



ISLINGTON

Update to Health & Social Care Scrutiny

Covid-19 - Adult Social Care response

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ASC Covid Risk analysis

Our approach

- ASC's response to previous lockdowns was to establish a live risk assessment for key areas of delivery to identified client group and this is reported to each meeting of Silver command. The aim of this was to:
 - Provide a collective account of what we are doing across ASC to respond to the needs of vulnerable people, in relation to Covid 19.
 - Identify particular pieces of work to address inequalities and disproportionality.
 - Develop robust awareness of what is happening across ASC and wider system where there are numerous dependencies.
 - Our current focus has been on recovery planning as we move towards the likelihood of restrictions being lifted. What we found from the current analysis was that:
 - Much of the short & long term concerns are consistent across majority of the groups of people who need ASC services-
- however, particular priorities are around the social and wellbeing impacts for older people, people with dementia, Safeguarding, domestic violence, people with mental health needs, people with a learning disability and our staff.
- Covid has highlighted and heightened long standing issues of inequality not only for Black and Asian communities but also for those with wider protected characteristics
 - ASC services are not organised around the person experience but around how service are structured
 - Language and the narrative around Covid and our roles as "paternalistic protectors of the vulnerable" needs to be challenged particularly as we move towards a more strength based approach
 - Risks and mitigations have minimal financial impact however potential increased demand and long term pressure due to needing to respond to higher acuity of need

ASC Covid Risk analysis

Our actions

- Better understanding of our communities becomes even more essential
 - Performance and PH to look at how we can modernize our approach to data and community insight
 - move away from sole focus on KPIs and transactional data- need to value qualitative and transformational data.
 - Testing assumptions and modelling future demand.
 - Future demand management considerations in everything we do
 - Better understanding of demographics in more granular detail
- Making things more accessible – info advice, access to services need to get it right for people who have traditionally been marginalized. (As part of the Transformation programme)
 - Stream lining pathways, access to support becomes even more essential going forward.
 - Delivering things in more flexible ways
 - Making better use of system wide resources
- Connecting more services to provide whole system change where there is social value and makes strategic sense to do so Directing support and staff resources where it is most needed
- Modelling services around the person rather than around the organization
- Focus on cultural competency when shaping services in everything we do
- Long term focus on wellbeing – for workers and people who use services
- Culture of challenge- in terms of the language, decision making and narrative
- Understanding the impact and social value of our communication campaigns particularly for our diverse communities
- Cultural competency and challenging inequalities in everything thing that we do
- Learning from our workforce by building better two way channels of communication
- Increased availability of income maximization and employment support

- **Work has been underway since mid-December 2020 with local partners to prepare for and roll out COVID vaccinations to local residents and care staff. To date:**
 - **All care home residents (OP/MH/LD) have been offered their first COVID vaccine.**
 - **All residents living in extra care have been offered their first COVID vaccine.**
 - **All supported living residents have been offered their first COVID vaccine.**
 - **All residents in commissioned supported housing have been offered their first COVID vaccine.**
- **Work is underway to provide second doses to residents in accommodation-based settings.**
- **Commissioners are continuing to promote vaccination to local frontline health and care staff. Last week access to the national booking system was withdrawn without notice from staff age under 50. To address this local arrangements have been put in place to enable walk-in access at various vaccination sites within North Central London. Officers will continue to work with local NHS partners to review and develop this.**
- **The Learning Disabilities (LD) Team have been working with local health partners to vaccinate residents with LD in the community e.g. arranging specific clinics, hosting a webinar, work on desensitisation for needle-phobic residents.**
- **Officers, in partnership with local services are promoting access to vaccines for unpaid carers.**

Officers will continue to work at pace with local and NCL partners to promote vaccination uptake amongst eligible groups.

Care Homes and Domiciliary Care Overview.

Older people's care homes

- There are eight older people's care homes in Islington – over the course of the pandemic **there have been COVID situations of varying scales in all homes.**
- There was an increase in care home resident cases in late December 2020/January 2021 – **this is likely linked to significantly increased rates of community transmission.**
- **The nature of cases reported has changed over time with a decrease in symptomatic residents presenting and an increase in asymptomatic residents identified through whole setting testing.**
- **Staffing levels in Older People's care homes have remained generally stable** throughout the course of the pandemic.
- There has been **extensive proactive work across Adult Social Care and Public Health to support care homes** – including with provision of bespoke clinical and infection prevention and control support and advice.

Mental Health and Learning Disabilities Care Homes

- There are **three learning disabilities care homes and five mental health care homes registered with the Care Quality Commission in Islington.**
- Over recent months there have been **small numbers of resident and staff cases identified via routine testing in these settings.** In all instances services have been supported by the local Public Health and Adult Social Care teams to ensure all appropriate steps are taken to reduce COVID risks.
- **There have been no COVID-related deaths in mental health or learning disabilities care homes in Islington.**
- **Staffing levels remain stable.**

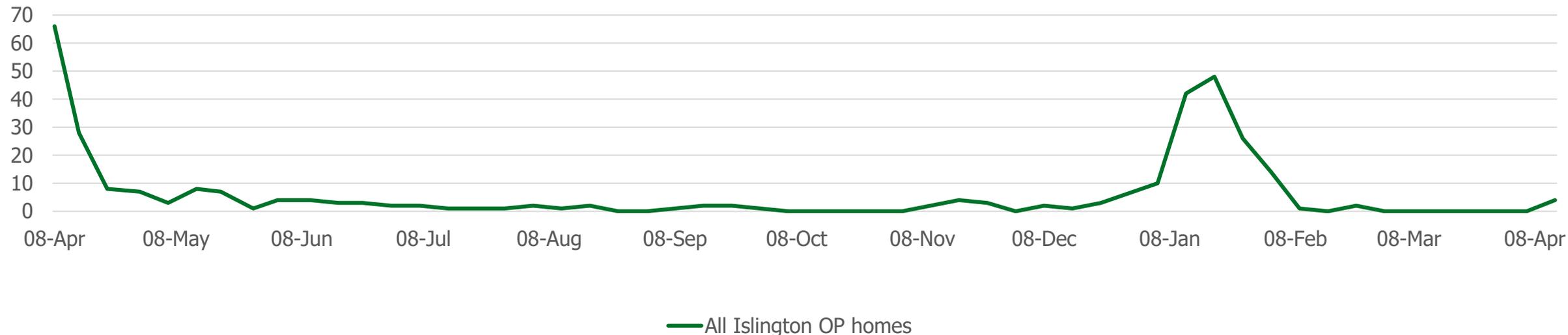
Domiciliary care

- **Domiciliary care agencies report that they have cared for relatively low numbers of residents who have been confirmed COVID positive or who have been COVID symptomatic. Domiciliary care agencies have reported no COVID-related deaths of residents they care for to commissioners.**
- **After some initial workforce challenges in the sector staffing levels have stabilised and there is capacity within the market.**

Please see slides overleaf for information on COVID-related trends in older people's care homes.

OP home sector level trends – resident cases reported over time

COVID-19 resident cases (confirmed and suspected) reported to commissioners across all OP homes – weekly Gold report

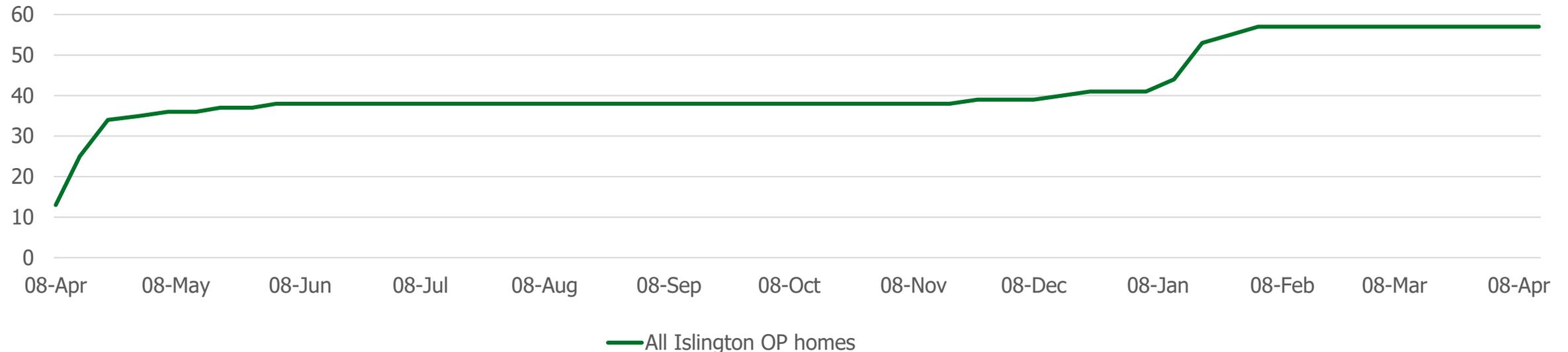


- All OP care homes have reported on the number of confirmed and suspected cases on a weekly basis to ASC commissioners since 8th April 2020. Prior to this, reporting was ad hoc, if there were cases suspected or confirmed. The above presents the total number of cases reported at weekly check ins, using the snapshot view to highlight trends. The above therefore may not accurately reflect day to day changes between value points.
- The data above includes confirmed and suspected cases – both symptomatic and asymptomatic. Changes reported week by week reflects that residents recovered, deteriorated and died, or testing clarified COVID status. It should be noted that limitations in the availability of testing and reliance on clinical judgement mean that this data, particularly earlier data, may not completely accurately reflect all COVID cases i.e. some suspected cases may not have been COVID-19 and some asymptomatic cases may not have been identified and there may variation in reporting.

There was an increase in care home resident cases in late December 2020/January 2021 – this is likely linked to significantly increased rates of community transmission. Following a decrease over mid-February to early April, four new asymptomatic cases were identified this week – commissioners are monitoring this closely.

OP home sector level trends – cumulative COVID-related resident deaths

Cumulative COVID resident deaths (confirmed and suspected) reported to commissioners all OP homes – Gold report



- All OP care homes have reported on the number of COVID-related resident deaths on a weekly basis to ASC commissioners since 8th April 2020. In the first report, commissioners asked providers to report on deaths that had occurred since 25 March 2020. The above presents the cumulative total COVID-19 deaths reported at weekly check ins, using the snapshot view to highlight trends. The above therefore may not accurately reflect day to day changes between value points.
- The data above includes both confirmed and suspected COVID-19 deaths. It should be noted that limitations in the availability of testing and reliance on clinical judgement mean that this data, particularly earlier data, may not completely accurately reflect all COVID deaths. Determining COVID's role in cause of death (e.g. where it was a secondary cause) is complex and there may be variation in reporting.

After a period of relative stability from April to November there was sadly an increase in the number of COVID-related resident deaths throughout December 2020 and January 2021, primarily linked to two large outbreaks. There have been no new deaths since the start of February.

Domiciliary care COVID testing update

NHS Test and Trace continues to make weekly COVID-19 testing available to all homecare workers in England. Homecare agencies are responsible for ordering and distributing test kits to all homecare workers for them to conduct at home on a weekly basis. Homecare worker testing should only be conducted on Thursdays, Fridays, Saturdays, and Sundays (if the homecare worker is able to access a priority post box with Sunday collections).

Feedback from providers:

- All providers are completing regular weekly staff testing but measures/process/success varies across providers. Many reported that providing accurate figures for weekly home testing is quite challenging as testing is not mandatory for care workers. This makes it difficult for some providers to enforce weekly testing and relies on staff sharing results back with the employer promptly.
- Providers have reported accessing local testing centres over home test kits as they found results faster and more reliable, and workers prefer it.
- Providers are making a concerted effort to encourage and facilitate staff testing weekly and have been training staff to use test kits correctly, calling/reminding carers regularly, informing staff of full wage payments if they have to self-isolate and how to access local test centres.
- The ASC Infection Control provider briefing continues to promote the benefits of regular staff testing for providers.

