## Children Health and Care Panel

## 3/11/2020

## Director of Adult Social Care, Complex and Specialist Commissioning update

- New Infection, Prevention and Control Fund has been allocated to each LA. There are revised conditions with increased monitoring and reporting requirements. Round 2 funding is made up of 80% Care homes and CQC registered community care providers (ie domiciliary care, extra care and supported living providers) and the other 20% to support non-CQC registered providers and wider workforce resilience. Our aim is to use this to support the 3<sup>rd</sup> sector and other providers in the community.
  - Like Round 1, the funding is paid out in two tranches and the first tranche has already been received by the Council and passported to all our providers who have returned their signed IPC contracts.
- The Ministry of Housing, Communities & Local Government issued new guidance for shielding on 13<sup>th</sup> October 2020, which sets out a framework of support that local authorities are expected to offer to its Clinically Extremely Vulnerable (CEV) population, if re-instated. The guidance has been updated to support CEVs in protecting themselves from exposure to the virus, based on the level of risk in the local area. The guidance is linked to the Local COVID Alert Levels and provides advice at each Alert Level (Medium, High, Very High and if 'Shielding' were reintroduced). Shielding measures specifically may be introduced in the very highest risk areas, based on clinical advice and only for a limited period of time. Note, if an area is designated at the Very High Local Covid Alert Level this does not automatically mean shielding is reintroduced.

They will be less restrictive than the original shielding guidance. No areas in the South West have yet been asked to reintroduce shielding and Directors of Public Health would be involved before such a decision is taken. It has been made clear

that the reintroduction of shielding is regarded as a 'last resort option' and it is currently not being viewed as an option at this time in the South West.

The framework sets out the role for councils in supporting CEV individuals to successfully follow advice. It is intended to support the development of plans and services by councils to prepare for the event of a short-notice decision to reintroduce shielding at any geographical level.

In the event that shielding is reintroduced in a local authority area(s) (whole or part of), or on a national basis, there are five stages councils are being asked to prepare:

- i Contacting CEV individuals in the area of intervention particularly individuals who were previously receiving support and
  those recently added to the Shielded Patient List to understand their
  detailed support needs. Councils will receive data from those who
  choose to register through the National Shielding Service System
  website and councils should use this data to prioritise contact with
  those who have indicated a support need;
- ii Implementing a localised support model for access to food and basic support needs (medicines will continue to be provided through community pharmacies);
- iii Reporting back to MHCLG on key aggregate outcome measures to support funding agreements;
- iv The process of **clinical review points** for pausing or relaxing measures;
- *v* The **end of shielding measures for CEV** individuals and associated support.

Note as there is a more localised approach now being taken the guidance makes it clear that support to access food for those shielding will be locally led in future the national food box scheme has ceased. Therefore, the expectation of the Council is to give support to people to access food through routes that promote choice and independence wherever possible and appropriate, with direct provision of food by Councils (emergency food parcels) being a last resort for those with no alternative. This can be led and co-ordinated by the Community Wellbeing Hub as in wave 1, with support from emergency planning, public health and St Johns Hub colleagues.

The Council is creating its plan on how to respond to the new requirements and is well placed to do given the ongoing arrangements with the Community Wellbeing Hub.

- There are amendments to the Mental Health Act (MHA) Treatment Regulations which have been prompted by the pandemic. The new arrangements make provision for the electronic signing and receiving of detention papers which will bring the MHA into the electronic era and hopefully reduce the issues with ensuring that hospitals receive the paperwork in a proper and timely manner.
- Winter Plan the Council have been drafting its response to the Governments Adult Social Care Winter Plan which it published on the 18<sup>th</sup> September. We are in the process of discussing the draft plan with local provider forums and people with lived experience.
- Local services are seeing a rise in the number of both young people and adults presenting to secondary mental health services (AWP and

CAMHS) with more complex needs such as eating disorders along with an unusually high numbers of young people waiting for in-patient beds. Increasing levels of need are also been reported by commissioned community services albeit anecdotally. Discussions are taking place at BSW and locally level to proactive look at what actions we can take with partners to strengthen community preventive approaches and identify issues earlier. Winter pressures and alternative to crisis pathways funding has been made available to CCGs including BSW and proposals are being worked up jointly between BSW and localities partners to help reduce the impact of these issues.

• There is a lot of activity currently both at BSW level and locally between health and social commissioners, providers and partners (including the 3<sup>rd</sup> sector) to develop high level proposals for the implementation of new Community Services Framework for adults and older adults with mental health problems. The aim is transformation of the way local health, social care and provider services work together and develop a new place-based community mental health model of delivery. This will build on the all mental health pathway review which took place in place in B&NES.