

Adult Social Care & Public Health – Recovery Plan

1. Introduction

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.

ASCPH has had good systems in place, which have enabled us to respond to the pandemic. Our pandemic monitoring suggests Nottingham has reached a peak, in line with the country level status. We are still in the emergency phase of our response and this remain the case until at least the end of July, although we have started to plan for recovery to ensure we are prepared to move forward. Our current working arrangements remain in place – working remotely where possible, and where this is not, working to social distancing guidelines and making appropriate use of PPE where needed.

As part of the recovery planning the department has identified six key priority areas:

- Social Care Market sustainability
- Reshaping services in new context – community support, accommodation-based support, group work
- Reablement and supporting people home from hospital
- Local Outbreak plans – key role of Public Health
- Resetting and rethinking health and care services – working under different conditions for the medium term
- Infection Control

The ASCPH recovery planning has been linked to corporate recovery planning. NCC has convened a corporate Transformation and Recovery Group with representation from across the organisation at Service Director Level. The department is also represented at corporate sub groups for workforce recovery and finance resilience. NCC has developed corporate recovery priorities and principles which have guided the approach for the ASCPH Recovery Plan.

2. Corporate Recovery Principles and ASCPH Response

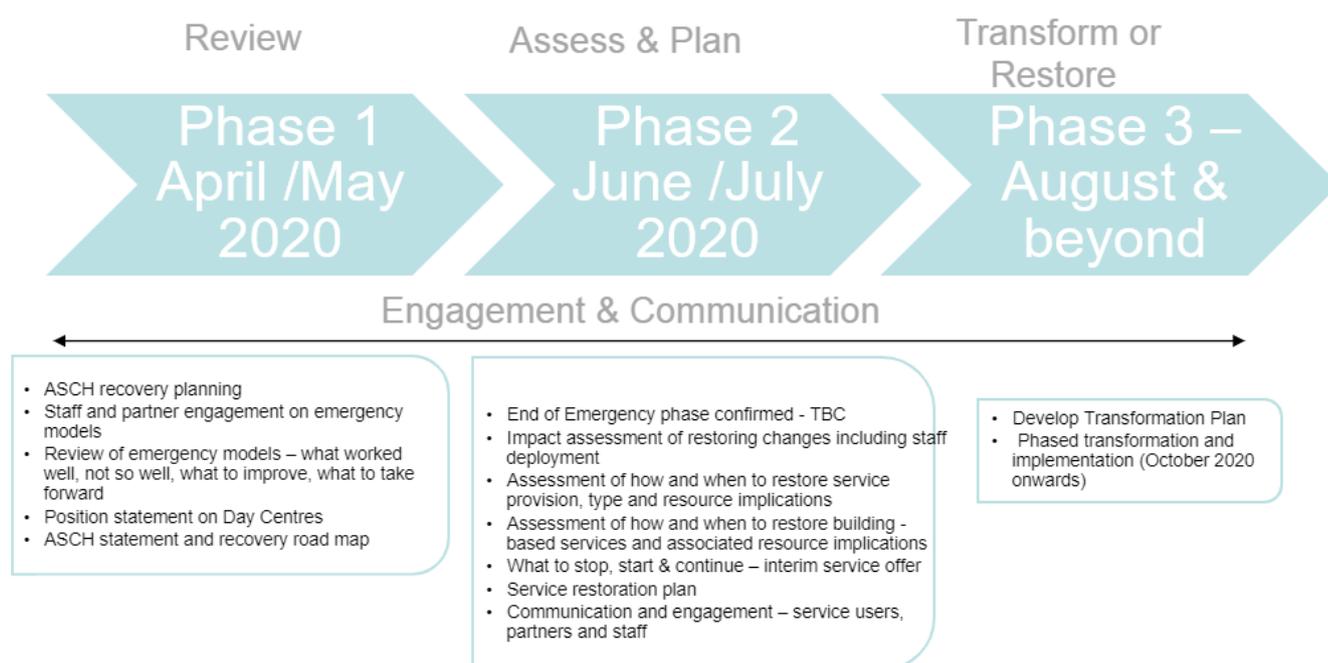
Corporate Recovery Principles	ASCPH Response
1. Follow Government guidance but plan ahead, so Nottinghamshire recovers quickly.	A 3-phase recovery approach was developed and implemented in preparation for recovery Phase 1 – Review (of emergency models) Phase 2 – Assess & Plan (data and plan next steps) Phase 3 – Transform or restore (based on assess data)
2. Prioritise the safety of customers, clients service users and staff	virtual support including assessments, online and by phone as well as face to face direct care, occupational therapy and social work assessments. Where face to face home visits are needed, a risk assessment is undertaken at every visit ensuring our 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

Corporate Recovery Principles	ASCPH Response
	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.	Committees would resume subject to corporate guidance and government guidance on social distancing. SLT is in regular contact with ASCPH Committee Chair
4. Ensure our statutory responsibilities are carried out in full (incorporating adjustments to legislation such as Care Act easement).	NCC has continued to fulfil its statutory responsibilities and Care Act easement was not introduced
5. Opportunities for service transformation, longer term regeneration and economic development are explored as part of the recovery process.	Emergency operating models are being assessed against the ASCPH Transformation Plan to see if there are 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.	Conversations with Commissioners and Service Directors taking place in relation to how to move forward e.g. Day Centre re-opening etc, and in line with government guidance on social distancing. Also, what our medium-term model of care looks like. Corporate transformation & recovery group has influence over the corporate estate including offices
7. Staff and trades unions are engaged in the process of recovery.	Ongoing. Initial feedback being sought from key stakeholders and practitioners. Further engagement will take place as plans or changes develop
8. Communicate our recovery activities to all stakeholders	A comms plan has been developed to keep staff informed and involved, but also to communicate with people using the service, partners and providers in general. A member's newsletter has also been introduced

3. ASCHP Recovery Approach

- 3.1 ASCPH has 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



3.2 Phase 1- REVIEW

During April and May 2020, engagement with key stakeholders took place across ASC who have either been affected or have interacted with the emergency operating models. As well as seeking feedback to inform recovery and key opportunities for transformation, we have taken a proactive approach to understand the impact of our 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 4 key questions:

- What worked well?
- What could be improved or further developed?
- What could the future look like?
- What would this mean for people we support and partners?

Results have contributed to further development of the recovery profiles and inform the recovery planning on what the department resets and transforms. The recovery profiles and outline action plan can be found at appendix 1 and 2, collated feedback from stakeholder can be found at appendix 3

3.3. Workforce related feedback

Staff feedback was sought on emergency working arrangements and the different ways frontline workers have coped and adapted to new ways of working during the pandemic. Feedback suggests that support from managers has been good, with trust & autonomy in place while working from home. However, some staff deployed into new areas felt they had lost connection with their normal teams and have often felt isolated.

Working from home has given some staff a good work life balance whilst in other circumstances it has left people feeling lonely. Managers have demonstrated flexibility and understanding for staff with childcare and home schooling responsibilities, as well as providing support for individual needs during

lockdown. Feedback has also suggested that staff have found MS Teams a great virtual platform and communication tool to use with NCC colleagues, partners and people that we support. Further development in this area will be provided corporately.

To address the impact on well-being, support has been made available on the Councils intranet pages including:

- How to self-referrer for counselling
- Mental health first aiders and Chaplaincy services
- Links to Central Government, MIND and BBC advice
- Tips on wellbeing and links in Melanie's blog
- How to access free coronavirus testing

It is unlikely that NCC will go back to previous ways of working from office buildings. The Corporate Recovery and Transformation Group is leading on the workforce recovery element and would provide a steer on how to further support staff in the 'new normal'. The Principle Social Worker and the Principle OT are involved and would therefore help shape the new offer going forward.

3.4 Phase 2 - ASSESS & PLAN

3.4.1. Assessing the impact, cost and benefits of the emergency models has been key. A work package was commissioned to assess the cost and benefits of the emergency models to contribute to next steps for recovery. Summary and recommendations can be found at appendix 4. Below is a summary of recommendations based on the findings:

- i) **Brokerage/Portals** – A blended model to source a homecare package has been recommended which will take advantage of the portals automated referral process but also includes a staffed support role where the portal is unable to meet the initial request. There is also a recommendation
- ii) **Data Input Team/Frontline worker commissioning** - Whilst there remains an increase in activity through Data Input Team (DIT) for hospital discharge and reablement steps within Mosaic, there has been a decrease in other steps i.e. day services, short breaks and reviews therefore the DIT resource has been able to maintain the service level agreement in place during emergency response phase. If the model was to remain in place going forwards, then the evidence suggests that further resources would be required to meet demand as all services resume through Mosaic.
- iii) **Emergency Workflow** - The emergency workflow has increased the capacity for hospital discharges reducing the time spent in Mosaic for hospital discharges.

3.4.2. Strategic commissioning colleagues have been working with commissioned providers to ensure services are meeting individuals needs in the best way possible during this phase with recovery plans being developed and progress monitored. Engagement and co-production work is supporting the recovery process and work is underway to shape a recovery approach to co-production.

3.4.3 Public Health lead commissioners have worked with commissioned services to produce updated action plans on how service provision will start to return to original delivery models for as many individual's as possible, as they move towards recovery.

4. Recovery Planning

4.1 Adult Social Care

- 4.1.1 The development of Integrated Community Hubs with health and social care has led decision making on the support needed for discharge from hospital. The hubs have oversight of all available capacity which has been key to maintaining timely discharge and low number of delays, refinement of the model is underway with partners.
- 4.1.2 The Discharge to Assess model has been well received and allows for assessing for future need once in the home environment and improves the ability to promote independence whilst positively managing risk as more people return home from hospital. A needs analysis of short-term reablement provision is required to support this model's development with partners.
- 4.1.3 One of the key developments during the pandemic has been the LRF community support hub which provides a system-wide perspective to volunteering. Work is underway to through the Humanitarian Assistance Group to enhance ongoing prevention linked to community asset development as well as quality of life for people with complex needs.
- 4.1.4 The introduction of a specific emergency workflow within Mosaic in response to the pandemic has streamlined and simplified processes. Work is underway within the Simplifying Process Programme to accelerate this opportunity and prioritise any further development within our electronic record system.
- 4.1.5 The use of technology through the creation of live dashboards, interoperability and MS Teams has been welcomed and has enabled partnerships meetings with Health and interaction with service users to take place during the crisis. It has also created a virtual space for teams to function and keep in touch.
- 4.1.6 Recovery action planning with Homecare and Care Home providers is currently taking place to ensure infection control is maintained and supports the infection control strategy which is overseen within the Care Homes and Home Care cell of the LRF and is jointly chaired across ASC and Health.
- 4.1.7 The social distancing measures associated with the Covid-19 pandemic are known to have a disproportionate impact on adults with care and support needs. The sources of support that were previously available including friends and family members, have in some cases been reduced and removed. Additionally, there has been an increase in stress within households as informal carers may have taken on additional responsibilities. This inevitably will lead to more adults experiencing abuse and neglect which has become more difficult to prevent, detect or intervene in a meaningful manner. Public Health deployed staff to support critical services e.g. Nottinghamshire Woman's Aid and through the LRF Data Cell, is leading a piece of work to produce a high-level needs assessment which will ensure a "golden thread" of understanding both the positive and negative impacts of the Covid19 pandemic.
- 4.1.8 Short Breaks services have been agile and responsive to new demands and requirements and there is potential for services to develop and diversify on the basis of new learning and consideration is being given to what a new offer may look like. Interim decisions on restoring the building-based activity for day services is dependent on social distancing and shielding guidance.

4.2 Strategic Commissioning

4.2.1 Strategic Commissioning have chaired the LRF Housing Sub Group which sits under the LA Cell. This sub group was formed around the 'Every One In' campaign to support homeless people during the crisis. Housing with Care and Support Team have further been deployed to support this work through triaging the individuals concerned and ensuring that they get the right support.

There is further opportunity to build upon the strengthened relationships formed in responding to the homelessness provision and continue to share information in relation to this vulnerable group between partners to develop an integrated offer.

4.2.2 The immediate recovery work around Day Services involves understanding the offer from current providers and the current needs of users of day services to understand the type of provision required over the coming year and to inform the funding of external providers. The medium to longer term aim is to develop and implement a revised model for the delivery of day services provision. This will involve reviewing the use of building based provision, particularly in the light of the use of alternative models of delivery, which will meet shielding and social distancing requirements.

4.2.3 As with day services, a further priority for Strategic Commissioning is to review the current Short Breaks bed provision and explore alternative models of delivery with direct services and through engagement with residents and their families. The review will support the development of a revised offer for the delivery of planned and unplanned short breaks in the coming year and to use this to inform the longer- term offer.

4.2.4 Although the Housing with Care provision has not been significantly affected by CV19, there has been a considerable effect on "move on" particularly around assessment flats and work will continue with providers and District Councils to support "move on". CV19 has also had an impact on the flow within the accommodation pathway for Housing with Support provision and recovery work is underway to with the market to develop additional capacity, which will influence a new contract for Aug21. There is also a further opportunity to review and reduce the use of outreach linked to work to maximise independence.

4.2.5 It is recognised that the experience of the pandemic is likely to change the need in relation to mental health provision. The recovery work with partners across the system is focused on the whole population mental health impact; understanding the pandemic experience for people using secondary Mental Health services, and jointly working on ICS/LTP goals to transform progress and system processes.

Some of the recovery requirements might include:

- Additional service capacity in specific areas, such as debt support
- Proactive approach to addressing digital exclusion
- New approaches to addressing loneliness to replace previous reliance on physically gathering social groups such as lunch clubs, interest groups, well-being groups, with consideration of digital exclusion barriers.

4.2.6 Strategic Commissioning are also supporting the recovery profiles for hospital discharge, brokerage and enhancing the reablement service with focussed activity on the commissioning requirements regarding short term reablement provision.

4.2.7 Assistive Technology provision will be targeted to support hospital discharge and day opportunities work.

4.2.8 Direct Payments work is looking to implement increased use of remote working in respect of DBS checks in line with legislative requirements. More work is being undertaken to strengthen the data capture of users of Direct Payments and of non-commissioned services.

4.3 Public Health

- 4.3.1 Public Health service and recovery priorities are to resume all services, critical and non-critical whilst taking a phased approach based on latest government guidance and the easing of restrictions. Embed learning and good practice from emergency response and use of digital platforms to maintain service provision and effective partnership working to achieve good outcomes are key. Local Outbreak Control Planning will help return life to as normal as possible, for as many as people as possible, in a way that is safe, protects our health and care systems and releases our economy and other advice and guidance
- 4.3.2 **Commissioned Services** - Work is currently underway to restore all services, critical and non-critical, and establish revised delivery models that are compatible with social distancing restrictions. These will include plans to respond to further pressures or restrictions that result from subsequent waves of the pandemic. It is anticipated some form of COVID-19 restrictions will remain in place for the next 12 months.
- 4.3.3 One service furloughed staff and remains non-operational (Young Minds). Payment was immediately paused for non-provision of service. It is now likely Public Health will terminate the contract which was due to end at 31st March 2021 as timescales for service delivery will not be possible. PH Commissioners will consider how schools can be supported for Children's anxiety on return to school and their general mental wellbeing.

5 services are currently suspended:

- Children Home Safety Equipment Scheme (Notts Fire & Rescue)
- Healthy Housing (Nottingham Energy Partnership)
- Illicit Tobacco (NCC)
- ASSIST (NCC)
- REACH (John Moores/Larkin Associates)

- 4.3.4 Commissioners responsible would be working with providers currently suspended to assess current capacity to resume activity as soon as possible. Providers have had to adapt and come up with innovative ways to provide support and a good example is CGL (provider for substance misuse services) moving to digital interventions for treatment support and recovery. Fingerprint drug testing enables the service user and recovery worker to socially distance, swifter test results and access to a medic via WhatsApp consultation thus reducing the time into treatment.
- 4.3.5 The feedback and engagement with commissioned services has highlighted further opportunities for service improvement, for example, the Community Hub has been identified as a channel by the Integrated Wellbeing Service to increase engagement and target specific populations.

4.3.6 New Health Protection Responsibilities

With the transmission of COVID-19 in the community now at a lower level, focus has turned to the early identification of clusters of new cases and quickly containing outbreaks as they arise. It is in this context that upper tier local authorities have been notified that they should prepare a Local Outbreak Control Plan during June which will complement and link to the nationally delivered test and trace arrangements. The purpose of the Local Outbreak Control Plan is to ensure that the rate of COVID-19 transmission in Nottinghamshire is kept under control. The Plan is overseen by the Director of Public Health who will ensure that it is:

Locally produced – so that it is responsive to needs as they exist in Nottinghamshire

Collaborative – it will build on and link into established multi-agency partnership arrangements

Integrated – the plan will provide a response that is joined up across the geographies of county and city, and between the organisations across our local system

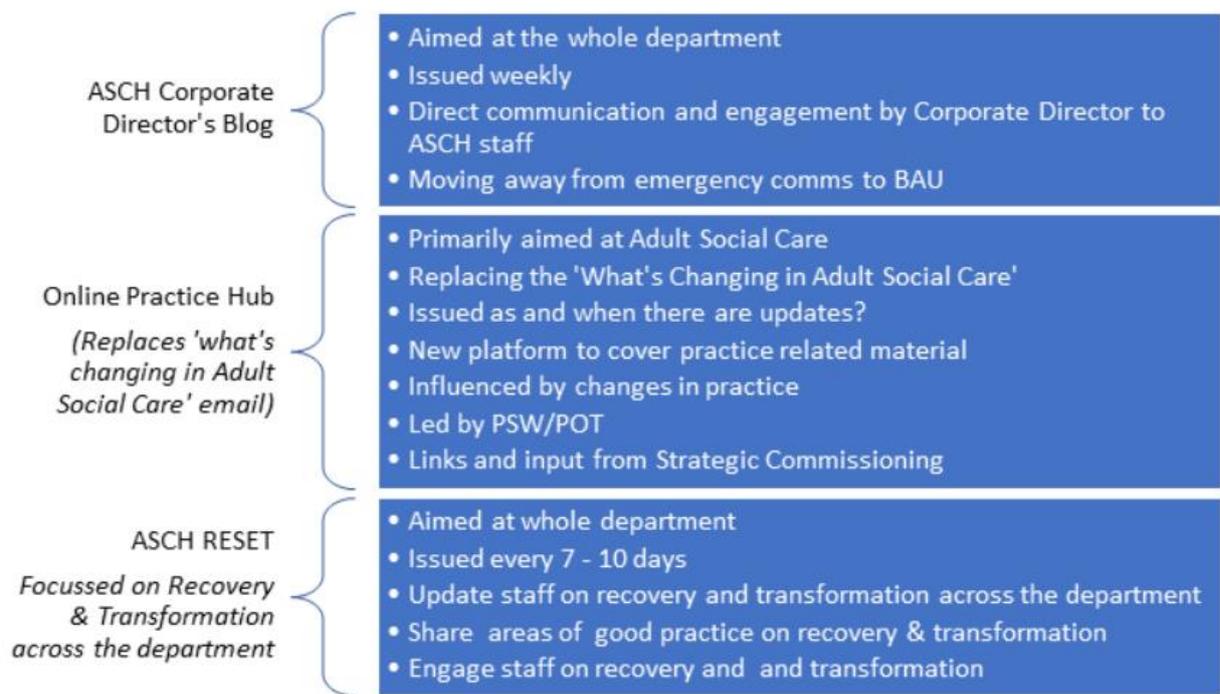
Member led – local political leaders will oversee the Plan and lead engagement with local communities about its implementation

5. Communication

5.1 As part of the department's response and recovery planning a communication action plan has been developed which has seen the following activity to date and can be found at appendix 5

- People we support who have had new or altered care and support during this emergency period that was funded by Health, have been written to, to introduce them to what's the next steps are for them. We have also been in contact with existing engagement groups that includes carers to let them know that we are developing a new virtual engagement process
- Carers - Frontline workers have kept carers up to date with any changes to the care and support to their loved ones . A workshop, led by Melanie Brooks and Councillor Harper, about how we move forward on co-production with service users and carers has been arranged for 13 July 2020.
- Operational – Initial feedback on the emergency operating models was sought from a range of frontline stakeholders through telephone conversations in early May, this was summarised and used at a number of follow up workshops with frontline workers to gain further insight into what has worked well and not so well with the new operating models.
- Political – regular update meetings by the senior leadership team, with the Chair and vice chair of the Adult Social Care and Public Health committee whilst formal committee arrangements remain on hold
- Senior Leadership -Engagement with senior leadership management team within the department and corporately has been through Extended Leadership Team meetings
- Providers - lead commissioners have actively engaged with commissioned services to gather feedback from the changes made to service model . Daily calls with homecare/care home providers to support and understand capacity and PPE requirements
- Daily messages from the Corporate Director to the workforce has provided clear messages around our response and recovery for the department. These have now moved to weekly with an ASCPH Reset newsletter being developed
- Trade Unions – senior leadership team have kept trade union representatives up to date with the department's response and recovery approaches

5.2 To build on the communication, the department has identified its communication approach to ensure people remain engaged. For the people we support and their carers, the workers remain the most important link for communication, as well as through the service they may be accessing.



6. Financial Position

6.1 As we 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. Below are examples of some of the changes that have occurred:

- As of 23rd March, paying care providers 100% commissioned care, regardless of what's been delivered.
- For transport, recharged 100% of fleet costs and paying either 85% or 35% of external transport costs (depending on the contract type)
- Financial contributions were suspended for those receiving none or very minimal services, otherwise existing client contributions were maintained at the existing level, but no changes made for any increase in packages.
- Took on the lead commissioner role for hospital discharges, commissioning and recharging Health in full for new/additional care packages, including paying providers tops up and FNC where applicable.
- Paid most Care Homes/Homecare and supported living providers a cash advance and opened the Care Services Sustainability Fund for care providers to claim additional costs.
- Purchasing and providing PPE to providers
- Workforce review go live delayed (was due 1st April 2020), as a consequence, all temporary contracts were extended. In addition, extra temporary care staff were recruited to support the emergency phase, reopened Bishop's Court, repurposed and expanded START predominantly to provide an internal homecare service.
- During April & May offered a full 8-8 service with enhanced out of hours cover, incurring additional hours, enhanced rates and overtime.

6.2 As at the end of May (based on assumptions and models being maintained):

- The department has already spent an additional £6.9m. It is not currently possible to say with certainty what the overall costs to the department of dealing with the pandemic will be as this will depend on a number of factors.
- Our current projections for government are that it will cost Adult Social Care an additional £19.8m in additional costs and lost income and that overall it could cost the council £49.5m of which the council has received £37m in additional government funding.
- In addition, some of these additional costs will not be temporary.

6.3 The Corporate Recovery and Transformation Group is leading on the financial recovery element through the Financial Resilience Group and would provide a steer on how to further balance the budget. The ASCPH Finance Business Partner is involved in this work.

7. Relationship to other plans

- 7.1 Corporate Recovery Plan - The ASCPH plan contributes to the overall Corporate Recovery Plan. Director for Transformation & Service Improvement ASCPH is a key contributor to the Corporate Recovery & Transformation Group with input from Service Directors Aging Well & Living Well.
- 7.2 Local Resilience Forum (LRF) Recovery Plan – This is currently being reviewed with partners and we are actively linked into its development through the relevant Service Directors.
- 7.3 LRF Care Homes and Home Care Cell – which is jointly chaired by social care and health are planning to:
- Review and further development of support offer for Care Homes and Home Care (CHHC) providers.
 - Review of new cross organisation ways of working developed through CHHC cell (with a view to maximizing these relationships going forward and aligning lead areas to existing BAU roles across the partner organisations).
 - Review and ensure that Cell learning feeds into the Local Outbreak Control Plan.
 - Develop longer-term workforce and market management plans, focusing on sustainability.
- 7.4 Integrated Care System (ICS) Recovery Plan – This is still a work in progress but covers Nottinghamshire and Nottingham ICS and Doncaster and Bassetlaw ICS. Its aim is to identify priority areas to progress. Service Directors are keen to influence the plan around place-based community MDT's and Mental Health.

8. High Level recommendations to support priorities

SC	Progress the review of Day Opportunities
SC	Prioritise the commissioning reviews for recovery profiles to reshape services
SC	Progress the needs analysis for short term reablement provision to support D2A model
SC	Progress the development of an enhanced offer for short breaks
SC	Progress the recommendation from the cost benefit analysis to pursue a hybrid portal/brokerage model (QMMT have produced a paper to support this approach)
ASC	Engage with key stakeholders linked to the community hub and use of BCF funding for Community Assets development
ASC	Prioritise a review to streamline commissioning processes within Mosaic to reduce cancellation rates of Data Input Team
ASC	Prioritise the development of the emergency workflow in Mosaic for hospital discharge
ASC	Develop an emergency response support framework for the department
ASC	Encourage teams to be skilled and embrace MS Teams to support virtual ways of working, with individuals and partner organisations and within NCC

ASC	Explore the development of online collaboration platforms for new ways of working which can't be met through MS Teams
ASC	Continue to strengthen relationships across AW/LW services and within LRF/ICS Forums
PH	Publish Local Outbreak Control Plan
PH	Ensure sufficient resource and staff capacity is in place to maintain Local Outbreak Control Plan provision for 12 months
PH	Agree plan for use of £3.8m ring fenced grant

30th June 2020

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Appendix 1 – Recovery Profiles as at 30th June 2020

Adult Social Care	
What Changed	Current Position
<p>Hospital Discharge – A virtual integrated community hub was developed in North Nottinghamshire across ASC and Notts Healthcare Trust, and the existing integrated hub in South Nottinghamshire was expanded and enhanced, to support “Discharge to Assess” as the operating model across the acute trusts (covering discharges from Nottingham University Hospitals also working with Nottingham City Council, City Care and Nottinghamshire Healthcare Trust)</p>	<ul style="list-style-type: none"> ▪ Internal operational Review of Hubs and Discharge to Assess in progress. ▪ Staff deployed from other teams to support Hubs and Brokerage function. ▪ Costs benefit analysis completed for Brokerage/Portals
<p>Enhancing the reablement offer - Creation of a temporary brokerage service to support NHS Emergency Hospital Discharge guidance. The HFRS HBC Portals have paused and replaced by manual brokerage processes.</p>	<ul style="list-style-type: none"> ▪ Staff deployed from other services to support enhanced offer ▪ Cost and benefit analysis of using Data Input Team (DIT) for START commissioning complete ▪ Cost benefit analysis of additional capacity in progress
<p>Emergency Workflow - An emergency workflow for Hospital Discharge /Admission Avoidance was developed and implemented to support with expected demand, and to enable the tracking of COVID19 related expenditure</p>	<ul style="list-style-type: none"> ▪ The emergency workflow will remain in place until a decision is made by the NHS to stop funding care packages for hospital discharge/ admission avoidance.
<p>7 day working - With the introduction of the NHS Emergency Hospital Discharge guidance, Coronavirus Bill and Care Act Easement guidance there was a need to put in place 7-day services (8am-8pm) across Critical Teams to meet the demand expected and to mirror Health 7-day services offer.</p>	<ul style="list-style-type: none"> ▪ 7-day services within the community have been stepped down as feedback suggested that it was no longer required as demand not as anticipated ▪ 7-day services remain in place across acute settings although reduced hours of operation are now in place
<p>HAG – Community Hub - The LRF HAG initially established a Spontaneous Volunteer Cell, which was then superseded by the development of the Nottinghamshire Coronavirus Community Support Hub. This hub was subsequently merged with the Voluntary Agency Cell to form the Community Support Hub Cell allowing a system-wide perspective to volunteering to be taken</p>	<ul style="list-style-type: none"> ▪ Community Support Hub continues to operate as the Council continues its response to the COVID19 pandemic

<p>OPEL - Implementation of a daily demand and capacity system based on the Operational Pressures Escalation Levels (OPEL) in Health systems</p>	<ul style="list-style-type: none"> ▪ The OPEL position statement has moved to BAU with Business Support sending out information by 10.30 daily ▪ The daily capacity and flow meetings review the OPEL position statement and agree overall OPEL status for ASC across Critical Teams/ PPE/ Provider capacity ▪ OPEL status then sent to LRF / Urgent Care
<p>Deployment - Process developed for deploying resources to critical services that need support to continue to deliver services at the right level. Fast-track recruitment for specific roles within the department introduced, which resulted in the recruitment of 221 people to the supply register.</p>	<ul style="list-style-type: none"> ▪ Staff continue to be deployed across the department to support the emergency operating models – with exit strategy agreed
<p>Provider Dashboard - A dashboard has been developed to collect and capture staffing, capacity and PPE information across AW/LW Providers (including home based care, care homes and CSE services)</p>	<ul style="list-style-type: none"> ▪ Providers continue to update information in the portal twice weekly which produces details of visits at risk and staffing levels ▪ START capacity is now included ▪ Feeds into the overall OPEL status for ASC
<h2 style="margin: 0;">Strategic Commissioning</h2>	
<p>What's Changed</p>	<p>Current Position</p>
<p>Brokerage - Creation of a temporary brokerage service to support NHS Emergency Hospital Discharge guidance. The HFRS HBC Portals have paused and replaced by manual brokerage processes</p>	<ul style="list-style-type: none"> ▪ Adult Access & QMMT staff deployed to provide brokerage service for hospital discharge ▪ Packages of care for hospital discharge and community referrals are sourced through the brokerage service ▪ Costs benefit analysis completed for Brokerage/Portals
<p>Day Service establishments were closed. The workforce was split across 3 functions, community support for existing service users with personal care etc., boosting capacity in the internal residential services and short breaks, retrained and redirected to the START/reablement enhanced offer.</p>	<ul style="list-style-type: none"> ▪ Internal Day Service buildings remain closed to service users ▪ Alternative delivery model in place with some staff still redeployed ▪ Reviews of service users and carers being planned
<p>Bishops Court was re-opened to provide interim Short Term Care beds and short break beds were opened up to support hospital discharge. Deployment of new recruits and internal staff to support the services was implemented.</p>	<ul style="list-style-type: none"> ▪ Bishops Court beds to remain open until the end of August to support hospital discharge ▪ Deployment of new recruits and internal staff to support the services remains in place

<p>Care Support and Enablement - An enhanced Care Support and Enablement service (CSE) where CSE providers are supporting individuals at home through the recommissioning of packages and support hours due to the closure of the day services</p>	<ul style="list-style-type: none"> ▪ The re-commissioned CSE packages remain in place providing additional hours of support where day service closures have prevented individual accessing services ▪ The Outreach provision For CSE has largely been suspended. Where appropriate it has been replaced with calls or other forms of support
<p>Housing with Support - The core operating model across Housing with Support (HWS) has remained in place however Community Care Officer resource has been re-aligned to provide a greater level of direct support to each HWS scheme during CV19 pandemic</p>	<ul style="list-style-type: none"> ▪ The Community Care Officer link is still in place
<p>Housing with Care - The core operating model across Housing with Care (HWC) have remained in place however Community Care Officer resource has been re-aligned to provide a greater level of direct support to HWC scheme</p>	<ul style="list-style-type: none"> ▪ The Community Care Officer link is still in place ▪ Housing with care and support team supporting people at home more due to the day service closures
<p>Commissioned Services A range of alternative delivery models have been put in place by commissioned service providers to respond to the emergency and to meet social distancing requirements.</p>	<ul style="list-style-type: none"> ▪ Officers now reviewing the interim delivery models to consider recovery options, service effectiveness, service user outcomes and value for money. In some cases, there will also be an impact on re-commissioning timescales.

Public Health

Phased plans to resume provision across all services are in development, based on the latest government guidance and easing of national restrictions. Further detail is provided below for critical commissioned services.

- **Substance Misuse Treatment and Recovery Service (CGL)** - There has been a move towards digital interventions. This is going to be continued as it has worked well. Other focuses include IBA training for staff and expansion of a mobile service with pop-up needle exchange points etc.
- **Integrated Wellbeing Service** - From 1st June IWS will offer full range of clinical interventions. The service will continue to increase comms and engagement. IWS to continue remote support while planning for return to face-to-face support for some service users. Group work unlikely in near future.
- **Domestic Abuse Support Service** - OPEL reporting has been a useful way to keep in touch with all providers. This will continue post-COVID-19. More services will be delivered remotely in a 'new normal'.

- **0-19 Service: Healthy Families Programme** - Virtual antenatal contact has worked well and will be further developed. Safeguarding meetings will also continue virtually, enabling more clinically facing time to be offered. A gap in website offer for <5s was identified and will be part of new service offer.
- **Kooth (anonymous online support for young people)** - Digital nature and flexibility of offer has been especially successful during COVID-19. Teams are working remotely to promote Kooth and more regular network meetings would enable Kooth to work with partners to support young people during recovery period.
- **Sexual Health Services** - Greater provision of digital services and telephone triage started during COVID-19 and will continue. However, there is some uncertainty about the impact of these changes – the aim now is to build back a better service less reliant on physical clinic attendance.
- **Homelessness Support** - Framework hostels have remained open throughout COVID-19, and wider homelessness system was quickly mobilised. Unknown implications of national policy, levels of need etc. mean recovery to pre-COVID-19 service delivery will take some time.
- **Humanitarian Action Group Complex Needs Cell** - This enabled focus on groups with complex needs, bringing together commissioners, planners and providers for discussion – e.g. this identified poor understanding of GRT (traveller) communities. Close working between partners will continue.
- **Harmless** - OPEL reporting will continue to monitor demand and capacity. Individuals will continue to have access to support, primarily focused on a remote offer.

Appendix 2 – Recovery Plan		
Appendix 3 - Feedback	 Recovery Planning Workshop 150520 Fe€	
Appendix 4 – Cost Benefit Analysis	 HFRS HBC portal analysis V1.docx	 Comparative Analysis_Final.docx
Appendix 5 – CV19 Communication Plan	 ASCPH CV19 Communication Plan .i	