

20 September 2021

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

UPDATE ON ADULTS AND HEALTH RECOVERY FROM COVID

Purpose of the Report

1. This report seeks approval of the conclusion of the department's COVID-19 recovery plan for wave one of the pandemic, as outlined in the report to Committee in September 2020.
2. This report seeks approval of the department's recovery plan and recovery priorities for wave two of the pandemic.
3. This report seeks approval for additional investment on a temporary basis to deliver and accelerate Adults recovery from the pandemic and the Service Improvement Programme as outlined in the report to Committee in July 2021.
4. This report seeks approval of the resources required to support the Quality Market Management Team transition to recovery from the COVID-19 pandemic on a temporary basis until March 2022.

Information

Background

5. In September 2020 Committee approved the Recovery Plan and priorities for the Adult Social Care and Public Health department following the implementation of emergency operating models in response to wave one of the Coronavirus pandemic.
6. Since then the department has been responding to a second wave of Coronavirus, with Public Health implementing a systemwide testing and vaccination programme with partners across the County and has led the response to the recent COVID-19 delta variant outbreak, as part of its continued additional responsibilities for COVID-19 Outbreak Management.
7. The Department of Health and Social Care published a policy paper entitled Adult Social Care: Our COVID19 Winter Plan 2020 to 2021 on 18th September 2020. The policy paper put into practice the recommendations of the Social Care Sector COVID-19 Support

Taskforce and set out actions for Local Authorities, Clinical Commissioning Groups and care providers to take over the winter period.

8. In response to this the department developed a COVID-19 Winter Plan which was published on the Council's website on 31st October 2020 and a letter sent to the Department of Health and Social Care to provide reassurance that the Council had a winter plan in place and was working to meet all the Department of Health and Social Care requirements in full.
9. The department's Winter Plan was successfully implemented by 31st March 2021.
10. In June 2021 Committee approved the arrangements to sustain the delivery of the Local Outbreak Management Plan until September 2023, with the introduction of a COVID-19 response service within Public Health. This development sits alongside the wider corporate approach to recovery set out in a COVID-19 Recovery Framework which was presented to Policy Committee in July 2021 (see Background Papers for further information on both reports).
11. In July 2021 Committee approved £3.3m of investment to support increased demand across Adults as a result of the pandemic and also areas identified that would accelerate COVID-19 recovery, with improvements to services that will build back better ways of working and the investment required in the short term to support this.

Conclusion of COVID-19 wave one Recovery Plan

12. The recovery plan for the first wave of the pandemic was presented and agreed at Committee in September 2020, and the recovery action plan was progressed and monitored through the Recovery and Transformation Group which was set up as part of the governance structure for recovery in June 2020.
13. Whilst the department began to implement actions to reset and transform there was emerging evidence that a second wave of the pandemic was likely, and a second national lockdown was introduced on 5th November 2020.
14. There were some successful initiatives during the first wave that are still in place today such as the Emergency Response Support Framework, which provides a toolkit for managers in the department for any emergency and was based on learning from wave one of the pandemic, and a new emergency workflow for hospital discharge.
15. The department also introduced a co-production steering group which has continued to flourish over the past 12 months, and further investment was approved to develop this approach further in the report to Committee in July 2021.
16. Collaboration with partners during the pandemic has continued across the County through the Local Resilience Forum network.

COVID-19 wave two

Departmental Challenges seen during wave two of the pandemic

a) Care Homes – Coronavirus outbreaks

17. The Coronavirus outbreaks managed and supported by the Quality and Market Management Team during wave two of the pandemic have been on a much larger scale than in wave one with 286 outbreaks in total across care homes, supported living and housing with care services. At one point Quality and Market Management Team colleagues were managing up to 100 outbreaks.
18. In order to mitigate this demand on resources a multi-agency system “Taskforce” was established in November 2020 to co-ordinate the response and support to providers and manage risk to the market.
19. In addition to this the department initiated a Care Home Response Hub, to provide extra workforce capacity when it was needed by the deployment of staff from internal services.
20. However the extra demand to manage outbreaks affected the business as usual tasks undertaken by the Quality and Market Management Team, with further details and a request for investment detailed in **paragraphs 49 to 54** .

b) Social Care Market

21. The department is moving into recovery with a social care market that is fragile and under pressure. There are a number of factors affecting the market which are detailed below:
 - recruitment and retention is a real issue for the market but is significantly impacting on homebased care capacity
 - providers are reporting that recruitment and retention of experienced registered managers is a real issue citing “manager burnout”
 - mandatory COVID-19 vaccination in care homes will significantly impact on staffing and the outcome of the consultation for homecare is not yet known
 - there are few specialist care home beds in the County
 - increase in community referrals but reduction in home care capacity
 - the financial viability of care homes is also a concern as insurance cover remains an issue for providers
 - decrease in the number of people wanting to work in social care.
22. The recovery of the social care market is a key priority for the department, with further actions being taken by the Quality and Market Management Team detailed at **paragraph 36**.

c) Public Health – Additional Responsibilities

23. Following the first wave of the pandemic, local authority Public Health teams took on greater responsibilities in preventing and mitigating local COVID-19 outbreaks. Outlined in the Nottinghamshire [Local Outbreak Management Plan](#), published in June 2020 and then updated in March 2021, these have included:
 - a. Public Health leadership and advice to the organisation and Local Resilience Forum partners

- b. regular communication and engagement with communities to promote key messages that reinforce the importance of following rules and advice related to the pandemic
 - c. establishing and maintaining a network of asymptomatic local testing sites and mobile units across Nottinghamshire
 - d. daily local outbreak review to monitor population data, identify new trends & situations and agree action
 - e. outbreak control teams for situations of concern to ensure all control measures are considered to manage outbreaks
 - f. support for schools, universities, prisons, care homes, workplaces and other high-risk settings
 - g. establishment of a local test and trace service to manage cases passed on from the national test and trace system
 - h. support for enforcement action through environmental health investigations and police activity
 - i. Public Health advice to the local NHS vaccination programme.
24. In order to sustain delivery of the Local Outbreak Management Plan, temporary staffing posts were established, and a significant proportion of existing Public Health staff were redeployed from their usual roles and responsibilities. Due to the escalation of the pandemic response during the winter period, all but the most critical areas of Public Health work were paused or significantly scaled back.
25. However, with the introduction of a COVID-19 Response Service within Public Health until September 2023 (detailed in **paragraph 10**), the necessary resources will be in place to undertake a reprioritisation exercise to deliver on both outbreak response and business as usual agendas as the department moves into recovery.
- d) Operational Teams - Changes to operating models
26. During wave two of the pandemic key operational teams within Adults made adjustments to their operating models to accommodate exceptional demand due to the pandemic and the introduction of a new NHS Hospital Discharge Policy.
27. In addition to this the Department of Health and Social Care introduced a COVID-19 Winter Plan in October 2021 with requirements that the department had to meet with a focus on the care home and homecare sector.
28. Brief details of the changes are outlined below:
- Maximising Independence Service – switched their model to provide homecare as well as reablement over the winter months to support hospital discharges
 - Hospital Teams – work continues with partners to embed the hospital discharge policy and new ways of working
 - Maximising Independence Service - deployment of enablement staff to support safe and well checks being completed with individuals the department supports, and which were a requirement of the Department of Health and Social Care winter plan
 - Provider Services – development of a care home response hub to create extra capacity for care homes when they have staffing capacity needs
 - Day Services – colleagues created innovative ways to support individuals whilst the majority of building based support was closed.

29. Throughout the pandemic, the department did not use any of the Care Act easements, created under the Coronavirus Act 2020, and has continued to meet its statutory obligations in full despite the increased demand and complexity of the pandemic. An example here is the Approved Mental Health Practitioner service which has maintained the face to face standard of working and safeguarded the rights of people.

Learning and feedback on new initiatives introduced during wave two

a) Device lending Scheme

30. This scheme was introduced in April 2021 to support people where their ability to access social care services and support has been negatively impacted by COVID-19. The Council provides the tablet devices and unlimited data to access the intranet. Mencap also work with a wide range of vulnerable adults with additional support needs, so that individuals can gain the confidence and skills to use a digital device to help them achieve their health and social care outcomes. Since the start of the project 51 referrals have been received, with 42 devices issued. Additional devices are available for up to 258 people.
31. A wide range of channels continue to be utilised to raise awareness of the scheme with colleagues to encourage referrals into the scheme. This is under continuous review and adaptation.
32. Below are examples of the differences this scheme has had for people the department supports:

Mr Jones has been discharged home from hospital, he lives alone with no family close by and has long term social care needs.

Mr Jones is now using supermarket shopping apps with confidence to deliver food and 'Milk and More' to gain essential fresh food items. He is digitally accessing the local library and using 'Fantastic Fiction' to identify books to order and read. He has begun emailing people to help himself to re-establish his life.

Participant's comments:

'It is a god send'

'I don't know what I would do without it'

'...If I don't know something, I can ask about it, how to do things'

'I can order books I want from the library; I can find out what is new and other books by that author'

'I can shop and buy the things I need for my cats'

Mrs Smith is a full time carer for her husband. She is very isolated, and only had her mobile phone to access the internet and the phone screen was very hard to read and navigate round.

Mrs Smith is now successfully using shopping apps to meet day-to-day needs, and using Facebook to connect with family members and has local news via local paper app.

Participant's comments:

"A big difference, a bigger screen that I can see what I need to buy."

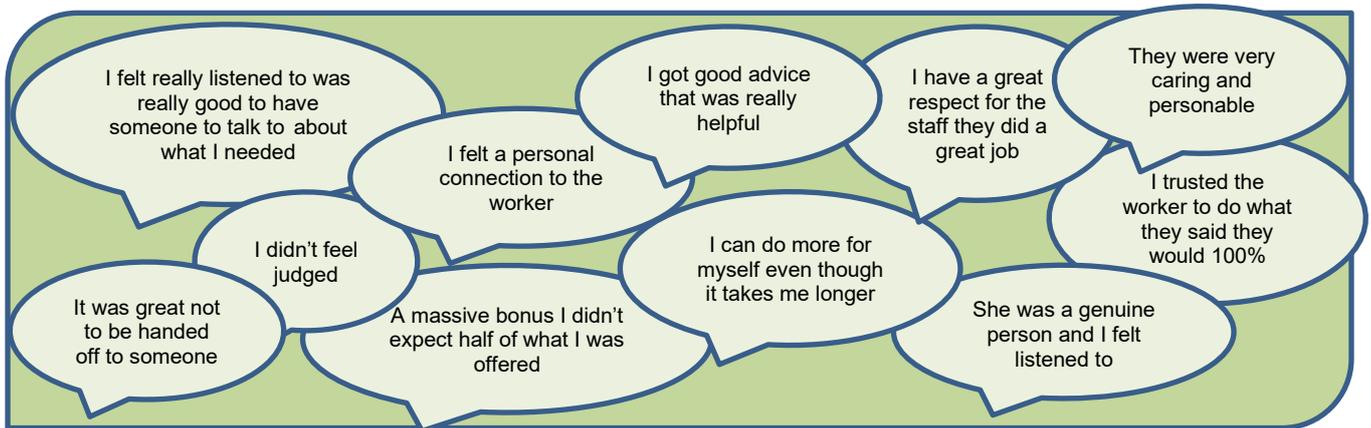
"I like going on Facebook to talk to my family."

"I look at The Chad (local newspaper) and the BBC news."

"The tablet has made a big difference to me."

b) Innovation Sites – Strengths Based Approach

33. The first innovation sites to embed a three conversation approach across the department were introduced in April 2021 during wave two of the pandemic, with the aim of reconnecting people with their community and focussing on “what’s strong” and not “what’s wrong” and asks the question “what does a good life look like for you?”.
34. Feedback from people the innovation sites have been working with is detailed below:



Public Health

35. During the pandemic Public Health commissioned services and adapted their service delivery to continue supporting residents whilst minimising the risk of infection. In the main this involved digital alternatives to face-to-face support. For example, Change Grow Live (the provider for substance misuse services) utilised fingerprint drug testing which enabled the service user and recovery worker to socially distance, receive quicker test results, and speed up access to treatment via WhatsApp consultation. The learning from digital interventions and support such as these has been adopted across Public Health commissioned services to improve outcomes for residents.

Departmental Recovery Priorities

36. As the department moves into recovery, with the ending of restrictions nationwide, there are some key priorities for the department to address and these are shared below:

a) Social Care Market

Work with social care providers will continue to ensure that there is capacity to provide re-active COVID-19 support to the social care market and that processes align, with the continuation of system partnership working through the 'Taskforce' identified in **paragraph 18**.

The Quality and Market Management Team will work with Integrated Strategic Commissioning colleagues to provide clear messaging to the market as to what the future needs/demands will be of social care providers in Nottinghamshire. This will be achieved by working with providers to develop 'fit for the future' services

b) Social Care Market Recovery

The quality monitoring and audit processes will recommence to ensure that there is robust oversight of the quality of the market in Nottinghamshire. A robust external workforce plan will be co-produced with all partners (including providers) to respond to identified issues with recruitment, retention and training.

c) Wellbeing of the workforce

The department continues to participate in workforce resilience and recovery from the pandemic through the corporate workforce recovery group and wellbeing task and finish group, to build on values and beliefs and develop a strategy and shared vision that will see employees provided with tools, opportunities and support, based on relationships and trust.

Some of the initiatives underdevelopment or already in place are highlighted below:

- Corporate workforce wellbeing survey completed in April 2021
- Wellbeing pages developed with key resource links on the home page of the intranet
- Development of a monthly wellbeing newsletter - Wellbeing Wednesday
- Review of corporate supervision template to ensure a focus on wellbeing and strengths-based approach is included with links to resources to support staff.

d) Public Health

Establishing the Covid-19 Response Service is a core priority to ensure sustained outbreak management response for the next two years. Once in place, it will allow existing staff to be freed up to re-engage with their business as usual agendas that have been paused or significantly scaled back.

Work to develop the new Joint Health and Wellbeing Strategy from 2022 has begun through the Health and Wellbeing Board. This will set the strategic focus for improving and protecting the health and wellbeing of residents as we recover from the pandemic and beyond.

Approach to recovery for wave two

37. The department has learnt lessons from wave one of the pandemic and has taken a more proportionate approach to recovery for wave two, with recovery profiling across services reduced and the recovery plan development and progress being managed through the existing Risk, Safety and Emergency Management Group governance.
38. What has been different this time is the department's alignment to both the National Roadmap to ease restrictions and the corporate recovery framework agreed at Policy Committee in July 2021, which identified potential scenarios to inform service planning, business continuity planning and recovery planning across Adults to support the delivery decisions needed to navigate living with COVID-19 through 2021 (see Background Papers for further information).

39. The department also continues to engage with corporate recovery workstreams which have continued from wave one to support the Council's workforce, properties and premises.

Service Improvement Programme

40. Additional information is provided below for the new initiatives outlined in the report to Committee in July 2021 on Technology Enabled Care to further support recovery from the pandemic.
41. Since the report to Committee in July 2021 has been a review of the resources required across the Quality Market Management Team in order to transition safely to recovery and meet business as usual demands. Further details are provided in **paragraphs 49 to 54**.
42. These initiatives and resources have been aligned to the Service Improvement Programme themes presented in the report to Committee in January 2021 and provide the framework for further investment across the department.

Theme 5 - Prevention and Early Intervention

a) Technology Enabled Care

43. Following the review of the Council's Technology Enabled Care (**TEC**) Service by strategic partner PA Consulting, a follow-up strategic planning session is being held at the end of September with Group and Team Managers to establish future priorities for the Technology Enabled Care service and inform a new social care Technology Enabled Care Strategy from 2022.
44. Plans to introduce a 'bring your own device' initiative are being developed, which aims to support people to use technology they may already own to support their social care needs, for example using smartphones and smart speakers to manage prompts for daily living activities, such as taking medication. This initiative would require further short term investment of £52,389, which includes the funding of 1 fte Technology Enabled Care Officer until March 2022.
45. Work is also underway to improve the range of Technology Enabled Care devices available to support independence, for example the use of advanced activity monitoring systems in reablement which can record the use of objects to determine if a person with a cognitive impairment is independently making their own drinks and meals, or using any aids which have been provided to keep the person safe. The cost of additional Technology Enabled Care equipment to reduce social care demand totals £104,200.
46. The Technology Enabled Care service has also seen the impact of the COVID-19 pandemic, with an increase of urgent referrals to support hospital discharge, which has led to a backlog of annual reviews of people's Technology Enabled Care solutions and therefore request the establishment of 1 fte Technology Enabled Care Advisor to complete reviews on a short term basis until March 2022, at a cost of £15,141.
47. In addition, as part of service recovery from the COVID-19 pandemic, a programme of training is being delivered to frontline staff between September 2021 and March 2022 to

embed knowledge of how Technology Enabled Care solutions can be used to manage risks to independence, support people to self-manage their care and reduce stress for carers.

48. The impact of these Technology Enabled Care initiatives on outcomes for people using services and reductions in cost pressures will be measured through an existing benefits tracking system developed by the Council which was highly commended by PA Consulting.

Table of Resources

Resources	Grade	Full Time Equivalent	Team	Total Cost £
Technology Enabled Care Officer	Band A	1.0	Service Improvement Quality and Practice	21,389
Technology Enabled Care Advisor	Grade 4	1.0	Integrated Strategic Commissioning	15,141
Technology Enabled Care Equipment and Associated Costs			Integrated Strategic Commissioning	135,200
Total				171,730

Theme 7 – Recovery and Reset

a) Quality Market Management Team

49. As outlined above in **paragraphs 17-20** the Quality and Market Management Team has dealt with unprecedented demand on their resources over the last 12 months and the team’s capacity to maintain the current position and meet the priorities in 2021/22 detailed in **paragraph 36** will require temporary resources to March 2022 in order for the priorities to be met and being able to step up/down in response to COVID-19.
50. The team stood down the audit process to maintain emergency support and re-active quality processes, and now needs to schedule approximately 580 visits/audits in the next 12 months to clear the backlog. Quality concerns (including safeguarding referrals) are increasing and it is expected there will be an increase in provider failure in the next 12-18 months. It is anticipated that a further 4 fte Quality Contract Officers are required on a temporary basis until March 2022 to support this work.
51. Oversight of home care contracts for Rapid Response/Home First Response Service has increased significantly and dedicated officer time is required to support the maintenance of the contract/increase in the market. Prior to COVID-19 the average number of people accessing rapid response was between 20 and 25 at any one time. Presently the service is supporting between 75 to 90 a week. Utilisation of this contract has more than doubled.
52. Dedicated resource is also required on a temporary basis to support hospital discharges to care homes that will:
- hold an overview of vacancies in the County

- have the latest information regarding suspensions/closures
- have an overview of what the homes can support (nursing/dementia etc)
- link with district/hospital teams
- review the NHS capacity tracker data
- link with commissioning regarding gaps in the market.

53. It is therefore proposed to have a specific homecare/ care homes hospital discharge team within the Quality and Market Management Team on a temporary basis to meet this ongoing demand, as waiting lists at acute hospitals continue to rise and the department continues to see a reduction in people transferring to residential care. This team would consist of 1 fte Quality and Contracts Manager and 4 fte Quality and Contract Officers on a temporary basis until March 2022. (Only 3 fte Quality and Contract Officers need adding to establishment in the Quality and Market Management Team as 1 fte Quality and Contract Officer was approved by the Committee in July 2021).

54. The resources required are shown in the table below:

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Quality and Contracts Manager	Band C	1	Quality Market Management Team	27,973
Quality and Contracts Officer	Band A	7	Quality Market Management Team	149,723
Total				177,696

Other Options Considered

55. The only other option available is to continue to meet increasing demand from existing resources, which is not sustainable as the department moves towards recovery, and the existing Service Improvement Programme and any new initiatives will take longer to implement if the department continues to use existing resources from within the Integrated Strategic Commissioning and Service Improvement directorate.

Reason/s for Recommendation/s

56. For the Committee to understand and agree the further investment needed to meet increased demand across services and transition from emergency response to recovery from the pandemic.

Statutory and Policy Implications

57. 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.

Data Protection and Information Governance

58. The General Data Protection Regulations (GDPR) require the Council to put in place appropriate technical and organisational measures to ensure that data protection principles and individual's information rights are built into everything the Council does. Legal Services and Information Governance colleagues within the Council will provide guidance on how to progress any new initiatives described to ensure Council obligations are met.

Financial Implications

59. The financial implications of resources requested in this report are as follows:

Resource Requirement	Grade/Band	Full Time Equivalent	Temporary	Team	Total Cost
Prevention and Early Intervention					
Technology Enabled Care Officer	Band A	1.0	Oct 21-Mar 22	Service Improvement Quality and Practice	21,389
Technology Enabled Care Advisor	Grade 4	1.0	Oct 21-Mar 22	Integrated Strategic Commissioning	15,141
Technology Enabled Care Equipment and Associated Costs			Oct 21-Mar 22	Integrated Strategic Commissioning	135,200
Sub Total:					171,730
Recovery and Reset					
Quality and Contracts Manager	Band C	1.0	Oct 21-Mar 22	Quality Market Management Team	27,973
Quality and Contracts Officer	Band A	7.0	Oct 21-Mar 22	Quality Market Management Team	149,723
Sub Total					177,696
IT equipment per new starter, including monthly costs for phone and laptop data	£1,600 per new starter	10			16,000
Sub Total:					16,000
TOTAL COST:					365,426

60. All further investment will be funded from within the current departmental budget due to the current forecast underspend.

Human Resources Implications

61. Recruitment to the posts described in the table in **paragraph 59** will be undertaken in line with the Council's Human Resources procedures and engagement with the Trade Unions.
62. The department anticipates that it may not be able to recruit to all posts given the short-term arrangements requested, and therefore it will potentially be exploring other arrangements such as agency recruitment to fulfil the workforce shortage identified. The Authority's managed service contract for agency staff provision will be utilised should agency staff be required.

Implications for Service Users

63. It is anticipated that the further investment described will make a difference to the people the department supports and the outcomes they are looking achieve, as the population of Nottinghamshire starts to recover from the pandemic.

RECOMMENDATION/S

That the Committee:

- 1) gives approval to the conclusion of the department's COVID-19 recovery plan for wave one of the pandemic, as outlined in the report to Committee in September 2020
- 2) gives approval of the department's recovery plan and recovery priorities for wave two of the pandemic
- 3) gives approval for additional investment and resources to deliver and accelerate Adults recovery from the pandemic and the Service Improvement Programme, outlined in the report to Committee in July 2021, as detailed in **paragraphs 43 to 48**
- 4) gives approval to the resources required to support Quality Market Management Team transition to recovery from the COVID-19 pandemic on a temporary basis until March 2022, as detailed in **paragraphs 49 to 54**
- 5) receives an update on progress of the recovery investment at Committee in January 2022.

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Constitutional Comments (AK 09/09/21)

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

Financial Comments (OC 26/08/2021)

65. The financial implications of this report are detailed within the table in **paragraph 59**, and further in **paragraphs 43-54**. The total cost of £365,426 this financial year will be met by departmental forecasted underspend.

HR Comments (WI 26/08/21)

66. The newly established posts will be recruited to in line with the Authority's recruitment procedures and the successful candidates will be appointed on a fixed term basis, for the duration as outlined in the report. Additionally, the proposal to establish and recruit to the posts has been shared, for information purposes, with the relevant recognised trade unions.

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.

[Adult Social Care and Public Health Recovery Plan in Response to Coronavirus Pandemic report to Adult Social Care and Public Health Committee 14th September 2020](#)

[Adult Social Care and Public Health Service Improvement Programme for 2021/22 to 2023/24 - report to Adult Social Care and Public Health Committee on 11th January 2021](#)

[Sustaining delivery of the local Outbreak Management Plan report to Adult Social Care and Public Health Committee 14th June 2021](#)

[COVID-19 Recovery Framework report to Policy Committee 15th July 2021](#)

[Adults and Health Recovery from COVID report to Adult Social Care and Public Health 26th July 2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH776 final