



To: Coventry Health and Wellbeing Board

Date: 27 July 2020

From: Pete Fahy, Director of Adult Services

Title: Adult Social Care – Key programmes of work to support Covid-19 to date

1 Purpose

- 1.1 To brief the Health & Well-being Board on key areas of activity within Adult Social Care to support the Covid-19 effort and identify key areas of focus as a result of this.

2 Recommendations

- 2.1 Coventry Health and Wellbeing Board is recommended to:

1. Note the contribution and efforts of Adult Social Care to support residents of Coventry over the Covid-19 period to date

3 Information/Background

- 3.1 The Covid-19 pandemic impacted on all areas of Adult Social Care, both in terms of the provision of direct care and support, Occupational Therapy, Social Work and back office operations that support delivery. The summary below identifies the key areas of activity undertaken to help ensure people that require support from Adult Social Care continue to have access and the key areas of focus as we continue to deliver adult social care and support in a Covid-19 context.

4 Remote working and use of technology

- 4.1 Wherever possible assessment, support planning, enablement, review and safeguarding activity was undertaken remotely. This was an essential change to minimise face to face contact and manage demand through our front door to prevent the build up of backlogs and the accumulation of risk.
- 4.2 A number of partner and voluntary sector organisations also moved the majority of their operations to remote delivery. Information and advice and money management support was provided over the phone or on-line wherever possible.
- 4.3 Although remote working became the normal way of doing business face to face visits were undertaken where the level of risk and ability to manage this through remote working was

not sufficient. Risk assessments and Personal Protective Equipment (PPE) were used to manage these situations and in situations where direct care interventions were required.

5 Operation shield and Vulnerable people

- 5.1 The City Councils response to shielding those identified by the Department of Health and Social Care (DHSC) as being the most clinically vulnerable was led through Adult Social Care. A partnership arrangement was quickly established with CV Life who provided the support required through a combination of food parcels, medication delivery and social contact. This effort was also supported by Coventry City of Culture Trust and City Council Library staff. This local support supplemented what was available through the national support programme.
- 5.2 Operation shield is being paused at 31 July 2020 and the current work is winding down to meet this date. As at 14 July over 14000 people have been contacted and offered support by CV Life. CV Life will remain a key partner should a further shielding requirement be put in place as a result of further spikes or local outbreaks.
- 5.3 To support people that had vulnerabilities but were not identified as being in the shielded cohort the City Council's Customer Contact centre established a vulnerable persons helpline. By the end of June over 3000 people had been contacted through this helpline.

6 Care Act easements

- 6.1 The ability to ease some of the local authorities' duties under the Care Act 2014 were introduced through the Coronavirus Act 2020. The duties that could be eased were in four areas as follows:
 - a) The requirement to carry out detailed assessments of people's care and support needs. However, we were still expected to respond as soon as possible to requests for care and support.
 - b) The requirement to carry out financial assessments.
 - c) The requirement to prepare or review care and support plans in line with the pre-amendment Care Act provisions. Authorities activating the easements were still expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned.
 - d) The duties on local authorities to meet eligible care and support needs, or the support needs of a carer, was replaced with a power to meet needs. The replacement of a duty with a power enabled local authorities to prioritise the most pressing needs.
- 6.2 Coventry was one of seven local authorities nationally to activate the easements on the basis of depletion of staff and changes in demand. Activation of the easements were notified to the Department of Health and Social Care (DHSC) on 28 April 2020 and the easements remained in place until 29 May 2020 at which point staffing had returned to usual levels.
- 6.3 The easements that primary used were easements 1 and 3. These enabled Adult Social Care to operate within the appropriate legal framework taking into account national guidance on minimising contact and social distancing. Easement 2 was activated for a short period but not used. This was because the financial assessments team were able to maintain delivery of services at pre pandemic levels through the use of a digital assessment tool and remote communication via MS Teams. Between 30-35 financial assessments were undertaken a week during the pandemic which is in line with pre Covid rates. Although activated Easement 4 was not applied to it's full extent in respect of prioritising some people with care and support needs above others.

6.4 For Local Authorities that activated the easements, Coventry included, there was a significant amount of scrutiny and challenge from national organisations and law firms. It is worth noting that none were able to identify any individual who has suffered detriment as a result of the easements and no complaints or challenges were made locally in this respect.

7 Care market resilience

7.1 Supporting the care market has been a significant focus of our work over this period. It is an area that is critical to the effective delivery of social care at all times and an area that operates in a very challenging financial environment characterised by high turnover, high levels of recruitment activity, increasing demands and relatively low levels of public recognition. It is also made up of numerous separate businesses who are contractors to the City Council and not under our direct organisational control. Working with and supporting the market wherever possible has been a cornerstone of our approach for several years and this approach has been more important than ever as we respond to Covid-19

7.2 Some of the specific support actions in place over this period have included:

1. Meeting the additional specific costs of Covid-19 when evidenced by providers
2. Undertaking weekly telephone calls to ensure providers are aware of developments and support that is available to them
3. Provision of infection control training and advice
4. Provision of emergency PPE should providers regular supply routes not be able to supply
5. Implementation of a process for rapid recruitment and support with longer term recruitment activity
6. A 7 day a week commissioning support line for providers to refer issues to out of hours
7. Securing additional COVID-19 specific discharge capacity led by the CRCCG locally to support the commitment that patients needing isolation could be supported in a way that was not detrimental to other residents.
8. Paying some providers weekly based on contracted hours instead of actual services delivered. This was to avoid any burden of administration on providers and ensure a regular flow of cash to these organisations
9. Maintaining payments to voluntary sector organisations in the light of reduced face to face activity

7.3 It is a significant point of credit to providers of social care in Coventry that they managed to sustain services and continue to take new referrals over this period. At the depth of the pandemic there were only six care homes who were unable to take new admissions – this is significant in our ability to continue to support people who require care home admission over this period.

7.4 Although the media focus has been on care homes this should not discount the significant effort of home support providers and supported living and/or housing with care. It is noticeable that as at 14 July 2020 adult social care supported 2405 people at home compared to 759 in residential care and 218 in nursing care. Without doubt the impact on care homes during Covid-19 has been significant but the whole care and support market needs to continue to be supported and recognised for the key role it plays. This role extends beyond the support and safeguarding of vulnerable adults into the viability and growth of the economy of the City. Adult Social Care has a role to play in job creation within the city and making opportunities available for residents who may be displaced from other sectors as a result of Covid-19.

8 Rapid hospital discharge

8.1 the start of the pandemic Adult Social Care worked with Health colleagues to achieve the objective of freeing significant numbers of hospital beds. From a staffing perspective there were volunteers to cover the required social work capacity to support a 7 day a week 8am to 8pm model for the required period. From a market perspective there was one additional home support provider and three additional care homes that were contracted to support this important element of protecting the NHS. Of note is that the aspiration for 95% of patients to go home was achieved and sustained.

9 Areas of focus:

9.1 As we move forward and continue to live with Covid-19 there are four specific areas that we will focus on in terms of our ongoing response:

9.2 Support to carers

9.2.1 The impact on carers of Covid-19 to date has been significant and can be expected to continue as Covid-19 continues. Material impacts on carers are that opportunities for respite will be more limited as services operate on a reduced capacity due to social distancing. Many carers are also concerned about the personal economic impact related to job security. Demand for carers support is growing. For example, Carers Trust Heart of England report that over April to June 2019 compared with April to June 2020 the number of assessments for the CRESS (Carer Response Emergency Support Service) increased from 28 to 128 and hours of direct service delivery to carers increased from 262 to 455.

9.3 Service reinstatement

9.3.1 It is a point of fact that the vast majority of Adult Social Care has remained operational. The way we have done things has changed to be much more reliant on technology and remote working as opposed to face to face work but we have largely continued to operate. Wherever possible this will continue but flexibility and balancing risk will be the underpinning principles of how we progress. For some people with care and support needs and family carers the remote working approach has been extremely effective but for others it has not been as successful and as always Adult Social Care will not be a one size fits all service as we progress.

9.3.2 Where services did temporarily cease, including day opportunities, residential respite provision and travel training work is underway to bring these back where possible and in a Covid-19 compliant way. This includes supporting independent sector providers to reinstate services safely as well as restarting City Council provision.

9.4 Workforce support

9.4.1 Support to the social care workforce of approximately 9400 (850 directly employed by the City Council) has been a key aspect of our Covid-19 response. This has included administration of Government grant monies to financially support providers with a number of staffing measures in relation to Infection Prevention and Control.

9.4.2 Aside from the practical support including training and PPE provision the way the workforce is supported to continue to be effective and resilient in a Covid-19 context is a critical issue. As a local authority we will gain some insight to this through our workforce survey which is currently underway but how well both our own and the external workforce are supported is likely to be a critical issue in terms of both retention and attracting people to work in social care. Significant emphasis has been placed on the emotional resilience of our workforce with a variety of mechanisms used and the workforce survey provides opportunity to reflect on what has worked well and what can improve.

9.4.3 A specific workforce workstream has been established across Coventry and Warwickshire health and social care. This includes focus on recruitment and retention and ensuring that the care market is aware of training and development support offers.

9.5 Resourcing

9.5.1 The additional covid-19 related expenditure within Adult Social Care is currently estimated at approximately £4m for 2020/21 (Full Year Effect), however this could be significantly impacted further by either a second wave of the pandemic, any further changes in national policy, or any changes to national funding passported to the market. These costs are incurred primarily in relation to costs associated with supporting rapid hospital discharge and ensuring the provider market is resourced to put measures in place to ensure good infection control practice. Such infection control measures include the use of digital technology to continue to support remote assessments and reduce social isolation. These costs have been met by specific Covid-19 resources provided to the local authority in the short term. Should these costs be incurred on an ongoing basis there is a further financial sustainability risk to Adult Social Care. In addition, there may be additional resourcing required to ensure carers and the workforce are appropriately supported.

10 Options Considered and Recommended Proposal

10.1 The report is for information to bring to the attention of Coventry Health & Well-being Board the key areas of activity undertaken by Adult Social Care during the Covid-19 pandemic to date and the key areas of focus as we progress from this point.

10.2 Coventry Health & Well-being Board is asked to support this work.

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