

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

12 NOVEMBER 2020

DOMICILIARY CARE AND COMMUNITY SERVICES DELIVERY DURING COVID

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Summary

The purpose of care services in the community is to improve an individual's health, their wellbeing and enable independence for as long as possible.

Local care workers deliver the Support to Live at Home Service jointly with social work teams, local healthcare services, voluntary community services, health and lifestyle and social prescribing services to provide a holistic person-centred coordinated package of care and support.

This report highlights how the services responded to the difficulties that the Covid19 pandemic brought in relation to these services. It aims to highlight the capacity of the Homecare Framework Providers' ability to maintain their continuity of care during this difficult period.

The report includes a summary of how the Covid19 virus impacted on Direct Payment and day services.

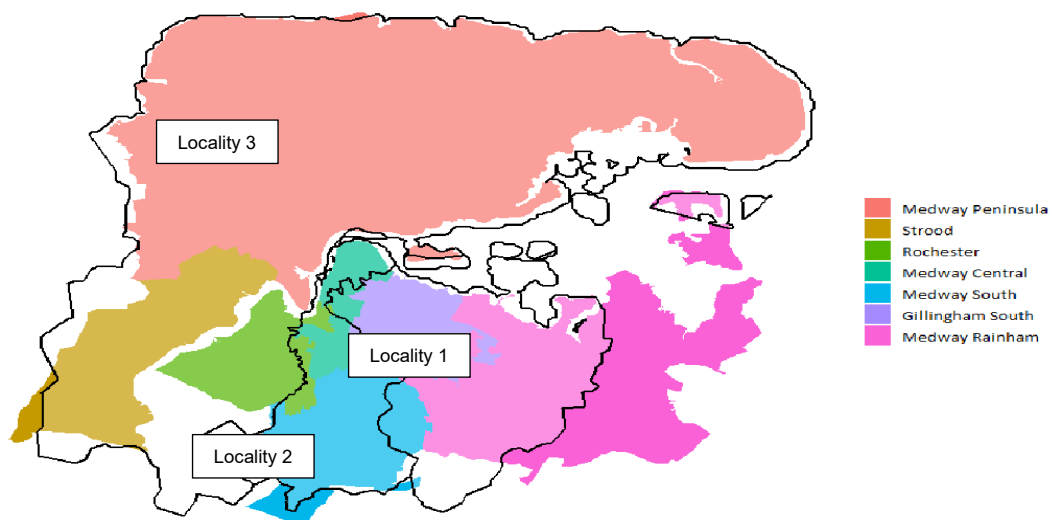
1. Budget and Policy Framework

- 1.1 The provision of Homecare and Extra Care services are key to Medway Council achieving its strategic objective of ensuring adults maintain their independence in the community and live healthy lives.
- 1.2 A failure to facilitate a supply of good quality Homecare Services could have resulted in a high number of safeguarding enquiries and increased number of admissions to residential and hospital care, with subsequent higher social and financial costs.

- 1.3 A lack of Homecare Care has an effect on the ability to discharge patients from hospital in a timely manner, leading to an increase in delayed transfers of care (DTOC).
- 1.4 The Support to Live at Home - Homecare Service is funded from within the current Adult Social Care budgets. The title of the framework denotes the Council's intention to support as many service users as possible to remain in their own homes for as long as possible.
- 1.5 The budget for the service is £41.9m over four years and Medway Council commissioned the current Homecare Framework Agreements in April 2020 for a period of four years.
- 1.6 Medway Council secures domiciliary care through a Homecare Framework agreement. Approximately 90% of Homecare is delivered by nine providers working across three localities in Medway.

Map 1 Locality breakdown

Medway PCNs with locality hub boundaries
September 2019



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Produced by Medway Public Health Intelligence Team, Medway Council 2019-09-18

- 1.7. Each Locality has five providers aligned to the new specification. The three locality areas were established in line with the existing Adult Social Care localities, as this would align delivery areas and encourage joint working within these areas.

Table 1 – Localities covered by each Homecare Provider

<i>Locality Provider</i>	Locality 1		Locality 2		Locality 3		
	ME7	ME8	ME4	ME5	ME1	ME2	ME3
<i>Agincare</i>							
<i>Independent</i>							
<i>London Care</i>							
<i>Scott Care</i>							
<i>Rosemont</i>							
<i>Agincare</i>							
<i>Accessible</i>							
<i>Boldglen</i>							
<i>Rosemont</i>							
<i>Rapid Care</i>							
<i>Accessible</i>							
<i>Austen Allen</i>							
<i>Independent</i>							
<i>London Care</i>							
<i>Scott Care</i>							

1.8. The other 10% of the service is delivered by 20 Spot Purchase Providers spread across all three localities.

2. Direct Payment and Day services

2.1. From the onset of the pandemic the Self Directed Support (SDS) team were instructed to focus on ensuring Adult Social Care Direct Payment clients were safe, had contingency plans in place and sufficient Personal Protection Equipment (PPE) to sustain them through the pandemic.

2.2. The contingency plans are in line with the Care Act easement and draw on flexible approaches to meeting need. This could include community resources, use of technology, micro enterprises or as a short-term measure, paying family members.

2.3. In addition to this some members of the team were deployed to support social work locality teams to carry out statutory reviews and Access to Resources team (ART) team to secure commissioned packages of care for social care clients and for patients discharged from hospital.

2.4. Employment Law evolved during the pandemic. Direct Payment recipients who employ their own staff received guidance and support either through direct support or regular video news update.

2.5. The SDS team worked with Direct Payment recipients to create a pooled budget of £4m in order to bulk buy cost effective and ample supplies of PPE. The SDS team also took responsibility for securing and delivering supplies of PPE to all Direct Payment employers.

- 2.6. The SDS team worked with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to ensure there are sufficient supplies of the flu vaccination for Direct Payment employee workforce, thus protecting the most vulnerable by ensuring resilience in the personal assistant work force and reducing the demand on hospital admittance.
- 2.7. All DP recipients continue to receive regular news updates on important topics such as NHS track and trace app, antibody testing for personal assistants, access to preferential flu vaccine for personal assistants and informal carers, and updates on voluntary community services and new micro enterprises available in their area.
- 2.8. The team continue to work with Skills for Care to harness vital virtual training for Direct Payment employees covering essential modules such as “Working Safely During the Pandemic”.
- 2.9. Through regular welfare calls to clients the team has identified gaps in the market and facilitated pooled budgets and micro commissioning of services to ensure groups of Direct Payment recipients can continue to access bespoke/tailored support. This is particularly relevant to people who access day opportunities where, because of social distancing, access to traditional day services is reduced. The team has also brought together a pool of self-employed Personal Assistants covering specific post code areas that are able to provide replacement personalised support when required.
- 2.10. The demand for Personal Assistants has grown, in order to meet this demand, the team has developed a database to quickly link Direct Payment employers to potential Personal Assistants.
- 2.11. As a result of this good practice, the SDS team were invited to work with a Think Local Act Personal think tank to “Reimagine Self-Directed Support”. This placed Medway in the spotlight for their innovation and forward thinking when supporting direct payment clients.
- 2.12. The SDS team supported providers of community and day support services, to complete action plans and risk assessments when operating during a pandemic. The SDS team act as a single point of contact for these providers and continue to routinely share information and updates on relevant government guidance. This ensures that our community and day support service organisations continue to provide safe support to our most vulnerable clients and a much-needed break for carers.
- 2.13. In line with early government guidance day services were closed. To sustain future provision the local authority agreed to continue funding day services on the understanding that, where possible they would provide alternative outreach support. The SDS team worked with providers to ensure they were able to deliver alternative support such as shopping or collecting prescriptions, virtual meetings with groups of service users, activity packs and sitting service in the clients’ own home.

2.14. In line with new government guidance day services have reopened their doors but due to social distancing and infection control measures, day services are only able to provide support to a reduced number of clients. Due to the reduced numbers income has decreased and some providers are under some risk in terms of financial stability. To understand the financial pressures the SDS team have developed a cost matrix tool which will provide a consistent approach to understanding and addressing requests for daily cost increases as a result of the pandemic.

2.15. *Short Breaks and Enablement (Flight).*

2.15.1 The Short Breaks service at Birling Avenue provides planned respite to up to seven adults with a learning disability. From 23rd March Birling Avenue ceased offering planned respite but remained open to support people with urgent needs, continuing to support homeless service users throughout lockdown. Once covid compliance was obtained, respite recommenced on 29th June offering support to four service users at a time. Twenty families took up the offer. Initially short breaks were offered with all clients commencing respite on the same day.

2.15.2 Flight, provides a two-year planned residential enablement programme for four people at Longfield Court Rainham and supports 18 people in the community to live independent lives. Longfield Court remained open during the lockdown, supporting two people. In April it was suspected that both residents were Covid positive. One of the team remained on duty throughout the 14-day isolation period. Both residents made a good recovery. Community services continued to be provided as normal in accordance with social distancing and government guidelines.

2.16. *Shared Lives*

2.16.1 Shared Lives offers housing and support to vulnerable adults with host families providing community-based care. Medway currently has 29 long term carers providing long term placements to 27 adults. There are currently 9 carers able to provide respite care. Long term care continued during lockdown with additional support provided to carers and cared for. There were no cases of Covid and no ill health emergencies apart from one incident of suspected Covid. The priority was to protect long term carer households to maintain the placement. All long-term carers household situations were risk assessed. On two occasions respite was provided to maintain the placements All carers appeared to have confidence in the Shared Lives community with many offering to support other carers during lockdown. Respite care and day care ceased in March. Most carers coped exceptionally well during the lockdown period. Recovery plans were agreed in July to begin respite and day care on a risk rated basis, based on needs of the client.

2.17. *Deprivation of Liberty Team*

2.17.1 The Covid Act did not introduce any changes in the authorisation of Deprivation of Liberty. Guidelines on the use of digital technology was

provided to allow for assessments to be completed using video links. Since lockdown the DOLS service has been delivered from outside of Council offices. Since the Cheshire West Case in 2014 the number of outstanding authorisations has been a national problem for Local Authorities. On 20th March 2020 Medway had 403 cases awaiting allocation. On 9th October 2020 despite increased demand over the last six months the number of outstanding assessments had reduced to 295. The introduction of remote assessments has allowed for an increase in the number of assessments completed each week. The service will plan for transition under the new legislative arrangements to be implemented from April 2022, when the Liberty Protection Safeguards are introduced.

2.18. *Approved Mental Health Professional Team (AMHP)*

2.18.1 Mental Health Act Assessments is a statutory Responsibility of the Local Authority. Although the Covid Act allowed for Changes in the application of the Mental Health Act, no changes were implemented. Since lockdown, the AMPH service has been delivered from outside the office. There has been no significant staff sickness. Between 1st April and 30th August, 285 assessments were undertaken. An increase of 26 in the same period for 2019. There is some evidence that a small number of people who had previously been known to mental health services and had been well for several years, have experienced a deterioration in their mental health requiring Mental Health Act Assessments. The CCG have recently commissioned Section 12 Solutions, a new digital app which will increase the efficiency of organising and recording Mental Health Act Assessments.

2.19. *Community Support Outreach Team*

2.19.1 The Team provides a 365 day a year service supporting people with mental health needs from their own home to live independently, access the community and develop meaningful relationships. Prior to lockdown the team provided 162 hours of support to 48 clients. An additional fulltime worker was attached to the Rough Sleeper Initiative. During Lockdown the service continued but introduced changes in accordance with government guidelines providing direct contact of 91 hours to 39 clients. Support was provided via the Telephone Warm line to those service users who were shielding or did not want face to face contact. During Lockdown the team was able to offer support to Locality Teams undertaking reviews. None of the user group have so far contracted Covid-19. The overall service response was varied, some people were unable to grasp the risk the virus posed and continued as normal. Other people isolated and withdrew to a greater extent than was necessary although the team has been able to work with people to reduce their anxiety regarding Covid. Unfortunately for one person the presence of the virus reinforced their delusional thinking. A side benefit of lockdown was that neighbours offered support to people that previously they did not know. None of the service user group were admitted to hospital as a direct or indirect effect of lockdown.

2.20. *Community Resource Centre, Nelson Road, Gillingham*

2.20.1 The centre provides a six day a week service to people with mental health needs who require support with accessing the community and maintaining relationships. The centre was closed from 20th March until 3rd August. During the closure regular contact was made with all Service Users. Support was provided via telephone contact and activity packs were sent to those who wanted them to provide meaningful activity. In early June, the Resource Centre began running small community-based groups in accordance with Government guidelines. Since the re-opening the centre has been supporting 38 people in groups of up to 8 people five days a week.

Carers

2.20.2 The impact on Carers during this time has been significant. To ensure we give sufficient recognition to this a briefing note on Carers Support requested by this Committee accompanies this report (Appendix 3).

3. Background

- 3.1. Homecare services provide care and support to eligible vulnerable individuals to enable them to remain within their own home and community.
- 3.2. Homecare is provided where there is an assessed need for the service and a financial assessment made to determine the contributions towards the cost of care payable by the service user.
- 3.3. At present Homecare packages are allocated to the most suitable provider following a referral being sent to all providers on the framework. This is assessed against the best match for the service user and balanced with the cost of the care provided by each individual care provider.
- 3.4. Mobilisation of the current Homecare Service began in January 2020 and the service went live on 01/04/2020 at which point the Covid19 Pandemic had begun. In discussions held with all framework providers and Medway Council, all parties agreed not to delay the implementation of the new service.
- 3.5. Partners work together in their allotted localities to ensure one hundred percent of referrals are to be covered between the framework providers over time, closer ties are being made and developed across each locality that will improve care provision and include input from GP's, Social Care Officers Providers, VCS and Health and Social care partners.
- 3.6. A fundamental change in service delivery was designed into the new specification by using a Basket of Hours approach. This gives more autonomy to providers to avoid service time congestion i.e. ability to better schedule calls to suit the service user's needs and to help Providers schedule staff rotas more efficiently.

- 3.7. The providers have further discussions with service users with regards to social prescribing and social interactions. If any service user wishes to partake in these activities then that will be discussed and agreed and where reasonably practicable, included within the service user's allotted basket of hours.
- 3.8. The new service delivery model will improve the quality of life and care outcomes for clients, improve the quality of the care packages delivered and integrate Better Medway Champions into the Care System in Medway to improve overall outcomes.

4. Advice and analysis

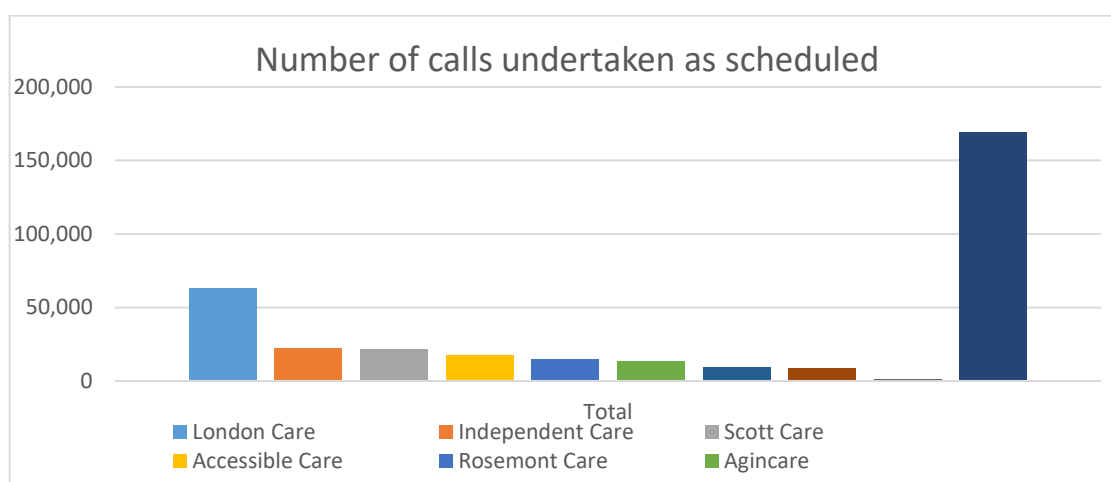
- 4.1 Despite the changing dynamics and challenges faced during the early month of the Covid pandemic, all the framework homecare providers managed to maintain a very high level of personal care and support to virtually all service users.
- 4.2 Initially there was difficulty in planning staff rotas, obtaining PPE and ensuring the safety of staff and service users. The staffing issues were overcome early during the pandemic although the issue surrounding the availability of PPE was more problematic. Providers were actively supported by Medway Council to maintain their agreed level of care wherever possible.
- 4.3 For the first time, Providers were asked to produce a set of key performance indicators (KPI's) from the 01/04/2020 (Appendix 1 - List 1). These KPI's inform Medway Council on the number of calls carried out, those missed and the reasons, staff training figures, number of complaints / compliments and the number of service users referred to Voluntary, Health and Social Prescribing services.
- 4.4 The nine Providers recorded that they made a total of 169,211 calls during the first quarter of the contract. That is an average of 56,404 calls per month.

Table 2 - Calls per Provider Qtr. 1

Breakdown Table of Provider share for Qtr 1			
KPI 1 - Table 1 Number of calls undertaken as scheduled			
Total Calls made in Quarter			
No.	Provider	Total	% of total calls
1	London Care	62,854	37.1%
2	Independent Care	21,725	12.8%
3	Scott Care	21,636	12.8%
4	Accessible Care	16,913	10.0%
5	Rosemont Care	14,325	8.5%
6	Agincare	13,053	7.7%
7	Boldglen	9,293	5.5%
8	Rapid Care	8,477	5.0%
9	Austin Allen	935	0.6%
TOTALS		169,211	100.0%

- 4.5 In total at the end of Qtr.1, five hundred and seven staff across all nine providers were reported as working within the Homecare framework in Medway.
- 4.6 The £41.9m Domiciliary care budget equates to an average monthly figure of £872.917 per month.
- 4.7 London Care is the largest provider and has over a third of the total Homecare service delivery in Medway. Over 62% of all Homecare services in Medway are delivered by one third of the Providers.

Table 3 – Provider Split of calls undertaken in Qtr. 1



- 4.8 22.4% of all calls are being carried out by Providers in Localities that they are not contracted to work in. These are service users who were already receiving care from their Provider prior to the beginning of the new contract. It was decided that these clients would stay with their current provider to avoid unnecessary angst and upheaval for these service users. The number of service users being treated out of the Providers allocated localities will decrease over time.
- 4.9 During the first quarter a total of 53 calls were missed as reported by the nine providers via KPI 2. (Appendix 1 – List 1). This represents 0.03% of the total scheduled calls.
- 4.10 During the same period 7,953 calls were cancelled by service users. This represents 4.48% of the total scheduled calls. This is not surprising and seems proportionate to the impact of the Covid pandemic spread.
- 4.11 At the start of the pandemic one hundred and twenty-nine service users declined care. The vast majority were cared for by their families either living in or visiting regularly. There were still 62 service users who had not re-started their care packages at the time of writing this report. Providers however are in touch with all service users in case they require to start their care again. Invoices should not be raised for these packages of care by any of the Providers.

- 4.12 A list of all these service users is being collated and will be sent to Social Care in order for them to be reviewed as soon as possible, to ascertain if these service users still have care needs. Further data will be provided when received.
- 4.13 Fifteen service users are reported to have died due to Covid-19. Of those eight died in their own homes and seven died in hospital. No carers who work for the 9 Framework Providers, have been reported as dying of Covid-19.
- 4.14 At the end of Qtr.1 the Providers reported they were delivering packages to 888 Homecare service users. During Qtr.1 there were 24 complaints reported with eight 8 still outstanding at the end of the quarter and these are all now resolved. The majority of these complaints were mainly of a minor nature and were quickly resolved. Of those still outstanding at the end of Qtr 1, 5 of them were reported in the last month of the quarter and were concluded during Qtr. 2.
- 4.15 Considering that 169,211 calls were made during that time, the rate of 2.7% for complaints (Number of complaints divided by number of service users) is relatively low. This first quarter has been extraordinary, and this level of complaints shows how effective the delivery of the services has been during this time.
- 4.16 During the same period one hundred and six compliments were received by the Providers. Using the same calculation as above (Number of compliments divided by number of service users) 11.9% of service users complimented the Carers and the way they were receiving their care. This means that four times more service users complimented their care than complained about it.
- 4.17 A total of 395 [44.5%] of service users were surveyed regarding the standard of care they received. For the first time, all Providers used the same questionnaire. (Appendix 2 – Satisfaction Questionnaire). 357 Service Users returned their surveys over the quarter and with 134 saying they were satisfied with the service that was being delivered. This recorded a satisfaction rate of 38% of those who responded however some questionnaires were not fully completed.
- 4.18 The Pandemic had an effect on the number of reviews taking place. Some of these were postponed during the worst period of the Pandemic (late March to end of May 2020) as other priorities were needed to be safeguarded. All providers are now stating that all reviews are up to date and feel that all service users are on the correct package of care. Many Provider reviews over this time, were carried out over the phone.

Table 4 – Number of reviews carried out by Providers

Good is	Yearly Target	RAG	YTD	Quarter 1 2020/21			Quarter 1 2020/21			Quarter 2 2020/21		
				Apr			May			June		
30%	30%	Th	#DIV/0!	Number of reviews by Providers			Number of reviews by Providers			Number of reviews by Providers		
Locality Provider				No of SU	Reviewed	% Reviewed	No of SU	Reviewed	% Reviewed	No of SU	Reviewed	% Reviewed
				0	0	0.0%	57	0	0.0%	37	0	0.0%
				33	3	9.1%	30	2	6.7%	55	6	10.9%
				139	2	1.4%	143	29	20.3%	136	33	24.3%
				38	2	5.3%	36	2	5.6%	34	2	5.9%
				34	7	20.6%	42	7	16.7%	47	8	17.0%
				0	1	0.0%	50	0	0.0%	51	0	0.0%
				55	14	25.5%	44	9	20.5%	44	9	20.5%
				57	48	84.2%	58	11	19.0%	59	41	69.5%
				20	3	15.0%	36	9	25.0%	54	6	11.1%
				45	0	0.0%	52	6	11.5%	52	0	0.0%
				12	4	33.3%	12	2	16.7%	12	2	16.7%
				3	0	0%	9	1	11%	11	2	18%
				78	23	29%	100	9	9%	102	2	2%
				153	5	3%	169	40	24%	158	38	24%
				50	17	34%	50	17	34%	51	3	6%
Number of Service Users reviewed this month				717	129	18%	888	144	16%	903	152	17%

- 4.19 In general, most of the Providers had a positive outlook to the Covid crisis. Many speak of family support being hugely improved with families having time due to staying at home, to care for their loved ones. Two providers noted that it was difficult if other family members were shielding and there was sometimes a lack of communication between the families and the Providers. Communication however was established over time with these family members and these issues were resolved.
- 4.20 Staff training was quickly exported onto digital platforms and online learning. In some cases, socially distancing groups were held if subjects had to be physically shown to new staff. Training requirements were adjusted to include supervision via the use of Zoom and Microsoft Teams and updates on training requirements were sent out regularly via email and by phone.
- 4.21 Fast track Disclosure and Barring Service (DBS) checks were welcomed for new recruits and many Providers have reduced the length of their face to face induction training and have now adapted it to be done via the internet.
- 4.22 Most of the providers report that the service starting a week after Covid began, had no adverse effects on the delivery of care. Most reported they had a lot more communication with families and found it to be easier to speak to them when there were issues that needed to be discussed and agreed.
- 4.23 Many reported positive effects during this time including staff refusing to take leave, learning to use IT more efficiently, more contact with service users and their families, telephone reviews, employment of furloughed staff, shopping and medicine collections for service users was seen as a positive by families.
- 4.24 Many of the changes written into the new contract have had little time to bed in. In the main the Basket of Hours approach was seen as positive, with the majority of Providers saying it gave them more scope to plan and cover their care calls. On a negative side they still report that Social Care teams are still using old forms and prescribing specific times instead of morning, lunchtime, afternoon, and evening calls without specific times allocated.

4.25 One Provider states ‘that the information we were given from Medway Council, really helped with managing a difficult situation, keeping the staff up to date was very important to us as we recognised that not only were we dealing with the service users and their anxiety but our staff and their fears.

5. Risk management

5.1 We continue to monitor the service closely and support providers to ensure effective business continuity plans are in place to ensure high quality care and support continues to be provided.

6. Consultation

6.1 Consultation was carried out during the mobilisation period between January and March 2020 and agreed protocols and practices agreed before the contract went live.

6.2 Regular monthly Microsoft Team meetings have been held throughout the Pandemic period and has proved to be very popular with Providers. This has enabled Medway Council to stay informed about the impact of the pandemic and on how providers were coping. It also gave the Providers a platform to raise any concerns that they may have had and to get answers quickly and efficiently.

7. Climate change implications

7.1 The original specification was written highlighting issues surrounding climate change and the environment.

7.2 The Locality model was developed with regards to reducing travel for carers and Provider management staff. Single use plastics were highlighted as were the benefits of joint working especially in times of bad weather and pandemics.

7.3 In general, it seems that fewer car journeys are being carried out as Providers have taken on board the planning of care routes, especially in their urban localities.

7.4 Some Providers have worked together to jointly take packages of care, sharing staff where it was deemed necessary, to ensure that service users were still able to receive the care that was planned for them.

8. Financial implications

8.1 There are currently no financial implications.

9. Legal implications

9.1 There are no legal implications arising from this report.

10. Recommendation

10.1 The Committee are asked to note this report.

Lead officer contact

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Appendices

Appendix 1 - Key Performance Indicators

Appendix 2 - Satisfaction Questionnaire

Appendix 3 – Briefing note on Carers

Background papers

None