



Report of the Strategic Director to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 18th August 2020

E

Subject:

COVID-19 – Lessons learnt and implications on Adult Social Care short, medium and long term plans.

Summary statement:

This report provides the Health and Social Care Overview and Scrutiny Committee with a summary of the key lessons and experience from Adult Social Care during the COVID-19 pandemic and the key implications on the departmental plan for the future.

Bev Maybury
Strategic Director Health and Wellbeing

Report Contact: Imran Rathore
Phone: (01274) 431730
E-mail: Imran.rathore@bradford.gov.uk

Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1 SUMMARY

1.1 This report provides the Health and Social Care Overview and Scrutiny Committee with a summary of the key lessons and experience from Adult Social Care during the COVID-19 pandemic and the key implications on the departmental plan for the future.

2. BACKGROUND

2.1 At its meeting held on 21st July 2020, the Health and Social Overview and Scrutiny Committee received a report setting out the key interventions undertaken by the Department of Health and Wellbeing – Adult Social Care to respond to respond to the Covid-19 Crisis, while maintaining Health and Social Care support for the most vulnerable people within the District.

2.2 This report builds on the detail presented in the Report of the Strategic Director to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 21st July 2020, which set out **Adult Social Care response to COVID-19**.

3. LESSONS LEARNT

3.1 Planning for a possible lockdown began in early March – the planning included a business continuity risk assessment ensuring that the department was able to step down services to continue providing core services to the most vulnerable. This enabled us to take a targeted and needs based approach to the people we currently support and to deploy resources to respond and manage Covid-19 specific additional demand. The key learning from our approach and experience over the last few months is outlined in the sections below:

3.2 STRENGTHS (WHAT WORKED WELL AND WHAT WE CAN BUILD ON)

- Staff teams embraced and adapted to the virtual working environment and should be credited for their resilience and hard work.
- Other areas of the council which have been drawn upon have been flexible and supportive – e.g. the IT and corporate business intelligence sections
- Relationships with the Independent Care Sector were enhanced due to a greater understanding and increased communication resulting in positive relationships as a result of reacting and overcoming the pressures together
- The enhanced communication and engagement resulted in Improved collaboration with Providers who previously distanced themselves from the Council.
- Partnership working between Health and care services was stepped up to operationalise a seven days a week and twenty-four hours a day operating model to support providers in their round-the-clock delivery of services. This included extending the hours of the ASC management service and monitoring incoming queries with the ability to respond flexibly and at short notice by deploying a range of specialist staff in extended, weekend and bank holiday shifts.
- ATU discharges process improved with people who were previously seen as hard to place moving out of hospital
- There were quick decisions to introduce additional support and funding for the independent care sector.

- Emergency Planning Governance arrangements within the Council, Health and Social Care and wider District through the Gold command structure enabled speedier and more proactive decision making across the system.
- Can do and positive response from staff - the goodwill and commitment with both Officers and Managers working longer hours and weekends etc. to support throughout the crisis
- Staff took a hands on approach in the early stages of crisis to support with PPE shortages through mutual aid, physically delivering equipment, and effectively closely monitoring stock held to ensure everyone had supplies.
- The Service put in place a robust communication framework that enabled timely and targeted communication with the care homes, which included 3 weekly bulletins, flash emails, dedicated liaison officers and systems to enable rapid data gathering from the sector.
- There was a strong voluntary and community response to the crisis, with the sector being a critical component of the Departmental and wider district Covid-19 response. We have enhanced positive local links with the sector and will aim to build on these going forward.
- Proactive comms with service users to ensure their needs were considered and plans were put in place to support them. This included those considered as Clinically Extremely Vulnerable who were asked to Shield by Govt.
- We assessed and reviewed new government guidance relating to COVID-19 for its impact on adult social care on a regular basis, ensuring that where required appropriate policy, practice and communication responses were put in place e.g. Care act Easement, Social Care Plan, Care Home Resilience Plan.

3.3 WEAKNESS (WHAT DIDN'T WORK WELL, THE IMPACT AND CHALLENGE)

- Workforce retention within the Care Sector remains an area of concern. Whilst further work is being completed to attract new employees into the care sector, low pay and recognition as a profession remain a barrier.
- The PPE supply chain initially was a significant issue due to lack of stock availability.
- Data quality and integration was a major challenge - there are sometimes differences in data collection through different sources (e.g Capacity Tracker and PHE outbreak reporting) creating confusion and conflicting reporting. Data needs to link and work effectively together.
- Interdependencies within the care system were not always well understood/recognised e.g. the impact on supported living of closing day services.
- Lack of 'softer' sources of intelligence (e.g. visiting professionals) impacted on the system's ability to spot early signs of problems or quality issues.
- The need to divert staff into support the sector with their Covid-response has resulted in stopping many key 'business as usual' tasks. Re-start will not be possible while issues around the pandemic remain unless additional resources are made available.
- Some teams required access to the office to fully deliver their work – which was not possible in all cases.
- Issues with IT systems have made working from home challenging and frustrating for many – most of the hardware and infrastructure issues were resolved albeit with a make do approach, rather than a structured response to ensuring staff have the appropriate tools to do their role efficiently e.g. network access, video conferencing, hardware – laptops etc
- Institutional care has become a risk area – people were discharged from hospital into settings and are actively objecting. As funding ceases there will significant work needed

by both social work and MCA Dols teams.

- The contraction of daily experience for the people we support and their families creates a safeguarding risk.
- Communication and dialogue with staff is more difficult remotely, both in terms of supporting them and managing performance.

3.4 THREATS (ISSUES THAT COULD DERAIL OUR ABILITY TO MAINTAIN AND ENHANCE OUR APPROACH)

- Our response to Covid-19 has highlighted significant capacity challenges and there is a major risk that the Service will not be able to continue to respond to Covid-19 related demand and maintain core service transformation and business support priorities.
- We could see a potential surge in new service user coming through in the next few months as individuals cease to be supported by their families as these return to work and the fear of infection in care homes reduces.
- There is an increasing risk that Covid-19 impact on the financial viability of care homes and destabilising the market.
- The easing of lockdown rules may increase infection rates within care settings.
- Discussions around restart and the easing of lockdown in the wider community may mask the fact that many services are still in the middle of responding to this first wave of infections.
- Further wave and/or lockdown.
- The risk of a local outbreak could result in services being deployed both as part of the recovery phase and responding to a local lock down.
- Staffing terms and conditions in the sector increase the risk that staff may decide to ignore advice around isolation, putting service users and other staff at risk e.g. home support staff on zero hour contracts attending work to earn despite any illness.
- Lack of monitoring from the CQC and Council may cause a reduction in the quality of services being delivered.
- Lockdown conditions may have meant practices that do not fit well with the Mental Capacity Act and service user choice and control have been introduced into services.
- IT structure capacity and reliability, and communication tools effectiveness
- Staff wellbeing is an area that potentially threatens our longer term response to the pandemic. Staff need encouraging to take time off and downtime during the day.
- Psychological and physical health/wellbeing of all continuing to work remotely, the continued fatigue, and limited or no visual contact.
- Carer burnout may increase the need for services in the longer-term.

3.5 OPPORTUNITIES (POTENTIAL EFFICIENCIES, CHANGE IN SERVICE OR SOLUTIONS, NEW WAYS OF DOING THINGS, IMPLEMENTING NEW TECHNOLOGY – FEEDBACK FROM SERVICE USERS)

- Utilise the positive relationships developed with the sector to improve partnership working service design and quality
- Day opportunities and centre closures have allowed time to rethink and ‘kick start’ conversations about what people really want to get out of these services.
- Care Sector Resilience Plan is under development. Actions will focus on promoting stability and sustainability going forward into the next stages of the pandemic
- PPE – close collaboration of buying to gain better value price to enable continued

supplies

- We have more data about what is happening in the sector than ever before e.g. with increased use of the Capacity Tracker. This can be used to inform decisions and target support.
- People we support have embraced the new world and now want to look at their support services differently. In a recent wellbeing check 1 in 5 wanted to change the way they received services.
- Covid-19 has provided an opportunity to be transformational and should be exploited to make change for the better of the people who we support.
- There is an opportunity to utilise IT to enable staff to work more efficiently – e.g. replace laptops with multifunctional devices (ie MS Surface), utilise video calling as the norm to ensure that meetings can take place even when some individuals cannot be physically present.
- Establish a Covid19 Team to ensure on-going support to the sector and enable the restart of key business as usual tasks, delivery of the 6 month plans, and strategic vision.

3.6 ASPIRATIONS (VISION, VALUES AND OBJECTIVES - WHERE DO WE WANT TO BE)

The department is clear that we can't return to the pre Covid-19 position and that our recovery plans will be informed by the views of people, their families and carers, of their experience during the Covid-19 response.

We will use this feedback to adjust our plans for implementing our long term vision of keeping Happy, Health and at home - *We want all our people and communities to have long, happy, and fruitful lives by improving their health and socio-economic wellbeing; ensuring that our support services and solutions are accessible and tailored to meet their needs to enable them to start, live and age well and when required robust prevention and early intervention solutions are in place to maintain their independence and quality of life.*

We will work towards this by:

- Targeting our approach to reduce inequalities by co-producing culturally appropriate and sensitive needs-based support with communities and individuals, including consideration of the use of positive discrimination and needs based resource allocation.
- Empowering every individual in the district to make the right health choices by promoting self-care and supporting independence to enable people to live well at home - with supporting resources being provided where appropriate.
- Ensuring that residents of Bradford have equal access to services regardless of age and disability, and where appropriate reasonable adjustments will be made for people with additional needs.
- Promoting and ensuring easy access to community based prevention and early intervention support solutions to influence positive life style choices and prevent ill health and poor wellbeing.
- Working with our partners in the NHS, independent sector and VCS to ensure we embed the Bradford's Living Well, whole systems' approach to the design and delivery of services – collaboration, integration and alignment.
- Ensuring a whole system approach is in place to improve people's mental health and wellbeing and address isolation/loneliness through easy accessible information, advice, and support to define and achieve wellbeing goals.
- Working with our partners to ensure that people can access good quality, innovative,

value for money sporting and leisure facilities across the District are accessible to all (adapted and attractive for all needs) and wellbeing activity within their local neighbourhoods.

- Developing a long term approach that ensures that housing provision within the District meets the current and future needs of our residents ensuring people of all income, age and ability are comfortable, safe, warm and able to maintain their independence.
- Using an intelligence led approach that enables the Council and partners to identify and proactively support those people who are at risk of declining Health and wellbeing or at risk of safeguarding, through community based support solutions.

3.7 RESULTS (KEY SUCCESS MEASURES THAT WILL DEMONSTRATE/EVIDENCE DELIVERY.)

- Stable care market, with no unplanned closures/ service failure
- Effective communication maintained with the sector, including through the delivery of the Bradford Resource Pack
- Reducing the impact of Covid-19
- Ensuring a robust Discharge to assess flow
- Increase in life expectancy – male/female
- Reducing demand through a greater take up of prevention and early intervention support.
- Increase in personalisation, choice and control – direct payments
- Enhanced outcomes for service users and carers

5. FINANCIAL & RESOURCE APPRAISAL

- Adult Social Care Services are working within a rapidly changing, dynamic situation, as such, our approach and response is being reviewed and updated in light of feedback from local findings and Government guidance / advice on a regular basis.
- Research from the Government Scientists suggest that UK could see multiple waves of COVID-19 infections, which means that our local response will need to be maintained for a considerable period of time
- This also means that the impact of COVID-19 will need to be factored into the demand management plans within Adult Social Care, while also being reflected in future Council resource allocation process – to ensure the department has adequate resources available to support its business as usual priorities, while also being able to respond to additional demand pressures arising from COVID-19

6. RISK MANAGEMENT AND GOVERNANCE ISSUE

As part of the Council's Emergency Management Planning process a detailed risk assessment was undertaken by the Department to ensure that key risks were identified and mitigation plans were put in place to ensure that the Department was able to maintain and continue providing support services for all critical service areas. The service is reviewing these plans to ensure they incorporate lessons learnt from Covid-19 and enable us to prepare for recovery and potential lockdown situation.

7. LEGAL APPRAISAL

There are no specific legal implications arising from this report.

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

Due consideration has been given to protect the most vulnerable group within the District as part of our response to Covid-19

9. RECOMMENDATIONS

- 9.1** That members note and provide feedback on the key issues raised and direction of travel set out in Section 4 of this report.