Adult Social Care Response to COVID-19 Pandemic

People & Select committee: 17 July 2020

Norfolk County Council

Overview

The department and its dedicated staff have flexibly and efficiently responded to the COVID-19 crisis, focusing on the following key challenges and issues:

- Keeping people who use our services safe
- Finding ways to support people who did not want face to face visits
- Working with the NHS to free-up hospital capacity
- Supporting care homes to provide safe care, and managing outbreaks when they occurred
- Financial support to the market of £5.2m
- Advising about Personal Protective Equipment (PPE) and distributing stocks to providers
- Supporting our teams to work safely

Norfolk County Council

Key Issues and Risks

- ✓ Changing guidance on face-to-face working and Personal Protective Equipment (PPE) requirements
- ✓ Differing levels of capacity within care providers to respond
- ✓ Sustaining safeguarding support was more challenging with social distancing requirements
- ✓ Using staff in an adaptive way
- ✓ Modelling how much extra capacity could be needed and then opening it
- ✓ Significant early focus on hospitals, followed by a focus on care homes
- ✓ Sourcing sufficient PPE
- ✓ Financial gap resulting from the pandemic

Norfolk County Council

COVID-19: Social Care

Norfolk County Council

Social Care: Focus and Challenges

- ✓ Reaching all those we support to risk assess their situations and ensure they are coping
- ✓ Maintaining a safeguarding focus while only being able to visit in exceptional circumstances
- ✓ Helping and supporting staff to work effectively remotely
- ✓ Providing guidance and PPE for staff undertaking critical face to face work
- ✓ Responding to urgent changes for hospital discharges across all 3 acute hospitals

Norfolk County Council

Social Care: Response

- ✓ Risk assessed around 8000 people to ensure contingency plans were in place
- ✓ Called all individuals with learning disabilities whose usual activities had been stopped because of social distancing to offer support and check on welfare. (This support continues)
- ✓ Commissioned urgent respite to prevent carer breakdown for people with learning disabilities
- ✓ Moved to 7-day a week working to ensure continuity
- ✓ Called around 2100 people with direct payments
- ✓ Focused work on waiting lists and review lists
- ✓ Re-designed community teams to support hospital discharges – involving social work, occupational health teams and brokerage. Based on Home First principles

Norfolk County Council

Reflections and Lessons learned

With the right tools, remote working is highly effective and can deliver good quality care

The resilience of our many informal carers

Strengthened communications across teams through digital methods – gave a sense of shared purpose and kept everyone informed

Many people really valued the check-in calls we were able to do

New innovative ideas came through – many of which people want to keep

Resilience and adaptability of our staff - 'moving' to different roles, working differently

Norfolk County Council

COVID-19: Residential Care

Norfolk County Council

Residential Care: Focus and Challenges

Protecting residents

- ✓ Infection control – supporting effective isolation, PPE, testing
- ✓ Outbreak management – responding to outbreaks in residential care settings

Supporting providers

- ✓ Market stability – supporting a range of providers, differing size and scale, differing models of care
- ✓ Advice and help - providing coordinated guidance and support for providers
- ✓ Other services – challenges supporting other non-residential care providers, such as day services where urgent work was needed to support them through the process of considering safe delivery

Working together

- ✓ Communications and engagement – providing the right messages, at the right time, in the right way
- ✓ Working together across health and care – providing wrap-around support in residential settings but in a pandemic situation

Norfolk County Council

Residential Care: Response

Protecting residents

- Multi-disciplinary outbreak team established with quality monitoring officer, infection control nurses and public health consultants to respond to outbreaks, and prevent further outbreaks
- 2 million+ pieces of PPE delivered to providers and guidance given on how to use them
- Care Home Support Plan

Supporting providers

- Swiftly ensured that providers had continuity of income offering a premium payment of 6%
- £4.6m provided to residential care at the beginning of June with further in July
- Currently undertaking a proactive approach to identify challenges within the care market, including provider stability and issues
- Advised care homes on making admissions from acute hospitals by thinking safely about how to accommodate people who needed to be isolated
- Conducted virtual Quality Monitoring Reviews of care services Action Plans and Quality Monitoring Officers supporting providers with regular conversations

Working together

- Established early on a dedicated and single point of contact ‘Provider Hub’
- Made regular and proactive phone calls with residential and domiciliary care providers
- Joint (NCC & CCG) regular communications to residential, nursing and domiciliary providers keeping them updated of the steps Norfolk are taking to support them

Norfolk County Council

Reflections and Lessons learned

Planning for winter will be critical – work has already begun on plans to support the market (e.g. flu, capacity)

Joint health and social care communications with the care market was essential and should develop further

The intensity of the emergency has accelerated understanding of whole system working; organisations like NORCA are increasingly vital in ensuring that the voice of the care market continues and strengthens

Ongoing market stability – work continues even though we have passed this wave of COVID-19

The value and respect for care workers must be maintained and recognised. Recruiting in Norfolk to the care sector is highly challenging.

It is critical we do not lose the effective working and support for our care market post-COVID, embedding that approach in business as usual

Norfolk County Council

COVID-19: Hospital Discharge

Norfolk County Council

Hospital Discharge: Focus and Challenges

- ✓ Ensuring Care Act principles were maintained while safely discharging people in hospital to free up capacity
- ✓ Ensuring a strong social care voice in hospitals, even though most social care staff had moved out
- ✓ Re-organising social care and occupational health care teams to assess in the community – not in hospital
- ✓ Tracking and recording all discharges when changes were happening at pace
- ✓ Ensuring that people who went into temporary beds were quickly reviewed to maximise their independence
- ✓ Many people once discharged did not want care staff to visit them
- ✓ Ensuring there was a clear audit trail for reclaiming costs from the NHS

Norfolk County Council

Hospital Discharge: Response

- ✓ Re-organised teams over a very short period to adapt to new ways of working
- ✓ Re-deployed staff to support this teams – for example – using Assistive technology staff differently
- ✓ Moved to seven day cover to maintain flow and avoid unnecessary delays
- ✓ Put in place a robust process for calling on Care Act ‘easements’ if required. (Not used)
- ✓ Maintained highly effective arrangements - including throughout the peak.

Norfolk County Council

Reflections and Lessons learned

Removing the ‘is it health or social care’ debate at the time of discharge allowed focus on timely home first discharge.

Locally we included mental health in the discharge arrangements which greatly improved previous delays

Suspension of existing continuing health care processes removed ‘gate-keeping’ discussions and supported people out of hospital quickly, and then allowed good professional follow up.

Our strong existing integration meant collaboration and trust was already in place and allowed us to move swiftly

Multi-disciplinary ‘huddles’ outside of hospitals supported people to retain independence

Home first requires changes in acute settings – not just community settings

Norfolk County Council

COVID-19: Additional Capacity

Norfolk County Council

Additional Capacity: Focus and Challenges

Responding to the pandemic

- ✓ Discharge to Assess– responding to a sudden change in policy and need to urgently support hospital discharges
- ✓ Residential care – ensuring sufficient capacity in bedded care
- ✓ Domiciliary care – ensuring people could be supported back to their own home

Protecting residents

- ✓ Ensuring safe isolation space to protect our residential settings and their residents

Working together

- ✓ Need to quickly work together to ensure sufficient joined-up health and social care capacity
- ✓ Vital to listen to care provider feedback as the pandemic developed

Norfolk County Council

Additional Capacity: Response

Responding to the pandemic and protecting residents

- Quickly mobilised increased bed capacity in the system, for people with all types of needs, using both existing providers and mobilising a new step-down unit from scratch
- A new step-down facility has been established at Cawston Lodge
- Commissioned additional hours of enhanced home care to support people home
- Agreed a whole-system process for hospital discharge of people who were COVID-19 positive or negative
- Community response team established 7-days a week
- A Norfolk wide approach to provision of temporary housing and supported accommodation

Working together

- Joint planning between social care and health to identify and mobilise additional capacity in the community, building a process for making joint decisions on capacity as a system
- New capacity - strong relationships and trust already in the system meant we made decisions at pace; shared data and as a result protected residential settings as much as possible
- Joint brokerage and implementation of the national tracker to support hospital discharge and track system capacity

Norfolk County Council

Reflections and Lessons learned

Joint working was critical to delivering increased capacity at pace

The Better Care Fund is a golden opportunity to sustain the strong integrated working we've seen - targeted to the community end of admission avoidance and discharge

A 'home first' approach must guide as much as possible our future planning and be a key priority

We prepared for a worst case scenario to support our care market

Funding process for discharge to assess significantly increased the speed of flow through and out of hospitals

The increasing need for enhanced levels of care for our population and challenges in securing workforce has been further highlighted by the pandemic

Norfolk County Council

COVID-19: Safeguarding

Norfolk County Council

Safeguarding: Focus and Challenges

- ✓ 25% reduction in safeguarding concerns and 18% reduction in safeguarding enquires compare with March and April 2019
- ✓ National concern about an increase in domestic violence was not initially apparent but the number of concerns raised is now increasing. Huge increase in scamming
- ✓ Staff unable to visit care provider settings except in extreme circumstances. This has made it more difficult to assess mental capacity; harder to hear the voice of the person (Making Safeguarding Personal); not possible to look at provider practice in person; not possible to carry out unannounced visits in person
- ✓ MASH reported a rise in assaults between residents, behaviour management issues in nursing care and private hospitals and people absconding from care services as COVID-19 places an additional strain on residents and staff in provider settings
- ✓ In the early stages of the pandemic there were risks to people with dementia/LD who did not understand social distancing
- ✓ Many reports about care providers not using PPE properly or providers not getting the support they need

Norfolk County Council

Safeguarding: Response

- Worked with the Norfolk Safeguarding Adults Board (NSAB) to share key messages with partner agencies asking for increased vigilance and for staff to raise concerns
- Worked with NSAB to launch a publicity campaign to draw public attention to signs of abuse and encourage reporting. NSAB collated information on known scams and shared with partners
- £200K emergency spend for domestic violence services in the first weeks of lock down
- Use of video-conferencing, telephone, creative solutions such as speaking through windows at a distance, ‘virtual unannounced visits’
- Close liaison with Quality Assurance team who continued to carry out some visits to care providers. Legal challenge to ‘stay home’ for people with LD/Autism welcomed. Operational meetings with statutory partners (Police, Health, ASSD, NSAB)
- Guidance document developed to address issue of people not social distancing, with partner agencies and NSAB
- PPE and provider support queries agreed as Quality Assurance issues unless anyone has come to harm

Norfolk County Council

Reflections and Lessons learned

The use of video-conferencing has proved successful. Some scope to continue to work remotely and free up capacity but there will always be circumstances where there is no substitute for a visit

Consideration is being given to potential COVID-19 related SAR requests. Pragmatic approach needed to ensure safeguarding boards across the country are not all carrying out SARs on the same topics. Joint reviews? National reviews? Thematic approaches? Shared learning?

Statutory partner meetings have been extremely helpful to share information and approaches.

The increase in domestic abuse cases has increased appetite for learning in this area so domestic abuse information, courses and services will be promoted

The pandemic illustrated that there will always be unforeseen problems and we demonstrated our ability to be agile in developing responses.

The publicity campaign need join up with all partners.

Norfolk County Council

Looking Ahead

Norfolk County Council

Overarching Objectives for Recovery

- ✓ **Managing the re-set and recovery activities across Adult Social Services**
- ✓ **Shaping and influencing the "new normal" across the Council and wider systems**
- ✓ **Developing our response to the anticipated surge in need / demand** (over next 6 months)
- ✓ **Preparing for a "second peak" or lockdown,** alongside usual winter pressures
- ✓ **Supporting staff resilience**
- ✓ **Managing the financial implications of Covid 19 and the gap in ASC funds**

Norfolk County Council

Recovery Workstreams

01 Transforming Day Services

02 Care Home Support Plan & Enhanced Health in Care Homes

03 Review of Brokerage & eBrokerage

04 Carers SIB Delivery and Interim Support for Carers

05 Front Door, Social Prescribing, Living Well & Community Support

06 Stabilising the Care Market

07 Review Integrated Discharge Teams and Pathways

08 Discharge figures, Temporary Accommodation Placements & Home Care Suspensions

09 Phased Return to Face-to-Face Services & Home Visits

10 Sustaining Remote Working and Phased return to Office-Based Working

11 Staff Support and Wellbeing

Norfolk County Council

Opportunities

Virtual approaches into future delivery to free up capacity (where appropriate)

The partnership-led community approach - opportunities for further collaborative work on **community support, demand management and Living Well.**

System leadership approach to **providing accommodation and support to those with complex needs -** improving outcomes, and reducing costs to the wider system.

Remit to transform at pace and remove organisational barriers

The Better Care Fund is a golden opportunity to sustain the strong integrated working

The intensity of the emergency has **accelerated understanding of whole system working** - eg. Discharge to Assess

Recognition of the value of and respect for care workers.

Joint health and social care communications and support with care market

Norfolk County Council

Thank you.

Norfolk County Council