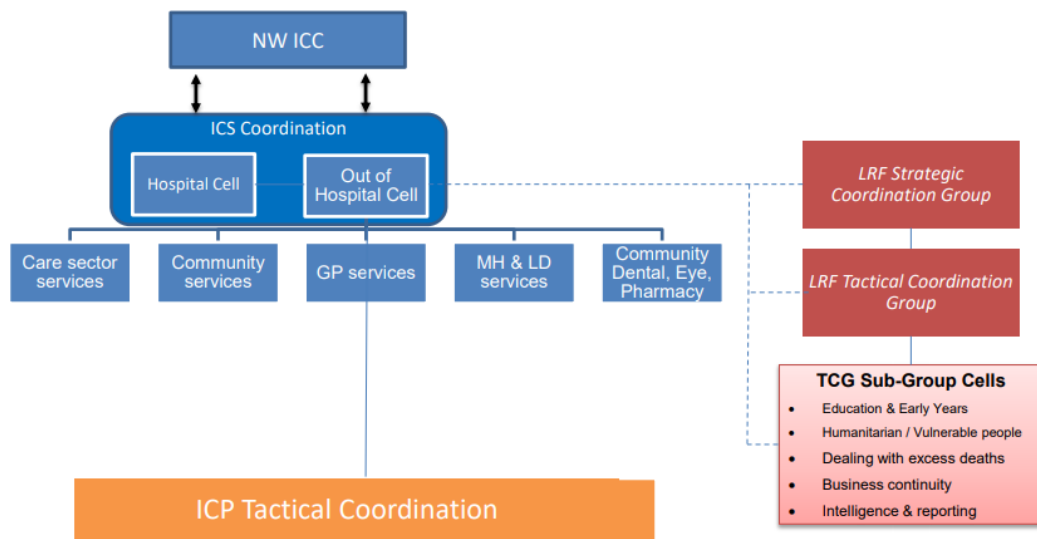
This report sets out the detail of those governance arrangements and highlights some of the work of the two cells during the past few weeks.

At the end of April 2020, Simon Stevens confirmed expectations that the command and control arrangements would remain in place for the rest of 2020/21, but set out national expectations for moving the NHS back towards business as usual following the pandemic, with priorities for action across a number of service areas. At the same time, regional directors set out the four phases of an NHS COVID-19 Restoration and Recovery Plan, asking local systems to start planning for phase two and onwards.

- Phase 1 - Management of COVID-19 demand and impact.
- Phase 2 – Restoration (June 2020 to August 2020) - re-establishing essential services in a safe way for patients, staff and the public.
- Phase 3 – Recovery (August 2020 to March 2021).
- Phase 4 - A New NHS (April 2021 and beyond).

This report also provides a summary of the outputs of the Phase 2 plan.

6.2 Initial governance arrangements for Covid-19 emergency: March - June 2020



6.3 Integrated Care System (ICS) leadership, programmes, and resources

- Prior to the Regional Director’s letter of the 23 March to formally establish Hospital and out of Hospital Cells in each ICS, the ICS had already moved and offered resources to support the need for a system lead effort to support Covid19 response
- ICS programmes were put on hold at natural break points

- Senior leadership resources were allocated across all functions
- A natural rhythm of meetings emerged to ensure coordination of effort and response
- Strong links into the Regional Incident Command Structures, clinical and managerial
- Strong links into the Local Resilience Forum, Lancashire and across to Cumbria
- Regular communications out from Cells to NHS ICC structures, Providers, CCGs and LAs
- Effective administration and support team underpinning the work of both cells, utilising existing teams and networks such as Cancer Alliance, Critical Care and Trauma Network

6.4 Hospital Cell overview

Key areas of focus for the cell initially included:

Critical Care expansion and overall bed capacity and resilience- Critical care escalation measures have proved adequate to deal with demand for ventilated beds

PPE supply and delivery- PPE and supply arrangements have been led from the cell and have consistently enabled the NHS to meet requirements

Development and implementation of mutual aid- A system of mutual support across trusts has enabled greater flexibility in meeting operational demands and faster learning in the adoption of developments

Continuation of urgent surgery including cancer- On-going treatment of clinically prioritised patients, especially those with cancer has been maintained. Partnerships with the Independent Sector to utilise that capacity has been a key enabler

Testing for Covid 19- The development of a testing programme in conjunction with key partners, including the LRF and the implementation of Infection Protection Control (IPC) measures to contain Covid transmission have been critical.

6.5 Out of Hospital Cell priorities

Key areas of focus for the cell initially included:

Testing and PPE provision- Work with partner agencies, including the LRF, to ensure access to staff testing across all services, including social care, and to ensuring access to PPE by securing sources and clarifying supply routes

Creating and monitoring capacity in community settings- including close work with

LAs to agree care home resilience and escalation plans and to ensure consistent capacity data collection and to establish networks across community providers and agreeing standardised discharge pathways

Hospital discharge into the community- Work with hospital cell and partner agencies on rapid discharge to ensure a reduction in bed occupancy on preparation for the anticipated surge in demand initially.

Support for our communities- supporting the work of the LRF surrounding vulnerable people, including the homeless and those shielding, business continuity and intelligence and reporting cells.

Mental health- work across all providers to deliver all age crisis 24/7 response; establishment of Mental Health urgent care centres.

6.6 **Phase 2 capacity planning**

Phase 2 planning and the move to phase 3:

Following the initial pandemic response the national requirement has been for ICSs to provide capacity plans to NHSEI regional teams following the issuing of planning guidance.

The initial capacity plan submission for phase 2 focused on planning for the continued impact of COVID on services, for example due to IPC guidance and staff absence, and the establishing the impact the initial response had had on our services. This identified that we will continue to operate with constrained capacity for some time to come.

Following the submission of the initial phase 2 capacity plans additional information was sought from NHSEI's regional team ahead of the phase 3 planning round. Topics included: -

- Critical care capacity
- Community capacity/rehabilitation beds
- The use of the Independent Sector capacity
- Waiting lists
- Reintroduction of screening and diagnostics for cancer
- Mental Health
- Workforce
- Capital expenditure for COVID secure capacity

6.7 **Development of whole system capacity plan:**

The ICS recognises the need now to shift rapidly to the development of a whole system model where we actively manage demand along pathways across different care settings during a time of constrained capacity. We have been working with Trust medical directors, directors of operations, GPs and others from the hospital and out-of-hospital cells to test our thinking about how we start to develop that whole system model.

To take this work forward, a clinical workshop was held on the 11 June to target a small number of whole system pathways that we can amend to help us manage the demands of COVID and non-COVID care going into the autumn and winter. Attendance at this workshop included representation from Local Authority Social Care teams.

Clinicians acknowledged the restrained capacity in the system that our model predicts, such that we will not be able to manage ongoing demand for COVID care whilst responding to an increase in non elective demand AND bringing back significant levels of elective care.

The pathway review needs to reduce significantly the demand for bed-based care during time of constrained capacity, identifying entire high volume, low risk system pathways where we can transfer resources and models of care between settings.

6.8 **Temporary service changes, communicating with the public and digital innovation:**

Decisions, Management and Assurance:

Temporary Service Changes

Decisions on temporary changes to service provision have been made across NHS organisations adhering to national guidance and legislation.

Clear focus for communications has been to ensure members of the public and patients understand any changes to services and local care provision.

Oversight and assurance of the changes has been co-ordinated across the organisations at a Lancashire and South Cumbria level, and managed through the Hospital and Out of Hospital Cells.

Service changes which have been made are temporary. Full engagement and consultation in line with legislation would be required in order to make any of these changes permanent.

6.9 **Communicating with public and patients:**

Informing local people about NHS services

There has been a clear priority in responding to the pandemic to keep patients informed about any local changes to services and guidance to follow when accessing services.

There has been a multi-agency approach to informing communities through the LRF structures has seen greater collaborative working across the Local Authorities, Police, NHS, Public Health England, Fire Service and other partners than has ever been seen before.

Across Lancashire and South Cumbria there has been co-ordination across NHS organisations for a national Help Us Help You campaign to encourage patients and members of the public to use services focused on areas such as Cancer, Mental Health, Stroke, Cardiac, Paediatrics, vaccinations and Children and Young People's Mental Health services.

A priority on mental health has seen a multi-agency approach to sharing information across all NHS and LRF partner agency channels about where local people can access support and pro-active marketing campaign to encourage people to use the Lancashire and South Cumbria NHS Foundation Trust Wellbeing and Mental Health Helpline which has been set up.

Fylde Coast CCG has undertaken a survey with residents to capture insight regarding the response to the Coronavirus pandemic. A report with the findings has been enclosed with this report.

6.10 Digital innovation: Use of technology has been accelerated in response to COVID

Every general practice in Lancashire and South Cumbria can offer patients video consultations: Most GP practices in Lancashire and South Cumbria are now doing video consultations with patients and all have the technology to offer them in the future. The number of video appointments has risen each month since the social distancing guidelines. Across Lancashire and South Cumbria, this has grown from 168 in February to 3,988 in March and up to 11,410 in April.

Hospitals have worked together to implement virtual appointments: The five Hospital Trusts across Lancashire and South Cumbria have worked in collaboration to deploy video consultations. To the end of May this had resulted in more than 15,000 virtual clinics, totalling more than 6,000 hours. These have also been used to allow family members and carers to join in appointments without needing to travel to hospital.

6.11 Next Steps:

Assurance and management of the temporary service changes remains a key priority for the NHS and will continue for the duration of the pandemic. These processes will be refined to keep up to date with relevant guidance and legislation.

Communication, engagement and transparency with the public will continue with a focus on engaging with local people to understand the impact of COVID and reaching into BAME and vulnerable communities.

Maintain engagement and communications with key stakeholders regarding any proposed changes as we continue to move towards restoration and recovery – including Local Resilience Forums, Scrutiny Committees, MPs, Councillors, patient and public groups.

There is a need to increase delivery of routine healthcare and prioritise clinical pathways to ensure the system is fit for purpose ahead of winter.

The benefits experienced by both Local Authorities and the NHS due to improved discharge pathways to be conserved.

Ongoing support will be provided to ensure the resilience of the care sector.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

- 7.1 Appendix 2(a): Incident Response to Covid-19 Pandemic: Test and Adjust Review
- Appendix 2(b): Covid-19 'test and adjust' survey report
- Appendix 2(c): Infographic

8.0 Legal considerations:

- 8.1 None.

9.0 Human resources considerations:

- 9.1 Support for staff is included in Appendix 2(c).

10.0 Equalities considerations:

- 10.1 None.

11.0 Financial considerations:

11.1 There will be a significant financial impact of the pandemic, with full costs not yet known.

12.0 Risk management considerations:

12.1 None.

13.0 Ethical considerations:

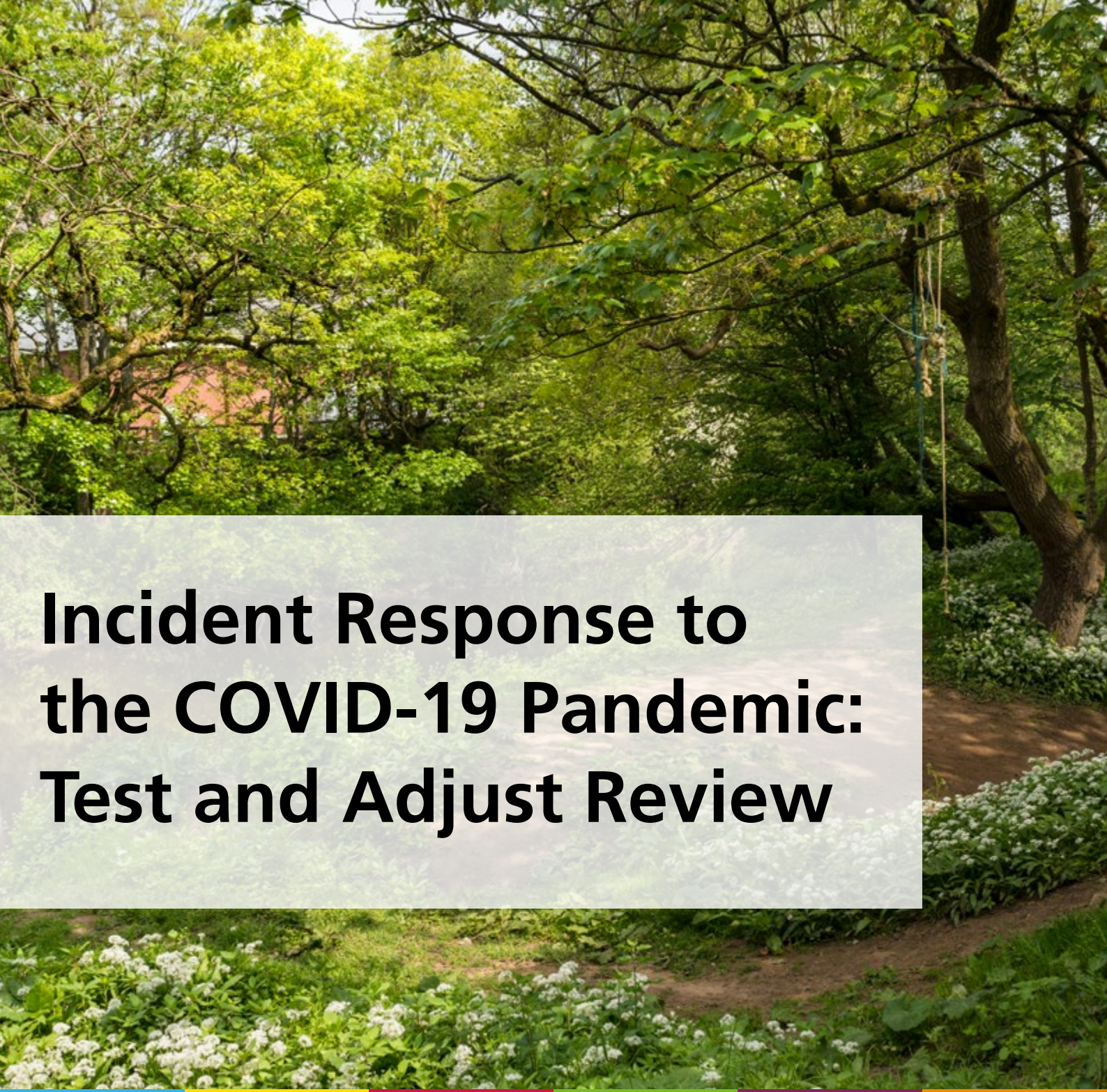

13.1 None.

14.0 Internal/external consultation undertaken:

14.1 The views of the public are reflected in Appendix 2(b).

15.0 Background papers:

15.1 None.



Incident Response to the COVID-19 Pandemic: Test and Adjust Review

Authors:

Nick Medway, Interim Deputy Director of Nursing

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Lyndsey Shorrock, Communications and Engagement Manager

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Incident Director's Foreword

Fylde Coast CCGs, in line with NHS partners and the general population, are living through a period of unprecedented challenge. The circumstances and requirements of Covid-19 have changed the lives of staff, partners and patient population socially and therefore challenged our working arrangements in ways that are both unprecedented and generally unimaginable.

The COVID-19 Pandemic is a national emergency. The NHS as a whole has enacted a Command and Control system wherein national direction is implemented through a distinct chain of command directly linking strategic intent with operational delivery. Command and Control demands collaboration across all public services (enacted through the Local Resilience Forum LRF) and supportive working between health and social care organisations.

National or regional emergencies often present as moments of catastrophe, (for example a train crash or terrorist threat) generally expected to be relatively short lived and would culminate with a debrief and extraction of learning.

Pandemics however are enduring and we are set for the long haul. The Executive Team at Fylde Coast CCGs considered it appropriate to dynamically review our emergency response in order to 'test' how effective our response has been both internally and externally.

The survey was rolled out in two parts, internally to our colleagues and partners and externally to the public, our patients. Whilst the work is presented as two separate parts within this document, we are always mindful of the inextricable symbiosis that endures between them.

The results afford us important insights on the effect of our efforts from which we can learn and 'adjust' our response as necessary.

A number of recommendations have been made, however what is clear that is that Fylde Coast CCG staff as a whole have successfully deployed high levels of corporate flexibility, resilience and excellent communication under very challenging circumstances.

I would like to extend thanks to all colleagues, partners and members of the public who responded to the survey and particular thanks to the small team who have created and administered this significant piece of work.

Jane Scattergood
Incident Director and Executive Director for Nursing and Quality
Fylde Coast Clinical Commissioning Groups

Part 1: Internal report

Executive summary

This survey set out to ‘test’ how effective Fylde Coast CCGs have been in terms of adapting to and managing through the initial and emergent enduring challenges of a major disruption to the health care system / public health emergency – we wanted to have feedback on whether plans have been effectively turned into actions, how well the organisation has supported its personnel and maintained its function.

Open to CCGs and embedded CSU staff, primary and secondary health care partners, Local Authority and Integrated Care System (ICS) colleagues the survey received 168 responses that were overwhelmingly positive.

The question to be asked is have we passed the ‘test’ and what might we need to adjust?

Against this question - the below table depicts an overall assessment of answers given to both closed and graded questions. The overwhelming indication is that Fylde Coast CCGs have successfully met the challenges at this stage of an enduring situation.

Initial Questions Asked	Staff	General Practice	Council	Health Providers	ICS
Did / do our emergency plans meet the need of the situation?					
Have we deployed our staff appropriately to manage the needs of the wider System					
Have we appropriately managed and supported our workforce		N/A	N/A	N/A	N/A
Have we appropriately identified, described and mitigated risk?			N/A	N/A	N/A
In the view of it local partners and staff can the CCG be assured of its response to COVID-19?					

Background and survey method

In an enduring emergency situation this is an interim proactive review (to date) designed to capture opinions and feedback about Fylde Coast CCGs' local response to a worldwide pandemic - by asking our staff, partners, other touchpoints (within the emergency response):

- What has worked well?
- What has not worked well?
- What might we consider changing?
- How has the incident impacted on us as teams and/or individuals?

This review is not:

- An audit of the wider CCGs' functions or business context
- A critique or discussion about 'particular' decisions that have been taken
- A full scale root and branch review of the Fylde Coast CCGs' COVID-19 response

What we set out to achieve

This Test and Adjust review was designed to test (internally and externally) where the CCGs and partners are in terms of:

- System Provision
- Workforce Management.
- Are we achieving the ambition of our emergency plans?
- Have we appropriately identified risk?
- Are the controls introduced effective?
- Is the system assured?
- What changes or adjustments need to be made?

Methodology

The form of the review was dictated by the current work environment. In order to give all participants an equal opportunity to contribute their thoughts and feelings as to the response, national rules in place dictated social distancing and therefore use of an electronic survey rather than a face to face dialogue.

The survey comprised a combination of open, closed and graded questions – with narrative opportunities for respondents to expand on any answers. Respondents were invited from six groups; staff members, general practice staff, council and local authority colleagues, health provider partner organisations, ICS and patients / public. The patients / public survey and report are presented alongside this report.

Themed areas

The questions were themed across four major areas:

Managing our people – an assessment of how well staff have felt supported throughout the pandemic and their understanding of the CCGs' response to the emergency. Within this section four subheadings will be reviewed: - Communication, Equipment, Management Support and Remote Working.

Identifying and managing risk – a review of how well staff and partners have managed risk throughout the pandemic through its internal processes, networking and governance.

Managing the emergency – an assessment of how the CCG has responded to date with the pandemic, including the Incident Control Centre, its meetings, interactions and outputs. Within the section four subheadings will be reviewed: - the CCG response, Incident Control Centre, Outputs, Emergency Planning and Outputs.

Public view (see Part 2) – an assessment of how well informed patients / public feel about CCG services and response, as well as questions around concerns for the future and where improvements can be made.

Narrative responses

Each section of the survey offered opportunities for respondents to put together a very specific narrative response on each area, part of the assessment included a review of the variance in responses across different respondent groups e.g. Executives and the rest of CCG staff, or differences in council staff and health partners' responses.

Theming closed/open questions and then exploring the survey responses through the different lens of the responder group, will crystallise any recommendations and areas for change will be easily identifiable and justifiable.

Survey results

Responses (by respondent group)

The review was open to respondents for one week (26 May – 01 June 2020) 168 responses received can be broken down as follows:

- **CCG / Embedded CSU Staff – 101 responses**
(90 CCG staff, 10 CSU staff, 1 Council-embedded staff)
Within this group 2 Governing Body members, 8 Execs, 9 Senior Management Team.
- **General Practice – 53 responses**
31 General Practitioners
22 Practice Managers
- **Council & Local Authority – 3 responses**
- **Health Providers – 10 responses**
- **Lancashire & South Cumbria ICS – 1 response**

As the level of responses varies dramatically across different groups, it is difficult to make an assessment on commonalities in returns. Responses are overwhelmingly positive in nature with a minority of negative comments noted.

Of the negative responses received there was a higher proportion made by GPs than any other group. These comments centre mainly around PPE and support around BAME additional risks.

It is worth noting that the negative comments largely relate to the national issues and communications around the pandemic response, arguably outside the remit of the CCG.

Managing our people

This section of the survey was only open to staff members. Staff segregated by Governing Body members, Executives, Senior Management Team (SMT) members and all other CCG staff.

Communication

The survey findings show that almost all staff felt that the communication has been very good since the beginning of the pandemic. This includes both communications about the emergency and the change in work practices (shift to working from home); as well as being informed by line managers on the wider situational responses and CCG activity. 99% of staff feel decision to move to working from home (WFH) was clearly communicated and that they have been kept informed throughout the pandemic by their line manager.

Within the narrative responses there was an acknowledgement that the shift to Microsoft Teams as a method for organisational communication (whilst difficult at first) has provided a robust communication method to network with colleagues. In a number of responses, staff also identified the WhatsApp team groups set up as a valuable tool to touch base with each other in a more informal way.

Numerous staff reported that they felt the virtual Team Briefs were an excellent way of conveying information to all staff as a group.

Recommendation 1: These Team Briefs could be conducted on a more regular basis and have a circular agenda so that each commissioning lead has opportunity to provide regular updates on their area in a systematic way. The secondary effect being, a better informed whole staff base with a wider appreciation of organisational function and outputs.

Equipment

Staff overwhelmingly reported that they had the right IT equipment in order to be able to carry out their role whilst working from home. The flexibility for staff in being able to take home their monitors, keypads, hub connections and other items (including desks and chairs) was seen as being particularly useful in aiding a quick transition for staff in creating a domestic workspace.

In terms of issues, staff reported that they initially struggled with some aspects of home working, the two main issues raised were not

having the correct office furniture and struggling to access IT support. Arguably some of the IT issues cited were pre-existing, and the launch of the new VPN rectified a lot of these concerns within weeks.

Concerns over having the correct office furniture to carry out their role over a long-term period were raised by a small number of respondents - DSE equipment that was purposely bought for the office could not in all instances be replicated in a home working environment. It should be noted however that transport was offered to deliver larger items and staff are encouraged to altered / changing DSE requirements with their line manager. It should also be noted that there was not a significant body of detailed DSE home working advice available (via CSU) prior to the instruction to WFH.

Recommendation 2: CSU should be asked to provide detailed and focussed advice / means of DSE self-assessment to support WFH going forward.

Management and support

Staff overwhelmingly said that they had been supported throughout the pandemic by their line manager. Over 50% of staff said that they felt more supported now, than they had been prior to the start of the emergency. More than three-quarters of responders also said that their emotional health and wellbeing as an employee had been well supported by the CCG during the pandemic.

When asked about how well colleagues felt they had functioned as a team during the pandemic, 77% said 'extremely well' whilst 22% said 'fairly well' (only 1 response stated 'fairly poorly'). The narrative responses on team working also reflected this view with many staff citing 'daily team huddles' had improved communication and were the foundation of these responses.

15% of responders said that they had been redeployed during the pandemic to assist in other work areas where there was increased / new demand for support. 80% of these said that the redeployment process was easy. The narrative comments showed that this section of staff had found that their redeployment had been 'useful' in supporting the immediate needs of the health service and a 'worthwhile' experience.

Also within this section some responses identified a need for greater recognition of family issues caused by the current crisis; and asked that flexible working arrangements be agreed (e.g. times / days of work) as staff juggled school cancellations and the loss of childcare support from elder relatives.

Staff

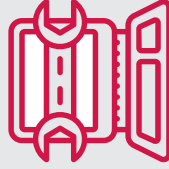
EQUIPMENT



79% have sufficient office equipment to work from home



79% have sufficient IT equipment to work from home



77% have needed IT support

MANAGEMENT SUPPORT



99% felt your manager has kept you informed during the pandemic?



99% have functioned well as a team

COMMUNICATION



84% aware of dedicated intranet resource for staff support.



98% felt decision to move to home working clearly communicated?

REMOTE WORKING



97% adjusted well to working from home



99% have adapted well to working from home



93% working from home would be good VFM moving forward.



83% emotional health and wellbeing has been supported (where needed)

Identifying and managing risk

This section of the survey was open to all staff members as well as Practice Managers (PMs) who, through the regular Teams call run by the Primary Care Commissioners have been a primary source of both risk identification and providing assurance to the health economy that primary care has remained able to function and meet population health needs.

The first question within this section of the survey asks responders to consider if they have received clear direction and support from their line manager, the Incident Control Centre, the Integrated Care System and NHS England & NHS Improvement. Over 90% of applicable responders said that their line manager had given clear direction throughout the pandemic. The Incident Control Centre also scored positively with 56 of the 86 responders stating that it had been clear and another 23 responders said it had to some extent.

Notably 30% of responses said that the Integrated Care System (ICS) was not applicable to their work and over 27% that said NHS England and NHS Improvement was not applicable to them.

Over half of the staff responders said that they had been involved in some way with identifying or managing risk during the pandemic. Practice managers cited the completion of daily Sitreps (on PPE and staffing) to further help identify and manage risk within their own practice. In terms of the variety of risks identified, responses ranged from home working and revised governance processes, to service cessation and assessment of vulnerable patients.

One of the most open-ended narrative questions within the survey was asked in this section and that was "What do you see as the biggest risk(s) to healthcare on the Fylde Coast that has been created by the NHS having to focus its response on COVID-19?" There was a large variety of responses to this question – so the analysis had to be themed into groups. The three most recurring responses were:

Reduced Access / Avoidance of Services – this was effectively a two pronged answer to the same problem; why aren't patients accessing services at the same rate as pre-COVID? The answer felt by responders was that either access to service was limited (e.g. reduced opening hours, temporary closures) or patients were avoiding services in an effort to reduce their risk of catching COVID-19.

Mental Health of patients due to Social Isolation – a number of responses stated that they felt that the impact on the public’s mental health due to lockdown and forced social isolation would be felt for a number of years and would require a massive investment in mental health services.

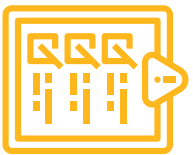
Cessation of Elective Services – this was the impact that stopping all Elective outpatients and surgery would have in the long term.

The last question in this section asked about any new methods of working that had been adopted since the start of the pandemic. A selection of these can be seen in the corresponding infographic page. 96% of responders said that the new methods should be either ‘wholly’ or ‘to some extent’ maintained post pandemic.

Identifying and managing risk

123 returns

Staff and practice managers



56% Been involved in identifying/managing risks during COVID-19

TOP RISKS IDENTIFIED

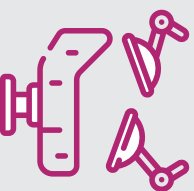
Reduced access / avoidance of services



Mental health due to social isolation



Cessation of elective services



SUPPORT RECEIVED DURING PANDEMIC

Clear direction and support received from:

Yes No To some extent NA

Your line manager 93 5 6 19

Incident Control Centre 56 7 23 37

Integrated Care System 29 11 46 37

NHS England and NHS Improvement 41 10 39 33

NEW WAYS OF WORKING IDENTIFIED

Altered Hours

Photograph triage

myGP app

Contingency Planning

Paper free

Remote Assessments

Cisco Jabber

Home Working

Virtual MDTs

Virtual Consultation

Flexible Hours

Zoom Meetings

Less mileage

Sharing screens

Daily huddle

skype

ICS representation

System-wide working

Microsoft Teams

Electronic Communication

Telephone triage

Enhanced co-operation

96%

think new ways of working identified should be retained long term



Managing the emergency

This section of the survey was sent to all respondent groups.

Clinical commissioning group

This section of the survey focused on the CCGs' leadership, support and direction throughout the emergency to date. When asked if CCG clinical leadership had been sufficient, 124 of 168 responders said 'yes' whilst 39 responders said 'to some extent'. Only 5 responses answered 'no' to this question. This demonstrates overwhelmingly support for the leadership response to the pandemic.

When asked how confident responders were about any commissioning / service changes – again, 137 out of 168 said that they were confident whilst only 31 (around 20%) said that they weren't. In a time of enormous challenge / upheaval from our normal way of working, this shows that the lines of communication to staff and partner organisations are robust. The daily Practice Manager (PM) teleconferences were very well received and drew numerous positive comments, as did the various communication publications including Primary Care bulletins and newsflashes.

It must be acknowledged that there were some negative comments within the responses and instances where staff felt that they had not been 'in the loop'.

Incident control centre

The questions within this part of the survey tested responders' understanding of the Incident Control Centre, its function and whether it provided a service that people would utilise to find out the latest information and guidance on legislation, PPE and testing.

82% of responders said that they understood the need for an Incident Control Centre, whilst another 15% said they understood it 'to some extent'. When asked if they felt the Incident Control Centre had been effective, 68% replied 'yes' whilst 31% said that 'they did not know'. This shows that whilst most people understood the need for an Incident Control Centre; not as many individuals understood what made for a good response by an Incident Control Centre. 58% of responders said that they would contact the Incident Control Centre to get the latest advice on guidance, legislation, PPE and testing.

When asked "Do you feel the Incident Control Centre has been clear and consistent in its messaging?" 84% answered yes. Of the 66 individuals who asked for support, guidance or advice from the Incident Control Centre, 39 rated the response as 'excellent', 23

said 'good' and only 2 responders said 'poor'. The responses stated as poor were: lack of support on PPE and lack of clarity in enforcing guidance.

The narrative responses within this section were varied. It was apparent that for a number of people surveyed, that they were unfamiliar with the Incident Control Centre and what it did on a daily basis. This is likely due to the fact, that their job role had not required them to interact with the Incident Control Centre at all during the crisis. There were some comments about guidance and legislation being difficult to follow, however this was more of a response to national messaging than local communications that the CCG or Incident Control Centre issued.

Emergency planning and support

This section of the survey focused on the invoking of the emergency plan and the wider / regional leadership and support.

85% of responders stated that they knew or 'to some extent' knew what a 'Command and Control' response means. However when asked if they knew who their One-Up Commander was over half of survey respondents (52%) answered 'no'. This showed that most individuals were not aware of their regional command lead. When asked about the level of support received from One-up command, those who were aware of them, did largely say that they felt supported. A consideration following this exercise may be wider communication around the structures involved in the Command and Control environment; so better understanding of the governance around emergency plans can be understood.

Only 68% of survey responders knew that the CCG had an emergency plan. When asked if they felt that this had been invoked effectively, this was answered positively by those who felt they could (67 out of 168 responses were 'I don't know'). 74% answered 'yes', 22% answered 'to some extent' and 4% answered 'no'. The negative responses stated issues with gaining PPE during the early part of the crisis; the lack of robust risk assessment of BAME staff and; a lack of planning prior to lockdown.

It should be noted however that:

- positive responses in this section again massively outweighed the negative comments received, as most respondents felt that the response to the emergency had been appropriate and effective

- The CCGs' Emergency Plans are both routinely published on the CCGs' website and displayed in hard copy on each floor of the CCG offices. It is acknowledged that outside of an incident these plans are unlikely to be considered significantly of interest by most staff
- Importantly the successful move to Home Working has demonstrated a new dynamic for emergency planning – specifically the CCGs' ability to maintain function from dispersed locations in any future similar challenge.

Recommendation 5: CCG managers and leaders must be cognisant of emerging BAME related COVID-19 themes, consider risks for employed staff, act in accordance with any national guidance and offer appropriate support to partners.

Incident control centre outputs

This section rates the outputs from the Incident Control Centre and the Communications team. Responders were asked questions about the daily Practice Manager Calls, twice weekly GP calls, Primary Care Bulletin, the Stakeholder Bulletin, the ICC Dashboard and the Fylde Coast System weekly teleconference.

All sections scored very well with very few answers returning across any of the outputs stating that they were not useful. All practice managers returned comments saying the daily calls with commissioners were useful and only one response said that the GP calls were not useful. The Fylde Coast System teleconference was the output that had the most responses and thus reached the most individuals – closely followed by the Stakeholder bulletin.

There is no recommendation to be made on the outputs section as the responses were overwhelmingly positive.

Managing the emergency

168
returns

Staff
Practice managers
GPs
Council
Providers
Integrated Care System

INCIDENT CONTROL CENTRE



97%

Understand the need for an incident control centre



88%

understand their relationship to the incident control centre



58%

look to the incident control centre for latest info and guidance



67%

Think the incident control centre has been effective



83%

felt incident control centre has been clear in its messaging.



87%

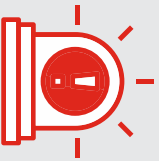
felt incident control centre effective in managing partner/provider questions

EMERGENCY PLANNING



46%

50% don't know
Felt support and direction from ICS cells was supportive



57%

39% don't know
Felt the emergency plan has been invoked effectively

CCG



97%

felt there's been sufficient support and direction from CCG clinical leaders



98%

felt CCG has been responsive to changing national approaches and guidance



81%

know about any commissioning/service changes

OUTPUTS



100%

found the PM teleconference useful



96%

found the GP teleconference useful



96%

found the primary care bulletin useful



97%

found the Fyde Coast system call useful



91%

found the influence stakeholder bulletin useful



100%

found the weekly GB update useful

Conclusion and recommendations

The survey results clearly demonstrate that Fylde Coast CCGs have risen to the challenges of COVID-19 - success is apparent across all areas however going forward the CCG must remain cognisant that:

- The Pandemic is not over (pandemics characteristically occur in waves) – whilst pandemic demands and challenges are somewhat currently we must remain on the front foot and be ready to respond further, maintaining and or building on newly established work processes – whilst at the same time adapting to a new normal.
- Changes made to “manage” through the Pandemic such as temporary suspension of services bring consequences and risks that we must be alive to / resolve in order to maintain safe services for our patients.
- The landscape of health commissioning and provision has changed (at least until March 2021) and will undoubtedly continue to evolve.

The recommendations below are a collation of the narrative responses and themes. The CCG may want to consider making these adjustments as part of their ongoing response to the emergency.

Recommendations

1. These Team Briefs could be conducted on a more regular basis and have a circular agenda so that each commissioning lead has opportunity to provide regular updates on their area in a systematic way. The secondary effect being a better informed whole staff base with a wider appreciation of organisational function and outputs.
2. CSU should be asked to provide detailed and focussed advice / means of DSE self-assessment to support WFH going forward.
3. It is recommended that line managers, team leaders and or SMT must observe, understand / discuss and review developing work patterns in their sphere of responsibility in order to define and direct smarter working practices that allow time for colleagues to meet all their obligations “do the doing”.
4. It is clear from the responses that the CCG should consider home working as a very real option for staff in the future.
5. CCG managers and leaders must be cognisant of emerging BAME related COVID-19 themes, consider risks for employed staff, act in accordance with any national guidance and offer appropriate support to partners.

Part 2: External report

Executive summary

NHS Blackpool and NHS Fylde and Wyre Clinical Commissioning Groups (the Fylde Coast CCGs) are committed to listening to patients and members of the public to make sure their views and experiences inform quality improvements and commissioning intentions. Despite the enduring COVID-19 pandemic, this commitment remains.

Towards the end of May 2020, the CCGs sought the views of people living on the Fylde Coast to understand how well informed they had felt in relation to the pandemic so far, their experiences of accessing local health services, and how they were coping during these unprecedented times.

An online survey was carried out between 26 May and 4 June and received a total of 776 responses. More than 80 per cent of respondents were over the age of 40 and just 20 per cent were men. There were a higher number of respondents from the Thornton-Cleveleys, Poulton and Lytham and St Annes areas. Around 20 per cent of respondents described themselves as having a disability.

Methodology

From the outset of the COVID-19 pandemic it was clear that reliable, appropriate and timely information would be a crucial element in helping to effectively manage the crisis and keep members of the public and health and care staff safe and well. Not only in relation to advice and guidance specifically about COVID-19, but also accessing health services for non-COVID-19 related issues.

In order to try and evaluate the Fylde Coast CCGs' communications approach to date, in turn informing the activity going forward, an online survey was carried out by the communications and engagement department. The survey was designed to understand:

- Whether people were getting the information they needed and how they accessed it.
- Whether people know what to do if they have symptoms of COVID-19 or, indeed, health issues that aren't related to COVID-19.
- What their recent experiences of accessing local healthcare were like.
- Whether anything would stop them from seeking healthcare at this time.
- How people were coping and whether or not they have needed to access community support.

The survey questions were drawn up based on soft intelligence received during the pandemic so far, as well as insight from other patient and public surveys, including NHS England and Improvement and the clinical commissioning groups in Sussex. The survey also included equality monitoring questions.

The survey was live from 26 May – 4 June 2020 and was publicised through:

- The CCGs' Influence Membership scheme
- The CCGs' staff newsletter*
- Blackpool Teaching Hospitals NHS Foundation Trust's internal communications channels*
- Blackpool Council's internal communications channels*
- Healthwatch
- Patient participation group representatives
- Patient Public and Engagement Forum
- CCGs' and Trust social media – Facebook, Twitter and Instagram
- GP practice social media

A request was made to both Fylde Council and Wyre Council to share the survey via their internal communications channels, however no confirmation that this had taken place was received.

*When the survey was shared internally with staff it was made clear that this survey was to be filled in from a personal perspective as somebody who lived on the Fylde Coast, NOT as a member of staff.

Key findings

Communication and messaging

A huge majority of the respondents, more than 90 per cent, said:

- They were getting the information they needed to keep safe during this crisis.
- They were clear on what they needed to do if they experienced symptoms of COVID-19.
- They understood the government's advice about social distancing.

When asked what information was missing, a small number of people (less than two percent) felt the information they had been receiving was confusing and contradictory, with more clarity needed. A small number of people also felt information around shielding could have been clearer and more timely/frequent.

People said they mainly accessed their information from national TV/radio, TV news broadcasts and government updates, local NHS websites and Facebook.

Accessing health services

Ninety-five per cent of respondents said they knew who to contact for urgent or emergency issues which weren't related to COVID-19.

Less than half (45 per cent) of those asked said they had accessed local health services since 18 March 2020. Of those who had accessed services:

- Nearly 60 per cent said they had spoken to their GP over the phone.
- Nearly half had seen a pharmacist face to face.
- Just four per cent said they had accessed a virtual (e.g. video call) appointment with their practice.

Almost 80 per cent of people who rated their experience said that they were satisfied with the service they had received.

Worryingly, more than half of the respondents said they wouldn't seek healthcare support at this time because of concerns about catching COVID-19 or not wanting to burden the NHS.

How people are coping

Reassuringly, more than 85 per cent of people said they were coping at least fairly well. However, the remainder said they were having some difficulty with coping, or not coping well at all.

For those who weren't coping so well, when asked what would help them cope better people cited the following:

- A better government response, clear and consistent government advice.
- People following the guidance and adhering to restrictions.
- Seeing family and friends.

Community support

Thirty-eight per cent of people who said they have wanted to connect to local community support (220) haven't been able to do so.

When asked to make further comments on accessing community support, around 16 per cent of those who commented said there was a lack of information about community support, particularly for those who don't access the internet. Around six per cent said they weren't considered vulnerable so help hadn't been offered, but they felt like they may have benefitted from help.

Encouragingly around 40 per cent of those who responded reported that they were satisfied with the community support they had received.

Overall qualitative data analysis

While the majority of people are getting the information they need and are coping fairly well during the pandemic a number of strong themes came out of the qualitative data:

- Clear and consistent messaging is important.
- People are generally very satisfied with the level of service they have received from the local NHS.
- There is a level of dissatisfaction with the government's handling of the pandemic.
- Local information and data is important to people.
- People have concerns about others not following the guidelines and adhering to restrictions.
- People who are shielding feel a like the 'forgotten' group.
- Mental health will be more important than ever in the coming months.
- People are hugely grateful for the hard work and dedication of NHS staff on the Fylde Coast.

Recommendations

In response to the feedback gathered through the survey a number of recommendations have been identified and a full action plan will be developed.

- Ensure communications are clear, consistent and accessible.
- Continue to push the message that the NHS is 'open for business' – people should understand they **can** get help for non-COVID-19 related illnesses.
- Focus on the CCGs' website as a trusted source of information – ensuring content is accessible, relevant and accurate at all times.
- Continue to grow and develop the CCGs' social media channels as a trusted source of information for local people.
- A sustained focus on mental health support – promoting how and where people can access mental health and wellbeing services, support, advice and guidance.
- A greater focus on community support – what support is available and how people can access that support.
- Recognise the importance people place on receiving local information/data during a time of crisis and understand how this can be best shared in the future.
- Look at ways to expand the dissemination of information outside of digital/social media, for example posters in supermarkets – utilise volunteers/other agencies.
- Repeat the survey at a later stage with a concerted effort to obtain a more even geographical spread of respondents and also ensuring other opportunities to complete it are available (i.e. not just online).
- The greater numbers of respondents from the Fylde and Wyre area is possibly a legacy of previous, greater engagement work across these areas compared to Blackpool. As such, a greater focus should be made towards engaging residents of Blackpool in the future.



If you need this booklet in another format or language please contact the communications and engagement team on:

Telephone: 01253 956400

Email: fyldecoast.comms@nhs.net

Twitter: twitter.com/fyldecoastccgs

Facebook: facebook.com/fyldecoastccgs

COVID-19 public 'test and adjust' survey report

Date:	19 June 2020
Version:	1.0
Author:	Lyndsey Shorrocks Communications and engagement manager

VERSION CONTROL			
Version	Date	Contributor(s)	Comments
V1	12/06/2020	L Shorrocks	
V1.0	19/06/2020	L Shorrocks	

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A huge majority of the respondents, more than 90 per cent, said:

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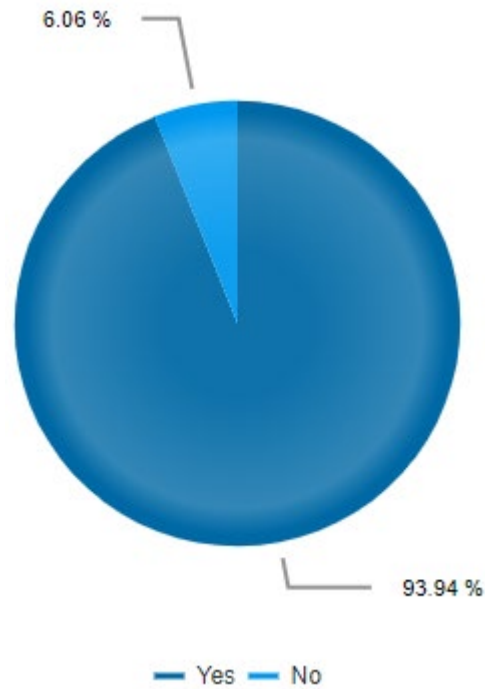
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Data analysis

1. Are you getting the information you need about keeping safe during the crisis?

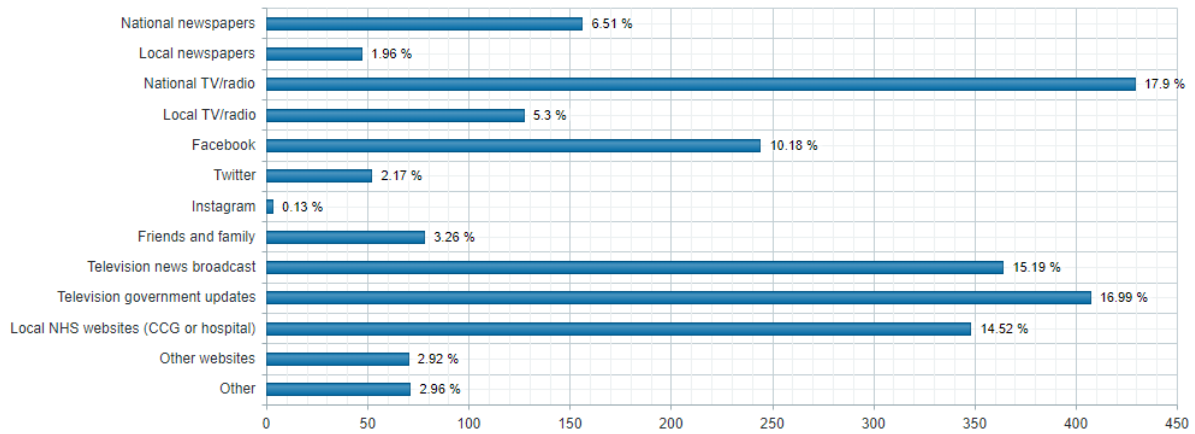


Those who answered 'no' were asked: what information are you missing, what else do you need?

Number of free text comments: 44

Theme	Number of comments
Confusing/contradictory messages – more clarity needed	14
Shielding information	11
Localised COVID figures/R rate	7
More information	2
Miscellaneous	10

2. Where do you mainly access your information?

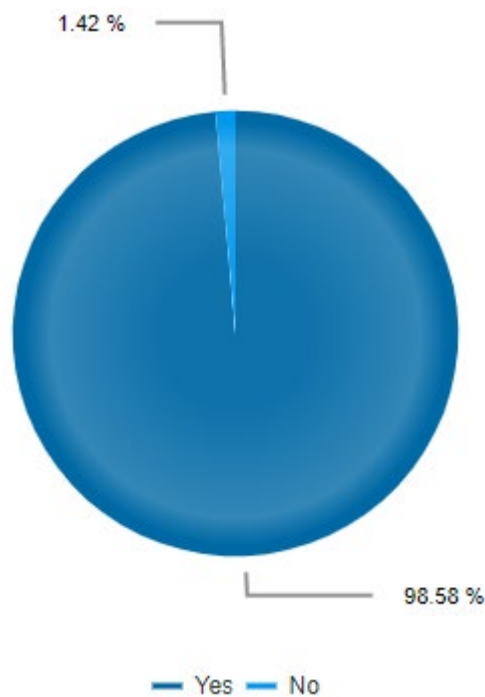


Those who answered 'other' were asked to expand on their answer.

Number of free text comments: 71

Theme	Number of comments
Digital – websites, apps, text messages	40
Work	17
Health setting – GP practice, hospital	6
Friends/family	3
Miscellaneous	5

3. Are you clear on what to do if you experience symptoms of COVID-19?

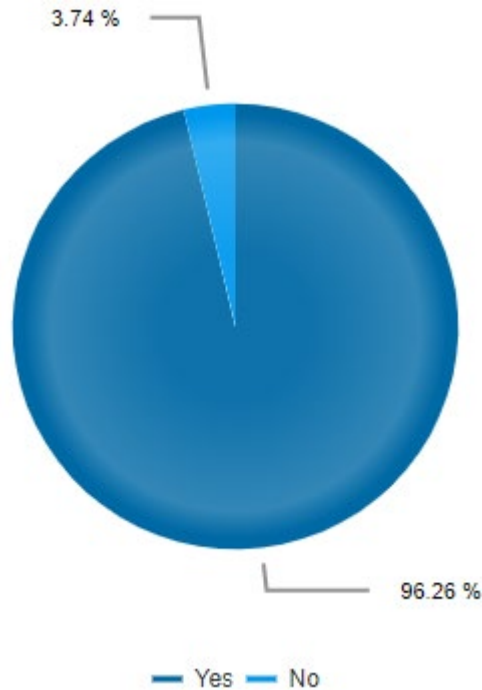


If the respondent answered 'no', they were asked: what is not clear?

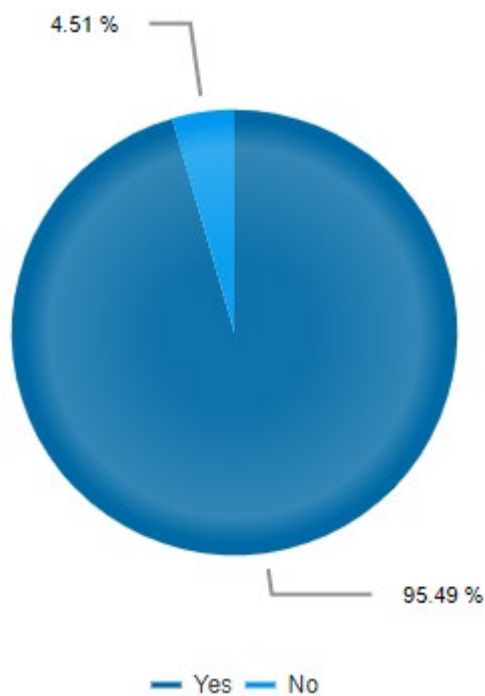
Number of free text comments: 9

Theme	Number of comments
Everything/what I should do	5
Miscellaneous	4

4. Do you understand the Government's advice about social distancing?



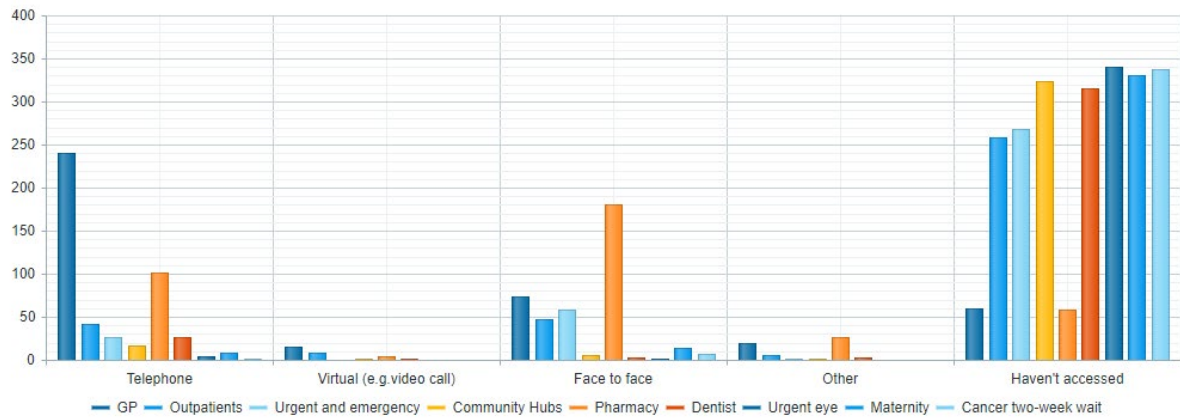
5. Do you know who to contact for any urgent or emergency health issues which are not COVID-19 related?



6. Have you accessed any local services during the pandemic (this would be services accessed between 18 March 2020 and present)?



Which services have you accessed and how?

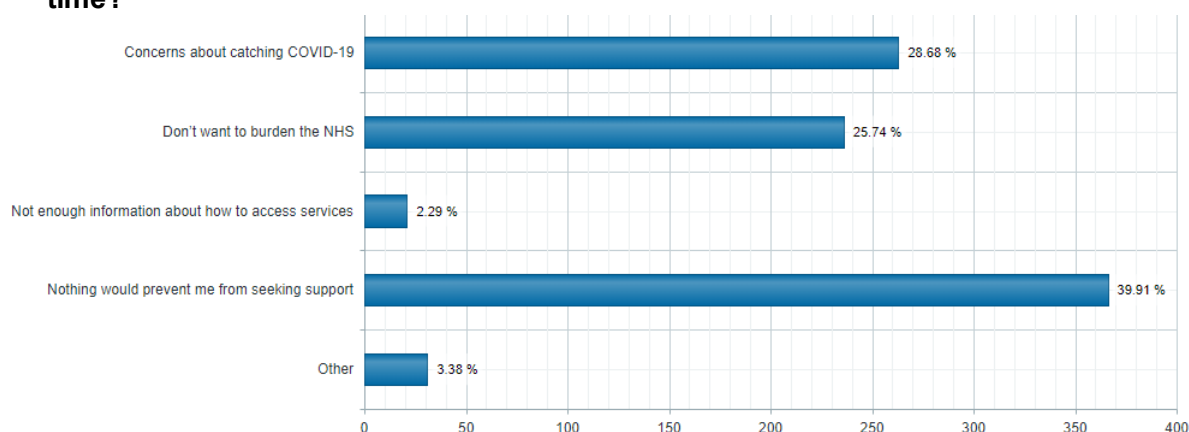


How was your experience?

Number of free text comments: 327

Theme	Number of comments
Satisfied with the service	260
Reported both positive and negative experiences	40
Dissatisfied with the service	24
Miscellaneous	3

7. What, if anything, would prevent you from seeking healthcare support at this time?

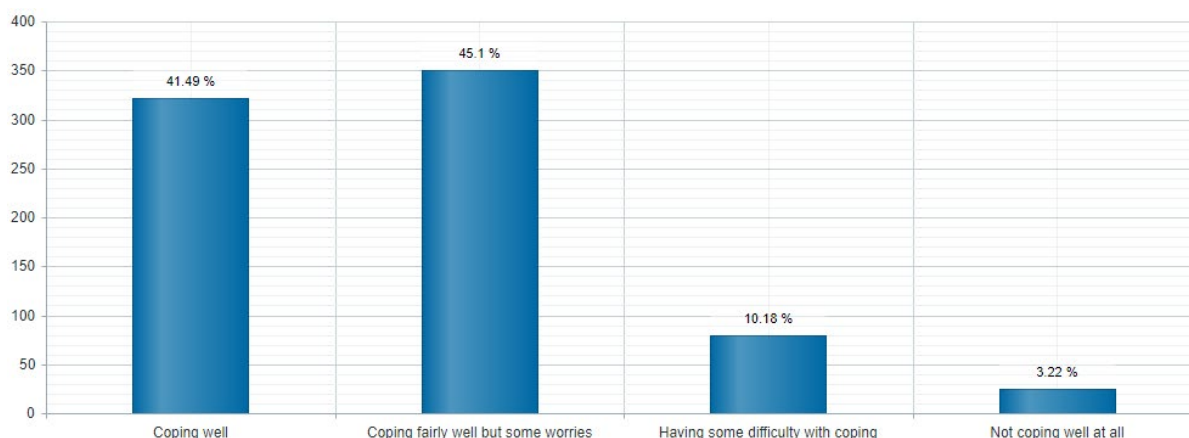


Those who answered 'other' were asked to expand on their answer.

Number of free text comments: 30

Theme	Number of comments
Not aware of services that are still running	7
Fear of COVID-19	5
Cancellation of appointment	4
Can't get through to GP	4
Dentist closed	3
Miscellaneous	7

8. How do you feel you are coping with the crisis currently?



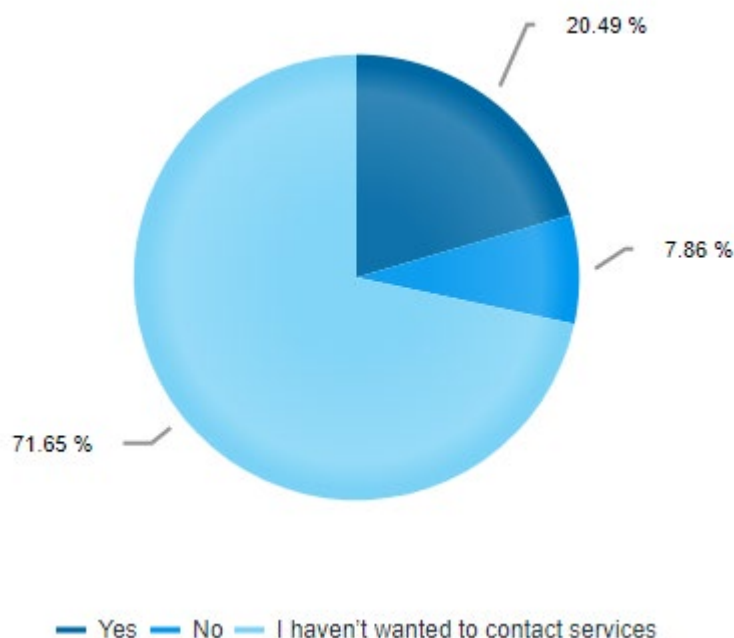
What would help you cope better at the moment?

Number of free text comments: 349

Theme	Number of comments
A better government response, clear and consistent government advice	40
Coping fine	40
People following guidelines	36
Seeing family/friends	28

Be able to access routine/non-COVID services more easily	23
Local coronavirus information/data	22
Mental health – COVID has impacted on mental health and more support is/will be needed	18
More support:	18
<ul style="list-style-type: none"> • From/at work • Dealing with existing conditions • Other 	<ul style="list-style-type: none"> • 7 • 5 • 6
Better testing/availability of a vaccine	18
Returning to normality	16
Clear and concise information	13
Local lockdown/stop people coming in from out of the area	12
More information and support for people who are shielding	11
Nothing	10
More information support for high risk people/elderly/vulnerable/additional needs	8
Understanding what the future looks like	4
Miscellaneous	32

9. If you have wanted to, have you been able to connect to local community support?



Any further comments on accessing local community support?

Number of free text comments: 124	
Theme	Number of comments
Reported satisfaction in relation to community support	51
Lack of information	21
I know support is available	15
Not considered vulnerable so no help offered	8
Dissatisfied – support lacking or not come soon enough	7
Supported by neighbours/family/friends	2

Haven't needed to access support	2
Miscellaneous	18

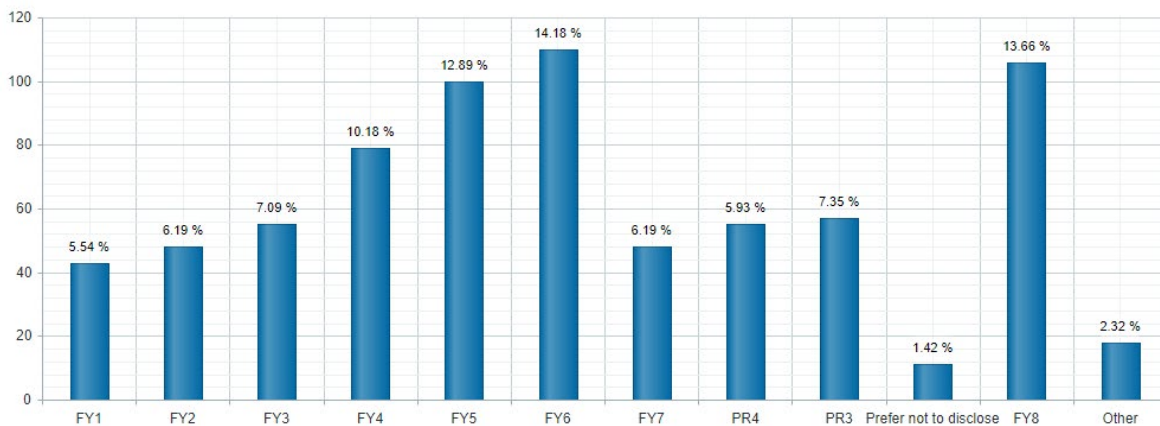
10. Do you have any further comments?

Number of free text comments: 180

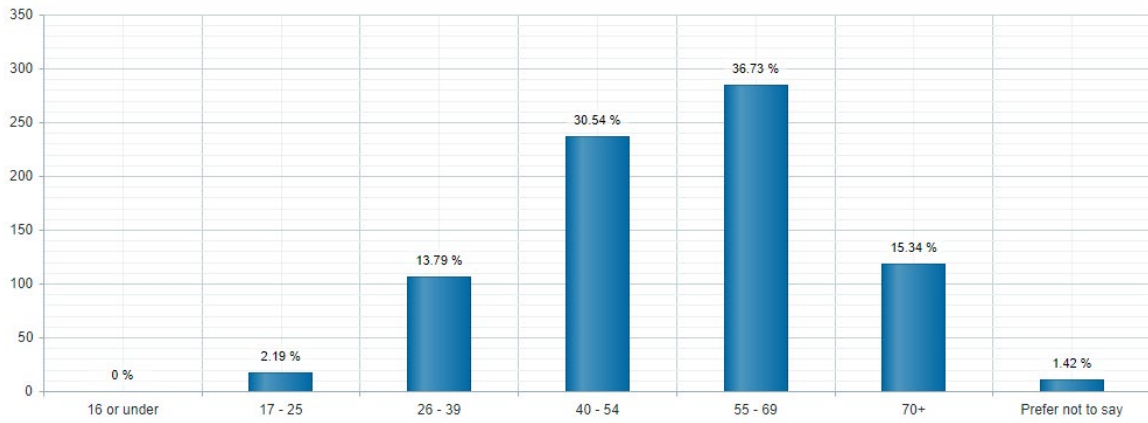
Theme	Number of comments
Appreciation for the NHS – a thank you	30
Satisfaction with local NHS services – primary and secondary care	25
Concerns about people not following guidelines	14
Dissatisfaction towards the government response/handling	10
Routine services need to return - non-COVID-19 illnesses still need to be treated	9
Satisfaction with local NHS comms	9
Dissatisfaction with local NHS services	9
More support and information needed for people who are shielding	9
Local information/data is useful	7
Satisfaction with community services/support	6
No extra help because not classed as extremely vulnerable	4
Dental services should be available	4
Testing/vaccine	4
Should have a local lockdown/response	3
Prevention – messages about how to stay well	2
Miscellaneous	35

Equality monitoring

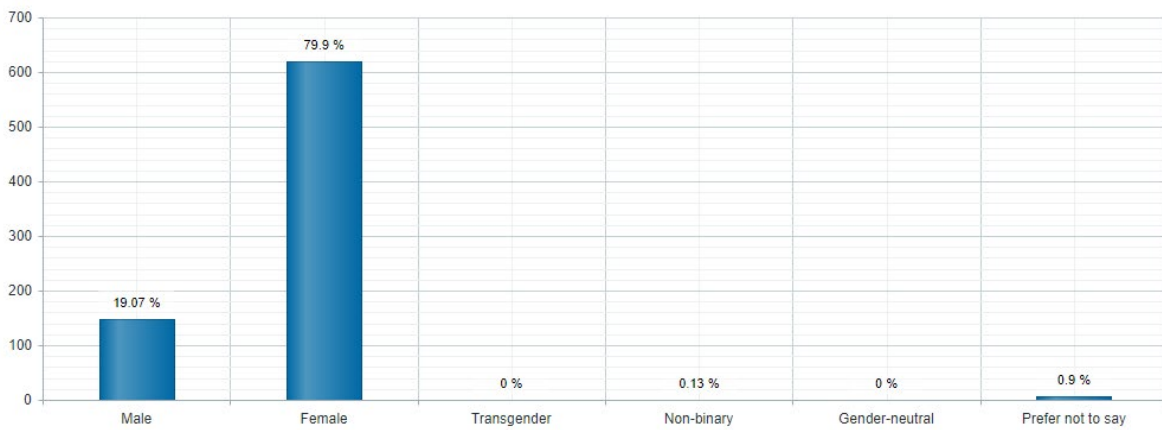
Postcode area



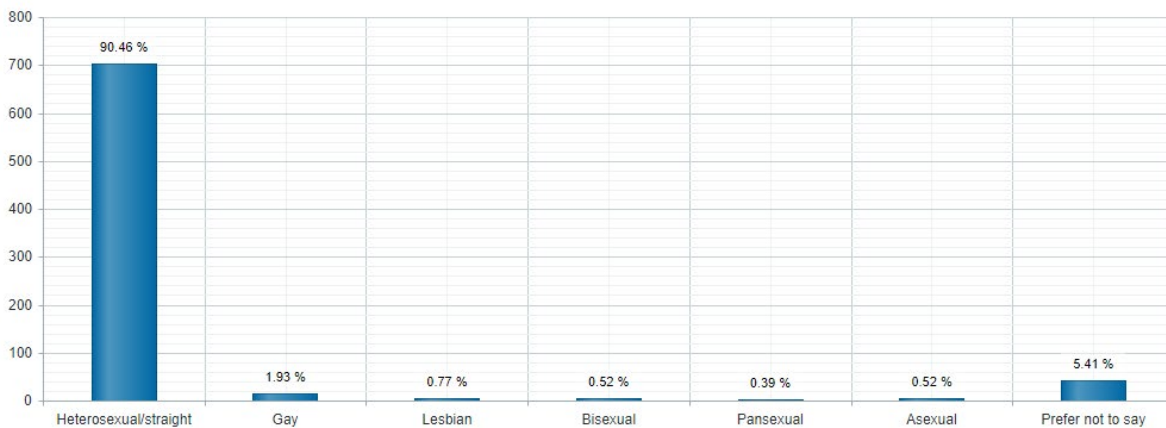
How old are you?



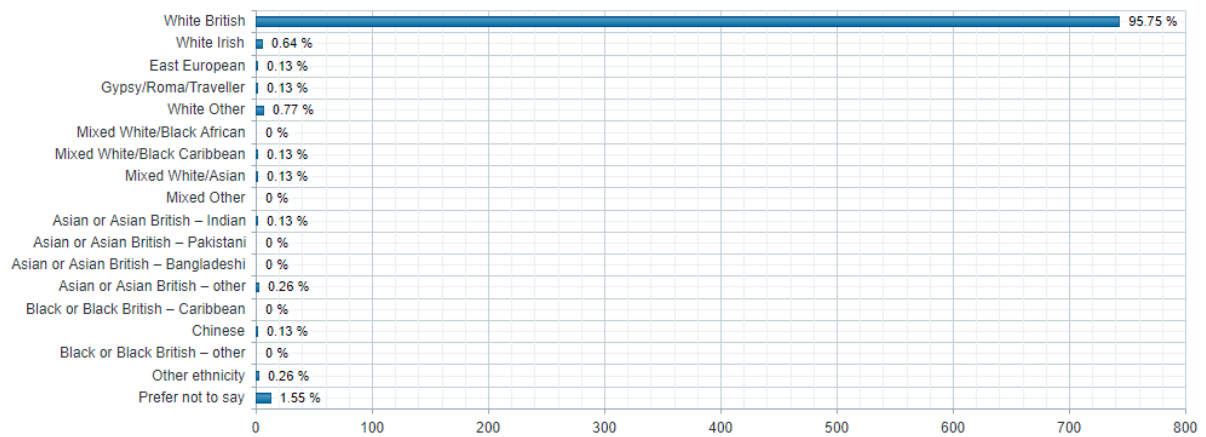
How would you describe yourself?



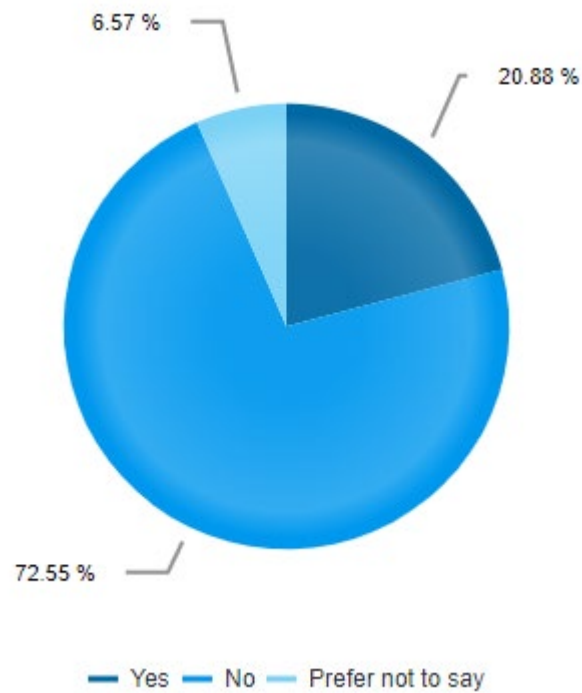
How would you best describe your sexual orientation?



How would you best describe your ethnic background?



Would you consider yourself to have a disability?



Staff

EQUIPMENT



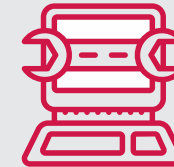
79%

have sufficient office equipment to work from home



79%

have sufficient IT equipment to work from home

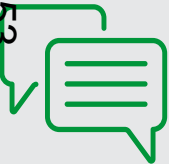


77%

have needed IT support

MANAGEMENT SUPPORT

Page 53



99%

felt your manager has kept you informed during the pandemic?



99%

have functioned well as a team

REMOTE WORKING



97%

adjusted well to working from home



99%

have adapted well to working from home



93%

working from home would be good VFM moving forward.



83%

emotional health and wellbeing has been supported (where needed)

COMMUNICATION



84%

aware of dedicated intranet resource for staff support.



98%

felt decision to move to home working clearly communicated?

Identifying and managing risk

123
returns

Staff and practice managers



56%

Been involved in identifying/managing risks during COVID-19

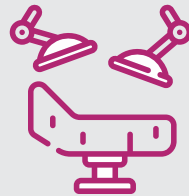
TOP RISKS IDENTIFIED



Reduced access / avoidance of services



Mental health due to social isolation



Cessation of elective services

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SUPPORT RECEIVED DURING PANDEMIC

Clear direction and support received from:	Yes	No	To some extent	NA
Your line manager	93	5	6	19
Incident Control Centre	56	7	23	37
Integrated Care System	29	11	46	37
NHS England and NHS Improvement	41	10	39	33

NEW WAYS OF WORKING IDENTIFIED

Altered Hours

Photograph triage

myGP app

Contingency Planning

Collaborative Working

Paper free

Remote Assessments

Virtual Ward rounds

Cisco Jabber

Home Working

Virtual MDTs
Virtual Consultation

Flexible Hours

Zoom Meetings

Less mileage

System-wide

Sharing screens

Daily huddle

ICs representation

working

Skype

Microsoft Teams

Electronic Communication

Telephone triage

Enhanced co-operation



96%

think new ways of working identified should be retained long term

Managing the emergency

168
returns

Staff
Practice managers
GPs
Council
Providers
Integrated Care System

INCIDENT CONTROL CENTRE



97%

Understand the need for an incident control centre



88%

understand their relationship to the incident control centre



58%

look to the incident control centre for latest info and guidance



67%

31%
don't know

Think the incident control centre has been effective



83%

felt incident control centre has been clear in its messaging.



87%

felt incident control centre effective in managing partner/provider questions

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EMERGENCY PLANNING



46%

50%
don't know

Felt support and direction from ICS cells was supportive



57%

39%
don't know

Felt the emergency plan has been invoked effectively

CCG



97%

felt there's been sufficient support and direction from CCG clinical leaders



98%

felt CCG has been responsive to changing national approaches and guidance



81%

know about any commissioning/service changes

OUTPUTS



100%

found the PM teleconference useful



96%

found the GP teleconference useful



96%

found the primary care bulletin useful



97%

found the Fylde Coast system call useful



91%

found the influence stakeholder bulletin useful



100%

found the weekly GB update useful

Patient and public response

776
returns



85%

copied well during the pandemic

What would help people cope better

Page 56



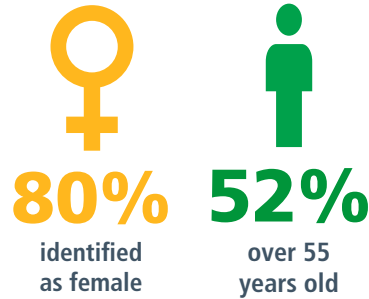
better government response, clear and consistent advice



other people following the guidance and adhering to restrictions



seeing family and friends



Community support



38%

have wanted to access local community support



40%

who had accessed community support were satisfied

Accessing services



45%

have accessed health services during the crisis.



80%

satisfied with the service they received



29%

wouldn't seek health care support - concerned about catching COVID-19



26%

wouldn't seek health care support - don't want to burden NHS

Communication



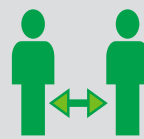
94%

getting the information needed to feel safe during the crisis



99%

clear what to do if they develop symptoms of COVID-19



96%

understand the Government's advice about social distancing



95%

know who to contact for any urgent non-covid related health conditions

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
Confirmed	49	17	21	12	13	9	0	0
Symptomatic	62	20	28	14	7	6	4	2
Recovered	26	7	95	30	128	34	2	2

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

- 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.

Report to:	SCRUTINY LEADERSHIP BOARD
Relevant Officer:	Ms Vikki Piper, Acting Head of Housing Services
Date of Meeting	22 July 2020

HOMELESSNESS – COVID 19 RESPONSE

1.0 Purpose of the report:

1.1 To provide an overview and understanding of the Council’s response to Covid-19, in respect of homelessness.

2.0 Recommendation:

2.1 To review and scrutinise the Council’s response to Covid-19 in respect of homelessness.

3.0 Reasons for recommendation(s):

3.1 To provide robust scrutiny of decisions and processes.

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

On Thursday, 26 March 2020, central government directed all local authorities to do whatever they reasonably could to get “everyone in...by the weekend”; in other words, to accommodate anyone rough sleeping, or at risk of rough sleeping. Government guidance also advised that night shelters should close.

In Blackpool this move had been anticipated and, with the aid of partners, the Council had begun placing individuals into a network of Bed and Breakfasts from Monday, 23 March.

Particular attention was also paid to families in the pre-lockdown period, and the Council was able to quickly move a number of families into settled own accommodation, with support from My Blackpool Home.

This allowed Blackpool Coastal Housing (BCH) to re-organise the family hostel (Central Drive) so that each family had their own kitchen and bathroom, allowing for social distancing/self-isolation.

In respect of single people, the decision was taken, with BCH, to reduce the number of people in the single person hostel (Gorton Street) to reduce pressure on shared spaces. BCH implemented guidance from public health in supporting the remaining residents to stay as safe as possible.

The emergency beds on Chapel Street initially had to close as they only provided nighttime accommodation, but with the support of Blackpool Coastal Housing repairs team, and Blackpool Fulfilling lives, Street Angels were able to re-open within two weeks, providing 24 hour accommodation for up to eight single people.

Health information suggested that homeless people would be at particular high risk from the virus, both in respect of likelihood of infection, and serious complications, due to identified underlying medical conditions, and general poor health. Guidance was also therefore provided by government on how local authorities should triage accommodation, from a clinical perspective, to keep homeless people safe from harm.

Housing and Options and Public Health quickly worked together, with other key partners, to put the following national model of best practice in place:

1. COVID non-symptomatic/low risk: Accommodation for people to comply with Government guidelines but are not yet symptomatic.
2. COVID Protect: Accommodation for people with underlying health issues
3. COVID Care: Accommodation for people who have/may have symptoms

6.1 The Accommodation

Accommodation was sourced by The Housing Options Team, in line with the associated guidance and best practice:

1. Covid non-symptomatic/low risk – a range of accommodation was sourced within B and Bs, and existing temporary accommodation. All accommodation

was ensuite, enabling people to socially distance/self-isolate if needed.

2. Covid Protect – fully self-contained dispersed properties were identified within Council stock, managed by Blackpool Coastal Housing.
3. Covid Care – A separate B and B to those already in use was identified, and Blackpool Teaching Hospital (BTH) provided on site nursing staff seven days per week. The Ashley Foundation provided housing support, and a daily Multi-Disciplinary Team meeting (MDT) was arranged for all agencies to share information. Fylde Coast Medical Services also offered safe transport. This facility ensured that if anyone within the previous categories became symptomatic, they could immediately be isolated and cared for, in many cases, without the need to go to hospital. The MDT's ensured that any additional needs, such as mental ill health or dependency, could also be met within the same setting.

For all categories, wrap around support was rapidly mobilised, ranging from housing, physical health, mental health, substance misuse services, food, and general welfare.

The daily MDT's established specifically for Covid Care, were extended across all categories, so that agencies could quickly share critical information around the support needs of individuals, as soon as they were accommodated.

6.2 **The Support and role of third sector services**

At the start of the lockdown period, it became apparent that the support mechanisms in place for general population weren't suitable for the homeless population who were being placed in B and Bs throughout Blackpool

Whilst their housing needs were being met, their support requirements were different. As such a "Homelessness Support Group" led by Public Health, was developed, essentially comprising of the existing homelessness partnership members plus other agencies working with homeless people.

The Homeless Support Group worked collaboratively to provide the following additional support:

- Twice daily food deliveries, coordinated by Blackpool Council and Blackpool Food Bank, and provided and delivered by a partnership of Soup Kitchens (The Well Café, St. Marks Church, Streetlife and The Albert Project). The Hive Café also provided a vital catering service.

- Over 100 Care packs and other items were delivered by a number of partners, including Streetlife, Headstart, Salvation Army, Comfort Zone and BFL. Items provided included radios, cleaning products, clothing and toiletries.
- A fortnightly laundry service was funded by BFL, and coordinated by Blackpool Council.
- For those moving into dispersed accommodation, food parcels via Corona Kindness were provided and face-to-face welfare checks undertaken weekly. This included where needed a Stop Smoking intervention, and NRT was available.
- Priority in patient detox was made available by Delphi, and a community needle exchange provided. Hotels were also provided sharps boxes and Naloxone support if needed.

This additional support reduced the need for people to leave their accommodation as frequently, enabling them to comply with the government guidance on essential travel.

6.3 **Housing Options Service delivery**

Changes were made to Housing Options normal operations with effect from Monday 23 March 2020.

Under normal circumstances the Housing Options service is predominantly a drop in service, however once lockdown commenced, it was recognised that this would not be safe or practical. Customers were therefore encouraged to contact by phone wherever possible, and additional telephone lines were added to facilitate this.

However, understanding the needs of customers accessing homelessness services, it was determined that Housing Options could not entirely close the doors, and a drop in service was therefore maintained in the afternoons for those who were homeless and had no other way of contacting the service. An intercom was installed at the front door to facilitate this, allowing the service to screen customers for symptoms and admit people into the office one at a time.

In addition, Housing Options continued to conduct street outreach with key partners, including Blackpool Fulfilling lives (BFL), to identify anyone new to the streets, and also continued to provide advice to people who might be at risk of homelessness, supporting them to remain in their own homes as long as it was safe to do so.

Out of office hours, the Council's Emergency Duty Team took calls and made placements of behalf of the service. Full handovers were given each evening and morning between the respective teams to ensure clear and efficient communication and sharing of information.

6.4 **Demand**

A total of 885 households have approached the Council for housing assistance since 23 March 2020 to date.

Just over 400 households have been provided with emergency accommodation since the early stages of lockdown in late March. At its peak, the Council were supporting 193 households in Temporary accommodation, approximately 96 of which were in one of 11 emergency B and Bs.

At the time of writing this report, there are 153 households in temporary accommodation, 55 of which are accommodated within one of 7 remaining B and Bs, and over 28,500 meals have now been distributed to the homeless community.

6.5 **Challenges**

At the time of lockdown, there were only 11 identified rough sleepers in Blackpool; however the high levels of transience and "sofa-surfing" in Blackpool, put a significantly larger number of people "at risk" of rough sleeping, especially when social distancing within these environments was no longer possible, This placed a disproportionately high demand on Blackpool for emergency accommodation.

Blackpool also has a higher level of complex needs within its community than most parts of the country, and so being able to provide multi agency support, alongside accommodation, was critical.

The vast majority placed in temporary accommodation are Blackpool people, known to services, and most have complied with Government guidelines; however, there has been a small minority of problematic individuals within this cohort.

The Council provided security services where appropriate and additional support was requested from the Police, in managing what are sometimes very difficult situations. A CCTV van was also deployed in the most challenging area, and a multi-agency "walkabout" was conducted between Housing, Community safety, Police and ward Councillors, to provide visibility and reassurance to residents.

Weekly multi-agency Homeless Risk Management meetings were also introduced, bringing agencies together in a problem solving environment, to both manage and

support individuals with the most complex needs

Blackpool also has a smaller than average stock of Social Housing, and relies heavily on the private rented sector to resettle homeless people. At the time of lockdown, the private rented sector, along with many other sectors, closed for business. This has made it incredibly difficult to move people on from temporary accommodation into more settled accommodation.

In respect of the Housing Options service, homeless presentations remain high, and more routine demand such as housing advice and prevention work has started to re-emerge, as people return to some degree of normality

6.6 **Current position**

As previously stated, at the time of writing this report, there are 153 households in temporary accommodation, 55 of which are placed within one of seven remaining B and Bs.

Other forms of temporary accommodation include 40 dispersed units within Council stock (managed and supported by BCH), existing hostel provision, and some additional temporary supported accommodation.

For context, normal levels of temporary accommodation in Blackpool are between 40 and 50 households at any one time.

Of the over 200, households that have now moved on from temporary accommodation, approximately:

- 75% have done so with the support of the Council, either into their own tenancy, supported housing, home area (where not from Blackpool), or returned to family/friends.
- 10% have gone into institutional settings
- 15% have left the emergency provision with no forwarding address.

To date, only four people have returned to rough sleeping, and at the time of writing this report, there are only two verified rough sleepers in Blackpool at the time of writing.

Although high numbers of infections were expected within the homeless population, fortunately, this did not happen, and so the Covid Care facility has now been stood down.

6.7 **Next Steps and positives to be taken forward**

Government guidance has been more recently updated encouraging local authorities to move people on from emergency and temporary accommodation, and to start to re-apply the normal statutory thresholds in respect of new presentations.

As lockdown eases and shops, takeaways, restaurants, and soup kitchens begin to re-open, the food delivery is gradually being stepped down.

The private rented sector has now slowly started to re-open and we are starting to see an increase in move on flow, with the support of My Blackpool Home.

Initial resettlement/tenancy support is being provided by Housing Options to all people moving on from emergency Covid accommodation.

Multi- agency support remains in place and, having recognised the importance of providing more accessible health care to homeless people, the CCG have committed to funding a “Homeless Health Team” for an initial two-year pilot. This service will provide additional outreach, and both physical and mental health support, to people with complex needs who are homeless / at risk of homelessness.

In addition, through the Homeless Support Group, a “buddy system” has been developed to provide non-statutory support and connectivity, to further help people resettle into their new homes and communities.

Government has announced further funding to support rough sleepers/people at risk of rough sleeping who have been provided with emergency accommodation since March, but at the time of writing, there is no further information in respect of the detail of this funding. It will be of utmost importance that long-term funding commitments are now made to this client group to prevent a return to levels of rough sleeping seen before the pandemic.

Does the information submitted include any exempt information? No.

7.0 **List of Appendices:**

7.1 None.

8.0 **Legal considerations:**

8.1 Government guidance required all homeless people be provided with accommodation during the pandemic.

9.0 Human resources considerations:

9.1 None.

10.0 Equalities considerations:

10.1 None.

11.0 Financial considerations:

11.1 Covid related costs were not originally factored into the Council's revenue budget for 2020/2021. Government has announced funding for support and details are awaited.

12.0 Risk management considerations:

12.1 None.

13.0 Ethical considerations:

13.1 None.

14.0 Internal/external consultation undertaken:

14.1 None.

15.0 Background papers:

15.1 None.