OVERVIEW AND SCRUTINY COMMITTEE

31 March 2021

Title: Supporting older residents during the pandemic and beyond Report of the Director of People and Resilience	
Wards Affected: All	Key Decision: No
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Accountable Director: Chris Bush, Commissioning Director, Care and Support	

Accountable Strategic Leadership Director: Elaine Allegretti – Director of People and Resilience

Summary:

The Overview and Scrutiny Committee has asked for an item to be presented to the Committee on the support available to older residents to reduce isolation and on discharge from hospital. This report focuses on the support that is currently available during the Covid-19 pandemic as well as our future plans.

Recommendation(s)

The Overview and Scrutiny Committee is recommended to note the report and the actions taken to support our older population.

Reason(s)

Our older population makes up the main cohort of vulnerable adults in normal times, and this vulnerability has only increased during COVID-19 when many normal social support structures have been disrupted. This is especially true for those at risk of isolation and loneliness and those who are discharged from hospital and unable to access the support of friends or family due to the pandemic.

This report sets out the steps that have been taken to care for this cohort over the last 10-12 months as well as our future plans for further work and improvements.

1. Introduction

1.1. Older adults (age 65+) make up 13% of the population in Barking and Dagenham and 49% of the total number of residents who are known to Adults' Care and Support. The ongoing COVID-19 pandemic has been particularly difficult for our vulnerable, older residents, particularly as the social infrastructure that our residents rely on has reduced during the lockdowns. This report seeks to outline the steps that the Council has taken to support our older adult population over the last 10-12 months. This has included the community-based networks to reduce loneliness, isolation and vulnerability created by initiatives such as BDCAN and Community Solutions, as well as support provided more formally through our adult social care provision. Our voluntary sector, care homes and home care market have supported the hospital discharges of older adults throughout the pandemic and supported the NHS at times of immense pressures. The Council has worked to support providers to be able to provide this support to the system.

- 1.2. Key lessons were learnt about supporting our older adult population in the first wave of the pandemic and the Council commissioned a report from Healthwatch Barking and Dagenham which highlighted where improvements were required. This included support for visiting in our care homes and better communications with families and friends of those who are living in care settings in the Borough.
- 1.3. This report informed the creation of our winter plan, which was presented to Health and Wellbeing Board and the Health Scrutiny Committee in December 2020, where we outlined the actions that ourselves and our partners in health and social care would be taking to support our residents throughout the 2020/21 Winter period.

2. Discharges

2.1 Throughout the COVID-19 pandemic, there has been a focus on protecting the NHS from becoming overwhelmed. At a local level this has translated into all partners working together to ensure that patients can be discharged as soon as they are medically fit to do so. We have supported our providers throughout the pandemic to be able to support this level of activity. Importantly, this has meant operating in as COVID-19 secure way as possible to prevent transmission to our vulnerable, older residents. At the start of the second wave in September and October 2020, there were a number of changes made to the discharge process compared to the first wave which sought to better support the social care system and our residents.

Discharges to care homes

- 2.2 The 2020-21 winter plan outlines the steps that are being taken to support our care homes with discharges from hospitals over winter. A cornerstone of this is the agreement from Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) to not discharge any patient to a care home without a COVID test result. Additionally, the Department of Health and Social Care (DHSC) and the Care Quality Commission (CQC) have asked for Local Authorities to nominate care homes to act as designated settings to accept COVID+ patients in order that transmission of COVID-19 can be minimised to vulnerable residents in care homes.
- 2.3 We have worked with our colleagues across BHR to identify these settings. The settings identified are in Havering and Redbridge and account for more than 35 beds for positive patients to be discharged to. Extra protection has been put in place around these care homes such as a CQC inspection and extra support from North East London NHS Foundation Trust (NELFT). Essentially it means that positive residents are cared for in these homes for 14 days and then once their infectious period ends, they are moved to their long-term care home.

2.4 The local authority took on the lead role for brokering all nursing home placements in Barking and Dagenham from November 2020, taking over from the Clinical Commissioning Group (CCG) who had been brokering all of these placements from March 2020. This move has ensured that the local authority has been working with families and residents to have more choice and control over their nursing home placement and have been placed more locally, more often. This has also enabled the Council to better manage the fee rates across the social care marketplace.

Discharges to an individual's own home

- 2.5 In the main, most older residents who require care and support in their own home receive it via two routes:
 - 1) Using a direct payment to source their own care, normally as an employer of a **Personal Assistant** (PA).
 - 2) Asking the local authority to arrange their care, via a managed personal budget, from a **homecare agency**.
- 2.6 Where an individual is discharged from hospital, they will either return back to the support of their PA or homecare agency (with potentially more or longer calls if their care needs have increased). If they have not received support in their home before but require it following a spell in hospital, they will receive a service called crisis intervention. This is a short-term service that follows discharge from hospital. It is intended to stabilise the situation of the individual in order that a social care assessment can be undertaken to form a reasonable view of the individual's long-term future care needs. This is provided by the Borough's framework of homecare agencies, of which there are currently 14.
- 2.7 All support provided by homecare agencies and Personal Assistants has continued as usual throughout the pandemic, with no issues with availability for residents. Some agencies found it difficult to staff different teams (one for Covid negative residents and one for Covid positive) and therefore we worked with one homecare agency to take all positive discharges from hospital for 14 days, along the same lines as our designated care home model. This has worked well, helping prevent transmission and supporting our framework providers to continue to staff their teams and deliver calls to vulnerable older residents.
- 2.8 For those older residents who did not need onward care, the British Red Cross Home, Settle and Support service commissioned by the local authority and the CCG has continued to support residents on their arrival home from hospital. The service primarily supports residents who live on their own and a large proportion of the people accessing the service have been 70-89 years old. The main goals of the service are to help people to feel more safe and secure when they get home from hospital, reduce their anxiety, and increase their ability to manage day to day things when they get home. The British Red Cross staff and volunteers have picked up medication, delivered shopping and signposted residents to onward services delivered by BDCAN, Age UK and Reconnections (see below). The service has helped residents feel safe when they get home and has often been delivered remotely or in a COVID-19 secure way, again to reduce the risk of transmission.

Next steps

- 2.9 We are participating in a number of pilots currently to explore ways in which we can improve discharge for older people in Barking and Dagenham or enable older people to live independently at home for as long as possible.
- 2.10 One such pilot is called Discharge to Assess or D2A. A review of patients discharged into nursing homes has shown that around 23% of people assessed post-discharge had some rehabilitation potential. Havering and the CCG, in discussion with the London Borough of Barking and Dagenham, are in the process of piloting a new service in which therapists will be allocated to nursing homes to provide therapy with the intention for the individuals to return home after 6 weeks. Should the pilot be successful we will explore the option of taking this forward in Barking and Dagenham. Our default position will always be to support residents to return back to their own homes rather than entering nursing homes for a long-term period.
- 2.11 Another pilot that we are undertaking is called 'Home First'. This is a pilot that started at the end of last year between the local authority, BHRUT, NELFT and three of our local homecare agencies. The aim of the pilot is to assess discharged residents, primarily older people, in their own homes, rather than the hospital and looks to improve resident health and social care outcomes by ensuring that a more realistic assessment of an individual's needs takes place in their home environment. The pilot will take place for 3 months and the outcomes of this pilot will inform our next steps. We are keen that this becomes our 'new way' of operating with community discharges, with all partners working to achieve the best outcomes for discharged residents in Barking and Dagenham.
- 2.12 Alongside the pilots, we are also looking at how we structure our staff to ensure that we have as many social care staff within the community, rather than the current hospital discharge model which is hospital-focused. Additionally, we will be working with the British Red Cross to undertake a resident experience survey, building on the work of Healthwatch earlier in the year, to understand how we can improve the discharge experience for residents to both care homes and back to their own homes.
- 2.13 Finally, we will also be undertaking some analysis on the sustainability of providers as well as working to analyse the needs of individuals who are being discharged from hospital, particularly thinking about the effects of Long Covid, to ensure that the services we commission meet their needs.

3. Supporting providers who support Older Adults

- 3.1 The Council has been supporting all of our older adult providers throughout the pandemic through our Provider Quality and Public Health teams. The teams have answered queries in relation to infection control, outbreak management, staffing, vaccines, and other general COVID-19 related issues. This support has been available 7 days a week and has been very positively received by the provider market.
- 3.2 Our adult social care market has received in excess of £2.5 million of funding to support with infection control support and the increased demands of testing. This

funding has been used to ensure that staff are able to be paid their full wages when they are required to self-isolate, to support staff to not use public transport to get to work and enable care homes and home care agencies to have staff who work solely with COVID-19 positive patients. The funding has also been used to enable COVID-19 secure visiting and increase the ability of the homes to carry out lateral flow testing.

- 3.3 In addition to this, our provider market was supported with a 10% uplift in payments to help support the increased cost of managing COVID-19 from April to August 2020. Barking and Dagenham took the decision to help providers when other local boroughs did not, and this has led to a buoyant marketplace in comparison to other areas.
- 3.4 In our Winter plan, we outline provisions being made to ensure that all providers have access to appropriate PPE. Most providers such as home care agencies and care homes can access these through a central government portal. However, we have worked with the Independent Living Agency to set up a distribution centre for PPE for our Personal Assistant market and we will continue to provide PPE to our care homes in the event of an emergency.
- 3.5 Care home staff are now given coronavirus tests every week and residents monthly. Retesting of care home staff and residents was launched on 6 July 2020 in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak. At a minimum, staff are being tested for coronavirus weekly, while residents will receive a test every 28 days to identify anyone with the virus and reduce transmission. Staff in care homes are tested 2 times a week with lateral flow testing devices.
- 3.6 Our extra care and supported living settings are also carrying out COVID-19 testing on staff and residents regularly.
- 3.7 Our homecare providers are also tested weekly, with each carer receiving 4 home test kits every 28 days. The enhanced testing for our older adult provider market has been key to reducing infection risk for some of our most vulnerable older residents. This continues to be expanded with more lateral flow testing centres in the Borough to support increased community testing.
- 3.8 Our care homes and home care providers have also been supported with expert Infection Prevention and Control (IPC) advice from our Public Health team, and more recently from IPC teams at NELFT and North East London. This support was only available from December 2020 when issues with capacity and recruitment were raised by the Health and Wellbeing Board.
- 3.9 We recognise that we must our do our utmost to protect our residents from infection and believe that the range of support we have offered has helped towards that aim. More recently we have been able to roll out COVID-19 vaccines to our residents. Over 84% of our care home residents have been vaccinated (all those who were eligible or consented) and our primary care network has offered the vaccine to all of the over 80's within Barking and Dagenham (at time of publishing). Roll out continues at a pace and is a result of close partnership working across the whole of health and social care.

3.10 It is well known that COVID-19 has had a big effect on care homes, with all of our older adult homes dealing with at least one outbreak. This demonstrates the need for the support that our care homes have required throughout the pandemic and the importance of protecting our most vulnerable residents from infection.

4. Reducing loneliness and isolation

- 4.1 COVID-19 has also had an impact on the support networks of our residents. Care home residents have not been able to see their families and friends in the same way for the majority of 2020 and now into 2021. We know that this is not just relevant to those in care settings and is impacting on the mental health and wellbeing of our residents, both in and outside of care homes.
- 4.2 Public Health has, and continues to, support our care homes with guidance on visiting and COVID-19 secure visiting as well as infection control. Currently, due to lockdown, visiting is severely restricted with only window visits allowed, or allowed in visiting pods or where there is a substantial screen between the resident and their visitor. During the summer when national restrictions were eased, care homes were allowing visiting in a COVID-19 safe manner. This meant visits in gardens, well ventilated indoor rooms with appropriate social distancing and any gifts or packages being brought into the homes being disinfected.
- 4.3 Many care homes used their IPC funding to deliver COVID-19 secure visiting with extra handwashing stations outside for visitors and shelters and outdoor furniture for garden visits. This was key to reducing the isolation that many residents were feeling due to the first lockdown.
- 4.4 The Council's Events team has also created events and activities for adult social care settings to partake in virtually, including the Winter Warmer programme which was a series of activities that can be carried out in the absence of in-person workshops with Grape Arts. These sought to provide a sense of normality and activity level for adults in care during lockdown.

Care technology

- 4.5 To help further mitigate visiting limitations within care settings, Care and Support Commissioning, working with the CCG and NHSX, have deployed a series of digital innovations within Care Homes including Facebook Portal and Apple iPads. These devices are primarily intended to support video-chat between residents to family and friends, but also interface with other digital solutions to assess the wellbeing of residents through vital signs observations.
- 4.6 In the community we have been supporting our vulnerable residents through the continued provision of Breezie, which aims to help isolated residents to get online. This project has recently been expanded to accommodate more users and support other initiatives such as Reconnections (see below) to adapt and maintain service delivery despite the ongoing Covid-19 restrictions.
- 4.7 A key feature of the Breezie service is the ability to remotely add or 'push' content to multiple devices. This has provided the Council with an additional channel of communication to Breezie users to notify them of important information throughout the pandemic and promote thematic content to increase user engagement.

4.8 It should be noted that we are looking to transform our future care technology offer in Barking and Dagenham and a report was presented to Cabinet on 15 February 2021 (minute 85 refers), outlining our plans for a new care technology service, putting technology at the heart of Care and Support in the Borough.

Reconnections

- 4.9 Reconnections have also been actively supporting older residents in the Borough since January 2020. Reconnections is a two-year pilot in Barking and Dagenham and Havering, joint funded by Independent Age, the two local authorities and the CCGs. Reconnections is a service that supports over-65s in rediscovering their love of life in the communities where they live. They introduce friendly local volunteers to lonely older residents and invite them into local activities, gatherings and events ranging from regular chats over coffee to bucket-list experiences that provide meaningful social connections that help break the cycle of isolation and loneliness.
- 4.10 Although the pilot's first year ran during the pandemic, they reconfigured their service in order to provide support to older people in a COVID-19 secure way. This included weekly phone calls with a volunteer and support to residents to access and use digital technology to connect with loved ones, undertake shopping and listen to their favourite music. They also encouraged wellbeing walks, step challenges and dog walks. They did virtual coffee mornings, online cook-alongs and friendly postcards sent through the post. Volunteers supported 90 residents and the pilot has received high rates of satisfaction so far. The pilot will run for another year and all partners have agreed to commit funding for a further year from January 2022 to give the pilot more time to embed and work through the longer-term plans for the service.

5. Community support

- 5.1 Alongside the initiatives outlined above, the Council is continuing to work with community organisations to ensure that all residents receive the support they need.
- 5.2 In March we established a network of support for COVID-19 which comprised four main elements:
 - Barking & Dagenham Citizens Alliance Network (BDCAN) social support coordinated by an alliance of voluntary and faith organisations
 - Specialist Support Hub anyone who received adult social care services or who has been (or may in future be) identified as extremely vulnerable by the NHS and 'shielding'
 - Community Solutions front door support on issues ranging from homelessness, debt advice, benefits support, job support and community food clubs
 - Central Food Hub operated through Community Solutions, from London East, centre of procurement and delivery of food to vulnerable residents through BDCAN, ILA, DABD and food clubs.
- 5.3 Since November 2020, the Food Network (part of BD Collective), led by Humdum Food Bank are leading on the coordination of support to residents who might need help with some essential food shopping, a friendly phone call or picking up

medicine. Kingsley Hall, Powerhouse Church and Al Madina Mosque remain core partners. Together, they will continue to liaise with and link other providers who are supporting residents with practical emotional and well-being support. The BD-Connect group, which brings together BDCAN partners alongside Council officers, continues to provide a coordinating space to support this. The Food Network and groups will continue to be in regular contact with Council officers, ensuring that connections can be made to other services and support e.g. into the HAM Hub or with food clubs.

- 5.4 Since April 2020, the Intake Team has continued to provide a single point of access and contact for anyone in urgent need of help or who was previously shielding.
- 5.5 To date, the team has made approaching 20,000 calls. The team continue to prioritise contact to vulnerable shielding residents:
 - Responding to Clinically Extremely Vulnerable (CEV) people, many of which are older people, who register nationally for support;
 - Proactive contact calls to those most at risk or that needed help before these include people who received welfare checks or were connected for emergency food access; and
 - Responding to CEV people who contact Intake directly for help e.g. because they are struggling to access supermarket online slots and need assistance to do so.
- 5.6 The ILA a community partner with whom we have a long-standing relationship have provided the main support to residents with social care needs who needed extra help day-to-day with medication pick-ups and food deliveries.
- 5.7 Social Prescribing Link workers have been working with vulnerable adults throughout the pandemic when identified by GPs. Social Prescribers have also worked with Age UK and Reconnections as well as wider BDCAN partners to link people into befriending and support services as well as providing a range of virtual programmes through the 'Young at Heart' programme including physical activity and community sessions, such as coffee mornings, quizzes, knit and knatter, 'back in the day when we were young' sessions and arts and crafts.

Leisure and exercise provision

- 5.8 We also know that there are a number of older people who rely on informal support networks through exercise classes and our Leisure Centres, particularly using the Active Age over 60's membership which enables the off-peak use of gyms in the Borough. The Active Age offer will be available again once Leisure Centres reopen as per the pandemic roadmap.
- 5.9 For the 'Young at Heart' offer, which is the community-based exercise classes and social groups, a number of these classes have been delivered online during the pandemic. Sessions have seen a cumulative attendance of 508 and members have also been receiving weekly check-in phone calls, with 4,068 of these calls being made. Buildings are currently being scoped out to safely resume the face-to-face exercise classes and a survey has been sent to members to find out if they have any concerns and which groups they would like to see returning.

Next steps

- 5.10 COVID-19 has reinforced the importance of relationships and collaborative work with communities. To tackle some of the most pressing issues we face such as debt, societal isolation and neglect, we need to draw on the resources, skills and networks of the social sector in its widest sense.
- 5.11 Community Solutions, together with the social sector, BD Collective and services, is coordinating activity to further align and focus our joint efforts to tackle these issues by working with sector partners around their offers and how we can work together to support residents. The Council and VCSE held a joint meeting on 23 September 2020 to set out a vision and plans for this work focused initially around reimagining adult social care and children and families. Networks for both have been set up. The network has met on several occasions to refine its focus and work towards a joint plan focused around design, test and spread of innovations that make it easier for residents to find the help that they need and to make providing help more fulfilling.
- 5.12 Work is also ongoing to look at a new Community Hubs model in the Borough and the offer that these will provide to older, and particularly isolated, residents.

6. Implications

6.1 Finance Comments

Completed by: Murad Khan (Group Accountant)

There are no direct financial implications coming from this report, however over the past year LBBD has passported over £4m of additional funding to care homes and care providers in the form of grants such as the Infection Prevention Control fund, Contract Uplifts of approx. 4% and a further 10% temporary uplift during the initial lockdown.

We continue to work very closely with the service and commissioners to ensure value for money and proper scrutiny of the budgets. Adults Care and Support has been able to contain the additional costs of the pandemic within their existing budget envelope and are currently reporting a £1.7m underspend for this financial year.

6.2 Legal Comments

Completed by: Lindsey Marks, Deputy Head of Legal

There are no legal implications arising from this report.

Public Background Papers Used in the Preparation of the Report: None

List of appendices: None