Appendix A - Adult Social Care, COVID-19 Funding

Adult Social Care – Themes for the funding

Initially, recognising the need for flexibility, the senior leadership team for Adults split the funding into two main themes.

1. **Direct support to the care market.** The care market is under pressure regardless of COVID-19, and pressures from the pandemic (either through loss of income or extra costs through PPE and workforce agency cover due to sick leave) can only exacerbate those pressures. Under the Care Act the Local Authority maintains a responsibility to ensure a local care market with sufficient capacity and of sufficient quality to meet the needs of the population.

2. **Short term support. I**t is recognised that for those that survive the illness, COVID-19 is a short term condition that requires targeted support. BCC (in partnership with NHS and VCS partners) has needed to rapidly increase capacity in joint short term provision, moving the focus to pre-assessment targeted universal support work for those with COVID-19. This included commissioning more support services from the VCS and care providers as well as bolstering the Council's workforce.

Adult Social Care – Care Market

Bristol City Council's Adult Social Care has worked in partnership with the BNSSG Care Provider Cell to support care providers with clinical advice, infection control advice, PPE advice and testing. Weekly communications go out to all care providers. The Bristol City ASC commissioning team has temporarily restructured to provide direct support into localities and support providers during this difficult time.

Nationally it has now been recognised that care homes are a 'second front line' for COVID-19. Alongside this, it is recognised that providers need financial relief. All local authorities have used some of the COVID-19 funds granted to them to support their local care markets. Bristol City Council has provided this direct financial support in two ways.

Additional financial payments to provide financial stability calculated as follows.

- Home Care/Supported Living and ECH: extra £1 per hour on all commissioned provision
- Residential Care: an extra £100 per week per funded resident in the home.

Support for cash flow and flexibility of provision.

- All providers receiving an additional payment to move to 'pay in advance'.
- Home Care / ECH / Supported Living / day provision/ community outreach to be paid on commissioned hours (agreed % commission varies by service)

£1.9m has already been committed to this so far for the first six weeks, with a further £2.3m earmarked for the following seven weeks. There is an expectation that this level of additional support may have to continue for some time to come, and it is evident that more of the original £9.37m will need to be used to support care providers than had originally been envisaged. This is likely to be the most significant draw on the ASC fund for COVID-19.

It should be noted that all such arrangements are made in recognition of the previously-agreed commitment with providers to implement the Unison Ethical Care Charter and the Living Wage Foundation Living Wage.

Personal Protective Equipment (PPE). As the crisis has developed, the availability of PPE for care providers has proven to be an issue of major significance. Given that PPE is likely to be a requirement for the foreseeable future, it is proposed that the Council, in partnership with neighbouring Councils and the NHS, might procure PPE on behalf of the care organisations in the area, thus guaranteeing high quality and reliable supply at a level of cost that is less susceptible to processes of supply and demand. Care organisations would be recharged for this supply, and the benefit from the initial investment will be maintained, enabling a consistent amount of PPE to be available to Bristol for the duration of the COVID-19 crisis. A business case for this is being progressed with partners.

Adult Social Care – Short Term Support from Hospital

New government mandates from NHS England (COVID-19 hospital discharge service requirements.pdf initially published 19 March 2020) made clear that all local systems needed to both empty the hospitals of medically fit patients and to cease all formal assessments for ongoing care needs in a hospital and instead move to a 'discharge to assess' model of care. Discharge to assess means to assess a person's ongoing health and care needs after they have been discharged from hospital and have received a period of short term step down care, either in their own home or in a community bed. This is widely considered best practice and most systems including BNSSG were already moving in this direction. COVID-19 has rapidly sped up these changes.

Working with the CCG, the Council has increased step down bed capacity across the city to over 150, and is offering over 200 Home First (care at home) slots per month. Funded by the CCG, this work has allowed hospital occupancy to reduce to c.50%, allowing extra capacity and time to prepare for potential COVID-19 pressures. The CCG has committed in excess of £8.0m towards this.

To support these intermediate care pathways, ASC has also committed extra resources to short term care to maintain the flow out of hospital and to avoid hospital admissions altogether where possible.
All the services that have been stepped up are specifically to meet the needs of COVID-19, but they are also aligned with wider shifts in care provision that privilege prevention and short term support to 'help yourself', featuring a joint NHS and ASC approach that allows patients to get the therapy and rehab that they need quickly.

This work with NHS colleagues must continue throughout the next stages of the COVID-19 process, including into any future recovery stage, to maximise the benefits and to embed more permanent changes.

Reablement capacity - staff

Existing in-house reablement staff numbers are being increased by 20fte (fixed term, initially six months). The aim is to have more in-house capacity to deliver reablement packages picking up from the ten-day initial Home First service delivered by therapists working for Sirona, the Community Health Provider.
Estimated staffing cost £330k

Short term home care - Wellbeing Team approach

Potential short term capacity in the home care market is being used to trial short term (est. up to three weeks) packages of care put on place to support people's ongoing step-down needs. This is a chance to test and learn how a wellbeing approach could work with more focus on building people's independence and confidence back up, working alongside the VCS offer in local communities. This could be used to complement the Council's reablement offer, and helps develop better understanding of how short term interventions can support people to remain independent for longer before needing ongoing traditional care packages
Estimated initial cost £490k

Use of Extra Care housing (ECH)
ASC has supported the CCG in bolstering the system's step-down beds in care homes for COVID-19, but there is also an appetite to build on a small pilot (from 2019) which provided four step-down flats within an ECH complex. There are advantages to be able to step people down into a flat, as more rehabilitation and therapy can actively take place than in more traditional care home settings. This offer complements the existing bed base provision for step-down

- **Rent £110k**
- **Care £75k**
- **Contingency and one off set up £30k**

Estimated cost £215k

Adult Social Care – Short Term Support in the Community
The focus has not just been on the interface between hospital and community. ASC is looking at pressures across the community as a whole, and especially at how the work of the VCS can be supported to help facilitate and co-ordinate a response to the pandemic. This is an opportunity to benefit from the capability of this sector, and make VCS organisations central to Bristol's offer of support.

Prior to the emergence of COVID-19, commissioning officers have been working with organisations in the VCS to develop anchor organisations to co-ordinate community activity through local volunteer hubs. This work is opportune, as it also enables the valuable proactive and preventative benefit of VCS support in the context of COVID-19. This funding will also be used to support the development of the VCS business offer to support micro enterprises, to increase local engagement and volunteering numbers. A BNSSG VCS cell brings key partners together to look at how the power of the VCS sector can fully be harnessed, especially given the recent influx in volunteer support generated by the public's response to the pandemic.

Whilst planning is still ongoing, it is envisaged that the resource will be focused on supporting financial viability, sustainability and capacity building, targeting the following areas.

- Support for other mutual aid community hubs outside the three 'Make It Local' anchor organisations, linking with Neighborhoods and Communities services. Post COVID-19, these smaller anchors/networks will have the opportunity to participate in the second-wave of Make it Local.
- Mitigating impact on family Carers supporting increased activity from Carers' organisations.
- Mitigating impact on equality groups (e.g. through supporting informal networks, and linking with Black South West Network)

There is also targeted spend on the homeless to specifically provide social care support into the new homeless provision.

Both the work with the VCS and around homelessness will be monitored and reviewed by the ASC senior team to see if the impacts justify maintaining provision post-COVID-19, and if so how revenue streams can be profiled to allow for this.

VCS 'Make it Local'
supporting broader more effective social care offer , co-produced with three trailblazer anchor organisations (WECIL, BSWN, Age UK Bristol)
Committed Cost £260k

Social Care Support into homeless provision
Supporting the care into 20 beds for 13 weeks
Estimated Cost £300k

Adult Social Care COVID-19 Budget

ASC will continue to work within the allocation. There is, however, a need to be flexible within the £9.3m due to the following.

1) The new modelling, which predicts smaller numbers but for a much longer duration.
2) The need to be able to cover as yet unforeseen cost pressures that will inevitably occur.
3) To continue to work closely with the NHS partners, who are using their funding to assist with alleviating some of these pressures in partnership and maximise the impact of the total quota of resource.

Original Themes	Initial Budget split £m	Actual Commitments planned to date £m	Comment
Care home and domiciliary care sustainability	**4.04**	**4.22**	Predict all this will be used to support the care market but over a longer period than originally estimated
Rapid scale-up of short-term intervention	**3.12**	**1.04**	Depends on pooling arrangements with the CCG as to how hospital discharge costs previous are covered between NHS and ASC. Expected to use at least £2.5m
VCS	**0.75**	**0.56**	Expected to use full budget during pandemic.
Staffing	**1.46**	**0.20**	Expected to come in under overall. Surplus can be committed will to support care market, e.g. with 'up-front' procurement of PPE.
TOTAL	**9.37**	**6.02**	

Note:

1. Additional payments to providers for the period 6 April to 5 July 2020 (13 weeks)
2. Rapid scale-up commitment of £1.01m includes additional Reablement staff,short term Wellbeing approach and ECH
3. VCS includes 'make it Local' and support for Homeless