

LGA's work on Adult Social Care as part of the Covid-19 Response

Purpose of report

For discussion.

Summary

Adult Social Care is at the forefront of the Covid-19 challenge. As providers and commissioners for the major part of local provision, adult social care council teams have been prominent in leading local responses.

Supporting councils with the adult social care response has been a dominant part of the LGA's programme over the last 2 months across improvement, policy, public affairs and media.

We have supported our member councils in all aspects of this response including:

- the huge effort at the end of March to create bed-space in hospitals by supporting the quick discharge of patients home and to care homes
- support to ensure additional government funding is used to sustain local providers
- working with government on guidance to the Care Act easements that is proportionate, sensible and gives councils flexibility in prioritising work through the emergency.
- Working with government to ensure national and local data reporting requirements are balanced and proportionate

As social care has become the front line for spread of infection and deaths we have redoubled our efforts – lobbying government to improve the supply and effectiveness of PPE, to establish a coherent testing regime for social care users, carers and staff and to support councils in leading an effective system to support social care resilience.

Recommendations

That the Executive Advisory Board considers the actions taken to support the adult social care Covid-19 response and makes recommendations for any further work or follow-up as appropriate.

Actions

Officers to action any recommendations for further work or follow-up as appropriate.

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Background

1. Adult Social Care is at the forefront of the Covid-19 challenge. As providers and commissioners for the major part of local provision, adult social care council teams have been prominent in leading local responses. Supporting councils with the adult social care response has been a dominant part of the LGA's programme over the last 2 months across improvement, policy, public affairs and media.
2. A key part of our role has been working with DHSC and MHCLG alongside national partners, particularly ADASS, NHS bodies and the care provider associations, to ensure that government policy is informed by what can best support councils and local partners to help keep residents and staff safe and supported.
3. In the early days of the response social care played a huge role in protecting the NHS and preparing it for readiness, creating bed-space in hospitals by supporting the quick discharge of patients home and to care homes. In recent weeks the focus has shifted from hospitals to social care, particularly care homes, and we have pressed the need for a commensurate shift in focus to protecting social care.
4. Given the scale of the adult social care Covid-19 challenge we have established a joint PMO (the ASC "Hub") jointly with ADASS. We have created this by temporarily refocussing the work of staff from the Care and Health Improvement Programme (CHIP). This is ensuring that we are using the joint resources of LGA and ADASS to best effect, avoiding duplication and co-ordinating sector leadership with Government and the NHS. We are able to co-ordinate communications including a daily ASC Update to complement the daily LGA chief executive/chairman bulletin and we now host a Knowledge Hub for key documents and exchange of information. The ASC Hub is integrated with the LGA Covid-19 PMO.
5. In our parliamentary work, our deputy chief executive, Sarah Pickup, gave evidence on the response to Covid-19 to the Health and Social Care Select Committee and we wrote publicly to the Secretary of State on the crucial issue of PPE. We are meeting regularly with Ministers and senior civil servants. We have been incredibly active in national and trade media, both reacting to a high volume of stories and leading key debates through proactive press work.
6. We have supported our member councils in all aspects of this response including:
 - 6.1. The huge effort at the end of March to create bed-space in hospitals by supporting the quick discharge of patients home and to care homes.
 - 6.2. Working with government and providers to ensure the fragile social care sector remains sustainable.
 - 6.3. Support to ensure additional government funding is used to sustain local providers.

- 6.4. Working with government on guidance to the Care Act easements that is proportionate, sensible and gives councils flexibility in prioritising work through the emergency.
- 6.5. Working with government to ensure national and local data reporting requirements are balanced and proportionate.
- 6.6. Lobbying for consistent access to appropriate PPE.
- 6.7. Lobbying for a comprehensive and focussed testing regime for social care.
- 6.8. Lobbying that social care be afforded the same “protected” status as the NHS.

Issues

7. **Hospital Discharge** – following publication of new hospital discharge guidance on 19 March we mobilised CHIP staff and, in conjunction with the Better Care Support Team, launched a series of webinars that started the following day and continued through the following week, reaching over a 1000 council staff. This unprecedented effort to facilitate hospital discharge was a huge credit to all our councils.
8. **Sustaining the Care Provider Sector** – Given the fragility of the care provider sector, the Covid-19 emergency poses a real threat to its sustainability and we have established working groups with national partners and government to address key areas around workforce and finance as well as related issues such as widening indemnity insurance. Of particular note, we published a joint statement with ADASS and the CPA on 17th March on the steps councils could take to support providers’ financial resilience and followed this up with a further joint statement with ADASS on 9th April, which included the issue of fee-uplifts. By promoting the importance of local discussions and a sector-led approach, we avoided the introduction of a national fee rate which, even if implemented temporarily, could have caused significant problems for councils.
9. **Care Home Resilience** - Subsequently we have worked with government on the development of a more coherent approach to care home resilience, bringing together all the elements needed to ensure safety of residents and staff:
 - 9.1. Infection control
 - 9.2. Workforce recruitment and co-ordination
 - 9.3. Use of alternative accommodation where appropriate
 - 9.4. NHS support, including primary care, community services and specialist support
 - 9.5. Access to and use of PPE
 - 9.6. Access to testing

We have successfully argued that this approach needs council leadership in bringing together key local partners to put the various elements in place. We will continue to argue that any additional costs related to the care homes resilience planning must be funded over and above previous council funding allocations.
10. **PPE** – shortages and quality of appropriate PPE has persisted as a significant problem for council staff and for local social care providers. The promised national supply

arrangements have not materialised for social care and councils are still reliant on what started as emergency drops to LRFs, with many councils still reporting supplies well short of what is needed. Councils are working hard with LRFs to ensure that the distribution of what is available is being prioritised according to need. The LGA is working with care provider associations and with DHSC to ensure greater consistency of supply and better clarity of what LRFs can expect.

11. There has also been confusion about appropriate use of PPE by social care staff. Following some unhelpful initial guidance which simply replicated advice to NHS staff, the LGA supported work with provider associations and with DHSC to develop quickly bespoke guidance for social care staff.
12. **Testing** - Following our extensive lobbying with councils and care providers the Government announced on 15 April that it would offer testing “for everyone who needs one” in social care settings. However, the prioritisation of testing for social care was undermined by the subsequent development of confusing multiple testing regimes, with social care staff and providers feeling they were often competing for testing slots as well as experiencing difficulty accessing test centres
13. Following further lobbying by LGA, government last week announced that it would prioritise 30,000 tests per day for staff and residents in care homes with DASS’s and DPH’s being asked to provide leadership to this initiative.
14. **Funding** - Early in the pandemic the LGA spoke strongly on the need for the funding necessary to enable councils to continue providing all their essential services. An important part of the focus for this work was on the funding needed for social care to help keep people safe and well. We know that the most significant share of the £3.2 billion allocated by government is being spent in adult social care, albeit that it is intended to provide for a much wider range of cost pressures, and that it falls well-short of the total costs and income losses that councils have experienced.
15. There has been some unfounded criticism of councils from the national care provider associations who have argued that councils have failed to pass on funding to local providers. In instances where councils have been named, we have always been able to establish that this is not the case. We are also gathering information from our regions about how councils have allocated their covid-19 funding. Notwithstanding our differences with national provider associations, we are continuing to work with providers and others connected to social care to fully understand the level of additional resource that may be needed, including for providers that operate predominantly in the self-funder market. We have been clear that the Government must honour its commitment to make available ‘whatever it takes’ to help the country through this emergency.
16. **Data returns** – Maintaining effective relations with local providers is part of all upper-tier councils’ responsibilities to support an appropriate balance and range of social care

service provision. This includes gathering appropriate data on market intelligence. As part of the covid-19 response, government has imposed national requirements for data returns from social care providers. NHSE/I collect information from care homes; CQC from home care providers.

17. Together with ADASS, the LGA has worked very hard with government and with provider associations to try and keep this new requirement proportionate and complementary to local data gathering, rather than duplicating effort and potentially undermining council responsibilities. This has involved supporting the rapid transfer of national data returns into LG Inform so that councils have ready access to up-to-date local intelligence. We have also continued to argue that the limited and covid-related national data collections are no substitute for local market intelligence; at the same time accepting that if the national returns are effective and comprehensive then providers should not be expected to supply the same information more than once.
18. **Care Act Easements** – Government passed legislation that came into force on 31 March allowing councils some limited flexibility to opt out of Care Act responsibilities during the covid crisis. Accompanying guidance set out how such decisions should be taken and made it a requirement that councils implementing easements would need to notify DHSC.
19. As at 7 May, 7 councils have informed DHSC of a decision to implement easements. DHSC has asked CQC to provide some oversight of those councils, including the reasons for the decision and the expected impact. CQC have said they will use this information as part of their prioritisation for monitoring of providers.
20. There was some initial media attention on implementation of the easements largely due to the information emerging on social media prior to its publication. There is no evidence that any of the councils have failed to comply with the requirements with regard to implementing these easements.
21. **Learning Disability and Autism** – We are working national partners including NHSE/I and the National Development Team for Inclusion on a number of initiatives to support people with learning disability and/or autism and their representative organisations. NHSE/I host a weekly webinar for learning disability and autism stakeholder organisations.
22. **Digital and Technology Enabled Care** – Many councils are seeking to use technology to support their covid response. LGA is working with NHS Digital to provide funding to support a number of initiatives and has also developed a framework, working with a number of councils, to support rapid deployment of tech solutions rapidly.

23. We are also working hard with NHSx, who lead digital innovation across health and care, to ensure that wider covid-led changes are delivered in collaboration with the social care sector.
24. While the above summarises the main thrust of our adult social care support to date, this is a rapidly changing environment and as the covid focus shifts, so do our challenges. It is worth noting that we are presently focussing more effort on **safeguarding**, where there are some concerns that safeguarding referrals are down while we know that increased isolation and pressures on people and services will inevitably lead to increased safeguarding risks. We are also starting to do more to respond to pressures on **mental health** services.

Implications for Wales

25. This report covers only the response by and support to English councils. Welsh councils face a similar set of challenges, albeit that they will be impacting differentially depending on the approach being taken in these areas by the Wales Assembly Government under its devolved responsibilities.

Financial Implications

26. There are no direct financial implications to the LGA from this report, however for councils the implications are significant as described at paragraphs 8, 13 and 14.

Next steps

27. Officers to action any recommendations for further work or follow-up as appropriate.