

P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

SERVICE AREA:	Commissioning Adults
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REPORTING PERIOD:	Week ending 10 th April 2020

KEY ACTIVITY HEADLINES

Overview of Commissioning Approach

Covid-19 will bring a significant pressure to the provision of care and support packages. Both due to the additional demand from hospitals and the impact of the pandemic on the adult social care (home care) workforce. In accordance with the recently published NHS Guidance, both Local Authorities will be taking the lead on commissioning additional market capacity on behalf of health and social care.

The immediate health system plan is to clear out acute and community hospital beds in preparation for Covid-19 admissions. To support with this, we are purchasing c. 370 additional nursing and residential beds. These beds are being block purchased for a 6 month period. It has been agreed with the Clinical Commissioning Group (CCG) that health will pay for the cost of these beds.

Commissioning are also sourcing additional capacity rapidly to defend and maintain domiciliary care provision in the first instance. Commissioning is adopting the following approach to this:

- The use of volunteers and redeployment of all available resources will support domiciliary care providers' capacity and reduce the likelihood of care package failure. Commissioning will play a key role in allocating volunteers from the local Covid-19 coordination hub to the care market.
- Working with providers, we will reduce care and support provided to individuals to the absolute minimum levels and optimise their rounds to reduce travel time. This includes ensuring rapid access to community equipment to facilitate timely hospital discharge and reduce the need for double up care packages.
- Commissioners are working with local providers to understand what other financial and non-financial support is required to sustain, and even increase their current levels of capacity.

In order to mitigate against the risk of providers handing back packages and the need to place in residential care, commissioning are considering a last resort rest centre approach to increase bedded capacity during the Covid-19 pandemic. Discussions with the CCG and CPFT will take place next week to agree to mobilise or not at this stage.

Update:

- The financial impact of Covid-19 is being finalised, including the impact on savings delivery.
- Additional c. 370 beds have been identified and being purchased across Peterborough and Cambridgeshire. Costs agreed with CCG to fund from Covid-19 government budget. C. 324 beds have come online to date and are being utilised for new placements.
- Potential sites for the last resort rest centre have been identified, with a view to have c. 100 beds.
- Guidance for commissioners on covid-19 business cases and finance governance is being developed to ensure tracking is refined.
- The new hospital discharge to assess pathway is operational. Significant additional capacity is now in place in brokerage and the team have moved to 7 day working provision.
- The police have been provided with a list of providers and voluntary sector organisations and have agreed that staff from these providers will not be stopped and questioned. ID badges are being printed for personal assistants and will be distributed to those who are in receipt of direct payments.
- Covid-19 funding has been agreed by the CCG to fund additional community equipment (NRS)
- In line with ADASS/LGA advisory note fee uplifts for providers are being explored and a business case is in development. There will be discussions with the CCG this week.

The Covid-19 business continuity response has been organised across 3 work streams. An overview of key actions and progress for each work stream is outlined below.

Work stream A – Voluntary sector / Mental Health / Housing Related Support / Carers and NRS

- **Housing related support**
 - Services are struggling to enforce social distancing and self-isolation amongst clients – large numbers are disregarding and carrying on as usual
 - Tensions are running high in services and behaviour is deteriorating (particularly within services for more complex individuals) – increased incidences of fights, abusive behaviour, substance use, inviting visitors in. We are working with the providers and the police to mitigate impact.
 - It Takes a City are working with Cambridge City and commissioned services to coordinate the delivery of food and other essential supplies to rough sleepers who are being accommodated in temporary accommodation
- **Mental Health**
 - Staff shortages for residential services- Commissioners considering starting the new MH contract due for 1 July earlier to assist with capacity.
 - Inter-agency working to provide extended cover (9am-11pm) for lifeline phone support service – due to go live this week
- **Carers**
 - Visual impairment support providers across Cambridgeshire and Peterborough (including providers we don't currently commission) are working together to produce a Talking Newspaper service for visually impaired people to keep them informed about current events
- **OP Community Services**
 - Prepaid cards issue: in the short-term organisations such as Care Network can buy essentials and then reimburse their staff (in cases where members of the public do not have a bank account), but they do not have limitless funds to sustain this.
 - Great collaborative working between commissioned services within this project area – especially related to the voluntary sector hospital discharge service offer.
- **Community equipment (NRS)**
 - Open over the bank holiday weekend. 5 drivers available. Orders before 1pm will be delivered same day, orders before 4pm next day delivery.
 - NRS overall in a good position currently 7 day working rota completed until end of May.
 - Alternative equipment has been sought where usual supply has been delayed

Work stream B - Homecare and extra care

- First of the weekly Home Care Virtual forums took place
- During the call further update and clarity given from CCG infection control nurse in regard to the use of PPE.
- Providers seem in control and content at their current position in terms of managing, both clients and staffing levels.
- Additional extra care capacity is being explored and business case is with the CCG for agreement of Covid-19 funding
- Homecare forum went really well and lots of useful intel from providers
- There have been several enquiries from off contracted providers suggesting they have capacity

Work stream C - OP Care Homes, LD Residential, LD Supported Living, Day Services

- Care Home forum held to discuss the new Government guidance on admissions and care in Residential Homes. This included a presentation from the Health Protection Team who advise homes in the event of an outbreak.
- Link established with CCG to discuss adding a small, clinically-trained team to the volunteer hub who could be redeployed to nursing homes, if needed.
- Large number of contracts issues for Block Beds. AFT are loading payments as we speak. Payments will be made 4 weeks in advance of delivery, but will only be authorised once contracts have been returned. Many are already signed.

- ASC newsletter is sent out to providers every day around 4.30pm. Currently liaising with the CCG to make this a joint communications so there is a single point of communication with the market
- A Quality and Practice Team member is being allocated to each work stream (A, B and C) in order to ensure that important information is disseminated to the operational teams (for example, changes to discharge procedures, how to support covid+ clients with dementia etc.)
- Outbreak response – the team will be creating guidance on how CCC / PCC responds to an outbreak in a care home, setting etc. Much of the good practice and procedures are there, but we need to link them together and articulate to ensure a consistent and swift approach.

RISKS / CHALLENGES (AND MITIGATION)

Risks

Risks	Mitigations
Market capacity	<p>c. 370 additional beds purchased from existing providers</p> <p>Rest Centre of Last resort being considered – looking at c. 100 beds</p> <p>Further opportunities for additional residential beds are being explored</p> <p>Domiciliary care capacity being supported by allocation of volunteers to support providers to maintain capacity</p> <p>Brokerage operating single function for health and social care to manage impact to market. Extended hours and 7 day working in place</p> <p>Daily capacity overview managed via brokerage</p> <p>Distress fund established for providers.</p>
Lack of PPE	<p>National PPE helpline has been established</p> <p>Council purchasing additional PPE supplies in addition to national supply to ensure sufficient PPE for staff and providers</p> <p>Direct deliveries to providers from PHE</p> <p>Single provider contact line and email established so provider issues can be escalated and responded to quickly</p> <p>Process for DP personal assistants established to enable access to local authority PPE supplies</p>
Staff capacity	<p>Redeployment of staff and allocation of volunteers from hub – process in place</p> <p>Additional brokerage capacity established and fast track training in place</p> <p>Dedicated transformation and BI resource identified</p>

	<p>Staff absence being tracked and impact being monitored</p> <p>Reprioritisation of workload to support key priorities</p>
Discharge delays from hospital	<p>Ongoing communications with providers to manage advice on Covid-19 and ensure compliance with guidance</p> <p>Regular communications with health and CQC and key partners to ensure information exchange and issues highlighted quickly</p> <p>D2A pathway agreed and established</p> <p>Integrated brokerage function for health and social care</p> <p>Local authority agreed as lead commissioner for additional community capacity</p> <p>Brokerage extended hours and 7 day working established.</p>

WORKFORCE UPDATE

Commissioning currently has 22 staff absent due to Covid-19:

- Self-isolating due to symptoms: 2
- Self-isolating due to family member having symptoms but working from home: 9
- Social Distancing due to underlying medical condition but working from home: 11

FINANCIAL IMPACT (increase in costs / reduction in income)

1. Cost of c.370 additional beds being purchased. Cost agreed with CCG across Peterborough and Cambridgeshire
2. Cost of additional community equipment – cost agreed with CCG
3. Cost of additional capacity for LD provision – seeking agreement from CCG for cost
4. Cost of additional extra care provision – seeking agreement from CCG for cost
5. Extension of non-charging period for Lifeline to 12 weeks, loss of income.
6. Extension of contracts for interim beds
7. PPE purchase
8. Rest Centre costs - seeking agreement from CCG for cost
9. Additional funding requests from providers to come via hardship payment.

COMMUNICATIONS

Regular communications are in place with providers to keep them informed of advice, guidance, response etc. A central communications log has been established to track all communications

A central telephone and email contact have been established for provider queries.

Daily communications are being distributed to operational managers to keep them abreast of commissioning/brokerage/contract developments