

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	24 April 2020	Action	Receive
Item No.	4c	Confidential	No
Title	Adult Social Care Action Plan		
Presented By	Julie Gonda, Interim Executive Director Communities & Wellbeing, Bury Council		
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Clinical Lead	-		

Executive Summary
<p>A key part of Bury’s Covid 19 emergency response has been the creation of an overall programme of work in relation to health and social care in the community ‘the plan’. This work has been led by the One Commissioning Organisation (OCO) Health & Care Silver group, established to ensure a joined up response to commissioned social care providers in the Private Voluntary and Independent (PVI) sector, and to GP Practices operating in Bury.</p> <p>The plan to provide support was established initially on a reactive basis from the queries and feedback through the helpline set up by the OCO; the plan covers the following significant themes:</p> <ul style="list-style-type: none"> • Support in managing infection control and sourcing PPE • Testing for social care provider staff and primary care staff • Workforce support and redeployment of staff across the system • Social Care support from Primary Care • Market management and sustainability • Effective communication.
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Note the report.

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life.</p>	☒
<p>SO2 Inclusive Growth To increase the productivity of Bury’s economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value.</p>	☒

Links to CCG Strategic Objectives	
SO3 Budget To deliver a balanced budget.	<input checked="" type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF N/A	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Briefing Note to: **Bury Gold**
Subject: **Health & Social Care Plan**
Date **21 April 2020**

1. Introduction

A key part of Bury's Covid 19 emergency response has been the creation of an overall programme of work in relation to health and social care in the community 'the plan'. This work has been led by the One Commissioning Organisation (OCO) Health & Care Silver group, established to ensure a joined up response to commissioned social care providers in the Private Voluntary and Independent (PVI) sector, and to GP Practices operating in Bury.

The plan to provide support was established initially on a reactive basis from the queries and feedback through the helpline set up by the OCO; the plan covers the following significant themes:

- Support in managing infection control and sourcing PPE
- Testing for social care provider staff and primary care staff
- Workforce support and redeployment of staff across the system
- Social Care support from Primary Care
- Market management and sustainability
- Effective communication.

2. Background

This paper sets out proposals to take this agenda forward, building on the success of the OCO Health & Care Silver response to date. The approach will provide greater clinical capacity to respond to the current emergency and is designed to be further developed to support an integrated health and care response moving forward for the long term, especially recognising the valuable role of the social care sector in integration and management of health needs.

The proposals within are made in the context of some important lessons learned over the last few weeks including:

- Key issues and achievements identified as part of the response in managing the Covid 19 crisis;
- Strong relationships between partner agencies in the Local Care Organisation (LCO) and between the OCO and social care providers in the private voluntary and independent sector (PVI);
- The need to ensure effective clinical leadership within social care settings to manage people with more complex needs in the community;
- The need to align and communicate our support and 'offer' simply, concisely and in an operationally practical manner.

3. Update on achievements to date – 5 key themes

The plan has ensured that Private Voluntary & Independent (PVI) providers and GP Practices have felt supported in terms of delivering the Covid 19 emergency response for Bury. Significant achievements are highlighted below under each of the key themes:

Support in managing infection control and sourcing PPE

Care home residents are particularly vulnerable to COVID-19 as a consequence of their complex medical problems and advanced frailty. Outbreaks in care homes have proven to be devastating in parts of Europe, in particular both Spain and France, and it became quickly apparent in Bury that care homes were requesting support to manage potential infection much more than other provider settings. The Infection Control Team have led this support and advice and continue to do so on a request by request basis. Much of the advice is based on national guidance issues by the DHSC. Bury has been noted at GM for good practice in linking the support to care homes together as a co-ordinated response.

Nationally, a particular issue in ensuring effective infection control arrangements has been the lack of Personal Protective Equipment (PPE). With GM support in securing emergency supplies for social care, and the proactive monitoring of the situation locally, it is less of an issue in Bury than in some other areas in the rest of the country, but the fragile nature of the supply chain means that it remains a high priority. Joined up management of PPE for community settings was put in place and is being managed by a small team, led by a Project Lead working within Public Health. Providers are now sourcing their own PPE since there has been Government oversight of the supply chain, with the local team overseeing the distribution of emergency supplies held in a central location at Castle Leisure Centre.

Testing for social care provider staff and primary care staff

Testing has also been a particular problem for the social care and primary care sector, with an inconsistent approach when compared to the acute hospital trusts who were prioritised in line with national guidance. As of 19 April 2020, the current arrangements for staff in social care, community and other health settings in Bury are:

- Acute services, Community services, PCFT MH Liaison staff and ambulance staff through the NCA provision at Humphrey House in Bury.
- General practice, other health care staff and Children's Social Care staff at the Deloittes Airport drive through service arranged by the CCG team at buccg.stafftesting@nhs.net.
- Social Care Adults staff testing at the Deloittes drive through service arranged through the LA Provider Relationship Team at cv19testing@bury.gov.uk
- PCFT Mental Health staff at the Deloittes Airport drive through service arranged through PCFT.
- Community Pharmacy staff are being coordinated by GM LPC.

- There is a small capacity for staff that are unable to get to the Airport at Humphrey House in Bury, but this is limited. This is also a drive through service.
- There is a home visiting service for those staff with no access to a vehicle that we can refer to through BARDOC.

Testing for residents of nursing and residential homes commenced on 2nd April both in and out of hours. Swabbing in residential homes is carried out by BARDOC. This is made possible by the ability of the Royal Oldham Hospital labs to process a small number of samples taken in high risk community settings. Communications to be cascaded regarding how results are followed up and actioned to ensure clarity.

The above work is being co-ordinated by Director of Nursing and Quality Improvement in the OCO and continues to be reviewed on an ongoing basis due to the high profile nature of testing arrangements.

On 19 April Government announced that all patients being discharged to a care home will be tested prior to discharge to ascertain their COVID-19 status. This will be undertaken by acute trusts before the patient is discharged; final confirmation on how this will be implemented by the Northern Care Alliance on the Fairfield General Hospital site is expected to be received during w/c 20 April 2020.

Workforce support and redeployment of staff across the system

An assessment of workforce needs was undertaken by individual organisations in the health and care system on the basis of their own Business Continuity Planning arrangements as an early response to the Covid 19 outbreak.

Whilst this is recognised as the right approach, there is a risk that without effective co-ordination across the whole system, gaps in services may not be able to be quickly and effectively managed to ensure that people in Bury continue to receive the most appropriate care and support for them during this crisis. A co-ordinated response has therefore been led by the Local Care Organisation, as part of the Health & Care System Plan.

Rapid and responsive re-deployment of staff across the system, based on the skills audit information for both clinical and non-clinical skills, is under development to ensure that community based health and care services can remain operational throughout the duration of this crisis. This work is being led by Lindsey Darley, Director of Transformation in the (LCO). A number of staff who can administer this 'redeployment' service across all partners have been identified, and one database, covering both clinical and non-clinical skills has been created to facilitate this work. This work is operational from w/c 20/4/2020.

Social care support from Primary Care

As described above, Care Homes are recognised as some of the most vulnerable settings in terms of managing the Covid19 crisis response. In recognition of this, the OCO requested the establishment of effective clinical support into care

home settings from GP Practices. This is over and above the support offered by the Infection Prevention & Control Team.

This work has been led by the GP Federation as part of the LCO. They have undertaken the following work to ensure that care homes can rapidly access appropriate clinical advice to manage the increased complexity of people, both covid +ve and non-covid, over the coming months:

- Individual care homes have been aligned to Primary Care Networks (PCN) and individual practices to ensure a single point of access;
- Support regarding medication is available from PCN Pharmacist;
- Targeted Care Plans are being reviewed on a person by person basis within the care home setting. This is being undertaken by individual GP practices to ensure that both care home staff and any other health professional can understand, in respect of each individual:
 - Optimising treatments that need to be put in place;
 - Ceiling of Care discussions for those who are already seriously ill;
 - Consideration of DNAR is undertaken, in consultation with family members
 - In addition, where people have no next of kin, best interest decisions are taken with support from the virtual hospital (Fairfield GH)
- Care plans made available to homes and Urgent Care Services
- Support care home with digital technology to support digital appointments and clinical assessments, including training and guidance for the care home staff;
- Host Practice to work with aligned practices to facilitate safe care
- Extended Working Hours services will be used to provide proactive comfort calls over the weekend
- Additional equipment sourced to support effective monitoring of certain health indicators, including blood pressure machines, thermometers and oximeters
- Change in offer from community services
- Palliative care support from Bury Hospice
- Virtual hospital arrangements are accessed by the GP should more specialist clinical input be needed – through Fairfield GH for general medical input, with offer for more specialist support from Salford Royal in place.

This work is expected to be embedded from w/c 20 April 2020, though some challenges remain to be worked through - which practices are linked to which homes needs to be finalised in the short term. For the long term, financial implications of this on individual practices will be assessed before final arrangements are signed off.

Also of note is that the GM Local Pharmaceutical Committee have created a buddying system to ensure that the supply of medicines is not disrupted.

Market Management and Sustainability of the Social Care sector

A number of initiatives have already been put in place to support the social care sector and ensure that the Council's duty of Market Management as outlined in the Care Act 2014 is met in future. These initiatives are over and above the usual offer to social care providers and will be fixed term. These include, as already agreed by the Emergency Powers Group of the Council, the following arrangements:

- **PPE** - Where providers have had to purchase additional or specific PPE, over and above regular stock, to protect staff and support our customers during this pandemic, we will fund these purchases;
- **Care Home Block booking of available beds** - the Council is paying the full cost of any vacancy held by our Older People's Residential and Nursing homes. This is aimed at ensuring we maintain capacity within the community sector;
- **Staffing** - Where, due to COVID-19, staffing capacity has required them to bring in external agency staff at a cost to their organisation, we will pay the difference in cost; in addition the council will contribute to recruitment costs by paying for a DBS costs of £40;
- **Care Home One to one** - Where a resident is diagnosed with COVID-19 and due to their presenting needs requires them to bring in additional staff to support them on a one to one or two to one basis, this increase in care will be funded at £16.13p/h;
- **Care at Home new staff payments** - Where they bring any new staff from 1st April 2020, we will pay providers upfront for the hours they employ them for, regardless of whether they are providing support. For example, if they employ a carer for 30 hours a week, we will pay upfront for those 30 hours. That way they can ensure they have capacity to pick up packages immediately;
- **Enhanced rate**- From 1st April, over the next 3 months (subject to review) the hourly rate will be £17.13;
- **Commissioned hours** - We will pay the commissioned hours rather than actual time delivered during this period;
- **Holding packages** - We will pay to keep open a customer's care package for 5 days whilst they are in hospital. Providers should then be able to pick up a customer's package immediately on discharge;
- **Additional payments for quick discharges** - Where providers start a new customer from hospital or Choices for Living Well on either the same day, or a date requested by the relevant team, they can claim an additional one off payment of £100. Where they start a new customer from hospital or Choices for Living well over the weekend they can claim a payment of £150.

In addition to the above incentives which have been put in place to respond to the Covid 19 crisis, the duty of market management remains in the long term. Further work is under way to ascertain what the future arrangements for the social care market in Bury need to be – and will form part of the Sustain and Recovery plan being developed system wide.

Communication

Effective communication channels were established rapidly as part of the OCO Health & Care silver response. Regular bulletins, on a daily basis for both GP Practices and PVI Social Care Providers have been in place since 16 March, and have been well received. These will continue for the foreseeable future. In addition, a webinar was held on Friday 17 April 2020 for GP practices to encourage engagement in the offer to care homes, and this was very well received.

Daily comms messages for health and care are created through the communications team, under the leadership of Joint Head of Communications Engagement & Marketing.

4. Further development of Primary Care offer to Social Care

By repurposing the responsive and effective plan in managing the crisis to drive strategic change, we can identify key initiatives that will have significant impact on Bury's health and care economy of the future. Of all the achievements described above, the one that could be taken further, faster, is the support by Primary Care into the Social Care provider sector.

National and regional strategic documents - The NHS Five Year Forward View, the recently refreshed Bury Locality Plan and the GM HC Taking Charge: The Next Five Years - all describe a future where health and care provision will be fully integrated, with seamless movement between services and it is the ambition in Bury to make this a reality.

Social care and primary care are vital partners in integrating care to provide better outcomes for people with health and care needs living in the community, including those living in care homes.

GPs and social care professionals have a shared professional commitment to the individual, offering personalised care that is responsive to different needs. GPs and other primary care staff are often acutely aware of the social component of their patients' symptoms and equally social workers recognise the importance of good health care for individual wellbeing and independence. Never more so than at this time of crisis.

Some strategic components for Bury are:

Leadership

System leadership is vital to model the positive behaviours and joined up ways of working that we expect from all colleagues working within health and care in Bury. We need to not only to reflect the clinical leadership, or the leadership

from Bury's statutory organisations, but also leadership from the Private Voluntary and Independent social care sector too.

Recognise the value of our providers as neighbourhood assets

Recognising the economic benefit that all parties bring to the table including stable local employment the links between the Community Hubs work, the INTs, Primary Care Networks, individual GP practices Social Care providers need to be tighter and recognise each of their value as neighbourhood assets; to come to work together for the benefit of each neighbourhood and recognising that the whole is greater than the sum of its parts.

We have opened a line of engagement with PCNs and INTs to join up the future of the Community Hubs, the INTs and the care sector. This is particularly important for Care at Home services.

Wrap around or borough-wide services for specific cohorts of people

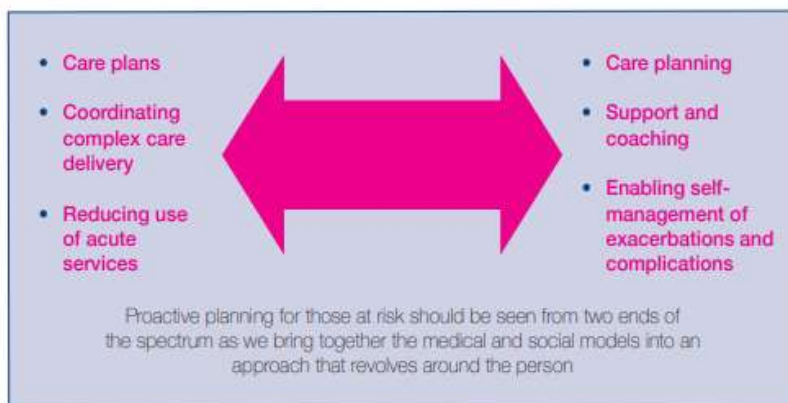
Linked to the above, understand where other services fit eg lifestyle services re exercise, balance, diet and drinking are important, as are borough-wide services such as Intermediate Tier, Reablement and Rehabilitation as there are some key skills here supporting people who have been discharged from hospital. Some amazing work done by care homes to support people post-discharge to achieve much more than might have been expected.

Also thinking about people who may need more specialist support, such as those with Mental Health or Learning Disabilities, we need both a community health and care offer and a wider lifestyle changes and community skill training offer for them, to be able to support them effectively. To ensure that we build in an offer to providers supporting people across the whole community, work will be undertaken through the INTs to link social care providers into the Neighbourhood infrastructure moving forward.

Care planning

A key factor in the success of this approach is developing effective joint care planning for everyone needing care that is focussed on their individual needs. This is not just residential and nursing care, but including care at home too. There is much evidence about how a joint planning process can really drive the delivery of joined up care around the person:

Proactive planning ... should be seen from two ends of the spectrum as we bring together the medical and social models into an approach that revolves around the person



Sharing of learning and development / training

There need to be practical ways of bringing staff together to invest in developing their working relationships and creating local solutions that work, drawing on wider evidence about the value of bottom-up approaches, building trust and a mutual understanding of each other's roles and the pressures faced by each professional discipline and service. This should be put in place for all social care provision, not just care homes.

The importance of creating strong bilateral joint working relationships via the PCNs basis has been recognised, and will be set up as part of the enhanced care home offer from Primary Care. This needs further development to ensure that it becomes a two way process with social care providers contributing the learning of primary care colleagues too: put simply, embed learning from both sides.

In the community, Integrated Neighbourhood Teams and the role of Primary Care within them offer the opportunity to embrace this with providers supporting people in their own homes. The overlap with the Community Hub model should be recognised

Sharing of workforce and creation of new roles

We should create an aspiration for staff roles to blend in time if needed / wanted, such as practice nurses doing some of the INT roles, or roles for home staff, HCAs etc. This links with the blended roles work already in train as a small pilot in Bury, which should be up-scaled and rolled out wider.

In addition, mutual benefit arrangements can be made if relationships are strengthened, such as nurses in homes undertaking clinical tasks set by the GP, or the GP reviewing a policy or operating procedure on behalf of the home.

Digital offer

Initially with the aim of avoiding face to face appointments within GP practices, the Covid crisis has created a real opportunity to embed digital ways of working. The benefits are clear: easier access to advice and consultation, speedy resolution of problems, effective use of GP time amongst others. We must realise the benefits of this work and embed this way of working for the future.

Supporting providers to have the right hardware, software and be able to engage in the digital world for the benefit of them as organisations and their customers too.

Creating expectation of effective joint working

Being much clearer to residents and the public what they can expect and aspire to have in terms of joined up health and care is essential, so that they have choice and control of care delivery – this will need an effective ongoing communications plan with staff and customers alike.

Next Steps & delivery plan

Work is required at pace to ensure that the learning from managing the Covid crisis jointly within the social care and primary care sectors is delivered as part of the future health and care model in Bury. If approved, key actions will be required as follows:

By the end of **April**:

- Continue to map the activity coming from the crisis and responding to the social care provider need;
- Embed the Primary Care offer to Care Homes under leadership of the GP Fed / LCO and complete the individual care reviews.

By mid-**May**

- Undertake a digital survey with social care providers about the future primary care input to the sector and use the feedback to shape the work programme;
- Develop an agreed programme of work based on feedback from this survey;
- Capture the new ways of working that need to be embedded for the future;
- Capture learning about governance, information governance and how we keep business effective for the future.

By the end of **June**, assuming we are in or approaching a planned period of recovery

- Review the model embedded in respect of primary care support to care homes to understand if it needs refinement under usual operating model for the long term.

Recommendations

In line with this paper it is recommended that:

A detailed action plan is developed to support the programmes of work in line with the thematic approach.