

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: Wendy Lowder, Executive Director Communities

TITLE: Adult Social Care Contingency Framework

REPORT TO:	CABINET
Date of Meeting	23 March 2022
Cabinet Member Portfolio	Adults and Communities
Key Decision	No
Public or Private	Public

Purpose of report

The purpose of this report is to ensure that members have oversight of the arrangements we have and are putting in place to deal with the latest risks and threats to adult social care in Barnsley.

The purpose of updating the Contingency Plan is to ensure that we have an adequate range of responses available to continue to meet statutory duties.

The latest Covid-19 variant had the potential to reduce our ability to undertake assessments and meet eligible needs. Everything possible has and will be done to continue to meet our legal obligations. This plan summarises the key responses available to staff, along with the governance arrangements which inform and oversee them.

Council Plan priority

Healthy Barnsley

Recommendations

That Cabinet: -

1. Consider the updated Contingency Plan for Adult Social Care. Endorse / amend the plan as appropriate.
2. Note the latest position of the business unit and actions already taken to mitigate risks and manage issues.

1. INTRODUCTION

- 1.1 Covid 19 has and will continue to challenge adult social care in Barnsley. This paper highlights some of the recent key risks and issues associated with the new variant. It also provides an update on the latest proposals and actions to mitigate these through additional contingency arrangements.
- 1.2 The key risks and issues relate to the availability of care and support and access to assessment and care management resources.
- 1.3 Several actions have already been deployed as part of these updated contingency arrangements to mitigate the risks, manage issues, and ensure we continue to meet our legal obligations. These include:
- Introducing a bed manager to ensure that access to limited care home resources is based on eligible need and ethical decision making.
 - Day Services and Shared Lives introducing and delivering a plan to free up staff resources to assist colleagues in other areas.
 - Brokerage colleagues have reviewed package of unsecured homecare waiting for less than 10 hours per week and identified that some elements of care could be delivered by a resource identified with Age UK.
 - Commissioning colleagues have spoken with Age UK and shared anonymised details of the support requirements with them.
 - Legal advice has been received and informed the plan.
 - The Contingency Plan has been shared with colleagues across adult social care and at Cabinet Members Briefing.
 - Business as usual work of the Quality Assurance and Service Improvement Team was put on hold for 6 weeks (to free up capacity and reduce the burden of audit and assurance activity on business-as-usual staff).
 - Daily SITREP meetings have been held to monitor the impact of measures and manage risks and issues effectively.
- 1.4 The results of the national Winter Contingencies Survey (conducted by Assistant Directors Adult Social Services and published 13th of January 2022) showed that all 94 respondents were implementing at least some contingency actions. <https://www.adass.org.uk/adass-winter-contingencies-survey>

2. PROPOSAL

- 2.1 In December 2021 the UK Covid alert level 4 meant the variant was in general circulation, transmission was high and direct covid 19 pressures on health and care services were widespread, substantial, or rising. The peak of

hospitalisations was expected to be around mid-January 2022. Our contingency arrangements were updated and in place from the middle of December 2021.

The contingency arrangements that social care adopted and continues to use are proportionate to the risks anticipated and the issues which materialise. They are designed to ensure that we continue to meet our legal obligations. Where issues have been or are relatively minor, the response has been and will be light. If the issues have been or are substantial the response has been more extensive and management of these more involved. The likelihood of risks materialising into issues and their potential impact means that governance arrangements for monitoring the issues/risks were increased. The arrangements will remain in place until the Service Director is satisfied that the situation has normalised and key risks have reduced.

The key risks identified for adult social care are;

- the availability of care and support
- access to assessment and care management resources.

Legal advice has informed the contingency responses below. The advice reminds us of important points relating to the identified key risks.

2.2 **Assessment of Need**

Assessment duties for adults and carers are capable of being conducted in a range of ways with flexibility to determine the most appropriate and proportionate method of assessment. The options outlined below make full use of these flexibilities. Once a determination is made as to someone's eligibility, the local authority is subject to a duty to meet the adult's eligible care and support needs (subject to specified financial criteria) if the adult is ordinarily resident in the authority's area, or of no settled residence. Similar duties exist in relation to the assessed eligible needs of a carer (s.20). The Care Act 2014 scheme does not permit for deferral of provision once an eligible need is identified.

2.3 **Resources**

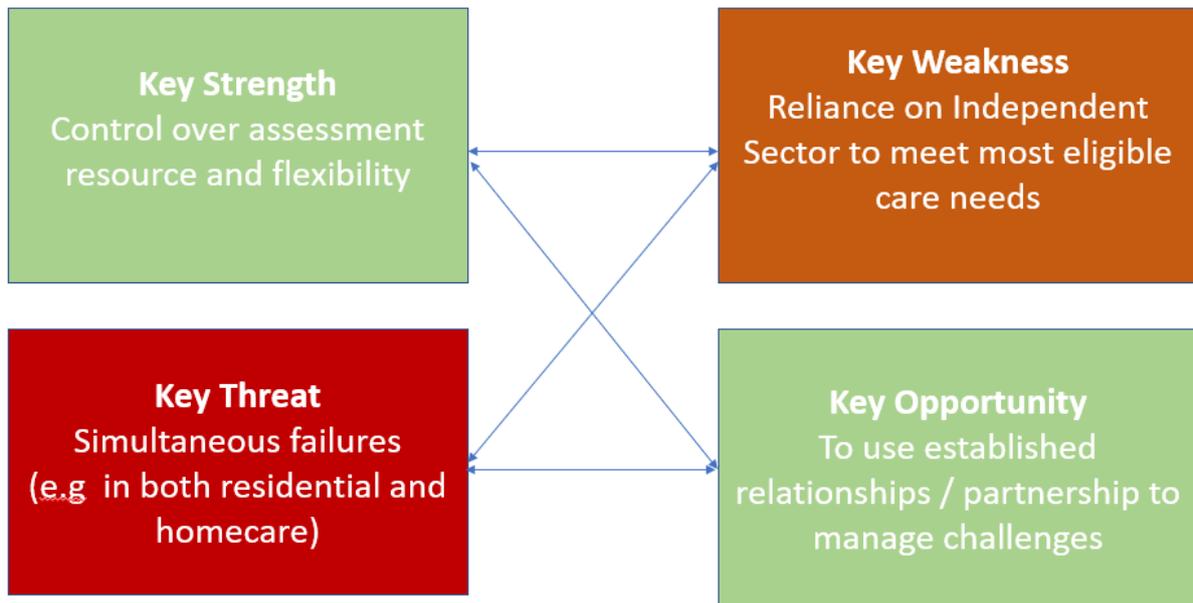
The relevance of resources is limited to the situation where there is more than one means of meeting an identified need¹. In that situation, a local authority is permitted to take account of its resources in deciding which of the available provisions to select to make available. An assessed need must, however, be met.

In late 2021 the Assistant Directors of Adult Social Services (ADASS) raised the risks that adult social care is managing with the Department for Health and Social Care. ADASS have requested further clarification from the Department of health in the form of guidance / principles.

¹ *R(Barry) v Gloucester CC* [1997] 2 All ER 1 (HL)

2.4 Key Strengths, Weaknesses, Opportunities, and Threats.

SWOT Summary



Key Strengths

We have direct control over a significant assessment and care management resource and significant flexibilities available to discharge these responsibilities. This appears to be a key strength. Another key strength, in relation to discharging eligible needs, is our easy access to residential care beds.

Key Weaknesses

We rely heavily on the independent sector to deliver most of our care. The care resources we have direct control over are very small in comparison. In times of pressure this is a weakness in terms of our ability to respond quickly and effectively to risks and issues in this area. We have significantly more residential beds per population than both the national average and our comparator authorities.²

In business-as-usual terms this is a significant weakness (it makes it easy for people to use the resource when it is not the optimum choice. It also means we have quality challenges partly because many establishments struggle with low occupancy). In times of system pressure this weakness can become an asset to be used to release pressure in other parts of the system quickly.

Key threats

A significant threat relates to major failures within multiple areas (e.g., both residential care and the home care). Such an issue may make it difficult to easily discharge our legal responsibilities for a period.

² <https://drive.google.com/file/d/1CLdJtbTETBR74H4gd40hKOhmXodg4wXg/view>

In common with most other local authorities, the timely availability of homecare is an issue in Barnsley. Adult Social Care have managed this more successfully than others in the past because of strong partnership around hospital discharge, intermediate care, and easy access to care home beds. In the pre-pandemic period, the Brokerage Team report that they would ordinarily see around 20 people waiting for an unsecured package of homecare. During the first wave of covid 19 this number reduced to 0 for a sustained period. At the time of drafting this report, 59 people were waiting for a homecare package. All of these people were having eligible care needs met. The majority were in an interim bed, reablement in the community or through informal arrangements with family and friends.

Key Opportunities

There is an opportunity to continue to use our strong partnership and established governance arrangements to manage the challenges successfully. The Bronze Out of Hospital Health and Care meeting has already been used to agree how we will manage limited access to beds as a system to ensure that eligible needs are met.

2.5 Overview of Responses

Daily Situation Report Meeting (SITREP): A daily adult social care SITREP meeting are being held to review data and manage responses to risks and issues. This will be chaired by a senior manager and will continue until the Service Director is satisfied that the issues have been resolved and the likelihood of risks materialising has reduced to acceptable levels.

Governance and escalation: Updates will be provided to the partnership meetings. Risks and issues will be escalated to other governance forums (see diagrams below). Decisions will be made by an appropriate senior officer or decision-making forum (see tables below).

Management Decisions: Managers will use thresholds on absence and capacity to explore decisions about resources and responses. Managers will use data relating to unsecured packages / unmet need and the interim status of people to help guide decisions.

Responses: A range of responses have and will continue be deployed to ensure we continue to meet our legal duties (see section on risks, impacts and responses).

2.6 Governance and Performance Management

Managers will need timely data and intelligence to effectively respond to challenges.

The vaccination status of staff in adult social care teams will be sought regularly from team managers. Staff absence and capacity rates in both assessment and care management and provider services will be used as a

proxy for the availability of staff to respond. The following criteria will be used by managers to inform their response:

Status	Indicator	Response	Governance
Normal	Average staff absence levels of less than 10%	No additional action is required	Operational level
Moderate	Average staff absence levels of between 10% - 20%, or any service with levels in this range	A moderate response is required	By the Service Director, in liaison with Executive Director, Bronze and elected member
Substantial	Average staff absences between 20% - 30% or any service with levels in this rang.	A range of coordinated responses are required	By Executive Director, in liaison with SMT and Silver and elected members.
Critical	Average staff absences greater than 30% or any service with levels greater than this in its own right	Requires a range of significant and coordinated responses.	By CEO via Gold, in liaison with SMT, legal and head of emergency resilience and elected members / Leader

Average staff absence levels can mask pockets of acute challenge. Individual teams may have greater challenges because of the specific circumstances within the team (team morale, type of staff absent, overall workload etc.). To assist with this, data will be broken down by individual teams both within provider services and adult social care. This will be used as a starting point for a broader discussion about the wider circumstances within the team at the Situation Report Meeting (SITREP). If specific teams face short term challenges these will be discussed, and staff may be temporarily redeployed to mitigate associated risks and issues.

In addition to the above, there is also a risk that staff in key sectors do not have timely access to testing which impacts workforce capacity. Responses to these risks have not been considered here as these have and are being considered and responded to separately by colleagues in public health and core services.

2.7 Unmet need / unsecured packages of care

To manage the risks associated with meeting eligible needs in a timely manner and securing support, the management team will regularly monitor both the number of unsecured packages, the interim status of people waiting and case management responses to these.

Social work practitioners will state how a person's needs are being met on an interim basis whilst the optimum package of care is being sourced. Interim solutions may include using a bed, informal support from friends and family, in house reablement / rehabilitation in the community and lifelines. All options to meet eligible needs should be explored including technology, equipment and adaptations and voluntary and community sector support (even if this results in needs only being partially met and leaves a residual requirement to meet other needs).

This will help managers and brokers to quickly understand if there is any unmet need and prioritise responses. It will also help managers and brokers to understand how eligible needs are being met on an interim basis. Social work practitioners will be asked to 'categorise' people waiting for support by way of their urgency for securing the optimum package of care and support (see below). This will help inform how managers and brokerage staff respond to this on an ongoing basis. Practitioners are also required to tailor their case management response. This may involve managing expectations amongst people and families (having up front conversations about pressures and waiting times), discussing interim arrangements like alternative care and support options and communicating progress regularly.

The following guidance has been developed with Team Managers to help staff categorise the need for unsecured care and support when new requests are made.

Category	Description	Social Work Case Management Guidelines
Category A	A high and immediate priority for securing a package. This must be sourced as quickly as possible. This could be because the social worker understands that the person has multiple conditions and or no other care arrangements. There may be immediate and significant safety and wellbeing concerns if the package is not secured quickly.	The social worker should review progress against securing the package frequently (guide - every two days). The social worker keeps person and family updated regularly. Professional judgement is used to guide the approach.
Category B	A medium priority for securing. This may be because the person is currently safe in an intermediate care bed , or has existing arrangements like informal care which can no longer continue. It may also be that the person already has a package of support but requires additional calls to meet new needs or outcomes.	The social worker should review progress against securing the package regularly (guide every 5 days). The social worker keeps person and family updated regularly. Professional judgement is used to guide the approach.
Category C	A lower priority for securing. This may be because the person has needs and outcomes which are currently being managed informally by others	The social worker should review progress against securing the package (guide every 10 days). The social worker keeps person and family updated regularly. Professional judgement is used to guide the approach.

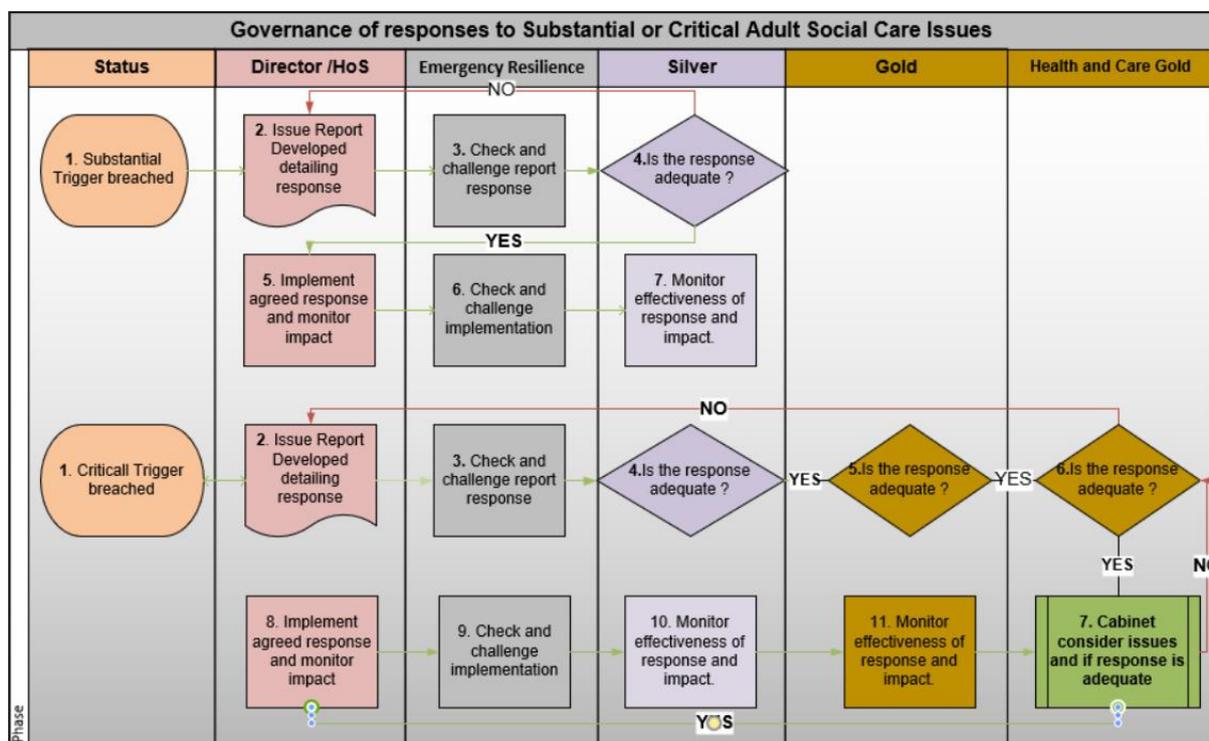
2.8 Numbers of people waiting for optimal support

The following indicators will be used to inform management responses to unsecured packages.

Status	Indicator	Response	Governance
Normal	Between 20-30 unsecured packages	No additional action is required	Operational level
Moderate	Between 30-60 (double normal levels) unsecured packages which persist for over a month despite mitigations / mitigations have little impact.	A moderate response is required	By the Service Director, in liaison with Executive Director, Bronze and elected member
Substantial	Between 60 -120 (four times normal levels) unsecured packages which persist for more one month despite mitigations / mitigations have little impact.	A range of coordinated responses are required. A description of the issue and response should be developed.	By Executive Director, in liaison with SMT and Silver and elected members.
Critical	More than 120 unsecured packages which persist for over two weeks despite mitigations / mitigations have little impact.	Requires a range of significant and coordinated responses. A detailed description of the issue and the response should be developed.	By CEO via Gold / Health and Care Gold, in liaison with SMT, legal and head of emergency resilience and elected members / Leader / Cabinet.

The social care market is rarely static and there are periods of pressure and challenge. In winter for example, the sector may expect to ordinarily see the moderate or even substantial pressures outlined above. That is part of the reason for developing winter plans and contingency arrangements. When deciding how to respond, the appropriate officer will want to consider the rich picture, using conversations with colleagues at the daily SITREP meeting to guide their response. They will want to consider the views of staff and providers about the potential effectiveness of planned mitigations and the likely persistence of the risk or issue being addressed.

A diagram showing how substantial or critical issues may be managed is highlighted below.



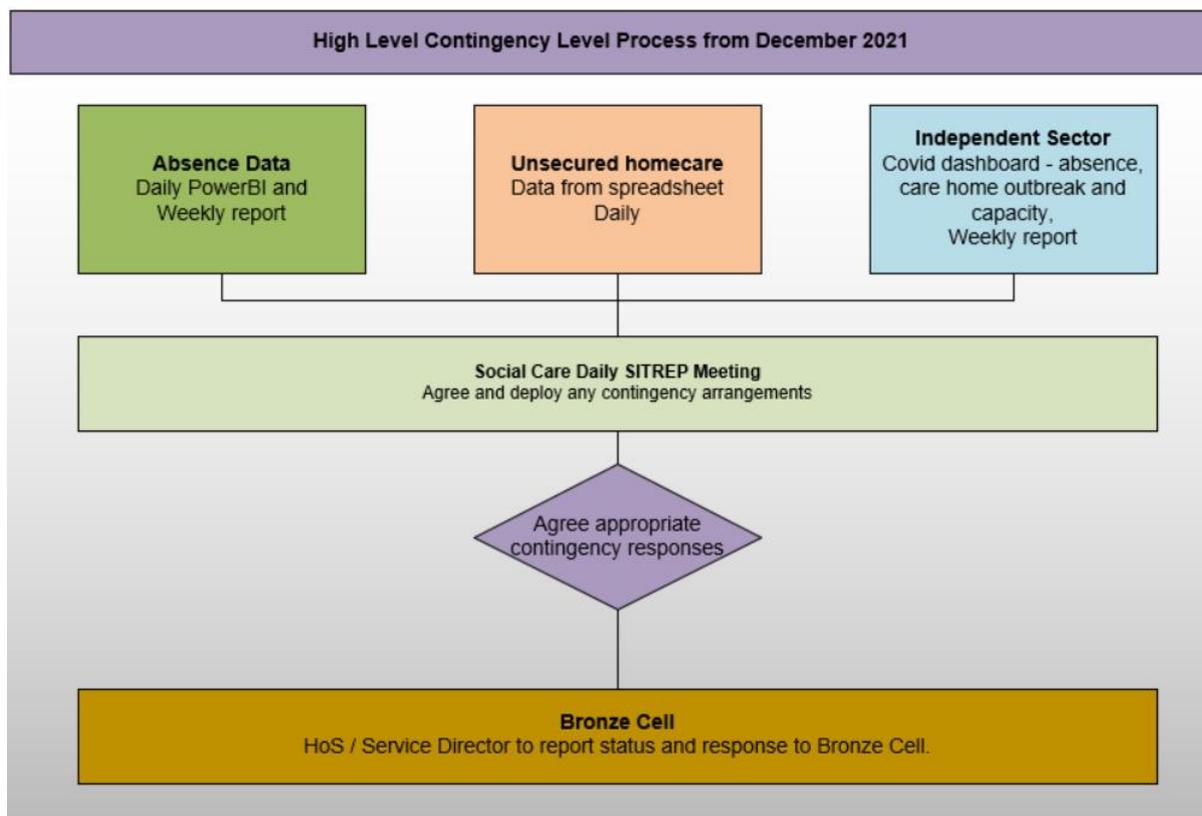
2.9 Governance

To oversee and manage the response a daily SITREP update, and challenge meeting will be chaired by the Service Director / Head of Service (HoS). This will focus on key data and information relating to unsecured packages of care and staff absences within assessment and care management and provider services.

This meeting will examine the current pressures and manage the response to these. It will help to ensure that an appropriate response is deployed and that resources can be moved between and within teams quickly to meet specific pressures and demand. The following key areas will be examined:

- Resource pressures – unsecured packages / staff absences
- Demand pressures – requests for assessments / new unsecured provisions / care home outbreaks and beds available
- Actions to mitigate – progress with agreed actions / examine cases waiting the longest / highest category / what needs to be done next / items for escalation.

The latest position and actions will also be discussed at the multi-agency bronze meeting.



2.10 Unsecured packages

To enable the management team to effectively support and challenge staff, information relating to unsecured packages will be collated. Brokerage staff will use this information to inform how they engage with the market. At the daily meeting the list of unsecured packages, and case management responses, will be discussed.

2.11 Absence data

A weekly report will be run by colleagues in Human Resources to provide absence information for the key risk areas (assessment and care management, provider services). Team managers will be asked to provide updated data and intelligence relating to this twice weekly to update the picture. Managers will be encouraged to use the PowerBI absence information available. This will ensure that managers are aware of the changing picture and can respond effectively at the daily meeting, moving resources within and between teams if required. In addition to the council absence data, business intelligence will share the weekly covid 19 dashboard which will alert managers to absences and capacity within the independent sector. This will enable managers to respond appropriately.

2.12 Likely risks, impacts and responses

Contact Centre

Risk: There is a risk that the contact centre does not have adequate resources to manage requests for support because staff contract the virus

and are unable to work. This could lead to us missing people or not responding in a timely manner.

- Regular contact with our colleagues in the contact centre around demand and staffing levels.
- If there are significant resource pressures, mutual aid is requested from the social work teams and provider services.
- If resources are significantly stretched, consider moving the duty function from the teams into the contact centre to help directly triage cases at source (removing the need to do this in the localities).
- If resources are severely stretched, consider abandoning the triage function and sending requests directly to teams.

Assessment and Care Management

Risks:

There is a risk that assessment resource is severely limited if staff contract the virus or are forced to self-isolate because of this. This could lead to people not receiving a service in a timely manner and difficult decisions being made around prioritisation. There is a risk that schools move to online learning which may impact on staff resources. There is a risk that public transport is not available so vulnerable people cannot obtain vital provisions, medication, or access the community.

Responses:

- Stop undertaking financial assessments for a limited period.
- Team Managers report weekly numbers of staff absences to the service Manager and Head of Service including a breakdown of numbers which are covid 19 related (this is to be reviewed in mid-February).
- If there are significant resource pressures, Team Managers and Advanced Practitioners should prioritise allocations (assessments, reviews, safeguarding etc.) based on their own assessment of need / risk.
- Social work practitioners should maximise the use of virtual assessments to minimise face to face contact and maximise efficiency.
- Social care staff are instructed to only come into the office if there is no possibility that the work can feasibly be done from home.
- Staff are asked to maximise use of the trusted assessor model within reablement, using contact and assessments from other professionals and providers where possible.
- Staff are asked to work overtime / additional time and that the usual enhanced rates are offered for this.
- Staff will put in place out of panel agreements to avoid delays. AMHPs work throughout the day and night to ensure that patients are not left once they are deemed detainable.
- Requests for leave will be managed sensitively with staff.

- Consider relevant Care Act easements (if reintroduced). This may involve; temporarily dropping requirement for financial assessments, introducing a streamlined assessment process, suspending routine assessments, safe and well telephone checks for low-risk individuals. Note that any decision to deploy easements will need to be considered by the Principal Social Worker and signed off by the Service Director in line with the previous procedure proposed in April 2020.
- Make staff aware of the need / number to refer any adults who are at risk due to transport to be referred onto safer communities.
- Working with staff to examine more flexible working arrangements to meet the needs of the service (staggered start and finish times etc.)
- Ensure that staff are aware of any key worker status provisions and take up opportunities for their children to attend as normal
- Consider buddying teams together to increase resilience.
- Suspend CHC assessments (resolve funding when business as usual resumes)
- Delegate some care reviews to care supervisors within providers (for increases or decreases to provisions).

Provider services

Risk:

There is a risk that support workers are unable to deliver care because they contract covid or are required to self-isolate. This may make it difficult to meet eligible care needs in line with our legal obligations. There is a risk that more people who directly care for people are required to self-isolate because there is a shortage of lateral flow tests. This limits the capacity to help with hospital discharge / prevent admission. It may lead to the number of people attending day services and impact on their own wellbeing and that of their carers. There is a risk that schools move to online learning which may impact on staff resources. There is a risk that public transport is not available so vulnerable people cannot obtain vital provisions, medication, or access the community.

Responses to meet need:

- Request mutual aid from NHS colleagues (i.e., neighborhood rehabilitation services - discuss at Bronze).
- Paying overtime / asking people to work extra.
- Source high-cost placements / offer providers money over and above standard rates.
- Request mutual aid from neighbouring authorities (particularly those with in house services).
- Repurpose other Council staff to assist the service.
- Consider reducing hours of operation for services and / or restricting the length of time on service (i.e., reducing access to reablement to 2 weeks rather than 6)

- Consider giving informal carers a personal budget / direct payment to deliver care on a temporary basis (in consultation with care management).
- Consider rolling out free access to tablets, especially to people who have a temporary caring responsibilities or people who are unable to access a day opportunity (work with communities commissioning).
- Sensitively managing leave with staff (in line with relevant HR policies and management decisions, to be discussed with HR and approach to carry over days to be confirmed).
- Adopt trusted assessor model (trust assessments done by hospitals). Reduce the need for fact to face reviews to virtual / telephone.
- Core Council and public health colleagues are asked to secure and prioritise supply for staff who care directly for the public.
- Safe and well checks with people who are unable to attend services. Consider offering outside visits to enable carers to receive a break and the cared for person to have a good day.
- Transition people to the independent sector / long term package sooner.
- Ensure that staff are aware of any key worker status provisions and take up opportunities for their children to attend as normal.
- Make staff aware of the need / number to refer any adults who are at risk due to transport to be referred onto safer communities.
- Working with staff to examine more flexible working arrangements to meet the needs of the service (staggered start and finish times etc.)

Independent Sector

Colleagues in adult joint commissioning will monitor and support the independent sector.

Risk:

There is a risk that providers are unable to deliver care because support workers contract covid or are forced to self-isolate. This could lead to the Council being unable to meet eligible care needs in line with our legal responsibilities. This limits the capacity to help people in care homes or the community. It may lead to delays with hospital discharge or increase hospital admission.

Responses:

- Providers activate their own business continuity plans
- Providers use mutual aid to assist each other
- Source alternative provision even where this is high cost / beyond our usual rates.
- Request mutual aid from other local authorities (especially those with in house provision)
- Request mutual aid from the NHS (via Bronze)
- Request mutual aid from the voluntary and community sector.

- Risk based Multi-Disciplinary Team reviews of outbreak closures with a view to reopening to admissions before 14 days.
- Social workers categorise requests for homecare. This will enable the market to respond effectively. It will enable social workers to monitor and manage cases where providers are unable to immediately meet needs.
- Providers prioritise people based on need, looking at replacing medication prompt visits with telephone calls etc.
- Regular meetings with learning disability service providers to ensure that needs are met in a timely manner.
- Day centre staff are asked to assist with gaps in care homes and the independent sector. This may require ceasing carer respite sessions for a limited period to free up capacity to deliver direct care in the community.
- Increase use of in house reablement service as provider of last resort.
- Request aid from other council colleagues - core BMBC services / hospitality / communities' colleagues to help with care and support (safe and well checks, food preparation etc)
- Consider relevant Care Act easements (if reintroduced). This may involve; temporarily dropping requirement for financial assessments, working with home care providers to triage home care packages, suspend care for low-risk individuals, suspending routine assessments, safe and well telephone checks for low-risk individuals. Note that any decision to deploy easements will need to be considered by the Principal Social Worker and signed off by the Service Director in line with the previous procedure proposed in April 2020.

3 IMPLICATIONS OF THE DECISION

3.1 FINANCIAL & RISK

Consultations have taken place with representatives of the Service Director Finance (S151 Officer) in the process of drafting this report.

There are no direct financial implications arising from updating the adult social care contingency plan. Contingency measures put in place to address or mitigate the impact of Covid-19 on assessment & care capacity and in managing unsecure care packages (e.g. domiciliary care) have been resourced within existing approved budget provision and allocated Covid-19 government grant funding. In addition to winter pressures / resilience funding of £1.2m, the Council has received £7.1m Covid-19 funding in 21/22 to support care providers and in-house care provision to manage the impact of the pandemic as well as address capacity issues (e.g. workforce recruitment & retention funding).

3.2 Legal

The contingency plan is designed to ensure that we continue to meet our legal requirements to carry out assessments of need and ensure eligible needs are met.

3.3 Equality

A full Equality Impact Assessment has been completed.

No new equalities impacts were identified from the assessment.

3.4 Sustainability

The Decision-making wheel has not been completed. There are no new impacts around the environment or climate change.

3.5 Employee

There are no new implications for employees.

3.6 Communications

Communications support has and will be used depending on the level of pressure adult social care is under. If there are significant challenges carrying out assessments or meeting eligible needs, people and families will be updated on the current pressures via a variety of mediums appropriate to the situation. This may include press releases, social media posts and messages via the contact centre. As part of their conversations with people and families social work staff will explain the normal process for needs being assessed and meeting these. Managers will share intelligence at the daily Situation Report Meeting and cascade this to staff and teams. A weekly position statement will also be emailed to managers across the directorate.

4. CONSULTATION

- 4.1 The plan has been developed with staff from across the Directorate. Heads of Service and Team Managers have been sent and had access to various drafts, providing comment and feedback. Colleagues from Legal Services have also reviewed and contributed to the plan. No public consultation has taken place because there are no new services or impacts.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 **Doing Nothing** is not a viable option because there is an increased risk that we will not be able to meet legal obligations without robust oversight and a flexible response.
- 5.2 The plan is drafted as a menu of options with significant flexibilities and management discretion. The actual options utilised will depend on the specific risks and issues which emerge, and the judgements made by relevant managers. This is designed to give managers the flexibility to respond in a proportionate and effective way. The plan therefore has many options or alternatives which will not be utilised.

6. REASONS FOR RECOMMENDATIONS

Everything possible must be done to meet our legal obligations. The oversight arrangements are appropriate given the risks and issues identified. The flexible menu of options will give managers the ability to respond appropriately.

7. GLOSSARY

Not applicable

8. LIST OF APPENDICES

None

9. BACKGROUND PAPERS

None

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>Joshua Amahwe 02/03/2022</i>
Legal consultation & sign off	Legal Services officer consulted and date <i>Jason Field 01/03/22</i>

Report Author: Dominic Armstrong
Post: Service Manager
Date: 28/02/2022