

Parliamentary briefing: Government's approach to the COVID-19 pandemic on the provision and delivery of social and domiciliary care for disabled and vulnerable people, and the need to ensure the sustainability of social care services

House of Lords debate, 23 April 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

Overview

Coronavirus is putting the NHS and social care under unprecedented strain at a time when demand for health and care services was already at an all time high. The NHS relies on the social care system to support the most vulnerable people in our society to stay well, and independent, at home particularly after discharge from hospital, so the role of social care has never been more important. The social care sector was under huge pressure prior to the pandemic following years of cuts to local government funding¹, with workforce vacancies estimated at 122,000², and a fragile provider market. This precarious position has been brought into sharp relief by the growing pressures of the pandemic, with well publicised challenges of PPE, testing and support for staff impacting social care provision.

While the government's announcement of additional funding for local authorities has helped thousands of medically fit patients to be discharged from hospital during the pandemic to enable the NHS to free up critical care beds for those in most need, we must see a sustainable long term funding solution for social care. This must be an immediate priority for the government when the outbreak is over.

¹ <https://commonslibrary.parliament.uk/research-briefings/cbp-7903/#fullreport>

² <https://www.health.org.uk/news-and-comment/news/social-care-can-ill-afford-further-limitations-on-recruitment>

Social care provision in response to COVID-19

The social care sector, including hospices, care homes and domiciliary care providers, plays a vital role in supporting some of the most vulnerable in our society to remain well and sustain their independence with in their own homes, as well as supporting patients following discharge from hospital, freeing up critical care beds for the most seriously ill. Social care staff are very much on the frontline of the COVID-19 response, with increasing evidence that the total number of deaths within the community, and within care homes, may be higher than recorded.

National funding and strategy

National media attention on the growing crisis in care homes and reports of the number of COVID-19 deaths in the community being higher than recorded, led the government to launch an Action Plan for Adult Social Care on 15 April, which aims to strengthen the social care recruitment campaign, prioritise testing and PPE deliveries, and give the social care workforce access to the same mental health support as NHS staff.

The government allocated an additional £1.6bn to local authorities to help support social care providers and the most vulnerable, as well as £1.3bn to support the NHS to discharge patients (e.g. follow-on care costs, care home beds etc.) during the pandemic. On 18 April, local government also received an additional £1.6bn to support rough sleepers to move off the street, offer new shielding programmes for the most vulnerable, and support social care, public health and fire services. This funding is both welcome and essential given the fragility of the social care sector and has supported the rapid discharge of patients from hospital. Questions remain however over the adequacy of the funding given the significant challenges facing the sector.

Supply and distribution of Personal Protective Equipment (PPE)

Health and care staff are rightly concerned about their safety and access to the PPE they need. At the start of the outbreak, demand for PPE increased by 5000% in a matter of days. The national supply and distribution system went from serving 217 trusts to over 50,000 health and social care providers, leading to some supply and distribution issues. It is clear that the shortages of PPE have been more extensive, serious and difficult to overcome in the social care sector, partly because the provider landscape within social care is much more diffuse than the trust sector, which is connected as a national network. Since last week, priority PPE deliveries will continue to Local Resilience Forums for distribution according to need while a new online delivery system, which will be integrated with the national NHS supply chain, is rolled out. In the meantime, trusts are helping by sharing as much PPE stock as they can.

Some trusts have reported that care homes are refusing new admissions due to worries about treating COVID-19 positive residents, despite the national guidance. There have been reports of social care staff resigning over the lack of PPE, putting greater strain on the workforce which is seeing rapid increases in staff sickness. It is absolutely vital that care homes have access to necessary PPE to protect their staff, help contain the spread of the virus and ensure care home residents are not exposed to unnecessary risk. This

will also importantly reduce the burden on NHS services within hospitals and within the community at this time.

Testing

The government's adult social care strategy includes a number of commitments to introduce testing in the social care sector following very real concerns about the scale of testing of both residents in care homes and the social care workforce. Last week's announcement confirmed that the government will institute a policy of testing all residents on discharge from hospital and prior to admission to care homes and the NHS will have a responsibility for testing these patients. In addition, every care home resident and staff member with COVID-19 symptoms will be tested as lab capacity increases. As of 20 April, the CQC has made over 12,000 testing appointments for social care staff.

While this is very welcome news, it does pose a logistical challenge as there are over 50,000 providers. It is vital that testing does not slow down the rapid discharge to assess model which has helped the NHS manage increased demand throughout the system.

Rapid discharge to assess

The NHS swiftly adapted its discharge procedures in a week to deliver a rapid discharge to assess operating model in response to the threat of coronavirus. Thanks to the work of trusts, local government and social care providers, hospitals discharged thousands of patients in record time and freed up 33,000 beds. Trust leaders are grateful for the way in which care and nursing homes, hospices and other voluntary sector organisations have been able to assist in enabling rapid discharge from hospital, recognising that this has placed a significant extra burden on these services.

This rapid discharge to assess model has maintained patient 'flow' throughout the health and social care system and supports the evidence that unnecessarily prolonged hospital stays actually serve to damage patients' health and wellbeing, particularly in the elderly. Some areas have been working to achieve this model for years, only to make it happen within days with added impetus and resource.

Trusts and social care colleagues tell us that there will be much to learn from the sector's reaction and adaptability in this crisis period. While both the NHS and social care remain under significant challenge, there will be innovations which should be sustained once the pandemic has passed. That may well include better methods of discharging medically fit patients swiftly from acute settings through strong partnerships between hospitals, NHS community services and social care.

In the shorter term, social care providers are concerned about being overwhelmed with demand if the NHS begins to return to 'business as usual' (for example reintroducing the planned operations which have been suspended during the epidemic) work while social and community care providers are still supporting COVID-19 patients through rehabilitation. The social care sector needs national modelling on what government and national policy expect over what timeframes so it can plan to work with NHS colleagues to meet this demand appropriately.

COVID-19 deaths in the community

There has been widespread reporting in the media that the number of deaths is higher than officially recorded as the government's statistics do not currently include deaths in the community, and as the ONS data which does include community deaths, has a two-week time lag. Data from the EU shows about half of all COVID-19 deaths happen in care homes, while figures from Scotland suggest it is 1 in 4. In the UK, 15% of all care homes reported COVID-positive residents as of 13 April. The National Care Forum estimates that more than 4,000 people have died across all residential and nursing homes³ – far greater than the 1,043 in care homes recorded in the ONS figures taking into account the two-week time lag in the dataset.⁴

NHS Providers' view

The NHS and social care must be seen as two sides of the same coin and supported in their efforts to respond to the COVID-19 outbreak. It has never been more important to invest in this critical partnership. There will be a time to reflect on whether government could have done more sooner for social care, but trusts want the focus now to remain on the delivery of national operational plans for the whole health and care system.

Social care providers and their staff have had to adapt as the crisis evolved and new issues emerged, and are playing a key role in supporting vulnerable people shielding at home and enabling people to return home with appropriate support after a period in hospital. This frees up beds for those who are critically ill and helps trusts meet increased demand due to COVID-19. The pandemic has laid bare the challenges facing social care, and highlights the urgent need for a sustainable, long term funding solution. This should be a key priority for the government following the pandemic.

We welcome the government's strategy to boost testing and increase the provision of PPE in the social care sector, as well as the extra funding to aid providers' response and support staff. However, we are concerned that this could be too little too late given there have been repeated calls for a sustainable funding settlement and reform to the social care system, which have gone unanswered.

³ <https://www.nationalcareforum.org.uk/ncf-press-releases/ring-of-steel-needed-to-support-care-homes-as-deaths-double-in-a-week/>

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending10april2020#deaths-registered-by-place-of-occurrence>