

P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

SERVICE AREA:	Commissioning
REPORT AUTHOR:	Caroline Townsend
REPORTING PERIOD:	Week ending 15/05/2020

KEY ACTIVITY HEADLINES

General Update:

- National guidance was released on the 14th May 2020, requiring all local authorities, in conjunction with the CCG, to submit local care home support plans by the 29th May. Key elements that will need to be addressed, include:
 - There is joint work with system partners to ensure care market resilience locally, including daily arrangements in place to review local data and information on the state of the market.
 - The systems level of confidence that actions are being implemented, or that there are plans in place to urgently implement them. Including setting out areas of concern or where support may be needed.
 - Short description of the commissioning approach to address short term financial pressures of care providers.
 - The approach agreed locally to provide alternative accommodation and care arrangements for those who need to be isolated/shielded where their normal care home does not have the capacity to do this. It is the expectation that the costs of this provision will be met from the £1.3bn of NHS COVID funding.
 - The local coordination for placing returning clinical staff and volunteers into care homes.
- An additional £600m Infection Control Fund was announced nationally this week for local authorities to provide support to care home providers in managing infection control. Allocations and guidance is awaited.
- The local authority submitted funding returns to MHCLG this week, which highlighted that although the national funding has been most welcome, it is not sufficient to meet the financial challenges we face as a result of COVID.
- The local authority finance teams worked with the CCG to input into the April NHSE financial return.
- Discussions are underway with the CCG, as part of managing the risk of outbreaks in care homes, around the potential development of quarantine step down bed provision. This provision would aim to provide up to 14 days isolation and rehabilitation to hospital discharges who have tested positive or are suspected of having COVID where their usual home is not able to safely facilitate isolation.
- Access to a number of highly skilled St John's Ambulance volunteers have been made available to the local authority. This is a valuable resource that we will be looking to deploy into provider settings where there are workforce capacity challenges.

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

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

Carers / Sensory: Caring Together were awarded funding in May from Carers UK to enable them to give grants to carers to replace damaged household items, food, electronic devices, home repairs and essential journeys.

HRS: The County Council have taken on 10 self-contained studio flats in Cambridge to help support projects by helping them manage situations that may result in eviction, spread of Covid 19 or greater risk to someone with existing health issues.

Community Equipment (NRS): Service is managing well and running smoothly. 7 day working from this week has ceased, but there is the ability to re-start 7 day working again if necessary.

Workstream B - Homecare and extra care

Provider forums this week highlighted that some of the access to PPE issues were settling down, but the costs of PPE continue to be high. General feedback regarding GP support and access to testing was positive, though there were some delays with obtaining results.

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

Care Homes: Resilience of small providers has been highlighted as a concern, due to financial and workforce resilience to manage their homes. Small Care Home focussed plan has been developed to respond to this and implementation of targeted work with these homes is due to begin next week. This will focus on infection prevention to minimise the risk of outbreaks, dedicated business continuity planning support and exploring workforce support options.

LD Day Opportunities: The LDP have sent questionnaires to families to understand if they would like to return to day services and what services they would expect to see. They are collecting lists of all service users (both arranged provision and DPs) in order to risk rate all users and ensure a managed prioritisation of cases.

Outbreak Update as of 14th May

Overall number of services on tracker	50
Number on De-escalation pathway	6
Number live being supported	38
Number of services closed and removed from tracker	6
Overall number of providers	39

Numbers by locality

Hunts:	12
City & South:	16
East Cambs:	6
Fenland:	6
Peterborough:	10

RISKS / CHALLENGES (AND MITIGATION)**Risks**

Risks	Mitigations	Residual Risk
Market capacity	<p>Additional beds purchased from existing providers</p> <p>Temporary 10% resilience payment to meet additional covid costs granted to providers until end of June 2020.</p> <p>NHSE funding approved for additional LD and Extra Capacity accommodation to come online when demand presents itself.</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. 60% of additional block beds.</p> <p>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.</p> <p>Domiciliary care capacity is being maintained at a sufficient level currently.</p> <p>Extension of support to carers is agreed - 'what if plan' and emergency overnight service is operational.</p> <p>Local care home plans are being developed in line with national guidance, to be submitted by 29th May.</p> <p>Targeted support for small care home providers is being developed, due to additional vulnerability of</p>

		these providers to respond to an outbreak. This includes looking at options to 'shield' these providers through greater infection prevention and control measures.
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, which is being coordinated with the CCG</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% resilience payment 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</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>CCG in the process of implementing train the trainer model for infection control, in line with national requirements.</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> <p>Updates on PPE and infection control protocols continue to be shared with providers and support is in place to support appropriate implementation.</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> <p>D2A pathway is operational and embedding, though work is ongoing to refine model further.</p>
Lack of funding to meet additional costs associated with Covid	£3.2bn of MHCLG announced to support local authorities	Allocations received nationally from MHCLG.

	<p>Additional £600m of national funding announced for local authorities to support care home providers – Infection Control Fund</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>Awaiting allocations and guidance on the £600m Infection Control Fund that was announced this week.</p> <p>Agreed funding for additional capacity with CCG as outlined in the finance overview section.</p> <p>MHCLG finalised this week and highlights that national funding is not sufficient to meet the additional costs associated with Covid. Regular ongoing MHCLG reporting is expected.</p> <p>Savings delivery for both Councils will be impacted.</p> <p>The April NHSE return was submitted this week, which local authority finance inputted into.</p>
--	--	--

WORKFORCE UPDATE

Commissioning currently has 15 staff absent due to Covid-19:

- Self-isolating due to symptoms: 0
- Self-isolating due to family member having symptoms but working from home: 0
- Social Distancing due to underlying medical condition but working from home: 15

FINANCIAL IMPACT (increase in costs / reduction in income)

1. 10% resilience payment for providers to meet additional costs of Covid
2. Cost of 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 community support offers relating to carers and LD
7. Extension of non-charging period for Lifeline to 12 weeks, loss of income.
8. Extension of contracts for interim beds
9. PPE equipment purchase
10. Additional funding requests from providers to come via hardship payment.
11. Loss of income from client contributions
12. Impact on savings delivery
13. Cost of establishing quarantine step down provision for hospital discharges

Whilst £3.2bn of national MHCLG allocations have been announced, whilst this is welcome, it falls short of the financial impact we are anticipating. The second MHCLG return was compiled and submitted this week.

An additional £600m Infection Control Fund was announced this week for local authorities to support care home providers. Allocations and guidance on this funding is currently awaited.

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. Finance worked with the CCG to collate the first NHSE finance return for April, which was submitted on the 12th May. 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
 - Quarantine step down bed provision
- 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 temporary 10% resilience payment to providers, with a view that this should aim to be met from the MHCLG allocations where possible.

RECOVERY ACTIVITY (plans being considered / future steps)

National guidance was released on 14th May which requires all local authorities, working with the local CCG, to submit a care home support plan by the 29th May.

The potential financial impacts of recovery were forecast for inclusion in the MHCLG return this week.

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