Covid-19 Response: Supporting Vulnerable Adults in Norfolk

Scrutiny Committee – 22 July 2020

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Overview

Staff have flexibly and efficiently responded to the COVID-19 crisis focusing on the following key challenges and issues:

- **Protect people** – mitigating the impact of the pandemic on service users, the vulnerable and shielded.
- **Protect the NHS** – creating capacity in the NHS to enable them to respond to increasing demand resulting from the pandemic.
- **Support Care Homes** – keeping care homes safe during the pandemic

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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

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COVID-19: Social Care

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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

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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

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Reflections and Lessons learned

With the right tools, remote working is highly effective and can deliver good quality care, but recognising that there will always be circumstances where there is no substitute for face-to-face

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

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COVID-19: Safeguarding

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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

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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

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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.

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COVID-19: Delivering essential support and supplies to those most in need

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Befriending support for vulnerable and isolated people

Customer calls

Referred from social care / Hub

Outbound call identifies need for social contact

Passed to volunteer co-Ordinator via NVH

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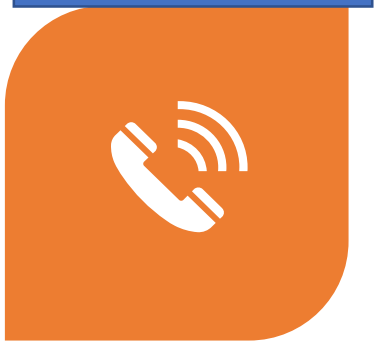
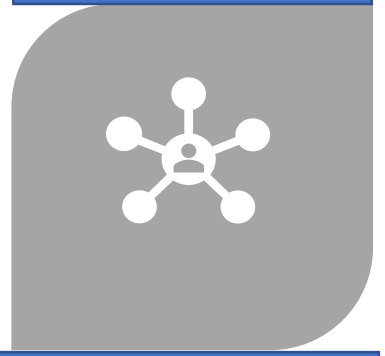
Social isolation support



Volunteer

Either based on a referral from the customer service centre, social care or the District council.
The volunteer co-ordinators will connect the customer with a volunteer to make befriending calls and potentially visits for a chat at a socially distanced point.

Targeted support – social connection



Loneliness and Isolation service

Should the customer require longer term support to tackle loneliness and social isolation by reducing barriers, providing new opportunities for involvement, delivering one-to-one assessment & coaching interventions and support to individuals then the volunteer can refer (with consent from the customer) to the Better Together helpline **0300 3033920**

There are a whole range of existing offers across the county where the customer can be directed.

Mental health need

Wellbeing service (or Social Care)

Customer can then be referred to the wellbeing service (NSFT) if they need more specialist support for their mental health **0300 123 1503**

Struggling to cope with anxiety, really low, can't face leaving the house, hard to talk to others anymore

NB whilst Better together and the Wellbeing service are accessible to residents regardless of referral, it is felt that the support of a warm handoff will ensure that the customer accesses the support that they need

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Outline communications plan to build confidence in the Shielding and general population

- **Overarching message**: “If you need help – contact us. We are still here to help anybody who may be or become vulnerable during the coronavirus pandemic.”
- Clear comms relating to changing government guidance using a variety of media platforms
- Continuing phone calls from libraries to offer support to the digitally excluded
- Advice over continuity of priority delivery slots
- Directing residents to the Wellbeing Service (NSFT) to obtain support with any anxiety they may be suffering
- **In addition; developing a communications plan** around wider vulnerability as a result of the crisis including simple referral pathways to Norfolk assistance scheme and the VCSE sector to get people to support quickly

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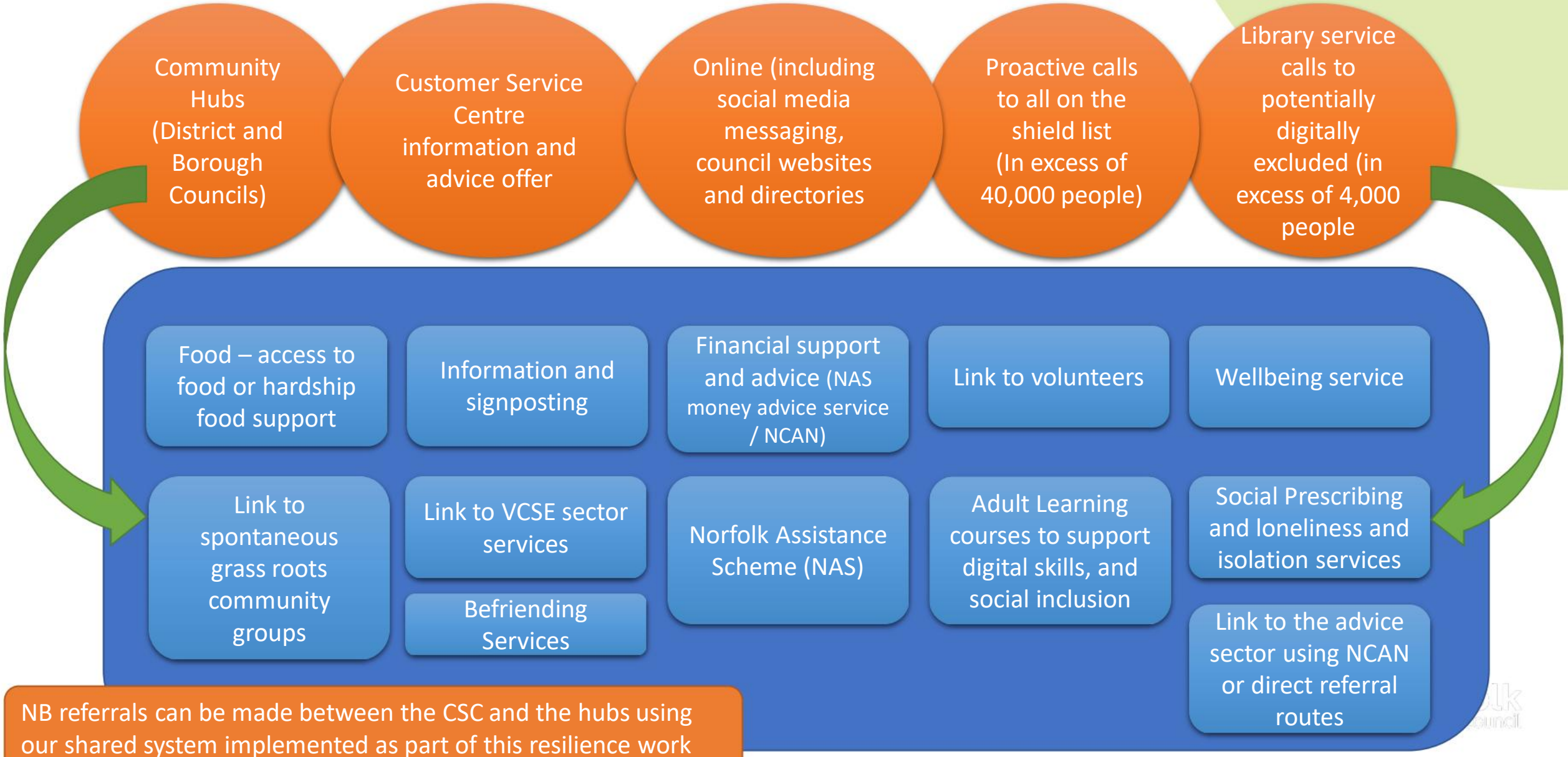
Pathways to information to support people



NB referrals can be made between the CSC and the hubs using our shared system implemented as part of this resilience work

Building on this community resilience programme to support community infrastructure

- We are progressing on the work of the “Community resilience cell” and the pace of collaborative change we were able to harness to:
- Agree a set of strategic priorities across each of the 7 district areas
- Prioritise the resources and services we have (across the system) in order to reduce the demand on our reactive services by supporting people early and link with key transformation activities such as Promoting Independence and Supporting children and families, Children and young peoples mental health services
- Ensure community capacity, linked with the re-shaping of the working together partnership to support the VCSE sector to respond to the fast paced change in demand
- Develop a single source of information on services in collaboration with other directories in Norfolk (Lily, Brightmap, Lumi) to provide information at an early stage to those who need it, promoting self help

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COVID-19: Hospital Discharge

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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

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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.

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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

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COVID-19: Additional Capacity

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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

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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

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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

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COVID-19: Residential Care

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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

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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
- Supplied and supported infection control through the administering of £4.6m of ICF grant – with another £4.6m to hopefully be provided in July.
- Care Home Support Plan

Supporting providers

- Swiftly ensured that providers had continuity of income by paying them an additional premium payment of 6% in April, worth £2.5m (residential £2.2m, nursing £0.3m), and a further £0.8m in July (residential £0.7m, nursing £0.1m)
- Currently undertaking a proactive approach to identify challenges within the care market, including provider stability and issues. Whilst also encouraging providers to approach us through a claim template if they needed additional support above the 6% payment.
- 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

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Financial Support (Care Homes)

Supporting cashflow

- For Care Homes we continued to pay on our usual automatic payment process to ensure consistency of payments

Supporting with additional cost

- Swiftly ensured that providers had continuity of income and could cope with some of the immediate additional Covid-19 related costs by paying them an additional premium payment of 6% in April, worth £2.5m, and a further £0.8m in July
- Currently undertaking a proactive approach to identify challenges within the care market, including provider stability and issues. Whilst also encouraging providers to approach us through a claim template if they needed additional support above the 6% payment.
- 2 million+ pieces of PPE delivered to providers and guidance given on how to use them

Supporting with Infection Control

- Supplied and supported infection control through the administering of instalment 1 of the ICF. £4.6m of which has been paid to Care Homes providers.
- Similar amounts will be administered in July when our funding is confirmed and received from Central Government.

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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

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Thank you.

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