Title of Meeting:	Health Overview and Scrutiny Panel
Date of Meeting:	November 2020
Subject:	Adult Social Care Update
Report By:	Andy Biddle, Director of Adult Care

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1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) in the period April 2020 to September 2020.

2. Recommendations

The Health Overview and Scrutiny Panel note the content of this report.

3. Overview

Portsmouth City Council Adult Social Care, (ASC) provides support and advice to adults aged 18 years and over who require assistance to live independently. This may be the result of a disability, long term health condition or frailty associated with growing older. The aim is to help people have as much choice and control as possible over how their needs for care and support are met. For some, when independent living is no longer possible, the service will help people find the longer term care arrangements that best suit them.

ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

4. Priorities

4.1. The period that this report covers includes the initial rise in COVID-19 infections, subsequent arrangements for closing some services and redeployment of staff to cover gaps in provision in critical services. It also covers the first national 'lockdown' and subsequent recovery plans. The focus for ASC in this period was to;

- Maintain critical services to protect the most vulnerable and work with all partners in the health, voluntary and independent sectors to provide support and advice to people affected by COVID-19. Support the NHS in admission avoidance and discharge from hospital in a safe and timely way.

- Comply with all government legislation & guidance in response to COVID-19.
- Work toward restoration and recovery of normal services.

4.2. In addition to these local priorities, the Department for Health & Social Care, (DHSC) have published varied guidance which Local Authorities have been required to follow in discharging their Adult Social Care duties. This guidance has included:

- Infection prevention and control
- Hospital discharge requirements
- Personal Protective Equipment
- Social Care Action Plan
- Working in care homes
- Working in domiciliary care
- Providing unpaid care
- People supported through direct payments
- Care Home Support Plan
- Adult Social Care Winter Plan
- Designated Premises

5. Health & Care Portsmouth

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the City, in particular with NHS Portsmouth Clinical Commissioning Group (CCG), where there are long standing partnership arrangements in place, including a joint post incorporating leadership of Adult Social Care and Portsmouth Clinical Commissioning Group through the Chief of Health & Care Portsmouth. These arrangements cover integrated commissioning functions and a pooled fund arrangement for Better Care Funding and Continuing Health Care. A Senior Responsible Officer for hospital discharge has also been agreed, working in partnership with NHS Solent. Most recently, increasingly close working between Local Authority and CCG finance have enabled agreement in working with people in receipt of 'Scheme 1' NHS funding.

This partnership provides the basis for the integrated health and care approach between Portsmouth City Council, NHS Portsmouth CCG, Solent NHS Trust, Portsmouth Hospitals University Trust and Portsmouth Primary Care Alliance, forming 'Health & Care Portsmouth'. These working relationships were critical in mobilising a timely and effective response to COVID-19.

This work emphasised working at an integrated 'place level' as referenced in NHS and Local Government plans. As a Local Authority, there is an ambition to gain an even greater focus on integrating health and care for the citizens of

Portsmouth. It is hoped to achieve this by supporting of progressing integrated working further via the delegation of PCCG functions to the Chief Executive of the City Council to enable the arrangements that have benefitted Portsmouth citizens to develop and expand.

6. Themes

There have been some significant themes and responses required that developed between April and September 2020

6.1. Personal Protective Equipment (PPE)

Care providers experienced limitations in supply through their usual suppliers and the Council initially gained stocks distributed via the Local Resilience Forum, then moved rapidly to establishing a strategic reserve at city level and appointing officers to coordinate this work. No care provider in Portsmouth went without essential PPE via this supply and the Council continues to maintain a strategic stock. Nationally publically funded PPE related to COVID-19 will be distributed to social care providers as of October 2020.

6.2. Provider Support

ASC established a daily situation report monitoring the risks against staffing PPE and COVID-19 infection across the range of care providers in Portsmouth. Additionally, the support available through a nurse led team for care homes in place prior to COVID-19 was scaled up to ensure that care homes had contact and support to review residents identified as a clinical priority for assessment and care.

Working through joint contracting and quality arrangements, Health & Care Portsmouth have supported all providers of care, (care homes; domiciliary care, day care, supported living, extra care) with regular communication, guidance and advice, linked to the local director of Public Health. This has included support and information around COVID-19 testing, care home visiting and flu vaccination. Early on in the pandemic response, ASC established a provider portal on the PCC website to enable providers to access the latest guidance and advice locally and nationally. This has been maintained by ASC/CCG colleagues and is due to change to a direct mail newsletter to providers.

As reported extensively in the national press, the social care sector had pre-existing significant financial challenges. Financial stability was maintained amongst Portsmouth care providers during the first wave of the pandemic by PCC reimbursing PPE costs when providers were able to order it. The Council also made arrangements to reimburse costs for increased staffing when provider staff were self-isolating or unwell. A 'minimum income guarantee'

was also put in place so that providers would be paid based on the 3 months prior to the pandemic, even where occupancy reduced. ASC continues to provide support to day service providers until March 2021, whilst they adjust their delivery model. There is also an open request to care providers who may be concerned about financial stability to approach the service for discussion.

In addition, following the publication of the national Social Care Action Plan, an Infection Control Grant was distributed to care providers based on government guidance.

The impact on PCC care homes of between 28 and 30% staffing absence, (due to requirements on social distancing, self-isolation and COVID-19 related ill-health) required a daily review of staffing levels. A combination of over-staffing and redeployment from other areas of the Council sustained safe care throughout the period. For the independent sector there were staffing shortages in 4 of the city's care homes and the increased domiciliary care that was part of ASC contingency planning was able to be redeployed temporarily to help maintain safe care. In addition, Council colleagues supported care providers struggling to maintain regular food delivery with local knowledge and contacts; this resulted in food deliveries to some care homes.

6.3. Shielding and Vulnerable People

ASC staff worked with colleagues in HIVE Portsmouth to set up initial support around medication and food delivery and contact for those who were shielding or vulnerable in the community. ASC helpdesk colleagues worked closely with the HIVE to ensure a two way flow of referrals, ensuring ASC staff were available to the helpdesk to take referrals and advise. The service also handled a lot of the data relating the Shielded Patient List alongside the CCG. This enabled people to access the right support when they needed it.

6.4. Hospital Discharge

The discharge guidance required Local Authorities to work with NHS partners and facilitate rapid discharge to enable the NHS to prepare for the rapid increase in COVID-19 related admissions. This led to the development of the Gunwharf Unit within Harry Sotnick House. However, there has still been a requirement for 'spot' placements in the private sector when Gunwharf has been full or has been unable to meet the needs to the person.

When moving on residents from D2A placements, there have been difficulties in sourcing long term placements at Local Authority rates. In addition, whilst reported capacity numbers suggest there is reasonable bed availability in the private sector, these are not necessarily the right type of beds (for example sourcing long term placements for people with particular behavioural difficulties, or sourcing ground floor rooms to reduce falls risk and therefore

need for additional staffing is problematic). An analysis of this is underway in order to establish a longer-term plan that results in the right mix of Private, LA and Health community beds.

ASC worked with Solent NHS Trust colleagues, Infection Prevention and Control experts, (IPC) and Public Health colleagues to implement IPC procedures in our care homes. CCG colleagues offered IPC training to all care providers, to help prevent the spread of infection. A single Senior Responsible Officer for discharge has also been appointed by the PCC, PCCG and NHS Solent to oversee discharge in Portsmouth.

The national Social Care Action Plan required Local Authorities to put in place alternative accommodation and care for people discharged from hospital who had a positive test result or for whom the outcome of their test was not confirmed, where their care home could not provide isolation care for a 14 day post-discharge period. ASC worked with CCG colleagues to agree arrangements and equipped and staffed the Gunwharf Unit on the 1st floor of Harry Sotnick House as an isolation care unit to provide this resource. The unit opened on 1st June and is funded until 31st March 2021. The unit also provides an opportunity for 'discharge to asses' capacity for those coming out of hospital needing support in a care home environment, prior to a substantive package of care. People with a positive COVID-19 test are cared for as a separate cohort. Social work and Therapy resources are available to support people in the Gunwharf unit.

The Adult Social Care Winter Plan contained a commitment to a Care Quality Commission (CQC) designation scheme for care home premises for people leaving hospital who have tested positive for COVID-19 or were awaiting a test result. Subsequently a letter from the Department for Health & Social Care has required inspection and designation before anyone with a positive COVID-19 diagnosis needing discharge to a care home can be discharged. CQC visited the Gunwharf Unit on 2nd November 2020 and the Head of Regulated Services is in discussion with CQC to designate the unit.

6.5. Bereavement

Sadly, despite following IPC guidance and caring for people in isolation where this was required, the city experienced deaths of people symptomatic or confirmed as COVID19 positive in its care home population, including PCC care homes. The fact that this was not unexpected in a pandemic from an easily spread airborne disease did not take away from the impact that every death had on family and the care home community. In light of this impact, wellbeing champions for relatives and staff were appointed in PCC homes and the opportunity to access wellbeing resources was extended to independent sector care providers. ASC also continued with regular training and reinforcement of IPC procedures in all its services.

6.6. Testing

ASC worked with local Public Health and Portsmouth Hospitals colleagues to access testing through the Hospital and accessed the Tipner site for those staff who were drivers. As whole care home testing became available Public Health, CCG and ASC colleagues prioritised care homes based on levels of risk. Given the difficulties in securing adequate testing over time, the advice and support of CCG and local Public Health was invaluable in weighing risk and reacting to staff showing symptoms of COVID-19. Care homes in Portsmouth now regularly access whole care home testing.

6.7. Inspection

During wave one, the Care Quality Commission, (CQC) introduced an Emergency Support Framework, which was based on information held about providers and an interview with registered managers. The process included a focus on managing infections risks; knowledge of current guidance; access to PPE; management of medicines; risks around workforce capacity and ensuring respectful and safe care. All of the PCC regulated services underwent the Emergency Support Framework process and were deemed to be successful in these areas.

6.8. Recovery

From May 2020 ASC began planning for services such as day services; respite; carer's support and assessment functions to move to a new business as usual format. The service created plans and risk assessments to be able to operate services safely and consulted with local Public Health colleagues and any relevant government guidance. Over time, some services that could not fully operate during the first lockdown period have since expanded capacity and have managed to support more citizens with care and support needs. Within the 'second wave' of COVID-19, the service aims to maintain as many services as possible. This acknowledges the impact that standing down services has on people who rely on ASC for respite from caring.

6.9. Work with People with a Learning Disability

In the initial stages of the crisis the service developed and distributed easy read information about the changes in service provision with information about how people could continue to access their support and developed social stories to help service users to understand what was happening, a system for ‘checking in’ on all service users was put in place. To accompany this, a Red Amber Green, (RAG) rating system was used to provide centralised information about those who may be heading towards crisis so that services and interventions could be co-ordinated proactively. In addition the service

vulnerable patient database was updated and named workers were asked to ensure service users had up to date hospital passports should they find themselves in hospital. These passports contain information to help hospital staff provide appropriate care and support depending on someone's needs and preferences.

When the crisis began a resource pack for maintaining physical and emotional health during lockdown was also developed and sent to providers. The service also designed and produced notification cards for people with learning disabilities to carry with them while they are out to show to the police if they were stopped. The development of a closed facebook group was an important way of maintaining contact and connectedness with service users. This enabled useful advice about things such as sleep hygiene and hand washing and service users could share pictures of what they were doing to pass the time, to offer each other moral support and advice. Though challenging times, the service we have tried to see the potential for supporting service users not just to maintain their health but to also grow and develop. This has been a great opportunity to strengthen links with providers and families.

7. Demand

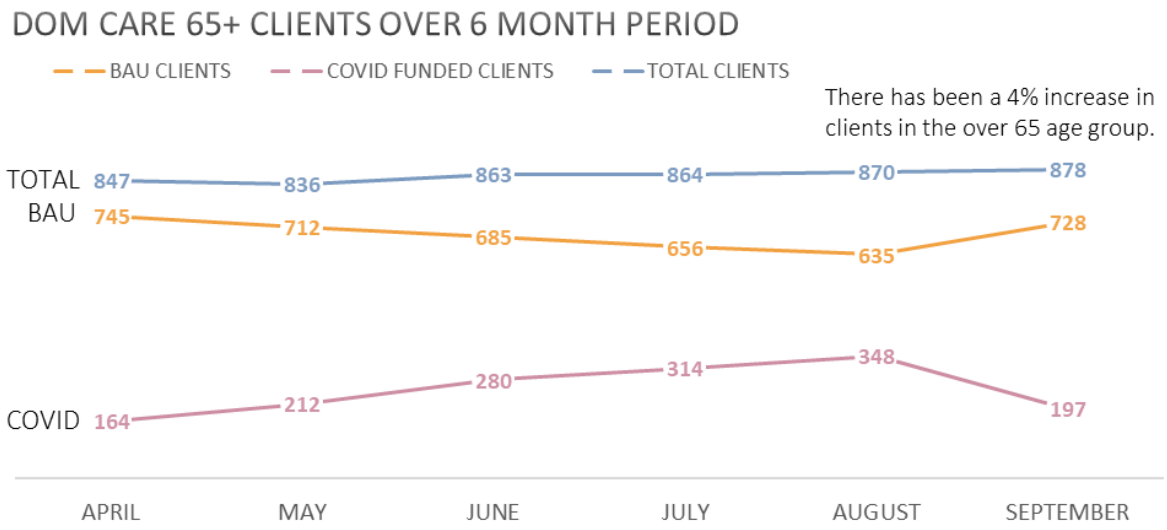
The figures below are snapshots of people with care and support needs with open care packages on the last day of the month.

7.1. Domiciliary Care - Age Group 65+

The domiciliary care packages over this time period were split between BAU ('normal') domiciliary care and Covid funded domiciliary care. A client may have received both and therefore the numbers for BAU and Covid will not add up to the total client count.

	BAU DOM CARE PKG		COVID FUNDED DOM CARE PKG		CLIENT COUNT	WEEKLY COST
	CLIENT COUNT	WEEKLY COST	CLIENT COUNT	WEEKLY COST		
APRIL	745	£ 146,136	164	£ 29,415	847	£ 175,551
MAY	712	£ 139,078	212	£ 36,485	836	£ 175,563
JUNE	685	£ 133,542	280	£ 46,208	863	£ 179,750
JULY	656	£ 128,259	314	£ 54,048	864	£ 182,307
AUGUST	635	£ 126,090	348	£ 62,360	870	£ 188,450
SEPTEMBER	728	£ 151,027	197	£ 36,655	878	£ 187,681

Client numbers (for the 65+ group) rose by 4% by September, over the April figure.



Looking at cost bands:

All domiciliary care packages across ASC (excl Continuing Health Care).
All client groups, includes Covid funded clients.
Predicted weekly cost, care package open at the end of the month.
Total cost per client.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
£0-50	124	120	127	130	128	127
£050-200	545	541	547	548	552	545
£200-300	158	155	164	167	167	179
£300-400	54	53	64	66	67	64
£400-500	77	80	75	78	82	80
£500+	95	101	102	103	117	108
DISTINCT CLIENTS:	**1053**	**1050**	**1079**	**1092**	**1113**	**1103**
CHANGE OVER PREVIOUS MONTH		-0.3%	2.8%	1.2%	1.9%	-0.9%
CHANGE OVER APRIL		-0.3%	2.5%	3.7%	5.7%	4.7%

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
£0-50	12%	11%	12%	12%	12%	12%
£050-200	52%	52%	51%	50%	50%	49%
£200-300	15%	15%	15%	15%	15%	16%
£300-400	5%	5%	6%	6%	6%	6%
£400-500	7%	8%	7%	7%	7%	7%
£500+	9%	10%	9%	9%	11%	10%

Whilst client numbers were up by approximately 5% over the period, the distribution of the cost bands did not vary greatly, most remaining within 1% of April. The exception was a drop in the £50-£200 pw cost band.

7.2. Residential Care

Residential (and nursing) care figures need to be viewed within the context of the pandemic. By April, the figures had already dropped significantly and have not yet recovered. Therefore the table below has the trend with relation to April and February (as the last normal month).

	NUR PERM	IN HOUSE RES	INDP RES
Feb-20	167	72	287
Mar-20	168	67	288
Apr-20	152	57	274
May-20	144	61	271
Jun-20	149	65	271
Jul-20	149	63	274
Aug-20	144	63	274
Sep-20	140	65	274
CHANGE since April	-8%	14%	0%
CHANGE since February	-16%	-10%	-5%

The drop in clients (473 across all areas, February to September) was not just due to deaths from Covid-19, but also thought to be a reluctance for families to place loved ones at this time and even some being taken back home (anecdotal).

ONS figures show that there were 44 Covid-19 deaths out of a total of 266 deaths in Portsmouth care homes over this period. These are not necessarily all the clients recorded above. 33% of Portsmouth care homes reported an outbreak of Covid-19, from March to July which was relatively low compared to other LA's in the region.

Residential care numbers have started to increase again, nursing figures continue to fall.

7.3. Deprivation of Liberty Safeguards (DoLS)

The number of applications for Deprivation of Liberty Safeguards, (DoLS) authorisations have continued to rise in Portsmouth:

- 786 (2014/15)
- 1473 (2016/17)
- 1695 (2017/18)
- 1787 (2018/19)
- 1917 (2019/20)

We have not reported on the applications for this time period, as the number would have been skewed by temporary arrangements in place during the first national lockdown. The government made no adjustments to the Mental

Capacity Act/DoLS in legislation created to manage the pandemic, but rather issued guidance. During this time the service developed a desk top process to enable the completion of DoLS assessments taking account of social distancing, PPE and the policies put in place at care homes and hospitals in regard to visiting, as well as the guidance issued by DHSC. This is due to review.

The Department of Health & Social Care, (DHSC) had intended that the 'Liberty Protection Safeguards' (LPS) would replace the current system of DoLS by October 2020. However, the DHSC have announced a further delay to the implementation of LPS until April 2022 at the earliest. ASC began scoping work looking at the impact of the changes and will review this work during the next 12 months, it is anticipated that this will be likely to need specific project management and a dedicated training resource.

7.4. Mental Health Act Assessments

The Government made proposed adjustments to the use of the Mental Health Act during the 1st wave of Covid-19 documented in Section 8 of the Coronavirus Bill however, the Secretary of State for Health & Social Care did not authorise these changes to commence so for the Approved Mental Health Professional service in Portsmouth, assessments continued as usual.

There was a small increase in requests for assessment for those with Learning Disability and those under 18 who experience eating disorders as some struggled to manage the changes created by the adjusting of some support services or the loss of work based/school/college activity. Recognising the cause of the increased referrals from these groups enabled the AMHP team to be creative in regard to least restrictive options to avoid hospital admissions.

During the initial lockdown period referrals to the service dropped from usual levels but as soon as this restrictions began to be lifted the referral rates returned to normal levels.

During the pandemic, the service has continued to undertake assessments and provide external scrutiny to the care and support arrangements made for adults who are unable to consent to those arrangements. We have conducted assessments remotely and when it has been required we have visited and completed a face to face assessment. Some resource was diverted away from the team to support the delivery of our assessment and care planning function. This has led to a small waiting list of approximated 60 adults. Assessments are prioritised to ensure that anyone objecting to their care and support arrangements are prioritised.

7.5. Adult Safeguarding

The safeguarding team had to quickly adapt at the start of the first lockdown to ensure the council met its statutory duties to ensure adults at risk could access the care and support that they needed. The team relocated to sit with frontline fieldwork teams/AMHPs and this proved beneficial. It has significantly increased joined up working/communication and response times. Fortnightly safeguarding clinics for all PCC staff have been utilised well. They have provided an opportunity to discuss concerns and give advice. They have also been used to support staff induction. Policy/legal clarification and guidance. A weekly meeting was in place with Police, Housing and Health colleagues which has promoted excellent communication and strengthened partnership working. The frequency of this meeting has now reduced but there is a commitment across all partners to continue post-COVID-19.

The referral rate into the safeguarding team has been variable with no particular pattern of concerns. The team were initially quiet in the early part of the pandemic but referral rates have now increased to pre-COVID-19 levels. During the early stages of lockdown the team saw an increase in concerns raised for nursing and residential care homes. These related to an increase in deaths and concerns linked to the use of PPE. The team worked well with colleagues in the CCG, Public Health and Solent NHS Trust, to manage these concerns and support and advise the homes in what was a very difficult and challenging time.

The team saw an increase in the number of referrals relating to people who were homeless or in temporary accommodation. The team has a link practitioner who has worked closely with housing colleagues and the third sector to support them to reduce risk and signpost to the relevant services. The Head of Safeguarding, Mental Health and Learning Disability is working with colleagues in housing and the third sector to develop an assessment pathway to support early access to appropriate services such as adult social care or secondary mental health support. The pandemic has had an impact on the mental health of adults in Portsmouth as this has resulted in an increase in concerns relating to self-neglect. Covid restrictions have made this challenging for staff to address. There is a fine balance between respecting people's right live their lives the way they would like alongside our duty of care.

8. Summary

Whilst it is not possible to cover all of the work undertaken across adult social care in response to the first wave of the pandemic, this report highlights the main issues and acknowledges the work and dedication of all care staff in the city, (whomever their employer). The response to the pandemic would not have been as strong without the integrated approach that we have

established through Health & Care Portsmouth. As stated earlier, it is hope that the Local Authority can enable an even greater focus on integrating health and care for the citizens of Portsmouth.