

The Approach



- There is a long history of **integrated health and social care commissioning functions** within Portsmouth with joint roles within Portsmouth City Council (PCC) and Portsmouth Clinical Commissioning Group (CCG). The benefits of this integration have been felt during the system's COVID-19 response, particularly its approach to managing and supporting the care market as well as resolving operational issues quickly and collaboratively.
- There is **trust** within the system; **'leaders don't need to be around the same table all the time'**.
- In the immediate term, strategic element of day jobs **'has to take a 'back seat' and it's the operations that takes priority'**. It is about letting operational managers get on and do their jobs, but giving them the 'air time' to raise issues as they arise.
- The senior team looked at what needed to be delivered and who was best placed to do it; **processes were stripped back, hierarchy removed and staff deployed to where their skills were best suited.**
- No command and control; staff given the autonomy to make decisions.
- Daily Sitrep calls take place every morning with the PCC senior leadership team to discuss any **immediate or arising risks** across the system, such as staffing capacity and PPE. These are focused discussions and any issues to be resolved are either taken off-line or addressed at the **'problem-solving'** daily afternoon operational call.
- A member of the senior leadership team is available 7 days a week to give confidence and provide assurance to operational managers.

Streamlining services: Social care



- Work was underway to review and enhance the **duty social work response**, but COVID provided the reason to **'do it quickly'**.
- Previously it had been staffed by a rota of 30+ social workers/ assistants, but there was a lack of ownership and specialist skills as a result. Therefore a **dedicated duty team was established.**
- **Calls now go straight through to a social worker** rather than an admin desk first.
- The redesign has been shaped around COVID and the team are working closely with Portsmouth HIVE, the community response. **'It is much more joined up than it would have been without COVID'**.
- Feedback has been positive and unlikely to revert to the old model; the demand might change but the team is set up to respond to any demand more effectively.

Workforce



- Like every area, Portsmouth quickly realised the impact of COVID-19 on its workforce could be significant. There were two strands to their approach to address the challenge: **the immediate, logistical response and the longer-term strategic piece.**
- A list of volunteer staff and their skill set was collated, including reablement assistants, community nurses, OTs, social workers, domestic and catering staff. Relationships were built with unit managers and HR to develop process for recruiting and deploying the right staff.
- A member of staff was seconded from the CCG to co-ordinate the redeployment; **where the gaps were in the community and how to fill them.** Standby lists of staff created for weekends and bank holidays that both in-house and private providers can call upon if they need to.
- A manager from the inhouse reablement service was put in place to manage the **strategic** element, working with the HR and Learning & Development teams, as well as wider system partners. For example, developing training packages and linking in with health and social care colleges to think about how students can gain work experience, whilst building resilience into the system now and in the future.

Supporting the care market



- Portsmouth already had structures in place to facilitate positive relationships between providers and commissioners:
 - Provider Portal**- a central communication hub where messages can be shared and guidance accessed
 - Provider meetings**- monthly meetings between provider representatives and senior leaders to talk through their challenges and commissioner's challenges to have those **transparent conversations at a strategic level**.
 - Dynamic purchasing arrangements**- agreement that providers didn't need prior approval to increase packages of care to prevent a crisis.
- Leaders also felt the smaller geographical footprint of Portsmouth is an important contributory factor to the positive working relationships they have with the social care market; staff can get on the phone to them and have those one to one conversations.
- There were some **specific actions** take when **COVID** hit:
 - Provider webinars** were arranged with senior leaders, including finance, to address immediate issues (ie. PPE, staffing) and to set out early on (pre- any national announcement) a support package for the system.
 - Daily afternoon call**, jointly hosted by the council CCG, where any providers raise issues so commissioners are ahead of the curve the following day.
 - PPE**- there is central local PPE line and council are covering the cost where providers cannot source from their usual suppliers.
 - Staffing**- where capacity issues within homes, commissioners have helped to source using a bridging agency or their own redeployed staff.
 - Financial package**- commissioners came up with a package for reimbursements which was mutually agreed with provider representatives, including guaranteed income support based on the previous 3 months.

What are the key components for success?

'Integration for integration's sake is not necessarily the answer; solutions need to be thought through at different levels of the system.'

Acknowledge that staff at different stages on scales of fear and motivation.

Have simple, clear lines of communication to prevent the dilution of messages.

'It's really important to roll up sleeves and show you are prepared to be part of the system'.

'Get the people in place you need to be able to deal with this. It would have been easy to stick to the existing model, but look at skills and who is best placed to take on the task'.

Networks

'Give staff the freedom to think differently; strip back processes'

Daily Sitrep calls with the right people.

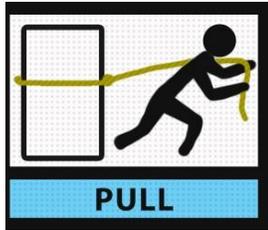
Get resources in place to manage staffing capacity

'Relationships. You don't need to have s75 agreements in place: you can act like you do.'

'Allow the right person to make the decision without the need for sign-off'

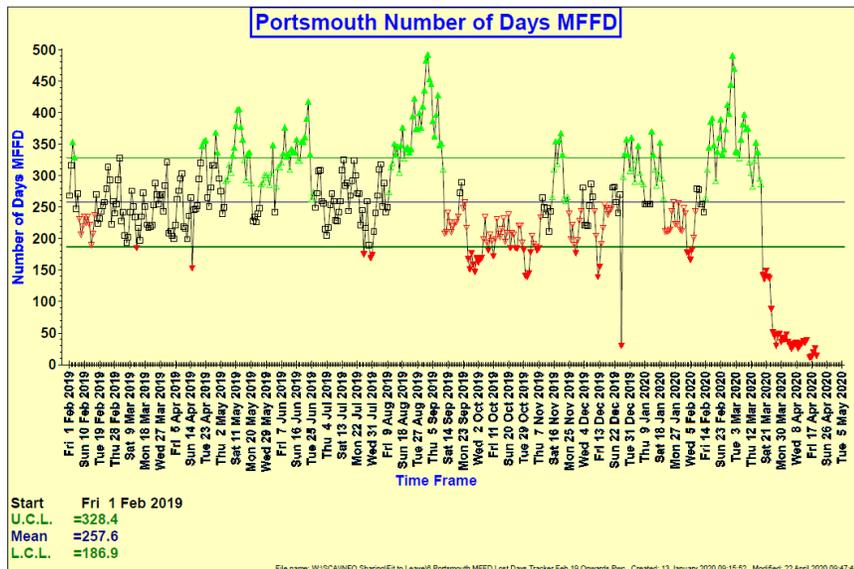
'Allow solutions to grow organically'

The Approach



- Portsmouth system known for a long time that improvements needed to the intermediate care and admission avoidance offer in order to have a truly 'Home First' model, but delivering this at pace was hindered by the pressure of having to **'deliver the here and now issues'**.
- COVID-19 and the **Discharge Requirements** provided the **remit to transform at pace** and remove some of the organisational barriers that had been in the way.
- Quickly **enacted a 'pull' model** and pulled social work staff out of the Integrated Discharge Service at the acute hospital back into the community where they could assess people within 24 hours of discharge from the hospital.
- Now have a central hub (dealing with both step-up and step-down referrals) with 'hotlines' for hospital and community in-reach teams. Everything is dealt with once people are out of the hospital (with the exception of some Mental Capacity Act assessments).
- Processes in place so if too much demand for hub, then can refer to the duty social work team for support and weekly catch-up calls with the team.

The Impact



Performance

- Portsmouth uses live data and the clock starts as soon as a person is declared Medically Fit For Discharge (MFFD).
- The graph provides a visual summary of how the collective number of days people declared MFFD spent in an acute bed dropped off dramatically since 12 March 2020.
- Length of stay has reduced from 4-5 days to less than 1 day in the week commencing 27 April 2020.

Pathways: where people have gone

- Between 19 March 2020 and 5 May 2020 293 people have received a package(s) of COVID-19 care
- **83% of these have been domiciliary care packages with an average duration of 6.7 days.**
- 7.8% have been short stay nursing care, 7.8% short stay residential care and 1.7 have been to a rehab/ D2A bed.

Managing COVID in a care home: Portsmouth

The context



- Portsmouth City Council own and run four care homes and one supported living unit. These are for long-term residents, as well as those who require bed-based reablement and/or assessment of their on-going needs (Discharge 2 Assess pathway).
- The D2A pathway is mainly from the local acute, a 997 bedded District General Hospital.
- Tragically, 30 residents have died as a result of COVID-19 across two of the units. This has taken an emotional toll on staff who cared for them and continue to care for others. Despite a lack of testing, staff absences and confusing guidance, the decisive, pragmatic decision-making by managers has undoubtedly saved lives.
- One unit that has had 16 deaths, now only has 3 symptomatic residents and no new cases for 6 days*.

Containing an outbreak: the practical steps

Cohort Residents

- Where space allows it, cohort residents so communal spaces are clearly divided, but still practice **social distancing**.
- *For example, in one unit people who were 'walking with purpose' were cohorted and the three communal spaces were divided into 'COVID positive, symptomatic and asymptomatic. In another unit, this approach wasn't possible as there is only one communal space so everyone was placed in isolation and staff wore masks to prevent transmission'.*

Work with partners to give 'one version of the truth'

- *Supply of PPE was resolved well locally, but the confusing and conflicting guidance on when and how to use it created unnecessary worry and challenges. The council and CCG worked together to give a single message to staff.*
- *The Infection Prevention and Control (IPC) team from Solent CCG visited the homes to provide training and advice for staff.*



Accepting Hospital Discharges

- *Be clear about the COVID status of anyone coming into the home and whether they are still within the 14 day isolation period.*
- *Have conversations with system partners about where is the most appropriate place for them; be pragmatic.*
- *If at all possible, use spaces flexibly to ensure people continue to be isolated for 14 days. For example, make use of other units, or different floors if cohorting measures are in place.*

Staffing

- *Work with partners to redeploy staff. Social workers, OTs, physiotherapists, nurses, domestics and catering staff were redeployed from community roles to support units. A risk assessment was completed pending a DBS check. Staff booklets were produced to set expectations and support staff working in unfamiliar environments.*
- *Portsmouth overstaffed units and put an Assistant Manager on each floor. This provided resilience if staff were absent or had to be sent home and when they didn't staff could provide 1:1 care in peoples' rooms. For example, one unit was persistently 46.8% down on its establishment, but*
- ***Care Corridors** were created so staff would only provide care between three rooms and those caring for symptomatic residents would not provide care for those who were asymptomatic*

*Since the original interview, both units have had no residents become symptomatic for 20 days and no staff for a week or more.

Managing COVID in a care home: Portsmouth

Emotional Support and Wellbeing: Staff



- Recognising the emotional impact the pandemic is having on staff and putting measures in place to support them is key. Staff have shown ***'unbelievable resilience and come in with a problem-solving mentality'***.
- It is also important to **manage expectations**. Staff strive to provide the gold standard of care, but if people are having to be kept in isolation you can't meet all aspects of their care plan. For example, it is not always possible to take people outside for their daily walk.
- The 'hard stuff' - there is a comprehensive support offer within Portsmouth City Council, such as e-learning on mindfulness and a counselling service. There are now **well-being champions** for each residential unit providing training and support to staff.
- The 'soft stuff' is as important- Make daily contact with staff to check how they are, create alternative forums for support ie. WhatsApp groups and virtual team meetings. Formal supervision was suspended for two weeks and replaced by informal one to one supervision is. Shorter supervision, centred on wellbeing is taking place for both staff in work and those socially distancing at home using video conferencing facilities.
- Find things to celebrate and bring enjoyment to people. For example, in one unit all staff have dyed their hair the colours of the rainbow in response to a challenge set by a resident.
- ***'People feel supported at every level; if we can get through this together we can get through anything'***.

Emotional Support and Wellbeing: Relatives



- It is a very difficult time for family and friends who are concerned about the safety of their loved ones. Communication has been key, particularly due to the media interest around the number of residents who have sadly died. The homes work closely with the council's communications team to ensure that relatives are informed prior to any news story hitting the press.
- A **well-being champion** has been established in each home to provide a single point of contact for relatives. They provide regular emails and telephone updates; the relatives of those who are currently unwell get a call at least daily.
- Skype video calling is offered to all residents and their relatives. This was being used before, but activity has increased dramatically.



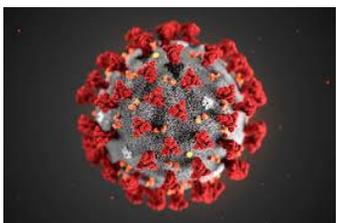
The Community Response: HIVE Portsmouth

Background & Vision



- HIVE Portsmouth, a community **'connector'**, was created in 2018 and has a directory of 670 organisations. This is not a directory of contact details, but links and relationships.
- HIVE has connected organisations and encouraged them to work together by adapting their approach and purpose to **meet local need and improve community resilience**; *'People work together for the greater good'*.
- There are **strategic partnerships** in place; one with the Multi-speciality Community Provider (MCP), consisting of HIVE, the CCG and Primary Care Network (PCN) and, most recently, the council.
- There is a **shared strategic vision** built on the understanding of the need for a paradigm shift to the social care model, focused on building independence and self-reliance as an alternative to traditional services.

COVID-19



- HIVE became the coordinator of the community response. Council and CCG staff have been deployed to assist and there are no organisational boundaries: *'the pathway is seamless'*.
- There are two phases to Portsmouth's response to COVID-19:
 - Address the **immediate need** ie. Ensure people have food and medication (7,000 people were identified as those people who were being advised to follow national shielding advice. There was no debate about who was 'responsible' for them).
 - Develop local area 'hubs' to build local resilience and a **legacy**. This was part of the strategic vision and is now being developed at pace.
- Standard operating procedures were developed rapidly with strategic partners. By the 27th March 2020 HIVE was co-ordinating the delivery of food packages, prescriptions and well-being telephone calls. All of these are free to people receiving them.
- Central referral process for people, health professionals and social care, triaged by customer-focused staff. The support offer is continually reviewed and adapted depending on the referrals coming through.

Impact



- Within weeks HIVE has built an 'army' of 920 volunteers, coordinated offers of support from local businesses, donations and developed a whole logistic centre.
- Within **3** weeks, there had been:
 - **2156** food parcel deliveries
 - **541** prescription deliveries
 - **3550** wellbeing calls
- **It's not just about numbers...**communities have come together, hidden carers have been identified and wellbeing calls have lead to people experiencing a mental health crisis get the right help.

Feedback from a couple in their 90s: *'They rang to thank us for her food parcel they received yesterday (they had no food left). She said she was so scared of running out of food and that we were a god send as they are self-isolating. She was over the moon.'*



The Community Response: HIVE Portsmouth

The Key to Success

'When we talk about leadership, we are talking about staff working at the coal face'. It's the people on the ground who get it, so let them get on with it.'

Strong, strategic partnerships based on trust and a shared vision.

'It's about people, personalities and communication'



Speak to people with lived experience; services should adapt and work together to meet local need.

Recognise the value of local businesses in building a community response. Their input can have the most impact in the long-term.

'Don't ask for permission; ask for forgiveness'