

P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

SERVICE AREA:	Commissioning - Adults
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REPORTING PERIOD:	Week ending 24 th April 2020

KEY ACTIVITY HEADLINES

General Update:

The Covid-19 business continuity response has been organised across 3 workstreams. An overview of key actions and progress specific to each workstream is outlined below

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

- NRS – still doing really well in terms of being prepared and have the 7 day working in place. We have had some really good feedback regarding their service from prescribers.
- Carers and Community Support – Some Community Support orgs are winding back the 7 day working due to limited or no demand.
- Housing Related Support – Risk around the non-compliance and complexity of clients. We continue to work closely with providers and the police to support this.
- Key worker badges. A list of all provider organisations has been provided to the Police, so they will not stop key workers from these organisations. Process finalised to support key worker ID badges for Personal Assistants. Letters have been sent to Direct Payment recipients, which includes information on how to access key worker badges from the Council for their PA.
- Process for providers to access volunteers is being further refined to ease access for this support.

Workstream B - Homecare and extra care

- Homecare provider forums took place this week.
- In addition to these forums, ongoing provider engagement is taking place and has been positive.
- Provider base seem settled and are managing incredibly well which is giving great assurances for the council.
- PPE remains a constant issue and the escalating costs of certain equipment. Communications have been sent to providers with details on suppliers and how to access emergency PPE supplies from the Council.

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

OP Block Beds

- Emergency Purchase Block Beds – additional block beds are being utilised and there is currently c. 25% available capacity being reported.
- Majority of the contracts for the additional block beds have now been signed and returned.
- Transactions have been authorised for all those who have returned contracts – therefore cash flow to providers has started

Forums

- Weekly forums with care homes providers have been opened up to LD Residential and LD Supported Living providers, with good feedback. This week we had a GP representative fielding questions.

Outbreaks

- Outbreak process is in place. Outbreak Team meeting at 10am every day; including representation from Contracts Team, CCG, and Safeguarding. All outbreaks allocated an Incident Lead and a Practitioner Lead, and the home supported with staffing, PPE and clinical support. Practitioner Lead ensures needs of individual residents are being met. We have begun deploying staff from the specialised volunteer list to great effect.

LD Brokerage

- LD providers are fairing well, and we have no providers of significant concern.
- In CCC, of the 22 additional beds commissioned to provide additional resource during Covid19, we have filled 50%.

- The LD Brokerage Service have been working hard to create a rapid response team in the event an assignment arises. This will consist of 10 care workers across the region with additional skills.

RISKS / CHALLENGES (AND MITIGATION)

Risks

Risks	Mitigations	Residual Risk
Market capacity	<p>c. 370 additional beds purchased from existing providers</p> <p>10% fee uplift to meet additional covid costs granted to providers</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>LD brokerage function integrated into brokerage to ensure capacity is maximised effectively</p> <p>Daily capacity overview managed via brokerage</p> <p>Distress fund established for providers.</p>	<p>Current bed utilisation is at c. 75% of block beds.</p> <p>Additional capacity options are on hold (rest centre and additional LD capacity) and will be reviewed if demand presents itself.</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>	<p>Agreed with CCG to centralise emergency stock supplies to ease access to emergency supplies for providers. Discussions are ongoing with the CCG re funding of PPE.</p> <p>Cost of PPE supplies have increased substantially. But 10% fee uplift agreed with providers until end of June to help meet some of these additional costs.</p> <p>PPE does still remain an issue and we are still receiving requests in varying degrees of need.</p> <p>A number of communications have been issued to providers giving them updates on how they can obtain PPE from different PPE suppliers and their contact details.</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>	<p>C. 12% of the Adults workforce is self-isolating</p> <p>Staff in non-critical roles have been redeployed to support front line service delivery – particularly reablement.</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>	<p>National DTOC reporting has been suspended from April 2020. So performance is not being monitored during the emergency period.</p> <p>As at the last local stats for week ending 27/3 performance was:</p> <p>CUH – 5.9% (compared to 6.3% for the same period last year)</p> <p>Hinch – 11.1% (compared to 13.1% for the same period last year)</p>
Lack of funding to meet additional costs associated with Covid	<p>£3.2bn of MHCLG announced to support local authorities</p> <p>NHSE funding to support costs associated with hospital discharge package costs. Close working with the CCG to agree funding.</p> <p>Business case approval process in place for covid related spend.</p> <p>Councils tracking Covid related spend to ensure the cost can be forecast and monitored.</p>	<p>Allocations received nationally from MHCLG. CCC received £14m and PCC £5m from the original £1.6bn allocation.</p> <p>Further £1.6bn announced by government – but awaiting guidance on allocations.</p> <p>Agreed funding for additional capacity with CCG as outlined in the finance overview section.</p> <p>MHCLG return submitted last week, highlighted the national funding is not sufficient to meet the additional costs associated with Covid</p> <p>Savings delivery for both Councils will be impacted.</p>

WORKFORCE UPDATE

Commissioning currently has 24 staff absent due to Covid-19:

- Self-isolating due to symptoms: 2
- Self-isolating due to family member having symptoms but working from home: 6
- Social Distancing due to underlying medical condition but working from home: 16

Covid testing is now available to front line social care staff and this can be accessed at testing sites at Peterborough City Hospital and Addenbrookes. Managers are following up with key workers who are currently isolating due to symptoms in themselves or a household member, with a view to them booking a test. Staff experiencing symptoms should be tested between day 2 and 5 of when their symptoms started. For a symptomatic household member, the testing should be between day 2 and 10.

Whilst we have seen providers' workforce also impacted, we are focusing support for those providers where they are not able to manage this impact within their own business continuity plans. This includes accessing testing for their staff, increasing fee (10% uplift) to help them meet additional staffing costs and access to volunteers to support their service provision.

We have now trained in excess of 50 volunteers or redeployed staff in basic care skills – including moving and handling, infection control and basic life support. This number represents an equal mix of volunteers and the Council's own redeployed staff. Following training the Council's redeployed staff have been placed with reablement where a number are now providing direct care. The volunteers have been passed through to brokerage to match to provider demand. So far demand has been from residential care homes more than domiciliary care. The volunteers currently with brokerage include student nurses, retired health professionals such as physiotherapists, teachers etc.

FINANCIAL IMPACT (increase in costs / reduction in income)

1. 10% fee uplift for providers to meet additional costs of Covid
2. Cost of c.370 additional block beds being purchased.
3. Cost of additional community equipment
4. Cost of additional capacity for LD provision
5. Cost of additional extra care provision – seeking agreement from CCG for cost
6. Extension of non-charging period for Lifeline to 12 weeks, loss of income.
7. Extension of contracts for interim beds
8. PPE equipment purchase
9. Additional funding requests from providers to come via hardship payment.
10. Loss of income from client contributions
11. Impact on savings delivery

Local Council returns were submitted to MHCLG last week which provided an outline of potential Covid related costs.

Whilst CCC has received a £14.6m allocation, and PCC a £5m allocation, from the national £1.6bn MCHLG Covid allocation, this falls short of the financial impact we are anticipating. Whilst an additional £1.6bn of national funding has been announced, we are still awaiting national guidance on the allocations.

In addition, we are also in discussions with CCG around the NHS funding capacity and costs associated with hospital discharge in line with the national guidance. The below summarises the business cases we have submitted to the CCG for funding:

- The following additional capacity has been agreed with the CCG, to be funded from the NHS covid monies:
 - Additional block bed provision - 370 additional beds
 - Additional Learning Disability provision at Barber Gardens and the Manor
 - Distress Fund for domiciliary care providers
 - Incentive payments (up to an additional £3/hour) for hard to place packages for domiciliary care
 - Additional NRS community equipment
 - Cost of enhanced and new care packages following hospital discharge or preventing a hospital admission
- Discussions are ongoing with the CCG to fund the following additional capacity:
 - Learning Disability community capacity
 - Extra Care capacity
 - 10% fee uplift to providers
 - PPE equipment
- Following discussions with the CCG and health partners, the development of a rest centre is on hold, with agreement to review the need for this if additional capacity is required to meet the demand we are seeing across the system.

COMMUNICATIONS
<p>Regular communications are in place with providers to keep them informed of advice, guidance, response etc. A central comms log has been established to track all communications</p> <p>Central telephone and email contact have been established for provider queries.</p>