

Forward Plan reference number: Not applicable

Report title: Funding for Adult Social Care: COVID 19 Response	
Report to: Councillor David Finch, Leader of the Council	
Report author: Nick Presmeg - Executive Director for Adult Social Care	
Date: 8 April 2020	For: Decision
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County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 To agree additional funding for the purposes of securing personal protective equipment (PPE) to support ECC and the wider social care system to manage the response to COVID-19.

2. Recommendation

- 2.1 That as an urgent measure up to £2m be earmarked from General Balances in 2020/21 to support all relevant Council departments and care providers in accessing the immediate and necessary PPE in line with Public Health England guidelines while normal supply routes recover.
- 2.2 That it be noted that the first tranche of emergency funds for Essex of £37m are fully committed and recourse will be made to MHCLG for fair funding of the additional costs of the PPE, such that the general balance can be replenished to a safe and sustainable level. Any failure of MHCLG in provided fair funding for the new burden will result in a direct implication for funding availability for key services within Essex, as compensatory savings will need to be made to offset the COVID unfunded financial burden.
- 2.3 That the recovery of an appropriate balance of the funding for PPE will be sought from the NHS £1.3billion allocation to CCGs, for the purpose of building capacity for discharges.
- 2.4 Agree that the Director of Commissioning for Adult Social Care may award contracts for the purchase of PPE.

3. Summary of Issue

Context

- 3.1 The global outbreak of coronavirus (COVID-19) is affecting the UK. The number of cases has grown significantly since early March. The frail and

elderly are the most vulnerable. The health and care sectors are significantly affected and face high demand and pressures supporting those who are symptomatic or diagnosed with COVID-19 and those who are shielding.

- 3.2 The Government recommend that PPE is worn when supporting two cohorts of Essex residents, in response to COVID-19, that require more enhanced than standard infection control procedures. These are;
- i. Those who are symptomatic or diagnosed with COVID-19
The guidance requires aprons, gloves, face masks that are fluid repellent and eye protection where there is risk of splashing of bodily fluids or aerosol generating procedures, such as suctioning, are used if care is being delivered within 1 metre of the individual. The standard infection control measures would be aprons and gloves only.
 - ii. Those who are shielding. The guidance was updated on 2 April 2020 and now requires that aprons, gloves and surgical level facemasks are used when someone in receipt of care and support, or someone within their household, are shielding.
- 3.3 From the beginning of the COVID-19 pandemic, there have been challenges gaining access to PPE as there is a huge demand from across the world. The normal expectation is that Council departments and Care Providers each use their own supply chains. However, these supply chains are struggling with demand, resulting in increased lead in times; for many this has increased by 3-4 weeks. The requirement for facemasks and eye protection is also non-standard and not all providers have supply chains for these.
- 3.4 Despite reassurance from central Government, expected centralised deliveries have not arrived. During the first three weeks of the pandemic, UK social care providers have only received one national delivery of 300 masks to each registered office. This is estimated to last a medium-sized provider working in line with the guidelines one week. Not all providers received the delivery, and the allocation did not have any reflection on that provider's need for PPE.
- 3.5 Those who are not part of the NHS have been offered the use of a national supply disruption line. The Government have highlighted this as the route to use on 20 and 28 March. This line offers contact details of suppliers that have stock of PPE and is designed to escalate and source PPE for organisations who cannot access it for themselves. To date, neither ECC nor our providers have been able to source any PPE via this route. It has also been highlighted that large-scale suppliers have had their PPE requisitioned for use by the NHS, preventing it from reaching care providers. Neither ECC nor our providers have so far been able to prevent supply being removed from us.
- 3.6 During the last week, providers have started to refuse to provide support to individuals who have classic COVID-19 symptoms due to the absence of PPE. This is creating additional stress on the health and social care system.

Whilst mutual aid between providers and some support from health partners has been offered, this has been piecemeal based on supply available and the NHS assessment of pipeline deliveries. We have requested a more formal 'mutual aid' process for PPE via the Essex Resilience Forum PPE Tactical Group. Currently we are only able to support providers in critical need with a few days' supply.

- 3.7 Through this period, ECC has struggled to access its own supply chains as the requirement of PPE for our teams is now much greater. Where possible support will be delivered remotely, or in line with social distancing, but this is not always possible, and some teams continue to need to visit those they support who are especially vulnerable.
- 3.8 ECC have used all routes available to escalate the critical issue of PPE supplies to the highest levels of government, including in conversation with the Secretary of State for Health and Social Care.
- 3.9 Over the last week, ECC have run a Facebook donation page where in excess of 300 local companies and individuals have offered access to their PPE which is not being used. The appeal gathered 200 donations, and distribution of this commenced on Saturday 4 April. This has been allocated to those ECC teams and Providers in most critical need, to ensure that we use the resources that we have most effectively and priority has been determined in consultation with our partners in health. The donated items are offering some support, but facemasks and eye protection remain very low in supply. Donated items are being released in a way which makes it clear that this is donated equipment and we cannot give any assurance about its suitability for any purpose. Similar social media requests from health partners for eyewear and Thurrock Council for all items of PPE have been made over the last week.
- 3.10 Deliveries of PPE are starting to come through, but not yet with regularity or in sufficient volumes to meet more than a few days' requirement for ECC and social care providers. This is particularly the case for certain essential items, including facemasks, aprons and gloves. By ordering our own stock of these items now, we can ensure essential equipment is available to support where it is needed until the national supply chain is functioning properly.
- 3.11 It is understood that advice on how providers will be able to access more PPE is to be provided by the NHS shortly, but details are not available to allow robust planning. It is expected that the Clipper Logistics process will allow registered sites to place orders outside their usual supply chain. Concerns remain about its effectiveness as no concrete details are available, nor any information about how providers can access what is required without having a traditional registered office, such as Supported Living schemes and ECC itself.
- 3.12 ECC has been researching various supply routes that would allow us to provide a supply chain for PPE to ensure that ECC and the social care system is provided with the equipment it needs to deliver the care and support

needed to Essex residents. All product specifications have been aligned as much as possible with World Health Organisation and Public Health England or Government guidance.

- 3.13 It is proposed that ECC allocates £2m to be used to purchase around two weeks' supply of PPE on behalf of the Council and our providers to ensure that those caring for symptomatic and diagnosed individuals have the equipment they are advised to have to do their jobs safely and prevent further spread of COVID-19. It is hoped that this will provide sufficient resource to cover the period until the ongoing issues with national suppliers are resolved. Indications are that supply chains are now beginning to recover, and the two week supply will be sufficient bridging provision.
- 3.14 The demand has been modelled in line with best estimates of the number of contacts that a symptomatic or diagnosed individual will receive from the social care system for the c.17.000 individuals that ECC directly fund support for, as well as factoring in the overall PPE needs of provider's capacity in Essex as a whole. The demand does not reflect the additional pressure from those who are shielding as we are not yet in receipt of data that will allow us to align this with the cohort of Essex residents we currently support.

4 Reason for Using Urgency Powers

- 4.1 The council is expecting extremely challenging conditions as COVID-19 takes effect. Adult Social Care needs to be able to take all necessary action to fulfil its duties during this period and reassure providers, service users, and partners in the NHS of its capacity to do so.
- 4.2 MHCLG wrote to councils on 20 March to confirm a funding allocation to help local authorities, with £37.4m received by Essex County Council. This funding is to help address all pressures faced by the Council during the response to the COVID-19 pandemic. Councils pressures are exceeding this level of funding but given the urgency of the need to support and protect social care providers, staff and citizens, the Council cannot wait for additional money to be received when there is no guarantee that further funding will be provided. In the interim it is proposed that the costs be covered by the Council's General Balance.
- 4.3 Uncertainties in the current supply chains for PPE mean that we cannot rely on a consistent supply of items. Taking this urgent decision will enable us to supply enough equipment to bridge a two-week provision to keep people safe presently while the issue of the delivery of key items is expected to improve.

5. Financial Implications

- 5.1 There is an estimate of the volume of PPE supplies required in order to meet the demand for internal provision as well as the needs of the wider care provider market in Essex.

- 5.2 This is based on assumptions for the number of contacts per day for all accommodation and community-based social care services and the number of service users affected, then adjusted upward based on the Council's approximate market share.
- 5.3 The estimated cost of the provision of PPE equivalent to a two-week supply is £2m. This is over 5 million individual items including gloves, aprons, facemasks and goggles.
- 5.4 Difficulties in supply chains mean that a variety of sourcing options will be required in order to purchase the equipment, resulting in a range of possible unit prices. A likely average price has been used in the calculation of the estimated cost above, and it should be noted that these are considerably higher than the usual market rates.
- 5.5 Considering existing stocks and donations, a two-week supply will be far from sufficient to see out the period of the pandemic, and equally a recurring £2m fortnightly spend for the Council would be untenable. However, it is expected that this purchase will produce some supply chain assurance until the ongoing issues with national supplies are resolved.
- 5.6 This is not an Essex specific issue and consultation through the County network has shown that a number of authorities across a variety of English regions have ordered or are pursuing a PPE supply to ensure sufficiency during the crisis, pending resolution of national supply chain issues.
- 5.7 Payments made by the Council to care providers already include an element related to the provision of PPE, although the value will be far lower than the estimated cost of the stock necessary to meet PHE guidelines. It is not proposed that the Council pass on the charge to providers for the PPE purchased through this decision. This would be logistically complex given the large number of providers and relatively small units of stock per provider, and it would be difficult to distinguish between the stock gifted by businesses, NHS donated stock and our purchased stock.
- 5.8 Included in the calculated requirement is the estimated share of the provider market in caring for private clients and those funded by other local authorities. This will mean that the Council bears a cost for the care of these individuals, since carers should not discriminate in their use of PPE.
- 5.9 The availability of PPE is both a critical issue and a fluid one, and any significant developments will be reviewed swiftly to ensure the best use of public funds.
- 5.10 It is essential that ECC makes emergency funds available pending resolution on funding and hereby the call on General Balance is recommend.

- 5.11 The expectation is that the PPE will be claimed against the emergency funding made available.
- 5.12 The first tranche of emergency funds for Essex of £37m are fully committed and recourse will be made to MHCLG for fair funding of the additional costs of the PPE, such that the general balance can be replenished to a safe and sustainable level. Any failure of MHCLG in provided fair funding for the new burden, will result in a direct implication for funding availability for key services within Essex as compensatory savings will need to be made to offset the COVID unfunded financial burden.
- 5.13 Recovery of an appropriate balance of the funding for PPE will be sought from the NHS £1.3billion allocation to CCGs, for the purpose of building capacity for discharges.

6 Legal Implications

- 6.1 The proposals in this report may involve entering into new contracts above the threshold of £189,330 applying to such contracts. These will not be able to be tendered given the urgency of the situation. This is allowed by regulation 32(2)(c) of the Public Contracts Regulations 2015 which allows the direct award of contracts when it is not possible to meet the time limits involved in a competitive tender because there is extreme urgency as a result of events unforeseeable by the contracting authority; words which suit the current situation.
- 6.2 The constitutional basis for the decision is that the Chairman of the Corporate Policy and Scrutiny Committee has agreed that it is urgent and cannot reasonably be deferred, this decision will need to be reported to full Council for information.

7 Equality and Diversity Implications

- 7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief,

gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

- 7.3 The recommendations in this report are designed to ensure that the Council meets the need of social care users, most of whom are disabled. In view of the urgency of this decision a full equality impact assessment has not been undertaken but we do not believe that there will be a significant adverse impact on any people with a protected characteristic.

8. List of Appendices

None

9. List of Background Papers

None

I approve the recommendations set out above for the reasons set out in the report.	Date
Councillor David Finch, Leader of the Council	14.04.20

In consultation with:

Role	Date
Cabinet Member for Health and Adult Social Care	09.04.20
Councillor John Spence	
Executive Director for Adult Social Care	9.4.20
Nick Presmeg	
Executive Director for Finance and Technology (S151 Officer)	9.4.20
Nicole Wood	
Director, Legal and Assurance (Monitoring Officer)	8 April 2020
Paul Turner	

Exemption from call in and being included on the forward plan

I agree that this key decision is urgent and cannot reasonably be deferred and therefore that it may be taken without it being on the forward plan.

I also agree that it is in the best interests of the Council for this decision to be implemented urgently and therefore this decision is not subject to call in (paragraph 20.15(xix) of the constitution applies).

Councillor Mike Mackrory – Chairman of the Corporate Policy and Scrutiny Committee

Dated: 14.04.2020