

Adult Social Care and Communities Scrutiny Committee

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

9 November 2021 – Adult Social Care Update

Social Care Reform

In September, the Government released the policy document “Build Back Better. Our Plan for Health and Social Care”. The first part of the document sets out the Government’s plan for health care covering: Tackling the electives backlog; Putting the NHS on a sustainable footing; and, Focussing on prevention. The document then sets out the plan for Adult Social Care in England, with the final section covering the Health and Social Care Levy.

In its plan for Adult Social Care, the Government sets out that it is committed to creating a sustainable adult social care system that is fit for the future, alongside its programme of wider healthcare reform. It identifies that for England (different systems operate elsewhere in the UK) the Government will work with leaders in local Government, the NHS and service users and carers, to develop and publish a White Paper for reforming adult social care, which will commence a once in a generation transformation to adult social care. It will: offer choice, control and independence to care users; provide an outstanding quality of care; and, be fair and accessible to all who need it, when they need it.

To begin this transformation in adult social care, the Government will:

- Introduce a cap on personal care costs - £86,000 as from October 2023;
- Provide financial assistance to those without substantial assets - anyone with assets of less than £20,000 will not have to make any contribution for their care and anyone with assets of between £20,000 and £100,000 will be eligible for some means-tested support;
- Deliver wider support for the social care system - including investing in the workforce, in carers, in housing in improving information for service users and a

new assurance framework to ensure Local Authorities are delivering on their obligations; and

- Improve the integration of health and social care system – aligning to the development of Integrated Care Systems through the Health and Care Board.

Fuller details on all of these issues will be provided as they become available but in the meantime the full policy document can be accessed via <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

Quality

Gloucestershire Integrated Brokerage (GIB)

Contract Management Officers (CMO) work in collaboration with providers to ensure that services offered to individuals are contractually sound, hold safeguarding and the health of individuals as a priority, react swiftly to concerns and who have a robust set of policies and procedures to include business continuity. By effectively managing the market, CMO's can ensure that services meet need and are targeted to the needs of the local population. Whilst compliance is the priority for CMO's work with providers, the reality is building relationships in which providers feel confident to raise concerns, are able to give honest feedback and are confident they will be supported to improve and develop their services. Providers are encouraged to work collaboratively in their own communities to improve services to individuals and develop better service provision.

The development of the current quality assurance programme was part of the Joint Commissioning Partnership's response to the Winterbourne View enquiry. The programme currently consists of 3 work streams: -

i) GCC Quality Team

The Quality Team is an intelligence-led service which supports quality improvements across care homes; supported living; domiciliary care; day opportunities and assessment and treatment units for people with learning and physical disabilities and mental health conditions.

ii) **Peer-led Quality Reviews**

This is a commissioned service delivered by Inclusion Gloucestershire. They employ “Experts by Experience” to work alongside Quality Checking Coordinators to conduct quality assessments in accordance with the agreed frameworks across all care settings.

iii) **Quality Compass and Quality Star software**

Quality Compass is a further development of the original Quality 360° survey software developed and pioneered by GCC. The software collects the views from an individual’s circle of support about the care and support services they receive. The feedback collected is used to generate a report, which includes recommendations for improvement as well as benchmarking data. This report is published to the care and support provider.

Quality Star provides:

- Quality metrics that which integrates all quality information.
- A link to current CQC inspection reports and results.
- An ability to upload reports/data from approved third party sources.
- Additional narrative by internal users.
- Customised and interactive reporting (including mapping).
- Robust security and data protection measures.

Due to the recent Safeguarding Adult Review (SAR) of 3 people with a learning disability (Joanna, Jon and Ben) who died in a private mental health hospital in Norfolk, NHS England and Improvement are reviewing the quality assurance for people with a Learning Disability and/or Autism in specialist Inpatient Units. Please find link to the SAR

https://www.norfolksafeguardingadultsboard.info/assets/SARs/SAR-Joanna-Jon-and-Ben/SAR-Rpt-Joanna-JonBen_FINAL-PUBLICATION02-June2021.pdf .

Inter-County Placements

As previously highlighted to this committee, Gloucestershire accommodates a significantly high number of Inter-County Placements. For placements which are not

funded by Gloucestershire County Council or the wider Integrated Care System (CCG or Gloucestershire Health and Care NHS Trust), there is no access to information about the individuals who live there, nor a legal basis to access settings.

This leads to the following issues: -

- **Inappropriate Placements** – There are a number of incidents where there has been an Inter County placement made into a property without any consultation with GCC, CCG or GHC. Within a short period of time the person's behaviours escalates to an extent where the placement is not safe, specialist health services need to be involved and in some cases the person is Sectioned under the Mental Health Act.
- **Cost Implications** – There is a significant impact on health service costs within Primary, Secondary and Acute Care, due to the high levels of learning disability/mental health placements, the impact on GHC is significant. However, if the number of Inter County placements continues to rise, this will further impact on Gloucestershire residents as services are spread more thinly.
- **Safeguarding** – As a system, we have a responsibility to ensure that everyone who lives in Gloucestershire are safe. Frequently, because we are not notified of Inter County placements by the placing Authority or Provider, the first we are made aware of an Inter County placement individual is when a safeguarding breach is notified.

Since the last report there has been another serious incident in relation to a setting where all placements are funded by other authorities. This issue was escalated to a Section 42 Large Scale Safeguarding Investigation in order for GCC to collated all the evidence from the different agencies, funding authorities and jointly agreed actions/next steps.

We plan to hold a Quality Summit to discuss how we work together moving forward and share information across agencies.

Mandatory vaccination policy

Following the impact of the Covid pandemic on people living in care homes, there was a public consultation seeking to make Covid vaccination a condition of deployment in care home. The rationale for this being that despite high numbers of testing in care homes and use of PPE, from April 2020 – September 2021 there have been almost 30,000 deaths involving COVID-19 in CQC registered care homes^[1], with vaccination offering the best protection for staff and residents. Friends and relatives will not need to be vaccinated to visit a resident.

This legislation was passed by government in Summer 2021 and as of November 11 2021, all care home workers, and anyone entering a care home, will need to be fully vaccinated, unless they are exempt under the regulations. This is following a grace period, started on 22 July 2021, to allow unvaccinated CQC-regulated care home staff to be vaccinated or move onto alternative employment.

Anyone who enters a care home as part of their professional responsibilities will also need to show proof of vaccination (unless they are exempt). However, in certain circumstances, people who are not double vaccinated will need entry into CQC-regulated care home to respond to urgent situations and should be permitted access. These include;

- Emergency assistance:
 - Members of the emergency services
 - Social workers responding to immediate safe-guarding concerns
- Visiting a resident who is dying e.g. palliative care team or spiritual leader
- Emergency maintenance work

^[1] [Number of deaths in care homes notified to the Care Quality Commission, England - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/news-releases/2021/09/2021-09-08-number-of-deaths-in-care-homes-notified-to-the-care-quality-commission-england)

What are the relevant medical exemptions?

In rare circumstances it may not be appropriate for staff to have the vaccination due to clinical reasons. The exemptions are guided by the Green Book on Immunisations against infectious disease^[2] and include:

- Severe allergy to all COVID-19 vaccines or their constituents
- Those who have had severe adverse reactions to the first dose

A short-term exemption will also be available for those with short-term medical conditions (e.g. people receiving hospital care or receiving medication which may interact with the vaccination), and also a short-term exemption is also available for pregnant women should they choose to take it. However, it is important to note that the vast majority of pregnant women who become seriously ill with COVID-19 are unvaccinated.

Medical exemptions can be obtained via an application form from NHS 119 and subsequent assessment by a GP. If approved this will result in a Covid-PASS which will look indistinguishable to those who have received both vaccinations so as to maintain patient confidentiality.

What impact will this have on the Gloucestershire Care sector?

Significant efforts have been made during the roll out of the vaccination programme to encourage and enable vaccine uptake in care homes. This has included outreach clinics to care settings, better vaccine conversations training for care home managers, a clinician email contact and development and promotion of specific educational resources for care homes.

CQC registered care homes are required to report their staff and resident vaccine uptake weekly on an 'NHS Capacity Tracker' (web-based data capture tool) and this has been used to prioritise contact with homes and discuss barriers to uptake by contract managers throughout the programme. It is frequently found that the capacity tracker has not been updated by the care home to reflect the current uptake and

^[2] [Greenbook COVID-19 chapter 14a \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/green-book-on-immunisations-against-infectious-disease) p28 Contraindications to vaccination

reminders to update this are regularly sent from the brokerage team and through Gloucestershire Care Providers Association.

To assess the impact of the legislation on the workforce an audit of homes with uptake lower than 90% took place in August 2021. This audit found that the policy is likely to impact less than 4% of the overall workforce in these settings and that the uptake reported by homes on the NHS capacity tracker overestimates the true number unvaccinated. These figures are in line with that predicted by the DHSC 'Statement of Impact' which predicted 3-12% of care home staff being unvaccinated by 11th November 2021. As some of those currently declining the vaccine are on maternity leave, it is probable that these numbers will decrease even further as they may choose to have the vaccine prior to returning to work.

Overall;

- Follow up with 54 older adult care home providers found that 102 staff were likely to be leaving due to declining the vaccine (3.85%).
- Follow up 20 younger adult providers found 36 of 936 staff were likely to be leaving due to declining the vaccine (3.84%)

Consultation on widening mandatory vaccination

On 9th September 2021, DHSC launched a 6-week consultation to seek views on making COVID-19 vaccination a mandatory condition of employment for frontline workers in all health and care settings. In social care, this second cohort of staff would include domiciliary care staff, supported living and day services. The consultation will also consider whether flu vaccination should be mandatory in these settings.

The COVID-19 vaccine has already had a significant impact on reducing hospitalisations and deaths, with UKHSA estimating that over 112,000 lives have been saved so far. This winter we expect seasonal flu and COVID to co-circulate, with the potential to add significantly to winter pressures. As well as protecting vulnerable service users, the proposals aim to protect staff, where extensive

unexpected staff absences can put added pressure on those delivering care to residents.

If this consultation is approved, there is however a risk that this will add to further staff loss in Gloucestershire's non-CQC regulated care providers market. It may also cause further staff loss in Gloucestershire's CQC regulated homes due to flu vaccine refusal.

If this legislation is agreed we can mitigate these impacts and apply our experience gained to date to;

- Expand our support to all care home providers, empowering social care providers to feel confident in their conversations about vaccination and sources of information and further support through better conversations training.
- Ensure that these care providers have ready access to national and local resources regarding flu vaccinations.
- Reassure managers that skills learnt in COVID-19 vaccination conversations are transferrable to flu vaccination.
- Work with the local NHS programme to enable easy access to both vaccines through drive-through, walk in and outreach opportunities.

We await the outcome of this consultation.

1. [Number of deaths in care homes notified to the Care Quality Commission, England - Office for National Statistics \(ons.gov.uk\)](#)
2. [Coronavirus \(COVID-19\) vaccination of people working or deployed in care homes: operational guidance \(publishing.service.gov.uk\)](#)
3. [Greenbook COVID-19 chapter 14a \(publishing.service.gov.uk\)](#) p28
Contraindications to vaccination
4. [Statement of impact – The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) \(Coronavirus\) Regulations 2021 - GOV.UK \(www.gov.uk\)](#)

Housing, Health and Care

The Gloucestershire Strategic Housing Partnership has continued to enhance the Warm and Well Programme, enabling greater collaboration between the County

Council, District Councils and the NHS and resulting in considerable additional funding to support projects in the county. Two grants of approximately £1m were awarded to the county as part of the Local Authority Delivery phase 1a and 1b of the Green Homes Grant Scheme in 2020-21. This will enable the insulation of an additional 200 park homes and also offer air source heat pumps to residents in rural areas who have no gas supply. This, not only improves the energy efficiency of homes to make them warmer, but also significantly reduces carbon emissions.

Through the partnership additional funding has been accessed during 2021-22. This includes Energy Company Obligation (ECO) funding, meaning every £1 invested in Warm and Well results in an additional £14.50 in capital investment.