

Adult Social Care Delivery, Activity & Support: COVID-19

Lead Officer: Mel Lock, Director of Adult Social Services

Author: Nicola Shaw, Strategic Manager – Quality & Performance

Contact Details: NXShaw@somerset.gov.uk

Cabinet Member: Cllr David Huxtable, Adult Social Care

Division and Local Member: All

1. Summary

1.1 This cover report and its supporting appendices summarises for the benefit of the Scrutiny Committee the range of work undertaken by the Adult Social Care service to support our local community, the NHS, and care providers during the COVID-19 pandemic.

1.2 The paper outlines activity progressed and outcomes achieved in the following areas:

- Support to the local care provider market, including Learning Disability provision;
- Health partnerships and infrastructure;
- Community partnerships and infrastructure;
- Our internal activity and performance.

2. Recommendations

2.1 That the Scrutiny Committee notes the breadth of activity undertaken by the Adult Social Care service and its key stakeholders during the pandemic to date, including that captured within the supporting appendices, and considers any recommendations arising from the information provided.

3. Adult Social Care activity during COVID-19

3.1 In recent months the work of all health and care partners in the county has been dominated by, and focused on, responding to the COVID-19 pandemic. Working within this rapidly changing, dynamic situation has meant our activity and delivery has been continuously reviewed and updated in light of Government guidance, advice and the ongoing work of system partners. Our response to the pandemic in Somerset is set within the context of strong partnership working and has further been strengthened by our well-established community links and infrastructure.

3.2 In spite of the many challenges and considerable concerns the pandemic has brought, our response activity has drawn national recognition and praise, and has served as a catalyst in driving forward many ambitions

and seizing the many innovative opportunities presented across the health and care system.

4. Support to our Care Provider market

4.1 Supporting social care providers has been a key priority for Somerset County Council and its stakeholders throughout the COVID-19 pandemic. In recognition early on of the vital role our formal and informal care sector plays in our collective system resilience and response, we have sought to offer whatever support we can to minimize the risk of provider failure and offer additional protection to those members of our community reliant on our local provision.

4.2 Somerset County Council prides itself on having long had robust and supportive oversight arrangements in place with our care provider market. The proportion of Good and Outstanding Care Quality Commission-rated care provision in the county exceeds national and regional averages, and we work closely in partnership with the Registered Care Providers Association (RCPA), regulator and the Clinical Commissioning Group as part of our routine commissioning and monitoring activity. Together with our Public Health and CCG colleagues, Adult Social Care has been working hard with care providers to support them to manage and respond to the unique pressures that COVID-19 has placed upon them and take all possible steps to mitigate and prevent the spread of coronavirus. Our work has included the following:

4.3

- The establishment of a COVID-19 incident 'room' led by strategic managers to serve as a central advice point and information repository, with a dedicated phone line and email address. This has included the provision of out-of-hours cover, including over weekends, to ensure 7-day support is available as and where required.
- The email distribution of update briefing notes to local care providers since the start of the outbreak, sharing latest guidance, advising of developments and providing responses to FAQs. Additionally, a dedicated provider webpage was set up to host and manage information flow and promote the range of support available, and webinars have been hosted;
- The development of structured follow-up arrangements for care homes that have notified outbreaks to Public Health England with our own local Public Health team, ensuring the effective coordination of resources;
- Undertaking welfare calls and contacts to routinely 'check in' with local care settings and offer infection prevention and control advice and guidance;
- Ensuring a commissioning presence at virtual meetings hosted by the RCPA;
- Establishing multi-agency operational and strategic care sector cells, and supporting Public Health's Local Outbreak Management Plan

(LOMP);

- Developing enhanced multi-agency data dashboards and mapping tools to support the monitoring of local care market data and intelligence, to enable more tailored and targeted responses;
- Securing access to testing for care staff via the local NHS staff testing route from early April 2020, removing the need for care staff to travel extended distances for regional testing centres. Additionally, the Council has made weekly nominations for whole-home testing to inform the management of more vulnerable individuals;
- Procuring and distributing, free of charge, as much Personal Protective Equipment (PPE) as needed to supplement national supplies from March 2020. This has been comprised of frequent deliveries to care homes and other regulated provision, including domiciliary care providers and affiliated micro-providers. In June, to ensure supplies were being targeted at those in most need, an online order form process was established, and, from July, the Local Authority will be invoicing care providers where PPE supplies cannot be sourced elsewhere but are needed to ensure the delivery of care and support;
- Establishing a new temporary staffing solution for our care market in collaboration with Acute Hospital Trust colleagues, providing access to a joined-up collaborative bank between health and social care providers which will further develop our partnership working and support efficiencies across the Somerset system longer-term;
- Implementing a 10% fee uplift on fee levels paid as a lump sum three months in advance (April, May, June 2020); this premium was paid on all our contracted rates across homecare and residential/nursing care (including all Learning Disability and Mental Health Services in these categories) to support business sustainability;
- Distributed Infection Control Grant monies received from the Government to those residential and nursing homes who have signed up to the grant conditions (76% of the totals) and committed to using the remaining 25% for our supported living and homecare providers. A small portion of the fund will be retained for Personal Assistants, Micro-Providers and Day Services to apply for where appropriate. The funds are intended to be used to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. *For Somerset County Council, total funding received equated to £8.3m.*
- The Care Quality Commission continues to work closely with a range of stakeholders including Somerset County Council and the CCG. From the start of this pandemic, the CQC recognised that safety across the health and social care system was a priority. One of the mechanisms the regulator has used is the Emergency Support
- Framework (ESF). To date, 100% of the ESFs completed in Somerset have shown providers are managing. The ESF has helped the CQC offer targeted local advice, guidance and support to providers and

- 5.1 care staff to deliver safe care that protects people’s human rights. A programme of inspections has started across England, and we will report on our findings by publishing reports on our website.

Please refer to Appendices A & B for Care Home dashboard data and information regarding support for Learning Disability provision in Somerset

Health Partnerships and infrastructure

- Health and social care have enhanced the successful Home First services during the pandemic to reflect the changes to government guidance on pathways that were published in March 2020. In amending this response, we have been able to jointly increase service capacity, introduce keyworkers for people who go straight home, embed previously separate end-of-life services and provide more therapy resources outside of our hospitals. The success of this model has led to the aspiration for the continuation of the new intermediate care services, providing more support to prevent admission and increased opportunity to be discharged to home or closer to home. Our efforts are now concentrated on modelling demand, capacity and cost for Somerset’s Intermediate Care Services to shape and develop our hospital discharge and diversion approach into the future.
- 5.2
- 5.3

- Other areas where the local health and care system have worked in partnership include: the establishment of joint community teams with Somerset Foundation Trust, the delivery and distribution of PPE and testing, and supporting the staffing and set-up of a ‘pop-up’ Care Home in Yeovil at the height of the local pandemic.
- 6.
- 6.1

- We have also implemented additional mental health support with ‘step down’ accommodation established to free up acute mental health ward space and reduce the risk of infection in these settings.
- 6.2

Please refer to Appendix C for more information on the Somerset Model for Intermediate Care

Community partnerships and infrastructure:

The Adult Social Care Community Commissioning team worked to implement some fantastic developments and innovative solutions in the community:

- **We have worked in partnership with community providers to ensure they were supported to adapt their ways of working to adjust to social distancing guidelines and meet rising demand.** These close working relationships have enabled more people to access support – for example, village agents supported over 40k clients in the first 10 weeks of lockdown, 78% of which were not previously known.
- We have **worked with the CCS (Community Council for Somerset) to develop a Community Food Resilience Group** that has acted on food donations from local suppliers and established the logistics to

get the food into communities quickly. This pop-up solution has been so successful that we are working with CCS and Children's commissioners to establish core elements of this network as a basis for sustainable and ongoing food supplies into communities. We have also used this supply chain to source and distribute donations of clothing, toiletries, nappies, sanitary products and books.

- **As part of our community offer, we have developed Virtual Talking Cafes** offering the public another means of keeping connected to their community and obtaining information and advice. These run every weekday at 11am and reach hundreds of people daily.
- We have **developed the Community Connect website** and enhanced the content to make it easier for the public to access information and advice prompting over 2,700 new users to access the site
- We have created **online carers support groups** to enable carers to come together around shared interests (music and art) and shared experiences.
- We have set up a **Community Connect Facebook Group** to share information and established an aligned Twitter account.
- We have worked with our **micro-providers to set up a Facebook page** so we can attract new individuals to this sector and provide the public with information and a way to get in touch with micros online. We have also established **Facebook groups** to enable the networks are able to share information and communicate online.
- We have provided **micro-providers with access to PPE**, as part of our wider PPE distribution support, and developed a **dataset to enable us to better understand micro-provider capacity and impact**.
- We have developed a **dashboard for all community activity** to enable us to assess impact across all community providers and ensure value for money.

Please refer to Appendix D for further information on the Community Connect response

7. Internal activity and performance:

7.1. Our service is increasingly focused on seizing the opportunity to learn from, reflect and refine our activity on the back of the impacts and effects of the pandemic. Recent work has included:

- Stepping up our routine **Practice Quality audits**. Between March and mid-June 2020, a total of 72 audits were submitted by operational staff across the service, bringing the total audits completed since September 2019 to 593. The service is working hard to review and understand the quality of social care practice during lockdown, particularly in relation to assessment and review, recording practice, defensible decision-making activity, and the impact of COVID on individuals and their families/support networks.
- The collation of **ASC Staff Survey** reflections, which garnered 178 responses in relation to the following '4R' considerations:

- Return - what do we need to go back to?
- Retain - what new practices should we keep?
- Resist - what should we avoid returning to?
- Radical - what new things would we like to see in the future?

Staff reflections have been shared corporately and are being used to inform the way we work in the future – both in terms of practical and logistical working arrangements, and in relation to our practice, focus and structures.

7.2. Additionally, in relation to adult social care performance in recent months:

- The **number of overdue assessments for Locality Teams has reduced** to 46. To provide some context, the equivalent at April 2018 figure was 942. This represents a reduction of approximately 95%.
- Significant progress has also been made in **reducing the number of overdue reviews**. The number outstanding is now in line with the planned trajectory that will see all overdue reviews cleared by the end of August.
- **Levels of unmet homecare need during the pandemic have significantly improved** and reached their lowest ever levels, despite the fact that demand for homecare has increased substantially this year compared with the same period last year. This is the result of improved conversations, daily team calls and priority setting, advertising available packages of care in a different way, and the commitment and support of both our Sourcing Care service and domiciliary care providers.

8. Background papers

- 8.1.** Appendix A: Somerset Public Health Covid-19 Dashboard
 Appendix B: The Impact of Covid-19 on Learning Disability Services in Somerset
 Appendix C: Somerset Model for Intermediate Care
 Appendix D: Somerset Community Connect Coronavirus Response Update

Note: For sight of individual background papers, please contact the report author