

P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

SERVICE AREA:	Commissioning
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REPORTING PERIOD:	Week ending 01/05/2020

KEY ACTIVITY HEADLINES

General Update:

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

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

Mental Health

- Services continue to be delivered through other media other than face to face. Regular calls are being made to carers of people living with dementia. Extended hours are in place for Lifeline telephone support.
- Additional accommodation capacity is in place to facilitate hospital discharge

OP Community Services

- 7 day service delivery from Age UK (information and advice)
- British Red Cross have streamlined hospital referral process and shared this with PCC and PCH

Carers

- Centre 33 seen a significant increase in referrals
- Recent survey of known carers shows 85% of carers are feeling lonelier as the lockdown goes on. NHSE funding to roll out the 'What if plan' more widely has been agreed by the CCG

HRS

- Lack of compliance in self isolation and social distancing, providers continue to give warnings and are working closely with Cambridgeshire Police
- Services are still waiting for guidance for hostels / homelessness from central government
- Multiple organisations (commissioned, statutory & volunteers) are working together in Cambridge to ensure that the rough sleepers being accommodation in hotels across the City have access to the support, food and other supplies they need

NRS

- Service is stable and has capacity in place should a peak in demand arise.
- Still operating 7 days a week but demand on weekend is limited

Work stream B - Homecare and extra care

Provider forums this week were held and there was plenty of discussion around the new PPE guidance that has been issued from PHE. Infection control disagree with the guidance and made that clear they have pushed back to PHE on the guidance.

Provider Feedback has been good, and we have received some positive comments about the work we have undertaken, particularly around the support we have offered providers.

The 10% resilience payment has been well received on the whole. There have been some comments from a couple of providers they will pass the increase in part on to the care staff as well as using it for essentials during this time.

Market capacity currently is not a concern.

Additional capacity for extra care accommodation has been agreed with the CCG, to be funded by NHSE monies. This is to come online as the demand presents itself.

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

LD Brokerage and Commissioning

Forums continue to take place at 11.30am every Tuesday for Residential and Supported Living services. This week the main areas of discussion were:

- All hospital discharges will be swabbed. Upon discharge, regardless of results, residents should be isolated for 14 days. If a patient tests positive then the Hospital should provide a care plan to show where they are in their isolation period.
- Difficulties with getting hold of the Health Protection Agency
- PPE – Continues to be a pressure for all both financially and availability.
- NHS Bed Tracker - national mandate to utilise.

Other Updates:

- The CCG has developed a comprehensive offer available to all social care providers and their staff, including care homes, domiciliary care and extra care workers. The offer includes organisational support, individual wellbeing support and more specialist counselling and support for those requiring it. The CCG is finalising the funding arrangements for this.
- The CCG has agreed NHSE funding for the expansion of the Carers What If Plan service

RISKS / CHALLENGES (AND MITIGATION)

Risks

Risks	Mitigations	Residual Risk
Market capacity	c. 370 additional beds purchased from existing providers 10% fee uplift to meet additional covid costs granted to providers Further opportunities for additional residential beds are being explored Domiciliary care capacity being supported by allocation of volunteers to support providers to maintain capacity Brokerage operating single function for health and social care to manage impact to market. Extended hours and 7 day working in place LD brokerage function integrated into brokerage to ensure capacity is maximised effectively Daily capacity overview managed via brokerage Distress fund established for providers.	Current bed utilisation is at c. 60% of additional block beds. Additional extra care and LD accommodation capacity has been approved by the CCG for NHSE funding. To be brought online as the demand presents itself.
Lack of PPE	National PPE helpline has been established Council purchasing additional PPE supplies in addition to national supply to ensure sufficient PPE for staff and providers Direct deliveries to providers from PHE	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. Cost of PPE supplies have increased substantially. But 10% fee uplift

	<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 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> <p>CCG wellbeing and support offer to provider workforce has been developed.</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 22 staff absent due to Covid-19:

- Self-isolating due to symptoms: 3
- Self-isolating due to family member having symptoms but working from home: 4
- Social Distancing due to underlying medical condition but working from home: 15

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
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

Whilst £3.2bn of national MHCLG allocations have been announced, whilst this is welcome, it falls short of the financial impact we are anticipating.

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
 - Extra Care capacity - to be brought online as demand presents itself
 - Part funding of learning disabilities community capacity
 - Learning Disabilities accommodation capacity – to be brought online as demand presents itself
 - Expansion of the Carers What If Plan service
- Discussions are ongoing with the CCG to fund the following additional capacity:
 - 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.
- The CCG has not approved NHSE funding for the 10% fee uplift to providers, with a view that this should aim to be met from the MHCLG allocations where possible. Discussions are ongoing with the CCG re the viability of this.

RECOVERY ACTIVITY (plans being considered / future steps)

Commissioning resilience strategy is currently in development to ensure that there is sufficient capacity in the community for recovery and potential wave 2. It will also address longer term sustainability of the care market and recommendations for ongoing development of good learning from the business continuity response to date.

COMMUNICATIONS

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

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

Letter from Wendi and Cllrs to care home providers thanking them for their hard work and commitment, sent Thursday 31st April