

Title of meeting: Cabinet Member for Health, Wellbeing & Social Care

Date of meeting: 8 September 2020

Subject: Adult Social Care Response to the COVID-19 Pandemic

Report by: Innes Richens - Chief of Health & Care Portsmouth

Written by: Andy Biddle - Director of Adult Care.

Wards affected: All

1. Purpose of report

Cllr Winnington has requested an update to the Adult Social Care, (ASC) response to the COVID-19 Pandemic that was presented to the Health, Wellbeing & Social Care Portfolio meeting in July 2020.

This report will summarise some of the key issues and work undertaken by ASC in relation to COVID-19 from June to August 2020.

1.2 Context

The focus for the ASC response to COVID-19 has been governed by the release of government guidance, as adult social care in England is governed by statutory duties contained in the [Care Act 2014](#), [Mental Health Act 2007](#) and [Mental Capacity Act 2005](#).

When Portsmouth City Council, (PCC) moved to business critical activities in March 2020 ASC reduced or closed non-critical services and redeployed staff to support both care homes and the emerging work in working with people who were 'shielding' in response to government guidance, where food and medication needs were identified. With the change in national alert status and the easing of lockdown measures, in common with other Council services, ASC has begun to re-introduce those services that were either partially or fully closed. Some of these services have only been able to partially reopen due to social distancing measures/being COVID secure.

2. Priorities

2.1 Personal Protective Equipment (PPE)

PPE continues to be distributed to social care providers within Portsmouth as required and a strategic reserve is maintained through the City Council.

2.2 Hospital Discharge

As previously reported, government guidance on Hospital discharge published in March 2020 established new procedures and NHS funding to enable rapid discharge from Hospital. This [guidance was updated](#) in August 2020. The Local Government Association provided a helpful [briefing](#) for Local Authorities. In summary;

The expectation remains that 95 per cent of people will be discharged home, with some 45 per cent of those requiring support. Further, 4 per cent will access a short-term bedded facility for intermediate care before returning home, and only 1 per cent are expected to be discharged to a care home direct from hospital.

There should be daily ward rounds to assess if a person needs to remain in hospital, using the existing 'reasons to reside' criteria. People without complex care needs should expect to go home on the same day they are judged to be clinically safe to discharge.

For around half of the people being discharged, it is expected they will need a period of care, rehabilitation or reablement. This will be provided free for up to six weeks to promote independence and recovery, and until an assessment for long-term care is undertaken.

Testing for COVID-19 should continue in line with Government guidance. Where an individual cannot be safely isolated after discharge, alternative accommodation can be commissioned, funded from the ongoing Government funding.

The arrangements for COVID 19 NHS funding for hospital discharge, (Scheme 1) will close on 31st August 2020 and the new six week funding, (Scheme 2) will take effect from 1st September 2020.

The main focus of ASC activity following the easing of lockdown restrictions is to conduct assessment work with people who received Scheme 1 funding and establish whether this continues to be required. For those that were placed in residential or nursing care, there is a need to ensure that this is the right place to meet need and that the funding arrangements are correct. This has created some pressure for the service as a backlog of work built up during the lockdown period. ASC is also seeing a greater number of referrals and people continuing with care and support post-lockdown than previously. A plan is in preparation to recover this position.

2.3 Care Homes

As was highlighted in the update to July Decision Meeting, one of the most significant and tragic impacts of the COVID-19 pandemic was the death of residents in care homes across the country. Following outbreaks in PCC managed and run care

homes, the homes continue to focus on Infection Prevention and Control, (IPC) measures, following government and Public Health England guidance to try and manage the spread of infection. Portsmouth City Council owned and managed care homes have had no COVID-19 cases for residents for 115 days, (as of 20/8/20).

Following a member of staff testing positive for COVID-19 on 23rd July 2020 in one of PCC's homes, residents were cared for in isolation and visits to the home were temporarily ceased. Following whole home testing, IPC advice and no new cases amongst residents or staff, visits were re-commenced on 24th August 2020.

Following the publication of the [Social Care Action Plan](#) in April 2020, PCC finance colleagues have organised the payment of the second tranche of the government's [Infection Control Fund](#) to providers of social care in the city and have made a return to government indicating how the funds have been spent.

Following another priority in the action plan, ASC continues to provide isolation care on discharge from hospital for people over the age of 65 who need a temporary placement. The 'Gunwharf Unit' at Harry Sotnick House continues to be staffed by a specific staff group, with a separate entrance and lift facilities.

Whilst there is an ambition to establish a permanent Discharge to Assess, (D2A) unit on this site, to ensure that people are able to make a decision about care support needs outside of hospital, funding has not yet been secured to do this. This is likely to be the subject of a cabinet paper in the autumn.

ASC continues to work with Clinical Commissioning Group, (CCG) and Solent NHS Trust colleagues to provide support to care homes and other providers of social care through the provider portal and regular virtual meetings. Challenges and issues for care providers continue to be fed back from these mechanisms through Association of Directors of Social Services, (ADASS) Public Health and CCG colleagues at a regional and national level.

2.4 Financial Support

PCC has offered a package of financial support measures to the sector focussing on increased costs for PPE and increased staffing due to COVID-19. A Minimum Income Guarantee, (MIG) has also been established to ensure financial stability for providers of social care during the pandemic. The MIG will taper down until October 2020, when it will cease. ASC and finance colleagues' continue to discuss financial strain and challenges within the sector in anticipation of the temporary arrangements ceasing.

2.5 Testing

Testing for COVID-19 was an emergent issue throughout the pandemic. The range of testing now available locally includes the ability to get tested at Queen Alexandra Hospital, the drive in site at Tipner and the ability to order a testing kit by post. Following the first round of whole care home testing for non-symptomatic staff and residents, the Department of Health & Social Care, (DHSC) [announced](#) regular retesting for all care home staff and residents. The experience of this option has been varied, in that re-registering on the national portal was not possible for all care homes,

tests have taken time to arrive and some test results have not been returned. Engagement with Public Health and ADASS around local challenges has enabled this to be raised both regionally and nationally. The current information from DHSC is that the system should be working fully from 7th September 2020.

Signed by:

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: