

Recovery Plan – Health and Care

1. COVID-19 has presented a number of opportunities in health and care:
 - a) The profile of public health and adult social care has risen nationally and people understand the importance of these functions and services better than ever. This is an excellent opportunity to lobby for sustainable funding and to ensure recognition of the extraordinary efforts of care workers across the county are recognised and promote recruitment.
 - b) We have seen a surge in volunteering and community support for vulnerable people.
 - c) Assessment processes have been streamlined and speeded up,
 - d) Relationships with the NHS have strengthened further, and contrary to expectations urgent care is working better than ever and we want to preserve these gains.

2. Equally there remain a number of ongoing challenges and risks:
 - a) There may be a resurgence of the virus with a 'second wave' of infections.
 - b) There will be a long-term economic cost, which will have an impact on people's health.
 - c) There will be a mental and physical impact of ongoing social distancing, 'shielding', isolation and cohorting for vulnerable people.
 - d) We will need to maintain 'test, track and trace', and enhanced infection prevention and control measures in care settings for a long period.
 - e) Care providers are likely to be facing increased costs to maintain services.
 - f) There are financial risks to the Council from increased demand and/or increased costs of services.

Public Health and Prevention

3. The recovery plan for Public Health and Prevention has three objectives:
 - a) Health protection.
 - b) Embracing transformational opportunities.
 - c) Managing the impact of COVID-19.

Health protection

4. We will continue to provide expert public health advice and guidance to support infection prevention and control and the management of cases and outbreaks of COVID-19 in the care sector, schools and workplaces.

5. We are awaiting more details of the local role in the national COVID-19 'test, track and trace' system and will implement these once known, including to develop skills and capacity for contact tracing if required.

6. We will also look to restore routine health protection functions including advice on other communicable diseases and non-communicable incidents, as well as assurance of immunisation and screening programmes, with influenza a priority.

Embracing transformational opportunities.

7. COVID-19 has provided an opportunity to make rapid progress with the Supportive Communities programme. Local volunteers and communities have stepped forward to support vulnerable people. We will continue to work with voluntary sector organisations and local communities to maintain this additional capacity, including with launch of the “Do-it” app in June.
8. We will roll out Community Help Points, including ‘self-help’ training, and promote assistive technology as an alternative and complement to care.

Managing the impact of COVID-19.

9. We will work through the Council’s and wider Local Resilience Forum Recovery Co-ordination Groups to explore how partners can redouble their efforts to improve health and well-being and reduce health inequalities through their influence on the environment and their contacts with individuals. This will inform a refresh of the Council’s public health strategy and the Health and Well-being Strategy.
10. Businesses have made major sacrifices for the benefit of everyone’s health; we will help to repay this cost by supporting employers to develop workplace health initiatives that improve the health and wellbeing of staff. The Public Health and Prevention, Health and Wellbeing Board and Sustainability and Transformation Programme prevention strategies will require a refresh.
11. We will accelerate plans to support healthier lifestyles. We will capitalise on a more digitally enabled population to expand our communications campaigns and promote use of digital tools such as Orcha and Staffordshire Connects. Increasing the number of people engaging in physical activity will be an early priority - we are working in partnership with Sport Across Staffordshire And Stoke-On-Trent to expand current initiatives and to take advantage of the government’s £2 billion pledge to increasing walking and cycling. We will also continue to work with the NHS to encourage people to quit smoking, lose weight, address low-level alcohol problems, and promote the Five Ways to Well-being.
12. We are preparing for a likely surge in demand for specialist sexual health and drug and alcohol services and exploring how new ways of working, especially digital consultations, that have been successful during COVID-19 can be continuing to improve efficiency.

Risks

13. The main risks are:
 - A ‘second wave’ of the pandemic.
 - Financial instability of voluntary organisations.

- Financial hardship and associated mental ill health.
- More sedentary lifestyles as a result of social distancing and self-isolation
- Creation of dependence on support.
- Deterioration of health outcomes and/or an increase in inequalities as a result of the above.

Medium Term Financial Strategy (MTFS) implications

14. Public Health and Prevention has already achieved MTFS savings in full, and will continue to support savings in Care Commissioning.

Adult Social Care and Safeguarding

15. The Recovery Plan for Adult Social Care & Safeguarding has four objectives:
 - a) Recovering operations.
 - b) Embracing transformational opportunities. Work to implement video and telephone social care assessments and reviews as routine and enable staff to work flexibly.
 - c) Harnessing the improved ways of working.
 - d) Reviewing our adults learning disability provider services.

Recovering operations

16. The Council has implemented Care Act Easements with a shortened COVID-19 assessment to determine whether people needed care and support and whether this was required immediately. This has been used for 1,813 people. These people now need Care Act assessments and financial assessments.
17. As part of the recovery plan we have now started to complete these assessments. Based on the current available resource capacity, we are aiming to complete these by September 2020. We also temporarily suspended routine Care Act annual reviews; these have now recommenced. The reviews that were suspended will now be completed by September 2020.
18. In addition to dealing with the backlog, the recovery plan will also ensure that the services are able to respond to an anticipated increase in demand following the emergency response. In the event that demand exceeds this or staff capacity reduces it may be necessary to acquire additional temporary resource.

Embracing transformational opportunities

19. The COVID-19 pandemic has required implementation of streamlined assessments by telephone in the majority of cases. It has been possible to arrange care for people more quickly than would have previously been possible.

20. Staff have been very supportive of these changes and wish to retain them. Our ambition in the future is to therefore to undertake 80% of assessments remotely. We are trialling the use of video conferencing to complete assessments. This will enable more staff to work from home, reducing travel and the associated time, cost and air pollution.
21. We acknowledge that there will still be some people for whom this will be inappropriate or not possible and our estimate at this stage is that about 20% of service users will continue to require a face-to-face assessment.
22. We will work with Public Health and Prevention to draw on the additional volunteering and community capacity generously mobilised by people in Staffordshire, to provide support for people with care needs.

Harnessing the improved ways of working

23. Through the emergency the Council and Midlands Partnership Foundation Trust have worked closely to make decisions about changing practices and processes quickly to be able to respond to COVID-19 changing Government guidance.
24. We have used virtual training and 'Question and Answer' engagement sessions attended by 200 staff at any one time. This has enabled changes to be made in days that would previously have taken many months. We want to harness this way of working to redesign how we develop, engage and supervise the workforce remotely.

Reviewing our adults learning disability provider services

25. The Council provides specialist day opportunities and building based replacement care for adults with a learning disability at 6 locations in Staffordshire.
26. During the COVID-19 pandemic, the Council, (along with other providers of day care and replacement care), has had to suspend these services as it is not practical to safely operate them within the requirements for social distancing and 'shielding'. These services require groups of vulnerable and 'extremely vulnerable' people to congregate for long periods, along with staff. The buildings are not designed to enable people to be 2 metres apart, and there are insufficient staff to safely support people in separate rooms.
27. In the short term we have ensured that people's care and support needs are met by providing support via telephone where possible and for a small number of the most complex people care has been provided to them in their own homes. We have been able to meet emergency replacement care needs through contracted services.
28. Government guidance is that we should maintain social distancing and 'shielding' for the foreseeable future. We therefore need to continue the suspension of specialist

day opportunities and building based replacement care to avoid exposing vulnerable people to the risk of infection.

29. We will work with people and their carers, to look at how we offer support for people whilst the requirements for social distancing and 'shielding' remain in place. This could include supporting people within their own home and providing any new technologies that could support them differently. This would be in line with CQC regulations and guidance.

Risks

30. The main risks are:
- Adult social care teams will have to balance capacity between responding to COVID-19 and the recovery plan. The risk of staff being sick and/or self-isolating will continue.
 - It is important that the capacity of voluntary organisations and communities is maintained so that we can continue to refer people for support.

Medium Term Financial Strategy (MTFS) implications

31. Adult Social Care and Safeguarding has MTFS savings of £1.8m in 2020/21 rising to £2.7m in 2024/25, in addition to supporting savings in Care Commissioning. Some savings have been delayed or rendered unachievable as a result of COVID-19. A review of savings indicates that:
- £1.7mm is rated as high confidence in 2020/21 rising to £2.6m in 2024/25.
 - £0.1m is rated as medium confidence throughout the MTFS period.
32. Please note these figures as dated as at February 2020 and will need updating and review.

Care Commissioning

33. The recovery plan for Care Commissioning has four objectives:
- a) Recovering operations.
 - b) Embracing transformational opportunities.
 - c) Ensuring care market resilience.
 - d) Reviewing the care market.

Recovering operations

34. The Brokerage Team, supported by commissioners and contract managers, will coordinate with the recovery plan in Adult Social Care and Safeguarding, and ensure that the right care is arranged for people as the backlog of Care Act assessments and annual reviews is cleared.

35. Where necessary we will work with the care market to ensure that sufficient capacity is in place and we will resume the transfer of non-contracted home care packages to contracted providers.
36. The Quality Assurance Team and Provider Improvement Response Team will continue their work to support care providers where specific quality challenges are identified, and put in place actions to ensure improvement.

Embracing transformational opportunities

37. We will review urgent care pathways, along with the NHS. There have been fewer emergency hospital admissions and delayed discharges than normal during the COVID-19 pandemic, and we are keen to maintain this position. There is unusually high capacity available in Home First services, which affords an opportunity to offer more 'step up' reablement to support people better and quicker in their own homes, avoiding unnecessary emergency hospital admissions and reducing the number of discharges.
38. We will work with Public Health and Prevention to draw on the additional volunteering and community capacity generously mobilised by people in Staffordshire, to provide support for people with care needs.
39. We will work with Adult Social Care and Safeguarding to maximise the use of streamlined assessments to enable care to be put in place more quickly and efficiently. We will build on the rollout of secure email in the care home sector to improve the pace of secure information exchange.

Ensuring care market resilience

40. There will remain significant risks for the care market while the COVID-19 virus continues to circulate. For care homes, enhanced infection prevention and control measures will remain necessary for a long period. The mental and physical impact of these will continue to pose a challenge for the care of residents. Other services where people with care needs typically come together will also be affected – for example, extra care and supported living accommodation.
41. We will continue to provide guidance and advice to the whole care market, with the potential to respond to urgent and serious challenges 7 days a week. As part of our Local Outbreak Control Plan we will ensure a timely and effective response to outbreaks of COVID-19 in care settings. We will also continue to offer practical support to maintain the PPE supply chain, testing of residents and staff, and additional staff where necessary.
42. These challenges will lead to considerable financial instability for some services. We will need to take a strategic approach to how we deal with these, taking into account national guidance and funding, and approaches across other local authorities in the region as well as other commissioners such as the NHS.

Care market review

43. Beyond the immediate challenges we will need to think carefully about the implications of COVID-19 for the care market.
44. Some services, such as day services and replacement care, have had to be suspended as it is not practical to safely operate them within the requirements for social distancing and 'shielding.' In the short term we encouraged providers to ensure that people's care and support needs are met by providing support via telephone and some home visits.
45. Government guidance is that we should maintain social distancing and 'shielding' for the foreseeable future. It may not therefore be possible to resume these services quickly. We will work with providers, people and their carers to try out alternative ways to support people. This could include supporting people within their own home and providing any new technologies that could support them differently. This would be in line with CQC regulations and guidance.
46. It is likely that demand for some services, for example intensive home care, will rise; and that demand for others, for example care homes, will fall. We will consider how this is likely to translate into scenarios for future capacity requirements.

Risks

47. The main risks are:
 - The continuing risk of outbreaks in all care settings, especially solely in care homes.
 - The mental and physical impact of ongoing social distancing, 'shielding', isolation and cohorting for vulnerable people.
 - Financial risks to care providers from increased costs to maintain services.
 - Financial risks to the Council from increased demand and/or increased costs.

Medium Term Financial Strategy (MTFS) implications

48. Care Commissioning has MTFS savings of £12.9m in 2020/21 rising to £21.5m in 2024/25. Some savings have been delayed or rendered unachievable as a result of COVID-19. A review of savings indicates that:
 - £1.2m is rated as high confidence in 2020/21 rising to £1.7m in 2024/25.
 - £7.4m is rated as medium confidence in 2020/21 rising to £14.5m in 2024/25.
 - £4.3m is rated as low confidence or unachievable in 2020/21 rising to £5.3m in 2024/25.
49. Please note these figures as dated as at February 2020 and will need updating and review.

50. Where savings are low confidence or unachievable, alternatives will be explored and identified.