

# Report of the Strategic Director to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 21<sup>st</sup> July 2020

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## Subject:

**COVID-19 – Adult Social Care response**

## Summary statement:

This report provides the Health and Social Care Overview and Scrutiny Committee with an update on the work undertaken by Adult Social Care to support the Health and Social Care needs of vulnerable people in response to the COVID-19 pandemic.

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## 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 an update on the work undertaken by Adult Social Care to support the health and Social Care needs of vulnerable people in response to the COVID-19 pandemic.

## 2. BACKGROUND

- 2.1 As part of the UK's Government COVID-19 Action plan, the Coronavirus Act was passed by Parliament on the 23rd of March 2020. The Act includes significant changes to our duties under the Care Act 2014 for the most critical period of the pandemic, to help us to make sure the most serious and urgent care needs are met and enable us to defer meeting other less acute or pressing needs.

- 2.2 The Act gave provision for 'Easements' to be enacted by Directors of Adult Social Services, which allow them to deprioritise care which we would otherwise would be statutorily required to provide. At this stage Bradford has not enacted such easements, and has no current plan to do so.

- 2.3 There have also been significant temporary changes in the arrangements for discharge and continuing healthcare (CHC) from government guidance, which sets out requirements for health and social care commissioners social care commissioners (including CCGs and Local Authorities).

- *Patients must not remain in an NHS bed – unless required.*
- *Based on these criteria, acute and community hospitals must discharge all patients as soon as they are clinically safe to do so*

- 2.3 On the 15th April the Government published further guidance in the form of their action plan for adult social care in England which sets out their approach for all settings and contexts in which people receive adult social care. The Plan includes the Government's approach to:

- Controlling the spread of infection in care settings
- Supporting the workforce
- Supporting independence, supporting people at the end of their lives, and responding to individual needs
- Supporting local authorities and the providers of care

## 3. ADULT SOCIAL CARE APPROACH

- 3.1 The approach taken in Adult Social Care has been centred around a whole systems approach and is built around the partnership working arrangements in place between the VCS, Health and independent providers within the District. Adult Social Care adapted these arrangements to work alongside our COVID-19 emergency Command Structures at a District and Organisational level with the aim to ensure we responded to the expectations and duties set out in the Coronavirus Act and related guidance notes.

- 3.2 The approach put in place has allowed the Department to ensure that all partners have been involved in service planning and implementation at the right levels from the outset of our

emergency response and have enabled us to:

- Review and update work flow and working arrangements across the Health and Social Care system in line with the policy guidance set out by central government, while ensuring Adult Social Care Teams were mobilised to support a support seven day a week working to ensure continued support for customers.
- Have a strength based discussion with those who are currently receiving Social Care support to ensure their needs were being met and where required working with them to develop appropriate alternatives.
- Ensure that Carers were supported and that support measures were in place to provide them with additional support
- Develop a coordinated approach to meeting PPE requirements for Council services and independent providers.
- Provide data and intelligence on infections, outbreaks and deaths
- Put in place robust infection control support arrangements to Council and independent services enabling them to manage safety, containment and reduce the risk of spread of infection
- Strengthen partnership working and revised hospital discharge processes
- Implement a detailed Care Home support plan, which includes:
  - *Regular testing support*
  - *Guidance and support for IPC and specific agreement for no suspected or confirmed COVID-19 cases to be discharged to care homes without infection (short terms beds will be used where required)*
  - *Assurance before discharges to care homes that 14-day isolation period can be managed safely*
  - *PPE support*
  - *Named contract officer/liaison*
  - *Financial sustainability*
  - *Close working with health partners*
- Ensure that contact was made with individuals on the Clinically Extremely Vulnerable Shielding list to ensure their additional support needs were identified and met.

#### 4. KEY INTERVENTIONS AND DEVELOPMENTS

4.1 Appendix 1 provides a detail overview of activity overseen and delivered by the department over the last three months, however key developments are summarised below:

#### 4.2 SUPPORT TO CARE PROVIDERS

In response to COVID- 19, the Commissioning Team put in place new systems and procedures to **support all independent sector care providers** across the Bradford District, to ensure they had access to enough support and guidance to deal with COVID-19. This included support across both statutory services and non-statutory services to over 500 providers we commission services from.

- From the outset clear **communication lines** were established with providers and system partners such as Bradford District and Craven Clinical Commissioning Group (CCG), through a number of routes, which included:
  - **3 calls per week**, with the Bradford Care Association (BCA), Voluntary and community representatives, the CCG and the Council's communications team, as well the officers

*from the commissioning team, to pick up urgent services issues that needed addressing or escalating.*

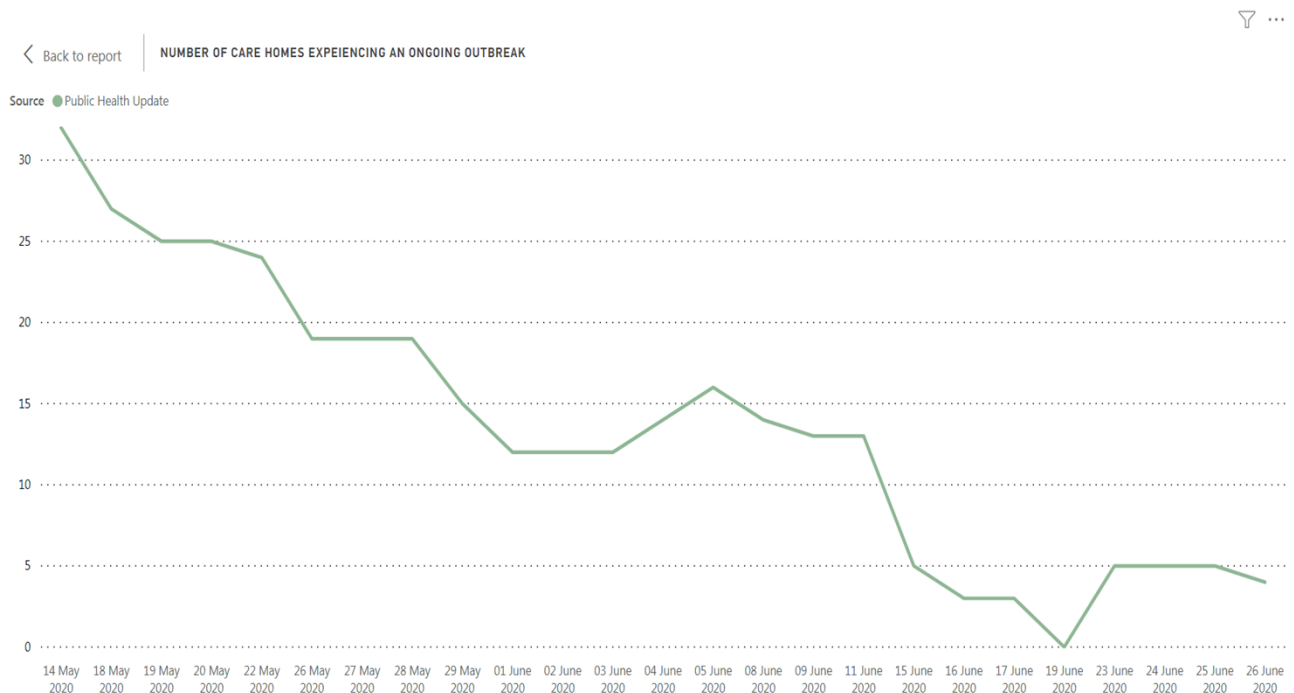
- *A **provider bulletin** was established three times a week (now down to two), setting out government guidance, providing updates on the changes in services, sharing practice and signposting to other services and resources.*
  - *A **Provider Portal** was developed, on a web-based system called Connect to Support, where the bulletins, guidance and other associated documents are stored to ensure they were and remain accessible for providers*
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- Resources were re-directed to support providers through the distribution of PPE, dissemination of information, sign-posting and workforce issues with staff self-isolating.
  - A **Service Update System (SUS)** was developed by the department and rolled out to all providers. This allowed officers to monitor the current status of services through a RAG system where Providers could flag if they needed support
  - Contact was made with providers to make them aware of those they support on the **shielded list** and the need to ensure they used appropriate PPE. Support was also provided to providers to access food supplies, priority access to supermarkets and taxi services for care workers attending work.
  - As part of the Care Homes Action Plan, each Care Home was assigned a Liaison officer as a single point of contact for comms and coordination of support activity, playing a significant role in promoting good and safe practice in care settings, while also facilitating effective and appropriate mechanisms for escalation of risks
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- A number of measures were put in place to support providers on **financial challenges** arising from COVID-19, which ranged from rising costs, around PPE and staffing, to managing the reductions in placements, also known as voids, as a result of reductions in placements and mortality. These included:
    - In April, a contingency payment was made to providers; Based on spend over a seven-week period of care delivered by each provider, 10% was allocated to care homes and home support and 5% to supported living and extra providers. This was to help with costs associated with PPE and staffing etc.
    - The **Infection Prevention Control grant** of £5.3m provided by central government in May enabled the Council to allocate 75% to all care homes and allocate the remaining 25% to home care, supported living and extra care providers
    - A **voids scheme** to promote provider sustainability by making a grant contribution, equivalent to 80% of the base rate, towards the cost of voids resulting from any reduction in Council-funded placements between Monday 23 March 2020 and Sunday 28 June 2020.
  - System changes were implemented that enabled providers to be paid on a scheduled basis that resulted in faster and regular payments to providers during the lockdown period.
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- **Testing for all care home staff or family members with symptoms of COVID-19** was first made available to all our care homes across the district on 12 April 2020. Initially access to testing was limited to the national test centre in Leeds whilst the local test site was being mobilised. The Marley Fields satellite test centre was made available to all symptomatic staff/family members from 16 April 2020 and a dedicated officer was appointed to oversee the referral programme, with a focus on the provision of advice to individual care homes on access for priority testing and the management of the return to work process key workers who were required to isolate in line with government advice.

The approach implemented has allowed us to track progress, target noncompliance and refine our priority actions based on the data.

- A rolling programme of “**re-testing**” of all staff within care homes regardless of whether they display symptoms or not is now offered to all care homes across the district and is being actively accessed. Since the establishment of local testing arrangements, over 6000 tests have been undertaken via this arrangement with 95% being within adult and learning disability care homes and an average of 200 swabs per day are now being routinely performed.
- A temporary “**Staff Bank**” was established to support the independent sector with staffing capacity issues. The Council’s in-house Skills House service are responsible for recruiting, training and deploying new trainee care workers to support independent providers and the Council in house care services.

### 4.3 CARE HOME INFECTIONS

There are currently 116 care homes (source: care home weekly updates) with approximately 4,000 residents within Bradford District. Care homes are contacted by the Public Health Infection Prevention Team to understand COVID-19 activity in care homes. The chart below shows summarises COVID-19 activity within these care homes. As of 26th of June 4 care homes are reporting either a confirmed or suspected outbreak of COVID-19, this s down from 32 homes on 14th May.



#### **4.4 SUPPORT TO RECEIPIENTS OF FUNDED SOCIAL CARE**

On 30th March 2020, a **contribution holiday** was put in place for all residents who received funded adult social care services in their own home or a community setting. The contribution holiday was put in place to help support people financially during the period of the COVID-19 lockdown and to help manage the impact of anticipated high level of disruption to adult social care services across the district. As services start to stabilise and the lock down restrictions are eased, this policy will come to an end on 6<sup>th</sup> July 2020 for everyone other than those with a day care service due to building based day service not being able to resume services by 6<sup>th</sup> July 2020.

#### **4.5 COUNCIL MANAGED CARE HOMES**

- The COVID-19 policy paper 'Out action plan for adult social care' outlined the requirement for local authorities to have **alternative local provisions in place that could be used in the case of an outbreak** of infection in a care home, or to be used if appropriate isolation/cohorted care is not available with a local care provider. The local authority care homes have, and are providing this service for people who have had COVID-19 and are still infectious, discharged from hospital or are recovering from COVID-19. The service has separate suites within all the care homes, including the specialist dementia service units.
- The Operating Model for the LA care homes includes staff teams who support the people within suites and all guidance on infection prevention has been adhered to.
- The service has provided end of life care for people, and short term assessment, in line with the service provision, pre-COVID emergency.
- The local authority care homes have the telemedicine within the service, have doctors, nurses and therapists supporting residents and this has been enhanced during the COVID emergency.
- If a person requires access to nursing care this has been provided by registered nursing homes, provided by independent providers, or hospices for specialist end of life care.

#### **4.6 DISABILITIES**

- The **provision of equipment** from BACES, and OT assessments, have continued through the COVID emergency; home visits have been risk assessed with the person and have taken place with infection control procedures followed.
- The support available to people with physical disabilities has been the same as older people, the S provided short term home support or enhanced home support to support people to remain at home and to support their carers. Carers have been offered respite from caring when they have been under significant pressure , in some cases this has meant that the cared for person has had a stay in 24 hour care .
- Delivery of services to residents in the district who are **Deaf, visually or hearing impaired or deafblind** have continued during the lockdown period. Case work and professional support is ongoing and contact has been made via phone or video call with hundreds of people known to the Sensory Needs Service to establish if they need any specific support due to the COVID-19 situation.
  - *The service has made regular **welfare calls** with people identified as at risk of becoming isolated and/or in potential need of practical support during the pandemic.*
  - ***Morley Street** has opened each week so that equipment could be picked up.*

- *The Deaf independence project have kept in touch with people on a regular basis and the provision of **interpreting (signing)** has continued, either by using technology or in person, where this has been essential.*
- *People registered as being **visually impaired** have also been kept in contact with, these people have not been classed as being shielded and have, therefore, not had priority for shopping deliveries. Shopping for visually impairment has been a challenge and support and advice has been provided.*

#### 4.7 HEALTH AND SOCIAL CARE SYSTEM

- Strengthened **partnership working and revised hospital discharge** processes to ensure the safe discharge of patients via pathways from hospitals to the most appropriate community setting, while ensuring arrangements were in place for those patients who need temporary admission to residential or nursing care during the COVID-19.
- An out of hospital virtual multidisciplinary team was established to support people with complex needs being discharged from hospital or experiencing a crisis at home , the team made contact twice a day to coordinate a response for the person and their carer.

#### 4.8 CARER SUPPORT

- The Carers resource contracted services, including carer navigators in the hospital, have worked with the local authority and other partners to support carers at a very difficult time during the emergency.
- As part of the COVID-19 **Hospital discharge requirements**, Social Workers have supported carers whose loved ones have been transferred into care homes.
- The VCS (Bradford Talking Media) have supported people with computers so they can stay in touch with their loved ones remotely – this has been very much appreciated.
- The Dementia Strategy group members, such as the Alzheimer’s organisation, have offered **advice, resources and support** to carers of people living with **dementia**.
- For young people with the most **complex disabilities** in transition and adults with learning disabilities the service has applied **the legal principles of the “presumption of necessity”** during the Covid-19 emergency period and responded very flexibly to any requests from carers to use Direct Payments in a different way.
- Additional support for **carer respite** has been provided via **outreach services** from day services or additional home support provision where the usual carer respite has not been able to be provided due to the infection risks.
- The **assessment and support service** (Social Workers and Occupational Therapists) have operated 7 days a week, 8 am to 8 pm in addition to the Access service 8.30 am to 5.00 pm Monday to Friday. Referrals for **carer support/strain** have been prioritised.

#### 4.9 ACCESS

Since the start of the Lockdown, Access has led on wellbeing contact process for the **Clinically Extremely Vulnerable People (CEV)** who have been advised to Shield – (26,483). The team have spoken to 25,029 people on the list. From this group, 94% (23,452) had no support needs, however the team checked their wellbeing and provided assurance. For those that needed support (1,577) we have addressed these either through referrals to:

- *Area Hubs (shopping / dog walking / social isolation etc.)*
- *Parcels Bradford for urgent food need where the person does not have the financial*

*means*

- *Adults / Children's social care where necessary*
- *Advice and Information / Signposting*

#### **4.10 NO RECOURSE TO PUBLIC FUNDS**

- Since the beginning of the pandemic the NRPF Team has seen the **number of referrals** per week increase by 100%. The service has seen cases that would not normally be referred to them such as individuals and families with **NRPF** who have lost their jobs due to non-essential businesses' closing. Most single adults with no recourse to public funds presenting as destitute are not in need of care and support, so the Care Act powers and duty will not usually apply.
- Provided support with accommodation and subsistence to all individuals who have become **destitute** as a result of the coronavirus crisis.
- The team has also seen an increase in the number of referrals for victims of **domestic abuse and honour based violence**.

#### **4.11 LEARNING DISABILITIES**

- The team have started work on developing an **engagement strategy for Day opportunities**. The strategy will aim to develop a better understanding of people's chosen communities and support them to be active participants. The strategy will also set out our ambition and approach to listen to people and their families to understand their strengths to promote their wellbeing, self-care and independence.
- Contact has been made with service users regards their **care arrangements and any contingency plans** that they have in place and how the service may assist them in minimising risk in partnership with family members/carers/ care providers.
- The team has worked with the VCS to distribute 300 state-of-the-art tablets and scores of internet dongles distributed to locked-down people enabling them to engage with friends and set up get-togethers on virtual meeting platforms, while also allowing Key workers to see people directly and speak to them using the tablet.

#### **4.12 TRANSITION**

- The Transitions team have made **contact weekly with all 264 disabled children and young people** and their families to check they were safe and well during the lockdown. The conversation was centred around their wellbeing including understanding the impact of the trauma of the Pandemic.
- The Service has provided enhanced **support for the 33 children and young people who have to be "shielded"** as they are clinically extremely vulnerable to COVID-19 including checking that the families had sufficient PPE, groceries and medical supplies.

#### **4.13 CARE ACT EASEMENT**

- On the 31st March, The Coronavirus Act 2020 made provisions under Schedule 12 of the Act for Local Authorities to ease some of their statutory duties under the Care Act 2014, the 'Care Act Easements'. The effect of these provisions is to remove the Council's legal duty to comply with specific statutory duties and to modify other provisions of the Care Act, except in order to avoid a breach of human rights.



- ASC worked diligently together with the council's legal services, seeking guidance from council's counsel to develop a robust policy and framework for enacting any easements, making the process lawful, ensuring that frontline practice is compliant with the Act. To date no Care Act easements have been enacted, ASC have been able to manage the increased demand placed on the service through the work of council officers and services

#### 4.14 **FACE COVERINGS**

- Adult Social Care Transformation and Business Support team is currently working with colleagues in the VCS to **coordinate the comms** on raising awareness/use and the logistics for **production and distribution** of face coverings.
- In terms of comms we are focusing on the following key messages:
  - *Who should wear a face covering*
  - *When to wear a face covering*
  - *How to make a face covering*
  - *How to wear a face covering*
  - *Calls to arms for volunteers to make face coverings*
- Our approach on the production and distribution of face coverings builds on the existing work undertaken by community groups. We are supporting the VCS by coordinating the procurement of materials, identifying key vulnerable groups, while freeing up VCS partners to organise sewers and distribution.

#### 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.

#### 7. **LEGAL APPRAISAL**

There are no specific legal implications arising from this report although section 2.1 of this report summarises the specific COVID-19 related legislation that has been enacted, which has required implementation across Adult Social Care Services.

## **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

### **9.1 RECCOMENDATIONS**

That members note and provide feedback on the actions taken by Department of Health and Wellbeing - Adult Social Care Service in response to Covid-19.

## **10. APPENDICES**

1. Activity undertaken by Adult Social Care
2. Care Home Action Plan

## Appendix 1: Activity undertaken by Adult Social Care.

<b>1.</b>	<b>LEARNING DISABILITIES</b>
<b>1.1</b>	<b>First response</b>
	<p>We pulled data which included services users:</p> <ul style="list-style-type: none"> <li>• With current social work input</li> <li>• With support but no active social work</li> <li>• Known to services with no support</li> </ul> <p>Contact made with all service users regarding their care arrangements and any contingency plans that they have in place and how we may assist them in minimising risk in partnership with family members/carers/ care providers. Staff continue to contact the service users dependant on what is deemed appropriate. For some people this is daily, for others weekly and for some people who are receiving ongoing support from families and providers and other professionals there are bespoke arrangements.</p>
<b>1.2</b>	<b>Tablet Project</b>
	<p>Hundreds of vulnerable and isolated <a href="#">Bradford</a> residents have been given a vital digital lifeline thanks to a district wide charity fundraising effort.</p> <p>This week saw 300 state-of-the-art tablets and scores of internet dongles distributed across the Bradford district to locked-down people who otherwise would have no way of communicating with the outside world.</p> <p>The devices enabled recipients to access up-to-date news about Covid 19, engage with friends and set up get-togethers on virtual meeting platforms. Key workers will also be able to see people directly and speak to them using the tablet.</p>
<b>1.3</b>	<b>SORM</b>
	<p>CTLD team have worked closely with SORM (the School of Rock and Media) (The studio works with young people and people with disabilities) in recognition of the additional challenges people with disabilities will face during COVID-19. This has resulted in virtual Feel Good Friday videos and a celebratory Eid video:</p> <p><a href="https://twitter.com/sormstudio">https://twitter.com/sormstudio</a></p>
<b>1.4</b>	<b>Easter Project- PFA team</b>
	<p>The Easter Project was a fundraising project to make Easter wellbeing packs for the young people we work with. We raised over £400 and had donations of Easter eggs from lots of organisations such as Morrison's, local charities and individuals in our own communities. We sent these to approx. 150 young people. The packs contained;</p> <ul style="list-style-type: none"> <li>• <i>Some sweets and chocolate to eat whilst watching your favourite TV show or film!</i></li> <li>• <i>A game or puzzle for you and your parents/carers to do to keep busy!</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>A home baking kit so you can make some nice treats during lockdown!</i></li> <li>• <i>A face mask or bath bomb so you can pamper yourself!</i></li> </ul>
<b>1.5</b>	<b>Eid project</b>
	<p>More fundraising by PfA and CTLD this time about £160 and we had some left from the last one. These went out to 80 young people and adults working with both teams! Again we had donations from AlHikmah Charity and from NEET.</p> <p>So we wanted to do something different for the young people and families we serve that are celebrating Eid this year. A small token from us to them to show they are in our thoughts and to spread love to one another. The packs contained; sunflower seeds and soil so our families could nurture and grow something beautiful at home. A DIY magnet so they could make a keepsake from their celebrations. A Tasbih to guide our families in prayer and a handmade personalised biscuit as the gift of food is a strong tradition across Muslim cultures. These were put together from a mix of donations from the local community, fundraising by the team and support from one of our local Mosques. Making these packs also helped us as a team. Get out together, see people and reconnect with the communities we serve. Ramadan is a period of reflection and this small piece of work has helped us reflect on what being a social worker is.</p>
<b>1.6</b>	<b>Day opportunities</b>
	<p>The pandemic has forced us to offer alternatives to the usual day opportunities and for many people this appears to have met better outcomes than transition approaches. As restrictions ease we are aware that things will never be the same. We have started to develop an engagement strategy.</p> <p>The strategy will seek to cover:</p> <ul style="list-style-type: none"> <li>• Better understand people's chosen communities and support them to be active participants</li> <li>• Listen to people and their families and understood that they have a range of skills and contributions to make. For example, this might include being a good neighbour, volunteer, worker, consumer, student or friend</li> <li>• Listen to people and their families as we have learnt that some people value established services but others are seeking a very different style of support based in their communities</li> <li>• Work with peoples strengths to promote their wellbeing, self-care and independence with support appropriate to their needs that enables them to access and contribute to a wide range of activities and roles</li> <li>• Develop a diverse range of community options across the district that will take in consideration safety and restrictions</li> </ul> <p>We are working in partnership with commissioners to provide them with the information from surveys so that may better equip them in terms of discussions regarding contractual arrangements with providers.</p>
<b>2.</b>	<b>TRANSITIONS</b>
	<ul style="list-style-type: none"> <li>• Transitions have made contact weekly with all 264 disabled children and young people and their families to check they were safe and well during the lockdown. The conversation was centred on their wellbeing including understanding the impact of the trauma of the Pandemic.</li> </ul>

- Enhanced support for the 33 children and young people who have to be “shielded” as they are clinically extremely vulnerable to COVID-19 including checking that the families had sufficient PPE, groceries and medical supplies.
- Over Easter the team did community fundraising and raised enough money to put together safe and well at home Easter Celebration packs for 200 families, these included an Easter Egg, crafts and things to do, a baking kit to make buns with mum or dad. The team delivered these and used the opportunity to have a doorstep conversation with the young person and mum to check on their wellbeing.
- For Eid the team did community fundraising and raised enough money to put together Eid gift packs for 100 families, these included a sunflower seed and a tub with compost so the family could nurture and grow a flower, crafts and things to do, sweets and a set of Islamic prayer beads. The team delivered these and used the opportunity to have a doorstep conversation with the young person and mum to check on their wellbeing.
- Working with Bradford Talking Media, community fundraising allowed the Team to provided 360 people, including young people in Transitions, with a tablet notebook so that they could keep in contact with friends and not become socially isolated.
- Working with the School of Rock and Media, Transitions offered school leavers an online music learning hub, which produced Feel Good Friday videos each week, which were shared via Facebook. The videos had between 1k and 3.5k views each.

### 3. SENSORY NEEDS

- Morley Street has opened each week so that equipment could be picked up or batteries provided.
- The Deaf independence project have kept in touch with people on a regular basis and the provision of interpreting (signing) has continued, either by using technology or in person, where this has been essential.
- People registered as being visually impaired have also been kept in contact with, these people have not been classed as being shielded and have, therefore, not had priority for shopping deliveries. Shopping for visually impairment has been a challenge and support and advice has been provided.
- Continue to deliver our services to residents in the district who are Deaf, visually or hearing impaired or deafblind. Case work and professional support is ongoing and we have also been in phone or video call contact with hundreds of people known to the Sensory Needs Service to establish if they need any specific support due to the COVID-19 situation. We continue to do regular welfare calls with people identified as at risk of becoming isolated and/or in potential need of practical support during the pandemic.
- Continue to run our usual daily duty services via telephone or video calling.
- Throughout the pandemic we have undertaken essential home visits and now, with the greater availability of PPE, are widening the definition of ‘essential’. We have arranged for assistive equipment to be sent out or dropped off to people who need it urgently in order to prevent, reduce or delay a need for paid for services. Some of this work has been in conjunction with the RNIB as one of their COVID-19 service adaptations is to send items direct to our clients.
- The Deaf Independence Project (DIP) who support Deaf people with additional needs have moved their group and one-to-one work onto video calls via WhatsApp. This has ensured a vulnerable client group have been supported to access important information and remain safe. Regular contact by the DIP staff has helped to reduce social isolation and enabled some people to become more confident with technology and social media.
- Our British Sign Language (BSL) interpreting service is operating via video calling, with the team using multiple video calling platforms depending on the organisation booking the appointment e.g. many NHS jobs are booked through MS Teams or Attend Everywhere. The BSL Interpreting Team have created video instructions for their clients who are generally using these platforms for the first time to ‘attend’ appointments.
- In collaboration with our partner organisation Hi Vis UK and several sight loss charities, we have sent out a pack of useful information to everyone on the Visual Impairment and Deafblind local authority registers and have worked with the RNIB to enable the availability of alternative formats such as audio USB sticks, CDs and Braille.

	<ul style="list-style-type: none"> <li>Deaf staff have circulated up to date information about COVID-19 in a range of formats including BSL, making it accessible to the Deaf community in their first language which is British Sign Language (BSL).</li> <li>Supported a final year MA social work student successfully complete her placement whilst working at home and undertaking assessments and follow up work by phone.</li> <li>Going forward, it would be beneficial to see more video calling platforms available to use so that our service can deliver even better quality services now that so much of our work is via video. WhatsApp has limitations – we need platforms that enable having one participant to be full screen in any size of meeting so it is easier to read the signs, facial expressions and eye movements required for communicating in sign language.</li> </ul>
<b>4.</b>	<b>COMMISSIONING AND INTEGRATION</b>
	In response to COVID- 19, the Commissioning Team worked quickly over seven days a week to put in place new systems and procedures to support all independent sector care providers across the Bradford District, to ensure they had access to enough support and guidance to deal with COVID-19. This included support across both statutory services and non-statutory services to over 500 providers we commission services from.
<b>4.1</b>	<b>Communications</b>
	<ul style="list-style-type: none"> <li>From the outset clear communication lines were established with providers and system partners such as Bradford District and Craven Clinical Commissioning Group (CCG), through a number of routes. This included calls three times a week, with the Bradford Care Association (BCA), Voluntary and community representatives, the CCG and the Council’s communications team, as well the officers from the commissioning team, to pick up urgent services issues that needed addressing or escalating. A provider bulletin was also established three times a week (now down to two), setting out government guidance, providing updates on the changes in services, sharing practice and signposting to other services and resources. A Provider Portal was developed, on a web-based system called Connect to Support, where the bulletins, guidance and other associated documents are stored to ensure they were and remain accessible for providers.</li> <li>As part of the system wide approach, calls three times a week with colleagues from health, BCA and Council take place, to look at system wide approaches to supporting providers. This has enabled new ways of working and facilitated additional specialist support to care providers including roll out of diagnostic equipment provision, for example. Commissioning’s engagement in these meetings allowed a consistent approach to provider contact and allowed communications to be directed centrally through the provider bulletins. This central approach was welcomed by Providers, who reported a significant volume of contact and documentation sharing.</li> <li>A weekly forum for providers is attended by the Commissioning team where operational issues are discussed. A joint care home and home care provider forum was hosted by the Council and providers in May and June</li> </ul>
<b>4.2</b>	<b>Provider support</b>
	<ul style="list-style-type: none"> <li>At the beginning of the pandemic, there was a need to respond quickly to new or unforeseen issues. New systems were set up and resources were re-directed to support the distribution of PPE, dissemination of information, sign-posting and workforce issues with staff self-isolating.</li> <li>A Service Update System (SUS) was developed by the department and rolled out to all providers. This allowed officers to monitor the current status of services through a RAG system where Providers could flag if they needed support. Managers and officers were</li> </ul>

allocated specific services and provided a key point of contact for providers. These systems and the Commissioning Inbox are checked by Officers throughout the day. Cover over seven days a week was provided by the team at the peak of the pandemic, to respond to issues raised by providers through the inbox and through SUS and the NHS Capacity Tracker. Care homes have implemented the NHS Capacity Tracker system which incorporates business continuity risk alerts, infection control and staffing issues, and bed occupancy levels.

- The team worked to contact providers to make them aware of those they support on the shielded list and the need to ensure they used appropriate PPE.
- The team supported care providers to access food supplies, priority access to supermarkets and taxi services for care workers attending work.
- As part of the response to Care Homes Action Plan, Care Home Liaison Officer roles were created in the team, with each Care Home having an officer designated to that offered a single point of contact who they could speak to regularly. The role provided a named link that offered proactive, as well as reactive responses. They:
  - Supported effective partnership working between the Council, Care Homes and Health Services and Commissioners
  - Provided a point of contact for providers into the local authority (and/or partners as agreed)
  - Provided information and signposting on where to find advice and guidance on a range of issues such as PPE, testing, co-horting of staff teams etc.
  - Played a role in promoting good and safe practice in care settings in line with the Adult Social Care Action Plan.
  - Facilitated effective and appropriate mechanisms for escalation of risks
  - To support this work a dashboard was developed to capture the RAG identified from the NHS Capacity tracker and intelligence gathered on a regular basis through the dashboard (quantitative) and the Care Home Liaison Officer (qualitative) to ensure a targeted response. Scripts were developed around key operational challenges, such as PPE, testing and discharge processes. An existing weekly forum for providers is used to discuss issues relating to safeguarding, MCA, and DoLS.
  - In relation to home support, each provider had an allocated Officer who provided regular one to one contact, along with supporting them to meet demand for services, liaising with our colleagues in-house, the BEST enablement and support options to ensure peoples care needs could be met.
  - Supported Living and Day Care services were monitored in the same way as the services above, using the SUS and allocated officers responding to provider queries/questions.
  - Early on in the pandemic the message from the government was to avoid large groups and travel only when essential, therefore prior to lockdown, the Council contacted Day Care services and within four days had ensured all Day Services buildings were closed and Providers were offered support to keep people away from the building base. Contact was also made with Supported Living providers to make them aware of the need to cease building based Day Services whilst the country manoeuvred its way through the severest impact of COVID 19. We encouraged Day Services to continue to offer support ideally in service user homes where possible, and wanted by the service users.
  - We commission a wide range of Voluntary and Community Groups (VCS) to deliver a wide range of services; this includes housing related support, support to carers, support to people with dementia and a number of day opportunity projects. These services are monitored through the SUS daily and had a designated officer.
  - The Support Options team, who place packages with the independent providers, process direct payments and register Personal Assistants (PA's), introduced a number of new systems in response to COVID 19. A fast track process was put in place for people

wanting a direct payment (DP) and where required, increases to current DPs were also approved. The process for obtaining a PA was reviewed to allow family members in the same house to provide care.

### 4.3 Testing

During the early stages of the response to the COVID-19 pandemic in early April 2020, demand for testing was significant and access to national testing programmes was unfortunately very challenging and did not offer the level of granular detail that enabled targeted remedial actions. In addition to logistical challenges, the changes to both scope and eligibility for national testing has changed at a fast pace, requiring a quick response and deployment of alternatives at a local level to meet local needs.

With strong CCG leadership and input from our Director of Public Health, a very robust local offer for care home staff testing was established via the satellite testing centre at Marley Stadium in Keighley. The offer compliments the national programme and continues to prove both effective and efficient, but more importantly allows us to track progress, target non-compliance and refine our priority actions based on the data. There are some risks with the limited capacity of testing available outside of the national programme; however, officers from within the Council and Public Health are managing this through regular conversations and effective collaborative working arrangements to ensure that tests are offered to those most in need.

A rolling programme of “re-testing” of all staff within care homes regardless of whether they display symptoms or not is now offered to all care homes across the district and is being actively accessed. Since the establishment of local testing arrangements, over 6000 tests have been undertaken via this arrangement with 95% being within adult and learning disability care homes and an average of 200 swabs per day are now being routinely performed.

Whilst the national programme for testing has stabilised over recent weeks as part of the “scaling up” process, systematic/regular re-testing for residents continues to be challenging and the Council would welcome a further increase in the national testing capacity to address this. The care home action plan provides more detail on the priority actions agreed and implemented however a summary chronology of key activities and timeline of interventions is set out further as follows:-

#### Early Emergency Response

Testing for all care home staff or family members with symptoms of COVID-19 was first made available to all our care homes across the district on 12 April 2020. Initially access to testing was limited to the national test centre in Leeds whilst the local test site was being mobilised. The Marley Fields satellite test centre was made available to all symptomatic staff/family members from 16 April 2020 and a dedicated officer was appointed to oversee the referral programme, with a focus on the provision of advice to individual care homes on access for priority testing and the management of the return to work process key workers who were required to isolate in line with government advice. Detailed guidance was developed and communicated using the whole system approach referred to previously in this report.

#### Care Home Action Plan – Phase 1 – 1-6 weeks

Testing for all care home staff regardless of whether they were displaying symptoms was announced by the Government on 28 April. Supporting guidance issued immediately following the announcement was limited and confirmed that the process was to be led by the Care



Quality Commission and further guidance would be issued following testing of pilot arrangements at a national level. The Council immediately responded by mirroring the national pilots at a local level via the Marley test centre during week commencing 4 May, with a primary focus of reducing the potential for infection and understanding the overall workforce position at a particular point in time.

Following a number of successful pilots, the whole scale testing of all key workers in care homes has been available since 11 May and a central testing co-ordination team was established within the Council to ensure the continuation of a 7-day priority testing referral service.

Key activities undertaken by the central co-ordination team includes the following:-

- On-going development and communication of local level guidance aligned to national advice and testing frameworks
- Process daily priority referrals to Marley Fields test centre as part of wider IPC approaches.
- Data collection and reporting via whole system approach
- Support for Phase 1 (1-6 weeks), co-ordination of full testing of staff via local offer and provision of advice for access to residents testing.
- Support for Phase 2 (6-10 weeks' **current phase**): Development and co-ordination of 3 weekly rolling programme of testing for all care home staff including development of guidance and processes flexible enough to meet operational demands in care homes enabling a better understanding of the need for cohorts in isolation and in units/wings etc.
- Bespoke advice on the appropriate use of testing as part of ICP processes and management of workforce issues
- Proactively using the Council's SAP recording system to identify isolating key workers and offering bespoke advice to managers for priority referral for testing.

As we move towards Phase 3 (10-12 weeks) recovery, further detailed guidance is being developed to promote the offer of regular and systematic testing of staff and further simplify the key messages and scope of testing and the development of track and trace plans. At a national level, there are now a number of additional testing sites across the district including a mobile testing unit located in the centre of Bradford which will support local need and discussions are taking place around how the Council might continue to support referrals in this area.

#### 4.4 Staffing for care providers

- The Council was aware of the challenges faced by the independent care sector in maintaining safe staffing levels during this time, with reduced capacity due to self-isolation and increased sickness and awareness of the infection prevention and control advice regarding minimising of staff that work across multiple locations.
- In order to support the independent sector with these staffing issues the Council established a temporary "Staff Bank". Our in-house Skills House service are responsible for recruiting and training new trainee care workers to support independent providers and the Council in house care services. Skills House will meet staffing needs identified by providers by deploying bank staff

<p><b>4.5</b></p>	<p><b>Financial Stability and Support</b></p>
	<p>There were many financial issues that impacted on providers as a result of COVID-19. This ranged from rising costs, around PPE and staffing, to managing the reductions in placements, also known as voids, as a result of reductions in placements and mortality. It was clear early on that the Council needed to ensure that providers had sufficient cash-flow to ensure services could continue to be delivered and care markets sustained. The following measures were put in place:</p> <p>In April, a contingency payment was made to providers; Based on spend over a seven-week period of care delivered by each provider, 10% was allocated to care homes and home support and 5% to supported living and extra providers. This was to help with costs associated with PPE and staffing etc.</p> <p>The Infection Prevention Control grant of £5.3m provided by central government in May enabled the Council to allocate 75% to all care homes and allocate the remaining 25% to home care, supported living and extra care providers</p> <p>A voids scheme to promote provider sustainability by making a grant contribution, equivalent to 80% of the base rate, towards the cost of voids resulting from any reduction in Council-funded placements between Monday 23 March 2020 and Sunday 28 June 2020.</p> <p>If providers were not able to deliver the planned level of service due to COVID-19 related issues, payment for the “frustrated service” has been made to the provider as if the service had been delivered. Where the person being supported no longer wanted to receive a service or wanted to suspend the service due to self-isolation, providers were asked to make contact with the Access Team to advise them of the situation. A social worker was then tasked with checking the individuals assessed needs and the impact of the service being suspended or ended.</p> <p>The Council has continued to pay day-care providers that have not been able to deliver a building based service. Some day-care providers have been able to deliver a different level of support to people in emergency situations by deploying their workforce differently.</p> <p>Providers were asked to consider if the planned service could be arranged differently and if so to approach the social work teams to approve amendments or variations accordingly so changes to the planned level of service could be recorded and payment adjusted.</p>
<p><b>4.5</b></p>	<p><b>Provider Payments</b></p>
	<ul style="list-style-type: none"> <li>• Information was sent out to all providers at the start of Coved- 19 confirming provider payments would remain one of the highest priorities for both the Council and the CCG, with resources deployed to help manage provider payments and other key areas.</li> <li>• Prior to COVID-19 provider payments were only processed once providers had submitted completed payment claim forms that declared variations to commissioned/planned service. System changes were implemented that enabled providers to be paid on a scheduled basis that resulted in faster and regular payments to providers during the lockdown period. Provider were still required to submit competed PCF’s so the Council was able to input service variations but delays returning them did not delay payments being made.</li> </ul>

	<ul style="list-style-type: none"> <li>• Electronic Payment Claim Forms (PCF's) were produced to make it easier for providers to share information with the Council about variations to the commissioned/planned levels of service delivery. Contact numbers and email addresses were confirmed so providers were clear who to contact for specific queries during COVID-19.</li> </ul>
<b>4.6</b>	<b>Contributions</b>
	<ul style="list-style-type: none"> <li>• Social care support in the community is means tested and people in receipt of social care services in the community like home support, respite services, supported living and day time opportunities are normally required to contribute to the cost of their services. However, on the 30th March 2020, Bradford Council offered a payment holiday to all residents who received funded adult social care services in their own home or a community setting. The contribution holiday was put in place to help support people financially during the period of the COVID-19 lockdown and to help manage the impact of anticipated high level of disruption to adult social care services across the district.</li> <li>• On the 23<sup>rd</sup> June 2020 the Council issued a further press statement advising that the contribution holiday would end on the 5th July 2020, with contributions being due from the 6<sup>th</sup> July 2020. The contribution holiday had been in place for 14 weeks and in that time disruption to services had stabilised and the lockdown restrictions locally were starting to come to an end. The Council's adult social care services delivered in people own homes and community settings were beginning to return towards normal levels of service. Only those with a day care service (and no other funded support package) would continue to have a payment holiday given that building based day services had not been able to resume by the 6th July 2020.</li> </ul>
<b>5.</b>	<b>PRINCIPAL SOCIAL WORKER - CARE ACT EASEMENT</b>
	<ul style="list-style-type: none"> <li>• On the 31st March, The Coronavirus Act 2020 made provisions under Schedule 12 of the Act for Local Authorities to ease some of their statutory duties under the Care Act 2014, the 'Care Act Easements'. The effect of these provisions is to remove the Council's legal duty to comply with specific statutory duties and to modify other provisions of the Care Act, except in order to avoid a breach of human rights.</li> <li>• ASC worked diligently together with the council's legal services, seeking guidance from council's counsel to develop a robust policy and framework for enacting any easements, making the process lawful, ensuring that frontline practice is compliant with the Act. To date no Care Act easements have been enacted, ASC have been able to manage the increased demand placed on the service through the work of council officers and services</li> <li>• Alongside the Easements, ASC established an Ethical framework and panel of senior staff members to provide support to frontline practitioners around any challenging decisions required under the Care Act Easements. Supporting staff in redirecting resources where they are most needed and to prioritise individual care needs. This Ethical panel ensures that these types of decisions are given due consideration of any potential harm that might be suffered, and that the needs of all individuals, are always central to decision-making.</li> </ul>

- As we move towards the recovery and reconstruction phase into the 'new normal' ASC are using the learning opportunity to support frontline staff with difficult decisions through the Risk Enablement Panel.

## 6. ACCESS

- Flexible and creative in ways of working – Setting up large team of staff to WFH, equipment, Mitel phones, laptops etc. Access staff adapting to WFH as not ever been done. AIA staff used to working in large team with regular support. Creative around have two duty workers available for regular guidance/ advice. Extensive management support required. X2 Access TM's increasing their hours to full time to meet needs of the service
- Access managers have had to take a lead on Shielding work which includes: creating guidance doc/script for staff making calls to shielded; allocation of shielding work alongside day to day Access work; liaising with senior management and community hubs as well as contact centre who were all involved in this work often on a daily basis; ensuring work completed is captured on PowerBi; Monitoring Shielding work and what it entailed on daily basis – amount of calls made, working weekends, making over 26,000 calls, managing volunteers, daily shielding calls, working with other departments. Taken up a lot of management time
- AIA's learning new job – Shielding work and new guidance. Rotas had to be created to ensure we had enough staff to cover shielding work and regular Access work. Inducting/ training new staff – permanent and casual. Recruitment had taken place prior to lockdown – new staff starting and how we have adapted to support these staff members
- Contacts via Access – people cancelling due to COVID. Now increasing again as packages are to restart coming out of lockdown and carers returning to work etc so unable to support Shielding relatives
- Focus continues to be strength based
- 95% plus call answer rate throughout COVID period
- Change to EHAP, home visits etc – this has been managed in a more creative way – supporting staff to do thorough risks assessments on the phone for all urgent/crisis cases frequently coming into Access as well cases meeting EHAP criteria (new cases requesting homecare support)
- Regular updates to team due to all teams changing ways of working plus introduction of new teams and processes such as OOH MDT and HRST. Managers involved in reviewing processes. Weekly staff guidance as unable to do Team Meetings due to large size of our team and more Informal supervision with staff ensuring their emotional wellbeing is discussed as WFH is new concept for our team as stated above