

**CAMBRIDGESHIRE COUNTY COUNCIL'S RESPONSE TO COVID-19**

**To: Adults Committee**

**Meeting Date: 11th June 2020**

**From: Charlotte Black, Director of Adults and Safeguarding  
Will Patten, Director of Commissioning**

**Electoral division(s): All**

**Key decision: No**

**Outcome: The Council's response to COVID-19 and our strategies for countywide recovery will have a significant impact on outcomes for individuals and communities.**

**This report provides an update on:**

- **the Council's ongoing response to the current Coronavirus pandemic;**

**Recommendation: The Committee is asked to note the progress made to date in responding to the impact of the Coronavirus.**

**The potential and predicted outcomes are:**

- **Ensure the sustainability of adult social care during the COVID-19 outbreak**
- **Ensure that vulnerable adults and older people are supported during the pandemic**
- **Protect and support our workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning**
- **Ensure that the financial impact of COVID is managed effectively**

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## **1. BACKGROUND**

- 1.1. This report provides updates relevant to this service committee on the Council's ongoing response to the coronavirus pandemic, our work with partners and communities to protect the most vulnerable and our developing work to help Cambridgeshire to recover from this unprecedented emergency.
- 1.2. COVID-19 continues to spread across the world and in the UK. At 4<sup>th</sup> June, there had been 6.3 million confirmed cases and more than 380,000 deaths globally, with 280,000 confirmed cases and nearly 40,000 deaths in the UK. Across Cambridgeshire and Peterborough, 1,979 confirmed cases and 365 deaths occurred between 27<sup>th</sup> March and 15<sup>th</sup> May.
- 1.3. The Prime Minister addressed the nation on Sunday 10<sup>th</sup> May with a new message for the public to Stay Alert, Control the Virus and Save Lives. This was followed by publication on Monday 11<sup>th</sup> May of the Government's recovery strategy "OUR PLAN TO REBUILD". This has been followed by further guidance on schools, supporting the care sector and reopening of public spaces and town centres.
- 1.4. Officers and teams continue to work closely with our communities, partners and providers to develop appropriate operational responses to new guidance as it is issued. Further details of the Council's response are available in service committee COVID-19 update reports: [Council Meetings](#)
- 1.5. The Council Senior Leadership Team continues to run a 'Gold Command' Incident Management Team meeting at least twice weekly to co-ordinate our response. The Local Resilience Forum (LRF), a partnership of local agencies, continues to hold a Strategic Co-ordinating Group meeting at least twice weekly to co-ordinate the multi-agency response.
- 1.6. General Purposes Committee endorsed the Council's Recovery Framework on 14<sup>th</sup> May and a Recovery Board has been established, with the first meeting scheduled for 10<sup>th</sup> June. The Senior Management Team member chairing this board is the Director for Business Improvement and Development, Amanda Askham and all Executive Directors, Service Directors and Corporate Heads of Service are members of the recovery group.
- 1.7. The Local Resilience Forum (LRF) has also stood up a Recovery Coordinating Group to co-ordinate multi-agency actions. This group is jointly chaired by Huntingdonshire District Council Managing Director, Jo Lancaster and South Cambridgeshire District Council Chief Executive, Liz Watts.
- 1.8. The Council continues to operate all essential services, with staff working from home wherever possible. Some services remain partially closed in line with government guidance and social distancing measures and are offering online services where possible. Plans to safely and gradually reopen services are being developed with partners through the LRF Restoration Group. Household Waste and Recycling Centres, Primary Schools and Early Years Settings have reopened successfully with some restrictions, temporary guidelines and social distancing measures in place.



## **2. COMMITTEE UPDATES**

### **2.1 Context**

This report provides a progress update on the business continuity response to COVID 19 by Adults and Safeguarding and Commissioning.

As of the 28<sup>th</sup> May 2020, the rate of COVID 19 infections in Cambridgeshire and Peterborough local authorities was 178.4 per 100,000 population and 207.9 per 100,000 population respectively, comparatively lower than the overall rate in England of 269.6 per 100,000 population<sup>1</sup>. As of the 17<sup>th</sup> May 2020, 64 out of 131 care homes in Cambridgeshire (48.9%) and 15 out of 35 care homes in Peterborough (42.9%) had reported a suspected or confirmed outbreak to Public Health England<sup>2</sup>. This is higher than the national figure of 37.8% of homes with a suspected or confirmed outbreak. Our ongoing approach to surveillance will help us to understand the progress of the pandemic in local care homes better, and provide further context to local data. We are also working alongside neighbouring authorities and learning from best practice as it emerges.

### **2.2 Capacity and Support for Providers**

As highlighted in the May Adults Committee COVID report, there is a continued pressure on the adult social care market because of COVID. This is particularly evident in the pressures independent providers are experiencing in relation to workforce capacity and financial sustainability.

In accordance with the published NHS COVID 19 Hospital Discharge Service Requirements, the Local Authority continues to take the lead on commissioning additional market capacity on behalf of both health and social care to ensure a coordinated response to the management of supply, quality and cost. Commissioners are reviewing the current demand and capacity on an ongoing basis to ensure that we respond accordingly and have the right provision in place to meet assessed needs and support flow through the health and social care system.

Procurement rules continue to be relaxed, in line with COVID 19 national finance guidance, to enable direct awards to be made in the period of the COVID pandemic. This enables us to respond quickly to commission required capacity and services in line with local need and demand.

Social workers have resumed visits to care homes to ensure appropriate support is in place where it is needed, including ensuring that where residents are isolated, that the necessary steps have been taken in terms of care and support planning and delivery, mental capacity and deprivation of liberty.

The following summarises the key areas of support implemented to date to support providers:

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<sup>1</sup> PHE (2020). Coronavirus (Covid-19) in the UK. Available from <https://coronavirus.data.gov.uk/#category=nations&map=rate> (accessed 28/5/20).

<sup>2</sup> PHE (2020). COVID-19: number of outbreaks in care settings (management information) (21<sup>st</sup> May 2020 update). Available from: <https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information> (accessed 28/5/20).

Managing the Market	Workforce	Infection Control	Financial
<p>Working with providers and individuals receiving support, we have involved families and used equipment and assistive technology to reduce care and support provided to individuals to minimum safe levels and optimised rounds to reduce travel time. Commissioned alternative accommodation to support infection control within housing related support schemes experiencing behavioural challenges.</p> <p>Ensured rapid access to community equipment to facilitate timely discharge and reduce the need for double up packages.</p> <p>Commissioned 24/7 sitting services and utilised in house capacity to ensure support is available around the clock for emergencies.</p> <p>Secured additional residential, nursing bed and extra care capacity to support with initial emptying of acute beds and to ensure sufficient ongoing capacity for hospital discharge demand. Jointly commissioned capacity and integrated brokerage of placements across health and social care.</p>	<p>The use of volunteers and redeployment of resources to support providers' capacity.</p> <p>Access to COVID 19 testing to providers' staff.</p> <p>Emergency PPE supplies.</p> <p>Local wellbeing support offer developed by the CCG for provider's workforce.</p>	<p>Development of outbreak management procedure for care homes.</p> <p>Information, advice and support on PPE and infection control.</p>	<p>Provided financial support, including 10% temporary fee uplift to providers and access to distress funding.</p> <p>We have continued to fund day services which have closed, where staff can be redeployed to alternative critical service provision.</p> <p>We have sustained funding of transport arrangements at 75% of contract value.</p> <p>Establishment of a distress fund for lump sum payments to help providers who are facing significant financial issues.</p> <p>Cash flow supported through introduction of 4 week in advance payments for bed based care, rather than 4 weeks in arrears.</p>

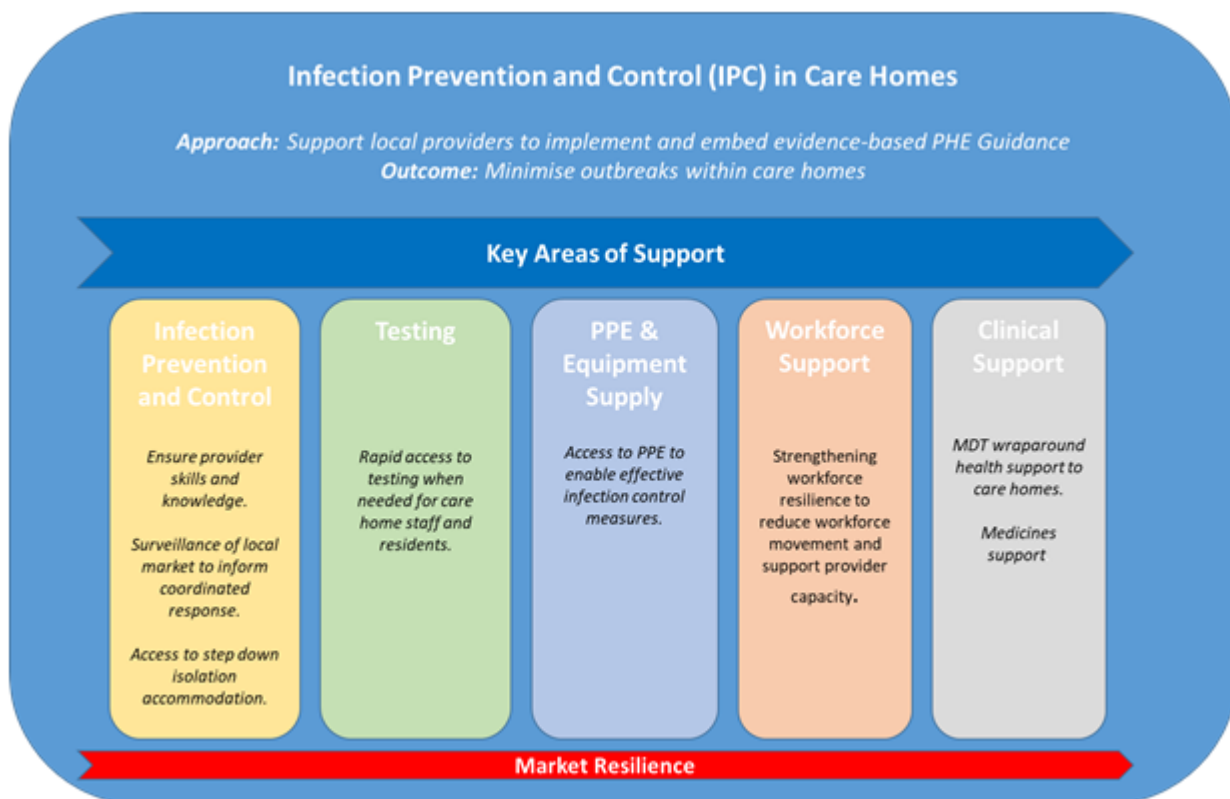
We continue to work collaboratively with wider system partners and providers to review the support that is in place and our approach. This has included a focused business continuity review and development of bespoke support with small providers who may be less resilient and have less ability to manage the financial and workforce impacts of COVID. Also included is a series of targeted visits by social care practitioners to care homes where evidence suggests additional support is needed. There are 131 residential care providers in Cambridgeshire and 35 registered providers in Peterborough. Across these providers, there are 4,649 CQC registered beds in Cambridgeshire and 1,324 beds in Peterborough. Across all client groups, small providers make up c. 21% of the registered providers locally.

## 2.3 Care Home Support Plan

Following the Minister of State for Care's letter of 14<sup>th</sup> May 2020 to Council Leaders regarding the need to develop a local plan for Support to Care Homes, the Council submitted our local plan on the 29<sup>th</sup> May 2020. The plan outlines our health and care system response to support care homes to embed infection prevention and control to minimise the risk of COVID outbreaks in homes. Our local Care Home Support Plan is published on the Council website and can be found [here](#).

Local plans build on the strong partnership foundations we already have in place across our health and care system. The local response to the pandemic and our current plans incorporate the enhanced understanding provided through local data, feedback, demand and support needs we have identified as a result of COVID. We continue to work collaboratively with the system and provider market through the establishment of a multi-agency governance structure to manage our local response to COVID. All partners work extremely closely together to ensure we are maximising the capacity in the system and are sharing intelligence to ensure early identification of issues or support needs including COVID outbreaks and infections in care settings and in the community. We have a good relationship with local providers and liaise with them frequently to identify any issues at the earliest opportunity; including via regular online and telephone based forums, coordinated communication channels and a regular presence in care homes working alongside and supporting them. Continued collaboration with providers is central to the development and delivery of our local plan, including ensuring that where the Local Authority has discretion about use of infection control funding, that we consult providers to understand what will achieve the greatest benefit in terms of infection control.

Fundamental to our approach is making sure that we support our providers to prepare for the possibility of future outbreaks and make sure any measures put in place increase longer-term resilience, minimising the risk of outbreaks as much as possible. To be successful, effective infection prevention and control is dependent on a number of key measures being put in place by care home providers, supported by the health and care system. The below diagram provides an overview of the key strands of our local plan.



## 2.4 Infection Control Fund

On the 14<sup>th</sup> May 2020, the Government announced £600m of one-off funding to support infection control across adult social care providers. Grant Determination Letters and guidance was issued on the 22<sup>nd</sup> May and the allocation to Cambridgeshire County Council equates to £6,146,908.

The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID 19 transmission in and between care homes and support wider workforce resilience.

- 75% of the funding should be passed to care homes (residential and nursing providers). Each care home should receive an amount per CQC registered bed. This equates to £991 per bed in Cambridgeshire.
- 25% of the funding to be allocated by the local authority to care homes or domiciliary care providers and to support wider workforce resilience. We are engaging with providers to determine the most effective use of the remaining 25% of funding, with a view that this will be used to support other providers such as Supported Living, Extra Care settings, Sheltered Housing and the wider domiciliary care workforce to adopt best practice in infection control. It is proposed that key areas of support will include infection control training and support, support to access Personal Protective Equipment and financial support, to be applied for via a panel on a case-by-case basis, for providers who are experiencing financial challenges.

Local Authorities must ensure that 75% of the grant is allocated to support the following measures in respect of care homes:

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing this grant determination this included staff with suspected symptoms of COVID 19 awaiting a test, or any staff member for a period following a positive test;
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work in the better);
- Limiting or cohorting staff to individual groups of residents in floors/wings, including segregation of COVID-19 positive residents;
- To support active recruitment of additional staff if they are needed, to enable staff to work in only one care home, or to work only with an assigned group of residents, or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from COVID 19.
- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

In order to qualify for funding, providers must comply with the conditions of utilisation of the online Capacity Tracker and using funds in the prescribed areas. Clawbacks are applicable where these conditions are not complied with or the funds have not been spent by 30th September 2020.

Payments will be made in two instalments to providers in May 2020 and July 2020, in line with the allocations being paid to the local authority. Communications with providers are being prioritised to ensure there is minimal delay in processing these payments.

The local authority will be required to report on the use of funding to the Department of Health and Social Care by the 26<sup>th</sup> June and again by the 30<sup>th</sup> September.

## **2.5 Personal Protective Equipment (PPE)**

PPE supply chains have improved locally, with the local authority placing advanced orders with approved suppliers. However, as supplies continue to be challenged nationally, the local supply chain continues to be at risk in terms of continuity of supply. The local authority and providers need to remain vigilant to ensure the ongoing continuous supply of PPE

There continues to be close working with public health and the CCG's infection control team to ensure that PPE guidance is implemented effectively locally, both within the local authority and wider provider services. Support and training has been established for providers and regular updates are shared; for example, attendance from infection control experts at the virtual provider forums to answer questions and provide advice.

The national online Capacity Tracker has been extended to include information for providers to

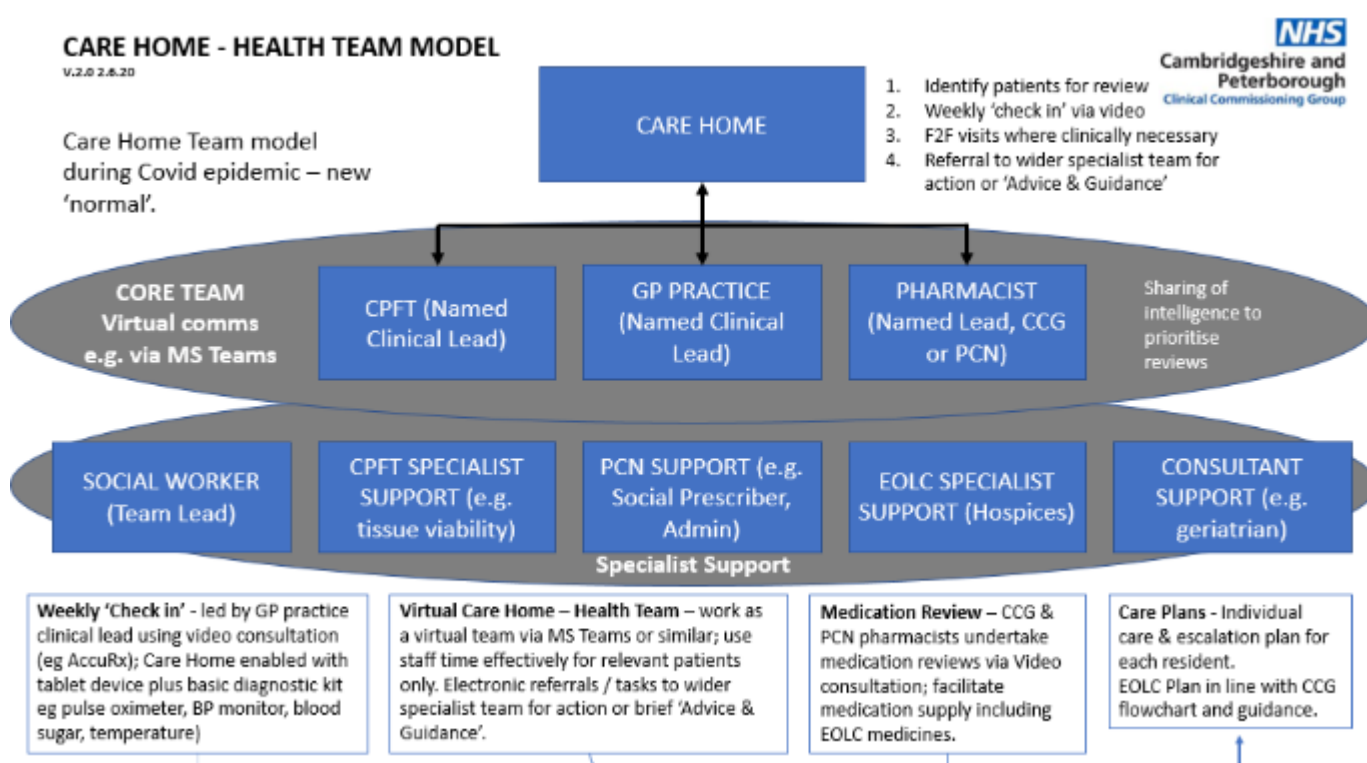
complete on infection control. This includes reporting of PPE supply levels, supporting monitoring of PPE supply issues for local domiciliary care and residential providers.

In order to ensure adequate supply of PPE locally, the local authority continues to adopt the following approach:

- Availability of emergency supply of PPE for providers
- Access to emergency supplies from the Local Resilience Forum
- Centralised purchasing of PPE across People and Communities Directorate, to ensure economies of scale. Discussions are also underway to centralise this supply in partnership with the CCG
- Information and guidance to providers and direct payment recipients, including potential suppliers they can access PPE from.

## 2.6 New Model of Support to Care Homes

We are working with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to provide a new enhanced level of support to care homes. From June every care home will have a dedicated health team made of a GP clinical lead, a community health service lead, provided by CPFT and a pharmacist. This core health team will have access to specialist support from adult social care, specialist community health services, such as tissue viability nurses, geriatricians, end of life services and social prescribers.



Every care home will have a 'weekly check in', led by their GP. This may trigger wider multidisciplinary meetings involving specialist support colleagues and regular medication reviews. This will inform the creation of personal care and support plans that will also include

escalation and end of life plans where appropriate. The virtual team around each home will meet using video conferencing and video appointments.

The CCG surveyed care homes on the extent to which they use video consultation and remote diagnostics to understand the current position. Based on over 150 responses (from c.180 care homes)

The CCG is working to ensure all care homes have access to

- 1) Laptops or tablets to enable video consultations, plus adequate connectivity across the home.
- 2) Basic diagnostic kit (pulse oximeters, BP pressure monitors and digital thermometers).

NHS England has allocated over 100 pulse oximeters for distribution to care homes. We will facilitate this via the GP practice supporting the home.

The CCG is preparing training materials for both video consultation and use of the basic diagnostic kit. There will be a simple competency framework for care home staff to provide assurance that they understand how to use the kit.

#### Selected Data From Care Home Survey May 2020

##### Are you currently using remote working?

Yes – 83% (*residential 55%, nursing 24%, other 3%*)

No – 17% (*residential 11%, nursing 3%, other 3%*)

##### What is remote working/consultations being used for?

Family & relatives to keep in touch – 87% (*residential 54%, nursing 28%*)

Patient & clinician meetings/appointments – 81% (*residential 50%, nursing 28%*)

Internal staff meetings – 49% (*residential 29%, nursing 16%*)

##### Does the Wi-Fi connection cover all areas of the home?

Yes – 75% (*residential 48%, nursing 24%*)

No – 26% (*residential 15% nursing 7%*)

##### 8. If yes, what diagnostic equipment do you have access to?

Temperature probe – 96% (*residential 62%, nursing 30%*)

O2 saturation monitor – 14% (*residential 32%, nursing 25%*)

Blood pressure monitor – 17% (*residential 45%, nursing 29%*)

Urine sample analysis – 11% (*residential 32%, nursing 24%*)

Pulse rate monitor – 14% (*residential 33%, nursing 25%*)

We are committed to this development, as it will enable a preventative and integrated approach to improving the well-being of all residents in every home. We should expect to see better outcomes for residents, a reduction in avoidable admissions to hospital, early supported discharge from hospital and a reduction in safeguarding concerns involving acts of omission. From an adult social care perspective this provides an opportunity to promote person centred, strength based conversations, the early use of TEC and community resources and a more streamlined and timely approach to reviews.

## 2.7 Hospital Discharge Pathways

Following the rapid implementation of the new Discharge to Assess Pathway in line with the National NHS COVID 19 Hospital Discharge Service Requirements, a review of learning has been undertaken with system partners and the preferred options for future discharge to assess arrangements have been put forward for consideration. This model will further embed a multi-disciplinary approach to coordinating and overseeing hospital discharges, ensuring that people receive the right care and support to facilitate discharge and assessment in a community setting.

Plans are in place for all patients who were rapidly discharged from hospital to free up hospital capacity in the early stages of the pandemic. All patients have had a full assessment following discharge and have support plans established.

In line with national guidance, all patients being discharged from hospital to a care home setting are being tested for COVID 19 and receive their result prior to discharge to enable effective infection prevention and control upon discharge.

National reporting on delayed transfers of care (DTOCS) continues to be suspended, as of April 2020. As NHS services start to resume, there will be increasing pressure on hospitals and on all partners to ensure timely discharge in line with guidelines about COVID positive discharges. Avoiding and preventing hospital admission unless necessary continues to be very important. The Council has been working with the CCG, primary care and CPFT to ensure that all care homes have access to a multi-disciplinary team and clinical support through a named clinician for each care home.

## **2.8 Workforce update**

The Council continues to actively support the workforce to continue to work safely.

Within the Adults and Safeguarding Directorate overall, 29 employees are self-isolating and 213 employees are social distancing although the majority of these continue to be able to work from home.

Key statistics as at 28<sup>th</sup> May 2020 were:

- 99 employees in front line roles (including social workers and OTs) have reported symptoms of COVID 19 and have taken a period of self-isolation. 16 of these employees are currently in their self-isolation period.
- 35 employees in front line roles have self-isolated due to family members having symptoms. 9 of these employees are currently in their self-isolation period.

In respect of direct care delivery support workers:

- 38 support workers have had symptoms and therefore have self-isolated. 6 remain in a period of self-isolation currently.
- 8 support workers were self-isolating due to family members having symptoms, 1 remains in a period of self-isolation currently.

### COVID 19 staff testing

As at 28<sup>th</sup> May 2020. 52 tests have been conducted for those in Adults and Safeguarding, 13 of whom were positive for COVID 19.

Recruitment to reablement has continued to be a focus throughout the period and has been hugely successful. Since we moved into COVID 19 lockdown in late March, the figures are as follows.

- 12 applicants have accepted offers. 1 further applicant has received an offer.
- 3 applicants have now started
- 7 applicants are in compliance check stage (mostly nearing completion)
- 2 applicants have checks completed but waiting for team to confirm start date
- 3 vacancies are left to be filled

In addition, 7 of the Council workers redeployed into reablement from other teams have either applied for or expressed an interest in taking on some permanent hours within the team. Some quotes from these workers include.

*"Have really enjoyed the work, appreciated the team and support everyone has been great"*

*"Absolutely love reablement, great job. I like the responsibility of being able to go out there and get on with the job, working independently with the service user. I was so used to doing everything for a Service User, but this is brilliant working with the Service User so that they can become independent again. You can see the progress, the rewards, the Service Users are so pleased to see you and I have learnt so much. I would like to look at a position with reablement to work alongside my shared lives position where I work as a carer with respite services. "*

*"I have really enjoyed this, everyone is supportive, it's been great. I definitely would like to be considered for working 1 evening shift per week and a shift as a relief worker."*

As a Council we are keen to learn from our workforce what has worked for them and what the challenges have been. A survey went out to all staff, with a closing date of 1 June 2020 and learning from that will feed into recovery plans. We are currently organising events for front line staff to help shape the way forward, share their own learning and reflections and anticipate and plan for future challenges ahead as a result of COVID.

#### Bereavement Support

As our workforce are supporting families and carers who are experiencing bereavement, more frequently than they usually would, we have been conscious of the need to ensure there is appropriate support and training available to them should they need it. Adult social care has been working with the CCG and Public Health on the local offer in terms of bereavement support both for people who have been affected by COVID and for our operational staff. This includes the offer for 200 front line staff to receive training from CRUSE around working with and supporting people who have experienced bereavement.

## **2.9 Co-ordination with the County and District Hubs**

Strong links are being built with the county and district COVID hub and wider community resilience groups (CRGs). A weekly highlight report from Adult Early Help is submitted to the Countywide CRG. To support staff making calls to those on the shielded lists and the district hubs and calls to wider groups of vulnerable people, an adult social care pathways document has been produced (see appendix 1) and specific workshops have been held for redeployed staff to support them making these calls.

In addition the Community Navigators are linking in to the district hubs as a point of direct contact for signposting to support services.

The Council received a vast amount of interest in volunteering via the COVID Hub and a large number of these were contacted and offered training to provide support to social care providers. So far, we have trained 44 volunteers to support with personal care and are just commencing provision of virtual interactive training for volunteers who might support care homes local to them using the Skills for Care training material. To date, 12 different social care providers experiencing staffing difficulties as a result of COVID have received support from one or more of these trained volunteers.

In the past few days, we have contacted 140 volunteers registered with the Hub who had originally indicated that they would be prepared to work in a care setting. We are inviting them to receive

training to help care homes with a wide range of support including delivering activities, kitchen duties and other non-personal care duties.

In addition, we are supporting the Hub to match registered volunteers to the voluntary sector groups in the county to build what we hope to be longer term volunteer capacity. A survey of people registered with the Hub has been carried out to gauge volunteers' continued availability and where their interests lie. As at 22 May 2020, 458 had responded to confirm continued availability.

The Hub's new Community Response Service has now launched. 62 redeployed and newly trained staff and volunteers are now undertaking their roles as Community Outreach Officers. The service aims to resolve issues, other than those that relate to food and medicines, and responded to 85 requests for help in the first two weeks. The staff and volunteers have been hugely motivated to support vulnerable and isolated residents with examples of tasks completed including; delivering exercise materials for a wheelchair bound person, arranging for a new washing machine to be provided, collection and delivery of specialist food (including halal and gluten free produce), as well as gate fixing, lawn mowing and delivery of medication. There has been some very positive feedback with one satisfied resident writing to us to say: *"this is outstanding community support"*. This support enables people who are at greatest risk from the virus to remain safely shielded at home. The approach taken builds on the learning and good practice generated through the Neighbourhood Cares pilot.

Alongside maintaining direct support to the shielded population, the Hub is turning its attention to how we can maintain some of the positive features of this new way of working longer term. For example, support for self-organised social action, safe data sharing with our partners, rapid and creative decision-making, and expansive collaboration across a broad partnership. Part of this has involved some positive discussions with our colleagues in Cambridgeshire ACRE and the Cambridgeshire and Peterborough Association of Local Councils to discuss the role of town and parish councils in the current work, and, importantly, to explore how we can build on our already strong relationships.

## **2.10 Carers**

The Countywide Community Hub set up a project, led by the Carers Support Team manager. More than 30 Council staff were redeployed to telephone family carers; to check that they are coping, provide preventative advice and connect them to sources of support where this is needed.

In Cambridgeshire, 1557 carers who were currently known to adult social care were initially identified. A further list of 186 family carers who had been in contact with the Carers Support Team over the last 12 months and may benefit from a supportive call were later added to the list. 576 of these carers support adults receiving care from the Learning Disability Partnership, Young Adults Team, Adults and Autism Team or Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). These carers are being contacted and supported by their existing services.

The team of redeployed staff have now spoken to 966 family carers across Cambridgeshire. Of these, 761 (or 79% of those contacted) did not require any additional support and were grateful for being contacted and they were made aware of sources of help should this be required in the future. We have received further positive feedback from family carers in relation to these calls, one carer told us:

*"I was so surprised when the Council got in touch - I just wasn't aware that help was out there. I was so relieved when I received a phone call. Straight away I felt they had me covered and I can tell you, having that reassurance was an enormous weight off my mind. At the minute my mother and my husband and I are coping OK, but just knowing someone is there on the end of a phone should things go wrong – that means so much and it really helps me sleep at night. The service is just fantastic and I can tell people are working hard and that they care. It is helping me stay positive. That and thinking about my grandchildren and giving them all massive hugs when this is over, even if they do find it embarrassing".*

106 family carers (or 11% of those contacted) have been provided with additional support. 41% of onward referrals were for help via the COVID 19 hub, e.g. help with shopping and medication collection or wellbeing calls to address isolation. Other types of support offered includes help to address health concerns, finance and contingency planning. The Carers Support Team made follow up contact with a further 66 carers in response to individual need.

We identified that some of the carers on the original list had already had contact from adult social care teams or no longer required support due to changing circumstances. It was not possible to contact some carers by telephone and after multiple attempts, information and advice has been sent by letter and we will continue to offer contact and support through a number of different information sources.

We continue to support carers across Cambridgeshire and have identified opportunities from the COVID 19 work that we are exploring and will develop going forward. New opportunities and insights arising from the experience of supporting carers during the COVID 19 lock down are being fed into the review of the Adults Positive Challenge Programme. We are aware that for many carers their situation and the impact of COVID continues to change as lock down rules evolve and we will continue to seek feedback on their needs and adapt our response accordingly.

## **2.11 Learning Disability Partnership (LDP)**

The Learning Disability Brokerage service continues to operate and the communication links into providers remain frequent to ensure discussion on latest guidance.

There have been 66 acute admissions for adults with learning disabilities from the middle of March to date. Of these, 11 have either been admitted with symptoms of COVID or have tested positive for COVID whilst in hospital. The LDP are working closely with the liaison nurses in each of the acute hospitals and with care providers to ensure we are notified in a timely way of any admissions. We then allocate a health professional from the LDP to liaise with the acute setting, the service user's family and care providers to facilitate the admission and a timely and co-ordinated discharge. This has been supported very effectively by the new LDP brokerage process. As of today we have 5 people in an acute setting but none that are COVID 9 related.

The LDP teams have also worked with an additional 22 people in an intensive way to prevent an escalation of risk and the need for hospital admission since the middle of March. Only 4 of these have resulted in the need for a hospital admission and of the 4 admitted, only the one admitted most recently remains an inpatient.

Staff from our in-house day services for Learning Disability have been redeployed to support our 24-hour provision. Some staff who are unable to do front line work due to being vulnerable, have volunteered as drivers for PPE and food deliveries. We also have a group of staff who agreed to become part of a stand-by sitting service rota overnight, so that we have a “provider of last resort” should any adult be in need of support if their main carer is admitted to hospital and this service had been deployed on several occasions.

We are participating and learning from regional ADASS work to consider the plan for restarting day services in a safe way, but also focussed on building on the learning around what has worked well for the remotely delivered offer. We will be seeking feedback from the people we have been supporting and their carers and making sure that the future offer is coproduced.

## **2.12 Charging and Financial Assessment**

The Department of Health & Social Care has issued charging guidance for the pandemic period that relates to care packages arranged for people following their discharge from hospital, or to avoid hospital admission. Central government policy has been to fund care in these scenarios at no charge to the service user. Following consultation with neighbouring councils and legal colleagues about the specific scenarios that are impacted by the charging guidance, the Council is applying this locally and is recording any associated care expenditure/lost income through its social care systems to ensure that the Council is properly reimbursed.

Preparations for implementing the financial assessment reviews for the recently revised care charging policy have been slightly slowed down by the pandemic crisis, as this affected our ability to recruit new staff, but are now fully underway and the review process should commence in June 2020. As home visits will not be possible at this time, reassessments will be conducted in the main by telephone, and wherever possible by skype/FaceTime/zoom, or other means, where it is possible to communicate with the person by sight as well as sound. Advance notice of the forthcoming financial reassessment will be issued individually to each service user by post, to reassure them that their financial circumstances will be properly considered and taken into account. Detailed guidance has been issued to financial assessment staff undertaking the reviews and progress will be carefully monitored and checked.

Cambridgeshire's financial assessment service continues to be delivered by LGSS, but the service has recently recruited a new Operations Manager in preparation for the transfer of the service back to direct Council control, which is expected to be later in the year. In the meantime, the focus has been on supporting the existing team to manage the processes in a timely way and improvements are now being seen. The team has a target timeline of 20 working days from start to completion of the financial assessment. This timeline includes the processing of applications and the notification of the assessed charge. Tracking of this metric has been showing an improving trend since September 2019, both in the number of financial assessments completed and the percentage falling within the 20-day timeline:

- In April 163 financial assessments were completed – 10 more than the average for the previous 7 months
- Of these, 86% were completed within 20 working days, better than the average for the previous 7 months which was 80%

## 2.13 Information and Advice

As detailed guidance has been received from central government we have updated our staff practice guidance and maintained a library of these changes in our practice toolkit. At the same time, we have updated our web pages to reflect the changes made and these are linked from the specific COVID 19 web page, which can be viewed [here](#).

We have also continued to build up the directory of community support. As at the end of May, there were 180 separate listings. The directory is searchable both by service and by postcode and can be accessed at [Cambridgeshire Online Directory](#).

## 2.14 Adults Positive Challenge

As reported previously, the programme continues to be a foundation of the way we are responding to the current crisis, utilising the new ways of working we have implemented. The following ongoing work continues.

### *Technology Enabled Care (TEC)*

- Embedding TEC first thinking with all service staff and expanding out to partners and providers through communications and digital TEC first training offer
- Horizon scanning for new TEC and funding opportunities
- MOSAIC has launched for both teams with work now focussed on analysing data to drive priorities for the programme and teams.
- Work with Reablement to alleviate pressure to help with the increase in demand for Reablement services due to COVID 19.

### *Preparing For Adulthood*

- Peer to peer case discussions, known as huddles, are now being done virtually via Skype
- Shared Care - analysis of this has been done and work on a business case has started.

### *Independence and Wellbeing (formerly reablement)*

- A refresh of the communications, particularly the leaflet given out in hospital
- The pilot on rapidly deployed equipment has been completed and work on impact is planned this month
- Changing the Conversation: current capacity within the service presents opportunity to embed this, based on the learning at the initial exemplar site workshop in February.

### *Connecting People and Places*

- Implementation of recommendations from the Service Effectiveness review for early intervention, including the early intervention and prevention framework
- Directory development and communications, including a range of COVID support options
- Communications to staff about commissioned voluntary and community sector providers (and what their offer currently is)
- Matching COVID hub volunteers to community and voluntary sector groups to ensure continued opportunities
- Information and advice for self-funders being enhanced
- Continued work with Community Navigators and social prescribing

## Changing the Conversation

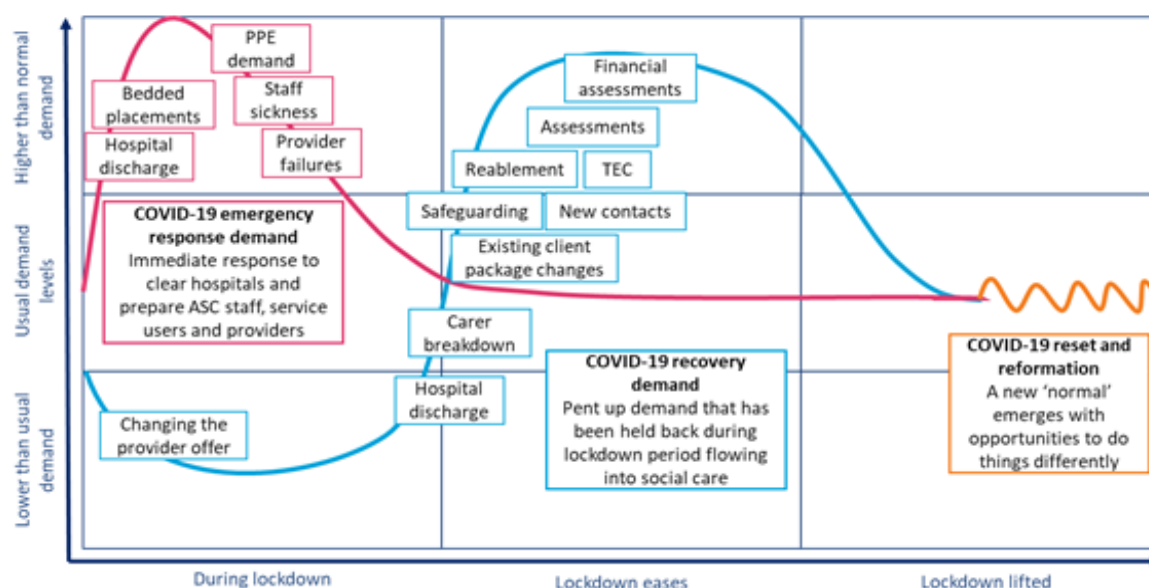
- Development of strengths based external communications: Strength and asset based conversations during Covid 19 (CPFT Mental Health specific)
- Applying a strengths based approach to COVID briefings
- Virtual case discussions (huddles) – this practice is now becoming even more embedded in teams. The Changing the Conversation Champions and Quality & Practice Team are attending where their capacity and priorities allow.

## Carers

- Carers contract award (go live planned for August 2020)
- Review of revised training following feedback from attendees
- Development of the carers brochure to show case studies for staff and wider to show impact of the work

Alongside this, work continues to track the impact of COVID on demand and consider how this might affect the programme. Early indications are that there may be a post lock down surge in demand, leading to a new state of normal, which may be further away than initially anticipated. The graph below illustrates what the future demand scenario might look like. However, it is impossible to accurately predict at this time.

## Covid-19 impact on demand and delivery



In response, work is underway to explore potential new demand management opportunities and consider whether and how these might fit within a reset Adults Positive Challenge Programme. Some of the potential opportunities under consideration are illustrated below.

TEC	Preparing For Adulthood	Independence and Wellbeing
Digital resilience in communities Volunteer digital buddies TEC in care homes	Users experience from lock down – what worked TEC opportunities – e.g. virtual support	Redeployed staff – bank model Supporting digital skills Hospital discharge changes

Digital TEC – e.g. tablets Virtual support worker / support sessions – e.g. cooking and exercise.	Use of volunteers	Increased capacity to take community referrals. (short term)
<b>Connecting People and Places</b>	<b>Carers</b>	<b>Changing the Conversation</b>
Alignment to Think Communities Role of place based hubs Role of Care Network New hospital referral pathways. Digital resilience in communities Build Your Circle – for those who are shielded Day services – community offer	Proactive carers calls Use of volunteers Digital resilience Emergency overnight care offer Virtual assessment / review.	CTC for staff in Tier 0 hospital discharge pathway Virtual huddles for Hub staff MDT table top for post hospital discharge reviews Linking new community offer into reviews ASC Pathways document and messaging for wider partners. Building on new relationships with providers. How to have end of lock down conversations.

## 2.15 Summary of changes to activity during the lockdown period

Our normal monitoring of flow activity has been kept in place during the period in order to track the impacts of COVID on our services. As anticipated, we have seen some changes in the activity flows throughout the service. It is important to note that Adult Social Care is still in 'response' mode and we are not yet in a position to draw any firm conclusions about the impact of COVID on our client group and on demand going forward. Sadly, there has been a higher death rate than we would normally experience and the changes in people's financial circumstances and the impact of COVID will bring new need and demand. Headlines include:

- The number of contacts to adult social care are down for both the community and hospital discharge, but more notably from hospital, after peaking in March, where bed occupancy has also been significantly reduced
- The number of referrals to reablement have been down, again linked to reduction in hospital discharge numbers
- There has been a large increase in the numbers of assessments undertaken, although the peak was in March and April numbers reduced slightly
- A larger number of reviews were completed in both March and April
- The overall number of packages of care increased in March but remained static at the higher level in April. The growth related to residential and nursing care is likely to be due to the use of step-down beds to support quick discharges from hospital in the earlier stages of the lockdown.

## 2.16 Recovery Activity

With the lockdown beginning to be eased, recovery is becoming an increasing focus whilst we also continue to respond. The recovery plan is being populated on an ongoing basis as new challenges rise. The aim is not to return things to the previous state by default, but to learn from the recent

experience and build on what has been positive, and manage risk and step-down emergency procedures as appropriate. Some examples of recovery activity are given below:

- We are working with CPFT and the CCG to review the Discharge to Assess arrangements we put in place in line with government guidance and agreeing what is fit for purpose moving forward and how we build on what we have learnt and what has worked well
- Work underway with front line teams to identify possible issues to be addressed as a result of lockdown measures being in place
- Exploring across People and Communities possible models going forward and how we can continue to build on the Neighbourhood Cares principles and Think Communities place-based approach and Adults Positive Challenge messages about changing the conversation etc.
- We are capturing key learning points about how we have managed to do things differently and are encouraging feedback from staff to shape plans going forward
- We are identifying ways in which we have worked with partner agencies in a different way identifying who is vulnerable and developing a coordinated response

### 3. FINANCIAL IMPLICATIONS

3.1 The second return to MHCLG accounting for spending and financial consequences resulting from the pandemic was submitted by the Council on 15 May. This second return required significantly more detail than the first request from central government, such as the inclusion of actual expenditure figures for April, a specific projection for May and then for the remainder of the financial year. We were also asked for information relating to cash flow and levels of reserves. The Council participated in work organised by the Society of County Treasurers and the County Councils Network to aid interpretation of the guidance to ensure greater consistency between individual Council returns.

#### 3.2

£000	<i>Headline full-year estimates for this Committee submitted to MHCLG in early May 2020 £000</i>					
Committee name	New commitments	Income forgone	Impaired savings	Gross Total	Specified funding	Net Total
	£ 19,691	£ 330	£ 4,410	£ 24,431	-£ 9,083	£ 15,349

3.3 The financial consequences within the remit of this Committee include:

- Care costs that are fully funded by the NHS under national COVID financial arrangements
- Increased care costs due to COVID that are not funded by the NHS, both during the emergency period and a prudent estimate of increased costs throughout the year

- A 10% resilience payment to providers for the period April 20th to June 30th
- Personal protective equipment for adult social care staff
- Impaired savings delivery, particularly the Adults Positive Challenge Programme
- Reduced income from service-user contributions for care, due to delays in implementing the revised charging policy

#### **4. ALIGNMENT WITH CORPORATE PRIORITIES**

- 4.1 The current Coronavirus pandemic will have both an immediate and a longer-term effect on all of the Council's priorities. The impacts will be monitored and managed through our risk logs and recovery plans and will feed into the annual review of Council strategy.

#### **5. SIGNIFICANT IMPLICATIONS**

- 5.1 Following the Government's recovery plans for the UK, it is important for people to get back to school and work, for communities and services to rebuild and for businesses to reopen. As a Council, we will need to carefully interpret guidance as it comes through from central government, and work with partners and communities to ensure that we restart Cambridgeshire at the right time and pace and only when it is safe to do so. The roll out of Test, Track and Trace will support us in progressing this objective in a safe and timely manner.
- 5.2 The Council's financial forecasts have changed dramatically since a balanced budget was set in February 2020. Whilst it is too early to predict the full financial impact of fighting COVID 19, we know that we need to continue lobbying government for further funding and maintain strong financial management if we are to emerge from this period with the financial stability we had achieved pre COVID 19.

It is likely that we will see a rise in referrals to children's services both locally and nationally as the pressures on families increase. Demand may also grow in adult services as the effects of interrupted care on chronic conditions emerge. There is also a new level of dependency that has occurred during the pandemic, due to people self-isolating and relying on new support from volunteers. It is therefore essential that we plan for an extended period of response and that the recovery programme rapidly identifies interventions which may minimise detrimental impacts.

- 5.3 In spite of the additional funding that has been allocated by the Government, the Council is still facing a deficit of nearly £8m which, if not supported through further Government funding rounds, will have to be met by considering all options available to this Council. A range of scenarios will need to be developed and tested to support business planning. As patterns of demand and behaviour become clearer following the immediate response stage, the organisation will need to have a range of options and contingency plans in place to anticipate and mitigate against financial pressures.
- 5.4 Our COVID 19 response has relied not only on the commitment and hard work of our own workforce and providers but also on the huge number of volunteers and community organisations who have come forward to help in their communities. As part of recovery and redesign work we will be learning from this fantastic community and partner response and

further developing our Think Communities approach.

- 5.5 As a Council, our greatest asset is our people. Our workforce has mobilised in many different ways, working wherever they are needed to deliver critical services, often under very challenging circumstances. We continue to work carefully across all teams to ensure our workforce is well equipped, stays resilient and feels supported as we tackle this crisis together.

## **6. APPENDICES**

Appendix 1 - ASC Pathways Document CCC May 2020 final-1

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	YES Chris Malyon
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	YES/NO
<b>Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?</b>	YES Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	YES/NO
<b>Have any engagement and communication implications been cleared by Communications?</b>	YES Christine Birchall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	YES/NO
<b>Have any Public Health implications been cleared by Public Health</b>	YES Liz Robin

<b>Source Documents</b>	<b>Location</b>
<b>Cambridgeshire and Peterborough Care Home Support Plan</b>	<a href="https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/adult-social-care-market-position-statement">https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/adult-social-care-market-position-statement</a>