



To: Coventry Health and Wellbeing Board

Date: 25 January 2021

From: Pete Fahy, Director Adult Services

Title: COVID-19 – The impact on Adult Social Care

1 Purpose

- 1.1 To update Health and Wellbeing Board on the current service position and impact of the COVID-19 pandemic on Adult Social Care in Coventry.

2 Recommendations

- 2.1 No specific recommendations. Report is for information and noting.

3 Information/Background

3.1 Summary of overall service position

- 3.1.1 Adult Social Care services have, in the main, continued to operate throughout the pandemic. This has been enabled by several significant measures being in place, including; comprehensive dynamic risk assessments, infection prevention and control processes and systems, supply and use of personal protective equipment (PPE) and the offer of alternative access to services via digital and self-services options. New ways of working have relied on digital agility and the flexibility and overarching good will of both the internal/external social care workforce and residents to support the service.
- 3.1.2 In the first wave of the pandemic some services ceased or were reduced due to the requirement for social distancing and other infection control measures. The implementation of Care Act Easements in April 2020 enabled the City Council to make prioritisation decisions that would otherwise be in breach of the Care Act 2014. This was a necessary and short term measure to direct resource to most in need. Following wave one services were re-opened or reinstated to wherever this could be done in a Covid compliant way, with the necessary infection prevention and control measures in place. Care Act easements have not been required beyond the first wave of the pandemic.
- 3.1.3 Adult Social Care operations have been and continue to be significantly impacted in a number of key areas:
- 3.1.4 **Commissioning:** The Commissioning Team have provided additional support to the external provider market throughout the pandemic across a number of priorities including;

capacity management, guidance and advice on implementing policy (for example, visiting), testing, and support with vacancy management. Support in managing the market impact of outbreaks to ensure continuity of placement provision has also been significant, and despite numerous challenges throughout the pandemic to date there has only been one case of provider failure and this was not due to COVID-19.

- 3.1.5 Maintaining Day Services and providing respite and carer support wherever possible has required changes to operating processes and reductions in numbers of those people accessing services to enable safe practices. The City Council has funded additional support for unpaid carers in order to help to sustain this resource and prevent carer breakdown and the need for formal support service provision.
- 3.1.6 **Financial Support to the market:** Alongside the operational support described above the Commissioning Team have worked with finance to manage additional financial support to the market from the Governments Infection Control Fund Grants (£5.6m) as well as a scheme of provider relief to cover the additional costs of COVID (£0.77m).
- 3.1.7 **Supporting our NHS partners:** The social care team based at University Hospital Coventry and Warwickshire has been operating seven days a week since March 2020. This has required revised working patterns and changes in working practices. Due to the short term nature of funding this is only secured to 31 March 2021 and work in ongoing to establish a sustainable resource to mainstream this way of system working. Significant pressure has been placed upon the team to ensure discharge is as speedy and efficient as possible in order to support health colleagues to manage demand and capacity.
- 3.1.8 The pressure placed upon the hospital has increased significantly in recent weeks and continues to grow as infection rates and the number of patients requiring intensive care and support rise. During the six week period commencing 1 December 2020 the number of referrals into the Hospital Social Work Team rose from 503 during 2019/2020 to 840 during the same six week period in 2020/21 – an increase of 40%. As we progress through the current stage of the pandemic Adult Social Care resources will be diverted as appropriate to support health colleagues in dealing with the unprecedented demands. This will inevitably mean focus on other, less critical but important, activity such as enablement and therapy will be impacted.
- 3.1.9 **Community Social Work:** Adult Social Care front door demand initially saw a gradual decline in completed contact assessments (referrals), since the first wave of the pandemic in 2020. The number of 'involvements', anyone requesting support is broadly similar to pre COVID-19. The proportion of this activity being centred around those already in receipt of support is a higher proportion. Prior to the COVID-19 pandemic the average number of new involvements in cases was 257 per week and this dipped to 229 per week and is now at 236 average per week. Social Work staff continue to work from home and do as many of their duties from home as possible and only undertake face to face assessments where necessary using appropriate PPE and safety measures.
- 3.1.10 **Adult Safeguarding:** Safeguarding concerns and enquiries data comparing 2020/21 to similar periods in 2019/20 identified a decline in safeguarding concerns and any subsequent enquiries, however in more recent months Oct to Dec 2020 there is evidence of improvement in numbers and in December 2020 the number of Safeguarding concerns raised was 329 compared to 320 in December 2019. There is no significant change in the nature of safeguarding referrals being received to determine and changing trends as a result of Covid-19.

- 3.1.11 **Shielding** – Leadership and Co-ordination: In addition to business as usual operations Adult Social Care have undertaken a lead role in co-ordinating support for all 3 national lockdown periods, which advised Clinically Extremely Vulnerable residents to shield. This has been a significant undertaking (there are currently 15,743 people on the shielding list in Coventry). Over 400 of these people who have been considered a priority and been contacted in lockdown 3. This priority group includes people who have requested support, are new to the Patient Shielding List (supplied by the NHS) and people who were supported with accessing food supplies during the last wave of shielding. There is a significant reduction in the number requiring support between lockdown 1 and lockdown 3 due to individuals largely making alternative arrangements to improve resilience between lockdowns.
- 3.1.12 A food triage approach is in place supporting self-sufficiency and helping people to overcome any barriers in accessing priority supermarket delivery slots. City Council call handlers will also establish if the person has any basic support needs. Feeding Coventry has again been mobilised to provide an interim local food delivery offer to those without alternative support and/or until arrangements are in place for food supply. Text messages are also being sent to circa 8,000 people on the Shielding Patient List who have a mobile phone to signpost to council support. Plans to contact all shielding residents again at the end of January are being formulated. This follow up contact will be used to remind residents of local support arrangements and to signpost them to advice such as mental health support.
- 3.1.13 **Financial impact of COVID 19:** Whilst the immediate financial impacts of COVID are being supported by short term grants the longer term position is much less certain. With longer term financial impacts expected from Long COVID, the mental health impact of COVID and isolation, increased operational costs to the market, increases in unit costs from capacity restrictions, increased family anxiety surrounding the safety of some care settings and the impact of COVID on carers, the future position remains a significant challenge. With no clarity over future funding arrangements and limited information regarding additional short term COVID funding into the new financial year this only adds to an uncertain financial picture.
- 3.1.14 **Workforce:** The impact of COVID 19 upon the adult social care workforce has created higher levels of absences due to sickness or self-isolation. Staff have to date been responsive and accommodating of continual changes and additional expectations including; 7 day working, working in different roles or settings and altered working patterns. These arrangements have been put in place on a short term but frequently extended basis to enable services to continue operating. Staff have been supported through a variety of methods including; regular supervisory support, virtual team and whole service briefings, staff bulletins, sharing of wellbeing guidance and advice and flexible approaches to enable staff to work effectively from home. Commissioned services have received support with workforce issues including a Council offer of support with recruitment and support from the Commissioning Team in relation to retention and maintaining staff wellbeing.

4 Options Considered and Recommended Proposal

- 4.1 The above summary demonstrates an overall summary position for Adult Social Care at the current stage of the pandemic. No specific options or proposals are recommended.

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