Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

13th July 2020

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH, SERVICE DIRECTORS, COMMUNITY SERVICES, AND DIRECTOR OF TRANSFORMATION AND SERVICE IMPROVEMENT

RESPONSE TO COVID-19 IN ADULT SOCIAL CARE AND PUBLIC HEALTH AND FUTURE PRIORITIES

Purpose of the Report

1. The report accompanies presentations to the Committee on the departmental response to the COVID-19 pandemic, key decisions and actions undertaken during the emergency response period and future plans for recovery and transformation.

Information

Public Health Service Priorities

2. From a commissioning perspective, the main priorities for Public Health over the next three to six months are to stand up all services and implement recovery plans to resume all activity in a phased way, based on government guidance and the easing of national restrictions. This will incorporate the good practice and learning that has taken place during the emergency response phase.

3. Alongside commissioned activity, work is underway to develop and operationalise arrangements for Local Outbreak Control Planning. Current planning assumptions anticipate these arrangements will be required for the next 12 months. A reassessment of other Public Health priorities is therefore taking place and will be finalised when the resource requirements of Local Outbreak Control Planning are clearly defined. Other priorities include, for example, service recommissioning and the development of health impact assessments to inform system-wide planning.

Public Health Funding

4. The Department of Health and Social Care (DHSC) confirmed the Nottinghamshire Public Health ring-fenced grant allocation for 2020/21 at a value of £41,560,794. This represents an uplift of 3.8% compared with 2019/20 and is a modest reversal of the year-on-year reductions to the grant, in excess of £1m per year, which have been applied since 2015/16.

5. The uplift includes an adjustment to cover the estimated additional NHS Agenda for Change pay costs of eligible staff working in organisations commissioned by the Local Authority to deliver public health services. These costs were previously funded directly for providers from the DHSC. Although further work is required with providers to establish exact costs, it is estimated this will be in the region of £575,000 per year.

6. In response to the impacts of COVID-19, several immediate investments have been made from the Public Health Grant:

Service area	**Summary**	**Cost (2020/21)**
Mental health and wellbeing	Funding for 6 months to avoid the closure of the Tomorrow Project, a community and voluntary service providing support for individuals and communities to prevent suicide. A rapid review will identify the extent to which the service is unique in meeting needs relating to suicide crisis that are not met elsewhere in the system and how this service fits with mental health commissioned services.	£65,352
	Funding for 12 months to support Harmless, a community and voluntary service established to respond to the needs of people who self-harm or are at risk of self-harm and suicide. The funding will support the continued delivery of training sessions which aid identification of mental health issues, promote self-management, sign post to additional support, and prevent escalation of mental ill health.	£30,000
	Funding for 6 months to support additional capacity of Kooth, an online counselling and emotional wellbeing platform for children and young people, following an increase in the number of referrals during lockdown.	£8,400
Domestic abuse	Funding for 6 months to establish additional domestic abuse emergency refuge accommodation, following emerging evidence of an increase in incidences of domestic abuse as a result of lockdown.	£120,000
	Total	£223,752

7. After accounting for the total cost of these investments, and those associated with the NHS Agenda for Change pay uplift, it is forecast that £130,000 of uncommitted grant funding is available during the current financial year. A contingency of £300,000, held for emergencies, is also available if deemed appropriate.

8. More detailed forecasting is taking place to understand the level of likely demand for commissioned services in the medium and long term as a result of COVID-19. This will form part of funding proposals brought to a future meeting of the Committee.

Adult Social Care - Living Well and Provider Services priorities

9. The priorities for Living Well services over the next six months are to develop a recovery plan that supports the implementation of the new Living Well model from 1st September.

10. The new model will embed a place based, multi-speciality approach to supporting adults with learning disabilities, mental health issues, Autism Spectrum Disorders and physical disabilities with a focus on a strengths-based approach to maximise independence.

11. Partnership working will be a key element to the new model and the intention is to align the Living Well teams with key partners such as health, housing and the voluntary sector through local Primary Care Networks, alongside their Ageing Well colleagues. This will help to build relationships across organisations and professional groups of staff to develop an integrated community offer that delivers a person-centred, holistic approach to continuous lifetime care.

12. The experience during the COVID-19 pandemic has been that partnerships and relationships have grown and strengthened and there are opportunities to build on this, but consideration will need to be given as to how to bring new teams together and develop partnerships remotely whilst adhering to social distancing requirements.

13. There are a few exceptions to place based multi-speciality teams, where teams will remain as single countywide functions, as follows: AMHP (Approved Mental Health Professionals) team, Preparing for Adulthood team, Complex Lives team and the Flexible Response team, although partnership working will be equally important.

14. The priority for Provider services over the next six months is to develop a recovery plan that sets out how we will support older, disabled and vulnerable adults and their carers whilst social distancing measures are still in place and the use of our buildings remains compromised.

15. Work to assess need and risk of all individuals usually supported will need to be undertaken to determine the nature of support required and how best to offer safe and consistent support.

16. Provider services have had to significantly change their operating model during the COVID-19 pandemic and respond to emerging needs that may not have previously been business as usual. For example, short breaks services have taken admissions of older adults from hospital for short term care. This has not only provided an invaluable resource but has also added to the skill set of the staff team and consideration is being given to how the Council can further develop services in light of this experience.

17. Key areas for further strategic work over the next 6 to 12 months are as follows:

    - Mental Health

- Autism Spectrum Disorder
- Transforming Care
- Preparing for Adulthood
- Housing
- Employment
- Technology Enabled Care
- Service and Market Development including a commissioning review of day services and short breaks services and expansion of the Shared Lives scheme.

Ageing Well Service Priorities

18. The main priorities for Ageing Well services over the next six months are to develop and implement a recovery plan that locks in the benefits of the COVID-19 emergency hospital discharge arrangements, alongside implementing the Maximising Independence Service and the rest of the Workforce Remodel on 1st September 2020.

19. Alongside this we will be developing a vision for quality community services for older people. This will build on learning from the Community Volunteer Hubs established via the Humanitarian Assistance Group. It will aim to increase the opportunities and benefits of older adults engaging and accessing support from their local communities, whilst increasing strength-based approaches that in turn reduce reliance on formal services, including residential and nursing care. This work sits within the development of the cross cutting corporate transformation programme, as well as the development of multi-disciplinary teams and community assets within the Integrated Care Partnerships and Primary Care Networks.

Hospital Discharge and Re-ablement

20. On 19th March, an instruction was issued from the Government to Clinical Commissioning Groups and Local Authorities to prioritise hospital discharge and nationally discharge some 20,000 people to ensure capacity existed to support patients with COVID-19. This required the rapid establishment of two virtual, seven day a week 'Integrated Health and Social Care Community Discharge Hubs' operating from 8am to 8pm to take all referrals from hospitals. Staff in the Hubs make the decisions about what the right community care services are for anyone requiring support when well enough to leave hospital.

21. The national requirements also set a three hour time limit (instead of the previous 48 hours) for people to leave hospital once clinicians have assessed them as 'medically fit for discharge'. It also required local authorities to work in partnership with community health colleagues to put in place a model called 'Discharge to Assess' (D2A). This means that an initial discharge plan is made about what support a person needs to return home on that day and is followed up rapidly with a home visit to assess for future re-ablement and longer term needs. Staff have fed back positively about the benefits of assessing people when back in their home environment, because it improves the ability to promote independence and positively manage risk. The majority of people are returning to their own homes after hospital and the period of time people wait to be discharged has been reduced and retained to an excellent level of performance.

22. The changes required the Council and Community Health Teams to redeploy staff into the Hubs and also into rapid community response re-ablement and homecare. To establish

the 'Discharge to Assess' model, the Council created a new internal homecare service as part of its existing START Re-ablement Service, to be the default pathway for social care out of hospital. This increased the number of people that the service could work with each day from 90 to 140 and was achieved by temporarily redeploying staff from day services and a successful recruitment campaign for new temporary staff.

23. The same guidance set out that the costs of all new packages of care that support hospital discharge and avoidance would be met via the NHS. A process is in place for commissioning this care and support and recharging health for these costs. It is anticipated that this funding will continue until the end of July, potentially longer.

24. Recovery plans are being developed jointly with health. For adult social care, it is currently anticipated that the workforce remodel includes sufficient staffing for the integrated Hubs within their current operating hours, which has been reduced since initial implementation in line with national guidance. The reduction mirrors the availability of hospital staff to make clinical decisions and organise referrals, the majority of which still come through Monday to Friday with minimal to zero referrals at weekends. This is an area for further work to agree the future model with hospital trust colleagues.

25. As part of recovery planning, an assessment of the population re-ablement needs of people leaving hospital and living in the community is being developed jointly with health partners. This is initially focusing on maintaining the new D2A model as staff who have been temporarily redeployed are now gradually needing to return to their original posts, alongside rising demand of business as usual work coming through from the hospitals. D2A has been piloted in some areas of the County, but never fully rolled out until the COVID-19 emergency. The work will establish if there are gaps in home and accommodation based re-ablement capacity and consider options for this. In the medium term the population needs assessment will inform Ageing Well's future vision and model for both home and accommodation based re-ablement. The work is being done jointly with health colleagues and will be brought to Committee as appropriate.

Recovery and Transformation

26. As shown above, Adult Social Care and Health has continued to provide services to those who need them most, albeit sometimes in a different way or a different setting, throughout the pandemic period.

27. In line with government guidance, current working arrangements remain in place, such as working remotely where possible, and where this is not working to social distancing guidelines and making appropriate use of Personal Protective Equipment.

28. In preparation for exiting the emergency phase, planning is underway on how to restore some services at the appropriate time, and the opportunity to transform, whilst taking into account government guidance and assessing risk to ensure people are protected. The department continues to adjust when needed to ensure the safety of people receiving social care support, staff and partners.

29. The recovery planning is taking three phases – review, assess and plan and transform. The departmental recovery plan will be finalised in July.

Other Options Considered

30. There are no other options considered as the report and presentations provide an update on the work undertaken and decisions made during the emergency response period.

Reason/s for Recommendation/s

31. The report and presentations share with Members the work that has been taking place across Adult Social Care and Public Health whilst the department has been operating under an emergency operating model in response to national guidance, and in the absence of the Council's Committee meetings and Member scrutiny. The report also indicates priority areas of work and next steps for the future.

Statutory and Policy Implications

32. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

33. The report on support to care providers, also on this agenda, highlights some of the costs to Adult Social Care and Health associated with responding to the pandemic. It is not possible to say with certainty what the overall costs to the department of dealing with the pandemic will be at this time. A further report on the departmental budget and the impact for the future budget will be brought to Committee in due course. The investment of the Public Health grant in specific services and support in immediate response to issues raised by the pandemic is identified in **paragraphs 6 and 7**.

Human Resources Implications

34. Staff have been redeployed into critical services and emergency models within the department as required to respond to the pandemic.

Implications for Service Users

35. Safeguarding people at increased risk as a result of the pandemic, providing continuity of care for people supported by the Council and meeting the needs of people who did not require support prior to the pandemic have been the department's priorities.

RECOMMENDATION/S

1) That Members consider whether any further information or actions are required in relation to the department's response to the COVID-19 pandemic and decisions made during the period March to June 2020.

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Constitutional Comments (AK 24/06/20)

36. The report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 26/06/20)

37. The financial implications are contained within paragraph 33 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

Electoral Division(s) and Member(s) Affected

All.

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