APPENDIX 1

People & Families Scrutiny Committee
Briefing on the Adult Social Care (ASC) response to Covid-19

1. Purpose

This paper provides an overview of Adult Social Care services during Covid-19. It highlights the changes in supply and demand seen as a result of the pandemic, other related trends and the impact on anticipated future planning of services and capacity. Service definitions can be found in Appendix A.

2. Headlines

Supply and demand

- There are currently approximately 17,000 Adults in Essex using one or more support service
- Supply and demand dropped in March 2020 across all cohorts and services with Council and provider staff being repurposed as appropriate
- The majority of services continued meeting the needs of the most vulnerable people in our community (identified using a risk stratification tool), using business continuity plans, additional Covid related funding and mutual aid arrangements. The less vulnerable were supported by friends, family and Essex Wellbeing Service volunteers
- There has been a slow increase in demand in some services such as Live at Home domiciliary support, the market currently has capacity and unmet need is historically low

Costs

- Covid related costs for providers (personal protective equipment (PPE), recruitment, workforce logistics, transport and social distancing guidelines) are creating additional unexpected financial pressure for providers

Adult's needs and expectations

- There are behaviour changes in the population resulting in fewer residential and nursing placements being sought by ASC and private self-funders – this is impacting on the financial viability of care homes, so co-produced market shaping activity is underway
- Post Covid health impacts, in those who are either working age or elderly and frail with one or more pre-existing long term condition, are largely unknown and are likely to impact on future demand as people present with increased and/or more complex needs. Work is underway with Health to develop a post Covid rehab offer
- Joint planning is underway to prepare for seasonal pressures during winter alongside further Covid waves/spikes
- It is widely recognised that consistency and quality beyond the statutory CQC requirements are important to all stakeholders and partners. The Council's Quality Improvement Team is working hard to embed further quality assurance mechanisms across the piece.

Economic impacts

- Brexit – there is a potential impact on the overseas care workforce when Great Britain leaves the European Union although the EU workforce in Essex is about 8% - lower than in some other areas of the UK
- Post Covid economic impact – the country is facing a severe and prolonged financial depression and there could be mass redundancies which may affect the care workforce. Some social care employers are finding that this is having a positive impact on recruitment
- School opening and childcare availability directly impacts the care workforce
- The challenges faced at this time are not unique to Essex and are recognised nationally

Successes

- A risk stratification tool was developed, used consistently to identify and prioritise the most vulnerable people and contact was maintained with adults and their families/carers
- Extensive assistance was given to ensure that people using DPs were fully supported through the crisis
- Care Home Hubs – a successful local integration model has been implemented and work is underway to see how the model can be further developed and sustained
- An ECC 7 day Rapid Response Service was developed to act as a central point for provider concerns and enquiries
- The Council flexed services and embraced technology to undertake our statutory functions (e.g. Care Act assessments/reviews) and enhanced service delivery with digital innovation (e.g. Alcove tablets) to reduce social isolation
- The Intelligence Hub was developed to give live oversight
- Essex Wellbeing Service provided valuable community support, helping with food shopping and medication collection
- 'Bedfinder' care home bed availability and placement technical solution and support service was introduced across health and social care to support rapid discharge
- Regular Provider webinars took place and daily bulletins were uploaded to the Care Provider Hub
- Support to the market included a two way flex tolerance of up to 125% of commissioned hours, provision of PPE, invoices were paid until September on commissioned not actual hours/sessions/beds; linked to this providers were given the opportunity to deliver care in a different way e.g. through telephone calls as welfare checks/carrying out shopping trips/cleaning the home environment where needed, guaranteed beds etc.
- A new multi-disciplinary Step 2 Home facility in Howe Green was rapidly mobilised and opened at Easter to prevent hospital admissions and support acute discharge for people who were Covid positive
- Relationships between the council and key strategic partners in the NHS have strengthened during Covid, with information sharing and strategic planning taking place in coordination. The intention is to build on this to improve the whole-system response, including working to prevent hospital admissions and begin the recovery and reablement process at an earlier stage

3. Statutory Activity

The Council has a statutory duty under the Care Act 2014 to

- Assess for and meet eligible needs

- Prevent, reduce and delay needs
- Promote wellbeing

Providing information, advice and guidance (IAG) and support services to meet those needs – or a cash payment in lieu of them – are recognised ways to meet people's needs. These duties have to some extent been amended by the Coronavirus Act 2020, but the Council continues to aspire to meet these needs in line with the general strategic direction of enabling people to live and age well and be as independent as possible for as long as possible. Beyond its legal obligation, the Council has the ambition of optimising the quality and continuity of care within the financial envelope available.

The Council is committed to joining the whole health and social care system together and supporting the NHS 5 year Forward Plan in promoting a strengths based Home First approach as the default.

Changes to statutory provision during Covid

Direct Payment (DP) - there are currently around 3,000 adults using DPs. In March a risk assessment was undertaken to understand the likely impact of Covid on those who use DPs to manage their needs. The Council proactively contacted those most at risk, communicating advice and guidance and supporting people to use their DP to access appropriate and alternative support where required. The Council also worked closely with Purple (who provide direct payment administrative/process support) to ensure high quality support was maintained and they provided insight as to those who may be at risk/any provider concerns etc. Guidance was produced for providers who support those who have DPs to ensure they successfully implemented and adhered to national guidance. The Council ensured adults had access to additional funding if required (including via Covid funds) without the need for a full review. On the whole people have been able to remain utilising their DP's effectively, have sought support from families and local communities and there has been positive feedback from adults and carers.

Intermediate Care - Reablement

The total spend per annum on Reablement/In Lieu of Reablement is approx. £20M.

- **ECL** - Demand dropped significantly in April and May. Due to current high levels of demand, they are delivering 8,500 hours per week countywide against their block contract of ~7,300 hours. Since July there have been over 650 people in the service at any one time. ECL's contracted hours used to be increased month on month (ramped up), but this has stopped since Covid. A revised ramp up plan is being developed

- **Domiciliary Care In Lieu Of Reablement -** This service supplements the contract with ECL to provide additional capacity as hours with ECL are increasing. Demand dropped significantly during April and May. Currently around 2,400 hours are being delivered against a contracted block of 3,300 hours. There are typically 180-200 people in the service at any one time. There is variation in capacity across quadrants. Often the reason given for delivering below contracted hours is lack of referrals, except for North where staffing has been the main issue

Intermediate Care Beds - Residential recovery beds were purchased for 6 months in March 2020 in anticipation of a need to rapidly discharge large numbers of people from hospital or

prevent admission to hospital and free up beds for people with Covid-19. The numbers of people requiring hospital admissions was significantly lower than originally modelled nationally and locally and lockdown has meant that emergency admissions and admissions for planned surgery were much lower than usual. The numbers of care home beds were therefore reduced in June and contracts for new placements end in September 2020. In addition for those beds filled in March 2020 we guaranteed payments for 12 months for Health and Social care use until March 2021.

Live at Home Domiciliary Support – The Council currently supports around 6,200 people (a third of whom pre Covid were 85+), with 112,000 commissioned hours of personal (average package size of 18 hours) and domestic support, night sleep and 24 hour live in care in their own homes a week, from 300 providers, at a cost of approx. £100m per annum. A small number of people self-suspended their support packages in March. Of those who formally suspended their care, 78% reported increased levels of support from family, friends or universal services. People moved in with family or vice versa, used local low cost/no cost solutions and/or community volunteers and digital technology solutions (Alcove tablet/internet shopping/social media). 25% restarted their care and support at their previous level indicating no change in long term needs. A primary concern highlighted was access to a GP or other medical appointments and services.

Future plans include a framework refresh which aims to channel more support through fewer, higher quality strategic suppliers, mandates electronic homecare monitoring to improve safeguarding of Adults and risk management and a series of test and learns to trial different delivery methods to optimise delivery and customer outcomes - see section 5. A paper on this process is going to Cabinet on 15 September and is subject to approval. The cabinet paper provides further detail.

Supported Living for Adults - There are 1,161 people living in 1,291 units in Essex costing £68M per annum. In June there were 146 voids across all schemes which dropped to 102 in August and this figure along with the number of available units fluctuates monthly. There are currently 120 people on the waiting list. The properties became vacant through normal turnover with little evidence of a significant Covid impact. There was, however, reduced focus on filling voids as social care workers were diverted to Covid critical activity, and unnecessary accommodation moves were not allowed. Councillor Spence has signalled support of the concept for 3-4 new complex needs schemes and the Council is progressing plans in terms of firming up a specification, learning lessons from Thistley Green, working with Essex Housing to identify potential sites, and exploring capital funding options to ensure a speedy return on investment. Work is also underway to secure supported living for those with Physical Impairments and those who are congenitally deafblind as there are known gaps in the market for this cohort. The Council awaits planning decisions for two pipeline schemes in Epping Forest and Maldon (planning processes were affected by Covid-19 and there is a backlog).

Extra Care Housing for Older People – There are currently 523 people living in 13 Extra Care accommodation schemes in Essex and 50 voids. There is the Peace of Mind support (which is under review) in 9 schemes funded by the Council at a cost of £662,000 per annum (in the other 4 schemes the people living there pay for the Peace of Mind service).

Properties became vacant through normal turnover with low level impact from Covid. The design of these schemes allowed people to self-isolate easily however PPE was sometimes difficult to source, and some people experienced increased loneliness and poor mental health due the lockdown restrictions and inability to see family and friends. Covid restrictions also made it difficult to carry out assessments, viewings and referrals, as unnecessary moves were not permitted, and social care staff were focused on critical work.

Work is progressing on developing the pipeline of upcoming schemes. Marketing materials, videos and website to raise the awareness of Extra Care amongst the public and professionals are being refreshed. There is ongoing engagement with Social Care colleagues to generate more referrals through virtual drop-in Q&A sessions, open days and regular email updates. The referral process is being streamlined to move to virtual panels to make it easier and quicker to process nominations.

Day Opportunities – 1,871 people across all cohorts (but mainly people with learning disabilities and/or autism (LDA)) used day opportunities pre Covid at a cost of around £17M via a series of contracts – ECL Live, framework, spot purchase or direct payment. That figure dropped to 1,696 in August.

Closure notification was given to all providers in March 2020 with the exception of support to individuals who were identified as being most vulnerable. Providers were required to deliver support via alternative mechanisms e.g. outreach provision and there was ongoing two way dialogue with providers regarding the outcome of individual risk assessments, additional support requests, payments enquiries, outreach provision and general enquiries.

On 4th June the Council began to work on the recovery of day opportunities. An engagement webinar reflected the scope of the national guidance that was later published in July by SCIE https://www.scie.org.uk/care-providers/coronavirus-covid-19/day-care/safe-delivery

Working groups were established to address the key challenges and maximise the opportunities that Covid-19 presents, including Transport, Communication and Engagement with key stakeholders, Strategic Direction, Finance, Reviews and ECL LIVE Service contract. A Strategic Oversight Group was established to oversee progress, risks and issues, with Commercial, ASC Commissioning and Finance representatives.

Equipment - ASC spends around £9M per annum providing equipment and minor adaptations to enable people to regain (e.g. following hospital discharge) and maintain independence, prevent hospital admissions, reduce the need for domiciliary support and to enable formal and informal carers to carry out their role safely. Delivery, collection, servicing, repair, replacement and ordering was impacted during Covid with a reduced service in operation for only the most vulnerable people and to support safe hospital discharges. The volume of equipment and adaptations requested by ASC also decreased significantly as less people were assessed. Normal service has now been resumed.

Residential & Nursing Homes - Additional beds were purchased countywide in March in preparation for the predicted surge of people who would need them. These have now been decommissioned. There are currently 3,500 people placed by ASC living in 410 Residential homes and 350 people placed by CCG's living in Nursing homes in Essex. ASC occupancy is currently at circa 81% - a reduction of 10% since March 2020. Demand continues to decline current modelling indicates there will be an oversupply by March 2022, particularly in Tendring, Braintree and Halstead. Despite this there is a lack of enhanced or specialist residential care for people with very complex needs such as advanced dementia. A market position statement is being coproduced to help shape the market going forwards and the IRN contract refresh is in progress.

4. Impact on supply, demand and services

Supply and demand during the pandemic has fallen across all cohorts and service types due to suspension or termination of support services (either by the Council or Adults and their families/carers), less people being admitted to and discharged from hospital, fewer Care Act assessments and reviews taking place, fewer new placements or packages being sought, restrictions on moving home or deaths. With furlough still active there is an army of volunteers acting as unpaid carers and an ongoing trend of people not choosing a residential/nursing home due to high infection control risks. Some lived insight work is underway to help inform the future direction. Operational teams report a recent increase in activity, but the Service Placement Team remain generally quiet in comparison with pre Covid activity.

There are positive points to make about how we've managed markets, learnt to use frameworks to grow the market whilst retaining price control, built stronger relationships with Essex Care Association and brought more supply into Essex. In the domiciliary market the number of framework providers has grown from 65 -125 in four years and 70% of activity is now sourced through these providers compared to 40% four years ago. This has helped manage disruption (e.g. supplier failure) and puts the Council in a strong position to move forward and test new approaches.

Providers have shown resilience with fewer provider concerns being raised for discussion at the Serious Case Review Group (SCRG) and very low provider failure March – August. The market has reported generally positive news

- Following initial concerns about staffing, the reality was an increased pool of better qualified people looking for care work, presumably as a response to other industry challenges
- Providers were well prepared with clear plans in place early on, supported by good information and guidance on the Care Provider Information Hub hosted on the https://www.livingwellessex.org/latest-news/ site
- Providers accessed and used technology to enhance and innovate to provide care to self-isolating and shielding adults e.g. cookery lessons via zoom
- Positive response to the support from ECC, with some national providers comparing Essex very favourably to other authorities

5. Future Planning

The Health and Social Care landscape is changing. The UK population is predicted to rise by 21% in the next ten years with the biggest increase being in the number of people aged 85+. There will also be more people with dementia with an estimated 80% increase by 2040 to 1.6M. Ensuring there is good quality capacity and consistency at the point of delivery is key. We want people to enjoy good lives in their communities with choice, control and decisions kept close to the person and the people that matter to them, and flexible creative support to enable them to achieve their aspirations and outcomes. The council recognises that one size doesn't fit all and is taking a more local place based approach to individual and population needs, demand and supply.

On 15th September Cabinet is considering a decision to award a programme partner contract to facilitate an Intermediate Care transformation programme over the next 12-18 months. ECL are onboard and engaged, with working groups mobilised to set up pilots and trials to design new ways of working such as the ward led Reablement in North. A key principal and output will be to

ensure that the Council utilises all the capacity available throughout the reablement pathway which will involve working with ILOR providers and the interface with ECL and ECC to deliver the best outcomes for people.

The Hospital Discharge Service policy and operating model is being aligned with social care practice and there is a commitment to work closely with partners in Health and Housing to improve and streamline pathways and the journey for people, making it seamless with the right support, at the right time, in the right place. Social prescribing and focusing on minimising the deconditioning that a bedded environment causes are critical in embedding a personalised strengths based approach across the whole system. We are also working on alternative ways to use the professional expertise of our Occupational Therapists to maximise our preventative and enabling approach.

Cabinet also recently considered the procurement of a new two tier, Live at Home framework, more focused on quality and social value, whilst a range of alternative hyperlocal solutions are tested. The aim is to use providers who are rated good and outstanding by The Care Quality Commission (CQC) in the first instance and to invest in and upskill the care workforce to maximise people's independence. Additionally the Council is working up a range of test and learns to secure good quality year round capacity, focusing on historically hard to source areas and where there has been high unmet need. This will include guaranteed hours, an integrated multidisciplinary health and social care team sharing caseloads, using a digital platform to create circles of support around people using Personal Assistants and an Individual Service Fund (ISF) Model, development of micro providers offering local flexible, personalised support and joint commissioning with neighbouring LA's and CCG colleagues for Continuing Health Care (similar care workforce). Essex pays one of the lowest rates regionally for domiciliary support and competes with nine neighbouring Local Authorities (and Unitaries) including four London boroughs for workforce.

Electronic Homecare Monitoring will enable transparency of capacity, consistency of carer and actual call times and duration – something people tell us is important to them, especially when they pay towards their cost of care. Bed finder and dynamic purchasing will allow us to digitalise and streamline processes, driving continuous improvement and efficiencies.

The issues we face in residential care with market sustainability are not unique to Essex and are recognised nationally. The decrease in the demand for residential and nursing home placements could, at least partially, mitigate the predicted increases in domiciliary demand (specifically Live at Home) – joint forecasting work with Health partners is underway to shape the future.

The workforce strategy will be embedded in all future contracts signalling our commitment to invest in and value care and support staff. The second care market workforce survey is live and has been adapted with Covid related questions. Findings will be available in October. Council led social media campaigns are underway to support and encourage care workforce recruitment.

The Council is actively working with Think Local Act Personal (TLAP) to improve the personalisation approach and direct payment offer and take up across the organisation. There are early ISF adopter sites in Braintree, Basildon and Uttlesford promoting personal responsibility.

Appendix A - Definitions of ASC Services

Services provided in ASC are mostly long term and generally subject to a means tested financial assessment.

Direct Payment - allows a person assessed as having eligible needs to choose to receive cash payments from the Council instead of care services. This gives them much more flexibility and greater control of their support package. There are several ways people can receive a DP

- Pre-Paid Cards
- Support from Purple (payroll and account management, employer advice and guidance, support to find PAs)
- Dedicated Bank Account

Adults can purchase care and support using their DP – this may include support in the home and could be via a Personal Assistant or a Home Care Agency. They can also purchase other solutions from the wider market in line with their care and support plan including support to access the community.

Individual Service Fund - a contractual model which allows an adult and their carers to have choice and control over how their needs are met. A personal budget is held by a provider and they work closely with the adult and their family and decide how best this is spent in line with their care and support needs. The provider is also able to use the funds to broker other solutions from a wider range of providers in line with the adult/families wishes. Payment is up front, and a contract is in place between the council and the provider with the provider having an onward agreement with the adult/family. This is an alternative solution to a DP or traditional managed service and provides choice and control without the complexities of managing a Direct Payment which for some is a barrier. It also involves the provider regularly reviewing how the adults outcomes are progressing which can reduce the capacity required from ASC when undertaking reviews.

Intermediate Care - short term care and support to assist recovery and increase independence.

Reablement - is a service designed to give free active rehabilitation support for up to 6 weeks to promote and improve independence. People can be referred from the community or on discharge from hospital. People may leave the service fully self-caring or may have ongoing support needs. A small number of people may need longer term residential care.

Live at Home Domiciliary Support – domiciliary care is defined as the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care (washing, dressing, supporting with medication), and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home.

Supported Living - schemes that provide personal care to adults with disabilities as part of the support that they need to live in their own homes. The personal care is provided under separate contractual arrangements to those for the person's housing. The accommodation is often shared but can be single self-contained units.

Extra Care - housing designed with the needs of frailer older people in mind and with varying levels of personal and domestic care and support (Peace of Mind) available on site sometimes provided by on-site staff and sometimes by a different agency. People who live in Extra Care

Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. Properties can be rented, owned or part owned/part rented. In addition to communal facilities (residents' lounge, guest suite, laundry), Extra Care often includes a restaurant or dining room, health & fitness facilities and computer rooms.

Day Opportunities – half or full day sessions, with or without transport, to a place based service where activity, purposeful occupation, education and training can be offered. The outcomes of this service include reducing social isolation, carer respite and providing education and training with a view to gaining employment.

Equipment - a range of equipment (from raised toilet seats to mobile hoists and slings), and minor adaptations (grab rails and chair raisers) for long term use are provided free to Adults according to their assessed needs.

Residential & Nursing Homes – a care home is a residential setting where a number of mostly older people live, usually in single rooms, and have access to 24 hour on-site care services such as help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness. Nursing homes have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes are for people who are physically or mentally frail or people who need regular medical attention from a nurse and are funded typically by Health.