

# **Adult Social Care and Communities Scrutiny Committee**

Report from the Executive Director of Adult Social Care  
and Public Health

**9 March 2021 – Adult Social Care**

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## **Integrated Commissioning Team**

**Assessment Beds:** In response to national discharge guidance, rapid implementation and ongoing monitoring of assessment bed units within 5 care homes as a direct extension of acute hospital discharge pathway; flexed admission criteria for patients no longer requiring acute hospital care with wraparound MDT and clinical support to ensure discharges are supported.

This is an excellent example of collaborative system working, bringing together primary care, adult social care, CHC, therapy, brokerage and the care home provider to improve patient and system outcomes on a locality basis. It also demonstrates the working reality of the now live Home First model.

**“Out of Hospital Service”:** Joint Age UK/British Red Cross commissioned service providing admission avoidance and discharge support to acute and community hospitals; enhanced and flexible service delivery in response to Covid-19 and into winter; extending telephone welfare calls to urgent care front door. The service was successful in attracting an extension to NHSE winter pressures funding.

**Support to Urgent Care and System Flow:** participating in cell meetings for activity, flow and bed planning and weekly/daily escalation calls; supporting coordinated system response to fluctuating demand; and capacity planning.

**Pulse Oximeters in Care Homes:** aligning with virtual wards, coordination and delivery of pulse oximeters into care homes to assist with early detection of respiratory distress in residents; “How To” guide and escalation process written for care home staff. 800 pulse oximeter devices have been delivered to community a Fire Station and distributed to care homes.

**Lateral Flow Testing:** working with care homes to ensure roll-out of devices for visitor testing (initially 50 care homes in Gloucestershire), now fully rolled out to include other care settings.

**Seasonal Flu Vaccinations to Independent Sector workforce:** coordination, communication and delivery of flu vaccine to all independent sector workforce, including unpaid carers; hybrid roving model of delivery utilising existing GHC Care Home Support Team staff and community pharmacists; community drive-thru clinics set up across the county to ensure as much coverage as possible; targeted email and verbal communications to providers to promote availability and uptake.

**Workforce:** continued redeployment of directorate staff to support the CCG Incident Command Centre, Covid-19 vaccination programme for health and social care staff and to support Integrated Brokerage team. We have continued to develop the CCG staff apprenticeship scheme to move to full utilisation of the levy fund; commencement of 5 graduate management trainees across the CCG; linking with GCC to become “Kickstart” employer as per national programme.

**Development of fast track recruitment initiative:** Within 2 weeks of lockdown we developed a robust process of fast track recruitment via the Proud to Care team within GCC to support independent sector providers with recruitment of workforce. Early numbers showed 115 candidates apply with 35 successfully employed into the independent sector. Feedback from providers and candidates has been positive and we are working with stakeholders to consider development as a traded subsidised service going forward as agreed by the Joint Commissioning Partnership Executive.

**Adapted existing training offers to virtual delivery:** successful delivery of 3 cohorts of Sector Based Work Academies to individuals on universal credit to promote careers in adult social care and support them to join the independent sector workforce. We have also successfully delivered the Fundamentals of Care training virtually.

## **Adult Transformation Team**

The Adult Transformation Team are continuing to test the potential for new technologies to support people's independence. We have established the Digital Innovation Fund Forum to bring together voluntary sector organisations who are working with technology, enabling them to share good practice and develop new ideas. To ensure we understand people's needs and values, we have established a Community of Practice which brings together members of the public and practitioners to discuss how technology could help them. This group includes representatives from Age UK, Disability Partnership Boards, Gloucestershire Deaf Association and Inclusion Gloucestershire.

With this in mind, having considered feedback from Adult Social Care Technology Champions, we have identified a number of new interventions to be considered for trialling:

- Autome: to enable people with Learning Disabilities to become more employable
- RITA: to support people with dementia in care homes
- ARMED: to support people in their own homes by reducing falls

Gloucestershire has also been asked to join the LGA Community of Practice with eight other local authorities from across the country to share our knowledge and experience of delivering care technology development.

## **Liquidlogic Adults System Implementation Programme (LASIP)**

The new case management system, Liquidlogic Adults System (LAS) remains on course to go live to all end users on 29<sup>th</sup> March 2021. We are half way through training approximately 1,000 end users (GCC and partner staff) in how to use the system, using a combination of computer-based training and online virtual training with a Liquidlogic Trainer. We are working closely with our ICT teams to resolve any technical issues that arise with accessing training. The final round of testing was completed on 12<sup>th</sup> February and the system configuration and data migration are now due to be formally signed off. Post go-live support has been secured from Liquidlogic for 5 weeks from 29<sup>th</sup> March, to answer staff questions and ensure a smooth transition.

Additional development work to provide integration between our new case management system and our existing Reablement system (Coldharbour) is still continuing. The Reablement service has a business continuity plan in place, should the integration not be ready for go-live.

The LAS implementation team have also put together a transition plan to finalise arrangements for the change over from ERIC to LAS, ensuring the business is fully prepared and supported through the change and that staff have the tools they need to capture data during the system freeze period (19<sup>th</sup> to 28<sup>th</sup> March). This has been signed off by the Director of Operations for Adult Social Care.

Initial planning discussions are already taking place between Liquidlogic and GCC for LAS Phase 2, which includes the implementation of the Adults Portal and Mobile app.

### **Covid Related Activity - Brief Recap on funding to the social care market over the last year:**

#### **10% Provider Relief**

Recognising the pressures that social care providers were under Gloucestershire took the decision in March 2020 to pay an additional 10% on all monthly fees of social care providers with whom we have a contract for a maximum of 6 months. Early on it was decided that since the Integrated Brokerage Team commissions on behalf of GCC and the CCG that all packages should receive this benefit. GCCG agreed to pay the additional 10% on packages purchased on their behalf. GCC funding came from the Covid Relief fund, CCG claimed the additional spend from the Health Covid fund. The additional 10% was paid from April to September.

In order to access the 10% funding providers were obliged to accept terms and conditions set out in a letter which included completing and submitting a return which evidenced appropriate spend. Over the six months a reducing number of providers took up the offer.

### **Infection Control Fund 1**

This fund was paid to GCC in 2 tranches with the condition that 75% was allocated directly to all care homes in the county (regardless of whether they hold a contract with GCC) on a per bed basis. Councils were given discretion as to how to allocate the remaining 25% and GCC's decision for Tranche 1 was to pay Domiciliary Care providers an allocation. In Tranche 2 the 25% was divided between domiciliary care providers and supported living providers and an amount was used for the purchase of PPE to distribute to providers when needed. In order to access the funds providers were required to sign and return a grant agreement, regular complete the National Capacity Tracker and submit returns evidencing their spend.

### **Infection Control Fund 2 (ICF2)**

Again, this fund was paid to GCC in 2 tranches, this time the condition was that 80% was allocated directly to all care homes in the county (regardless of whether they hold a contract with GCC) on a per bed basis and to domiciliary care providers on a per head basis. The council was given discretion as to allocation of the remaining 20% and GCC took the decision that it should be paid to Supported Living Providers; day services; voluntary sector providers who have incurred infection control costs; purchase of PPE for distribution to providers when needed; and the provision of flu jabs to the social care workforce. In order to access the funds providers were required to sign and return a grant agreement, regular complete the National Capacity Tracker and submit returns evidencing their spend.

### **Care Home Pods**

In Nov/Dec 2020 Cllr Mark Hawthorne and Pete Bungard made an offer to all care homes in Gloucestershire of £3000 each to go towards the purchase or building of facilities which would enable visits to care homes. It is proposed that this can be funded through the 20% of the ICF2 funding and will be allocated via a letter setting out terms which require the provider to evidence spend that has not been covered by any other grant funding to date.

### **Rapid Testing Fund (RTF)**

This fund was launched at the end of January and is to support the administrative costs providers face in implementing the prescribed rapid flow test regime. 80% has been allocated to care homes in Gloucestershire (regardless of whether GCC has a contract with them) on a per bed basis and GCC has discretion over the spending of the remaining 20%. Domiciliary care providers are not currently obliged to utilise RTFs so the need is not the same in that sector. Unless the guidance changes on that it is likely that the 20% will also be allocated amongst care homes if not required buy other parts of the market.

In order to access the funds providers are required to sign and return a grant agreement and submit returns evidencing their spend.

### **Workforce Capacity Fund**

Guidance for this latest fund has recently been received. The fund is to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved. Measures can include:

- maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
- support providers to restrict staff movement between care homes and other care settings in all but exceptional circumstances
- support safe and timely hospital discharges to a range of care environments including domiciliary care, to prevent or address delays as a result of workforce shortages
- enable care providers to care for new service users where need arises.

GCC has discretion over how the fund is allocated. It will arrive in two tranches and has to be spent by March 31st. It has been decided to allocate the funds directly to providers in order to meet the very tight timescales. Providers will use the funding according to the provisions of the grant under a letter of terms and will be required to submit returns evidencing their spend.