

**ADASS  
CORONAVIRUS  
SURVEY**

**2020**

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The Association of Directors of Adults Social Services is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services regardless of their backgrounds and status and
- Promoting high standards of social care services

Our members are current and former directors of adult care or social services and their senior staff.

## FOREWORD

Every year ADASS produces a Budget Survey. This is the seventeenth time we have done so. Over recent years, the ADASS budget survey has become an important barometer of the state and 'health and wellbeing' of adult social care in England. The unique ADASS membership enables us, on an annual basis, to reach into local authorities and to take a snapshot of the financial temperature.

This year has been unique with COVID-19 affecting the landscape so significantly. The timing has enabled us to also gather data relating to the impact of and the response to the pandemic.

As a result, there are two reports this year. This is the first and it focuses specifically on the response by ADASS members to the Covid-19 pandemic. The second report will be published shortly and will set out and explore the wider financial impact of Covid-19 for adult social care in England.

The impact of COVID 19 has been particularly significant for those of us with care and support needs, our families, carers and for those who commission and provide advice, care and support in our own homes, care homes and within our communities.

There is trauma and grief at the very large number of people who have died in so short a space of time, not just of Covid-19, but of all of the other causes that have featured in excess deaths during the pandemic. It has disproportionately hit those of us who are in the most vulnerable circumstances: older people at the end of our lives, particularly in care homes, and people with learning disabilities. Concerningly, it has affected black and minority ethnic people and poorer communities that already experience ingrained inequalities. And it has hit hard the incredibly courageous, largely female, low paid but skilled and committed care staff, who have died at higher rates than the rest of the population. They have nonetheless continued to provide care at huge risk to their lives and to their families.

More than ever the numbers contained in this report mask the experiences of millions of lives; those of us who have advice, care and support needs ourselves, care for a family member who does, or provide care as care professionals. Around 4.5 million people are new to caring. This population is different – younger and much more likely to be working age. Many more are juggling work and care. If you reach the tipping point where there is a crisis and insufficient care, you start pulling unpaid carers from the working population which will impact on the economy. This impacts more on women.

These are real lives, real experiences and real pressures. People whose lives have been profoundly affected and changed by Covid-19. The millions who have been locked down and shielded, who have faced disruption of routines, who have been impacted by increased domestic abuse and mental ill health, who have had to care for themselves and family, and who have lost their usual contact with others. Ultimately thousands have lost their lives prematurely in social care and were not sufficiently considered as part of wider health and community systems. And normality has not yet returned.

It is clear that adult social care was rendered ill-equipped and under-resourced to deal with the Covid-19 pandemic by the failure of successive governments of all political colours to

recognise and understand how essential social care is and to put the people who need and work in it at the forefront; the failure to put social care on a sustainable and enduring footing.

Our NHS and the people who work in it have been magnificent. Those who work in and who contribute in other ways, as family carers, as leaders of organisations who speak for older and disabled people, care providers, regulators and councils have been too.

A key lesson is that a pandemic response that focussed on emptying acute hospital beds without considering the impact on social care can had huge consequences; prioritise PPE and testing for hospitals with social care as an afterthought was not right.

A focus on rapid discharge when there were shortages of PPE, questions about testing and the ability to isolate people in social care meant that some people ended up in the wrong place to meet their needs and with insufficient community support or reablement to help them get home. We must change our approach.

We have to think of hospitals, community health services, social care, family carers, housing and communities as one wide set of supports that help us to live the lives we want to lead as well as keep us alive. Social Care is at the heart of our social infrastructure.

The survey illustrates the increased numbers of people with unmet or unknown social care needs, the lengths councils are going to support both people with care and support needs, the measures taken to shore up our fragile care markets, the innovative ways that services are being adapted to serve their communities, and the challenges still faced by many parts of the country to ensure that those of us who have care and support needs are safe and protected.

There are also many very positive aspects to the pandemic. The unbelievable commitment of social care colleagues everywhere, the fact that rough sleepers were rapidly given roof over their heads, improved local partnership working, neighbours and families looking out for each other.

The report also indicates what is needed in the short to medium term to ensure that we are all safe and to restore care and support to all of us who need it to live our lives. In the immediate term the Government must prioritise social care and protect those of us at risk from the current and subsequent waves of Covid-19. It must also ensure that as the rest of society emerges from the lockdown, that we reconnect families who have been shielded and separated, restore the lives of those who have been unable to access their usual levels of care and support, maintain support for homeless people, support those who have been discharged from hospital without an appropriate assessment and those who have experienced domestic violence, mental health crises, addiction or exploitation during the lockdown.

Longer term, Government must fulfil the promise of delivering sustainable funding and reform. Things must be different simply because things can never be the same again.



**James Bullion**  
President

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## KEY MESSAGES

Key messages from this ADASS Coronavirus Survey are:

***Directors have seen significant changes in the way that people's needs present to them since March 2020.*** Overall, they see this as an increase in the number of people with a social care need. However, there are some variations where a decrease is equally of concern.

***Overall, the onset of the pandemic has led to an increase in the number of people presenting adult social care needs to local authorities and unmet need.*** The temporary closure of services and understandable concerns from some providers about accepting new people has led to an increase in people approaching local authorities with an adult social care need. At the same time almost a quarter of Directors said that unmet needs in their area has increased by 1-5%.

***There is a concerning decline in people approaching some local authorities for support for domestic abuse and safeguarding issues.*** 35% of local authorities have seen fewer people presenting need relating to domestic abuse and safeguarding since lockdown was implemented on 23 March 2020. There is little reason to assume that these needs would have reduced in those areas, rather that people are more reluctant to approach councils, or issues are occurring within domestic settings. Ultimately it means that some people are not getting the help and support they need.

***Councils have rapidly adapted to changing circumstances.*** Local authorities have enhanced their provision of information and advice, re-trained council staff and used volunteers to supplement services. Very few have used the Care Act Easements.

***Directors see that coronavirus has made extremely fragile care markets even more susceptible to market failure at the detriment to those people accessing care and support services.*** Prior to the pandemic Directors reported seeing a downward trend in the number of providers, both residential and home care, that have closed, ceased trading or handed back contracts compared to previous years. However, since the onset of the pandemic, Directors are now more concerned about the financial sustainability of care providers.

***Local authorities have been proactive in engaging with and taken a range of measures to support providers.*** Over four-fifths of local authorities have engaged directly with all of their providers since the onset of Covid-19 to understand the pressures they are facing. Given that in domiciliary care alone there are over 18,500 providers (not including personal assistants), this is a significant undertaking. Councils have offered to support the providers through the provision of PPE, facilitating training and guidance, mutual aid and engagement with primary and community services.

***Help is needed from government in relation to testing, additional funding, better access to PPE, testing and having more influence on NHSE decision making.***

***Directors have significant concerns about the availability of testing for people receiving social care, unpaid carers and personal assistants.*** Prior to Government announcements on testing, Directors were most concerned about the availability of testing for people who access care and support services, as well as those who support those people with an adult social care

need such as unpaid carers and personal assistants (PAs). Concerns still remain about the availability and frequency of testing, in particular for unpaid carers and PAs.

***Additional funding is required from Government, above and beyond that already committed, to support the adult social care response to the pandemic.*** Nearly every Director (96%) highlighted the need for additional funding to help them, their staff and providers manage the local response to the pandemic. ADASS has been clear that the £3.2bn of Emergency Funding provided to local government to-date will not be sufficient beyond the initial three-month period of the pandemic, or to cover all of the measures that will be needed over the coming period to ensure continuity of care, address needs and stabilise local providers. A significant proportion of additional funding relates to the increasing cost of, and guidance on the use of PPE.

Going forward, Directors felt that more efficient access to PPE and having more influence on NHSE decision making were key asks of government.

***The focus on rapid discharge from hospital without taking account of the needs of the whole health and care system has had tragic consequences.***

***An absence of testing for people leaving hospital during the period of Rapid Discharge could have accelerated the spread of Coronavirus in care settings.*** Over half (54%) of Directors either disagreed or strongly disagreed that people were tested on discharge from hospital during the period of Rapid Discharge. Around a quarter (23%) thought that more than half of care home Covid-19 infections were attributable to rapid hospital discharge (inevitably combined with a lack of PPE and testing).

***There is a concerning proportion of Directors who believe that there are insufficient primary and community services in their local areas to support local people's needs.*** In particular over one-third of Directors either disagreed or strongly disagreed that there is sufficient mental health (40%) and substance misuse services (30%) available locally this was closely followed by enhanced health in care homes (28%). 15% expressed concern about sufficient support for Discharge to Assess and 17% for reablement and rehabilitation.

***A significant proportion of people leaving hospital rapidly did not receive an assessment of their needs as part of discharge to assess.*** Only 65% of directors reported that every individual in their local authority area is receiving an assessment of their needs during discharge to assess. Just over a quarter of Directors (26%) believe that 'most' people are receiving an assessment. This is important for the individuals concerned as the assessment should form part of a service that identifies people's needs, strengths and preferences and should combine information, advice and care planning.

***Concerningly, only 11% of Directors believe that every individual in their local authority area was discharged to the right place for them first time to best meet their needs.*** If there is a shortfall in assessment and reablement and people are discharged to care homes rapidly, this then limits choice and reduces the ability to help people home. Equally, people may be in homes they wouldn't have chosen or might have chosen to go home.

**This is key learning for future waves of the pandemic and for the winter to come.**

# INTRODUCTION

## 1.1 CONTEXT

Adult social care was already in crisis before the Covid-19 pandemic struck. The causes and effects of this were laid out in detail in last year's ADASS Budget Survey report and were echoed by national charities, think tanks, NHS bodies and by various Select Committees. Years of cuts to council budgets, increasing needs of older and disabled people and their families and increasing cost pressures had created a perfect storm. Councils were concerned about the fragility of local markets, with growing numbers of providers going out of business or handing back contracts and workforce vacancy rates running at around 122,000. While publication of the NHS Long-Term Plan in March 2019 was accompanied by the announcement of £20.5 billion of extra funding, the promised Green Paper on funding of adult social care has now been delayed six times over two years since the original timetable was announced. The situation pre-Covid-19 was widely described as 'unsustainable', 'at a tipping point' and 'broken'.

In response to the Covid-19 pandemic the UK went into lockdown on 23 March 2020, with people considered 'extremely vulnerable' people with underlying health conditions asked to shield from 29 March for an initial period of 12 weeks. Prior to the announcement of lockdown, a letter was sent from Simon Stevens on 17<sup>th</sup> March to all parts of the NHS setting out the next steps on NHS response to Covid-19, this included the intention to undertake the rapid discharge of all inpatients who are medically fit to leave. An Adult Social Care Plan was published on 16<sup>th</sup> April 2020, almost one month later.

## 1.2 METHODOLOGY

The ADASS Coronavirus Survey was conducted by the Association of Directors of Adult Social Services (ADASS) and is sent to every Director of Adult Social Services (directors). These directors are full members of ADASS. This year, given the extraordinary circumstances of a global pandemic, the survey focuses on the impact of Covid-19 on adult social care and councils' response to it. The survey was distributed via an online link and remained open between 1<sup>st</sup> and 22<sup>nd</sup> May 2020.

There are 154 local authorities in England with adult social care responsibility, although due to their particular circumstances of jurisdiction, the following local authorities were excluded from the survey: Guernsey, Jersey and Isle of Man. The number of authorities asked to respond is therefore 151.

For this survey, there were 146 completed returns. Not all questions have been completed by all respondents, but the report makes clear where samples have been used to make national projections.

This report will be split in two – one focussing on the coronavirus response, the other on budgets for Adult Social Care in councils. The latter will be published in the week beginning 15<sup>th</sup> June 2020.

## 2. COVID-19 CHALLENGES AND COUNCILS' RESPONSE

### 2.1 Covid-19: meeting need

#### Key points:

- Directors have seen significant changes in presenting needs for adult social care since March 2020.
- Overall, they see this as an increase in the number of people presenting with a social care need. However, there are some variations where a decrease is equally of concern.
- 42% of respondents had seen an increase in need related to domestic abuse and safeguarding. 35% had, however, seen a decline. There is little reason to assume that domestic abuse and safeguarding needs are less in those areas, rather that these needs are not being drawn to the attention of councils and that people are not getting the help and support they need.
- Around half of Directors reported that need had increased and were able to quantify the extent of unmet need. Almost a quarter of all respondents said that need had increased by 1 – 5%.
- Overall increases are mostly due to temporary closure of services, providers' concerns about accepting new clients and people declining services they are offered.
- Councils have responded to the increase in need by enhancing their information and advice offer; re-training council staff; using volunteers; increased use of digital technology and drawing capacity from other areas. Few councils have used the Care Act Easements.
- In terms of the support required to help manage the adult social care response to Covid-19, councils were most concerned about the availability of testing for people receiving social care, unpaid carers and personal assistants. Going forward, Directors felt that the additional funding would be most helpful as they deal with Covid-19, followed by more efficient access to PPE and having more influence on NHSE decision-making.

#### *Changes in the number of people presenting to councils with social care needs*

The largest cohort of people presenting increased need to councils since the beginning of March 2020 are a result of providers' concerns about accepting new clients (80%). Nearly three-quarters (74%) of Directors indicated that temporary closure of services, such as day services, as a result of the pandemic has led to an increase in people presenting with need to their local authorities and 71% of Directors have indicated that people declining services has led to people presenting need.

In other areas there is more variation. 42% of respondents had seen an increase in need related to domestic abuse and safeguarding. 35% had, however, seen fewer people presenting which is of obvious concern related to lockdown, unknown needs and people not getting the help they need.

Over half of local authority areas (55%) experienced an increase in the number of people presenting with needs when being discharged from hospital. This is likely to be

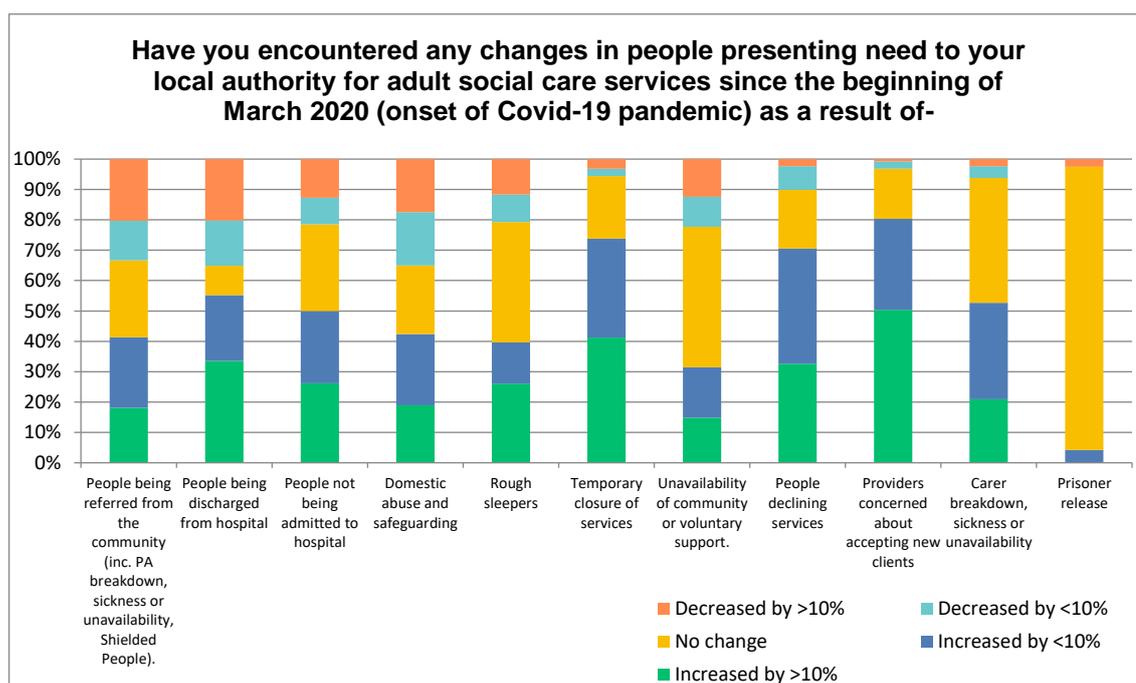
attributable to the national directive to discharge to undertake the rapid discharge of all inpatients who are medically fit to leave in Mid-March 2020. There was also an increase in 50% of local authority areas of people presenting need as a result of not being admitted to hospital. This is likely to be linked to the above, but also as a result of people's reluctance to go to hospitals which in themselves saw a steep decline in attendances and admissions.

The proportion of individuals presenting with need to local authorities as a result of carer breakdown, sickness or unavailability increased due to Covid-19, with 53% of Directors indicating that this was the case. In many cases, if an unpaid carer falls sick, there may be no one else available, or capable, or providing the care and support that their family member or friend requires. As a result of people showing symptoms of Covid-19 being advised to self-isolate for between 7-14 days, it is likely that this would explain an increase in need for this cohort. Similarly, the proportion of people being referred from the community (Inc. PA breakdown, sickness or unavailability, Shielded People) also increased in 41% of local authority areas. However, it should be noted that there was a decline in people presenting with need in 33% of local authority areas for this reason.

In 40% of local authority areas there was an increase in the proportion of rough sleepers presenting with social care needs to local authorities. The increase, in part, is likely to be attributable to the Government's direction to local authorities in late March 2020 to find emergency accommodation for all rough sleepers in England. This commitment would have allowed individuals to be assessed for a range of needs and for support to be provided if required.

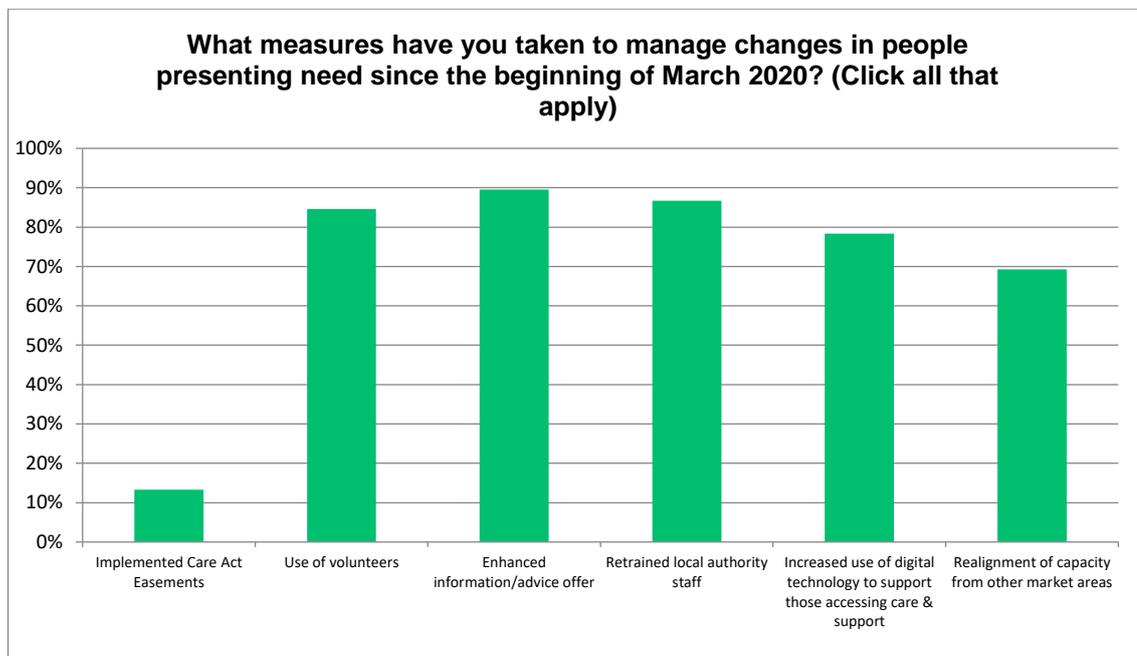
The proportion of people presenting with need as a result of prisoner release remained fairly static, with 93% of Directors stating that there had been no change as a result of the pandemic.

Figure 1: Reported change in numbers presenting with a social care need



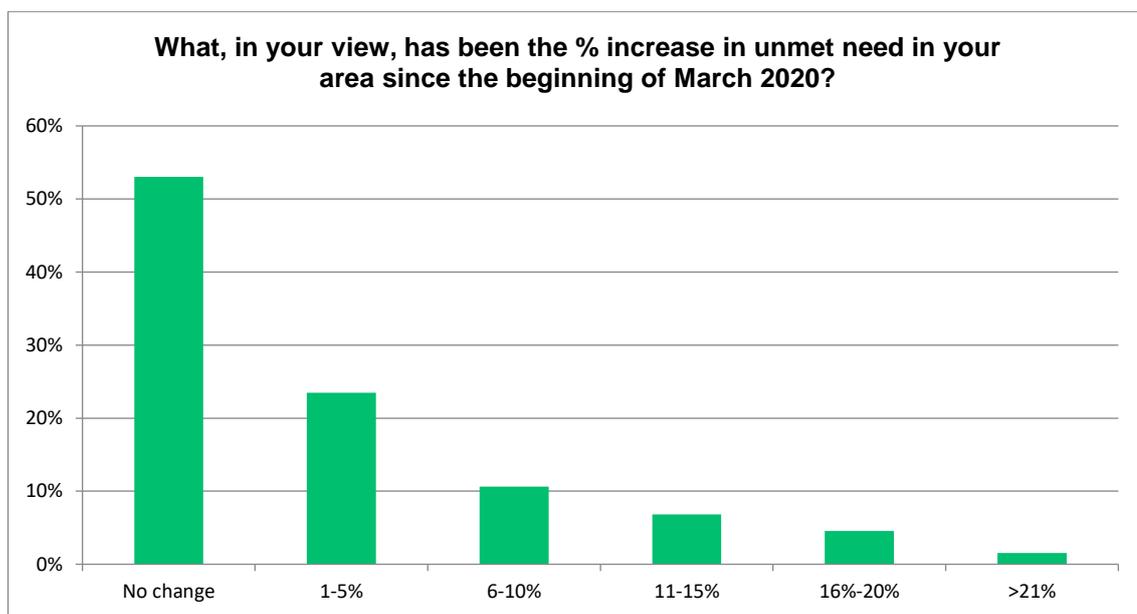
In order to manage an increase in the number of people presenting with need to local authorities, Directors have adapted to respond to the pandemic and have taken a range of approaches. The most common approach has been to enhance the local authority's information and advice offer, with 90% of Directors indicating that they are taking this approach. A further 87% have retrained local authority staff and 85% have worked with volunteers to support changes in people presenting with need since March 2020.

Figure 2: Measures taken to manage changes in people presenting with social care need



Whilst just over half of Directors (53%) indicated that there has not been an increase in unmet need since March 2020, it is important to note that nearly a quarter (23%) felt that there had been an increase of 1-5% and 11% indicated that there has been an increase of 6-10%.

Figure 3: Increase in unmet need

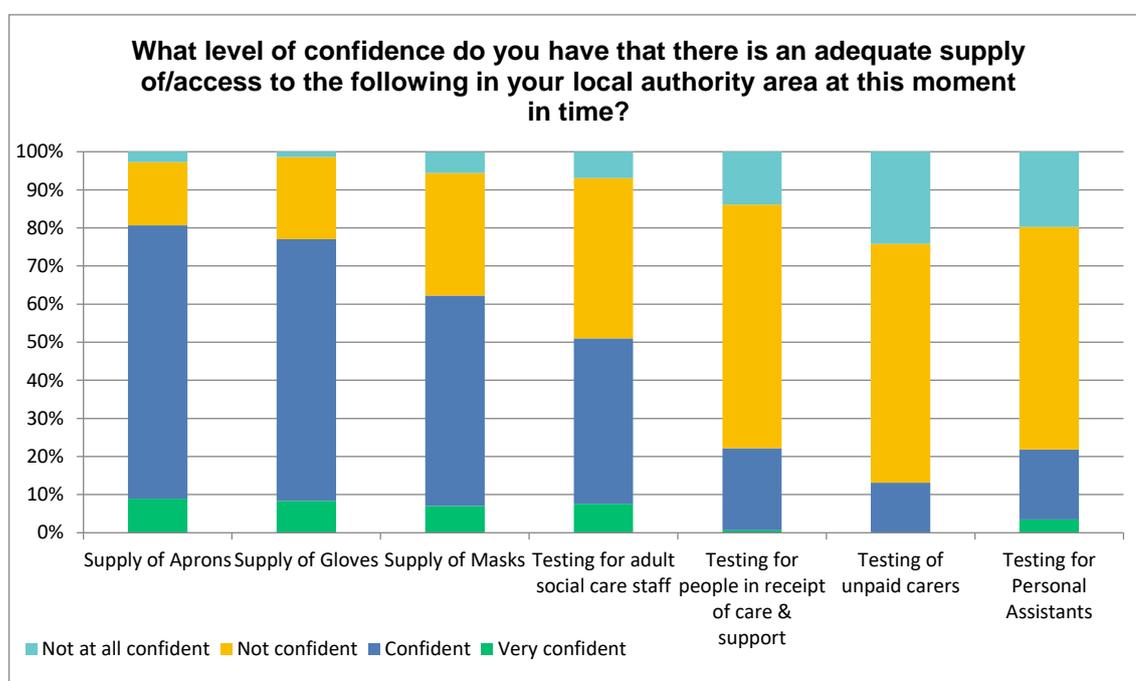


## Support needed to help manage the adult social care response to the pandemic

Respondents were asked how confident they were that their area had access to an adequate supply of personal protective equipment (PPE) and testing for Covid-19. During the period of the survey (1<sup>st</sup> to 22<sup>nd</sup> May) Directors reported low levels of confidence in the availability of testing for people receiving care and support (78% were not at all or not confident), unpaid carers (87% not at all or not confident) and personal assistants (78% not at all or not confident). Approximately half (51%) expressed some confidence that adult social care staff would be able to be tested.

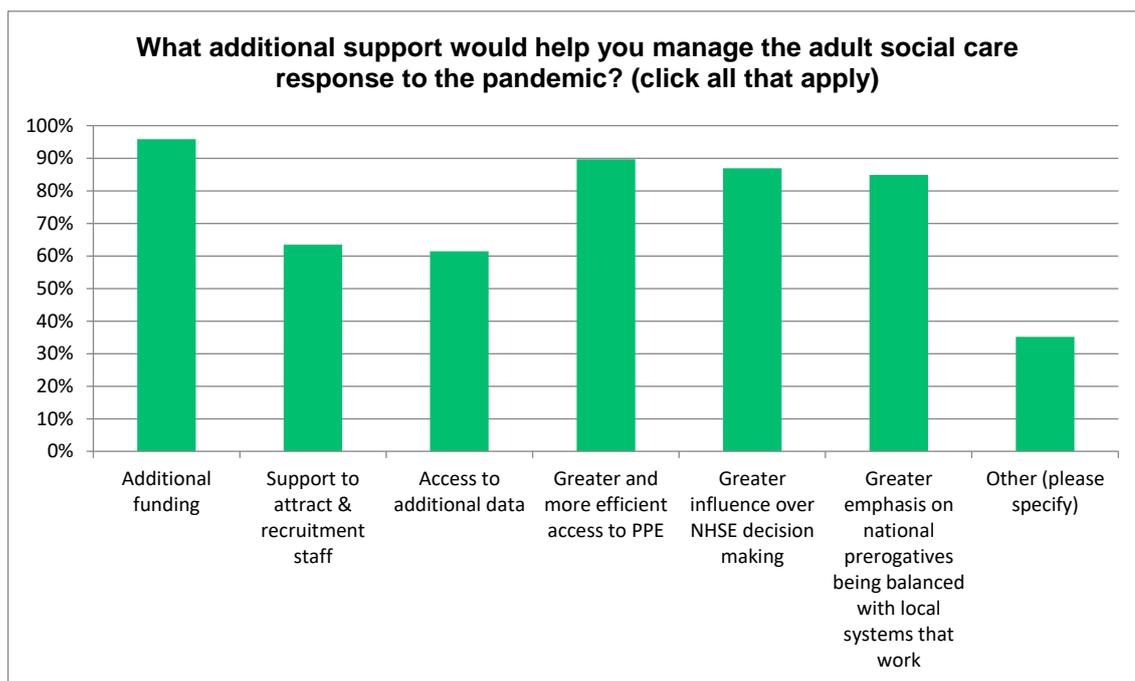
80% of directors were confident their area had access to an adequate supply of aprons and a similar proportion were confident about access to gloves (77%). Fewer Directors were confident about the supply of masks, with 62% saying they were confident or very confident there was an adequate supply.

Figure 4: Levels of confidence in supply of PPE and access to testing



In terms of the additional support that would help manage the adult social care response to the pandemic, 96% of Directors indicated that additional funding should be the priority. This was closely followed by greater and more efficient access to PPE (90%) and greater influence over NHSE decision making (87%) and greater emphasis on national prerogatives being balanced with local systems that work (85%). The first two of these are perhaps unsurprising. The second two are perhaps linked to the government addressing health needs first and then considering social care, as well as making decisions at a national level without considering existing local support infrastructure.

Figure 5: Additional support required to help manage the adult social care response to Covid-19



## 2.2 Covid-19: provider engagement and support

### Key points:

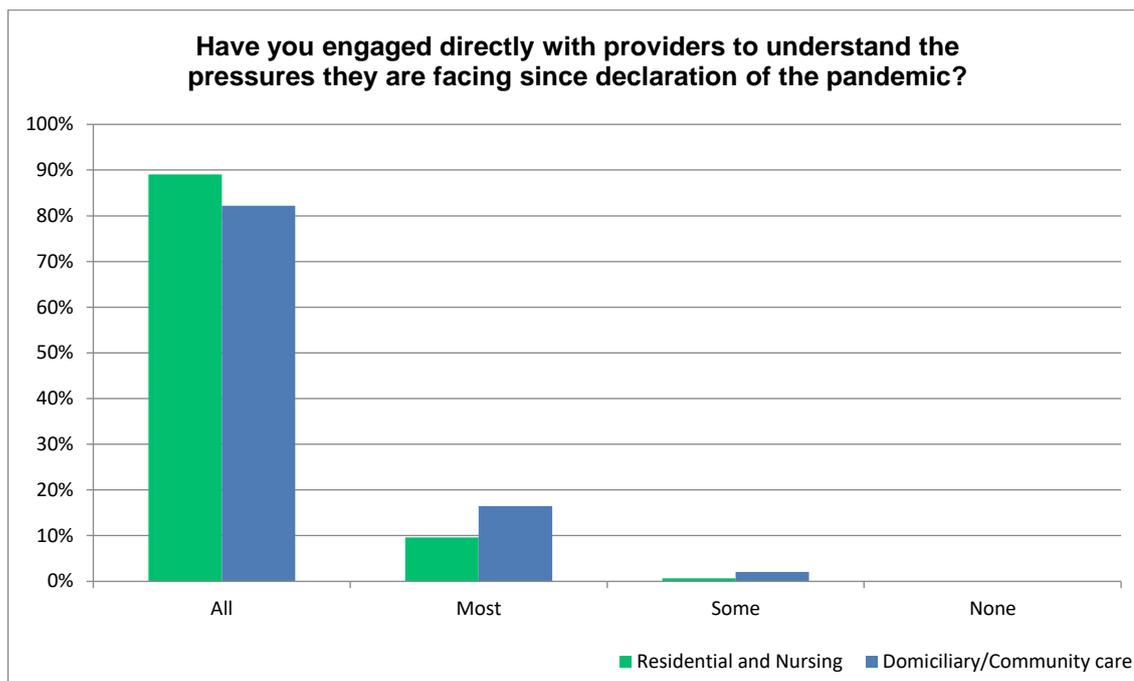
- All local authorities whose Directors responded to the survey have engaged directly with providers to understand the pressures they are facing since the declaration of the pandemic.
- Local authorities have taken a range of measures to support providers, including, most commonly, providing PPE, and facilitating training and guidance, mutual aid and engagement with primary and community services.

### Engagement with providers

All local authorities whose Directors responded to the survey have engaged directly with providers to understand the pressures they are facing since the declaration of the pandemic, with 89% of local authorities engaging with all of their residential and nursing care providers and 82% with all of their domiciliary and community care providers. When considering these figures, it is important to note that there are approximately 18,500 providers delivering adult social care services in England, which does not take into account individuals who directly employ their own care and support staff.<sup>1</sup>

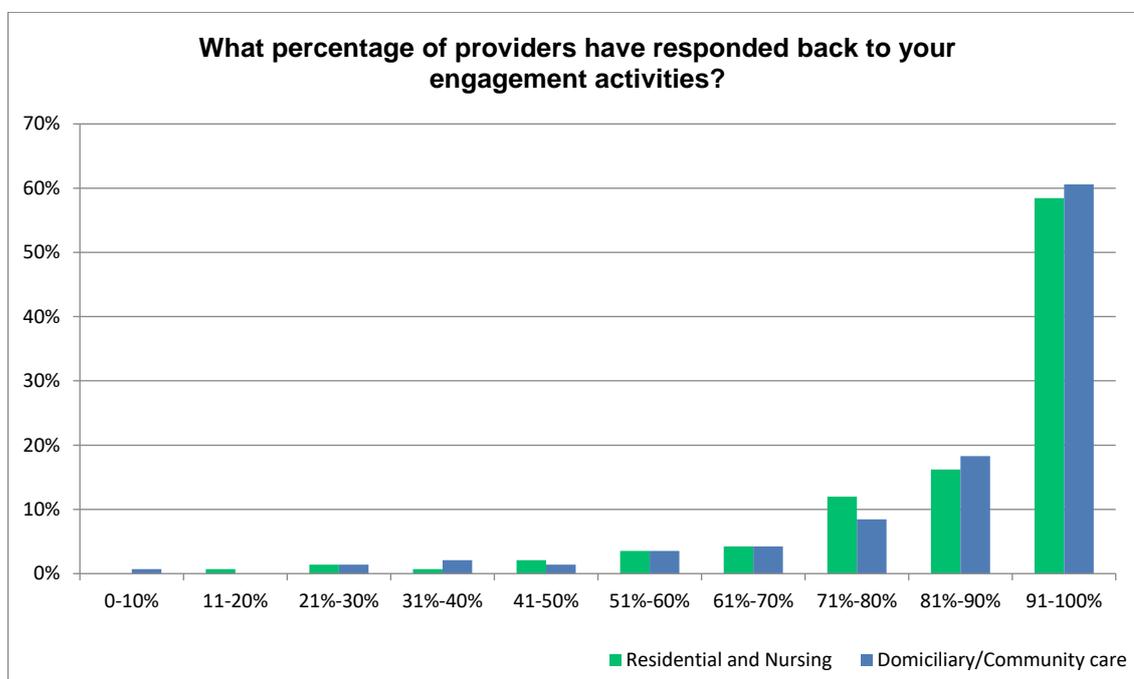
<sup>1</sup> [The Size and Structure of the Adult Social Care Workforce in England, Skills for Care, 2019.](#)

Figure 6: Councils reporting engagement with providers since the declaration of the pandemic



A significant majority of providers have responded to the engagement activities of local authorities, with three quarters of councils reporting that over 75% of residential and nursing providers have responded, with 79% domiciliary and community care providers responding.

Figure 7: Percentage of providers responding to council engagement activities



Just over half (55%) of local authorities have Care Associations operating in their areas. Of the areas with a care association in operation. Of those local authorities that have Care Associations, 60% have agreed support arrangements for providers with them.

## Support for providers

Local authorities have taken a range of measures to support providers since the declaration of the pandemic. The most common measures taken to support providers with whom councils already have contracts are:

- Providing PPE (96% councils have done this for residential care providers and 95% have done so for domiciliary care providers)
- Facilitating training and guidance (92% and 91%)
- Facilitating mutual aid (91% in both cases)
- Facilitating engagement with primary care and community services (86% and 79%)

It should be noted that under normal circumstances providers are responsible for purchasing PPE.

Financial support offered by the majority of councils to providers has taken the form of:

- Providing funding to tackle additional workforce costs (75% have provided this to residential care providers and 79% to domiciliary care providers)
- Additional temporary funding (65% have provided this to residential care providers and 61% to domiciliary care providers)
- Agreeing to fund temporary costs reported by providers (60% in both cases)

Greater detail is included in the accompanying Budget Survey Report.

Figure 8: Steps taken to support contracted providers

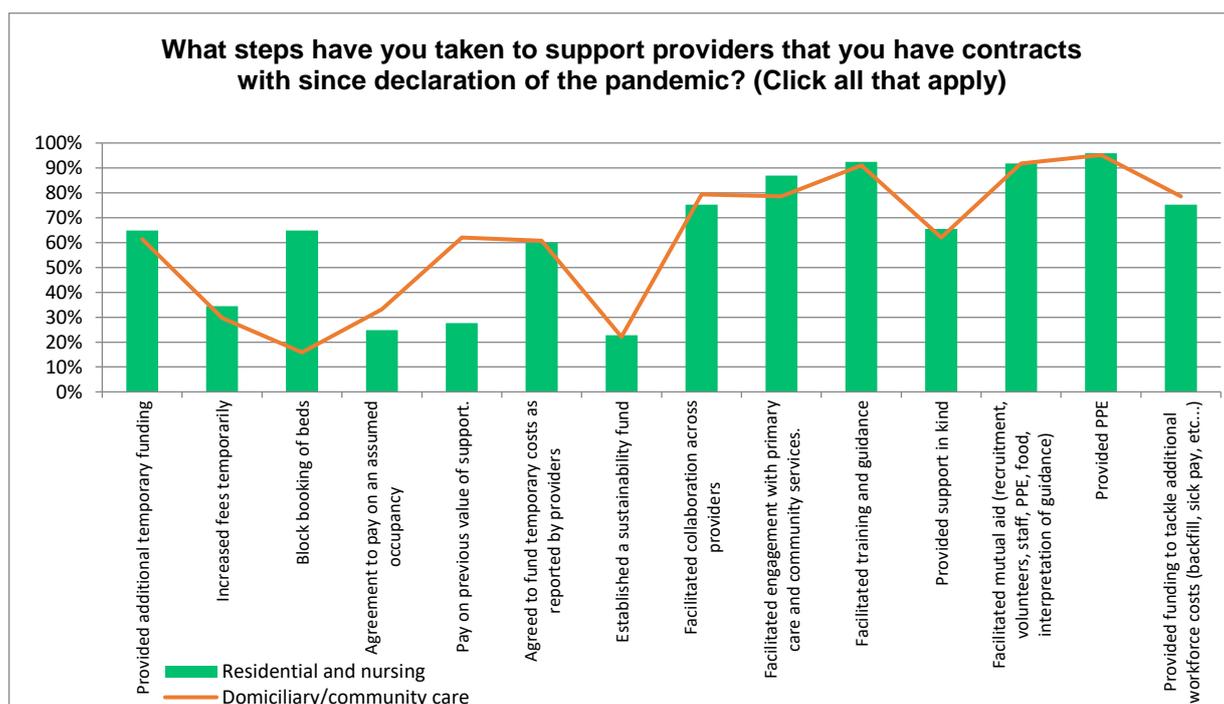
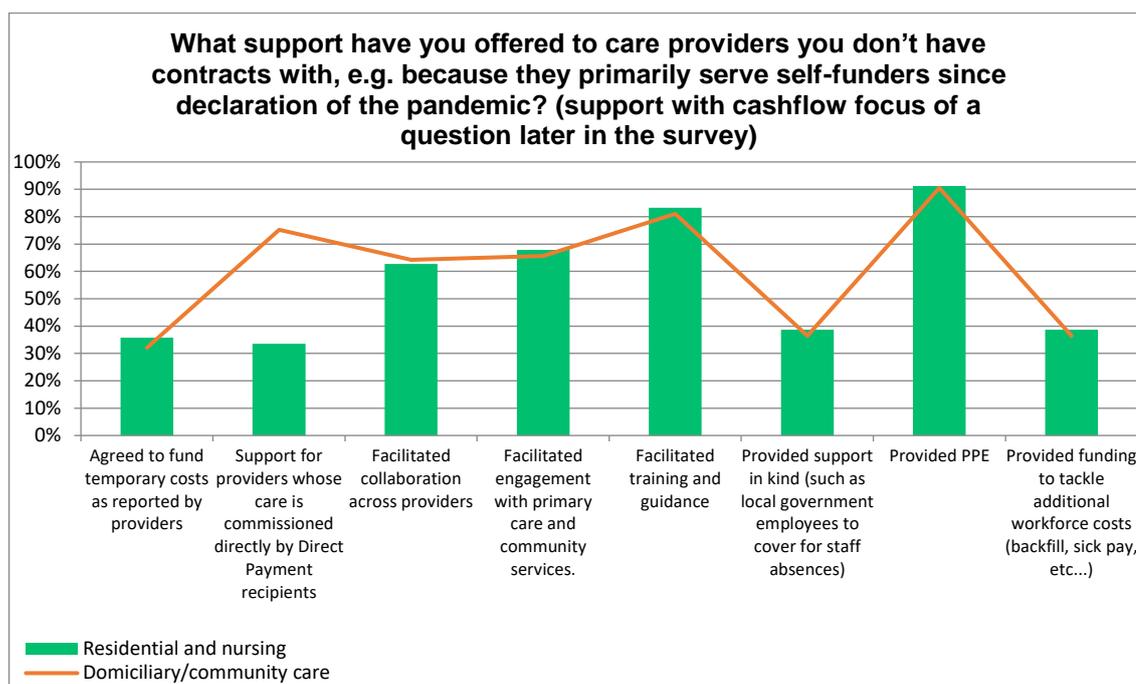


Figure 9: Steps taken to support non-contracted providers



## 2.3 Covid-19: care market sustainability

### Key points:

- Councils have continued to see closures of providers in their area, but the numbers of councils reporting this are lower than over the same period last year.
- However, 82% of Directors were concerned about the financial viability of at least some of their providers before Covid-19, with more now saying that they are concerned about all providers.
- A substantial majority of Directors do not believe that National Sitreps give them enough information to manage their local care markets and will continue to collect their own local market information.

### *Provider closures and contract hand backs*

In the past six months 43% of local authorities reported that providers in their area had closed, ceased trading or handed back local authority contracts. The number reporting closures has decreased from 75% of councils in 2019 and 66% in 2018, while the number seeing contract hand backs has remained constant.

Closures and hand backs have also had an impact on fewer people in the last six months than over the same period last year (figures for last year reflected the impact of the collapse of a large provider).

Figure 10: Number of councils reporting closures

	Closed or ceased trading within the last 6 months			
	Number of councils 2018/19	Predicted number of people affected 2018/19	Number of councils 2019/20	Predicted number of people affected 2019/20
Home care	72	7,019	24	1,100
Residential/Nursing care	52	1,173	37	948

Figure 11: Number of councils handing back contracts

	"Handed back" contracts within the last 6 months			
	Number of councils 2018/19	Predicted number of people affected 2018/19	Number of councils 2019/20	Predicted number of people affected 2019/20
Home care	38	3,464	36	2,098
Residential/Nursing care	12	310	9	224

### **Concerns about the financial stability of providers**

A substantial majority of Directors (82%) stated that they were concerned about the financial sustainability of some residential and nursing providers in their areas prior to the Covid-19 outbreak. Since the outbreak a quarter of Directors now have concerns about the financial sustainability of most of their residential and nursing providers, with 7% concerned about all of their providers.

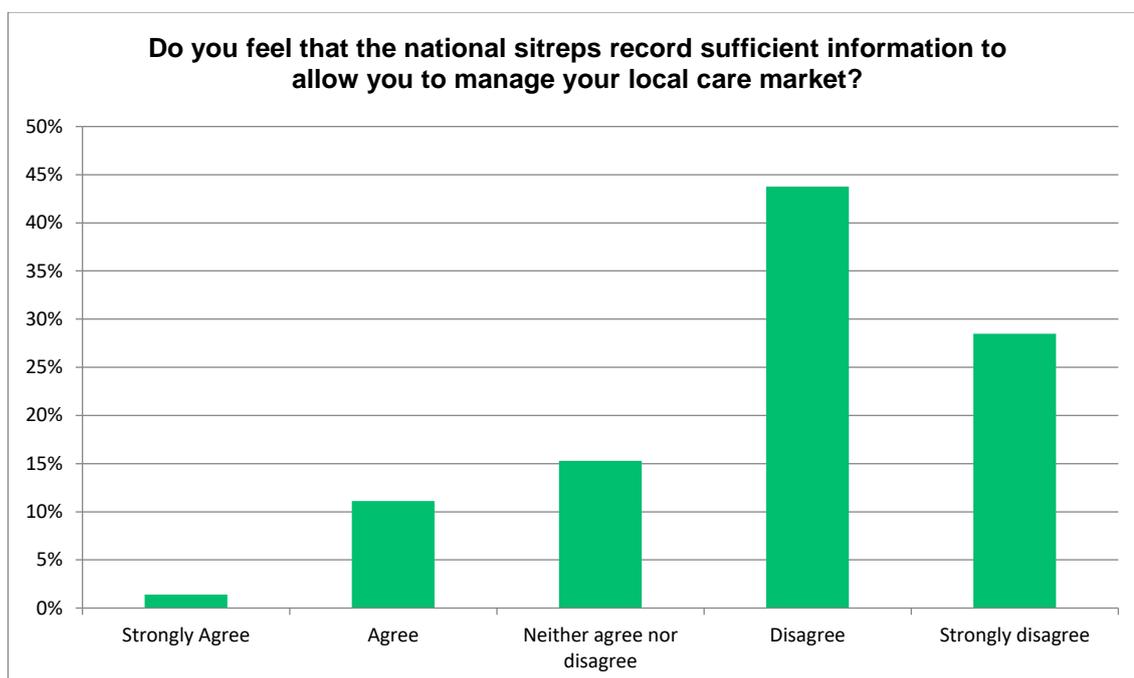
The picture for home and community care is similar, with three-quarters of Directors concerned about the financial sustainability of some of their providers. This figure stays consistent post-pandemic outbreak, however: 15% of Directors now have concerns about the financial sustainability of most of their home and community care providers, whereas this figure was only 3% prior to the onset of Covid-19.

### **Data and intelligence on care homes and home care**

In order for there to be a national picture in relation to the circumstances of care home and home care providers, NHSE required the use of their Capacity Tracker for care homes and the Care Quality Commission set up returns for domiciliary care. The majority of Directors (93%) indicated that their local authority will continue local data collections alongside these national systems. Directors have indicated that they do not feel that the National Sitreps record sufficient information to allow them to manage

their local care markets, with 72% either disagreeing or strongly disagreeing that the national sitreps provide sufficient information for this purpose.

Figure 12: Confidence in national sitreps to be of use in managing local care markets



## 2.4 The interface between the NHS and social care

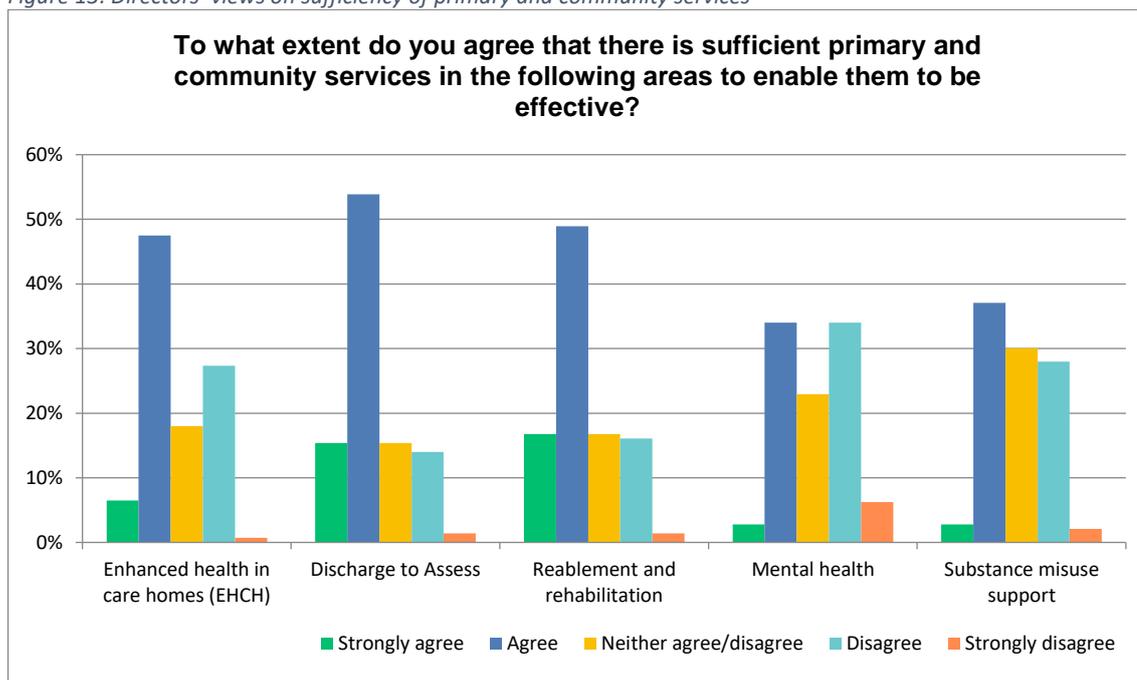
### Key points:

- There is a concerning proportion of Directors who believe that there are insufficient primary and community services in their local areas. 15% expressed concerns about sufficient support for 'Discharge to Assess', 17% for reablement and rehabilitation, and approximately a third, or more, of Directors highlighted concerns around the availability of enhanced health in care homes, mental health or substance misuse support services.
- 54% of Directors either disagreed or strongly disagreed that people were tested on discharge from hospital during the period of Rapid Discharge. Around a quarter (23%) thought that more than half of care home Covid-19 infections were attributable to rapid hospital discharge (inevitably combined with a lack of PPE and testing).
- Findings on both testing and infections are likely to reflect regional differences in both the availability of testing and discharge practices.
- Only 65% of directors reported that every individual in their local authority area is receiving an assessment of their needs during discharge to assess.
- Concerningly only 11% of Directors believe that every individual in their local authority area was discharged the right place for them first time during the Discharge to Assess process (to best meet their needs).

## Contribution of primary and community services

Directors were asked about the sufficiency of five types of primary and community service in their areas. There is a concerning proportion of Directors who believe that there are insufficient primary and community services in their local areas. These healthcare services are essential for older people's health and wellbeing and without them there is greater reliance on hospitals. 15% of respondents expressed concerns about sufficient support for 'Discharge to Assess', 17% for reablement and rehabilitation, and approximately a third, or more, of Directors highlighted concerns around the availability of enhanced health in care homes, mental health or substance misuse support services.

Figure 13: Directors' views on sufficiency of primary and community services



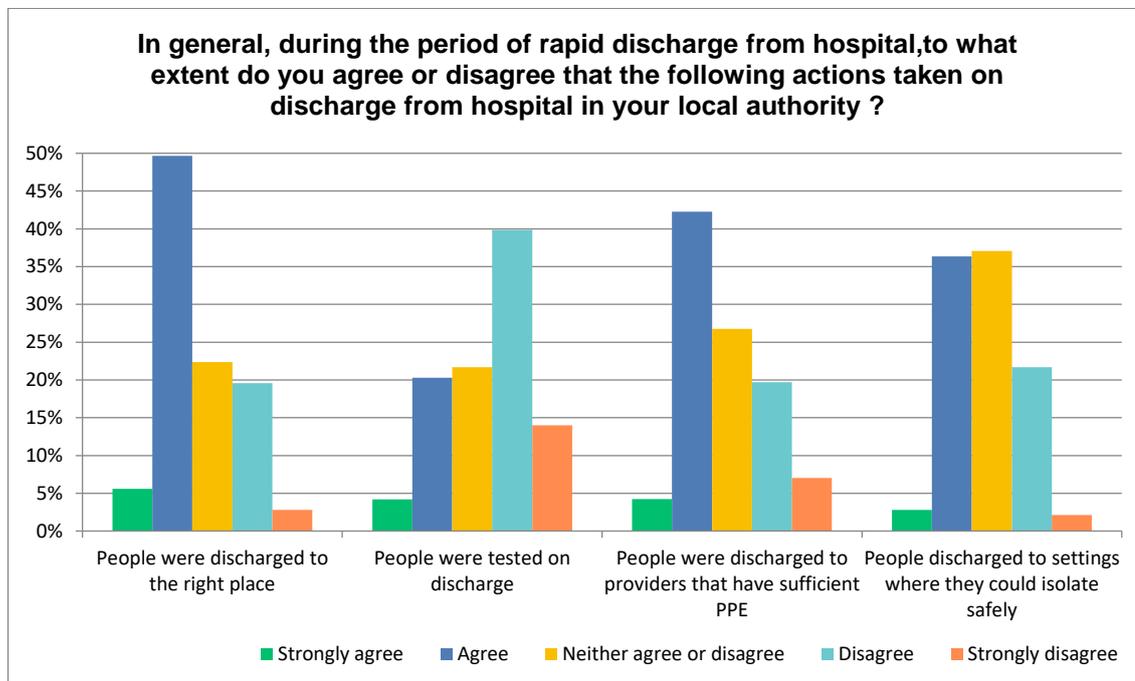
## Rapid Discharge

Directors were asked a series of questions about their experiences of rapid discharge from hospital. It was of concern that only 55% of Directors either agree or strongly agree that people were discharged to the right place for them, with 22% neither agreeing nor disagreeing. This means that nearly a quarter (22%) of people discharged at this time were not discharged to the most appropriate setting to meet their needs. This might have been because they were discharged to a care home when they could have been at home, were discharged to somewhere a long way from family, were discharged to a home that didn't have the staffing for reablement or other reasons, all of which would have negative impacts on their health and wellbeing.

54% of Directors either disagreed or strongly disagreed that people were tested on discharge from hospital, with 22% neither agreeing nor disagreeing. 27% of respondents reported that people were discharged to providers that didn't have sufficient PPE and about a quarter (24%) to settings where they could not isolate safely. Given what we know about the spread of Covid-19 in care home settings in particular, it is obviously greatly concerning that untested individuals were potentially

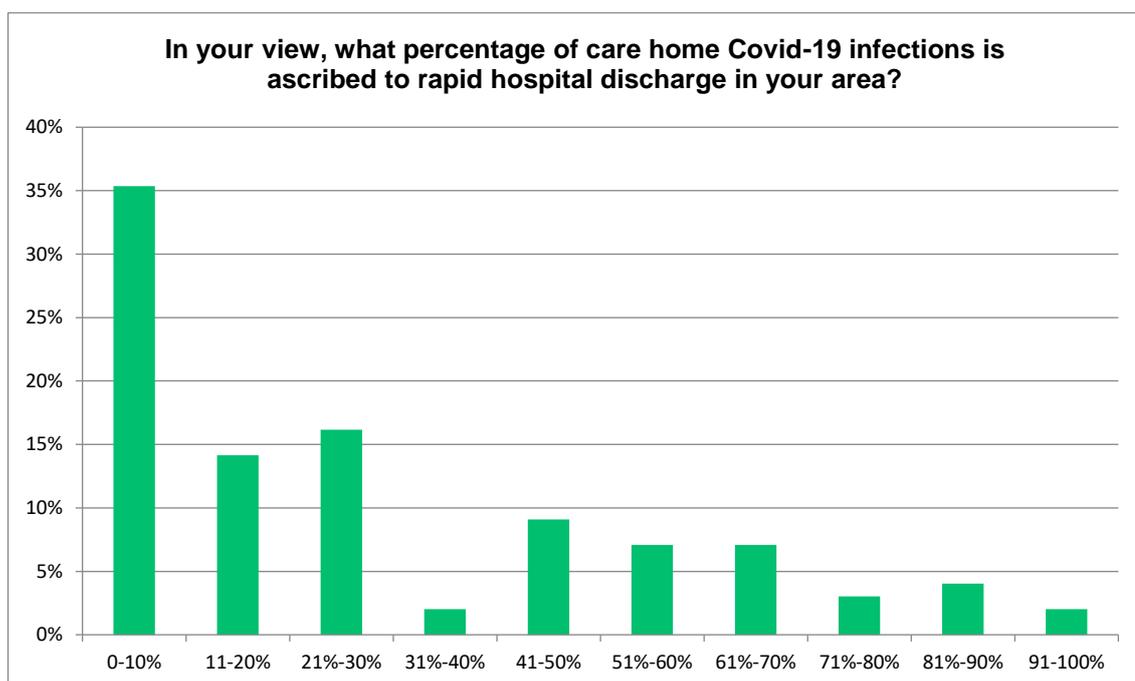
discharged to settings that had insufficient PPE and also to where suspected Covid-19 positive individual could not isolate safely. This also links to the issue raised earlier in this report about increases in unmet need due to providers (reasonably, it may be argued) refusing to accept new clients.

Figure 14: Experiences of rapid discharge



Just over one third of Directors (35%) believed that fewer than 10% of care home Covid-19 infections were attributable to rapid hospital discharge. At the other end of the scale, around a quarter (23%) thought that more than half of care home Covid-19 infections were attributable to rapid hospital discharge. The findings are likely to reflect differences in local practices and conditions.

Figure 15: Proportion of care home Covid-19 infections ascribed to rapid hospital discharge



Only 65% of directors reported that every individual in their local authority area is receiving an assessment of their needs during discharge to assess. Just over a quarter of Directors (26%) believe that 'most' people are receiving an assessment. This is important for the individuals concerned as the assessment should form part of a service that identifies people's needs, strengths and preferences and should combine information, advice and care planning. Concerningly, only 11% of Directors believe that every individual in their local authority area was discharged to the right place for them first time to best meet their needs. If there is a shortfall in assessment and reablement and people are discharged to care homes rapidly, this then limits choice and reduces the ability to help people home.

## **LEARNING FROM THE RESPONSE TO COVID-19**

Directors were asked that they would have done differently in response to the pandemic with the benefit of hindsight. There were 4 clear themes that emerged from this free text question:

- There was too much emphasis on protecting the NHS at the expense of care homes.
- More protection for care homes – including not discharging Covid-19 patients from hospital to care homes - Increased challenge on pathway 3 – Discharge to Assess placements.
- Testing before discharge and step-down facilities before care home admission
- Improved supply of PPE

## ADASS

ADASS is the Association of Directors of Adult Social Services in England. We are a charity, a leading, independent voice of adult social care.

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18 Smith Square,  
Westminster,  
London  
SW1P 3HZ  
Charity Reg. No 299 154  
Tel: 0207 664 3239

To discuss the report in more details, please contact:

**Michael Chard**

Senior Policy Officer

[Michael.chard1@adass.org.uk](mailto:Michael.chard1@adass.org.uk)

07787 491004

For media enquiries, please contact:

**Phil McCarvill**

Deputy Chief Officer

[Phil.mccarvill@adass.org.uk](mailto:Phil.mccarvill@adass.org.uk)

07919483214

**Letizia Mattanza**

Communications, Events and Membership  
Coordinator

[Letizia.mattanza@adass.org.uk](mailto:Letizia.mattanza@adass.org.uk)

07771 590860

**Contact and Follow ADASS:**

