Open letter to Senior Officers (social and health care) and MP's in:

- North Somerset
- Bristol
- South Gloucestershire
- Bath & North East Somerset

17 March 2020

Dear Colleagues,

COVID-19: Supporting Social Care

Care and Support West is the voice of the private, charitable and independent care sector within North Somerset, Bristol, South Gloucestershire and Bath and North East Somerset. I write on behalf of care providers across these Unitary Authorities who deliver all types of regulated and non-regulated care through Residential, Nursing, Supported Living and Domiciliary Care organisations.

At a recent Local Authority Covid-19 workshop in the C&SW area it was clear that social care providers felt under-supported, under-resourced and misunderstood by their health colleagues. By definition, Social Care supports people with high levels of need, many of whom have underlying health conditions. Providers are very worried about the impact that Covid-19 will have on those they support, their ability to sustain services during the outbreak and the long-term viability of their organisations.

We write to propose a series of measures which BCC, SGC, NSC, B&NES and the NHS and other state bodies should take to support the Social Care sector. These measures will increase the state of preparedness, increase confidence and save lives.

Essential Support for Social Care Providers

Immediate day to day social care needs

1. **Staff preparation - PPE Whilst** the NHS has direct access to PPE for its staff, Social Care providers do not. It is already impossible to source hand gel, face masks and body suits.

2. We should absolutely not expect staff to support people with Covid-19 without appropriate protection. Indeed, CSW considers that to do so would be negligent, not least given the low pay that most care workers receive owing to commissioning stringencies.

3. PPE equipment must be made freely available to Social Care providers just as it is within the NHS and how it is to be sourced, by whom and when must be the subject of on-going communications.

4. **Hospital Discharges** – whilst social care providers are keen to support their NHS and CCG colleague organisations to create bed space in Acute Hospitals; COVID-19 tests on all patients prior to discharge must be carried out. The results of these tests should be

confirmed with the social care organisation expected to accept or admit the service user to ensure they are virus free at the point of admission.

Policy and approach – Social isolation

5. The Government has identified a series of stages to shape its approach as the pandemic progresses. Whilst these may be appropriate for the country at large, they might not be appropriate for the Social Care sector.

6. We would like to see aspects of the 'Mitigation' phase being brought forward and implemented now. In particular, we should embed the principle and practice of social isolation. Given that people are infectious before they show symptoms, every human contact increases the risk of transmission. There should be no unnecessary contacts. Services should be isolated as far as possible.

7. LA colleagues and the NHS need to take a lead here by changing their practices, as well as encouraging others to do the same:
    a. **Technological infrastructure – Teleconferencing**
    If the policy of social isolation is implemented, as we believe it should be, then effective communication mechanisms will be required to enable operations to continue. LAs and the NHS should take the lead in shaping the required technological infrastructure, for example by selecting and building a standard teleconferencing system, to be used across the sector. This is to recognize that insufficient social care providers are using NHS mail and the lines of communication should have fewer barriers at this time.

    b. **Market signaling – Communications**
    At the recent Local Authority Covid-19 workshop we learned much about the local situation and much of this was that there is a lack of shared knowledge and a feeling among providers that there is not parity of esteem or resource sharing with health colleagues.
    Providers need to understand what local services look like so that they can respond accordingly. This, and other, information needs to be communicated regularly and effectively.

    c. **Financial viability – Support to providers**
    Many and probably most, local provider organisations will suffer financial losses as a result of Covid-19. All sectors will see revenues fall whilst costs increase. Some sectors will be hit terribly, such as domiciliary care and day services, which will see their business plummet and/or be unable to a service what demand there is. High death rates amongst the vulnerable cohort we support will also have an impact. The Social Care sector needs to survive intact. To this end we propose two initiatives.
        i. **Continuing to fund contracted services whether they are delivered or not**
        Providers have an intent to deliver contracted services. If they are unable to do so it will be due to a shortage of staff and prioritization of services with

greater need. Where services cannot be delivered, the provider will continue to incur significant costs.
We ask that LAs and the NHS continue to fund services at agreed and contracted levels, even where the support is not delivered.

ii. **Setting up a Relief Fund to sustain the market by enabling providers to stay in business**
The fund could be accessed by any provider facing financial hardship. It should award grant and interest-free loan funding through a simple and rapid mechanism.
A fund of, say, £5m would be a good place to start.
As well as supporting providers who will suffer hardship through no fault of their own, setting up this fund would send a really positive message to the Social Care community.

d. Risk support – Reducing the blame

Providers will be forced to take additional risks during the crisis as a result of having too few staff. Numbers and durations of visits might reduce; residential services might run with fewer staff on duty. This will have consequences, for example an increase in the number of incidents.

Providers would welcome some cover. We propose that a system is set up whereby providers register in advance where they are curtailing or reducing a particular service due to prioritizing limited staff resources. This will enable them to explain the decision in advance. LAs would know about this, and have the opportunity to review. All would be transparent, and risk would be shared.

e. Staff messaging – Show support

There are some outstanding people working in the social care sector who will go the extra mile. Providers will be taking their own steps to recognize and reward staff, but it would be helpful if LA/NHS played a role here too.

i. **Positive messaging**
Positive messaging to and about social care staff, starting now and continuing throughout, would be great.

ii. **PR**
There is a risk that in the media, all the heroes wear blue lanyards. Social care staff will be equally deserving of reward and recognition. LAs/NHS should ensure that positive Social Care stories hit the media too.

iii. **Tangible reward or recognition**
Perhaps additional funding could be given to enable providers to pay a bonus or give additional leave when we get through it. Imagine how great it would be to convey this to staff now?

iv. **Supporting mental wellbeing**
People will be torn between the needs of their families and those they support at work. They will suffer trauma related to the illness and potentially death of those close to them. Rolling out a sector-wide Mental

Health support line would be a step to mitigate and send a positive message.

f. Dealing with the regulation and regulators

Providers are fearful they will suffer from regulators and regulation through the crisis. It will be hard to maintain outstanding practices during the crisis, and it will be difficult to comply fully with all regulations, such as the MCA, particularly where processes are cumbersome.

These are areas in which LAs/NHS could take a lead and make it safe for providers.

Supporting Providers directly

8. **Service contingency planning.** Most providers have good contingency plans and are preparing as best they can. Some, however, are not.

9. C&SW is playing a role here, but LAs and NHS should do so too. Through relationship managers and other structures, it should be ensured that all providers have high quality contingency plans in place or, where they have not made this provision, are signposted to C&SW for support.

10. **Staff training on barrier nursing-** Social care providers generally have good infection control training and practice and will be more diligent than ever during the epidemic. However, few providers have any expertise in barrier nursing. Nor is it a contracted service in most instances.

11. If the requirement for barrier nursing is planned then LAs/NHS should contract for this service now, rather than when the need arises. This would also show support to managing the risks to staff. If barrier nursing is to be undertaken, Social Care staff who are expected to deliver this service should be trained by the NHS now. We are aware that in Lincolnshire, for example, a cohort of Social Care staff have been booked on training.

12. **Medication-** A key element of supporting people in Social Care is ensuring that they receive the correct medication. Any breaks in the medication supply chain could have a huge detrimental impact on the wellbeing of people in receipt of Social Care. LAs/NHS must ensure that the medication supply chain continues to operate, and assure providers of this, not least so that people may continue to be supported at home and not add pressure to the hospitals.

13. **Staff resourcing -** The government models that at the worst point, businesses might have 20% of their staff absent. We believe that in Social Care this could be much worse. The existing staffing crisis determines that vacancy rates of 10-20% are not uncommon. Many services already rely on agency staff. When this is overlaid by absence through illness, self-isolation and forced absence to look after children, the figure could be as high as 50%.

14. Under these circumstances, services will adopt a range of measures to do what they can. They will seek to reduce their levels of activity, spread their resources and redeploy staff in non-care roles to do care work.

15. LAs/NHS has a role here too. It might be possible to channel people into Social Care from elsewhere – it was interesting to note that the shut-down of some services (e.g. day services) might release capacity. There has been a strategy to bring retired professionals back into the field – it would good if some found their way into Social Care. There might also be scope to facilitate co-ordination between services. This is an area ripe for creative solutions and we look to LA colleagues for leadership on this.

16. **Agency staff-** A number of providers have expressed concern that some agencies are not providing the assurance required about the safety of their staff. It would be helpful if LAs/NHS could work with agencies to ensure that those operating locally are meeting the standards required to minimize infection and transmission of Covid-19.

17. **Prioritisation of other resources -** Social care providers require a range of resources to operate which might be in short supply. Fuel is an obvious example – staff have to get to work. Social Care providers and staff should be granted special status which affords them priority to essential resources which are or could be in short supply.

18. **Stockpiling-** The Government has a strong interest in persuading people that panic-buying is unnecessary. We propose that a different message is delivered to Social Care providers, because the impact of running out will be so much worse. Social Care services should be preparing as best they can for the period of isolation to come, and this means stockpiling now. Support in accessing essential items to enable this would be helpful.

19. **What to do in a crisis -**Providers will have many points of crisis over the next few months. What happens, for example, if someone with severe learning disabilities who self-harms and harms others get Covid-19. How will a provider cope? Providers need to know who to go to at these points of crisis for help and guidance, and they need to be assured that it will be forthcoming. LAs/NHS really need to anticipate and plan for these eventualities now. If a service cannot meet the needs of a young person with challenging behaviour, then who will?

20. When we get through all this, we need to be able to reflect positively on all parts of the sector having played their part as a team, not hearing from providers that they felt totally alone, and thrown to the lions.

21. **Recruitment** In the forthcoming period providers will find recruitment a real challenge. This is a concern because social care providers typically face a staff turnover rate of 20-35%, meaning that they need to recruit between a fifth and third of their workforce every year. Given existing vacancy rates, a period of non-recruitment might lead services to close due to lack of staffing. There is no short-term fix here. It requires the professionalisation of Social Care work, more investment and raft of other measures. Important to flag, though.

We believe that if all these measures could be addressed proactively by LAs/NHS in the next ten days then Social Care will be far better placed to face the troubles ahead, and that confidence in the state of preparedness will improve.

We at C&SW we are happy to help in any way we can. We continue to monitor updates and publish these to providers as they come in. We will also be inviting providers to co-ordinate their queries to LA colleague via us, committing ourselves to sending back responses, so that communications may be managed, and responses noted by all at the right time.

Yours faithfully,

David Smallacombe, CEO and Deian Glyn, Chair
Care and Support West