

14 September 2020**Agenda Item: 8****REPORT OF DIRECTOR OF TRANSFORMATION AND SERVICE
IMPROVEMENT****ADULT SOCIAL CARE AND PUBLIC HEALTH RECOVERY PLAN IN
RESPONSE TO THE CORONAVIRUS PANDEMIC****Purpose of the Report**

1. To seek approval of the Recovery Plan and priorities for the Adult Social Care and Public Health (ASCPH) department following the implementation of emergency operating models in response to the Coronavirus pandemic.

Information**Background**

2. Following the Coronavirus pandemic and guidelines from central government to manage the pressure on the Health and Social Care system, ASCPH implemented emergency operating models in response to anticipated service demand. The changes aligned with the government's Covid-19 Action Plan published on 15th April 2020.
3. With the introduction of emergency operating models across critical services within the department, many service improvement schemes and initiatives were suspended to enable the workforce to focus on the emergency response.
4. ASCPH had good systems in place, which enabled the department to respond to the pandemic. The Council's local outbreak control plan will ensure the Council identifies and contains any future outbreaks. In line with Government guidelines, the Council's current working arrangements remain in place i.e. working remotely where possible, and where this is not possible, working to social distancing guidelines and making appropriate use of Personal Protective Equipment (PPE).
5. In preparation for formal exiting of the emergency phase, the department started to plan for how it would restore some of its services at the appropriate time, and review opportunities to transform, whilst taking into account government guidelines and assessing risk to ensure people are protected. Adjustments have continued when needed to ensure the safety of people the department supports, its staff and partners.

Corporate Recovery Principles and ASCPH Response

6. As part of the recovery from Covid-19, the Corporate Recovery and Transformation Group (CRTG) was established to ensure that the approach to the recovery process is cross cutting and integrated, both within the Authority and in collaboration with the Local Resilience Forum (LRF), and that wherever possible the recovery process is used as a springboard into transformation and the department is represented. The group developed some corporate recovery principles to guide and inform individual departmental plans.
7. The department's response to the corporate recovery principles are detailed below and have helped shape the ASCPH Recovery Plan (**Appendix 1a**)

Corporate Recovery Principles	ASCPH Response
1. Follow Government guidance but plan ahead, so Nottinghamshire recovers quickly.	A 3-phase recovery approach was developed and implemented in preparation for recovery Phase 1 – Review (of emergency models) Phase 2 – Assess & Plan (data and plan next steps) Phase 3 – Transform or restore (based on assess data)
2. Prioritise the safety of customers, clients, service users and staff	Virtual support including online and phone assessments, as well as face to face direct care through occupational therapy and social work assessments. Where face to face home visits are needed, a risk assessment is undertaken at every visit ensuring staff wear PPE appropriate to the situation in line with corporate and government guidance. Staff are able to work safely, either based from home or in office space where they can socially distance and infection control measures can be rigorously applied. Workers who are shielding or clinically vulnerable, or who live with other who are in these groups have been identified by managers and enabled to work safely, in deployed roles if necessary.
3. Ensure democratic governance and decision making is fully reinstated, as quickly as possible.	SLT has been in regular contact with ASCPH Committee Chair and ASCPH Committee was reconvened virtually in July 2020
4. Ensure the Council's statutory responsibilities are carried out in full (incorporating adjustments to legislation such as Care Act easement).	The Council has continued to fulfil its statutory responsibilities without the need to introduce Care Act easements during the emergency phase

5. Opportunities for service transformation, longer term regeneration and economic development are explored as part of the recovery process	Emergency operating models have been assessed against the ASCPH Transformation Plan to identify further opportunities to improve and transform. Feedback has been collated from key stakeholders including frontline staff, and analysis of the data has informed the development of recovery profiles
6. Affected service provision and office bases are brought back into use as soon as practicable	The department continues to follow corporate guidance in relation to re-entering office bases. For affected services such as day opportunities, Commissioners and Service Directors continue to assess the position in line with social distancing guidelines. A detailed risk assessment is underway in Provider Services to determine how people can be supported within the buildings under current conditions
7. Staff and trades unions are engaged in the process of recovery.	The conversations with trade unions continues as plans develop. ASCPH have communicated its recovery plans with Group Managers and a range of stakeholders attended roadshows in June/ July 2020
8. Communicate the recovery activities to all stakeholders	A communications plan has been developed to keep staff informed and involved, but also to communicate with people using the service, partners and providers in general.

ASCPH Recovery Approach

8. ASCPH developed a recovery approach and roadmap which has provided structure to the recovery activities. Underpinning this is continued communication and engagement to ensure key stakeholders contribute to the department's Recovery Plan.

ASCH Recovery Roadmap



9. Engagement with key stakeholders has taken place across ASCPH who had either been affected or had interacted with the emergency operating models. As well as seeking feedback to inform recovery and key opportunities for transformation, the department have taken a proactive approach to understand the impact on processes during the emergency period. A number of conversations and workshops have taken place with frontline staff, commissioners, managers, partners and providers to reflect on four key questions:
 - what worked well?
 - what could be improved or further developed?
 - what could the future look like?
 - what would this mean for people the department supports and partners?
10. The feedback results can be found at **Appendix 2** and has contributed to further development of the recovery profiles and informed the recovery planning on what the department resets and transforms (see **Appendix 1a**).
11. Assessing the impact, costs and benefits of the emergency operating models took place in phase two, together with strategic commissioner colleagues working with commissioned providers to ensure services continue to meet individuals' needs in the best way possible.
12. In response to the pandemic, the department looked at opportunities to work differently and use building space to maximum affect. An example is detailed below:

Bishops Court was retained beyond its planned closure date in March 2020 to provide short-term bed provision to support the emergency operating models for hospital discharge. Following significant reductions in demand, the service is on schedule to close at the end of August 2020.

Woods Court Care and Support Centre, which closed as a residential care facility in 2018, has been used as a temporary day service pending the opening of the new Newark day service building. An opportunity has arisen to retain the space at Woods Court until the end of the financial year which will enable the service to provide bookable space for 1 to 1 support sessions whilst building capacity elsewhere is restricted, save on storage costs for

furniture and have a backstop facility for additional discharge bed capacity if there is a second wave of Covid-19.

13. Engagement and co-production work have supported the recovery process and a virtual workshop was held with carers and people the department supports in July to help shape a recovery approach to co-production.
14. Public Health lead commissioners have worked with commissioned services to produce updated action plans on how service provision will return to original delivery models for as many individuals as possible, as they move towards recovery.
15. The recovery action plan across the three areas of Adult Social Care, Strategic Commissioning and Public Health has been developed during phase three of recovery planning and can be found at **Appendix 1b**.

Five key areas of focus for ASCPH Recovery

16. Although the recovery action plan (**Appendix 1b**) details actions to progress recovery and transformation, there are also five key areas of focus which are being prioritised.

A. ASCPH Financial Position

17. As the department moved to emergency operating models within ASCPH to meet the requirements of the Coronavirus Act, NHS hospital discharge guidance, and the adult social care action plan, income and expenditure has been severely affected. The extra spend and loss of income has put additional pressure on the department's budget and the Medium Term Financial Strategy (MTFS).
18. As at the end of June 2020, the ASCPH department is forecasting an in-year overspend of £15.56m before reserves and £15.8m after accounting for reserve movements.
19. This forecast is especially challenging due to the unprecedented situation within the department caused by the Covid-19 crisis and has been impacted by the changes that have occurred, some examples are detailed below:
 - paying 100% commissioned care packages until 5th July 2020, except for Day Services which is until 2nd August 2020
 - purchasing and providing PPE which is likely to continue until 31st March 2021 and also covering provider claims
 - payment of 100% of fleet costs for transport and either 85% or 35% of external transport costs.
 - financial contributions were suspended for those receiving none or very minimal services
 - the delay in implementing the workforce review (was due 1st April 2020) saw all temporary contracts extended to 1st September 2020
 - during April/May 2020 the department offered a full 8-8 service with enhanced out of hours cover, incurring additional hours, enhanced rates and overtime.
20. The current forecast net impact of Covid-19 on the department is an additional cost of £18.76m. The majority £12.2m is due to PPE and provider claims for additional net costs

as a result of Covid-19. In addition, there is a forecast loss of transport income of £0.7m and net additional care package commitments of £5.9m.

B. Day Centres

21. The emergency operating model implemented for day services saw the temporary closure of nine day service establishments in March 2020 due to social distancing guidelines. Services continued to run through community and virtual mechanisms, albeit on a more limited basis
22. Recovery planning for this service is complex and a detailed risk assessment is required to understand the risk and impact of re-opening buildings as well as the use of transport to and from building-based services. Some of the people attending these building-based services are unlikely to understand social distancing rules which remain in place to ensure the safety of staff and the people the department supports. A clear plan has been developed that will see day service buildings reopening from early September, although on a limited basis alongside the retention of some community based delivery.
23. A commissioning review of day opportunities has been prioritised by the department using the learning from the different service delivery models put in place whilst the buildings are closed. The purpose of any commissioning review is to understand future demand and to enable commissioners to plan for current and future demand and to make sure there is sufficient provision going forward.

C. Carers

24. The pandemic has put additional pressure and emotional demands on carers and where services that provide respite for carers have closed due to the pandemic, alternative support has been offered e.g. Short breaks have been offered where there has been a risk of carer breakdown. Further options are being developed such as support in the home setting.
25. The Nottinghamshire Carers Hub is supporting carers using different ways of service delivery and utilising technology. This included:
 - Regular wellbeing check by phone
 - Virtual Scheduled Carer Support groups
 - Virtual Carer 'Drop-ins'
 - Shopping/meds collection and befriending support offered via Carer Trust Volunteer Service.
26. One thing the department is considering is including carers in 'The BIG Conversation' on how the department can better support them during the recovery phase.

D. Mental Health

27. Emerging national evidence indicates a mental health impact from the pandemic. The drivers of this include social isolation, job and financial loss, front-line working, and reduced access to mental health services during lockdown. Locally this has been reflected through an increase in demand for some mental health and wellbeing support services.

28. The recovery work in progress with partners across the system is focused on the whole population mental health impact; understanding the pandemic and the experiences of people using secondary Mental Health services and jointly working on Integrated Care System/Long Term Plan goals to transform progress and system processes.
29. Nottingham City Council, Nottinghamshire County Council and the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) are working together to undertake a rapid mapping exercise of community-based services that provide suicide crisis support to people, of all ages, to gain an understanding of the support available across Nottingham and Nottinghamshire. The purpose is to identify any gaps, duplications and potential opportunities to improve how services are provided, as part of the comprehensive Nottingham and Nottinghamshire ICS Mental Health Strategy and the response to potential increased needs emerging from the Covid-19 pandemic.
30. Some immediate measures have also been put in place, including additional investment from the Public Health Grant towards the Tomorrow Project, Harmless, and Kooth which all provide mental health and wellbeing support locally.

E. Workforce

31. The workforce has remained resilient and resolute in adapting to new ways of supporting people during the pandemic. These new ways of working have seen staff adapt to working remotely and using technology to connect with their team and the people they support. They have also had to be creative and innovative in service delivery. Some have also had the added pressure of childcare and home-schooling responsibilities.
32. The corporate workforce recovery group will set the direction for how the department operates in the future, whilst social distancing guidelines continue outside the emergency response phase.
33. Although the Council buildings are opening up to limited numbers the majority of the workforce within ASCPH continue to be supported remotely.

Key departmental priorities

34. As the department formally moves out of the emergency phase into recovery, specific areas have been identified as a priority by the department in the light of the new context the department now finds itself in following the pandemic. These are:
 - **Sustainability of the Social Care Market** - it is crucial for the departments social care market to continue to support people that require social care related services. The Quality & Market Management team continues to work with providers to ensure the market continues to be sustainable.
 - **Reshaping services** around community support, accommodation-based support, and group work. With the social distancing guidelines likely to remain for some time, the departments support offer will be different which means adjusting or changing the way it provides services. Staff have been able to offer different models of support including

outreach, where building-based services have been closed. The department needs to continue to review what it wants to keep or enhance going forward.

- **Reablement and supporting people home from hospital**
- **Local Outbreak Control Plans and infection control** is a key role for Public Health to control the spread of the virus. Doing so protects residents, safeguards critical services, and enables schools, workplaces and communities to flourish again. The £3.8m Test and Trace Grant received from Government will support this function.
- **Resetting and rethinking health and care services** and how the department works under different conditions for the medium term, the pandemic gives us the opportunity to rethink its health and care services and how it does things.

ASCPH Recovery Governance

35. As part of the Recovery and Transformation planning the department took the opportunity to review and shape the governance structure within ASCPH to be more streamlined and help the department focus on and coordinate transformation. Set out below are the three strands to the Governance structure:



36. The Recovery and Transformation Group is key to the co-ordination and delivery of the ASCPH Recovery Plan and will be used as the forum to accelerate the opportunities for transformation coming out of recovery planning.

Next Steps

37. The next steps are as follows:

- progress areas of work identified in the Recovery Plan – what to Reset, Recover and Transform across ASCPH
- resume commissioning reviews of services
- develop interim service models whilst people cannot access services in the normal way
- complete risk assessments in order to stand services back up
- progress a clear plan on how to engage with the public and carers to support their needs as services are stood back up
- engage with key stakeholders on how to further develop the community hub
- identify potential areas for MTFS savings 2021/22
- ensure robust arrangements are maintained for local outbreak control.

Other Options Considered

38. There are no other options to consider as the department needs to plan for its recovery from the pandemic.

Reason/s for Recommendation/s

39. To agree the ASCPH approach to recovery that supports the key priorities and areas of transformation of the department.

Statutory and Policy Implications

40. 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

41. The ASCPH department is forecasting an in-year overspend of £15.56m before reserves and £15.8m after accounting for reserve movements as at 30th June 2020 as described in **paragraphs 17 to 20**.

Implications for Service Users

42. The department continues to work with people it supports and carers to ensure its services meet their needs during the pandemic. The department has recognised the effect on people's mental health and the extra burden on carers during the pandemic and are taking steps to focus on these area as the department moves into recovery, as described in **paragraphs 28 to 30**.

RECOMMENDATION/S

- 1) That Committee approves the Recovery Plan and priorities for the Adult Social Care and Public Health department following the implementation of emergency operating models in response to the Coronavirus pandemic.

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Constitutional Comments (EP 20/08/20)

43. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 01/09/20)

44. At Period 3 ASCPH was forecasting an overspend of £15.56m before reserves and £15.8m after reserves. This was a very challenging forecast due to the unprecedented circumstances and the changes required. The forecast will continue to be updated in line with the outcomes of the recovery plans.

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.

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan> - Coronavirus (COVID19): adult social care action plan

Electoral Division(s) and Member(s) Affected

All.

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