

**ADULTS SCRUTINY COMMITTEE
7 JANUARY 2025**

**ADULT SOCIAL CARE SERVICES DURING COVID - UPDATE ON TASK AND FINISH GROUP
RECOMMENDATIONS**

SUMMARY REPORT

Purpose of the Report

1. To provide Scrutiny Committee with an update on the Covid Task and Finish Group recommendations submitted to Scrutiny on 16 April 2024 in relation to Adult Social Care Services

Summary

2. The intention of this Task & Finish Group work was to assess the view of both Adult Social Care (ASC) staff and end users of the changes that were required to be made because of Covid and its lockdowns. Also, if there were new ways of working that staff and care recipients particularly liked, so the council can consider if they should continue to be used / offered as an option even now the period of Covid lockdowns has ended.

Recommendations from the report (presented at scrutiny 16 April 2024)

3. It is recommended that the following is relevant learning for Darlington Borough Council Adult Social Care services, Commissioning and Contracting and the wider care market:
 - 3.1 Communication is key to ensure processes are set up to contact end-users & families promptly / at regular "touchpoint" intervals, to keep them informed of what's going on & how their relative is - essential to feel connected, especially for those placed out of town when visits were not allowed.
 - 3.2 Regular updates to those awaiting care & facing delays.
 - 3.3 Social workers must check back to ensure care is (fully) meeting end-users' needs, if they need further care or referral, and that they're aware of the choices available.
 - 3.4 Care must be holistic and cohesive, seeking to keep people well physically & mentally, not just address their immediate, e.g., personal care, needs. More types of care may need to be offered.
 - 3.5 Review of Care Home capacity to ensure people remain close to family and friends.
 - 3.6 Monitoring of the care sector to support ways to meet demand and support the development of recruitment issues to avoid significant delays in obtaining care packages.
 - 3.7 Improved integrated ways of working across departments / teams including NHS to achieve outcomes for people.
 - 3.8 Explore preventative offers to reduce need for longer term care and support needs.

- 3.9 Improve information available via Darlington Borough Council Adult Social Care website, and telephone call handlers – factsheets, referral pathway etc. Provide factsheet on extra or additional help on the website, should people need top-up care.
- 4 Staff appreciated the mental health & HR support in place and acknowledgement that this helps with staff retention.
- 5 For the commissioned care services sector:
 - 5.1 Communication is critical, to service users and their families, to inform of any changes, or if carers cannot attend.
 - 5.2 Maintenance of end-of-life visits could be managed safely and was greatly appreciated by service users and their families.
 - 5.3 Care tasks should be clearly & fully described, with regular supervision/review to ensure carers know what is expected, to avoid misunderstanding.
 - 5.4 Request feedback from service users to check care is meeting their needs.
 - 5.5 End users/families recommend making a “snag list” to work together to improve care.
 - 5.6 Ensure adaptations are developed to support a service users’ communication needs, e.g., wearing a visor / face shield to care for someone who is hard of hearing rather than a mask.
 - 5.7 Urge best practise sharing for best quality and cost-effective care, and good staff morale, particularly around care home resident engagement, reducing isolation and associated deterioration.
 - 5.8 Continue to work closely with Council on recruitment issues.
- 6 In general:
 - 6.1 Much appreciation was shown to all the staff who worked through this period despite everyone being frightened: care home workers, domiciliary staff, Lifeline, council social workers & voluntary organisations such as Age UK.
7. Work with local care providers to disseminate the learning.

Key Legislation

1. During the COVID-19 pandemic, significant legislation and policy changes impacted adult social care in the UK. These measures were designed to address the pressures on health and social care systems while maintaining essential care for vulnerable adults. Below are some of the key legislative actions and their implications:

a) **Coronavirus Act 2020**

The Coronavirus Act 2020 was the primary legislative response to the pandemic in the UK, including provisions specific to adult social care. Key aspects included:

- i. Easements to the Care Act 2014 (England):
- ii. Allowed local authorities to prioritise resources, temporarily suspending certain statutory duties to conduct detailed needs assessments, reviews, and care plans.
- iii. Focused on ensuring critical services to those with the most urgent needs.
- iv. These easements, known as "Care Act easements," were only to be implemented when absolutely necessary.
- v. Health and Social Care Workforce Support:
- vi. Enabled the deployment of retired healthcare workers and volunteers.
- vii. Relaxed registration rules to increase workforce capacity.
- viii. Streamlining Processes:
- ix. Simplified hospital discharge processes to free up NHS capacity.

b) **The Health Protection (Coronavirus, Restrictions) Regulations 2020**

These regulations:

- i. Restricted movement and gatherings, significantly impacting care homes and domiciliary care.
- ii. Imposed measures to protect vulnerable adults from infection, such as restrictions on visits to care homes.
- iii. Led to the development of robust infection prevention and control guidelines for social care settings.

c) **Public Health Acts and Emergency Regulations**

- i. Public Health (Control of Disease) Act 1984 provided the legal basis for imposing lockdowns, quarantine, and other public health measures, affecting Adult Social Care

providers' operations.

- ii. Powers under this act were used to enforce isolation and manage outbreaks in care settings.

d) Workforce and Vaccination Regulations

- i. Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021.
- ii. Introduced mandatory vaccination requirements for care home staff (later extended to wider social care settings before being revoked in 2022).
- iii. Aimed to protect vulnerable residents from COVID-19.
- iv. Relaxed visa and immigration rules under the Health and Care Worker Visa scheme to address workforce shortages in Adult Social Care.

e) Infection Control and Testing Measures

- i. Allocations of funding through the Infection Control and Testing Fund, which was tied to strict compliance with testing and infection prevention protocols in care settings.
- ii. Legal requirements for regular staff and resident testing were introduced under various statutory instruments.

f) Local Authority Circulars and Guidance

While not legislation, key guidance documents had significant influence:

- i. Guidance on Care Home Visiting: Set out the conditions under which care homes could facilitate visits while adhering to COVID-19 restrictions.
- ii. Hospital Discharge Service Requirements: Streamlined the discharge process from hospitals to care homes.

Recommendation

7 It is recommended that Scrutiny members note the contents of the report.

Joss Harbron
Assistant Director of Adult Social Care

Background Papers

<https://democracy.darlington.gov.uk/documents/s21597/Adult%20Social%20Care%20during%20the%20Covid%20Pandemic%20-%20Final%20Report.pdf>

Joss Harbron: Extension: 5278

Council Plan	This report contributes to the priorities agreed in the Council Plan.
Addressing inequalities	There are no implications arising from this report.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report supports the efficient use of resources through shared partnership priorities.
Health and Wellbeing	This plan supports priorities set out in the Health & Wellbeing Strategy.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	There are no implications for the Budget or Policy Framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Purpose of the Report

- 8 To provide a response to Scrutiny members of actions undertaken following the submission of the main report to scrutiny in April 2024.

Overview

- 9 At a meeting of the Adults Scrutiny Committee held on 16th April 2021, Members gave consideration to a Quad of Aims submitted by Councillor Holroyd, which aimed to ascertain how Adult Social Care services coped during the pandemic, how service users and their families felt about the services provided, and identify any changes needed in relation to future waves of Coronavirus and associated restrictions / lockdowns, or any other future disease outbreak response which may be required, or identify any ongoing need.
- 10 Members of the Scrutiny Committee agreed that a Task and Finish Group be established to examine the areas identified within the Quad of Aims.
- 11 An initial meeting of the Task and Finish Group was held on 21st May 2021, with further meetings being held on 11th June 2021, 9th July 2021, 14th January 2022, 11th March 2022, 9th August 2022, 4th November 2022 and culminated in a series of hearings held on 24th February 2023.
- 12 The final report of the Review of Adult Social Care during the Covid Pandemic Task and Finish Group is added as a link within the background papers

- 13 The main report advised on a number of recommendations as outlined below.
- 14 Communication is key to ensure processes are set up to contact end-users & families promptly / at regular “touchpoint” intervals, to keep them informed of what’s going on & how their relative is - essential to feel connected, especially for those placed out of town when visits were not allowed.
- 15 Regular updates to those awaiting care & facing delays.
- 16 Social workers must check back to ensure care is (fully) meeting end-users’ needs, if they need further care or referral, and that they’re aware of the choices available.
- 17 Care must be holistic and cohesive, seeking to keep people well physically & mentally, not just address their immediate, e.g. personal care, needs. More types of care may need to be offered.
- 18 Review of Care Home capacity to ensure people remain close to family and friends.
- 19 Monitoring of the care sector to support ways to meet demand and support the development of recruitment issues to avoid significant delays in obtaining care packages.
- 20 Improved integrated ways of working across departments / teams including NHS to achieve outcomes for people.
- 21 Explore preventative offers to reduce need for longer term care and support needs.
- 22 Improve information available via Darlington Borough Council Adult Social Care website, and telephone call handlers – factsheets, referral pathway etc. Provide factsheet on extra or additional help on the website, should people need top-up care.
- 23 Staff appreciated the mental health & HR support in place and acknowledgement that this helps with staff retention.
- 24 For the commissioned care services sector:
 - a) Communication is critical, to service users and their families, to inform of any changes, or if carers cannot attend.
 - b) Maintenance of end-of-life visits could be managed safely and was greatly appreciated by service users and their families.
 - c) Care tasks should be clearly & fully described, with regular supervision/review to ensure carers know what is expected, to avoid misunderstanding.
 - d) Request feedback from service users to check care is meeting their needs.
 - e) End users/families recommend making a “snag list” to work together to improve care.

- f) Ensure adaptations are developed to support a service users' communication needs, e.g., wearing a visor / face shield to care for someone who is hard of hearing rather than a mask.
- g) Urge best practise sharing for best quality and cost-effective care, and good staff morale, particularly around care home resident engagement, reducing isolation and associated deterioration.
- h) Continue to work closely with council on recruitment issues.

25 In general:

- a) Much appreciation was shown to all the staff who worked through this period despite everyone being frightened: care home workers, domiciliary staff, Lifeline, council social workers & voluntary organisations such as Age UK.
- b) Work with local care providers to disseminate the learning.

27. Updates and actions from the recommendations are outlined below:

Recommendation	Update/actions November 2024
Adult Social Care	
<ul style="list-style-type: none"> • Communication is key to ensure processes are set up to contact end-users & families promptly / at regular "touchpoint" intervals, to keep them informed of what's going on & how their relative is - essential to feel connected, especially for those placed out of town when visits were not allowed. 	<p>This recommendation was particularly relevant to the lockdown rules during the pandemic whereas family members were unable to visit their relatives/loved one. However, learning taken from this has related to ensuring the needs of carers are considered, and carers assessments are offered to all unpaid carers.</p>
<ul style="list-style-type: none"> • Regular updates to those awaiting care & facing delays. 	<p>ASC have introduced a system of providing updates to people awaiting assessments and/or care provision to ensure they are regularly updated. Positively there are very few delays in providing urgent care.</p>
<ul style="list-style-type: none"> • Social workers must check back to ensure care is (fully) meeting end-users' needs, if they need further care or referral, and that they're aware of the choices available. 	<p>Once care is provided, the social worker or team will undertake a review with the person at 6 weeks and then a yearly review is arranged. However, if care needs change, a review will be undertaken asap explore with the person the choices available.</p>
<ul style="list-style-type: none"> • Care must be holistic and cohesive, seeking to keep people 	<p>All ASC teams have undertaken a refresh of strength-based practice, Care Act</p>

<p>well physically & mentally, not just address their immediate, e.g., personal care, needs. More types of care may need to be offered.</p>	<p>training and person-centred approaches This ensures care is holistic, person centred, acknowledges and considers the person's wellbeing as well as their eligible care needs.</p>
<ul style="list-style-type: none"> Review of Care Home capacity to ensure people remain close to family and friends. 	<p>There is consistently sufficient capacity within Darlington Care Homes to provide care and support within the Borough.</p>
<ul style="list-style-type: none"> Monitoring of the care sector to support ways to meet demand and support the development of recruitment issues to avoid significant delays in obtaining care packages. 	<p>It is recognised that since the pandemic there has been significant recruitment pressures in the care market nationally and locally. This has however stabilised in Darlington, and whilst there is completion for care staff, there is sufficiency within providers to deliver care and support without major delays.</p>
<ul style="list-style-type: none"> Improved integrated ways of working across departments / teams including NHS to achieve outcomes for people. 	<p>Throughout the pandemic ASC held daily meetings with the NHS. Multidisciplinary meetings continue to be held daily with the Hospitals in relation to discharge planning. There are also weekly systems meetings across partners including primary care, Mental health and County Durham and Darlington Foundation trust.</p>
<ul style="list-style-type: none"> Explore preventative offers to reduce need for longer term care and support needs. 	<p>ASC are working with public health on several initiatives including suicide prevention, health lifestyles, frailty. The service is also rolling out Making every Contact Count Training (MECC) and Assessment based Community Development Training- to support teams and people to consider how they can explore healthier, inclusive lifestyles to prevent and delay the need for care and support.</p> <p>The Disabled Facilities Grant guidance has also been reviewed to enable a great flexibility of use. This has resulted in a significant take up of the grant and supported over 200 applications for aides and adaptations within the last year.</p>
<ul style="list-style-type: none"> Improve information available via Darlington Borough Council Adult Social Care website, and telephone call handlers – factsheets, referral pathway etc. 	<p>The ASC webpages have undergone a complete review to ensure information is relevant, up to date, inclusive and easy to access.</p>

<p>Provide factsheet on extra or additional help on the website, should people need top-up care.</p>	<p>Feedback has been extremely sportive about the upgrades. All telephone contacts to Darlington Borough Council are now directly to Net call. This system enables the person to self-serve and therefore be directly efficiently and effectively to the relevant support or service.</p>
<ul style="list-style-type: none"> • Staff appreciated the mental health & HR support in place and acknowledgement that this helps with staff retention. 	<p>The Council continue to provide counselling and drop-in sessions for staff. Retention within Adult Social Care has now increased significantly, and the turnover is at 6.5% annually in comparison to 24% in 2021.</p>
<p>For the commissioned care services sector:</p>	
<ul style="list-style-type: none"> • Communication is critical, to service users and their families, to inform of any changes, or if carers cannot attend, 	<p>The Commissioning and Contracting Teams undertake a provider forum on a quarterly basis to ensure communication of best practice, improvements and sharing of information is continuous.</p>
<ul style="list-style-type: none"> • Maintenance of end-of-life visits could be managed safely and was greatly appreciated by service users and their families, 	<p>It is an expectation of all care provider to deliver end of life care sensitively and with care. The contract team undertake annual contract visits to care providers to ensure that providers are complainant and deliver care safely and appropriately.</p>
<ul style="list-style-type: none"> • Care tasks should be clearly & fully described, with regular supervision/review to ensure carers know what is expected, to avoid misunderstanding. 	<p>It is an expectation of all care provider to maintain care records. The contract team undertake annual contract visits to care providers to ensure that providers are complainant and deliver care safely and appropriately. ASC have also undertaken 3 executive strategies with providers this year where there has been concerns about their care and support. All 3 have seen significant improvements with this support and guidance.</p>
<ul style="list-style-type: none"> • Request feedback from service users to check care is meeting their needs. 	<p>Feedback is now routinely sought from people who uses ASC services. The findings are reporting within an annual performance report shared with Scrutiny.</p>

<ul style="list-style-type: none"> • End users/families recommend making a “snag list” to work together to improve care. 	<p>It is an expectation that through the assessment and support planning and review process, social workers and people/families will identify ways to continuously ensure the care provided is sufficient and appropriate.</p>
<ul style="list-style-type: none"> • Ensure adaptations are developed to support a service users’ communication needs, e.g., wearing a visor / face shield to care for someone who is hard of hearing rather than a mask, 	<p>ASC have implemented Equality, Diversity and Inclusion champions within the teams. In addition, there is a revised practise guidance which advises on reasonable adjustments to support the needs of the individual being cared for. We continue to review our practice and seek feedback from people.</p>
<ul style="list-style-type: none"> • Urge best practise sharing for best quality and cost-effective care, and good staff morale, particularly around care home resident engagement, reducing isolation and associated deterioration. 	<p>The Commissioning and Contracting Teams undertake a provider forum on a quarterly basis to ensure communication of best practice, improvements and sharing of information is continuous</p>
<ul style="list-style-type: none"> • Continue to work closely with council on recruitment issues. 	<p>This is ongoing and supported through regular Jobs fairs and social media.</p>
<p>In general:</p>	
<ul style="list-style-type: none"> • Work with local care providers to disseminate the learning. 	<p>The Commissioning and Contracting Teams undertake a provider forum on a quarterly basis to ensure communication of best practice, improvements and sharing of information is continuous. Providers have access to training and learning through the Darlington Xtra website.</p>

Outcome of Consultation

26 Not applicable

27. Climate Considerations

The intersection of climate change and adult social care, particularly in the aftermath of the COVID-19 pandemic, requires approaches that address both emerging environmental challenges and the vulnerabilities of individuals with care and support needs e.g:

- Resilient Care market such as supporting care providers to consider Energy-Efficient Facilities, Climate-Resilient Design and Green Spaces: Integrate gardens or outdoor

areas in care settings to support mental well-being, biodiversity, and carbon sequestration.

- Preparedness for Climate-Related Health Risks such as Heatwaves and Extreme Weather emergency protocols and training for staff to manage heat stress, poor air quality, or extreme weather events affecting vulnerable adults.
- Food Security: Ensure reliable supply chains for nutritious, climate-resilient foods to mitigate disruptions from extreme weather or environmental degradation.
- Waste Reduction: Implement robust recycling programs for medical and general waste, alongside training for staff and service users.
- Digital Innovation: Expand telecare and remote services where appropriate, reducing transportation-related emissions.
- Climate Education: Train care workers on climate-related risks and sustainable practices, emphasising their role in mitigating impacts.
- Involvement in Sustainability: Engage service users in eco-friendly activities, such as gardening, recycling, or energy-saving practices, tailored to their abilities and interests.
- Accessible Information: Provide clear, simple information to service users and families about climate risks and sustainable practices.
- Collaborative Networks: Foster partnerships between social care providers, local governments, and environmental organisations to address shared climate challenges and encourage community-based care solutions to reduce transportation emissions and enhance local resilience.
- Supporting adaptations for Home-Based Care including energy efficiency in homes:
- Promote low-carbon transportation: Transition to electric or hybrid vehicles for care workers making home visits.

By integrating these climate change considerations into adult social care, providers can create a more resilient, sustainable, and equitable care system that addresses the dual challenges of a post-pandemic world and an evolving climate landscape.