

REPORT FROM THE DIRECTOR OF CHILDREN AND ADULT SERVICES

ADULT SOCIAL CARE

1. Adult Social Care(ASC) has responded proactively to the challenges created by the COVID-19 pandemic since its emergence in early March 2020. We have ensured service users and their families have been supported to remain as safe as possible and have continued to meet their care needs during a fast moving and often complex environment. Care providers have also received the support needed to enable them to continue to provide care under extremely challenging circumstances.
2. Service delivery has been developed, adapted or extended to anticipate and respond to demand. ASC has worked closely with key partners including NHS, police and voluntary sector to mobilise staff and resources to ensure core service functions have been maintained and individuals safeguarded.
3. As we move into the recovery phase, our current service delivery continues to be sustainable and has capacity to flex and respond to changes in demand for services.

Changes to the way we work

4. Within the Coronavirus Act 2020, the government introduced legislation that enabled Local Authorities to make easements to their Care Act duties and responsibilities. Under the Care Act easements, Local Authorities do not have to complete a detailed assessment of people's care and support needs, prepare or review care and support plans and the duty to meet eligible need has been replaced by a power to meet need. It is, however, expected that a Local Authority will take all reasonable steps to meet eligible needs, but if they are unable to do so the power enables them to prioritise those people with the most pressing needs.
5. Before implementing the Care Act easements, a Local Authority is required to demonstrate that they are needed, as a last resort, to manage significant increases in demand and/or staffing shortages.
6. It is a very positive reflection on services, that we have not needed to implement the Care Act easements and have continued to manage demand and deliver Care Act duties throughout this challenging period.
7. ASC has remained fully operational throughout the emergency period. All ASC assessment services, including Mental Health, Learning Disability, Older People, Physical Disability and Reablement teams, have remained open and have continued to deliver services to members of the public as needed. The exception to this is our In House Day Services, which is noted in the section below.
8. The continued delivery of core services that are required to meet care and support needs and keep people safe has remained a key priority throughout the pandemic. ASC teams have maintained a clear focus on ensuring that activity in the following

areas has continued to take place:-

- (a) Care Act Assessments
- (b) Support planning
- (c) Safeguarding
- (d) Crisis intervention
- (e) Hospital discharge
- (f) Carer support
- (g) Deprivation of Liberty assessments
- (h) Mental Health Act assessments
- (i) Advice/Information/Signposting
- (j) Reablement provision
- (k) OT assessment
- (l) Provision of aids and adaptations

9. Staff from across all services have risen to the challenges that COVID has presented in an innovative, supportive and caring manner. Changing circumstances have meant that a great deal of work, both preparatory and reactionary, has occurred in a relatively short period of time to ensure that teams in need of support have received additional capacity. Business Continuity Plans (BCPs) have been refined and regularly updated by all teams throughout lockdown, highlighting responses to staff absence and capacity needs within teams.
10. Pressures on services, including staff absence, have been monitored on a daily basis. Staff from across the Directorate have been temporarily reassigned to different roles to build capacity in priority areas. This has including staff from our in house day service moving into the Reablement team and staff from Business Support taking on new roles to support hospital discharge functions and brokerage. This has led ASC to a position where we are, at present, able to effectively manage workforce capacity in a responsive and considered way.
11. The service has fully complied with social distancing requirements and infection control guidance. The previous roll out of mobile technology to the ASC workforce has enabled all teams to move quickly and safely to working from home, while continuing to support and respond to members of the public.
12. It was important to ensure that staff were able to continue to maintain the core functions of the service, while remaining safe by following infection control measures. A series of protocols and briefings were developed from 22nd March 2020 onwards, that ensured staff were supported to either work from safely from home or from an office base, these included:
 - (a) Working from home protocol
 - (b) COVID 19 home visit procedure
 - (c) Safe system of work protocol
 - (d) COVID 19 discharge planning protocol
 - (e) COVID-19 assessment briefing
13. To support service delivery and enable effective partnership working, some teams have maintained a presence within their office bases, albeit on a smaller foot print than normal. This applies to the Mental Health Team based and West Park Hospital

and RIACT/Reablement, who are co-located with health colleagues at Hundens Lane.

14. Where possible, assessment and support planning activity has taken place remotely via the use of technology. Where face to face contact or home visits have been needed, they have taken place, following risk assessments, consultation with the person and their carers, and with the use of appropriate Personal Protective Equipment (PPE).
15. ASC managers have worked closely with Health & Safety and Public Health colleagues to source, stock and make available PPE for staff to use. To date we have managed to maintain sufficient stocks of PPE. Staff now feel confident and safe when using PPE and additional guidance, including a video demonstration on how to use PPE, has been developed by managers and is available for other council staff to view.
16. The Occupational Therapy Service has been using Facetime, where appropriate, to assist with their assessments and have completed virtual tours in people's homes to enable them to consider and demonstrate appropriate equipment.
17. Members of the public have been understanding and supportive of the changes that we have been required to make and many people have themselves asked for visits not to take place during the emergency period and have preferred contact via the use of telephone or video link.

In house Provider Services

18. Following government guidance in relation to vulnerable groups and the need for identified individuals to shield from the virus, a decision was made to temporarily close our in house Day Opportunities services from the end of March 2020. In making this decision, contact was made with the 73 people who use the service and there has been ongoing proactive engagement with individuals, carers and families since the service closed.
19. Where needed, home based support services have been provided to mitigate the impact of the service being closed. Holicote short break centre has remained open has been able to offer periods of respite to individuals identified by operational staff as requiring additional support. As highlighted earlier the bulk of the Day Service staff have been reassigned to work within the Reablement service.
20. We are currently reviewing the position of our day services and considering options to determine whether it is possible to re-open part of the service and comply with social distancing requirements. As part of this process we will consult with services users and their families before deciding on the most appropriate course of action.

Managing risk of harm during the pandemic

21. In direct response to the COVID 19 developments, the Safeguarding Partnership Board (SSP) has established an interim multi-agency Critical Safeguarding Partnership Group, which is meeting on a weekly basis, to review and monitor safeguarding practice and use of procedures across the town.

22. A rag rating tool for all existing and new cases was developed and introduced on the 18th March 2020. The tool enables services to identify adults who may be especially vulnerable during the pandemic, due to a lack of formal support or as a consequence of their health conditions. The tool has been successful in supporting managers to identify, monitor and track the most vulnerable adults in the community. The tool has now been integrated into the electronic case management system and will continue to be used beyond the pandemic response.
23. Safeguarding has remained a critical function for all services. Partner agencies are working together well and attendance from professionals at Safeguarding Strategy meetings has been consistently good. Multi agency working has been of a good standard including weekly telephone discussion with the NHS Clinical Commissioning Group (CCG) and twice weekly participation in MARAC telephone meetings to discuss high risk domestic violence cases.
24. Safeguarding activity has not seen the same level of reduction in demand that we have seen for other services. The total number of safeguarding contacts in April and May 2020 was 355, which is very close to the number of contacts for the same period last year (360). Safeguarding Initial Enquires have increased in May 2020 (88) in comparison to May 2019 (82). This provides assurance that members of the public and agencies are continuing to come forward when they have concerns.

Demand for Services

25. The number of contacts received by the First Point of Contact team in April and May 2020 has been approximately 30% lower when compared to the same period last year. The total amount of contacts in April was 677, this compares to 899 in April 2019. In May contacts increased to 744, but this figure was down from May 2019 when contacts were recorded at 1187. Weekly monitoring of activity shows that contacts are now increasing and suggests that figures are beginning to return to pre COVID-19 levels. This initial reduction in demand for services has been mirrored within other North East Local Authorities and most other Councils nationally.
26. Although we cannot be certain why contacts have reduced during April and May, it is likely that the COVID 19 Community Support Hub and other emerging community support networks and volunteers have absorbed some demand. Some people have also seen their support from family and friends increase, on a temporary basis, as a result of 'Stay at Home' guidance.
27. The demand for Mental Health Act assessments has continued throughout the emergency period, without any significant reduction in assessment activity. For example, a total of 66 Mental Health assessments have been completed between March and May 2020. This compares to 71 for the same period in 2019.

Hospital Discharge Model

28. On 19th March the government published 'COVID-19 Hospital Discharge Service Requirements'. This document required Local Authorities to work with Community Health colleagues to implement a new hospital discharge model that could respond to the anticipated increase in demand and pressure on hospitals resulting from the pandemic. ASC was required to provide assessment capability from 8 am to 8 pm,

7 days a week. ASC teams worked in close partnership with Community Health Colleagues to make the required changes and had the new service model ready for implementation on 26th March, well within timescales.

29. Colleagues from many of the operational teams volunteered to work additional hours in the evening and at the weekends to support the RIACT team with hospital discharges and community crisis work. Colleagues from our In House Day Services were reassigned to support the reablement team, providing an essential service to many vulnerable and isolated individuals who require care within their own homes.
30. In terms of funding, the government has given the NHS additional money to ensure that acute, and community hospitals discharges take place. The NHS are required to fully fund the cost of new or extended out-of-hospital health and social care support packages to support the Hospital Discharge services requirements. This applies for people being discharged from hospital or who would otherwise be admitted into it, for a limited time period.

Recovery

31. As referenced within this report, ASC has remained open and responsive to demand for services throughout the emergency period. Changes have been made to the operating model to accommodate government guidance and infection control measures. ASC have developed recovery plans and are feeding into the recovery groups that form part of the Local Resilience Forum. However, the current method of operating, as described above, is likely to remain in place for as long as social distancing is required.

Commissioning, Contracts and Brokerage support to the Care Sector during the COVID 19 Emergency Period

32. The Council's Commissioning, Contracts and Brokerage team have played a key role in supporting the care sector during the COVID 19 Emergency period, and the mutually recognised strong working relationship with both providers and NHS partners has provided a strong foundation which has helped to address the complex and challenging issues presented by the COVID 19 Pandemic.
33. The local care sector in Darlington consists of: 32 registered care homes which includes homes for older people, people with physical sensory impairments, learning disabilities and mental ill health; 17 Homecare providers who support people with a range of care needs either in their own homes, in "Extra Care" schemes or in supported living environments, and a range of community based services with the voluntary sector which support the most vulnerable people within Darlington, including Day Services and a direct payments service.

Monitoring and Quality Assurance

34. Residential care homes and Homecare providers have daily contact with officers to monitor the impact of the COVID -19 pandemic. Data is collected and analysed daily, enabling officers to provide effective, prompt support to providers. This includes:
 - (a) • Actual and cumulative resident symptomatic cases

- (b) • Actual and cumulative number of residents tested
- (c) • Actual and cumulative number of residents with positive test result
- (d) • COVID -19 deaths tested positive originating from a care home
- (e) • COVID-19 suspected deaths
- (f) • Actual and cumulative number of staff tested and results
- (g) • Daily staff absence levels

35. The Director of Adult Social Services is assured of the Councils continued delivery of core duties in terms of basic safety, maintaining human rights and safeguarding through this daily monitoring as well as through the quality assurance work officers undertake with the Care Quality Commission (CQC) as part of the new national Emergency Support Framework.

36. A summary of key data as at 15 June is given in the table below:

Residential Care

% of OP Care Home with known Covid	% of Other care homes with known Covid	No of Covid +ve deaths originating from a care home (Total to date)	No of suspected Covid +ve deaths (not tested) originating from a care home (Total to date)	No of Residents Covid Symptomatic tested. (Total to date)	% of all residents tested (Total to date)	No of residents tested +ve (Total to date)	No of staff tested (Total to date)	No of staff tested +ve	% of staff tested +ve	% of staff absent
70%	37.5%	39	33	878	97%	143	1021	83	8%	8.1%

Homecare

% of Homecare with known Covid infections	No of Covid +ve deaths originating Homecare (Total to date)	No of suspected Covid +ve deaths (not tested) originating Homecare (Total to date)	No of Covid Symptomatic tested. (Total to date)	% of all service users tested (Total to date)	No of service users tested Covid +ve (Total to date)	No of staff tested (Total to date)	No of staff tested +ve	% of staff tested +ve	% of staff absent
0.75%	2	0	19	16	7	57	8	14%	5%

Support for Care Homes

37. As requested by the Minister for Care, the Darlington Care Home Support Plan was published on 3 June <https://www.darlington.gov.uk/health-and-social-care/adult-social-care/a-place-to-live/residential-and-nursing-care/>

38. The Care Home Support Plan was developed in consultation with the care home sector, including care homes where we do not have contracts in place, and our local NHS partners: Tees Valley Clinical Commissioning Group (CCG), County Durham and Darlington Foundation Trust (CDDFT) and the Tees Esk and Wear Valley Trust (TEWV). This Plan will be central to ensuring that as we move into the “recovery phase” of the COVID 19 Pandemic, the Council and its NHS partners

continue to support the sector and that system vigilance is maintained in light of national COVID 19 alert levels. The key elements of the Care Home Support Plan consists of: infection prevention and control measures; testing; Personal Protective Equipment (PPE) and clinical equipment; workforce support and clinical support.

39. Officers have worked with the Director of Public Health (DPH) and her team to establish local support arrangements regarding Personal Protective Equipment (PPE) and testing. Relevant national, regional and local COVID-19 related guidance, information and advice has been circulated in a timely way to all care providers. Providers are supporting each other through mutual aid and sharing PPE where they need to. A central stock of PPE has been made available to providers through the Local Resilience Forum, which has been used to address emergency shortages as they arise. A list of verified PPE suppliers used by Local Authorities in the North East has been shared with providers.
40. Officers have ensured that all care homes in Darlington have accurate and timely information regarding access to locally delivered COVID-19 PCR testing for symptomatic staff and residents. All symptomatic care home staff are able to request testing at a local NHS site within Darlington in addition to the national testing programme offered at regional and mobile testing sites. COVID PCR testing is available locally to symptomatic residents provided by the Public Health England Health Protection team for those initially affected and County Durham and Darlington NHS Foundation Trust (CDDFT) for those subsequently symptomatic. Officers are now supporting care homes to access “whole care home testing”. An Infection prevention and Control Service is commissioned by the Council from the local NHS provider, giving advice and support to our local care homes. This includes online Zoom sessions adopting the NHS “super trainer” approach.
41. Significant oversight of workforce in the sector has been developed between the providers and officers, with mechanisms in place to support care homes should the need arise. Local staff deployment arrangements have been developed to support the whole care system and a regional “Deployment Hub” has also been created. Homes experiencing staffing issues, and have exhausted their own Business Continuity Plan arrangements, can access these arrangements when required.
42. Officers play a pivotal role in coordinating the community health support offer from its NHS partners into the Care Home Sector and have acted as a conduit to clarify guidance and communicate the “Enhanced Health in Care Homes” support measures on behalf of the Tees Valley CCG. Care homes can access clinical support as and when required through a single point of contact with health commissioning colleagues. Information on wrap around clinical support available from Community Health teams has been circulated to all care providers. Enhanced support from Primary Care and Community Health Teams, including community matrons, district nurses and therapists, is in place, with an identified clinical lead, a daily check in, and support with personalised care planning. There is a Meds Optimisation offer available to homes 7 days a week in order to support new admissions or discharges from hospital as well as any general medication queries. Psychological support is available to Care Home staff, residents and families provided by TEWV Care Home Liaison Team.

43. Financial assistance has been given to providers as part of the COVID-19 response. In addition to the usual cost of living uplifts, the Council has in place: 2 weeks in advance payment arrangements on all commissioned care packages (including providers who are Out of Borough), and a 5% compensatory uplift on existing care homes fee rates.
44. As the COVID 19 Emergency unfolded, the Council provided support to its NHS partners in accordance with the Government's "COVID -19 Hospital Discharge Requirements." The Commissioning and Contracts Team continue to support through a staff rota and "on- call" arrangements 8a.m. to 8p.m. – 7 days per week cover so that care packages can be set up in a timely fashion for people and respond effectively and promptly to care home queries that arise as a result of Government's national and local guidance regarding testing, Personal Protective Equipment and the wider Community Health support offer. This requires regular liaison with colleagues in Public Health, Tees Valley NHS CCG, County Durham and Darlington Foundation Trust (CDDFT) and the Tees ESK and Wear Valleys Trust (TEWV).
45. Following the Government's announcement of the national £600m Infection Control Fund (ICF) the Commissioning, Contracts and Brokerage Team (working closely with the Council's Finance Team) has distributed the 1st tranche of the fund through grants paid to all care home providers. The ICF allocation to the Council amounted to circa £1.6M and is a ring-fenced grant exclusively to fund measures to support care providers to minimise the risk of COVID 19 Infection. The Government made payment of the ICF to care homes conditional on their actively using the NHS Tracker. In order to ensure local providers were eligible to receive this funding, the Commissioning, Contracts and Brokerage Team provided additional training to Care Home Providers.

Support for the Homecare Sector

46. Whilst the Homecare sector has been impacted to a lesser extent than care homes, the Council has supported the sector equally, recognising the critical role that domiciliary care plays in supporting people to live as independently for as long as possible in their own homes.
47. The Council has paid a 5% compensatory uplift on commissioned care packages and in order to support cash flow, has in place a 2-week in advance payment arrangements. These measures are again in addition to the usual cost of living uplifts.
48. The Commissioning, Contracts and Brokerage function has also brokered extra capacity in the domiciliary care sector to support hospital discharge arrangements. 450 extra "block" hours per week has been commissioned on behalf of the Tees Valley CCG with the Council's two primary domiciliary care providers. The Council has also doubled the number of hours available in its Rapid Response service which supports the efficient and effective transition of care homes from hospital settings into permanent domiciliary care settings.
49. As with care homes, significant oversight of workforce in the sector has been developed between the providers and officers, with mechanisms in place to support homecare providers should the need arise. A Darlington Volunteer Hub, operating

7 days per week, has been established. A number of these volunteers have been deployed into extra care housing schemes to assist with low level tasks, thereby increasing staff capacity to support the Rapid Response service, which further supports hospital discharge arrangements. Local staff deployment arrangements have also been developed to support homecare providers.

Support for the Voluntary Sector

50. Officers also effectively supported the voluntary sector during the COVID 19 Pandemic. The key elements of this support continues to be:

- (a) The Council's Volunteer Hub which is operating 7-days a week and supporting the most vulnerable and at risk people within the Borough of Darlington. Volunteers were mobilised to support homecare providers thereby releasing capacity to support the hospital discharge arrangements.
- (b) Supporting the Council's Direct Payments Support service by paying a 3-month advance payment for services under contract
- (c) Continuing to pay Direct Payment users irrespective of whether they or their Personal Assistants are not able or unwilling to provide care and support during the emergency
- (d) Continuing to support providers of day services for existing day opportunities notwithstanding that in those cases where people are unwilling or unable to access these services.

Recovery

51. The impact of the COVID 19 Pandemic on the care sector has been significant, and officers are developing local plans with partners which focus on sustainability of the market, recovery and contingencies for a potential second outbreak and/or the combined impact of COVID 19 in conjunction with winter pressures. Officers are also feeding into the recovery groups that form part of the Local Resilience Forum.

52. The key elements of the plans consist of:

Testing - Working with the Tees Valley CCG and CDDFT to continue to provide timely and accessible local COVID-19 testing for symptomatic care home staff and residents whilst also supporting care homes to access and implement whole care home testing.

Alternative Accommodation - Working closely with the Tees Valley CCG to explore alternative accommodation to support the hospital discharge requirements and step up provision in the community, including care home providers' community hospitals, including independent sector hospitals, and repurposing CCG commissioned short stay intermediate care and nursing beds.

Market Resilience - Undertaking work, both locally and regionally, to understand the implications of COVID-19 on the care sector market, both in the short and longer term, with a view to developing a series of measures to ensure the stability and longevity of a sustainable care market. Officers are currently completing a review of the financial assistance package to all commissioned care providers in partnership with North East Local Authorities. Officers are also reviewing the occupancy levels across care homes on a weekly basis to identify where there has

been a reduction of the occupied beds, as this could result in possible future financial difficulties for providers. Work will continue with the care sector to support workforce resilience through local clinical and volunteer offer schemes.

Information, Advice and Support - Continuing to work with statutory partners, including NHS England, Public Health England (PHE) Health Protection Team, Acute and Mental Health Trusts to provide comprehensive support and advice to care homes. Daily contact with care homes will be maintained to understand and respond in a timely manner to any areas of concern.

Monitoring and Quality Assurance - Continuing to provide a high level of safeguarding assurance during the COVID-19 emergency period by working with partner North East Authorities and the CQC to further develop the care home monitoring framework.

Business continuity planning - Developing a data and information dashboard, including data from the NHS capacity tracker, which tracks the impact of the COVID-19 pandemic as the care system moves into recovery phase. Business continuity planning will be refreshed to reflect the challenges of providing care within all settings during the recovery phase and we will continue to provide information, guidance and support to all care providers as the recovery phase develops momentum.