

Written evidence submitted by the Chair of the Local Government Association's Community Wellbeing Board

Dear Meg,

Readying the NHS and social care for the COVID-19 peak

I hope this finds you well. I am writing as Chair of the Local Government Association's (LGA) Community Wellbeing Board to share our analysis ahead of your Committee's inquiry into readying the NHS and social care for the COVID-19 peak. In this letter, we will specifically be addressing the second and third questions in the Committee's terms of reference: securing adequate vital supplies, including PPE, testing equipment, and ventilators, and analysis of protecting and supporting vulnerable groups, including those residents in care homes and healthcare professionals.

There is no doubt that the crisis has changed the adult social care landscape. It has put adult social care firmly in the public, political and media spotlight, highlighted the tireless work of the social care workforce who have risen to the challenge in the most difficult circumstances, and demonstrated the inherent value of social care to the wider public. COVID-19 has, however, further exacerbated the challenges facing the sector. These include a legacy of significant underfunding, increases in demand, and additional costs that have pushed social care services to breaking point. The urgent reforms that are needed to secure a sustainable future for adult social care must take account of the learning gained from this entire experience, particularly the role of councils in coordinating a wide range of local activity that has united around the aim of supporting people's safety, wellbeing and independence.

Impact on Council Finances

Government funding and liquidity measures to support councils during the COVID-19 pandemic have been welcome, as they are facing extra costs from the demands created by COVID-19 as well as a significant loss of income. Analysis from the Ministry of Housing, Communities and Local Government (MHCLG) survey on local authority financial challenges shows that councils could need as much as £6 billion more to cover the financial impact of coping with the coronavirus pandemic during this financial year.ⁱ In addition, recent LGA and Association of Directors of Adult Social Services (ADASS) analysis shows that providers of adult social care services may face more than £6.6 billion in extra costs due to the coronavirus crisis by the end of September 2020. Maintaining safe staffing levels and providing PPE are the biggest drivers of these extra financial pressures, as well as the need for enhanced cleaning of care homes and other care settingsⁱⁱ.

Testing

Increasing testing capacity has been an important priority and there has been a welcome acceleration in the numbers of people being tested for COVID-19. It was especially welcome to hear the target of testing all care home staff and residents had been met. It was also pleasing to learn that all working-age adult social care homes in England will be able to order the whole care home testing service for residents and staff. That said, the key issue for adult social care is that staff and residents should have ready access to testing if they require it. It is essential that the introduction of mass testing does not result in adult social care experiencing delays or difficulties in accessing testing. Looking to the NHS Test and Trace service, councils will also need powers, data and long-term sustainable funding to effectively deliver local outbreak plans, which they have been required to develop before the end of June.

Throughout the pandemic, there have been significant challenges to protecting vulnerable care home residents. The most common issues have been difficulty in accessing test kits and their results and securing reliable supplies of PPE for care homes. Social care's needs have frequently taken second place to the NHS' needs. This is particularly the case when it is considered that care homes are one, small, section of adult social care, and – to date – there is little support or priority forthcoming for providers of, for example, supported living, extra care, domiciliary care or those with personal assistants. It has also frequently been reported that figures released by NHS England show that 25,060 patients were moved from hospitals to care homes between 17 March and 16 April 2020, when testing was still not widespread. This happened amid warnings about the social care sector's lack of preparedness, including shortages of protective equipment for staff.

Demand

In addition, the initially higher level of discharge during the pandemic has placed greater demand on community and social care services. The provision of £1.3 billion to underpin the enhanced discharge arrangements has been welcome in enabling an increase in capacity and negating finance assessments and discussions. In particular, the guidance's emphasis on ensuring up to 95 per cent of people go home, with or without support, has been welcome. We strongly urge the continuation of this guidance and no slipping back to people not being discharged in a timely way, ideally to home. This shift, however, is increasing the demand for domiciliary and community-based care, and is requiring investment in services, workforce and processes to ensure people are best supported to return home, including people whose needs are more complex or chronic. We would welcome further evaluation to ensure that the needs of both those recovering from COVID-19 infection and those with other long-term conditions are met through proactive, person-centred care at or close to home.

Physical and mental health

Many of the patients discharged into care homes will have been in intensive care units for long periods of time and will have significant physical and psychological needs, requiring social care and support over an extended period. Support for many people recovering from COVID-19 will include long-term, integrated reablement support. Local partners have risen to this challenge and have been joining up community support. For example, hospital-based therapists have moved into community settings and GPs and allied health professional are working with residential and domiciliary care to set up virtual clinics, provide support around infection control and acute outreach to manage increased needs.

Care Home Plans

While Government has recognised that the sector is in need of extra funding to see through the crisis, recent developments for Care Home Support Plans and for Infection Prevention Control Grants have lacked coherence, have given councils little time to respond and risk not delivering the required outcomes because the biggest issues in effective infection control are PPE and deep cleans, which are excluded. We have been urging the Government to work with councils and care providers on national support that is well-planned and co-ordinated, which is not currently happening. It is also key that the attention is given to the rest of the social care sector, of which care homes are a minority. Domiciliary care, personal assistants and care for those under 65 are equally affected by the issues affecting care homes and require the same support and investment.

Workforce

The social care sector has faced significant challenges in being able to respond to the pandemic which relate to the workforce, for example PPE and testing were slower to embed in social care.

Sickness has reduced capacity as well as the need to 'cohort' staff and patients (separating them into self-contained groups) to manage COVID-19 infection control. The COVID-19 pandemic has clearly shown how important it is to have a highly skilled, well equipped, and supported care workforce. Adult social care workers are beginning to get the recognition they deserve, and we are moving closer to the social care workforce getting parity of esteem to NHS colleagues. This needs to continue and translate into tangible improvements in the pay of the adult social care workforce and investment in workplace development, based on a more cohesive approach to the workforce. There are well over 20,000 employers in social care and systems need to be devised to enable them to have a more consistent approach. The opportunity exists to use the response to the pandemic to ensure that in future there is a social care workforce with shared values and approaches.

Data

Away from formal care services, data sharing has been vital to the delivery of many support packages to local residents during this crisis. This has included supporting councils to assist with the delivery of the national system of doorstep food deliveries to those people who are extremely clinically vulnerable to COVID-19 and need to be shielded, and to people outside this group who are unable to access food or have issues affording it. Whilst there has been considerable success with ensuring the most vulnerable have access to food, there have been notable issues relating to data sharing on individuals considered clinically vulnerable. Instances of inconsistent, poor quality and duplicated data, along with delays in providing updates, means councils have spent a significant amount of time cleansing data and trying to identify means of contacting individuals which could be avoided via improvements.

Flu immunisation

If a second wave of COVID-19 occurs, it is likely to be over the winter period. It is therefore crucial an effective flu vaccination programme is rolled out so pressure on the health and social care systems can be reduced over the winter months. We acknowledge that due to social distancing measures, it is likely to be much more challenging to get the flu vaccine to those who need it. However, we are currently seeing the impact of COVID-19 on the NHS and social care, and this coming winter we may be faced with co-circulation of COVID-19 and flu.

To ensure the vaccination programme is as efficient as possible, we are urging the Government to develop the 2021 programme to be much less centralised. This includes ensuring local authorities are able to command resources, and moving vaccination campaigns beyond the NHS to pharmacies, workplaces, social care settings and schools. Those on the clinically vulnerable list, rough sleepers and all health and care workers must be vaccinated. If it is not possible to vaccinate all health and care workers, we ask those who are not vaccinated to be relocated to other non-client facing roles. Finally, local authorities will need full access to relevant data so they can ensure their vaccination programmes reach everyone who needs it.

I hope the information outlined is helpful and highlights the challenges local government has faced in protecting and supporting vulnerable groups, including those residents in care homes and healthcare professionals. For social care to continue to function, the Government must be prepared to fully fund any additional costs incurred as a result of the pandemic and must be ready to come forward with plans to reform the sector as soon as possible. If we can be of further assistance, please not hesitate to get in touch (laura.johnson@local.gov.uk).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ian Hudspeth', with a long horizontal flourish underneath.

Cllr Ian Hudspeth
Chair, LGA Community Wellbeing Board

ⁱ <https://www.local.gov.uk/coronavirus-certainty-needed-over-ongoing-covid-19-funding-vital-local-services>

ⁱⁱ <https://local.gov.uk/lga-social-care-providers-face-more-ps6bn-extra-covid-19-costs>