

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Response to the COVID19 pandemic
Meeting date	27 July 2020
Status	Public Report
Executive summary	<p>The report sets out for the scrutiny of Committee members the BCP Council Adult Social Care response to the COVID19 pandemic as at mid-July 2020. It provides details on how Adult Social Care has worked with the local NHS and the Care Sector to ensure that local people who require information, advice, guidance, assessment, care and safeguarding have continued to be supported through the period of national lockdown and the subsequent gradual easing of lockdown measures.</p> <p>It also outlines the work undertaken with the Adult Social Care sector in order to support all social care providers as they have worked with skill and commitment to provide quality care to service users and carers through the unique and highly complex circumstances of the pandemic.</p> <p>This work has been conducted in the context of rapidly developing and changing national guidance for the health and care system.</p> <p>The report also outlines the financial impact of COVID19 for the Adult Social Care sector and the funding provided to the sector by the Council through Grant monies from Government. It provides information on the financial situation for BCP Council Adult Social Care Directorate in 2020/21.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>(a) Committee members scrutinise the Adult Social Care response to the COVID19 pandemic and identify any recommendations for additional actions to improve the responses to and outcomes for service users and carers</p> <p>(b) Committee members consider how they will continue to scrutinise the Adult Social Care response to COVID19.</p>
Reason for recommendations	<p>The COVID19 pandemic has meant that Adult Social Care has needed to implement at rapid pace new ways for working and extensive national guidance together with NHS partners and the adult social care sector to ensure the continued delivery of advice and quality care and support through the pandemic period. While</p>

	COVID19 has impacted on all members of our local community, there have been additional and, on occasion, the most severe impacts for people who use adult social care services and carers. There have been very significant demands on all staff and leaders working in the adult social care provider sector. It is important that the Committee scrutinise the work undertaken by Adult Social Care to date and identify areas for additional focus or work and consider how the Committee will undertake further scrutiny through the continuing pandemic period.
Portfolio Holder(s):	Cllr Lesley Dedman – Cabinet member for Health and Social Care
Corporate Director	Jan Thurgood – Corporate Director for Adult Social Care
Report Authors	David Vitty – Service Director Adult Social Care Services Phil Hornsby – Service Director Adult Social Care Commissioning
Wards	All
Classification	For Information and Recommendation

Background to the Adult Social Care Response to COVID19

1. The COVID19 pandemic has brought profound changes to the lives of everyone in society and most particularly to those who use adult social care services and their carers. The majority of people who use adult social care services have complex health needs and/or disabilities and many have been “Shielded” during the lockdown period. In the BCP Council area, 88 people living in care homes have died due to COVID19 related conditions from March to 10th July 2020. Councillors and officers of the Council will all wish to express their profound sympathy to their relatives and friends and to everyone in our community who has experienced bereavement during the pandemic.
2. Since the start of the pandemic, Adult Social Care Services has had to implement radical and rapid changes to the delivery of services. This has included:
 - working with NHS organisations to implement new approaches to hospital discharge to ensure that every patient as soon as they are medically fit can be discharged from hospital either to their home or a suitable care home placement.
 - the majority of social services teams and staff moving to home working and supporting many service users and carers through telephone and video conferencing
 - adult social care staff using additional and extensive Personal Protective Equipment (PPE) in their roles
 - working in new ways to support adult social care providers

- working with day care and day opportunity providers to find new ways of supporting service users and carers when the usual services cannot be provided due to social distancing and safety requirements
 - distributing government funding to the adult social care sector so that care providers have sufficient funds to meet new requirements and costs particularly in relation to PPE and staffing.
3. Extensive guidance has been issued by Government in relation to the delivery of adult social care for Councils and for the sector. Guidance has been very frequently revised and updated and a key role for Adult Social Care has been to ensure that partners and all providers are fully aware of and supported to implement new guidance. New and significant guidance continues to be issued. The Government has issued two major plans in relation to Adult Social Care: "COVID19 - Our Action Plan for Adult Social Care" (update 16th April 2020) and Coronavirus (COVID19): Care Home Support Package (published 15th May and updated on 9th July). In June 2020, the Government set up a National Task Force which is overseeing the implementation of both the national plans and considering the sustainability of the sector over the coming year.
 4. The BCP Council's Scrutiny Board has received monthly reports on the Council's overall response to COVID19 from April 2020 and at the Board meetings in April, May and June, there has been specific focus on the adult social care response and issues. A joint Health Scrutiny Committee was held by BCP Council and Dorset Council on 1st July 2020 and at this meeting, the Local Care Home Support Plans of both Councils received scrutiny. This meeting also provided Committee members with the opportunity to scrutinise the response of the local NHS to COVID19.

Delivering services including with the health system

5. Adult Social Care Services continues to deliver its major functions, although promoting ways of working which support social distancing, such as greater telephone and video-conference contact with clients and carers. Face to face visits continue where necessary and with appropriate use of PPE. Carers are, for example, being encouraged to meet, socialise and support each other through video-conference groups.
6. Adult social care has implemented three Easements of the Care Act (2014) which are permitted under the Coronavirus Act (2020). Day centres have been closed in order to maintain social distancing; some adaptations to clients' homes have been delayed because building firms are operating below usual capacity and, lastly, some people with a visual impairment are unable to undertake mobility training or communicate with social workers through a translator, again because of the need to maintain social distancing. As lockdown measures are eased nationally, these Easements are being reviewed regularly to ensure that services are resumed at the earliest point that it is safe to do so.
7. The hospital discharge services continue to use the multi-agency Covid19 pathways for patients to rapidly leave hospital as soon as they are medically fit to do so. The approach discharges people to their own home rather than to a care home wherever possible and seeks to avoid prolonged hospital stays so that acute hospitals have sufficient bed capacity available to meet the needs of patients diagnosed with Covid19. Where people do need to be discharged to care homes, this is only taking place where they have been tested and have not tested positive for COVID19. Where patients do test positive for COVID19, the current agreed pathway is for a

patient to remain in NHS care for the period when they continue to be infectious. Health and Social care colleagues are working across the Dorset Integrated Care System to develop a long-term and sustainable “home first” model of hospital discharge which will see more patients leave hospital in a timely way and have their long-term needs assessed at home. This model will be built on the learning from the COVID19 period. There is also significant planning for the Winter period in the light of the continuing incidence of COVID19 in the community.

8. The overall telephone demand for adult social care at Helpdesk and Care Direct is broadly as would be expected at this time of year, but between 1st May 2020 and 12th June 2020, the number of monthly email enquiries doubled to more than 2000 and the number of calls to the crisis line increased fivefold to 500 per month. Both of these increases are closely related to queries and pressures that individuals have experienced related to Covid-19 and the need to remain socially isolated or shielded.
9. The number of safeguarding concerns received during May and early June 2020 was approximately 20% above what we may expect, although the underlying level of formal investigations is unchanged. The nature of safeguarding enquires during the Covid-19 period has predominantly been about neglect or acts of omission, domestic abuse and psychological abuse. These themes are consistent with the prevailing circumstances during the Covid-19 period of carers under pressure and the impact of lockdown on households.
10. Although we know that the lockdown and social distancing associated with Covid-19 is creating mental health pressures for many people, the demand for statutory mental health assessments is little changed from 2019. As lockdown is relaxed, it is anticipated that adult social care will experience a rise in demand. In July 2020, there is already evidence of more individuals and families requesting intensive support and also a range of agencies are responding to an increased number of people with higher level mental health needs.

Working with the adult social care sector

11. A Social Care Group was established as a Task and Finish Group of the Dorset Local Resilience Forum to co-ordinate partnership working to support the Care Sector across the BCP and Dorset Council areas through the pandemic period. This group is chaired by BCP’s Corporate Director for Adult Social Care and includes representatives of the social care sector, officers from the two Councils, Dorset Clinical Commissioning Group (CCG), Dorset Public Health, Dorset Civil Contingencies Unit and the Care Quality Commission.
12. The adult social care sector has experienced significant financial pressures due to COVID19, due to issues such as the increased requirements for PPE; increased staff sickness levels (particularly at the beginning of the pandemic) and the costs of deep cleans. BCP Council provided a 10% uplift to gross fee rates for care providers of Council commissioned care, from 19 March 2020, paid monthly in advance to help with cash flow. In addition, providers can request consideration for further funding to meet exceptional pressures above the 10% increase if they are able to evidence the additional costs. The Council has also provided a 10% uplift to Shared Lives carers for the March to July period in recognition of the exceptional level of support given by carers through the lockdown period. These uplifts have been funded by Government’s Emergency Funding to Councils. To ensure providers had clarity of financial planning to meet pressures, the uplift to

commissioned providers was agreed until the end of July 2020. A review will be undertaken to determine if further funding is required beyond July and on what basis.

13. In late May 2020, the Council produced with the adult social care sector and NHS partners, its Local Care Home Support Plan. This document sets out comprehensive plans to support Care Homes to have in place all elements of evidence based practice in relation to the prevention of spread of COVID19 into and within care homes and also to ensure that residents have good quality care, including access to primary and community health care services.
14. The supply of appropriate Personal Protective Equipment (PPE) has been an issue for all health and social care providers. As part of the Dorset Integrated Care System Incident Management arrangements, a Health and Social Care PPE Cell was formed to address issues of supply and ensure that stocks were being received by the NHS and adult social providers. This group has worked closely with the Local Resilience Forum PPE cell to ensure the flow of required PPE to health and social care from bulk deliveries made through national arrangements to the LRF. BCP Council set up a single point of contact through which local social care providers could request PPE. Additionally, PPE has been purchased directly by the Council and used to support the adult social care sector. Care Providers are consistently reporting in July 2020 that they have sufficient access to PPE, although there are still occasions when providers have to approach the Council for urgent supplies of PPE when their supply chains fail or are delayed. From the perspective of adult social care providers, access to PPE via the Council in situations where they have an urgent need remains a critical safety net for the continued delivery of safe care across the sector.
15. A quality assurance system for care home support, led by the local authority, has been used in conjunction with the information available on the national Capacity Tracker to review data and information about the market and individual providers on a daily basis. Regular contact is made with all care homes and home care agencies. BCP Council, the Care Quality Commission and Dorset CCG staff work closely together to identify areas of concern and required support. This includes ensuring that all concerns raised as safeguarding issues are comprehensively followed up and are part of the on-going assessment of individual providers. There is a dedicated council email address for care homes to raise issues and concerns.
16. In May, the government established an Adult Social Care Infection Control Fund, in the form of a grant to local authorities, intended to support the care market. For BCP Council, the grant allocation is £6 million, received in two equal tranches.
17. The Council distributed the first tranche of the grant, during June, to all care home providers in accordance with the prescriptive grant conditions. The conditions required that 75% of the funding was be given directly to care home providers based on the numbers of CQC registered beds in the home. There was more flexibility in the distribution of the remaining 25%. Local partners, including adult social care representatives agreed, the discretionary element of the grant would be distributed to home care and supported living providers. This element was also paid out in the latter part of June.
18. On 3 July, the government published guidance that care home staff, including bank and agency staff, should be tested for coronavirus weekly, while residents should receive a test every 28 days. This is in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak. Visiting staff (for example

Social Workers and Allied Health Professionals) working in care homes are to be tested. The LRF Testing cell is working on the ways in which the testing for visiting staff can be delivered.

Summary of financial implications

19. BCP Council has at 10th July 2020 received £22 million of emergency Government funding in order to meet the additional costs and financial impact of COVID19 in 2020/21. BCP Council is projecting additional costs and lost income in its General Fund to be £52.3 million resulting in a funding gap of £30.3 million.
20. The estimated COVID19 related cost pressure for Adult Social care until September 2020 is £8.4. The breakdown of the £8.4 million is as follows:

£000	Description of service
5,852	Supporting the market – 10% additional payment to providers of home care, residential care and shared lives including £250k for additional support in case of provider failure
1,000	Estimated cost of Care packages that will become ASC responsibility when the Hospital Discharge to Assess scheme ends.
832	Additional demand and loss of contributions as a result of day centres closure, additional respite and carer breakdown
71	Other worker related expenditure including PPE for frontline staff and in-house care services
690	Medium Term Financial plan savings from the front door service review and other initiatives not deliverable as a result of the COVID19 disruption.
8,445	Total pressures due to Covid 19 estimated up to end of September

21. As well as the emergency funding to Councils, the Government also provided £1.3bn funding to the NHS to support enhanced discharge arrangements. This included providing free out-of-hospital care and support to people discharged from hospitals or who would otherwise be admitted into hospital, for a limited time. This removed barriers to discharge and transfer between health and social care. In line with the government direction, BCP Council has taken on all commissioned care responsibilities for all hospital discharges since 19 March including for self-funders, people with continuing health care eligible needs as well as people who would normally fall under the Council's funding criteria. All care commissioned following a hospital discharge is reclaimable from the Dorset Clinical Commissioning Group (DCCG). Up to the end of June, BCP Council has claimed £4.6m from the DCCG for care home placements, home care, community equipment, social care assessment, brokerage and administration staff overtime. This arrangement will continue until further guidance from the Government that the COVID19 crisis arrangements for hospital discharge should terminate.

22. Adult Social care has identified a total of £4.170 million in year savings to contribute to the budget savings required by the Council as follows.

Budget	Explanation	Saving Variance 2020/21 £000s
Fundamental Base Budget Review	Budget rebase including LGR disaggregated budgets, care budgets, and budgets not fully used due to Covid-19 such as mileage and training.	(1,300)
Employee Costs - Adult Social Care Services	Savings relating to vacant posts.	(1,000)
Long Term Conditions	Reduction in placement numbers as measures are put in place to provide alternative provision in a client's own home.	(500)
Long Term Conditions	Implementation of a strengths-based approach to assessment and enhanced review programme of support being provided to residents receiving home care, ensuring that care packages meet eligible needs under the Care Act 2014.	(300)
Long Term Conditions	Implementation of a strengths-based approach to assessment and enhanced programme of review of support being provided to residents who use direct payments, ensuring that eligible needs under the Care Act 2014 will be met.	(200)
Learning Disability and Mental Health	Package of measures including targeted reviews, achieving best value from s117 and reviewing the need to maintain case contingencies for cases in Continuing Health Care or Ordinary Residence disputes.	(500)
Tricuro Savings	Efficiency savings in relation to care services provided by Tricuro.	(260)
Employee Costs - Commissioning & Improvement	Savings relating to service restructure.	(110)
Total Adult Social Care Savings		(4,170)

23. The Council has also received one-off Adult Social Care specific grant funding of £6 million for infection control in the care sector. The detail of how this grant has been distributed to the care sector is set out in Paragraph 17.

Summary of legal implications

24. Government recognised that the full requirements of the Care Act (2014) might be difficult for Local Authorities to discharge during the Covid-19 pandemic and has introduced Easements to the Act. The provision of easement powers for Local Authorities took legal effect on 31st March 2020 through the Coronavirus Act (2020).
25. Paragraph 6 sets out the three easements implemented by adult social care relating to day centres, home adaptations and sensory loss services which have been reported to the Health and Wellbeing Board in June 2020 and are unavoidable if social distancing measures and client safety were to be maintained. These easements are being regularly reviewed to see if they continue to be required. New national advice on opening day centres and day opportunities was published on 10th July 2020 by SCIE which will guide decision making in this area.
26. Other statutory duties contained within the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005) remain unchanged and unaffected.

Summary of human resources implications

27. Operational teams have been equipped with the technology and PPE necessary to work in a more flexible way with reduced use of office space and a greater reliance on working from home and videoconferencing. Some temporary arrangements have been necessary to extend working hours to support hospital discharge services between 8.00am and 8.00pm, seven days per week.
28. It is recognised that many staff members who are required to work from home are facing personal pressures during the pandemic and work has been undertaken with Human Resources colleagues to promote a range of staff support services.
29. Sickness absence levels are low and for those staff who have been tested for antibodies, very few have been identified as having contracted Covid-19. There is, however, a risk to services should there be a spike in or second wave of Covid-19 infection lead to raised sickness absence levels or widespread self-isolation. Specialist roles such as Approved Mental Health Practitioners, Safeguarding Adult Practitioners and Emergency Duty Staff are a particular focus because these officers face high levels of statutory demand and as a result of their specialist training and skills, it is not easy to provide cover for high levels of sickness or absence in these service areas.
30. In order to contribute to savings, a staffing vacancy freeze is in place and consequently only the most critical posts are being released for recruitment. Most fieldwork teams and support services are holding vacancies, which limits workforce resilience and will lead to longer waiting times for some services. The majority of the posts are only being held vacant for the current financial year with the 2021/22 budget built on the basis that the majority of these posts will be filled.

Summary of sustainability impact

31. The move to widespread home and remote working with the Adult Social Care Directorate has led to very significant reductions in travel and care mileage claims for most staff. There will be significant learning about mobile and flexible working, which will be taken forward from this period.

Summary of public health implications

32. COVID19 has had profound impacts on many people who use services and their carers. It will be important to understand and support adult social care service users and carers with the long-term impacts in terms of both mental and physical health and well-being. As lockdown measures are released, Adult Social Care is beginning to see an increase in requests for support. It is clear that carer stress has been a key issue during the lockdown period and this has resulted in a higher level of safeguarding contacts being made in relation to potential domestic abuse.
33. There have also been unique opportunities for interventions to improve access to health and social care support to some groups in the community. This has been particularly evident in relation to those people who are rough sleeping or homeless who have been accommodated in the lockdown period. Many of these people have been enabled to register with a GP and to access health checks and treatment. The initiative to ensure access to Hepatitis C treatment has been particularly successful.
34. There has been a focus on the delivery of drug and alcohol services during the pandemic and ensuring that people who have substance misuse addictions were supported to be safe and receive appropriate support, treatment and medication through the lockdown period.
35. The separation from family and friends has been a difficult issue for many and particularly for people living in care homes and supported living environments who in normal circumstances would have contact with relatives. The Council's Supported Living Service and commissioned providers have made extensive use of new technologies to ensure communication between family members and as lockdown is easing providers are developing ways to enable contact which is in line with social distancing guidance.

Summary of equality implications

36. The focus has been on ensuring that service users and carers continue to be able to access information, advice, assessments and services and to minimise harm and adverse impacts in terms of the COVID19 virus and of lockdown restrictions. The closure of day centres has impacted on older people and those with a physical disability, learning disability or mental illness. These impacts are mitigated through the use of interim community-based support services which have been established in partnership with Tricuro and other day opportunity providers to support clients and carers with the greatest needs.
37. Research evidence is showing that older people and people from a black and minority ethnic background have been more adversely impacted by COVID19. Research has also been undertaken on the impact on people with a learning disability. Adult social care staff and managers have therefore worked in a context where only essential visits have been undertaken to service users and carers homes and to care homes to minimise risk of infection spread. These visits have been conducted with staff wearing PPE in line with national guidance. As lockdown restrictions are lifted; community transmission of the virus locally has reduced and there is an increasing demand for assessments for services such as Occupational Therapy, adult social care staff are undertaking more visits to service users in their homes. Staff and managers will continue to take a risk-based approach to the decision to undertake visits and appropriate PPE will always be worn.

38. From a staffing perspective, staff who have a heightened risk in relation to COVID19, including staff from a black or minority ethnic background and those with relevant medical conditions, are being offered individual risk assessments and workplace adjustments where appropriate.

Summary of risk assessment

39. The continuing Covid-19 pandemic with the risk of a second wave or spike in COVID19 combined with winter pressures could place very significant pressures on the resilience of the Council's staffing and services; of the social care market and of the health and social care system. Detailed planning is taking place with the NHS and with social care providers to plan for the coming months and mitigate risks.
40. The Covid-19 virus remains a risk to adult social care clients and carers, many of whom are in vulnerable categories and have been shielded or socially isolating. A rise in local infection rates of Covid-19 will, therefore, present a disproportionate risk to adult social care clients and carers. This is being taken into consideration in all decisions related to the delivery and commissioning of adult social care services.
41. Many clients and carers have elected, since March 2021, to decline homecare, respite care or residential care because of concerns about Covid-19. These clients have relied disproportionately on carers and family during the months of lockdown, but throughout the summer and autumn may again feel sufficiently confident to approach adult social care again for support and services. This may lead to a raised demand for adult social care as the summer progresses.
42. Adult social care sector representatives are raising concerns about the financial stability of individual providers and of the social care sector both nationally and locally. Home care and care home providers saw a reduction in demand for services in the lockdown period with home care providers reporting an increase in uptake of services by June 2020. For some care home providers, the level of vacancies has increased since March 2020. This combined with the increases in costs related to COVID19 has created financial pressures for many providers. While Government has provided specific grant funding to local Councils to distribute additional funding to the adult social care sector from March to September 2020 to address the significant additional costs of COVID19, there has been no Government announcements about further dedicated funding through the rest of the financial year and the pandemic period.
43. A long-term risk has been the lack of a Government Green Paper setting out proposals for long-term and sustainable funding of adult social care nationally. Government has indicated that it is still intending to develop proposals for the future funding of Adult Social Care. Given the additional and severe financial pressures which the COVID19 period has brought to the Council and the Adult Social Care, sector, it remains imperative that national Government develops and brings forward proposals for the sustainable funding of Adult Social Care.

Appendices

There are no appendices to this report.

Background papers

Policy Paper: Covid19: Our Action Plan for Adult Social Care (Updated 16th April 2020)
Department of Health and Social Care

Guidance: Coronavirus(COVID19): care homes support package (Updated 9th July 2020)
Department of Health and Social Care

BCP Council: Care Home Support Plan, Letter to Minister of State, 29 May 2020:
bcpcouncil.gov.uk

Office for National Statistics: Death registrations and occurrences by local authority and
health board: ons.gov.uk