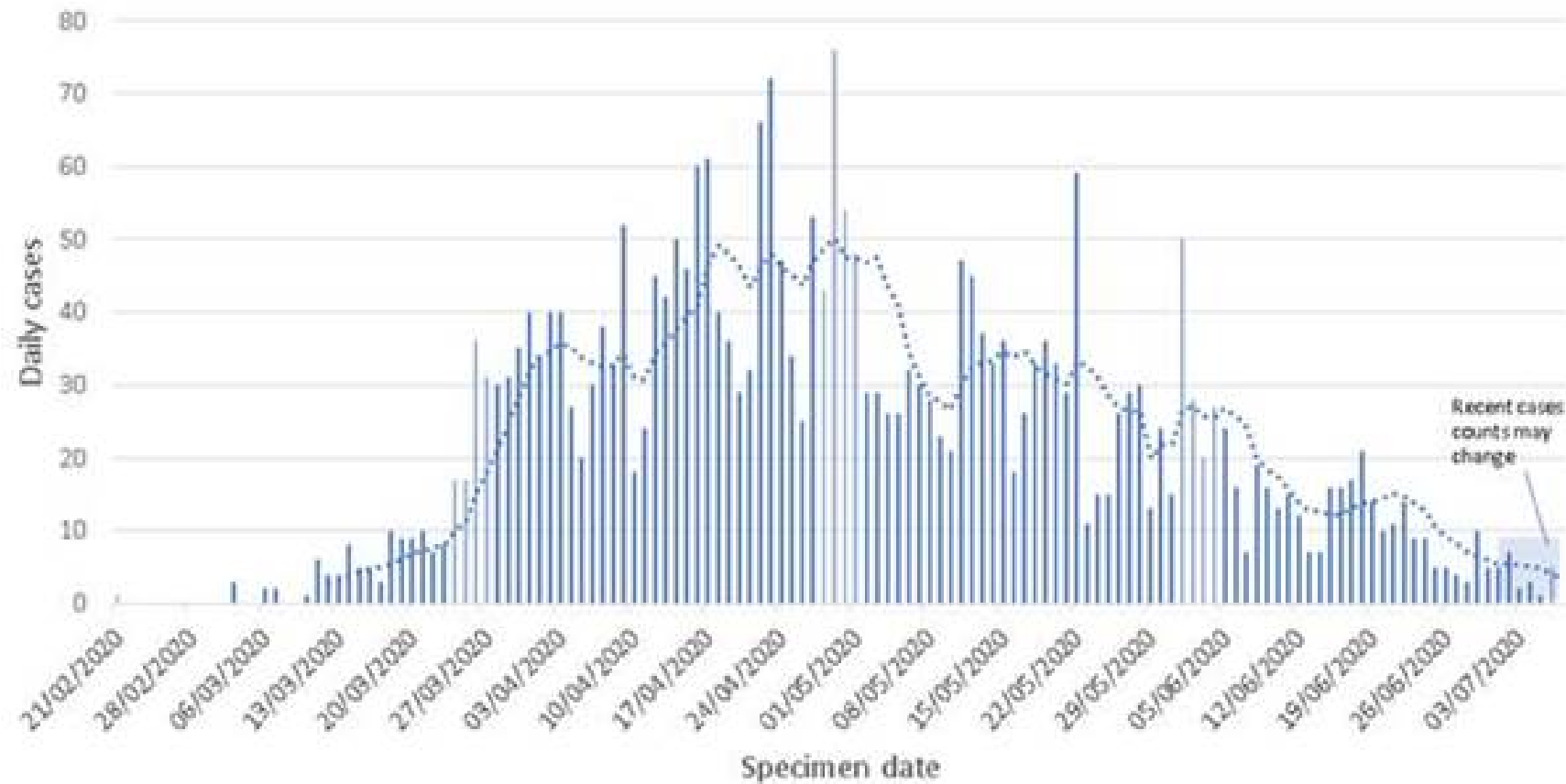


Response to COVID-19 – Public Health

Jonathan Gribbin, Director of
Public Health

Daily pillar 1 and pillar 2 lab-confirmed cases in Nottinghamshire



Public Health leadership

- Interpreting national guidance for council and partners
- Leadership and support of multi-agency response (LRF)
 - SCG/TCG
 - Humanitarian Assistance Group
 - LA Cell
 - Data and Information Cell
 - Logistics Cell
 - Testing Cell
 - Care Homes Cell
- PPE
- Local Outbreak Control

Public Health commissioned services – emergency response

- Revised delivery models for critical services with plans to manage increased demand or staff shortages
- Delivery of non-critical services or functions paused to redistribute resources
- Increased monitoring and management of risks (OPEL system)
- Staff redeployment
- Immediate PH Grant investment for COVID-19



Nottinghamshire
Women's Aid
Survive & Thrive



**Nottinghamshire
County Council**

Trends in need and demand

- Substance misuse
 - Increase in those coming into treatment for opiate use – most likely due to limitations in supply from the illegal drug market
 - Anticipated that an increase in presentations for alcohol misuse will occur post lockdown, when people need to get back to 'normal' living (e.g. going back to work)
- Domestic abuse
 - Ability of survivors to access support limited, particularly during lockdown when the perpetrator may be present
 - Likelihood of increase in demand when lockdown measures are relaxed

Continued...

- Mental health and wellbeing
 - Increase in referrals to self-harm services since lockdown
 - Increase in referrals to children and young people emotional well-being service since lockdown
 - PTSD for staff involved in direct care
- Health inequalities
 - Reduced agency in some communities to follow COVID-19 guidance because of financial, housing or social pressures
 - Increased risk to BAME
 - Reduced access to health care for non-COVID health problems
 - Disproportionate impact on employment and income as a result of job loss and economic downturn

Opportunities

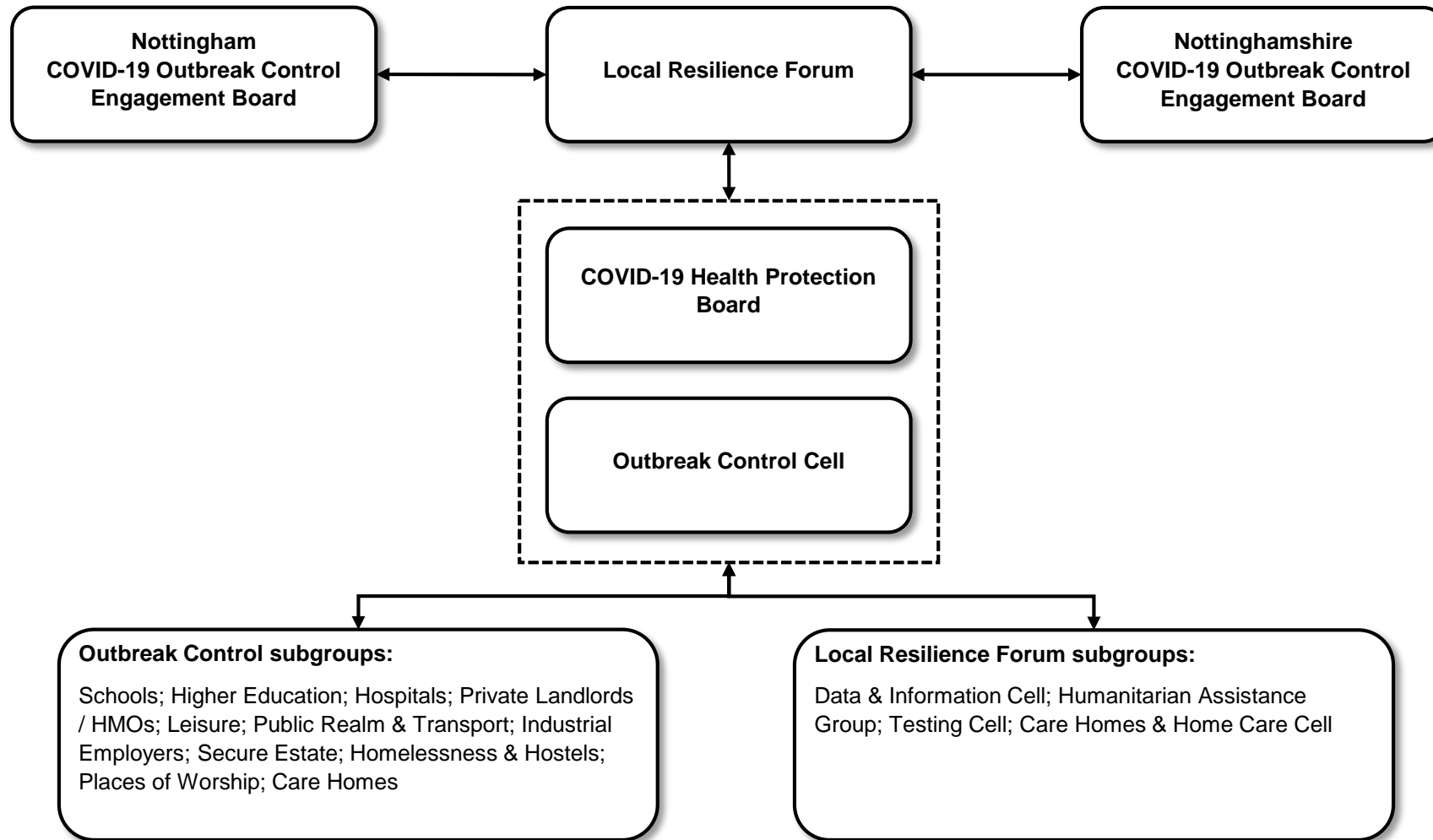


**Nottinghamshire
County Council**

Local Outbreak Control Plans will centre on 7 themes

- 1 Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public





Ageing Well and Living Well Services

Sue Batty, Service Director, Ageing Well
Services

Ainsley MacDonnell, Service Director, Living
Well Services

Adult Social Care Emergency Operating Model: Continuing to support and protect vulnerable people

- ▶ We continue to meet all statutory duties under the Care Act and have not enacted any Care Act Easements (new emergency legislation and process enabling LAs to cease formal assessments, application of eligibility criteria and reviews).
- ▶ We have individually risk assessed all people who currently use services to minimise risk should we need to enact Care Easements.
- ▶ We provided additional capacity for 64 short stay beds by temporarily re-opening NCC Bishops Court residential care home and re-purposing short breaks services.
- ▶ We designed and implemented a new emergency process, re-deploying staff from community/review/ day service teams into key response areas e.g. hospital discharge and START.
- ▶ We re-designed and implemented new workflows, to streamline processes and free up staff capacity.
- ▶ We continue to operate Safeguarding and DoLS procedures.
- ▶ We designed new 'live' dashboards to both manage risk and also better measure and improve flow through our services.





<https://nottinghamshirecarershub.org>

0115 824 8824

Supporting Carers

- Telephone advice/support, virtual 1:1s, drop-ins and group sessions
- Regular well-being checks (prioritised)
- Weekly Well-being letter and two 'Mindfulness' videos per week
- Volunteer service; befriending, shopping etc
- ▶ **Alternative forms of support to buildings based:**
 - Taking people out, 1:1 in the home, overnight support, Assistive Technology

Ageing & Living Well Service Priorities: 6 to 9 months

- ▶ **Continue to support people and their carers:** whilst we all continue to live and work with Covid 19.
- ▶ **Recovery Planning:** to embed learning from the Covid 19 emergency, decide what to keep, stop, enhance.
- ▶ **Workforce Remodel:** implement the new workforce model from 1st September.
- ▶ **Community Support Hub volunteers** provided much needed options not usually available to many of the people social care support.
- ▶ **Use of technology:**
 - interactions with people we support
 - TEAMs
 - information sharing with partners
 - building 'virtual' options into our support offer
 - enabling care and support
- ▶ **Streamlined and simplified processes** e.g. simplified Care Act assessment and work flows.



Why a focus on person centred reablement is important

- ▶ Mrs G had been in hospital for three months due to multiple health conditions
- ▶ She was discharged home with:
 - support from the Council's Short Term Assessment and Reablement Service
 - Hospital OT arranged a standard profiling bed with rails, plus a commode
- ▶ She began to need frequent trips to the toilet at night and was struggling to manage to get out of bed alone
- ▶ She felt she was losing her dignity and feared losing her independence
- ▶ She did not want to go into a short term health assessment bed
- ▶ The START Occupational Therapist did detailed work with her to understand her range of movement
- ▶ She sourced a specific low bed and lever, with satin base sheets to help moving in and out of bed easier
- ▶ Mrs G is living at home with two calls in the day.
- ▶ She manages overnight herself and has retained her dignity and independence



Ageing Well Service Priorities: 6 to 9 months

► Hospital Discharge Model:

Integrated Community Discharge Hubs:

- community health and social care led decision making on the support people need for discharge,
- oversight of all available capacity key to maintaining timely discharge /low number of delays,
- support providers

Discharge to Assess (D2A) model:

- no decision about ongoing care until at home = positive
- joint assessment underway of the health and social care reablement capacity required

 more people return to their own home, on, or closer to, the day they are well enough

- **Maximising Independence Service:** implement structure and develop plans to re/enable more people to independence.
- **Develop our Integrated Care Teams:** aligned to local place and PCNs. Pro-active, preventative and strength based work with people who have complex needs.
- **Develop our vision for quality community services for older people:** further increase independent living and community engagement, with reduced reliance on formal care, such as residential and nursing care



Remaining in your home isn't always easy...

- ▶ **Mrs X**, lived independently, main carer for her daughter. Recently diagnosed vascular dementia, talking about suicide, depressed, Covid 19 +ve. After 10 weeks short term care she wanted to return home
- ▶ **1 person supporting her return home.** Her social worker
- ▶ **Six people supporting long term residential care.** Family (2 letters of complaint), GP, Consultant, care home manager, Housing Officer
- ▶ **How?**
 - ▶ Quickly arranging an advocate
 - Persuading housing to stop the termination of her tenancy
 - Arranging return of her OT equipment and furniture
 - Frequent lengthy discussions with family
 - Professional MDT with Consultant re: mental capacity & risk
 - Multi-agency package of home based support in place
 - Arranging supported accommodation for her daughter

Living Well Service Priorities: 6 to 9 months

- ▶ **Implementation of the new Living Well model** from 1st September which 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.
- ▶ **Alignment with Primary Care Networks** will be a key element to the new model to further develop relationships with key partners such as health, housing and the voluntary sector at a local level, alongside Ageing Well colleagues.
- ▶ **Creative support planning** has been a positive throughout the Covid-19 period. Staff have supported people flexibly and creatively through a range of mechanisms including phone, Skype and socially distanced support at home. Learning from this will be embedded in the new service model.
- ▶ **Further strategic work** is planned over the next 6 to 12 months to include:
 - Mental Health
 - Autism Spectrum Disorder
 - Transforming Care
 - Preparing for Adulthood
 - Housing
 - Employment
 - Technology Enabled Care

Junior (Newark CLDT)

- ▶ Regular day service and short breaks services closed.
- ▶ Parents were furloughed and were able to create a new and improved support plan for their son which was shaped by spending more quality time together in lockdown.
- ▶ This includes activities such as arts and crafts, IT, swing ball, time in the jacuzzi, a weekly disco night and family karaoke.
- ▶ Junior's mum has said that "they have learnt so much more about our son. I've never seen Junior this calm and chilled before, our new schedule has made such a difference. We have not seen one inkling of challenging behaviour. We've learnt that Junior thrives more with independence and he's a lot calmer and happier. I'm overwhelmed to see this amazing progress. We've transformed as a family and reconnected with him again."



Provider Services Priorities: 6 to 9 months

- **Develop a recovery plan** that sets out how we will support older, disabled and vulnerable adults and their carers if social distancing measures are still in place and the use of our buildings remains compromised.
- **Assessing the needs and risks of all individuals** usually supported will be undertaken to determine the nature of support required and how best to offer safe and consistent support.
- **Learning from experience:** Provider services have had to significantly change their operating model during the Covid19 pandemic and respond to emerging needs that may not have previously been business as usual. 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 we can further develop services in light of this experience which will feed into the commissioning reviews for both day services and short breaks.
- **Bishops Court:** Planned closure was delayed to support hospital discharge during Covid period. Demand is much reduced now and the plan is to close the service at the end of August this year.
- **Church Street and Shared Lives** both operated business as usual with Church Street staff ensuring the safe shielding of vulnerable residents and Shared Lives providing additional emergency respite.
- **County Horticulture:** Development work on site has continued but the reopening of public spaces will need to be planned in line with government guidance.

Residential Services on the front line of Covid-19

9 days from closing, Bishops Court quickly went from being empty to being fully operational



Holles Street short breaks service led the way in preparing to admit people who were Covid positive and produced a video to help other services set up their own isolation areas



Staff at Wynhill Lodge have supported one another and listened to each other's fears. They have laughed, cried and laughed some more...

Day Services supporting people at home



Staff are making regular visits to our most vulnerable customers. They are maintaining people's wellbeing whilst providing support to carers, giving them a well deserved break.

They have also made a point of celebrating customers' birthdays, taking cards and cakes, decorating their homes with banners and balloons and having socially distanced sing-alongs.



We have had quizzes, online chats and letter writing between friends, art and photography competitions, alongside a raft of other activities



The Brooke Farm shop has continued to open during the pandemic, providing a valuable resource to local people.



ASCH Recovery Roadmap

Grace Natoli

Director for Transformation & Service Improvement



**Nottinghamshire
County Council**

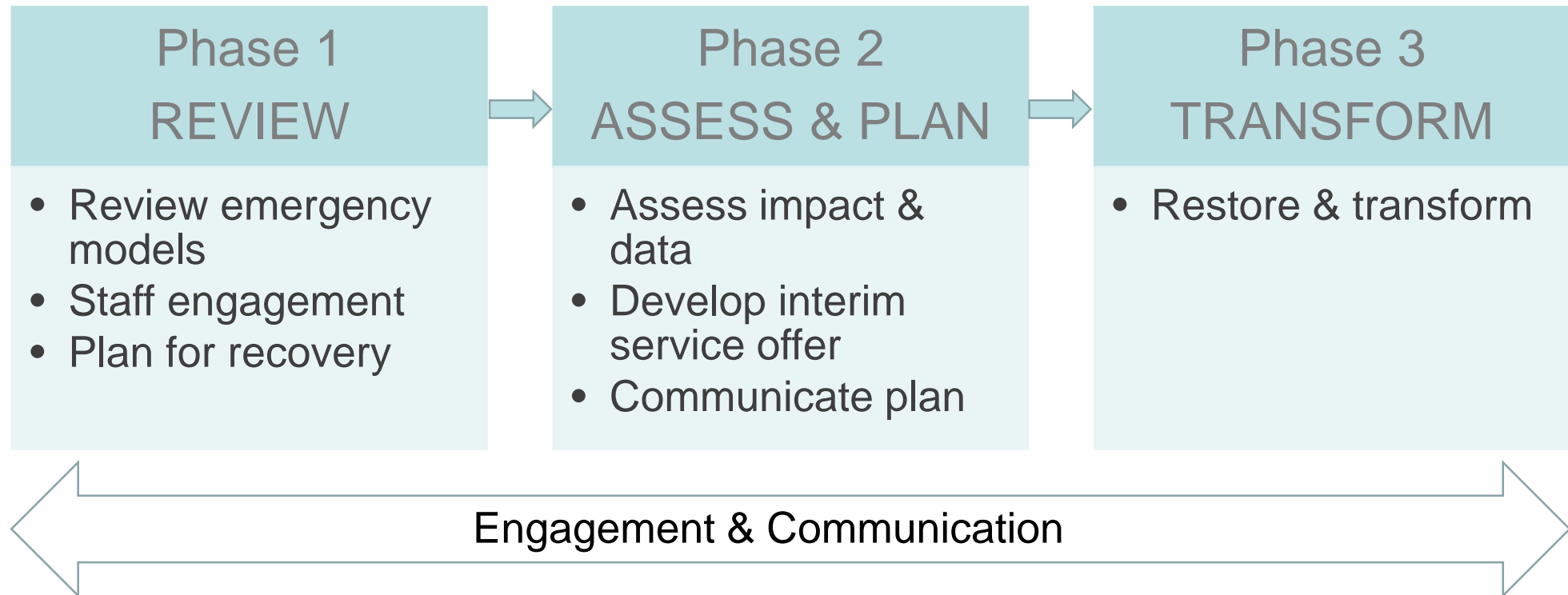
Recovery Context

- **Corporate Recovery Plan**
 - Workforce
 - Buildings
 - Finance resilience
 - PPE
- **ASCPH Recovery Plan**
 - Adult Social Care
 - Public Health
 - Commissioning
- **Local Resilience Forum Recovery Plan**
 - Individual Cells

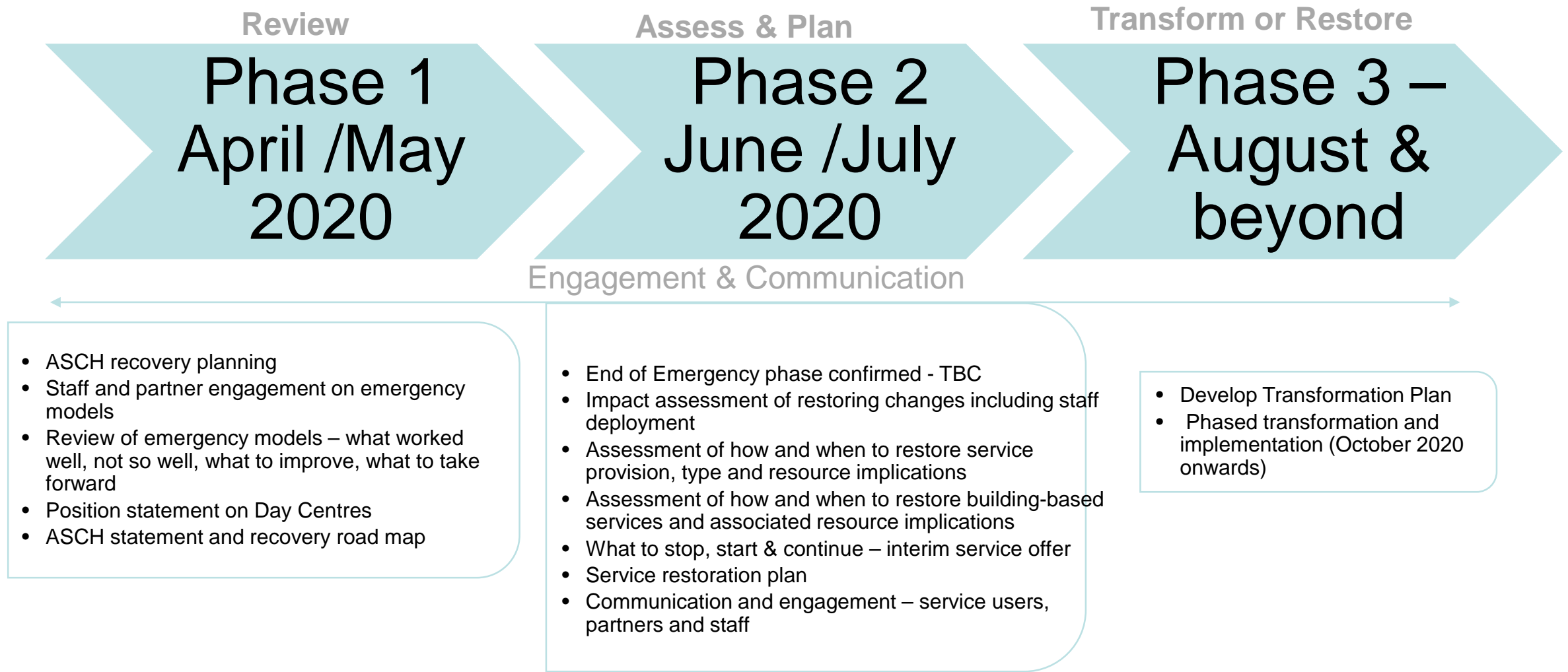
ASCH Statement

- Since the declaration of a major incident due to the pandemic in March 2020, Adult Social Care & Health has **remained open** and continues to provide services to those that need it most. Safety remains our number one priority. Our ability to respond quickly to the crisis has enabled us to implement a range of emergency operating models including adjusting the way we work, to ensure timely support and the safety of people using our services and our staff. We continue to work with our providers who support people e.g. in care homes, to focus on infection control.
- In line with government guidelines, our current working arrangements remain in place i.e. working remotely where possible, and where this is not, working to social distancing guidelines and making appropriate use of PPE.
- In preparation for exiting the emergency phase, we have started to plan for how we could restore some of our services at the appropriate time, and the opportunity to transform, whilst taking into account government guidelines and assessing risk to ensure people are protected. We will continue to make adjustments when needed to ensure the safety of people we support, our staff and partners.

ASCH Recovery Phases



ASCH Recovery Roadmap



ASCH Recovery – Financial position

- 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 MTFS.
- Up to the end of May, the department has already spent an additional **£6.9m**. Overall costs to the department not fully known
- The current projections - it will cost Adult Social Care an additional **£19.8m** in additional costs and lost income
- Overall it could cost the council **£49.5m**, of which the council has received £37m in additional government funding
- Medium term it has increased the gap in the council's MTFS **from £28.3m to £54.5m**.

ASCH Recovery – Day Centres

- Safety of staff and people we support is our priority
- Social distancing rules are likely to be in place for a while longer
- Some people that attend building-based services are unlikely to understand therefore observe social distancing rules & some people are in the ‘shielded’ group
- For service recovery, a detailed risk assessment is required to understand risk and impact of re-opening as well as use of transport to & from building based services
- Recommended a commissioning review of day opportunities

ASCH Recovery - Carers

- Pandemic has put additional pressure and emotional demands on carers
- Services provide respite for carers and whilst internal and external providers have been closed, alternative support offered
- Where there has been a risk of carer breakdown, short breaks have been offered
- Nottinghamshire Carers Hub is supporting carers using different ways and utilising technology
- Consider 'The Big Conversation' to include carers and how we can better support them during recovery phase

ASCH Recovery – Mental Health

- People's mental health has been affected during the pandemic and 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

ASCH Recovery - Workforce

- The workforce has remained resilient and resolute in supporting people. As well as pressures of the job, some have had childcare and home-schooling responsibilities
- New ways of working have meant that staff have had to adapt and work remotely, utilise technology and come up with innovative ways to support people
- Corporate workforce recovery group - which will give a steer on how we operate in future, whilst social distancing guidelines continue outside the emergency response phase
- Remote support for the workforce continues

Next Steps

- ✓ Progress areas of work identified in recovery plan – what to start, stop and continue
- ✓ Resume commissioning reviews of services
- ✓ Develop interim service models whilst people cannot access services in the normal way
- ✓ Risk assessments in order to stand services back up
- ✓ Engage with key stakeholders on how to further develop the community hub
- ✓ Identify potential areas for MTFS savings 2021/22