



# **Health Policy & Performance Board Scrutiny Review 2021/22**

---

**Scrutiny Topic: North West Association of Directors  
of Adult Social Services (NWADASS) Elected  
Member Commission – ‘The impact of Covid-19 on  
People with Care and Support Needs, their  
Families, Carers and Communities’**

**Final Report**

*March 2022*

## Contents

Purpose of this report .....	3
Overview of the scrutiny topic.....	3
Topic brief .....	4
Topic group membership .....	4
Methodology.....	5
Timescales .....	6
Evidence, analysis and conclusions .....	7
NWADASS Recommendation I – public thank you to services .....	7
NWADASS Recommendation II – building capacity in the community and voluntary sector .....	8
NWADASS Recommendation III – wellbeing support for informal carers.....	9
NWADASS Recommendation IV – use of direct payments .....	10
NWADASS Recommendation V – place-based leadership .....	10
NWADASS Recommendation VI – build on volunteering capacity .....	11
NWADASS Recommendation VII – facilitating provider creativity .....	11
NWADASS Recommendation VIII – digital service delivery .....	12
NWADASS Recommendation IX – safe visiting in care homes .....	12
NWADASS Recommendation X – flexibility within day services .....	13
Additional topic scope – hospital waiting lists .....	14
Action Plan.....	16
2021/22 Scrutiny Review Action Plan.....	17
Appendix 1: Scrutiny Review 2021/22 Topic Brief.....	21
Appendix 2: NWADASS Recommendations with Halton Response .....	24

## Purpose of this report

The purpose of this report is to provide information on the Health Policy & Performance (HPPB) Scrutiny Review for 2021/22. It describes how the review was conducted and the recommendations/actions agreed upon by the topic group.

## Overview of the scrutiny topic

The 2021/22 scrutiny topic focussed on the following report:

*'North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission: The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'*

The full report and additional information regarding the commission can be found on the NWADASS website via the following link: <https://www.nwadass.org.uk/elected-member-social-care-commission>

The Elected Member Social Care Commission was established as part of a NWADASS approach to learning lessons from the Covid-19 pandemic. In particular, the role of The Commission was to investigate the impact of the pandemic on people and communities in the North West and what lessons could be learnt for further waves of infection and future service design.

The Commission investigated the following question:

*"What has been the impact of the pandemic on people who use adult social care services, their families and our communities and what does this tell us about the role our communities should play in supporting people to live independently at home?"*

The NWADASS report made a number of recommendations for councils, which were the main focus of this scrutiny review, in particular looking at local implementation of the recommendations. A summary of the recommendations made by NWADASS is provided below:

### **Councils should...**

- I. Say thank you to all adult care and support services.
- II. Take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services.
- III. Strengthen the wellbeing support, guidance and information available to family and unpaid carers.
- IV. Increase the use of direct payments and make them quick and easy to obtain and more flexible.
- V. Use role as place-based leaders to communicate across organisations helping vulnerable and isolated people.

- VI. Build on the community volunteering capacity and energy to create stronger preventative and community solutions.
- VII. Support creativity in their providers.
- VIII. Work to make digital services part of blended approaches to meeting need.
- IX. Collaborate with care home providers and provide leadership to design approaches for safe visiting in care homes.
- X. Work with providers and people who use services to redesign day services and shape the market to allow for greater choice, flexibility and accessibility for people.

### Topic brief

Please see **appendix 1** for the topic brief, which was agreed at the Health PPB meeting held on 23.02.21. The initial proposed commencement date of March 2021 was delayed to July 2021 due to elections taking place.

In addition, at the first meeting of the topic group (and following a change in membership and the Chair of HPPB following the elections), it was agreed to widen the scope of the topic to include consideration of the ongoing impact of the pandemic on hospital services, particularly waiting lists and back logs given the clear and direct link between adult social care and health.

### Topic group membership

All elected members sitting on the Health Policy & Performance Board (as listed below) were invited to the meetings of the scrutiny topic group.

Councillor Peter Lloyd-Jones (Chair)

Councillor Sandra Baker (Vice-Chair)

Councillor Angela Ball

Councillor Laura Bevan

Councillor Dave Cargill

Councillor Eddie Dourley

Councillor Andrew Dyer

Councillor Louise Goodall

Councillor Rosie Leck

Councillor Margaret Ratcliffe

Councillor John Stockton

Council officer support for the scrutiny topic was as follows:

Lead Officer – Susan Wallace-Bonner, Director of Adult Social Services

Support Officer – Natalie Johnson, Service Development Officer (Adult Social Care)

Additional council officers and representatives from partner organisations were invited to individual meetings as appropriate to the focus of the scrutiny topic. Further details are outlined throughout the report.

## Methodology

The review was completed by conducting a series of five meetings at which the group members received presentations on various elements related to the NWADASS recommendations. This allowed the group to consider the local position and determine suitable actions/recommendations for implementation in Halton.

Below is a summary of each of the topic group meetings, all of which were held via Microsoft Teams at 5.30pm.

Meeting date	Meeting agenda items
<b>20<sup>th</sup> July 2021</b>	Review of Topic Brief Discussion re widening the brief Overview of the NWADASS Elected Member Commission Report Next steps
<b>21<sup>st</sup> September 2021</b>	Lessons learned: COVID-19 Pandemic Reflections – bed-based adult social care services Briefing note re NWADASS Recommendation I – thank you to adult social care and support services Presentation re NWADASS Recommendation VII – facilitating providers to be creative Presentation re NWADASS Recommendation IX – safe visiting in care homes Revised meeting plan
<b>19<sup>th</sup> October 2021</b>	Hospital waiting lists updated Presentation re community and voluntary sector (NWADASS Recommendations II and VI)
<b>14<sup>th</sup> December 2021</b>	Presentation re NWADASS Recommendation III – wellbeing support for informal/unpaid carers Presentation re NWADASS Recommendation IV – direct payments Presentation re NWADASS Recommendation VIII – digital service delivery

<b>18<sup>th</sup> January 2022</b>	Presentation re NWADASS Recommendation X – day services Presentation re NWADASS Recommendation V – place-based leadership Recommendations/actions for final report
---	--

## Timescales

The scrutiny review was originally intended to conclude in December 2021 to allow the final report to be presented to the February 2022 HPPB meeting. Unfortunately, due to neither the Chair nor Vice-Chair being available for the November meeting, rescheduling was required, resulting in some delays to the original timescales.

Therefore this report is to be presented to the HPPB meeting in June 2022, as no PPB meetings take place between March and May.

## Evidence, analysis and conclusions

At the various topic group meetings, colleagues/partners were invited to give presentations/reports on the recommendations from the NWADASS report, looking at current performance in Halton and any gaps and areas for improvement. This section of the report provides further details about the information presented to the topic group and the resulting actions agreed.

This section is structured according to the recommendations from the NWADASS report and looks at the information considered / what we have already achieved and what we still need to do in relation to each recommendation. Please also see **appendix 2**, which displays this information in a table format and includes the original reports and presentations as embedded files.

The table at appendix 2 was shared with topic group members and those who had attended the meetings to give presentations on 01.02.22 following the conclusion of the meetings allowing time for feedback to be sent before finalisation of this report.

### NWADASS Recommendation I – public thank you to services

#### ***Information considered / what we have already achieved***

The topic group learned (via a briefing note presented by Sue Wallace-Bonner, Director of Adult Social Services) that a number of actions had already taken place to thank adult social care and support services:

- Weekly letter from the Director of Adult Social Services.
- Letter from the Chief Executive to care home settings along with a gift of chocolates.
- Easter eggs for members of staff.
- An expression of thanks from the Chair of the Health Policy & Performance Board (Cllr Joan Lowe at the time) within the Health PPB Annual Report for 2020/21.

In addition, there were various expressions of support and thanks that took place within provider organisations:

- Thank you cards and a £200 voucher for all staff (PossAbilities).
- A YouTube video of staff supporting and congratulating each other under the title 'what have you done to make you feel proud?' (ICare).
- Gifts and expressions of thanks from the community and local businesses, e.g.:
  - Free pizzas from Domino's;
  - Free tyre puncture repairs from KwikFit;
  - Donation of toiletries from Savers;
  - Donations of cakes and biscuits from Poundland;
  - Donations from the community of items such as wine, bath bombs, candles, chocolates, hand lotion and uniform bags.

With regards to unpaid carers, the Council commissions Halton Carers Centre to provide support to unpaid/informal carers in Halton. The Carer's Centre continued to support carer's during lockdown through zoom sessions, online activities and regular phone calls where support workers would remind them how well they were doing during difficult times. As restrictions have eased, the centre has been able to offer face-to-face support once again, if preferred by carers.

The Council recognises the vitally important role played by unpaid carers, which is why it will continue to work with the Carer's Centre to ensure that carers are provided with the support they need to continue in their caring role.

#### ***What we still need to do***

- When conditions allow, the Council will hold an event\* to say a public thank you to commissioned and voluntary adult social care and support services and unpaid/informal carers. (\*Funding to be identified in the form of sponsorship from an external agency.)

### **NWADASS Recommendation II – building capacity in the community and voluntary sector**

#### ***Information considered / what we have already achieved***

The topic group received a presentation from Sally Yeoman, Chief Executive Officer of Halton & St Helens Voluntary and Community Action (VCA) regarding the response of the voluntary, community, faith and social enterprise sector in Halton during the COVID-19 pandemic. It was noted that over 800 new volunteers were recruited and they took on a range of roles including delivering food and other emergency supplies, undertaking wellbeing and check-in calls and providing transport and general advice, guidance and support. Between April and June 2020 over 6,000 vulnerable were able to be supported through the volunteering effort.

#### ***What we still need to do***

- Build on the volunteering legacy and sustain the growth in volunteers seen during the pandemic, making use of the Volunteering Portal.
- Involve the community and voluntary sector in the public thank you event (see recommendation I). Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people's lives.
- Ensure Halton's Market Position Statement (last updated in 2018 and therefore due for review) clearly sets out the role of the community and voluntary sector and the support that the council will provide.
- Continue to commission for outcomes, encouraging creativity within the community and voluntary sector.
- Further promote the comprehensive training offer available from the Council's External Funding Team, which can be accessed by the community and voluntary sector. The following training courses (which are free of charge for



organisations working in Halton/on behalf of Halton residents) are available to sign up for online (<https://halton.me/external-funding-course-booking-form/>):

- 'Basic Bid Writing' covering good bid writing techniques, ten key elements of a basic funding application and top tips to write a strong bid.
- 'Monitoring and Evaluation', which helps attendees to understand what monitoring and evaluation involves, where and how it should be used in grant-funded projects and best practice for producing good quality and effective data and reports.
- 'Now you have your grant' is a course that offers a basic introduction to the responsibilities of managing grant funding for those who are new to it or would like to improve their skills.
- 'Developing a Fundraising Strategy' helps attendees to develop their organisation's vision and focus its aims and objectives. It includes organisation analysis, action planning, understanding budgets, cash flow and risk and monitoring.

### **NWADASS Recommendation III – wellbeing support for informal carers**

#### ***Information considered / what we have already achieved***

The topic group received a presentation from Carl Harris, Chief Executive Officer of Halton Carers Centre who was supported by Emma Sutton-Thompson, Principal Manager of Policy, Performance & Customer Care within the Council's Adult Social Care department who is also the lead for the Carers Strategy.

The presentation covered information about the Carers Centre, the One Halton Carers Strategy, the wellbeing offer from the centre and partnership working. Information was also provided about the main triggers leading to carer breakdown, how the centre has supported carers throughout the pandemic along with feedback from carers and findings from the wellbeing survey.

It was noted that carers valued the wellbeing support most of all and it is clear that this warrants ongoing investment – 90% of carers surveyed by the centre said that if they weren't performing the caring role their loved one would need require more intervention from health and social care services.

Below is a quote from a carer who clearly values the support available from the Carers Centre:

*I get everything out of coming here. It's like the centre is a part of me now. I get advice and support and the therapies are really important.*

*Everyone gets a chance and everyone is included. There's a fun factor here. Life would be dull, dreary and boring if the centre didn't exist. There would be a lot of isolated people. People come together and let other people know how they really feel here. Without the centre there would be a lot of isolated people and there would be no way of getting the info you need.*

### **What we still need to do**

- Continue to support the Carers Centre to deliver wellbeing support and other services to Halton carers in order to prevent breakdown.
- Help to enable the Carers Centre to provide support to any new carers that may have emerged during the pandemic but are as yet unidentified. Early support is key to avoid escalation / crisis.

## **NWADASS Recommendation IV – use of direct payments**

### **Information considered / what we have already achieved**

The topic group received a report from Marie Lynch, Divisional Manager for Care Management and Principal Social Worker. The report covered information about what direct payments are and how they are delivered in Halton, including the role of the Council's Direct Payments Team. Latest figures indicated that 827 people were receiving a direct payment in Halton. It was also noted that 35% of clients in Halton in receipt of long-term support have a direct payment, which compares favourably to the North West average of 25%.

### **What we still need to do**

- Halton already performs well compared to regional averages in terms of the proportion of people receiving a direct payment; this should continue.
- Continue to work with the Liverpool City Region to address issues surrounding the recruitment of Personal Assistants.

## **NWADASS Recommendation V – place-based leadership**

### **Information considered / what we have already achieved**

The topic group received a presentation from Mil Vasic, Strategic Director for the People Directorate. The presentation covered information about the successful work that had taken place during the pandemic as a result of the Council's approach to facilitating partnership working:

- COVID-19 Asymptomatic Testing, which necessitated a place-based approach to targeting disproportionately impacted and underrepresented groups such as the Gypsy/Traveller community, asylum seekers/refugees, high-risk occupations, multi-generational households, areas of high population density and areas of socioeconomic deprivation.
- HBC COVID-19 Support including emergency food supplies and a single point of contact COVID-19 hotline;
- Supporting Families – providing support in creative ways during COVID-19 restrictions.

### ***What we still need to do***

- Continue to provide support for vulnerable adults in line with the learning from the pandemic (e.g. the success of the COVID hotline in signposting people to the appropriate place etc.)
- COVID has given us time to reflect on our working practices and be open to change and adaptations for the future. The Topic Group will progress the following suggestions:
  - Create a virtual and digital platform for families to access services both face-to-face and virtually;
  - Continue to learn and listen to what communities and families are telling us about services;
  - Continue to adapt and change and have the ability to re-design services mixing virtual support with face-to-face support and build on the increased involvement of the voluntary sector.

### **NWADASS Recommendation VI – build on volunteering capacity**

#### ***Information considered / what we have already achieved***

Recommendation VI and II (see above) were covered jointly through the presentation from Sally Yeoman, Halton & St Helens VCA CEO. As referenced earlier, there was a real increase in volunteering during the pandemic and it is essential that we attempt to maintain and build on that by ensuring people know what a difference it makes to the lives of vulnerable people.

#### ***What we still need to do***

As with recommendation II:

- Build on the volunteering legacy from the pandemic to further strengthen the local community and voluntary sector;
- Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people's lives. This should be part of the public thank you event and there is also an ongoing role for Halton & St Helens VCA.

### **NWADASS Recommendation VII – facilitating provider creativity**

#### ***What we have already achieved***

The topic group received a presentation from Helen Moir, Divisional Manager for Independent Living and learned of the following examples of support provided by the Council and creative practice that had taken place during the pandemic:

- Support was provided to care homes, including the development of a resilience plan enabling the sector to respond to changes required as a result of the pandemic;
- iPads were distributed to all care homes;

- PenPal schemes were established;
- Contact for clients with family and friends was supported through the use of iPads, Skype, FaceTime and telephone calls;
- Communication with families was maintained via videos and newsletters;
- Networking between services and colleagues was facilitated through welfare calls to registered managers and monthly meetings, for example;
- Wellbeing activities were delivered including corridor quizzes, access to streaming services (e.g. Netflix), bingo, hairdressing, hand massage and spiritual and pastoral support delivered through online means.

***What we still need to do***

- Further develop IT skills amongst care home staff;
- Facilitate re-integration into the community for care home residents;
- Continue to support the wellbeing of staff in the care home sector;
- Support care homes to access national funding/grants;
- Continue to hold strategic meetings with care home operators.

**NWADASS Recommendation VIII – digital service delivery**

***Information considered / what we have already achieved***

The topic group received a presentation from Shelah Semoff, Partnerships Officer within the Enterprise, Community & Resources Directorate, which provided information regarding the work taking place in Halton and across the Liverpool City Region in relation to digital inclusion.

It was noted that a key issue is ensuring that the digital infrastructure is in place to allow people to get online – there were some issues during the pandemic around the Wi-Fi infrastructure not being sufficient to allow the use of iPads to keep in touch with loved ones. There is a local working group, linked in with the LCR work that is working to establish a baseline and determine actions required.

***What we still need to do***

- Progress the work around digital inclusion and infrastructure locally, linking in with the Liverpool City Region as necessary. The first step is to establish the baseline from a mapping exercise and then present an Action Plan to Management Team.

**NWADASS Recommendation IX – safe visiting in care homes**

***Information considered / what we have already achieved***

The topic group received a presentation from Jane English, Divisional Manager for Care Homes (in-house), which covered the following areas:

- The picture in care homes in March 2020 at the onset of the pandemic and the current picture in 2021;
- The restrictions in place surrounding visitors;

- Support from the council to care homes;
- National examples of care home staff going above and beyond;
- Challenges;
- Next steps – Covid is here to stay so how do we best support our most vulnerable and their families to maintain health lives living within our care homes?

It was noted that care homes are not hospitals; they are people's homes and we need to ensure that people are able to experience quality of life. Work took place locally to ensure people were able to see their loved ones including the use of pods, window visits and outdoor visits as well as ensuring ongoing virtual contact.

#### ***What we still need to do***

- Develop a Communications Strategy to raise awareness that care homes are safe environments and people are invited to come in to enrich the lives of residents.
- Explore the role for the community and voluntary sector to be more involved in care homes in order to improve residents' quality of life. This should include exploring new opportunities as well as strengthening existing projects (e.g. Pen Pal schemes etc.)

### **NWADASS Recommendation X – flexibility within day services**

#### ***Information considered / what we have already achieved***

The topic group received a report from Eileen Clarke representing Day Services on behalf of Stiofan O'Suillibhan, Divisional Manager for Community. The report covered information about the journey experienced by Day Services through the pandemic. Key points highlighted were as follows:

- PPE was a big struggle at first;
- Regular management meetings helped keep services functioning;
- Nationally, people with a learning disability died at a rate of six times the normal average;
- Initially Day Services was closed down and staff redeployed to open services (predominantly Halton Supported Housing Network);
- Contact with people/families was maintained to help with feelings of loneliness, anxiety and depression etc.;
- In addition, activity packs were distributed and these helped to improve mental health;
- Following the first lockdown, Day Services looked at the areas that could re-open safely (e.g. outdoors);
- Service users who had reported having mental health struggles were prioritised for places;
- Transport was difficult to manage in terms of ensuring it was safe so this caused some delays;

- Into Summer 2020, indoor venues began to open with the service operating at 50% of pre-pandemic levels;
- Social distancing requirements meant that even with all venues open the service could only accommodate 70% of the usual attendee numbers;
- Currently, the service is still only 60% open but it is hoped that the service will be able to return to some kind of normality by the second quarter of next year;
- It's clear that the activities engaged in within Day Services are important to people and contribute to their wellbeing and self-worth – without these services, pressures occur elsewhere in the system (e.g. Care Management, Positive Behaviour Support Service and the NHS).

### ***What we still need to do***

- The Topic Group learned that outreach support offered by in-house Day Services during the pandemic was welcomed and greatly valued by clients and families (e.g. telephone check-ins and activity packs). A flexible approach to service delivery should continue once clients return to building-based services so that visits to day services are supplemented by access to digital support/activities and there is outreach support for those who may be feeling isolated. Day Services should also consider what learning they can take from the care home sector (e.g. Pen Pal schemes).
- This should link in with the review of the Adults with Learning Disabilities Strategy that is in progress.

### **Additional topic scope – hospital waiting lists**

Martin Stanley, Head of Acute Commissioning at NHS Halton Clinical Commissioning Group (CCG) talked to the topic group about the position in relation to hospital waiting lists and recovery plans. Some key points highlighted by Martin are detailed below:

- The CCG is involved in the work around hospital recovery programmes;
- At the start of the pandemic, all aerosol generating procedures had to stop until the disease was more understood;
- It is estimated that it will take two years to get back to pre-pandemic levels with waiting lists;
- Those on waiting lists have been put into one of five priority groups – one being procedures of the highest priority that need to take place immediately (e.g. life-threatening conditions), group two being procedures that need to take place in four weeks, group three are those that can wait longer and groups four and five are those not relating to life-threatening conditions and in this case a discussion will take place with the patient who may choose to wait and manage their condition until they feel happy to proceed;
- There are three main factors contributing to the increased numbers on waiting lists:
- Physical space – infection control requirements slow things down and impact on the number of procedures that can take place (e.g. air must circulate before

the next patient); use of air conditioning units has helped create additional capacity but productivity is still down;

- Staffing issues – staff needing to isolate creates capacity issues;
- Covid patients in hospital – ICU beds being occupied means certain types of surgery cannot be undertaken – currently a low number of ICU beds are occupied by Covid patients so elective surgery can take place;
- Also, people must undergo a Covid test before going into hospital for a procedure and, if positive, this means cancellation and re-booking, which creates more pressure;
- In terms of recovery plans, the hope was for the level of activity to be 95% of what it was pre-Covid at the end of October 2021 and 100% by the end of March 2022 – local hospitals were doing well towards this until a couple of weeks ago due to the pressure on A&E (98-100% occupancy of medical beds);
- Increase in non-elective admissions puts pressure on elective capacity;
- Halton is doing well in relation to hospital discharges with just a few complex patients waiting on a care home placement (in Warrington there is a problem around domiciliary care with 98 beds occupied by those awaiting discharge with domiciliary care package);
- In general, Warrington and Whiston hospitals have been used for emergency, non-elective and Halton and St Helens have been used for elective, which has kept things moving;
- Information regarding the total waiting list was displayed – pre-Covid it was around 10,000 patients and now it is 12,500 patients;
- Information regarding 52 week waiters was displayed – pre-Covid nobody would wait more than one year but there are now a number of patients who have waited this long but some may be those in priority groups four/five who have chosen to wait (e.g. dermatology – varicose veins);
- The aim is to get the 52 week waits to zero by March 2022;
- In terms of the aim to be at 95% pre-Covid levels, nationally it is at 82% and two local trusts are at a similar level;
- There is concern that a winter surge could add further pressure;
- Hospital cells are working hard to keep on track and there is national support and a pot of money;
- Updates are received weekly and there is regular discussion with patients with public health support to ensure no-one slips through the net;
- GP referral rates are back to pre-Covid levels;
- Cancer referrals are at 110% of pre-Covid levels (due to wanting to make sure nothing is missed);
- Patients are encouraged to see their GP if required.

### ***What we still need to do***

The topic group felt it was important that they remained updated regarding the hospital situation and the following course of action was agreed:

- Regular summary updates regarding the hospital position to be provided to Health PPB meetings with a full update report in April 2022.

### **Action Plan**

The information presented above outlines 'what we still need to do' in relation to each of the NWADASS recommendations; these actions have been incorporated into an Action Plan, which can be found on the following page.



## 2021/22 Scrutiny Review Action Plan

NWADASS Recommendation Councils should...	Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
I Say a public 'thank you' to adult social care and support services (commissioned and voluntary) and unpaid carers for their hard work and sacrifices during the pandemic and beyond	Hold a public thank you event for commissioned and voluntary adult social care services and informal carers (to be funded via an external agency – i.e. sponsorship)	Care Home Development Group	When conditions relating to COVID-19 allow a physical event
II Take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services	Build on the pandemic volunteering legacy, making use of the Volunteering Portal	Halton & St Helens VCA	Ongoing
	Involve the community and voluntary sector in the public thank you event (see above) ensuring they know the difference they make	Care Home Development Group	When conditions relating to COVID-19 allow a physical event
	Include reference to the role of the community and voluntary sector and the support the council will provide in the Market Position Statement	HBC Commissioning	Last Statement was 2018 so due to be updated
	Continue to commission for outcomes, encouraging creativity in the community and voluntary sector	HBC Commissioning	In line with contractual requirements
	Promote the comprehensive training offer of the Council's External Funding Team to the community and voluntary sector	HBC External Funding Team	Ongoing
III Strengthen the wellbeing support available to informal/unpaid carers	Continue to support the Carers Centre so it is able to continue delivering wellbeing support and early	HBC Adult Social Care	Ongoing

NWADASS Recommendation Councils should...	Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
	intervention to avoid carer breakdown and crisis situations		
IV Seek to increase the use of direct payments, making them quick and easy to obtain, and allowing for much greater flexibility for people in how they can be used	Ensure the already high take-up of direct payments in Halton can continue by working with the LCR to address the key issue of recruitment of Personal Assistants	HBC Direct Payments	2022/23
V Use their place-based leadership role to facilitate communication with and across organisations helping vulnerable and isolated people	Create a virtual and digital platform for families to access services both face-to-face and virtually	One Halton Digital Group	2022/23
	Continue to learn and listen to what communities and families are telling us about services	HBC Quality Assurance Team	Ongoing
	Continue to adapt and change and have the ability to re-design services mixing virtual support with face-to-face support and build on the increased involvement of the voluntary sector	One Halton Digital Group	2022/23
VI Build upon the new capacity for volunteering in the community (which people have demonstrated during the pandemic) to create stronger preventative and community solutions	As Recommendation II – see above		
VII Support creativity in their providers	Further develop IT skills amongst care home staff	Care home providers	2022/23
	Facilitate re-integration into the community for care home residents	Care home providers	Spring / Summer 2022

NWADASS Recommendation Councils should...	Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
	Continue to support the wellbeing of staff in the care home sector	Care home providers	Ongoing
	Support care homes to access national funding/grants	HBC Quality Assurance Team	Ongoing
	Continue to hold strategic meetings with care home operators	HBC Quality Assurance Team	Ongoing
VIII Work to make digital services part of blended approaches to meeting need	Progress the work around digital inclusion and infrastructure locally, linking in with the Liverpool City Region as necessary; the first step is to establish the baseline from a mapping exercise and then present an Action Plan to Management Team	HBC Digital Working Group	2022/23
IX Collaborate with care home providers and provide leadership to design approaches for safe visiting in care homes	Develop a Communications Strategy to raise awareness that care homes are safe environments and people are invited to come in to enrich the lives of residents	HBC Care Homes Division / Care Homes Development Group	2022/23
	Explore the role for the community and voluntary sector to be more involved in care homes in order to improve residents' quality of life; this should include exploring new opportunities as well as strengthening existing projects (e.g. Pen Pal schemes etc.)	HBC Care Homes Division / Care Homes Development Group	2022/23
X Work with providers and people who use services to redesign day services and shape the market to allow for greater choice, flexibility and accessibility for people	Continue with a flexible approach to service delivery once clients return to building-based services so that visits to day services are supplemented by access to digital support/activities and there is outreach support for those who may be feeling isolated	HBC Day Services	2022/23

NWADASS Recommendation Councils should...	Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
	Consider learning that can be taken from the care home sector (e.g. Pen Pal schemes)	HBC Day Services	2022/23

## Appendix 1: Scrutiny Review 2021/22 Topic Brief

<b>Scrutiny topic:</b>	Recommendations of the NWADASS report ‘The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities’
<b>Officer lead:</b>	Sue Wallace-Bonner, Director of Adult Social Services
<b>Start date:</b>	July 2021
<b>Target PPB meeting:</b>	February 2022

### Topic description and scope:

The scrutiny topic will focus on the outcomes from the ***‘North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission: The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities’<sup>1</sup>*** with a view to making recommendations for Halton.

The Elected Member Social Care Commission was established as part of a North West ADASS approach to learning lessons from the Covid-19 pandemic. In particular, the role of The Commission was to investigate the impact of the pandemic on people and communities in the North West and what lessons could be learnt for further waves of infection and future service design.

The Commission investigated the following question:

*“What has been the impact of the pandemic on people who use adult social care services, their families and our communities and what does this tell us about the role our communities should play in supporting people to live independently at home?”*

### Why this topic was chosen:

The NWADASS Elected Member Commission was established to investigate the impact of Covid-19 on adults aged 18+, their families and communities and what this tells us about the role communities play in supporting people to live independently at home.

The report of the Commission provides a broad account of what was learned through eye-witness accounts from people/organisations and it identifies lessons learned. Recommendations are made for councils that look beyond the pandemic at how the learning can shape future service design.

The Commission’s report will be scrutinised in order to consider how Halton will implement the recommendations.

---

<sup>1</sup> The full report and additional information regarding the commission can be found on the NWADASS website; <https://www.nwadass.org.uk/elected-member-social-care-commission>

## **Key outputs and outcomes sought:**

The topic group will consider the recommendations set out in the report in order to determine implementation at a local level. The report recommendations for councils are summarised below (the NWADASS report should be consulted for full details):

- Councils should say a public ‘thank you’ to adult social care and support services (commissioned and voluntary) and unpaid carers for their hard work and sacrifices during the pandemic and beyond;
- Councils should take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services (the report details six suggestions in relation to this);
- Councils should strengthen the wellbeing support available to informal/unpaid carers (there are three suggestions sitting under this point);
- Councils should seek to substantially increase the use of direct payments, making them quick and easy to obtain, and allowing for much greater flexibility for people in how they can be used;
- Councils should use their place-based leadership role to facilitate communication with and across organisations helping vulnerable and isolated people
- Councils should build upon the new capacity for volunteering in the community (which people have demonstrated during the pandemic) to create stronger preventative and community solutions;
- Councils and other organisations should accept that digital becomes one of the primary mechanisms for service delivery in the future (there are four suggestions sitting under this recommendation);
- Councils can provide more local leadership and should collaborate with care home providers and relatives to design approaches to safe visiting in care homes which allows visiting to take place safely and in line with government guidance and the NWADASS statement on visiting
- Councils should work with providers and people who use services to redesign day services and to shape the market to allow for greater choice, flexibility and accessibility for people.

Following full consideration of the recommendations, an Action Plan will be developed to ensure that they are implemented locally, as appropriate.

## **Which of Halton’s 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:**

This topic contributes to the ‘Healthy Halton’ priority within the Council’s Corporate Plan and the Sustainable Community Strategy.

### *Halton Borough Council Corporate Plan*

A Healthy Halton: To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.

### *Halton Strategic Partnership Sustainable Community Strategy*

A Healthy Halton: To create a healthier community and work to promote wellbeing and a positive experience of life with good health, not simply an

absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

**Nature of expected/desired PPB input:**

Member-led scrutiny review of the NWADASS report, particularly the recommendations made for councils and consideration of how these could be implemented locally.

**Preferred mode of operation:**

- Desk-top review of the NWADASS report;
- Meetings/discussions with relevant officers from within the council and partner organisations;
- Review of current service provision in areas outlined within the recommendations in order to identify gaps and develop action plan for improvement.

**Agreed and signed by:**

PPB chair:		Date:	
Officer lead:		Date:	

**Note re expansion of topic scope:**

At the first meeting of the topic group in July 2021 (following a change in membership of Health PPB as a result of the elections), it was agreed that the scope of the scrutiny topic would be widened to include consideration of the ongoing impact of the pandemic on hospital services, particularly waiting lists and back logs.

There is a clear and direct link between adult social care and health services and it was therefore thought to be necessary to ensure that this scrutiny topic considered the position from a health perspective given that there will be an impact on the vulnerable people who receive support from adult social care services.

## Appendix 2: NWADASS Recommendations with Halton Response

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
<p>I. Councils should say a public ‘thank you’ to adult social care and support services (commissioned and voluntary) and unpaid carers for the hard work they are doing and the sacrifices they have made, and continue to make, during the pandemic and beyond. The Commission heard of the work done by organisations, paid and unpaid carers and volunteers to maintain vulnerable people in their communities so that vital NHS capacity was freed up.</p>	<p>Briefing note re what has been done locally to thank adult social care and support services shared at the September meeting:</p> <p><a href="#">Briefing note recommendation I</a></p>	<p>When conditions allow, the Council will hold an event* to say a public thank you to commissioned and voluntary adult social care and support services and unpaid/informal carers.</p> <p><i>*Funding to be identified in the form of sponsorship from an external agency.</i></p>
<p>II. Take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services. The Commission saw and heard evidence that services developed in and by the community are not only able to respond quickly on a large scale for those who are vulnerable, but, if commissioned correctly and over a long period time, could deliver more responsive and personalised services to people. The Commission found that given the flexibility to create services to meet needs (in these circumstances driven by necessity) organisations were able to develop person-centred responses.</p> <p>a) Reward and acknowledge the work that community and voluntary sector organisations have done over the period of the pandemic e.g. recognition awards, certificates of achievement.</p> <p>b) Build on the energy and commitment shown throughout the pandemic by establishing community and voluntary sector fora to support the health and care sector.</p>	<p>Presentation from Sally Yeoman (Chief Executive, Halton &amp; St Helens Voluntary and Community Action) re the community and voluntary sector at the October meeting:</p> <p><a href="#">Community and voluntary sector presentation</a></p>	<p>Build on the volunteering legacy and sustain the growth in volunteers seen during the pandemic, making use of the Volunteering Portal.</p> <p>Involve the community and voluntary sector in the public thank you event (see recommendation I). Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people’s lives.</p> <p>Ensure Halton’s Market Position Statement (last updated in 2018 and therefore due for review) clearly sets out the role of the community and voluntary sector and the support that the council will provide.</p> <p>Continue to commission for outcomes, encouraging creativity within the community and voluntary sector.</p>



NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
<p>c) Start commissioning for outcomes and allow organisations the freedom to develop creative ways of supporting people to live the lives they want.</p> <p>d) Through ‘innovation funding’ type initiatives, provide community and voluntary sector organisations with opportunities to develop and test outcome-based services.</p> <p>e) Set out in clear terms the role Councils want the community and voluntary sector to play in meeting people’s health and care needs and the support you will provide to achieve this e.g. in your Market Position Statement.</p> <p>f) Provide training to community and voluntary sector organisations on things like accessing funding through the council and partners and creating digital services.</p>		<p>The Council’s External Funding Team already provides a comprehensive training offer, which can be accessed by the community and voluntary sector. The following training courses (which are free of charge for organisations working in Halton/on behalf of Halton residents) are available to sign up for online (<a href="https://halton.me/external-funding-course-booking-form/">https://halton.me/external-funding-course-booking-form/</a>):</p> <ul style="list-style-type: none"> <li>• ‘Basic Bid Writing’ covering good bid writing techniques, ten key elements of a basic funding application and top tips to write a strong bid.</li> <li>• ‘Monitoring and Evaluation’, which helps attendees to understand what monitoring and evaluation involves, where and how it should be used in grant-funded projects and best practice for producing good quality and effective data and reports.</li> <li>• ‘Now you have your grant’ is a course that offers a basic introduction to the responsibilities of managing grant funding for those who are new to it or would like to improve their skills.</li> <li>• ‘Developing a Fundraising Strategy’ helps attendees to develop their organisation’s vision and focus its aims and objectives. It includes organisation</li> </ul>

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
		<p>analysis, action planning, understanding budgets, cash flow and risk and monitoring.</p> <p>This training offer should be promoted to the community and voluntary sector.</p>
<p>III. Councils should strengthen the wellbeing support available to informal/unpaid carers.</p> <p>a) Establish a process of regular wellbeing checks with unpaid carers. For example, consider how a range of local organisations including voluntary, health and care, Police, Fire and Rescue and Housing providers can work together to check if more vulnerable people are coping. Combining capacity, data and knowledge could enable wellbeing checks for each carer who is under pressure ensuring early intervention to prevent carer breakdown.</p> <p>b) Identify the triggers which could lead to ‘carer breakdown’ and provide proactive support to them.</p> <p>c) Invest further in carers support and wellbeing services and look to carers and the community to design these. These are likely to include respite, peer support, counselling, flexible day services, information, advice and digital services.</p>	<p>Presentation from the Carl Harris, Halton Carer’s Centre CEO supported by Emma Sutton-Thompson (Principal Manager, Policy, Performance and Customer Care and Carer’s Strategy Lead) re wellbeing support available to informal carers at the December meeting:</p> <p><a href="#">Carers presentation</a></p>	<p>Continue to support the Carers Centre to deliver wellbeing support and other services to Halton carers in order to prevent breakdown.</p> <p>Help to enable the Carers Centre to provide support to any new carers that may have emerged during the pandemic but are as yet unidentified. Early support is key to avoid escalation / crisis.</p>
<p>IV. Councils should seek to substantially increase the use of direct payments, making them quick and easy to obtain, and allowing for much greater flexibility for people in how they can be used. People should be given the freedom to choose and control how their money is spent to a greater extent. The guidance is clear that payments must be used for meeting</p>	<p>Presentation from Marie Lynch (Divisional Manager, Care Management) re substantial use of direct payments in Halton at the December meeting:</p> <p><a href="#">Direct payments report</a></p>	<p>Halton already performs well compared to regional averages in terms of the proportion of people receiving a direct payment; this should continue.</p>

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
people's needs and there is no need to specify how to spend funding.		Continue to work with the Liverpool City Region to address issues surrounding the recruitment of Personal Assistants.
V. Councils should use their place-based leadership role to facilitate communication with and across organisations helping vulnerable and isolated people. For example, ensure that referral pathways for those in greater need are clear and accessible; information about how people can help themselves and join up the dots locally.	<p>Presentation from Mil Vasic (Strategic Director, People) re place based leadership at the January meeting:</p> <p><a href="#">Place based leadership</a></p>	<p>Continue to provide support for vulnerable adults in line with the learning from the pandemic (e.g. the success of the COVID hotline in signposting people to the appropriate place etc.)</p> <p>The presentation highlighted that COVID has given us time to reflect on our working practices and be open to change and adaptations for the future. The Topic Group will progress the following suggestions:</p> <ul style="list-style-type: none"> <li>• Create a virtual and digital platform for families to access services both face-to-face and virtually;</li> <li>• Continue to learn and listen to what communities and families are telling us about services;</li> <li>• Continue to adapt and change and have the ability to re-design services mixing virtual support with face-to-face support and build on the increased involvement of the voluntary sector.</li> </ul>
VI. The pandemic has shown how many people have volunteered in their community when they know they can make a difference to individual's lives. Build on this new capacity and	Presentation from Sally Yeoman (Chief Executive, Halton & St Helens Voluntary and	As with recommendation II:

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
energy to create stronger preventative and community solutions.	Community Action) re the community and voluntary sector at the October meeting:  <i>See file attached under Recommendation II above.</i>	<ul style="list-style-type: none"> <li>• Build on the volunteering legacy from the pandemic to further strengthen the local community and voluntary sector;</li> <li>• Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people’s lives. This should be part of the public thank you event and there is also an ongoing role for Halton &amp; St Helens VCA.</li> </ul>
VII. Councils should expect and facilitate their providers to be creative. Many care agencies were able to safely protect individuals – but needed access to PPE, technology, the ability to swiftly change practice. They needed advice on safe contact with families, the ability to meet in groups, enabling service users to pay for their own services, promoting decision making, and reducing deterioration especially physically and mentally.	Presentation from Helen Moir (Divisional Manager, Independent Living) re facilitating providers to be creative at the September meeting:  <a href="#">Facilitating provider creativity</a>	Adopt the suggested ‘focus for the future’ actions from the presentation: <ul style="list-style-type: none"> <li>• Further develop IT skills amongst care home staff;</li> <li>• Facilitate re-integration into the community for care home residents;</li> <li>• Continue to support the wellbeing of staff in the care home sector;</li> <li>• Support care homes to access national funding/grants;</li> <li>• Continue to hold strategic meetings with care home operators.</li> </ul>
VIII. Councils and other organisations should accept that digital becomes one of the primary mechanisms for service delivery in the future. In particular:	Presentation from Shelah Semoff (Partnership Officer, Enterprise, Community and Resources Directorate) re digital service delivery / digital inclusion at the December meeting:	Progress the work around digital inclusion and infrastructure locally, linking in with the Liverpool City Region as necessary. The first step is to establish the baseline from a mapping

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
<p>a) Organisations who plan to use digital services should ensure these are co-designed with the people who will be using them.</p> <p>b) Councils should develop a digital inclusion strategy, alongside their commissioning strategies, for all ages and abilities which demonstrates how they will increase take up and ensure people are not disadvantaged.</p> <p>c) Councils should provide greater and more immediate support to people who are now accessing services online, perhaps for the first time, in the same way that some private sector companies have done. For example, 'digital navigators'.</p> <p>d) Councils should support voluntary and community organisations with online payment solutions and develop options in their local community.</p>	<p><a href="#">Digital presentation</a></p>	<p>exercise and then present an Action Plan to Management Team.</p>
<p>IX. Councils can provide more local leadership and should collaborate with care home providers and relatives to design approaches to safe visiting in care homes which allows visiting to take place safely and in line with government guidance and the NWADASS statement on visiting. Spouses in particular were even prepared to self-isolate in order to facilitate contact and protect others, yet this never appeared to be discussed with them.</p>	<p>Presentation from Jane English (Divisional Manager, Care Homes) re safe visiting in care homes at the September meeting:</p> <p><a href="#">Care home visiting</a></p>	<p>Develop a Communications Strategy to raise awareness that care homes are safe environments and people are invited to come in to enrich the lives of residents.</p> <p>Explore the role for the community and voluntary sector to be more involved in care homes in order to improve residents' quality of life. This should include exploring new opportunities as well as strengthening existing projects (e.g. Pen Pal schemes etc.)</p>

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
<p>X. Councils should work with providers and people who use services to redesign day services and to shape the market to allow for greater choice, flexibility and accessibility for people. For example, more blended approaches to service delivery utilising digital, home and building based delivery; using a network of organisations who together can meet people’s requirements more fully. An example was Wildlife Trusts across the NW who had designed and shared activity packs and stimulating content for online or groups to engage in.</p>	<p>Report from Eileen Clarke on behalf of Stiofan O’Suillibhan (Divisional Manager, Community) re day services at the January meeting: <a href="#">Day services report</a></p>	<p>The Topic Group learned that outreach support offered by in-house Day Services during the pandemic was welcomed and greatly valued by clients and families (e.g. telephone check-ins and activity packs). A flexible approach to service delivery should continue once clients return to building-based services so that visits to day services are supplemented by access to digital support/activities and there is outreach support for those who may be feeling isolated. Day Services should also consider what learning they can take from the care home sector (e.g. Pen Pal schemes).</p> <p>This should link in with the review of the Adults with Learning Disabilities Strategy that is in progress.</p>