COVID-19 Response

1. Support to those who are homeless:

1.1 At the peak of the lockdown 246 people were accommodated in a variety of locations across the county and given three meals a day and food parcels. Mental health and substance misuse services have also been offered where applicable.

1.2 To date more permanent accommodation has been offered to all those who wanted to accept; emergency accommodation continues to be provided to others whilst they await suitable offers of housing that becomes available.

1.3 As a result, at the end of October there were 64 rough sleepers in West Sussex with accommodation and support continued to be offered to those that wished to engage with services. (It should be noted that this number varies from week to week).

1.4 The County Council continues to support the rough sleeping charities with additional infection control funding to enable them to offer appropriate accommodation to those that require it and keep the rough sleeping population as safe as possible.

2. Support to the care market:

2.1 In addition to providing a 'business as usual' service, Adults Services has provided significant additional support to care providers during Covid-19. This has included:

- Covid-19 specific guidance and information,
- Daily provider newsletters,
- Virtual provider forums,
- A redesigned, rescoped and repurposed on-line Provider Zone with a telephone support line,
- Intensive support for any care provider identified as 'at risk' of failure or with Covid-19 outbreaks.
- Encourage providers to support safe visiting in care homes (making use of Round 2 Infection Control Funds
- Crisis support to care settings when they have been affected by COVID
- The care home multi agency Incident Management Team meets weekly reviewing all providers experiencing pressures, with outbreaks or where the system has concerns.

3. Financial Support to the care market:

3.1 The directorate has distributed the majority of the £23.46m Adult Social Care Infection Control Fund grants received from Government. This is across the full range of social care providers including supported living, extra care housing and home-based care and homelessness. Before Government stepped in with support through the Infection Control Fund the County Council committed at risk £8.83m to support the sector.

3.2 Additionally, the County Council has provided a financial package of support to care providers. This has included, for care services supporting customers funded by the County Council, a 20% uplift for domiciliary care, a 10% uplift to other care providers over a 3-month period, upfront payments to day centres for people with learning disabilities and swifter payments to support cash flow. This was followed by a further cross-market uplift of 5% in payments to care providers for an additional three months.

4. Hospital discharge and Combined Placement Sourcing Team (CPST):

4.1 We have developed our Hospital Discharge and Placements arrangements in partnership with health colleagues and are supporting people coming out of Hospital 8am – 8pm, 7 days a week.

4.2 The CPST is multi agency including CHC and the community NHS provider and supports the discharge of all customers from acute hospitals including self-funders. There is a Home First model in place with integrated therapy and care hours, and assessment of people in their interim placement is largely done within 6 weeks and many people are able to move to their long-term placement in this time. The CPST has to date received 6,811 referrals and facilitated 4,568 discharges.

4.3 This approach has resulted in the average length of time someone waits in a bed after they are medically ready for discharge, being reduced from 15 days to an average of 4 days (Western Sussex Hospitals NHS Foundation Trust) and from 10 to 4 days (Surrey and Sussex Healthcare NHS Trust).This has reduced hospital bed days and the risk of people becoming more dependent by waiting in a bed, allowing them to return home much sooner.

4.4 The CPST has available information on all care settings with restrictions and Public Health England notifications of outbreaks alongside effective tracking systems to ensure market information is readily available and can be monitored. A hospital discharge dashboard contains rich data and is reviewed in detail twice weekly. The dashboard has been refined over time and is an iterative and growing tool incorporating effective tracking of discharges and onward journeys at an individual, aggregated and financial level.

4.5 Assessment of people in their interim placement is largely done within 6 weeks and many people are able to move to their long-term placement in this time.

4.6 There is clear agreement between the West Sussex Clinical Commissioning Group (CCG) and local authority on the leadership of the commissioning and contracting of additional capacity to meet winter demand and the enhanced provision required for the hospital discharge pathways. This is reflected in a variation to the longstanding joint commissioning Section 75 agreement.

4.7 The success of the arrangement means that the County Council and the CCG are looking to make CPST a permanent feature so that the benefits it has delivered will endure beyond the pandemic.

5. Building capacity to meet demand:

5.1 Our commissioning and contracting teams have responded quickly to secure additional capacity and support in the light of demand increases due to Covid-19 and the winter period more generally. This includes securing additional domiciliary care rounds, additional Homefirst hours and working in partnership with the CCG to secure bed capacity. This includes the establishment of designated accommodation for people leaving hospital who are Covid-19 positive and need a period of isolation before their onward move to a care setting.

6. Services for Adults:

6.1 Where services have had to close due to Covid-19, the wellbeing of service users remains a priority and alternative contact and support is being provided where possible. Adult social care worked to re-open services that are critical for residents, including in-house and independent sector day services supporting adults with learning disabilities, which are now operating at above 50% capacity

6.2 In other areas of the business face to face contacts have been prioritised in accordance with government guidance, and our services have remained up and running.

7. Flexible Workforce:

7.1 Staff at all levels across Adults & Health have worked incredibly flexibly throughout the Covid-19 pandemic and continue to do so.

7.2 At the start of the pandemic, staff in social care volunteered to change their working patterns to provide social care support 8am – 8pm, 7 days a week. Community Social Work and Occupational Therapy teams were also reorganised to focus on supporting the requirement for rapid hospital discharges. Staff were redeployed to other teams such as the Combined Placement Sourcing Team and the Community Hub.

7.3 Staff have also adjusted to new ways of working, for example social care assessments and support took place virtually over telephone calls or video calls for customers that were shielding.

7.4 Adults Services has utilised a range of initiatives to ensure that management support is available to staff that require it and contact with all staff is maintained. The physical and emotional wellbeing of staff is being monitored by managers and regularly promoted.

8. Mental Health:

There has been effective multi agency working to support mental health hospital discharges including the establishment and growing of an innovative Discharge to Assess Model (cited in the recent NHSE guidance on hospital discharge from acute mental health hospitals). This is a model developed jointly with the acute Trust and CVS providers which supports both hospital discharge and admission avoidance. The Council has proactively participated in regular and extensive multi agency discharge events (MADE) which has resulted in an overall reduction in out of area placements but it is also acknowledged that Covid-19 has led to a significant surge in presentations of people with mental ill health which has meant a small increase in DTOC and some challenges about move on from A&E when people present acutely ill. Without the strong system working it is felt that this situation could have been significantly more concerning.

9. Working with partners:

There are clear governance and escalation routes and enhanced partnership relationships. The following (and other touchpoints) are in place and can be stepped up or down according to need; West Sussex silver meetings twice a week, weekly adult social care cell meetings reviewing internal and operational pressures, daily OPEX, twice weekly capacity oversight groups, weekly care home incident management meetings, place based and Sussex wide care home groups.

The role of the community and voluntary sector in supporting to keep people well at home and effective hospital discharge home is understood and opportunities explored further. For example, the role of the Take Home and Settle and Home from Hospital services are being promoted.

Healthwatch provide regular insights into information gathered from residents to inform delivery of services and highlight concerns.