Adult Social Care Scrutiny Commission Report

Adult Social Care - Response to Covid19

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

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Wards Affected: All
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1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the ongoing work and support provided by Adult Social Care (ASC) services, in response to the Covid-19 pandemic.

1.2 The report covers the work of the internal services, such as the social work teams, and also the support being given to the external providers, including financial support.

1.3 Details have also been included of the emerging challenges and the likely impact of Covid-19 on the care sector.

1.4 Lessons learnt are in the process of being collated. These will be developed into recovery plans and the opportunities they present to do things differently, to improve outcomes for people needing ASC support.

2. Summary

2.1 Adult Social Care (ASC) assists approximately 4,900 individuals (long term support) at any one time, who are eligible for statutory support as defined by the Care Act 2014.

2.2 The authority also funds a number of organisations, many in the voluntary and community sector, to provide preventative services that will avoid or delay individuals from needing long term statutory ASC support.

2.3 During the Covid-19 pandemic crisis, ASC has broadly continued to operate as usual to ensure the safety of a range of vulnerable individuals by ensuring they continue to receive the care and support they need.

2.4 This includes the provision of operational social work staff, who have continued to undertake assessments and to support hospital discharges. Support has also been given to the external care sector, both in terms of additional funding (via government grants) and practical help such as advice and guidance and access to Personal Protective Equipment (PPE). The external services provide a range of support including residential care, domiciliary care and supported living.

2.5 Local governance arrangements have also been strengthened during the pandemic, under the direction of the Leicester, Leicestershire & Rutland, Resilience Forum (LLR-LRF) and Local Health Resilience Partnership

(LHRP). There are a number of sub-cells reporting to the LLR-LHRP, including the Social Care Cell. This is chaired by Martin Samuels (Strategic Director for Social Care & Education) and brings together key staff from across health and social care. This has created a strong sense of partnership working and ownership across the health and social care system and a strategic response to local issues.

2.6 Work is currently in progress to collate the lessons learnt from managing ASC services during the pandemic and these will be used to shape our recovery and delivery of services into the future.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the report and to provide comment/feedback.

4. Report

4.1 Most internal Adult Social Care (ASC) services are generally operating as normal, within the restrictions imposed by social distancing guidance. The following information provides an overview of the current position and key changes made to the delivery of services during the pandemic.

Internal Services

4.2 <u>Safeguarding</u>

Safeguarding activity has continued throughout the pandemic. ASC has received similar levels of safeguarding alerts to that which would be expected in usual times. Staff have continued to visit people where this is necessary to undertake a safeguarding enquiry, with all appropriate protections. The only noted change is in the level of alerts that resulted in a full safeguarding enquiry. This reduced to 25% in April, from a conversion rate of 43% in March and may reflect a change in the nature of enquiries, being more linked to staying safe in a Covid-19 context, which would require a practical response rather than a safeguarding investigation. This will be monitored in coming months. We recognise the national concern regarding stress and violence in the home, as families spend significant periods behind closed doors, and this has the oversight of the Leicester Safeguarding Adults Board, where it is now a specific theme in the 2020 / 21 annual business plan.

The provision of Deprivation of Liberty Safeguards (DOLS) assessments is continuing as far as it is possible to do so, in line with recommended practice given the restrictions on visiting care homes.

4.3 Requests for support

New requests for support are managed by the community front doors (Contact and Response, Adult Mental Health) and hospital front door (Health Transfers Service).

Although the number of requests has decreased from the March 2020 level it is still higher than the same month in 2019 and at 1082 enquiries is just 48 fewer than the monthly average (of 1130) for 2019/20. As such we can conclude that the Covid-19 outbreak has not had a significant impact on demand for support. However, it should be noted that the total volume of telephone calls (which includes but extends beyond requests for services) received during April did fall significantly and may reflect non-urgent enquiries not being made, which may come to us at a later date. During May, we have seen both contacts and requests for support increase week on week.

New requests prompted by a hospital discharge dropped in April 2020 to 143; this was 90 fewer than in March (when efforts to expediate prompt discharges were increased as the demand on beds for Covid-19 patients increased) and 77 fewer than the monthly average for 2019/20. This suggests that any increase in the number of discharged Covid-19 patients requiring support was comfortably off-set by a reduced number of discharges due to cancelled elective surgery and other business as usual clinical activity at UHL (including significantly reduced A&E admissions). People affected by these cancellations, or those who did not attend A&E, are likely to 'come through the system' in coming months.

ASC is also noting a significant increase of discharge referrals in the last two weeks of April and in early May; we expect full data for May and June to be showing a notable rise in demand.

The Covid-19 discharge guidance required a number of changes to the discharge pathway. This included the establishment of a Discharge Coordination Hub, to manage the discharge of all people leaving UHL from a single point; the use of trusted assessment, with ward staff determining what care is needed for discharge rather than social care staff assessing directly before discharge; the temporary cessation of charging people for care where they are leaving hospital with services; cessation of Continuing Health Care (CHC) assessments with all new services for individuals who had not previously been receiving care being funded via the NHS Covid-19 additional funding to CCGs. Work is underway to review and reset the discharge pathway for the future, and national guidance is expected to move towards a funded discharge offer for the long term.

4.4 Reablement and Integrated Crisis Response Service

Both services prepared for a substantial rise in activity due to Covid-19, but

in the event this did not materialise. ICRS took a greater role in discharge, to maintain capacity in reablement. Reablement also took the opportunity to review and then streamline processes to support people moving onto mainstream services as soon as they had reached their improvement potential. There had been concerns that domiciliary care would be disrupted by excessive demand and loss of staff capacity due to Covid-19.

However, it became apparent that domiciliary care was not put under severe pressure and capacity has been good throughout. Coupled with a reduction in elective hospital activity, both internal services noted a reduction in activity. The number of those new requests for support that went on to receive reablement began to fall in March and over April dropped to just 45 compared to a monthly average over 2019/20 of 113. This is beginning to return to usual levels and a peak in demand is likely in the next few months.

The key issues for these services, in line with external provision, was the initial challenge of PPE. The Head of Service took a lead role corporately, working with colleagues in Public Health and procurement to establish a robust system for ensuring access to PPE across the whole sector. Significant efforts were made to avoid the risk of providers running out of PPE, which included the authority providing stocks of masks and other materials to almost every provider and liaising with colleagues in the Procurement Team to ensure providers had access to an extensive list of suppliers, many of them local, which could meet their needs.

4.5 Enablement

This is a preventative service that seeks to promote independence in community access and domestic routines, primarily accessed by people who have learning disabilities or mental health issues. Similar to that seen in Reablement referrals, Enablement referrals fell to 22 in April 2020, a 42% reduction from the monthly average of 38 in 2019/20. This reflects the move to avoid non-essential visits in line with social distancing guidance, and these are fundamental to the enablement approach. Staff were re-purposed to support other critical activity, including support to care homes and the LeicesterCare community alarm centre. A recovery plan is in progress to establish an enablement approach in the new context of Covid-19.

4.6 Social Work Teams

There are 4 social work services supporting people who have ongoing needs for care and support. These are Locality East, Locality West, Learning Disabilities and Adult Mental Health. A team to support older and disabled people living in care homes is part of Locality East.

All teams continued to provide core social work activity, although the approach was adjusted to enable social distancing and follow the

government guidance during lockdown regarding only leaving the home for essential tasks. Where visits were needed these have happened. However, successful use has been made of technology and also telephone triage and information gathering, to allow decisions to be taken and services arranged without a visit. This is proportionate in the circumstances, but recovery will focus on seeing people who require a fuller assessment to be competed and reviewing any changes made during the Covid-19 period. Some activity, such as financial assessments, will need to restart once national guidance changes in the future.

A positive feature has been the innovative approaches to harness community and volunteer capacity, with a strong focus on strength-based practice and asset-based support. This is something that ASC will seek to maintain going forwards.

4.7 Occupational Therapy

OT services have continued, with greater reliance on telephone and virtual / technology enabled assessment. The OT service noted a shift towards critical moving and handling assessments, as well as maintaining rapid assessment for people at end of life. Face to face assessment with appropriate PPE and social distancing is being completed. Across all pathways the Service has improved its response timescales by introducing daily allocation of work to ensure that those in most need are seen as soon as possible.

Provision of Equipment

The OT Service and wider partners are linking with NRS (Nottingham Rehab Supplies – Equipment Providers) to order suitable equipment for people to either sustain their functional abilities or to increase them. During this period the provision of community equipment through the contracted provider has been increased to respond to the 7-day discharge working arrangements.

Working with UHL and LPT Therapists through Planned Therapy and Home First

The Service has seen an increase in referrals for people who are COVID-19 positive and has been working with UHL and LPT Therapy colleagues to design and deliver a new COVID 19 pathway for people in the community requiring Therapy Services.

Provision of Major Adaptations

Some activity that is managed jointly with Housing has been suspended temporarily, such as major adaptations, unless the recommendation are deemed to be critical. These will be returned to when it is appropriate to do so.

4.8 Staff Wellbeing

The safety and wellbeing of our staff is paramount. As most of our teams are working from home, a social care wellbeing survey was undertaken in May 2020 to understand how staff were coping with the changes. The key messages from the survey are positive with staff appreciating the support being given with managing multiple priorities, plus regular contact with colleagues and managers. The biggest challenge is a lack of correct office equipment, which is being addressed with corporate support. A follow up survey which includes additional questions looking at recovery has been sent out this month.

An individual risk assessment tool has been designed to explore personal risks for individual staff; this includes the safety needs of our Black, Asian and Minority Ethnic (BAME) workforce, who are at an increased risk of contracting the virus, particularly when combined with other risk factors. The recently published report by Public Health England on the impact of Covid-19 on BAME communities is being given active attention as we develop our recovery plans.

4.9 Hastings Road Day Centre

The service provides support for people with a complex learning disability, and normally 34 individuals attend the service. The building and service closed on 20th March. At the time, information was collated to understand the likely risk of family/carer breakdown. Staff members have been providing regular welfare calls to families and an outreach service to those who need support. Some staff were re-purposed to support other critical activity, including support to care homes. The building and service was partially reopened on 4th May to support 2 particularly complex individuals following completion of the necessary risk assessments for the staff and building. In terms of fully re-opening the service, plans are being developed with the Learning Disability social work team to enable more individuals to return, whilst observing social distancing guidance.

4.10 Shared Lives

Shared Lives provides adult fostering placements for a range of vulnerable individuals. There are currently 21 people in long term placements supported by 17 shared lives carer households. Whilst day support and respite were temporarily suspended, there have been 2 respite stays and 1 person continues to receive day support due to risk of placement breakdown. Carers are being contacted on a weekly basis (or more often if necessary), to ensure they feel supported during the lockdown. Over a 2-week period the team typically undertake more than 50 calls to carers relating to welfare, payments, PPE, general queries etc. Recently an assessment process has commenced for a foster carer transferring to shared lives using an amended process, due

to restrictions on home visits at this time.

External Services

4.11 Plans were developed to ensure resilience of the external market in ensuring capacity; safety; and sustainability.

Communication and information have been a fundamental element of the support given to the external services, this includes a provider webpage on the authority's website, daily briefings and government guidance being issued to support safe working practises.

In order to ensure market oversight and to understand the pressures for external providers, an intelligence tracker was created to collate key data about the stability of the market. This includes staff sickness/self-isolating absence levels, availability of PPE, number of individuals affected by the virus and those who have passed away. The tracker is updated twice a week by dedicated staff contacting the providers and has allowed a greater understanding of key pressure points and responding accordingly. Feedback from providers has been that they have found this hugely supportive, building up trusting relationships, and having someone they have been able to get practical support from.

DHSC has subsequently required all providers to register for, and upload data to, the national NHS Capacity Tracker, making this a pre-requisite for funding through the Infection Control Grant. Almost all care homes in the city have now done so, but there remain ongoing issues around the quality and accuracy of the data that is uploaded, often due to variations in how questions are interpreted and differing practice by providers. In general, experience has shown that the data collected locally, through the direct contact between the authority's staff and providers, is more accurate, timelier, and more complete. This process is therefore being retained in parallel with the national tracker and decisions over the future will be made once the temporary national requirement to use the tracker has ended.

4.12 <u>Additional Residential Care Capacity</u>

The City Council has secured a block contract with a local care home for the provision of up to 15 isolation beds for patients being discharged with Covid-19 or where otherwise symptomatic. This was in response to care homes being reluctant to accept discharges that were positive or not tested, in order to ensure they were able to reduce the risk of introducing infection from hospital. The contract commenced on 5 May 2020 and is available to patients across LLR. It is funded via the Covid-19 monies paid to the NHS, with the initial 3-month contract costing £145k. To date, 7 people have been supported on a short-term basis. Although the numbers have been lower than anticipated, the contract has been an important strategy to both increasing capacity and confidence in the residential care sector, reducing risk

transmission, and removing financial barriers to admission whilst allowing us to control costs. It is therefore regarded as meeting its objectives.

4.13 Residential/Nursing Care Homes

There are currently 103 homes in the city registered with the Care Quality Commission (CQC) providing in the region of 2,745 beds. 48 of these homes provide care for people with a learning disability or mental health issue (aged 65 and under). 33 homes provide residential care and 22 provide nursing care (for those aged 65 and over). The City Council has a contract with 98 of these homes and currently funds 1,154 residents (which is 3.2% lower, when compared to June 2019). There are also an estimated 450 residents who are self-funders, 300 individuals placed by other local authorities (mainly Leicestershire County Council), and 150 funded by the CCG's. The remaining beds are either vacant or are in homes with which neither the City Council nor the CCG has any contractual relationship.

As at 10 June 2020, the homes have reported 99 deaths (in 26 care homes), plus 81 current known or suspected infections – N. B this latter figure is a snapshot in time and has grown significantly in recent days due to the discovery of numerous asymptomatic cases as a result of the one-off testing of all care home staff and residents. 47% of older people's homes are affected and 12.5% of those for people under the age of 65. There is no obvious pattern across the homes in terms of geography, type, or size of home.

4.14 Testing for the Residential Care Homes

65 homes were included in 1st phase (completed 6 June) and results are known from 43 homes (data from testing is not provided direct to the authority, but this is requested through the regular contacts with each provider). 6 homes have staff that have tested positive (43 of 1040 staff members) and 9 homes have residents that have tested positive (54 of 713 residents). PHE provide the initial advice to Care Homes that have a positive case, and thereafter the home is supported by the infection prevention control response service run by Leicester City Council and Leicestershire County Council Public Health and also by Adult Social Care teams.

The remaining 38 homes (for working age adults) will now be tested as part of the 2nd phase. This will be completed by the end of June. We are waiting to hear from DHSC what the plans are for future whole homes testing.

4.15 Testing – Pillar 2 (Community)

A process has been designed by HR and ASC relating to how our internal staff access testing if they become symptomatic. The process has been communicated to all staff via SharePoint. Where required staff have been able to access testing through – the Mobile Testing Unit or Birstall Park and Ride Site or home testing kits.

4.16 Antibody Testing

Antibody testing has recently begun to be rolled out. It is important to appreciate that the outcome of the antibody test has no clinical significance in

order to support a person's return to work duties. The primary aim of this test is COVID 19 mapping across the population and thereafter to manage local outbreaks. The Testing cell is working on a plan to roll out antibody testing across UHL, LPT, GP Surgeries and the LA, and then across the wider population. Officers within the Department are engaging with this work.

4.17 Test and Trace

Since the Government's announcement of test and trace this is actively being implemented. The data from this will be used to map and manage local outbreaks across LLR. The testing cell is working on the development of a conversation for partners to have in their service areas about the potential impact of test and trace within an aim to mitigate risk where possible.

4.18 Domiciliary Care

Actions were taken in early March to ensure increased resilience in the domiciliary care market in order to respond to the anticipated increase in demand, especially from hospital discharges. This included increasing capacity through putting contractual arrangements in place with providers not currently in contract with the authority. This was supported by increasing the in-house Brokerage Team to a 7-day / 12-hour service, in line with the hospital discharge arrangements. Conversely, since March the number of packages of support have reduced from 2,039 to 1,892 (as at 15 June 2020) and the number of commissioned hours of care has reduced from 23,588 to 22,314. This has resulted in spare capacity in the market and there have been no cases of individuals waiting for a package of care to be arranged since 29th March 2020. However, emergency plans remain in place should the numbers increase or if there is a failure in the wider domiciliary care workforce.

4.19 Supported Living

The Supported Living team has been supporting in the region of 105 people, with either helping people to find alternative accommodation or supporting them to settle into their new accommodation. The majority of people the team support are those with a learning disability or mental health issues (including those being discharged from the specialist hospitals).

Regular telephone calls are being made to support emotional wellbeing and to offer advice and signposting for Covid-19 concerns. Where appropriate the team are sourcing accommodation and working with providers to deliver supported living services and meet people's accommodation requirements. Despite the lockdown the team has managed to support 7 people to move, 3 of whom were complex hospital discharges. This is a 63% reduction from the same period in 2019/20, when we assisted 19 people to move. There are 2 further moves planned for week commencing 15th June and we anticipate moves will now continue to increase. The Supported Living team has also been supporting the department with the ASC Covid-19 helpline, completion of adult social care financial assessments and welfare calls to people who are shielding.

Additional Funding to the Care Sector Since 19 March 2020

4.20 Residential Care Homes

a) All residential care home fee rates have been uplifted by a minimum of 5.6% per week, up to a maximum 6.24%, with effect from 6th April 2020. This predominantly reflects the increase in the National Living Wage. This is above the suggested 5% increase as set out nationally by the Local Government Associate (LGA) and The Association of Directors of Adult Social Services (ADASS).

b) Additional payments have been made to the residential care homes (as well as supported living organisations). The funding recognises the cost pressures in terms of higher staff sickness absence rates and associated agency and PPE costs. These payments equated to 10**%** of the weekly care package costs and were paid from 19 March 2020 to 5 June 2020, amounting to an extra £1.235m.

c) Payments have also been made to residential care homes out of locality, recognising placements the City Council have made in these care homes. This funding amounts to a further £200k of resources and similarly covers the same period.

d) The authority has also made payments to support self-funded individuals living in the care homes in the city. This was based on a 10% uplift on the Council's usual banded rates in each care home, again to cover COVID-19 costs. This has provided an additional £284k of funding to the local care home market.

e) Following the Government announcement of the Infection Control Grant (totalling £3.7m for Leicester to be paid in 2 tranches) the City Council made payments of £1.8m to 95 residential care homes at the beginning of June. Although 25% of the grant is discretionary and funding could have been used for domiciliary care and/or supported living, it was decided to pay 100% of the grant in tranche 1 to care homes. This was in recognition of the additional costs of PPE and pressures on the residential care market.

f) Tranche 2 is due to be paid in July. Consideration will be given to spending the 25% discretionary element on support for the domiciliary care and supported living market.

g) Therefore, the total amount of additional payments made to the residential care market since 19 March 2020 amounts to £3.2m, with a further tranche of the Infection Control Grant to be paid in July (a minimum of £1.4m).

4.21 Domiciliary Care

a) An upfront 4-week payment has been made 'on account' to the

organisations contracted to the City Council, at a cost of £1.2m. This has been paid to support cashflow in recognition that some visits have been reduced as family members have decided to take over. Under normal circumstances, if a call was reduced, the payment to the home care organisation would also be reduced. However, we have made the payment to ensure that home care organisations can continue to pay their workers the same level of pay, even if their hours of work have been reduced.

b) An additional 10% (based on existing care packages) has been paid to the providers to cover additional costs, since 19 March 2020, totalling £450k. This additional funding is due to end shortly and will be potentially replaced by monies from the 25% discretionary monies from the Infection Control grant.

c) The Council has given an annual uplift of 6.8% to the hourly rate for all contracted home care organisations, with effect from 6th April 2020. This reflects the increase in the National Living Wage and other costs, such as increases to National Insurance contributions, statutory sick pay, inflation for general business running costs and increased Care Quality Commission registration costs.

d) In order to reduce delays to people being discharged from hospital who need home care support, the contracted fee has been increased to £18 per hour to reflects additional costs associated with the provision of Personal Protective Equipment (PPE) and the extra time required to deliver care safely whilst following infection control guidance.

Therefore, the total amount of additional payments made to the domiciliary care market since 19 March 2020 amounts to £1.65m, with further potential funding from the Infection Control Grant to be paid in July.

4.18 Supported Living

A 10% fee uplift has also been applied to Supported Living providers from 19 March to cover additional costs. Funding provided up to 5 June 2020 equates to £305k.

Consideration will be given to potentially giving additional monies from the 25% discretionary monies from the Infection Control grant.

4.19 PPE

Nationally, the supply of PPE was a significant challenge, and guidance on its usage was not always clear. However, the City Council centralised its entire stock of PPE early in April to create an emergency supply for the local care market. All local care providers were RAG rated on at least a twice weekly basis, and given access to items, if they could not be sourced from their usual supplier. With effect from 22 May 2020, providers can now access items from the LRF. The national PPE-ordering service is expected to become fully available in the coming weeks.

To date the authority has purchased £362k of equipment and continues to be a source of supply for Personal Assistants and other small-scale carers who are unable to secure supplies directly.

4.20 Day Care and Voluntary & Community Sector services

The City Council continues to provide the existing level of funding to the contracted Day Care and Voluntary & Community organisations to ensure the long-term viability of the sector. Whilst the services cannot be delivered in the usual manner, the sector has been asked to diversify its approach to ensure contact is maintained with vulnerable individuals through differing channels, such as Skype. As a minimum, a daily welfare check is undertaken with users of the service. Providers were supported with a RAG tool to help them identify which of their users might require alternative support packages.

4.21 Emergency Workforce

In recognition of the impact the pandemic could have across organisations, especially if several were to suffer a large number of staff absences, an emergency workforce plan was created to achieve 2 key things. First to support a dedicated recruitment drive, and secondly the provision of an emergency workforce pool that could be utilised in the event of provider failure due to staffing shortages. The Leicester Employment hub has led a targeted recruitment campaign to secure care workers, and as of 1 June 2020, 110 candidates have been screened, 12 have secured employment, and 18 new employers have engaged with the Leicester Employment Hub.

The emergency workforce pool is supported through various sources. This includes volunteers who are DBS checked, and provided with training; staff from contracted providers who are not currently delivering service due to Covid-19, such as Headway; and internal LCC staff with relevant training and experience. In addition, the authority is working with health colleagues to find appropriate solutions to nursing pressures in care homes. To date the emergency workforce has been used to provide additional capacity, (but non personal care) to homes experiencing staffing pressures. 7 residential/nursing homes have been supported. Using the data from the Intel tracker homes are identified and RAG rated where pressures are mounting. The response has not been required across other markets e.g. domiciliary care/supported living to date.

Challenges

4.22 It is difficult to forecast the impact of the pandemic on ASC demand in both the short and medium term. New older service users (excluding those paid for by the CCGs) in April and May are at lower levels than the average monthly entrants seen in 2019/20, but as indicated above there may well be a surge in later months, as individuals cease to be supported by their families as these return to work and the fear of infection in care homes reduces. Working age new entrants are tracking at similar levels to 2019/20 currently.

4.23 There is an increasing issue of residential care homes operating at lower

occupancy levels and hence becoming less financially viable. A number of homes have written to the City Council asking for compensation for loss of income, but the authority is not in a position to be able to provide additional monies. Whilst this issue, which is affecting homes nationwide, has been raised with the DHSC and MCHLG, it may result in the market having to restructure to respond to the reduced demand.

4.24 Workforce retention has been identified both locally and nationally as an area of concern. Whilst further work is being completed to attract new employees into the care sector, low pay and recognition as a profession remain a barrier. Again, this has been raised with the DHSC.

4.25 Whilst the numbers being affected by the virus are reducing in Leicester, there is still concern that a further peak or peaks may occur. The Public Health England COVID-19 tracker shows the weekly counts of lab confirmed cases had been falling since the week ending 24 April 20 when 135 cases were confirmed to the week ending 05 June 20 when 34 cases were confirmed. However, in the week up to 12 June 20, 37 cases were confirmed in labs (PHE COVID-19 tracker includes pillar one testing only). There is still concern that a further peak or peaks may occur. Therefore, continuity plans need to be able to respond to any new spikes

4.26 Over the last few weeks the Government and the DHSC has taken a greater interest in providing a national role in Adult Social Care. Whilst some of this has been welcome, other elements have proved to be confusing, such as the process around testing and the reliance on the national NHS Capacity Tracker. This may create further challenges when addressing local issues, whilst responding to national interventions.

4.27 New constraints for Local Authorities, with the likelihood of significant further financial constraint, which is in direct conflict with the support needed to improve the care market in the city.

Lessons Learnt & Planning for Recovery

4.28 Work is currently in progress to determine the impact that Covid-19 has had on the ASC workforce and the wider social care market. This includes:

a) Understand the psychological impact on people using services, carers and our staff
b) Building on the positive developments from the internal and external COVID-19 responses
c) Assessing the impact on provider financial viability and sustainability
d) Planning the return of services, whilst observing social distancing
e) Considering how the volunteer base that has emerged be used to develop great preventative approaches
f) Determining the future models of care and support, and opportunities for the wider use of technology in ASC
g) Understanding the economic context and labour market and ensuring the local workforce is fit for the future (taking into account skills, reward and

recognition)

h) Maintaining improved relationship with NHS and the local CCG's

4.29 Once these plans have been developed, they will be share with the ASC Scrutiny Commission for comment/feedback.

5.1 Finance

5.1.1 Additional fee uplifts to providers total £2.2m with a further £1.2m cash advance made to domiciliary care providers and £93k of PPE supplied across all providers and a further £269k used internally. These are the known costs incurred over the period 19 March to 5 June.

5.1.2 Whilst we have been able to fund additional costs incurred by providers there have been a number of requests from care homes to fund lost income where occupancy levels have fallen. We are not in a position to address this and further work is being planned to address the capacity and utilisation issues for the sector. The issue has also been raised with the DHSC and MCHLG.

5.1.3 The LA has been given £20m of COVID grant funding to cover the additional costs and lost income across the authority including those incurred in adult social care. The grant is inadequate to cover the LA's forecast additional costs and lost income. The MCHLG's planning assumption appears to be a full return to normality generally post July which is wholly unrealistic.

5.1.4 CCGs have been given additional funding to pay for those people who have been discharged from hospital post 19 March who require adult social care packages. This funding is limited to paying for people who were not known to adult social care prior to the hospital discharge. To the end of May there have been 200 such discharges incurring a cost of £288k. A proportion of these people may end up with a permanent care package and require financial assessment in the normal fashion. Dates from which CCGs will no longer fund these people are not yet known.

5.1.5 Hospital discharges post 19 March for known adult social carer service users total 207 to the end of May. Any contribution these service users were making to their care package costs have been suspended following government guidance and this will be an additional cost to the authority (amount yet to be confirmed). No dates have yet been given as to when such service users will resume paying contributions to their care package.

5.1.6 The CCG will fund the 15 bed block contract for those discharge patients (irrespective of the person's previous adult social care status) who are tested as COVID positive or who are symptomatic. The three month contract will cost £157k.

5.1.7 The LA has received a £3.7m allocation of the Infection Control Grant

primarily aimed at residential care homes. The first instalment was received by the LA in May, with the second instalment due in July. The grant must be spent by 23 September. The grant conditions imposed by government on providers and the LA are overly complex and onerous and this is not helping the administration and effective use of the monies.

5.1.8 It is difficult to forecast the impact of the pandemic on ASC demand in both the short and medium term. New older service users (excluding those paid for by the CCGs) in April and May are at lower levels than the average monthly entrants seen in 2019/20, but as indicated above there may well be a surge in later months. Working age new entrants are tracking at similar levels to 2019/20 currently.

Martin Judson, Head of Finance

5.2 Legal

This report provides a comprehensive summary and analysis of impact resulting from Covid-19 on the ongoing provision of Adult social care services.

The contents of this report confirm that to date the Council has maintained a "business as usual" approach to the provision of services and where adjustments have had to be made, these have been in response to government guidance.

Legal advice has been sought when required regarding any perceived changes to service related activity and relevant provisions under the Coronavirus Act 2020 and related regulations and guidance considered where appropriate.

Pretty Patel- Head of Law, Social Care & Safeguarding Tel: 0116 454 1457

5.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides information and is for noting. However,

COVID 19 will have disproportionately impacted on particular protected characteristic groups, either directly or indirectly. Underpinned by the Care Act, adult social care supports many different people, including older people, disabled people and those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers.

The PSED has remained in force throughout this time and considerations on the impacts of the immediate response to COVID 19 and the actions that the Council and partners take going forwards into recovery should fully consider the needs of people with different protected characteristics and where disproportionate negative impacts are identified, steps should be implemented to mitigate this. Risk assessments, should take account of the particular circumstances of those with different protected characteristics or who appear to be in particular at-risk groups.

Any lessons learnt that may develop into recovery plans for opportunities to do things differently, for people needing ASC support including any changes to service delivery or policy as a result of COVID 19 and future new ways of working, should be equality impact assessed prior to making a decision on those changes, to ensure that there are not unintended consequences for people with protected characteristics. This includes circumstances whereby channels of contact for support or the communication of information are changed. The report does not include equality monitoring information, however, where this is collected, it may be useful in establishing where and for whom COVID 19 has had disproportionate impacts and may provide a useful indication for further work, for the Council and partners, in other areas such as employment.

Surinder Singh
Equalities Officer
Tel 37 4148

5.4 Climate Change
It is highly likely that the move to delivering more services remotely over the phone or through the internet has significantly reduced the level of travel required to access and deliver them, and therefore the transport-related emissions associated with them. Making arrangements to continue to offer more services digitally where practical could therefore play a key role in continuing to reduce city-wide emissions, in line with the council's commitment to tackling the climate emergency.

Whilst the changes to many of the services covered may have had further significant impacts on emissions from services, many of these changes were out of the council's direct control, and it is currently not practical to estimate the size of these impacts or how they are likely to change going forwards.

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Appendices
   None

7. Background Papers
   None

8. Is this a Key Decision Y/N = N