Report for:	Adults and Health Scrutiny Panel

Date: 21 September 2020

Title: **Briefing: Impact of Lockdown on Adult Social Care Services and 'Stocktake' of Current Position**

Report authorised by :   Beverley Tarka, Director of Adults and Health

Lead Officer: John Everson, Assistant Director, Adult Social Care

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** Non-Key

1. **Describe the issue under consideration**

   This briefing provides an overview of changes made to the delivery of services following the implementation of lockdown arrangements by government, on 23 March 2020, in response to the COVID-19 (C-19) pandemic. It also describes work currently being undertaken terms of planning for a second wave.

2. **Cabinet Member Introduction**

   N/A.

3. **Recommendations**

   That the panel note:

   a) Changes in service delivery within adult social care made during lockdown in response to the C-19 pandemic *(outlined under paragraph 6 of this report).*
   b) How performance and risk have been monitored and managed during this period.
   c) How adult social care is building on lessons learnt and positive changes made during lockdown and planning for a potential second wave.

4. **Reasons for decision**

   N/A *(report is for information).*

5. **Alternative options considered**

   N/A *(report is for information).*

6.   Background information

a) Overview – Approach to Service Delivery During Lockdown

At the outset of the pandemic our principle priority was establishing arrangements that would enable services to continue to function effectively. In order achieve this, **resources were reviewed and where possible flexed, creating capacity to meet any new demand created by Covid**.

Work to re-configure services was developed at pace and overseen by the **Adults and Health C-19 Response and Resilience group.**

A number of changes to the way services are delivered were made swiftly following the implementation of lockdown arrangements:

- **Day services reconfiguration**
  In response to social distancing guidelines issued by the government in March, and the high health risks associated with those who attend day services, physical attendance at Day Services was stopped. Services flexed accordingly and following careful analyses of all service user support needs, moved to an **outreach model** whereby the daytime needs of clients were met.

  Community team staff also played a key role in supporting the delivery of food to shielded residents and the delivery of Personal Protective Equipment (PPE) supplies across Haringey and in assessing new referrals, reviewing and providing support to people with complex needs, their families and carers via regular phone calls.

- **Hospital discharge**
  Supporting our most vulnerable residents' home from hospital was a key priority to support the health system to respond to the pandemic. New national hospital discharge guidance was issued and we rapidly reconfigured Hospital Discharge Teams to create **new discharge hubs at the North Middlesex and Whittington hospitals, operating on a 7-day, 8am to 8pm service model, enabling us** to meet the surge in patients and enable fast discharge.

  At the peak of the pandemic, **double the number of discharges usually seen per week** were being managed by ASC.

- **Intermediate care**
  In response to the need created by C-19, new intermediate care options were put in place, to support people who did not need to be in hospital but who were not ready to go home, were developed swiftly and implemented with Health partners at Osbourne Grove Nursing Home and Protheroe House.   These provided additional intermediate bedded care capacity people discharged from hospital care, who were not well enough to return home.

- **Community Reablement Service (CRS)**

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The CRS was remodelled to increase capacity and meet increased demand during the pandemic with, with the **hours available increasing from 600 to 1,300,** which was achieved by rapidly recruiting new carers and changing rotas.

Our front-line reablement care workers led the way in supporting Haringey's COVIC-19 patients to return safely to home from hospital and supported to recover.

- **Mental Health Services**
  Our Mental Health teams worked in **close partnership with the BEH Trust, CCG and voluntary** sector to offer people support. Cross borough arrangements were established at pace, where feasible, for ensure mental health assessments for Haringey residents were undertaken. Locality based Mental Health teams introduced an '**Attend Anywhere' online platform offering secure video consultations for those living in the community**, helping to reduce unnecessary travel and making it easier for people to stay at home.

  The **Clarendon Recovery College and locality teams** also reached out to offer support by regularly telephoning people, throughout lockdown. Another initiative led by the college was **development of a virtual Safe Haven.**

- **Community Alarm Service (CAS)**
  New shifts patterns were implemented to provide additional coverage across the team and the service maintained full delivery throughout lockdown.

- **Safeguarding**
  During lockdown ASC Safeguarding teams have flexed to meet demand and have used pooling arrangements to provide continuous cover.

- **Supporting Family Carers**
  In April, a group of volunteer staff, supported by the ASC First Response Team, **contacted over six hundred family carers to carry out welfare check**s and advice and guidance were published on the Council's website.

- **Connected Communities**
  The pandemic and lockdown arrangements have had particular impact on our most vulnerable residents. The local authority as whole flexed to provide humanitarian assistance to those most in need.

  Protecting residents shielding during lockdown was a key priority and staff from our community teams helped facilitate the delivery of food parcels to vulnerable residents during lockdown.

  Development of our Connected Communities model was accelerated during lockdown. As we move away from the initial humanitarian assistance response, the Connected Communities model is focussing on building community

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resilience and strength. As the model evolves, Adult Social Care services will be aligned to it.

b) Impact on ASC Service Delivery and Risk Management

The impact of rapidly flexing our services to meet demand and of re-configuring services within short timescales has been **mitigated through risk management and business continuity arrangements** overseen by the Adults and Health C-19 Response and Resilience group. To enable the group to monitor how services were performing and the impact of lockdown, **a set of KPIs and dashboard, were created** and reviewed by the group on a weekly basis.

Additionally, the **Association of Directors Adult Social Services (ADASS)** developed a Market Insight Tool, which provided an overview of bed occupancy rates, availability of PPE and an overview of capacity within the market at both a local, sub regional and London level. This was also drawn on in terms of performance monitoring.
Indicators monitored included:

- Hospital capacity and bed occupancy rates
- Reablement team capacity
- Capacity in care homes & Homecare capacity
- PPE % of Care Homes in Haringey with Less than 5 Days' Supply (and comparison with London average)

c) Current Work – Building on Positive Change

Whilst this period has been challenging, positive new ways of working have been identified and these will be retained and developed. There are several channels for this work including the ASC service improvement planning and quality and assurance arrangements and transformation programme.

Key themes to build on and reflect within approach to ASC services include:

- **New ways of working**
  Greater use of IT communication platforms has enabled staff to work away from an office environment without a reduction in performance and in some areas with marked increased performance. We will review how these changes can be suitably sustained and embedded where appropriate.

- **Integration and partnership working**
  Moving towards greater integration of practice, systems, finance arrangements and sharing of data. Building on the work of the Haringey Borough Partnership we have new opportunities to create seamless health and care services for our residents to ensure they get the right support, at the right time in the right place.

- **Skills, creativity and agility of staff and teams**
  Building on and fostering the outstanding behaviours, skills and competencies of staff who have demonstrated more creative and agile ways of working in a time of crisis**.**

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d) Planning at NCL Level and Preparation for a Second Wave

Since the gradual easing of lockdown arrangements, planning and work around preparation for a second wave has been taking place at local and at a North Central London Level. This includes:

- **Care Sector Support Workstream**

  Practical interventions, in partnership with LBH and the Clinical Commissioning Group (CCG), including PPE, advice and guidance and testing.

- **Support those more vulnerable, including shielded patients, as we move into autumn and winter**

  This includes information about flu vaccinations, that the NHS 'is open for business' and reaching out to vulnerable communities and groups.

- **Business Continuity arrangements to support responsiveness**

  Adult Social Care and Community/Acute Health Partners are all currently reviewing and updating.

- **ASC Covid-19 Response and Resilience Group**

  Provides weekly scrutiny and oversight on KPIs, planning, risks and actions required to enable this and escalate as required to relevant workstreams, local and NCL partners and LBH Gold.

- **Hospital Admissions and Discharge**

  Ensuring that the health and social care arrangements are in place to reduce unnecessary hospital admissions and support people home from hospital when they are ready to leave. Areas of focus include:

  - **Nursing Rapid Response** to avoid hospitalization
  - N**ursing and social care input into acute SPAs** and to support people at home
  - Short-term **intermediate care beds**
  - Additional intensive **24-hour packages of care** to facilitate timely discharge.
  - Maintaining increased **Re-ablement Capacity**
  - **Flexibly use of workforce** to 'turn-up' capacity when required in key areas

7) Contribution to strategic outcomes

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Adult and Health services are measured under Outcomes 7 and 8 of the Council's Borough Plan:

- **Outcome 7:** All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities
- **Outcome 8:** Strong communities where people look out and care for one another

All planned work within ASC takes into account these objectives and our KPIs in all areas are aligned to these.

8) Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance

Changes since lockdown has created additional pressures above and beyond business as usual levels as Adult Social Services has had to meet greater demand and expand it's capacity. Specific grant funding has been provided by NHS England as part of the C-19 support scheme to cover a portion of these costs, the remainder of which will fall within Adult Social Services. The Council has received additional C-19 funding that will be apportioned towards the service.

The materialisation of a second wave will bring renewed pressures in areas similar to those we have seen, which presents a financial risk going forward.

Procurement

The contents of this report are noted, there are no procurement implications.

Legal

There are no legal implications arising from the recommendations in the report.

9) Equality

Any changes in service delivery, updated and new policies, within ASC, will be subject to a full EQIA, in line with the Council's policy and statutory requirements.

10) Use of Appendices

Appendix: ASC Response to Lockdown and Changes in Service Delivery

11) Local Government (Access to Information) Act 1985

N/A.