

COUNCIL
16 JULY 2020

OVERVIEW OF ADULTS PORTFOLIO

Purpose of the Report

1. To inform and update Members on progress within Adult Services since the last meeting of Council. The following are the main areas of work under the Portfolio for Adult Services, with a specific focus on Covid 19 pandemic response.

Workforce

2. Staff throughout the directorate were predominantly able to rapidly move to home based working, which was positive in terms of our ability to continue to operate services. There are some exceptions to this, however where staff are building based, risk assessments were completed and social distancing measures put in place to ensure health and safety.
3. To support our understanding of how services were being impacted by the crisis, a workforce capacity tracking tool was developed. This tool enables us to track changes in staffing capacity and capability, highlighting pressure points and, therefore, supporting managers across the service to monitor and review service capacity on a daily basis.
4. Alongside the capacity tracker, a directorate 'pool' of staff who were unable to undertake their normal work or work from home was developed, so that there was a single line of sight of resources available at any given time. This has meant that through close monitoring of pressures, staff have been temporarily reassigned to different roles to build capacity in priority areas. This has included staff from 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 our 'people services' to be in a position where we have been and continue to be able to effectively manage workforce capacity in a responsive and considered way. Staff have been flexible in their approach in moving to other roles, and the Workforce Development Team and service area managers have provided required training and support to enable them to undertake new tasks. Staff report that they are enjoying new experiences.

Legislative Changes

5. 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of people's care and support needs, prepare or review care and support plans and the duty to meet eligible need has been replaced by a power to meet need.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.

6. 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.

Operational Services

7. It is a very positive reflection on services in Darlington 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. All adult services assessment teams, including Reablement, have remained open and have continued to deliver services to members of the public as needed.
8. 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, occurred in a relatively short period of time to ensure that teams in need have been supported. Business Continuity Plans (BCPs) were refined and regularly updated by all teams throughout lockdown, highlighting responses to staff absence and capacity needs within teams.
9. To assure the Director of Adult Social Services (DASS) of her statutory duties, a 'Rag Rating' system was undertaken to quickly identify the most vulnerable service users as well as those whose vulnerability may have increased as a consequence of the lockdown restrictions. This has been invaluable in allowing managers to identify, monitor and track the needs of the most vulnerable adults. The system has continued to be developed and integrated into the electronic case management system, which will enable ongoing use.
10. Following government guidance in relation to infection control and social distancing, a decision was made on 23rd March to temporarily close in house day services for people with learning impairments. The buildings from which day services operate could not comply with social distancing requirements and thus had to close to ensure the safety of the vulnerable adults who attend. Social workers have been in close contact with service users and families affected and, where needed, support at home has been provided/increased. However fortunately Holicote short break centre has remained open and has been able to offer periods of respite to individuals identified as requiring additional support.
11. On 19th March the government published 'COVID-19 Hospital Discharge Service Requirements'. This required Local Authorities to work with NHS Community Health colleagues to implement a new hospital discharge model that would be capable of responding to the surge in demand that was anticipated as a consequence of the pandemic. The new model provides assessment capability from 8 am to 8 pm, 7 days a week. The hospital discharge and admission avoidance pathway was identified as a key area of activity because it is critical to relieving pressure on the NHS. Internal staff from Adult Services were reassigned to increase capacity within the Reablement service, which forms a key element of the discharge pathway.
12. The service as a whole has also had to adapt its operating model to comply with social distancing requirements and infection control guidance. Where possible, assessment and support planning activity has taken place remotely using technology. Where face to face contact or home visits were needed, they have taken place, following risk assessments and with the use of appropriate PPE.

Members of the public have been understanding and supportive of this approach and many have themselves asked for visits not to take place and have preferred telephone contact.

13. Although the service was well prepared to receive the anticipated surge in demand, during the initial period of emergency the demand for services reduced. This is evident in the number of contacts received. For example, during April and May this year a total of 1451 contacts were received, compared to 2087 for the same period last year.
14. We believe that some of this demand has been picked up by the COVID 19 Community Hub, by the emergence of community support groups and volunteers and anecdotally through more family members being at home to provide support due to 'Stay at Home' guidance. However, we are now seeing the number of contacts increase back to nearer normal levels and expect demand to be within normal levels in the coming weeks.

Strategic Commissioning

15. The focus of the Commissioning, Contracting and Brokerage team has been to support the care sector during the COVID 19 emergency period, working closely with all local care providers to ensure that safe, high quality services continue to be provided to our most vulnerable people within the Borough. The mutually recognised close 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, and continues to do so.
16. The care sector 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
 - A range of community based services within the voluntary sector which support vulnerable people, including Day Services and direct payments services
17. Officers have and continue to have daily contact with residential care homes and homecare providers, to monitor the impact of the COVID -19 pandemic and provide support and advice. Data is collected and analysed daily, enabling officers to provide effective, prompt support. This monitoring enables the Director of Adult Social Services to fulfil her statutory duty of being assured of the Councils continued delivery of core duties in terms of basic safety, maintaining human rights and safeguarding. This is further supported through the quality assurance work that LA officers have and continue to undertake with the Care Quality Commission (CQC) as part of the new national Emergency Support Framework.
18. In line with all other Councils, a compensatory uplift on commissioned care packages was provided, at 5%, which also supported cash flow for the homes, with a 2-week in advance payment arrangement being in place. These are in addition to the usual annual cost of living uplifts provided.

19. Throughout the pandemic, the Team worked particularly closely with the Care Home Sector, where the outbreak nationally and locally was more severe than in other care settings. As at June 16th, 70% of all local care homes for older people and 37.5% of care homes for people with learning disabilities, physical disabilities or mental illness have been impacted by COVID 19. There have been 39 confirmed deaths within care home settings, with 16% of residents and 8% of staff testing positive.
20. Local Authorities were required to produce a local Care Home Support Plan, requested by the Minister for Care. The Care Home Support Plan was developed in consultation with the care home sector, including care homes that we do not contract with, 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).
21. 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/>. The 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.
22. 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 independently for as long as possible in their own homes. As at June 16th, there have been 2 confirmed deaths within homecare provision, with 7 service users and 8 staff testing positive for COVID 19.
23. The Commissioning, Contracts and Brokerage function brokered extra capacity in the domiciliary care sector to support and facilitate hospital discharge arrangements. 450 extra “block” hours per week have been commissioned on behalf of the Tees Valley CCG, through the Council’s two existing primary domiciliary care providers. The Council also doubled the number of hours available in its Rapid Response service to support the efficient and effective transition of care homes from hospital settings into permanent domiciliary care settings.
24. Commissioning has also played a key role in a number of initiatives to support the Voluntary Sector during the emergency period including the Volunteer Hub that operates 7 days a week. Volunteers were mobilised to support domiciliary care providers thereby releasing capacity to support hospital discharge arrangements.
25. Support has been provided to ensure adequacy of cash flow for the Council’s Direct Payment Service, operated by Darlington Association on Disability, and Day Service providers including Age UK and Darlington Mind. This support consists of payments in advance arrangements and continuation of payments in those cases where people are unwilling or unable to access services as a result of the COVID 19 Pandemic.

Recovery

26. As we now move into restoration and recovery, officers are further 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.

Darlington Safeguarding Partnership

27. Partners welcomed David Gallagher as the new Statutory Safeguarding Partner representing the Health Sector. David's appointment, as Chief Officer, follows a restructure of the North East Clinical Commissioning Groups (CCG). David has responsibility for the Tees Valley and Darlington CCG.
28. To maintain a strong oversight of safeguarding issues, the Statutory Safeguarding Partners have increased their meetings, to give them opportunity to consider safeguarding arrangements from across the sector and its partner organisations.
29. Updates have been provided from partners on business continuity measures they have implemented as a result of C-19. It was positive to see all agencies reporting good staffing levels during the peak and beyond, and some re-deploying staff to the front line where necessary. This has enabled service delivery to continue, with safeguarding remaining a priority.
30. Two additional multi-agency groups have been established during C-19:
 - Children's Critical Safeguarding Group
 - Adult Critical Safeguarding GroupThese groups ensure that safeguarding arrangements continue to be in place and are robust and effective to ensure the most vulnerable children, young people and adults in Darlington continue to be safeguarded. The groups have adapted practices to ensure there is a multi-agency line of sight on the most vulnerable children, young people and adults.
31. All agencies report they are continually monitoring performance data to obtain an understanding of the changing landscape. Measures are being implemented by agencies to ensure recovery mechanisms are in place, which will be subject to government guidance, to establish what this will mean for service delivery going forward.
32. The Statutory Safeguarding Partners are now inviting key leads from partner organisations, to attend their meetings to appraise and assure them on the current position within their sectors, and will include mental health providers and education representatives.

Councillor Rachel Mills
Cabinet Member with Portfolio for Adults