

# **P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT**

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<b>REPORTING PERIOD:</b>	Week ending 05/06/2020

## **KEY ACTIVITY HEADLINES**

### **General Update:**

- Following the development of the care home support plans which were submitted on the 29<sup>th</sup> May 2020, an action plan is in development to ensure progress against key areas are tracked.
- Letters have been sent to care home providers this week in relation to the 75% element of the infection control grant. The letter outlines the allocation specific to them and asks them to sign an agreement with the conditions of the grant. Once providers have returned their signed statements, the first instalment will be paid to them. Second instalments will be paid in July in line with the national allocations reaching the local authority.
- Providers have been consulted with in relation to the remaining 25% element of the grant. This is proposed to be spent on the wider domiciliary, extra care, sheltered and supported living provision to support infection control. Current considerations include commissioning infection control training, supporting with PPE and a case by case panel application process for providers with significant financial issues.
- Discussions are ongoing 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.

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

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

- General enquiries into the CMPR in box continue to be high and cover a range of concerns / queries, such as fee uplifts, clarification on additional funding such as the 10% Resilience Fund and the Infection Control Fund, providers seeking guidance and also some business as usual activity.
- We now only have 12 homes on the outbreak tracker (live), only one of which is a new outbreak, the others are coming to an end or we are just keeping an eye on them.
- NRS Community Equipment is operating as business as usual.

#### **OP Community Services**

- Age UK cleaning service – 20 home support workers starting on 1 June. The largest demand for the service has been in Peterborough. All staff have the correct PPE and will follow guidelines.
- Request for Care Network staff to have work access to Addenbrooke's Hospital, Hinchingbrooke Hospital and Peterborough City Hospital – Care Network have asked how their staff can start working again on site at the three hospitals. Contacts for these Acutes have been shared with Care Network who will now make direct contact with each hospital to discuss discharge service arrangements.

#### **Mental Health**

- Sun network report an increase in signposting people to services.
- Qwell on line mental health services had its launch, latest figures show 253 people making contact a total of 839 times

#### **Housing related support**

Covid HRS 'Short Stay Respite Accommodation':

- So far 5 x clients have used this accommodation

- Feedback from clients and providers has been positive

### **Work stream B - Homecare and extra care**

In the last fortnight, issues with homecare providers around Covid are becoming less and providers are now almost operating as business as usual and managing risk in this way.

Issues providers have had with PPE are also reducing, but there are still concerns around the cost. The 10 % resilience payment has most definitely helped providers reduce some of those cost.

The forums have continued and will continue, post Covid and they have been hugely beneficial for the council and provider. In this week's forum we discussed the 25% payment that could be utilised for homecare providers. The new homecare guidance was also discussed at length and views and opinions from providers, this was in addition to the advice from Infection Control at the CCG.

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

#### **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 to consider who would be prioritised. This will be a managed process.

PH are going to advise on the relevant guidance for Day Opps in respect of infection control, including use of PPE, providers will be required to then risk assess their settings.

#### **Use of LD Covid beds beyond June**

A Business Case has been developed that would release the Barber Gardens cohort and retain the beds at The Manor for a further 12 weeks (as emergency provision). Work will now commence to decommission Barber Gardens as a temporary service and to make it available for permanent placements from 01 July 2020.

If a further Covid outbreak required additional beds, alternative provision has been identified that can be brought on line as the demand presents itself.

#### **Forums**

This week the main areas of discussion were:

- Capacity Tracker is mandated. 100% of homes have enrolled in CCC & PCC
- We are seeking further clarification from ADASS and Government on the T&Cs of the ICF, e.g. can it be spent retrospectively? We will issue FAQs.
- All care homes have been allocated a Clinical Lead
- Homes to be provided with technology and training to support remote clinical support – CCG led

#### **Outbreak Update as of 4<sup>th</sup> June**

Overall number of services on tracker	18
Number on De-escalation pathway	6
Number live being supported	12
Number of services closed and removed from tracker	24
Overall number of providers	7

#### **Numbers by locality**

Hunts:	4
City & South:	2
East Cambs:	2
Fenland:	1
Peterborough:	3

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

<b>Risks</b>	<b>Mitigations</b>	<b>Residual Risk</b>
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.</p> <p>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>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. Reviewing LD capacity to align with utilisation.</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 plan developed and submitted 29<sup>th</sup> May. Action plan being developed to ensure progress tracked.</p> <p>Targeted support for small care home providers is happening, due to additional vulnerability of these providers to respond to an outbreak. This includes looking at options to 'shield' these providers through greater infection prevention and control measures.</p> <p>Recovery plans are in development.</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, 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. 10% resilience payment agreed with providers until end of June to help meet some of these additional costs. Additional £600m infection control fund announced nationally to support infection and prevention control with providers. Arrangements to pay providers asap are being made.</p> <p>PPE does still remain an issue and we are still receiving requests in varying degrees of need. But these requests are diminishing.</p> <p>A number of communications have been issued to providers giving them updates on how they can obtain PPE</p>

		from different PPE suppliers and their contact details.
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. All training completed this week.</p>	<p>C. 10% 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> <p>Providers with significant workforce capacity issues due to outbreaks have been supported with redeployed of reablement, social work and health staff to maintain service provision.</p> <p>St Johns Ambulance volunteers have been commissioned locally.</p> <p>Infection control funding is being distributed to providers to support workforce to deliver infection prevention and control measures.</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>D2A pathway is operational and embedding. The pathway has been reviewed and lessons learnt incorporated.</p>
Lack of funding to meet additional costs associated with Covid	<p>£3.2bn of MHCLG announced to support local authorities</p> <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>Allocations received nationally from MHCLG.</p> <p>Infection control fund – allocations have been announced and grant determination and conditions published. 75% to be passed direct to care homes. 25% flexibility to invest in wider market.</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>Agreed funding for additional capacity with CCG as outlined in the finance overview section.</p> <p>MHCLG returns highlight 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>
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## 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.

Local allocations for the £600m Infection Control Fund have been announced. Cambridgeshire County Council will receive £6.1m and Peterborough City Council will receive £1.8m. The grant determination letter and national guidance were issued on 22<sup>nd</sup> May. Payment is via two instalments in May and July. Further communication has gone out to providers this week to update them on how they will receive payment and the conditions attached to the grant. There is a requirement that 75% of the funding is passed direct to care homes to spend on infection prevention and control. The local authority has flexibility to allocate the remaining 25% across the wider market dependent on local infection control needs. We have consulted with providers for views on the most effective use of this money.

In addition, we are also in discussions with the CCG around the NHS funding capacity and costs associated with hospital discharge in line with the national guidance. Finance are working with the CCG to collate the May NHSE finance return. 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
  - Additional Learning Disability provision
  - 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
- 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.
- Distress Fund for domiciliary care providers – following the CCG governing body, the distress fund funding has now been withdrawn

#### RECOVERY ACTIVITY (plans being considered / future steps)

National guidance was released on 14<sup>th</sup> May which requires all local authorities, working with the local CCG, to submit a care home support plan by the 29<sup>th</sup> May. This plan was submitted on the 29<sup>th</sup> May and has been published on the council websites.

Commissioning recovery plans are being further developed, we are developing a resilience plan that will include increasing block bed provision, care suites development, place based commissioning e.g. domiciliary care and the phased return of day services for example.

The potential financial impacts of recovery were forecast in the last MHCLG return.

#### 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.

In line with national requirements, details of the covid financial support offered to providers has been published on our council websites, alongside the care home support plan. The links for this is:

Cambridgeshire: <https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/adult-social-care-market-position-statement>

Peterborough: <https://www.peterborough.gov.uk/healthcare/adult-social-care/commissioning/commissioning-training-events> (the care home support plan is due to be uploaded to this page on Monday next week)

Letters have been sent to care home providers this week to inform them of their payment allocation from the Infection Control Fund and request them to return their signed agreement to the conditions of the grant prior to the first payment allocation being processed.