



Report to Healthier Communities & Adult Social Care Scrutiny Committee

Report of: Executive Director of People Services

Subject: Adult Social Care Briefing, June 2020

Author of Report: Sara Storey, Interim Director of Adult Health & Social Care

Summary:

This paper provides the Healthier Communities & Adult Social Care Scrutiny Committee with an update on the Adult Social Care impacts and response to the COVID-19 pandemic.

The situation is rapidly changing, and therefore should be taken in the context of being current at point of publication on 8th June 2020.

Type of item:

Briefing paper for the Scrutiny Committee	✓
-------------------------------------------	---

The Scrutiny Committee is being asked to:

Note the briefing to inform the Committee's scrutiny role.

Background Papers: NONE

Category of Report: OPEN

Adult Social Care Briefing

16th June 2020

Healthier Communities & Adults Social Care Scrutiny Committee

1. Purpose

This paper provides the Healthier Communities & Adult Social Care Scrutiny Committee with an update on the Adult Social Care impacts and response to the COVID-19 pandemic.

The situation is rapidly changing, and therefore should be taken in the context of being current at point of publication on 8th June 2020.

2. Overview of COVID-19 for Adult Social Care

The last few months have been a dramatic period for so much of society. Adult social care has been hugely impacted, while also being at the heart of the city's response. This has included temporary legislative change, rapidly changing government guidance, evolving understanding of the science of the virus and complex societal factors.

It has also been a challenging time for staff throughout the sector, who have worked with huge effort, skill and compassion. The social care and health system has responded swiftly and co-operatively to respond, making rapid changes. At the same time this has been personally difficult, both emotionally and physically. So many people that the sector has worked with and cared for have lost their lives to COVID-19, including a member of staff at a nursing home.

Thankfully, the worst case demand pressures that had been prepared for did not emerge. Despite this, residential and nursing homes have been under significant pressure as has been discussed in the media.

People categorised as extremely clinically vulnerable were contacted and support offered. Volunteers were deployed to support delivery of medication and shopping as well as emotional support via telephone calls.

We saw some reduction in the provision of domiciliary care due to family carers being more available or worried about staff entering their homes and, therefore some services were cancelled by families. This includes adult mental health domiciliary care in particular.

Day activity provision adapted and were able to provide some of their services such as singing, drama and art work via online platforms.

3. Legislative change

The Government introduced the [Coronavirus Act 2020](#) in mid-March to respond to the COVID-19 pandemic. The Act includes significant changes to our duties under the Care Act 2014 for the most critical period of the pandemic, to help us to make sure the most serious and urgent care needs are met and enable us to defer meeting other less acute or pressing needs.

The Act gave provision for 'Easements' to be enacted by Directors of Adult Social Services, which allow them to deprioritise care which we would otherwise would be statutorily required to provide. At this stage Sheffield has not enacted such easements, and has no current plan to do so.

There have also been significant temporary changes in the arrangements for discharge and continuing healthcare (CHC) from government guidance.

More information on these changes in legislation and guidance is attached at Appendix B.

4. Impact on people's provision

The table below sets out a summary of the impact on people's provision.

Provision	Summary of impact
Care Homes	<p>As widely reported, there have been huge challenges for care homes.</p> <p>There have been more deaths in Sheffield's care homes than there have been in our hospitals. The experience of residential settings has also suffered, with less freedom of movement and reduced ability to receive visitors. This has been particularly felt by those with dementia, who often have less understanding of what is happening.</p> <p>Early forecasts of increased demand for residential care did not materialised. There are now fewer people in these settings, due to a significantly higher death rate and lower 'business as usual' demand.</p> <p>A significant package of support has been put in place, which is detailed later in this report.</p>
Home care	<p>Care in people's own homes has broadly continued as normal. Providers have felt increased pressure, including from higher staff absence, but have nevertheless risen to the challenges presented. We have worked closely with providers to ensure stability in this part of the sector, including a different payment approach.</p>

Discharge from hospital

Discharges from hospital have been lower than would have normally been the case due to hospitals ceasing large areas of activity. Despite significantly reduced staffing capacity, the Council's Short Term Intervention Team (STIT) has continued to support the flow of people out of hospital.

Delayed transfers of care are at historically low levels for the city. As hospital services restart, there will be increased pressure in this area.

In mental health, expanded provision for stepdown has been commissioned to release existing provision to ease the increasing pressures on mental health acute wards.

Direct Payments

For those who arrange their own care through direct payments, implications are by nature more varied.

Social care teams have contacted everyone in receipt of a direct payment to discuss their situation, plan contingencies and generally check on their well-being.

We have issued responses to frequently asked questions to everyone receiving direct payments and ensured fast track emergency funding is available if people need to arrange alternative support.

We have worked closely with Disability Sheffield, who among other things has led excellent work on support for Personal Assistants in the city. Jointly, we have ensured information is available on a range of issues and set up facilities to make PPE readily available and access to testing. In addition, an emergency PA Register for PAs to join to offer cover to people who have PAs shielding or self-isolating has been created

Supported Living

Supported Living has continued to operate, albeit in slightly different ways. Opportunities for leaving the property have been reduced, as have other elements of individuals' packages, in accordance with government guidelines. Framework, non-framework and in-house providers have organised activities for people to replace day services with positive feedback.

Community outreach support for people who live in their own tenancy or the family home rather than supported accommodation has been flexible to meet their needs, for example spread over the whole week rather than in a 'block'.

	<p>Payments have been made on commissioned hours then reconciled later to improve provider cash flow, and a 5% block payment for April –June has now been agreed.</p>
Respite	<p>Respite provision in the independent sector has continued albeit at a much reduced level. Out of 6 providers, 2 have continued to provide a full service, 2 have offered a reduced service. Cancellations have been high. Providers will be provided a block payment for April – June to cover any respite provided during this period as well as any void costs.</p> <p>The Council’s Short Breaks Services at Warminster have closed, however we have been offering support for crisis and emergencies when required. We are using our few staff in Short Breaks to bolster and support our Supported Living Scheme.</p>
Day Activities	<p>Independent day services have closed their building based activities in accordance with government guidelines. However, they have continued to offer alternative activities ranging from music, drama, exercise classes and bake offs via Zoom to the delivery of activity packs and regular contact via phone/Zoom for people using services and family carers. As restrictions are being lifted, services are being encouraged to plan activities outside on a 1:1 basis with robust risk assessments in place. All day services have continued to be paid based on February delivery.</p> <p>Council Day Activities have also closed. The service completed a RAG rating for all of people worked with. Staff have been in regular contact with all, but those flagged as Amber and Red flagged in particular. They are being supported, offered advice, working with LD health staff etc. All are well despite the lockdown and obvious difficulties.</p> <p>Staff that are not in their normal role are either supporting STIT or Supported Living schemes.</p>
Carer Support	<p>Sheffield Carers Centre reported that carers were initially feeling that we were all in this together rather than feeling isolated and felt a bigger sense of community. Some were reluctant to accept support in their homes as they protected their loved ones from the virus.</p> <p>However, as time has gone on there is more of a feeling of carer stress and as others are stepping back out into the world they are not. The Carers Centre has contacted carers to give telephone support and worked with social care teams when the need has arisen.</p>

5. Experience of People Receiving Care

HealthWatch Sheffield has been providing us and health partners with invaluable weekly feedback from people receiving care. We use this insight to improve our response. Areas raised include:

- **Consistency of clear information** – Many sources of information across government, health and social care
- **Care homes** – A variety of concerns, including around communication with people in residential care and uncertainty around how homes are managing. Some positive stories about using technology to connect to loved ones and organising socially distanced visits through windows
- **Carers** - Lack of respite care increasing pressure on families and informal carers
- **People with learning disabilities** – Particular concerns that people with learning disabilities can find it hard to understand the lockdown rules and restrictions. This has meant some people are going back to their normal lifestyles, which may be unsafe for them.
- **Social interaction** - Worries about lack of social support (family/friends, support groups) becoming more detrimental the longer that lockdown continues. Digital options aren't suitable for all, either because people do not feel comfortable using them, or lack the money/skills to access IT
- **Council Services** – Both positive and negative experiences of Council services, including staff going above and beyond the call of duty on occasion, but also instances of slow responses and the impact of reduced levels of service.

6. Experience of ASC Staff

Staff have adapted to using telephone and video calling to avoid face to face contact where possible. Working remotely using remote access functionality to work from home has kept people and workers safer. In-house provision were at the front line and anxious initially but rose to the challenge with resilience and always delivered the support to vulnerable people.

Zoom meetings have kept social work teams in touch with each other, avoiding gatherings. Development workshops have also moved to online platforms.

7. Individual financial implication – contributions

The table below sets out the situation for individuals who are assessed as needing to make a contribution to the cost of their care.

Type of provision	Impact on people's contributions to cost of care
Hospital discharge	No charges to individual during the pandemic for a new/significantly increased support package, if it prevents hospital admission or means the person can be discharged.

Home care	No home care charges for people in April 2020.
Day activities	Normal charging arrangements apply. Of course there are no charges for people if their day activities are or were closed during the pandemic.
Direct Payment (DP)	Detailed advice sent to people to help them manage their Direct Payment and their support. People encouraged to use their DP flexibly or purchase alternatives and not to stop services. People encouraged to continue to pay their service providers, even if they have stopped some services while self-isolating.
Residential/nursing care	No changes to contributions

Annual review of charges

When government benefits increase in April we normally adjust our charging arrangements to reflect the changes. We have delayed these changes until July and any increase in charges will not be back-dated.

Financial assessments and billing

- 'Light touch' assessments during the pandemic.
- Delays on sending invoices for payment to people for February and March.

8. Support for Care Homes

In common with the rest of the country, the Covid-19 pandemic is significantly impacting on care homes in Sheffield. We are continuing to provide help to residential and nursing care providers to enable them to support people and families during this difficult time. As in 'normal' times, we'll always support people to remain in their own home for as long as possible.

Together with our health partners, we have put in a significant package of support for the city's care homes. This includes:

- increased funding, with the opportunity to discuss further support if this has not been sufficient
- support with infection prevention and control
- enhanced clinical support

- rapid response elements for care homes that start to struggle, including providing Council staff
- prioritised staff testing in Sheffield (in addition to national scheme)
- backup PPE supplies
- staffing support from volunteers and redeployed Council staff
- tablets with SIM cards to enable people in care homes to connect with their family and friends
- regular calls to check in with manager in the homes
- a single monitored inbox for all enquiries from or about providers, and dedicated web page with the latest information for providers
- regular updates about national and local guidance
- additional social work support
- increased subsistence payments for failed asylum seekers with no recourse to public funds.

9. PPE in Adult Social Care

We receive an allocation of PPE stock through South Yorkshire Local Resilience Forum (SYLRF), this was found to be supplementary against the demand required in the city. In early April we were already seeing Independent Care Providers struggling to get access to supplies of PPE that were good value, compliant to safety standards and delivered in a timely manner. SCC Commercial teams have sourced compliant PPE from a number local, UK and international sources securing a 4-6 week supply of PPE across the main items required.

We have set up a dedicated warehouse for PPE items which distributes to range of services across the city via our in-house transport fleet. We are currently delivering to 220 sites across the city including special schools, care providers and children's homes. We have delivered up to 400,000 items of PPE in a single week. We are seeing this demand drop to circa 200,000 items as confidence has grown in the weekly supply of items. On average, 85% of stock is supplied to Independent Care Providers.

10. COVID-19 Testing in Adult Social Care

Sheffield's health and social care partnership has been able to offer significant additional COVID-19 testing both in advance and in addition to the national testing offer. This allowed staff testing to be in place before the national scheme, and for it to be available in Sheffield. The city has also been able to step in to assist care homes when either quicker results were required to manage an outbreak or where the national service has struggled to respond.

The national approach for care home testing is improving, and Adult Services continue to work with our Director of Public Health to support the implementation of national testing and respond locally where required.

11. Safeguarding

Our responsibilities for safeguarding adults have not changed through the Coronavirus Act. You will see below that the overall safeguarding concerns received had a dip in February 2020 and is a little lower than last year. Safeguarding remains a primary concern.

Information and feedback about quality and concerns within care homes, whether Safeguarding or not, make a significant contribution to our overall intelligence assessment of the quality of care provided. In the present circumstances, there is less opportunity for individuals, their family, carers, advocates or other professionals to directly observe and report incidents which may be a cause for concern.

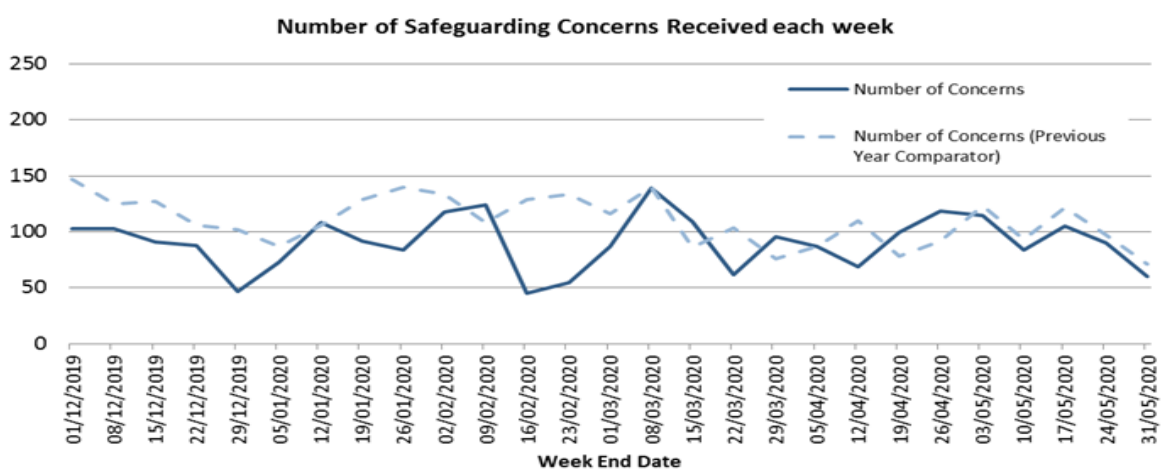
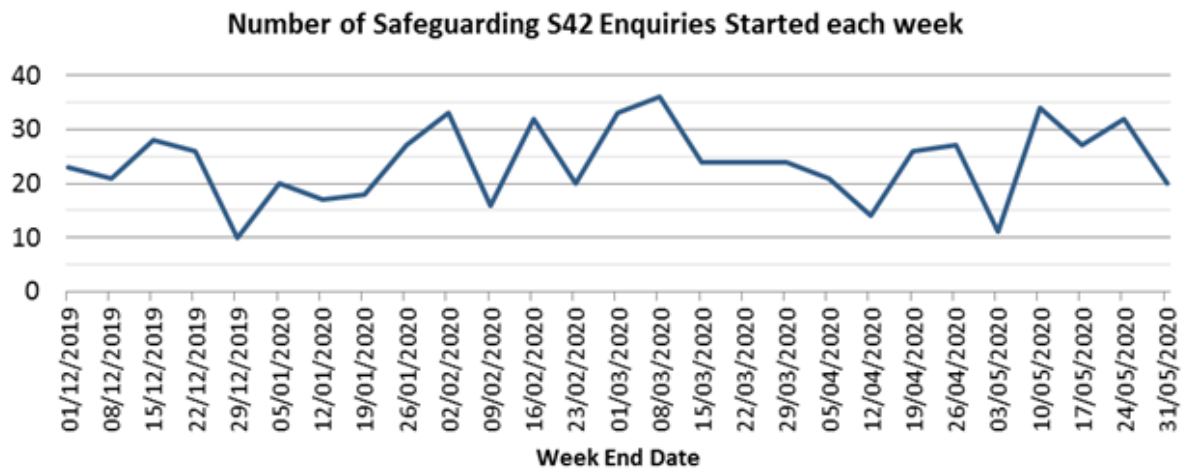
Actions taken to mitigate any resultant risks include:

Promotion of a clear message across Sheffield City Council that intelligence relating to provider quality and performance must be shared with Commissioners responsible for the contract management of that service so that information can be reviewed and any necessary action taken

Adult social care teams continue to make contact with those people they know to be most at risk. A team of social workers, working within Commissioning, is identifying and contacting residents of care home to check with them how they are finding conditions and the care they receive during this period. Where appropriate, feedback will also be sought from families, carers and advocates, as well as staff working in a home. The intelligence gained through these conversations will be supplemented by a programme of virtual inspections conducted remotely throughout the care home sector in Sheffield.

Care homes have been reminded about the unchanged legal and regulatory requirements with regards to safeguarding and their duty for transparency regarding the sharing of details of their service. This message includes specific referral to provider responsibilities with regards to their Regulated Activities and under Section 42 of the Care Act. Providers are being given additional support by the Council on what, when and how to report safeguarding concerns.

Guidance and additional information on adult safeguarding is available on both the Council website and the Safeguarding Adults Partnership website. The Multi-agency Safeguarding Partnership Board met on 4th May and the next meeting is scheduled for 11th June. How the Covid19 pandemic is being managed across the health and social care sectors and the implications of this for Safeguarding has been identified as a key priority.



12. Preparing for the future

Attention has rightly focussed on the immediate response to the COVID-19, the Council has also been thinking about how we move forward in both the medium and longer term. Our Principal Social Worker is leading the work to reflect and capture learning across the system, and using it to plan how we move forward rather than merely revert to how we have always worked.

This learning will tap into the things that have worked well for people, some of whom may have felt liberated by a move away from traditional services and want their lives to work in a different way from now on. For instance, some people with Autism have told us that they have really valued the ability to engage more digitally rather than in person.

The last few months have also opened minds to wider use of technology to both mitigate the impact of social distancing and shielding, and better take advantage of digital opportunities. It has also further highlighted the importance of web based information, advice and interaction. The Council's Business Change and Information Service will be supporting our work to maximise this benefit – including improving our online offer and supporting the development of digital skills in our workforce.

Appendix A - SCC Data and Intelligence Cell

Summary of Covid-19 Morbidity and Mortality in Sheffield

5th June 2020

- 33,790 cases with a potential Covid-19 final disposition have been identified in Sheffield via NHS 111, 999 or online to date. There have also been 2,567 cases confirmed by laboratory test (Pillar 1). Pillar 1 testing in Sheffield has been prioritised for health and social care staff, hospital patients and care home residents. The number of positive tests therefore reflects both the incidence of infection, the overall number of tests carried out and the population tested.
- Although the new NHS Test and Trace web based system (Pillar 2) went live on 28th May 2020 it is still very early days for the system and validated, publically available figures are not yet available;
- Based on provisional counts of the number of deaths involving Covid-19 registered in England and Wales produced by the Office for National Statistics (ONS), there had been 249 deaths in care homes in Sheffield during the period 1st January to 22nd May 2020 and 236 deaths in hospital. 50% of deaths from Covid-19 occurred in a care home in Sheffield. Nationally the percentage ranged from 0% to 62%;
- In relation to laboratory confirmed Covid-19 death rates, Sheffield has seen 47 deaths per 100,000 population compared with a national rate of 48 per 100,000. Rates of both hospital and care home deaths from all causes, including Covid-19 have reduced significantly and are now close to expected levels for this time of year;
- Approximately 95% of people dying from Covid-19 in Sheffield had at least one underlying condition. The main underlying conditions include: Ischaemic Heart Disease; Dementia and Alzheimer's Disease; Chronic Lower Respiratory Diseases; Influenza and Pneumonia; and Diabetes. 88.5% of people dying from Covid-19 were aged 70 or over;
- Social care capacity (domiciliary or care home) remains sufficient to meet demand and there have been no new reported outbreaks in care homes over the previous 7 days. Approximately 87% of people discharged from hospital having recovered from Covid-19 have returned to their usual place of residence;
- Almost 30,000 people in Sheffield have been identified by the NHS as clinically vulnerable requiring shielding. These people have been contacted with an offer of support through a combination of SCC, NHS, Voluntary, Community and Independent sector services. The main types of support required have been for food deliveries, medicines and social contact for those who live alone.

For further information please contact: Louise.brewins@sheffield.gov.uk

Appendix B - The Coronavirus Act

The Government introduced the Coronavirus Act 2020 in mid-March to respond to the Covid-19 pandemic. The Act includes significant changes to local authority duties under the Care Act 2014 for the most critical period of the pandemic, to help us to make sure the most serious and urgent care needs are met and enable us to defer meeting other, less acute or pressing needs.

The Council's Care Act duty to meet eligible care and support needs has been replaced, for the duration of the emergency period, with a power to meet needs. This is underpinned by a duty to meet needs where failure to do so would breach an individual's human rights (for example in relation to neglect).

During the emergency period we no longer have a duty to carry out formal assessments, including financial assessments. This is to allow us to provide urgent care to people without a full Care Act assessment and, therefore, to prioritise the provision of care and support.

NHS organisations can delay undertaking Continuing Healthcare assessments until after the peak of the pandemic.

The Act does not remove our duty of care, and there is no change to our duties around safeguarding, assessing mental capacity, independent advocacy and Deprivation of Liberty safeguards.

These changes will only come into force if pressures of demand and workforce illness during the pandemic mean that we are not able to fulfil our duties under the Care Act.

Sheffield Health and Social Care NHS Trust continue to provide Crisis Mental Health Act Assessments. The Coronavirus Act amendments to the Mental Health Act have also not been triggered.

Hospital discharge and NHS Continuing healthcare (CHC)

One significant temporary change to practice relates to hospital discharge and NHS Continuing healthcare. The Government has put Enhanced Hospital Discharge Service arrangements in place for the duration of the Coronavirus (COVID-19) pandemic to enable people to be discharged from hospital quickly with minimal bureaucracy. The arrangements include funding for the NHS and local authorities to meet the additional care and support costs.

Key changes are:

- Discharge to assess is in place, which aims to discharge people rapidly from hospital and provide same day assessment at home or in an alternate care setting.
- People will not be able to wait in hospital for their care provider of choice to be available.

- From 19 March 2020 people discharged from hospital with a new or increased care package will be coded to COVID-19 and will not be charged an assessed contribution for the duration of the COVID-19 response.
- From 19 March 2020 new or increased care packages (increases over 7 hours) in the community which prevent hospital admission will be coded to COVID-19 and people will not be charged an assessed contribution for the duration of the COVID-19 response.
- NHS CHC assessments (DSTs) are not required until the end of the COVID-19 emergency period. However you still need to complete a CHC checklist where you identify that a person has a primary health need or ongoing increase in health needs. This will help us and the CCG to maintain our records and continue to support people once the pandemic ends.
- We've also changed some elements of recording on Liquidlogic to track people discharged under the enhanced hospital discharge requirements.

The Council has asked our workers to make sure people and families they are working with understand that the current context is extremely unusual and these arrangements are temporary, and that care and support that may not incur a cost to the person during the crisis period may incur a charge in future.

When the government makes the decision for the Enhanced Hospital Discharge Service arrangements to end, we will contact people again to talk with them about their ongoing care and support needs, and to complete financial assessments to determine how much they can afford to pay towards the cost of their ongoing care and support.

Appendix C – Member Briefing on Adults with LD

Report Date	24th April 2020
Summary to:	Cllr Drayton, Cllr Dale and John Macilwraith Executive Director
Lead Officer	Andrew Wheawall Head of Service Future Options

Introduction		
<p>Please find below a summary of the present situation and issues relating to Adults with Learning Disabilities in Sheffield from the Future Options Provider Services. I have also included a summary of the work being carried out by the Future Options Social Care teams and a perspective of the work and issues from a Locality community based perspective.</p> <p>We are very aware that during normal conditions we would be having more physical contact with people and their carers \ families. The contact that we are offering is being well received and it has to be noted that we are not the only form of contact for people. FO providers are working very closely with the Care Trust to ensure coverage of support to all that we support.</p>		
	Issues	Actions
Day Services	All local authority and private \ commissioned Day Services remain closed.	<p>Prior to closing the Services we (FO) completed a RAG rating for all of our Customers. People who used the Services either lived in a Residential or Supported Living setting or lived in the community with parents \ families.</p> <p>We have been in regular contact with all in particular the Amber and Red flagged individuals. We are supporting, offering advice, working with CLDT health staff etc. All are well despite the lockdown and obvious difficulties.</p> <p>Staff that are not in their normal role are either supporting STIT or Supported Living schemes.</p> <p>Private \ commissioned day services are offering some community support also.</p>

Short Breaks	Our Short Breaks Services at Warminster are closed, however we have been offering support for crisis and emergencies when required.	<p>We are using our few staff in Short Breaks to bolster and support our Supported Living Scheme. Again we are working a RAG rating for people that may require our support, we are in contact with families to offer our service if required.</p> <p>Furthermore we are working in conjunction with our Shared Lives service to offer 'respite' for some carers that are experiencing health \ Covid 19 difficulties. We have the space to support a number of people (in isolation) if required.</p>
Shared Lives	Ensuring that we can continue to support long term placements and respite where needed. So far this is going well however we have 3 individuals supported by a carer that is unwell, hence the offer above from Short Breaks.	The present service is going well, no emergencies.
Supported Living	<p>Ensuring that we are keeping people safe, well and healthy.</p> <p>Ensuring that we have a staff team that meets the needs</p> <p>PPE</p>	<p>We are working to support people through this time of change, there are people that would have attended day support previously, we have moved our staff team around to help to maintain wellbeing. People are taking daily exercise where possible but we are being cautious, we are working with the CLDT (Care Trust) to support some of the difficult issues, this is going well. We are also 'skyping' this is allowing people to keep their relationships going (where possible)</p> <p>Staff wise, we have people not working due to illness or vulnerable health conditions however we are coping thanks to the support of the day service staff.</p> <p>People that self isolated are now back in work, some people are still on their 1 or 2 week periods.</p> <p>Presently we are managing with the supplies that we have requested.</p>

Transforming Care and CLDT (Care Trust)	Supporting people to remain in their present homes and to support discharge from Psychiatric hospitals where appropriate.	<p>The FO team are working in partnership with the CLDT to support people and providers to prevent care plans from breaking down. Again to date all is well, we have had to increase support with a few people. We are in daily \ weekly contact with Res Home providers to ensure that they feel supported, we are offering advice and info re different ways to keep people motivated and safe.</p> <p>This statement is from the Care Trust: <i>We are keeping in touch with everyone open to case load, especially where we know day care centres have closed.</i> <i>Non essential visits are replaced with telephone contact so we aren't routinely going out to visit where day services have been withdrawn but are reiterating where we are, and how to contact us and other services if needed.</i> <i>CLDT and CISS team have a running priority list of clients, reviewed daily, so anything of more concern is flagged by the senior clinical leads. CTRs are happening virtually and working well!</i></p> <p><i>We have shared easy read info too.</i> <i>Case Register team also supporting with the contact and reassurance.</i></p>
Localities	Localities Teams are working with Adults with LD in the community and continue to support where they can. They are also working well with the Care Trust, Carers groups and Commissioning.	Covered elsewhere in the main body of the report
Commissioning	Working to ensure that providers are in place to continue to support.	Covered elsewhere in the main body of the report

REPORT ENDS