

# **Adult Social Care and Communities**

## **Scrutiny Committee –**

### **Report from Executive Director of Adult Social Care.**

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#### **Gloucestershire Partnership Boards during COVID19**

Gloucestershire has had Partnership Boards for many years helping to shape and influence services and highlighting the experiences of people with “lived experience”. The Boards are established for Learning Disabilities, Autism, Mental Health, Physical Disabilities and Sensory Impairment and most recently Carers. Each board meets independently several times a year, bringing together people with lived experience, and professionals within the statutory services and the voluntary sector as a working collaboration to effect positive change.

A meeting was scheduled in March this year as the COVID19 crisis was unfolding and the planned meeting was held via Zoom instead of the usual face to face gathering. What became apparent in that ad hoc meeting was:

- Zoom attendance was excellent as no travelling involved so clicking in from home or office freed up significant time.
- There were common issues in each board in relation to support and the need when dealing with COVID19.
- The joint partnership boards had the ability to bring together a very wide group of people ranging from those experiencing first hand the problems of coping with their conditions during COVID19, the many voluntary organisations working hard to support them and officials working within health and social care who were tasked with steering a path through the lockdown.
- The boards could feed into the county’s emergency command structure rapidly and effectively.

#### **Deepening Inequalities**

The intelligence gathered from the weekly meetings highlighted the widening inequalities for people with disabilities and mental health conditions due to COVID19:

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- Disruption and distress for people with autism who struggle with any change to their routine, anxiety about COVID19 and a lack of understanding why things had changed.
- Distress for people with mental health needs, increasing symptoms of anxiety and many reporting that their mental health was deteriorating by remaining at home, sometimes in isolation.

- People with disabilities who previously coped with living independently but were reliant on online food delivery, found it difficult to get a delivery slot. Others were reliant on elderly parents for support who could no longer visit, as they may have been shielding. This meant that they had no clean clothes, no support to read mail, pay bills etc.
- Many hospital appointments were cancelled. This led to a big impact on people's quality of life and their ability to cope with their long term conditions and pain management.
- People with hearing or visual impairments felt even more isolated than usual due to social distancing.
- For some people British Sign Language is their first language so general information about COVID19 is difficult to understand.
- The gap in services for people with complex neurological conditions deepened further. Treatment ceased as staff were redeployed. There were no funding streams, initiatives, specialist services to support this group as neurological conditions are not formally recognised as part of national or regional programmes. Individuals struggled with their very complex disabilities, raising concerns that they were not identified as "shielding" or "vulnerable".

## **Positive Results**

The experience of the partnership board collaboration has been overwhelmingly positive and has kept Gloucestershire one step ahead of the curve in managing the pandemic.

**Collaboration is key:** The culture established from day 1 was that everyone's views were equal.

**Genuine co-production:** People felt listening to and positive changes happened as a result of true collaboration.

**Attendance:** Virtual meetings facilitated much wider and consistent attendance.

**Simplified chain of command:** This meant that issues were followed by actions quickly and effectively via the emergency planning process.

**Impact:** Almost everyone who fell into the vulnerable people categories 2, 3 and 4 were represented at the weekly board meetings. This harnessed invaluable intelligence which fed into the emergency planning cells via the Vulnerable People Bronze Cell.

**Reinvigorated professionals:** Collaboration enabled everyone to see that the direct effects of their work made a real difference and their creative ideas were appreciated and actioned.

**Creative** responses included;

- Issues fed in directly from the VCS or people with lived experience were escalated to relevant command structure and action implemented, either on an individual or collective basis.
- Collaboration mapping exercise between VCS and statutory sector to assist community hub support across the county.
- VCS helped to produce guidance for professionals, translate statutory documents and newsletters into easy read or BSL and established a COVID19 website as a place where people could go to find the latest advice <https://www.inclusiongloucestershire.co.uk/covid-19>
- PPE issues and solutions shared across all sectors working with commissioners and brokerage.
- In lieu of any national guidance, we worked with colleagues in Public Health to create local guidance on the reopening day services to support small VCS organisations to re-open safely.

**Information and Guidance** were shared widely keeping everyone informed on the latest information.

**Newsletters:** Fortnightly bulletins kept many people in vulnerable categories informed across the county on a frequent basis and helped to simplify key messages from Government.

**Neurology sub group:** A sub group was set up at the start of the pandemic as individuals with neurological conditions were disproportionately affected by COVID19. This brought together the acute and community health sectors, commissioners, professionals and VCS.

**Voluntary sector and statutory services working** together sharing issues and actions in a way that had rarely happened before.

In summary, working together via the collaboration of partnership boards has been a tremendously positive experience. There has been significant learning which will shape the way we develop services in future. By combining the partnership boards, it has strengthened the voice of people with “lived experience”, brought VCS organisations together and acted as a valuable resource to the statutory services. This learning will be included within the Partnership Board Review which will recommence from September 2020.

## **Gloucestershire Safeguarding Adults Board**

The Board is re-commencing its regular quarterly meetings after a period of postponement due to the pandemic. The first Board meeting was held on August 4<sup>th</sup>

and focused on statutory partners' safeguarding responses to Covid. The next meeting will be held as scheduled on September 10<sup>th</sup>, with the voluntary and community sector providing updates on their responses during the pandemic. The meetings will be shorter than the usual 3 hours and will be virtual.

### **Deprivation of Liberty Safeguards**

It has been 'business as usual' for the Deprivation of Liberty Safeguards Service with practitioners having to carry out assessments remotely due to being unable to visit care homes. The team has been trialling new care phones which provide a secure video link to homes. The Department of Health and Social care has confirmed April 2022 as the new date for the implementation of the Liberty Protection Safeguards (the replacement for the DoLS system). This was due to come into force in October this year and is subject to a substantial delay due to the recognition by the DHSC of the demands on services created by the pandemic.

### **Safeguarding Adults Team**

The Safeguarding team saw an increase in referrals and concerns raised during the lockdown period – 861 compared to 772 for the same period last year (23<sup>rd</sup> March to 22<sup>nd</sup> July). There were significant increases in the number of safeguarding referrals being made by residential homes, Gloucestershire Police and the South West Ambulance Service. Concerns raised by friends and family also saw a large increase (85 compared to 43). In terms of the types of abuse reported, domestic abuse concerns saw a significant increase (104 compared to 77), as did self-neglect (82 compared to 38). In relation to self-neglect, a number of these cases are ones which ordinarily would be managed without Safeguarding involvement, but lockdown itself has led to unique pressures which then makes a Safeguarding referral appropriate. A proportion have also related to individuals with combined substance misuse and homelessness issues.

### **Client Affairs Team**

The Client Affairs team has continued to operate its usual service with a reduced number of Officers present in Shire Hall to respond to requests for cash from people using the service.

### **Technology and Adult Social Care**

The Adult Single Programme team continues to support the increasing use of technology by frontline adult social care teams. As well as the ongoing use of tablets which enable safe and easy communication between staff in locality offices, hospitals and the community, the team are developing field trials of digital technology which can use artificial intelligence to help predict and prevent falls. The project is

still in the planning stages, but aims to work across health and social care settings to test effectiveness for three cohorts of people: those living with complex care needs in their own homes; those with an early diagnosis of dementia; and people living in extra care housing.

A TEC (Technology Enabled Care) Advisor has been recruited and will start work in September. The purpose of the role is to encourage and educate people about the wider use of technology in both adult social care and in the self funding market. This will involve working with care providers, with health and social care staff and in our communities with the aim of enabling people to embrace technology to promote wellbeing and reduce need.

A number of projects funded through the Digital Innovation Fund are now underway, having been delayed by lockdown. A forum has been established to share best practice and ideas to maximise the impact of the work. For example, Keep Safe are developing an app which will assist vulnerable people to find safe and welcoming places in the community. This is being soft tested with other forum members, Age UK and Inclusion Gloucestershire before being launched later this year.