

**Date:** 21<sup>st</sup> March 2022

**Report of:** Councillor Tim Mitchell

**Portfolio:** Deputy Leader and Cabinet Member for Adult Social Care and Public Health

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## Overview

This report provides the Scrutiny Committee with an update on key aspects relating to Adult Social Care (ASC) and Public Health, including the response to COVID-19.

## COVID-19 Update




As of 11<sup>th</sup> January 2022 in England, people with positive lateral flow results for COVID-19 need to report their result but don't need to take a confirmatory PCR test unless they develop COVID-19 symptoms. It is likely that many positive LFTs will not be reported. Testing and positivity rates will also be affected.

In the week ending 23<sup>rd</sup> February 2022, the Office of National Statistics (ONS) estimated that 1 in 25 people in London had COVID-19. This is down from the previous week. This is reflected in our case rates, which remain stable. Most recent figures show no change compared to last week in Westminster, with case rates also stable in London.

Westminster rates are similar to the London and National average, with the borough currently has the 17<sup>th</sup> highest case rate in London. Positivity rates are decreasing with 8% of tests positive. Testing rates have fallen to 364 per 100,000.

## Current Epidemiology and Cases

Data as of 10<sup>th</sup> March 2022

Westminster Average	London Average	England Average
330.6 per 100,000	335.6 per 100,000	350.4 per 100,000
		
No change from last week	2% increase from last week	9% increase from last week

## **Living With Covid**

On Wednesday 19<sup>th</sup> January 2022, the Prime Minister announced that restrictions in place against the emergence of the COVID-19 variant Omicron in England will be lifted following a review of Plan B measures.

Further lifting of restrictions related to care homes were announced on 31<sup>st</sup> January 2022. These include unlimited visiting for care home residents and isolation periods for those following an emergency hospital visit will be reduced from 14 days to a maximum 10 days.

London Directors of Public Health have agreed a process for risk assessed safe discharge from hospital into care homes. This process is a response to the pressures in the health and social care system from COVID-19 and will enable more care homes to remain open for admissions.

## **Supporting the Clinical Commissioning Group with the Rollout of COVID-19 Vaccinations**

Vaccinations continue to be available through local clinics, pop ups and pharmacies. The latest offer is summarised on the [Westminster City Council website](#).

Vaccinations for children aged 5 to 11 who are deemed to be Clinically Extremely Vulnerable (CEV) went live from Monday 31<sup>st</sup> January 2022 and a wider offer of vaccinations for all 5 to 11 year olds will begin shortly.

Public Health has been successful in receiving a sum of £485k from Department of Levelling up, Housing and Communities (DLUHC) for a six-month Community Vaccine Programme scheme.

## **Vaccination of Staff in Health and Social Care**

The Secretary of State for Health and Social Care has announced the Government is to revoke the regulations making vaccination a condition of deployment (VCOD) in all health and social care settings (care homes and wider social care). This will take effect from 15<sup>th</sup> March 2022.

This change in legislation may encourage some staff who have left the sector to return, and whilst the impact was very low in WCC, local monitoring is being established to understand the workforce trends in this area and to ensure robust data is obtained. Anecdotal evidence to date suggests some staff who refused to consent to the vaccination are considering returning.

## **Validation of vaccinations received abroad**

A new service has been established at the Gordon Hospital for those who have been vaccinated abroad, enabling residents to book an appointment to show evidence for any coronavirus (COVID-19) vaccinations received outside of England. This is so the NHS can securely update their vaccination record. This is being promoted across the

Council's social media, e-newsletters, websites and via Community Engagement colleagues.

Little Venice and South Westminster are being assessed as future sites to offer this service.

This will be impactful in terms of improving our recognised uptake rates as well as supporting residents with updating their vaccination status on NHS systems.

### **Public Health Investment – Addressing the impacts of COVID-19 on residents**

The 2021 Director of Public Health's Annual Report focused on the disproportionate impact COVID-19 has had on our communities and identified three key messages:

- Health inequalities existed before the pandemic.
- COVID-19 has exposed and exacerbated these inequalities with some communities being disproportionately affected by COVID-19, as they are by other diseases.
- We need to ensure everyone has an equal opportunity to succeed and be healthy; to do this we need to focus more intensively on those with the greatest need and address the wider determinants of health so that healthy choices are made easier.

The annual report made the commitment to invest £3m from reserves in cross council initiatives which address the impact of COVID-19. This non recurrent funding, resourced from reserves of £5.75m (as of March 2021), is in addition to the ongoing annual £10.5m invested across the council from the Public Health Grant.

Cross council workshops were held to engage key stakeholders in a conversation about health inequalities and the impact of the pandemic. The outcome of this process is an investment in 23 projects totalling £3.7million. An Executive Decision confirming these proposals will shortly be put to the Cabinet Member.

The aspiration is that this programme will strengthen integrated working across WCC, recognising that everyone has a role to play in promoting health and wellbeing.

### **Better Care Fund (BCF)**

One of the most ambitious programmes ever introduced across the NHS and local government, the Better Care Fund (BCF) encourages integration by requiring Clinical Commissioning Groups (CCGs) and local authorities to enter pooled budget arrangements and agree an integrated spending plan.

The BCF national condition for grant funding is that a signed Section 75 agreement is in place between the local authority and the CCG. If this condition is not met, NHS England is able to direct the CCG in our Health and Wellbeing Board area as to the use of the funding.

With the recent change to NHS North West London CCG, there is a need to have a new Section 75 agreement in place.

The details of the partnership agreement were agreed at the Health and Wellbeing Board on the 25<sup>th</sup> of November 2021.

The Cabinet Member, by way of Executive Decision, delegated authority to the Executive Director of Adult Social Care and Public Health to enter into the partnership with NHS North West London CCG, this agreement covers the 2021/22 financial year.

### **Hospital Pressures and Service Changes**

Throughout the COVID-19 period, the way people have been discharged has transformed. Traditionally, assessments would be carried out within a hospital setting, which could result in delays and over prescription of care from a hospital bed. In addition, funding for someone's long term care was agreed prior to discharge and this resulted in delays, often called Delayed Transfers of Care (DToc).

At the start of COVID-19, national discharge guidance resulted in a number of changes in the way people's discharges were planned. This included:

- Establishing an Integrated Discharge Team (Hubs) within acute settings.
- Providing people's care for free, no matter their eligibility at point of discharge. This was initially for up to six weeks and is now four weeks.
- People being assessed within the community, either within their normal place of residence or a step-down facility.

The above changes allowed the health and care system to manage flow through acute settings, ensuring when people were admitted, there were enough beds to meet demand.

However, with the ending of the discharge funding from the 31<sup>st</sup> March 2022, there is a significant risk that there will be increased pressure on local authority budgets (and therefore capacity to achieve speedy discharge) and greater risk of delays in discharges due to uncertainty of how funding for people's care post discharge will be met and the impact this has on long term care costs due to the nature of discharge to assess.

A resolution to the pathway design and funding of care and workforce is required imminently to support strong partnership and multi-disciplinary working and outcomes for residents after an admission.

In response, the Council is working closely with NHS colleagues in a number of areas to ensure new pathways are invested in and fit for purpose and that local people's needs are met.

- Integrated Discharge Teams are now in place providing opportunity to review our social care hospital discharge functions, how it may integrate further with NHS services that require additional investment and the way social workers now need to undertake assessments in the community.

- A new model of care from 1<sup>st</sup> April 2022 for joint health and social care assessment outside of the hospital setting will involve working alongside the CCG/NHS partners to better use existing health funded care home bed capacity for residents with very complex health needs requiring a period of recovery and further assessment in 28 days, using a multi-disciplinary team (MDT) approach.

## **Integrated Care System Formation**

On the 9<sup>th</sup> February 2022, the Government presented an integration white paper outlining how, through the Governments “Levelling Up” plan, will seek to make integrated health and care a reality across England. The underlying goal is to make health and care systems “fit for the future”, boost the health of local communities, and make it easier to access health and care services. This will be achieved through strong leadership and accountability by bringing together local leaders to deliver on shared outcomes, in the best interests for their local communities.

The paper sets out an argument that people too often find that they are having to force services to work together rather than experiencing a seamless, joined-up health and care journey. In summary, “Everyone should receive the right care, in the right place, at the right time”.

There is also acknowledgement that the health and care systems remain fragmented and not sufficiently aligned to prioritise prevention, early intervention and population health improvement to the extent that is required. This white paper sets out an ambition for better integration across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care.

Children’s social care is not directly within scope of this paper, but local place based partnerships are encouraged to consider the integration between and within children and adult health and care services wherever possible.

The paper covers five areas of reform with a clear focus on personalisation, prevention and encouraging local arrangements providing clarity over health and care services in each area, including aligning and pooling budgets. There is recognition that local NHS and local authority leaders will need to work together and to be “empowered” to deliver against these outcomes and will be accountable for delivery and performance against them.

Place/borough representations on the scale of delegation will need to be made and the developing work of the Place Based Partnership over the next 10-12 weeks will support this in developing the overall strategy with the Health and Wellbeing Board, the delivery priorities and how the partnership brings strength in working together in improving outcomes for our residents.

## **White Paper Update – People at the Heart of Care**

On 1<sup>st</sup> December 2021, the Government published the ‘People at the Heart of Care: Adult Social Care White Paper’. The paper sets out a 10-year vision to transform

support and care in England and details how the £5.4 billion raised by the Health and Care Levy for Adult Social Care over the next three years will be used.

Technical guidance from the Department of Health and Social Care is still awaited, which will provide WCC with a better understanding of the resource and financial impact of implementation.

## **Mental Health**

WCC and Central North West London (CNWL) have agreed to review the Section 75 Partnership Agreement with a view to arriving at a newly defined partnership, that is in keeping with the principles of the evolving Integrated Care Partnership, creating minimum disruption for service users, their carers and staff. An engagement meeting will be undertaken with staff as various options are explored. In the interim, the Section 75 agreement is intended to be extended for 12 months from April 2022 to provide sufficient time to explore options on the new arrangement with CNWL. A clear proposed plan will be available within the next 6 to 7 months.

Furthermore, current Mental health services in WCC will be reviewed with a view to arrive at a post-COVID offer. A professionals meeting with key mental health stakeholders is being established to focus on the following:

- Current initiatives taking place across the mental health system.
- Some of the areas we need to further strengthen
- Impact of the pandemic on communities and;
- How mental health services could adapt to improve the offer to our local people in a post covid environment.

## **Public Health Engagement**

### **Community Champions**

During the pandemic Community and Maternity Champions projects developed a successful blended approach to delivery of activities in their localities to residents, with much being delivered online. This has resulted in both increased digital literacy amongst participants and the opportunity to continue to meet health and wellbeing needs amongst residents, including reduced isolation and loneliness exacerbated by the pandemic. Other face-to-face activity has included support to various food distribution projects to reduce food poverty; support to older people; families and new parents.

As trusted voices in their communities, Champions have supported COVID-19 public health messaging throughout the pandemic, signposting to services and promoting vaccine uptake and providing marshalling support to the semi-permanent and pop-up vaccine sites and the vaccine bus. They have provided a valued conduit for community insight back into Public Health, thus assisting with communications and community engagement planning. Quarter 3 ended with some 94 volunteer Champions in place across all projects.

In partnership with NHS North West London (NHS NWL), the 'Better Care Campaign' is to be delivered in the four North Westminster projects (Westbourne, Harrow Road, Church Street and Mozart). This is in support of a wider trial with the Social Prescribing Service, GPs and hospitals throughout 2022 aimed at reducing high intensity use (HIU) of A&E and Urgent Care Centres and supporting High Intensity Users into alternative community-based services.

The five Westminster Community Champions projects are each receiving c£27k from the £485,000 DLUHC funded Community Vaccines Programme. This aims to extend the existing work in addressing COVID-19 vaccine hesitancy and wider health inequalities and health protection issues. Projects will target efforts at the most vaccine hesitant groups and communities in each area.

### **Health Champions**

An email update on COVID-19 messaging continues to be sent out weekly, with meetings taking place fortnightly. Recent focus has been on providing up to date and accurate information about Omicron and local guidelines in response to it, whilst also gathering feedback and intelligence on how residents are being affected by the pandemic.

Information is sent out to a current group of 170, who cascade the information to their networks which include businesses, charities, parent groups, mutual aid groups, schools, and businesses.

### **Situation in Ukraine**

ASC are monitoring the situation in Ukraine and have recently undertaken a review of all contracts to ensure provision of services are not affected. No impact is foreseen at present. Community equipment provision relies on providers based in other eastern European countries (such as Poland), which may result in potential disruption to supply. This is being monitored carefully.