

CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE – (5th MAY 2020)

PUBLIC QUESTIONS

No. 1.	Question from:	Responsible Officer	Question
	Ms Hilary Cooper	Charlotte Black	<p>I have read the paper on Covid-19 prepared for this committee and would like to submit the following question in relation to paragraph 5.1.8 subsection on 'Risk that Covid-19 spreads within residential institutions with vulnerable populations e.g. care homes, prisons'</p> <p>Please would you provide a statement on the following:</p> <ul style="list-style-type: none"> a) the latest figures for the number of COVID19 related deaths in Cambridge care homes, broken down weekly if possible b) whether these appear to be spread across care homes or clustered in a smaller number of homes <p>Not all care homes in Cambridge have experienced an outbreak of COVID-19, so the deaths are clustered in some but not all homes.</p> <ul style="list-style-type: none"> c) the total number of care home residents in the facilities for which you have data on deaths
	Response from:	Response to:	
		Ms Hilary Cooper	<p>Response to a): The total number of deaths in Cambridge care homes referred to on the death certificate as COVID19, between 20th March and 1st May, was 29. These figures are provisional, from the Office of National Statistics (ONS). Broken down weekly - there were no COVID19 deaths in the week ending 27th March; no deaths in the week ending 3rd April; 2 deaths in the week ending 10th April; 11 deaths in the week ending 17th April; 9 deaths in the week ending 24th April and 7 deaths in the week ending 1st May.</p>

			<p>Response to b): Not all care homes in Cambridge have experienced an outbreak of COVID-19, so the deaths are clustered in some but not all homes.</p> <p>Response to c): There are 739 beds in care homes in Cambridge City spread across 15 providers.</p>
2.	Question from:	Responsible Officer	Question
	Mr Simon Szreter	Charlotte Black/Liz Robin	<p>Please would you provide a detailed response on the mitigating action in relation to this including:</p> <ul style="list-style-type: none"> a) What specific measures are being taken to ensure regular testing of all care home staff (given many may carry CV19 asymptotically) to prevent spread of infection to vulnerable care home residents? b) What measures are in place to guard against the risk that people discharged from hospital into care homes may inadvertently be spreading infection? c) What is your assessment of the adequacy of the PPE equipment in care homes and can you give an update on how this is being deployed?
	Response from:	Response to:	Response
	Charlotte Black/Liz Robin	Mr Simon Szreter	<p>Response to a): All key workers with symptoms including care home workers can access testing through an online booking system which takes people through various stages and will provide them with information about which local sites they can visit as part of the booking process. Employers can also refer workers who are self-isolating through an employer portal.</p> <p>A system has just been introduced through which Care Homes can apply online for testing of residents within the care home with or without symptoms and workers without symptoms. This is available to care homes that look after older people or</p>

people with dementia. Local authority adult social care and public health teams, the Clinical Commissioning Group and NHS Community Services all work with Care Homes and can help and support with prioritisation of testing.

Further details are available on

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>.

Response to b): We have been working closely with our NHS colleagues (commissioners and providers) to provide intensive support to Care homes and following National guidance set out in the Adult Social Care Action Plan and related documents listed below.

- <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan> (date 15th April)
- <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes> (date 20th April)
- <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes> (date 27th April)

Safe discharge from the NHS to social care settings includes making sure discharges into nursing or social care do not put residents currently in those settings at risk. All residents are tested prior to admission to care homes including those being discharged from hospital. Where a test result is still awaited, the patient will be discharged and pending the result, isolated for 14 days (in the same way as a COVID-positive patient).

Response to c): There is clear guidance in the document ‘Staying Safe in Care Homes’ on the requirements for PPE. Care home and home care providers are expected to continue to secure supplies of PPE through their usual supply routes or through one of the seven wholesalers identified by DHSC to supply PPE to the social care sector. Recently an e-commerce route has been set up. If care homes were not able to obtain PPE, the Council provided them with emergency supplies. This was before the Local Resilience Forum (LRF) PPE central hub was set up, which receives PPE from the national stockpile. Care homes can now source

			emergency supplies of PPE from the LRF hub if they are unable to obtain any from their normal supply routes and have less than 7 days supply.
3.	Question from:	Responsible Officer	Question
	Ms Maria McKay	Charlotte Black/Liz Robin	<p>a) What assessment was made of the risk arising from the policy of discharging hospital patients tested positive for COVID-19 into care homes?</p> <p>b) Given the inevitability of its rapid spread among elderly, vulnerable residents, what public health actions were taken to mitigate this policy’s impact in Cambridgeshire and with what degree of success?</p>
	Response from:	Response to:	Response
		Ms Maria McKay	<p>Response to a) This is a national policy, and as such any risk assessment would have been carried out at national level when the guidance on hospital discharge to Care Homes was developed.</p> <p>Response to b) We have been working closely with our NHS colleagues (commissioners and providers) to provide intensive support to Care homes and following National guidance set out in the following: https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan (date 15th April) https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes Adult Social Care Action Plan and related documents listed below.(date 20th April) https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes (date 27th April)</p> <p>Safe discharge from the NHS to social care settings includes making sure discharges into nursing or social care do not put residents currently in those settings at risk. All residents are tested prior to admission to care homes including those being discharged from hospital. Where a test result is still awaited, the patient will be discharged and pending the result, isolated for 14 days (in the same</p>

			way as a COVID-positive patient).
4.	Question from:	Responsible Officer	Question
	Mrs Anne Campbell	Charlotte Black	<p>a) How is the County co-ordinating their efforts with the Government’s testing programme for Covid-19 in devising a strategy to prevent the virus spreading in the County’s Nursing and Care homes?</p> <p>b) How many Covid-19 related deaths have occurred in the County’s Nursing and Care homes?</p>
	Response from:	Response to:	
	Charlotte Black/Liz Robin	Mrs Anne Campbell	<p>Response to a): Local Authority Adult Social Care and Public Health leads, the Clinical Commissioning Group, NHS Community Services, and the Public Health England Health Protection Team work together through a Cambridgeshire and Peterborough Care Home Cell, to take a strategic approach to preventing and managing care home outbreaks. Work to co-ordinate local strategies with the national Government testing programme which is accessed directly by Care Homes will be delivered through this Cell, using the strong communication channels with local Care Homes already in operation.</p> <p>Response to b): The number of Covid-19 related deaths in Cambridgeshire Nursing and Care Homes between 20th March and 1st May was sixty-six (provisional figures from Office of National Statistics ONS for deaths registered up to 9th May).</p>
5.	Question from:	Responsible Officer	Question
	Mr Frank Gawthorp	Tracy Gurney	The report discussed vulnerable groups but makes no mention of those adults with Learning Disabilities who are the responsibility of the County Council through the

			<p>Learning Disability Partnership.</p> <p>I am particularly concerned where a number of individuals are in a group accommodation such as my nephew (for whom I am the next of kin) who is in a supported living home supervised by Royal Mencap.</p> <p>I am concerned that this vulnerable group should not be overlooked as they may need additional support to understand the gravity of the position and that the care staff and residents in such group homes need to be provided with sufficient personal protection equipment.</p> <p>Can I be assured that this matter is being addressed?</p>
	Response from:	Response to:	Response
	Tracy Gurney	Mr Frank Gawthorp	<p>The Learning Disability Partnership has been working with carers and providers since the restrictions came into place to ensure that people have the support they need, including those living in group settings. The actions taken include:</p> <ul style="list-style-type: none"> • The LDP teams have called all known service users and based on each individuals situation have agreed a regularity of contact / welfare calls. • In line with work being undertaken by the Carers Team the LDP teams have been calling all known family carers and ensuring we are linking them with community volunteers where assistance with calls, shopping or collection of medication would assist them as well as discussing their own care situation and anything more the teams can do to support. • The update to government guidance on restrictions which acknowledges that people with LD and autism may have a medical need to go out more than once a day has been welcomed. Where teams consider this is a need, for example, to manage behaviour or anxiety the LDP are supporting family and paid carers to implement this. Due to the risks and need to maintain restrictions where this is possible the team have not applied a blanket approach in providing a letter to all service users.

			<ul style="list-style-type: none"> • To mitigate the impact of restrictions and changes in routine as well as access to services such as day centres the teams, working with brokerage and have put in place additional funded support where this is needed and where the need cannot be met by volunteers. The Brokerage Team have also included the re-deployment of staff from closed day services where volunteers cannot meet the need. • Through contracts and commissioning distribution lists national guidance and easy read documents relating to Covid-19, hand washing etc. are shared with providers to help facilitate conversations and the understanding of service users. In addition Information has been developed by the teams for providers to ensure they are aware of the support the LDP teams can provide at this time and sharing the teams contact details. LDP OT's have developed advice for providers and family carers on helping to maintain routines and meaningful activities whilst restrictions are in place and where needed remote consultations and formulation clinics are taking place. We have seen some very creative and innovative ideas from providers in how they are supporting people at this time. • Where it is considered essential, and following an appropriate risk assessment the teams will undertake face to face visits, for example a complex safeguarding issue or a priority dysphagia assessment (swallowing /eating and drinking). • LD providers are included in twice weekly calls with colleagues in contracts and commissioning ensuring they have access to all the up to date national guidance and can raise any issues they are facing. This includes any issues relating to provision and supply of PPE.
6.	Question from:	Responsible Officer:	Question
	Mr Robert Lawson	Adrian Chapman	I write as joint secretary of the Accordia Community and Residents' Association, which has been involved in a limited way in efforts to support local residents in

response to the pandemic. I would be grateful if the following points could be put before the Health Committee meeting next week.

1. The paper focuses very much on procedural and institutional issues, and the 3 challenge areas listed are generic ones. What specific problems and challenges have emerged as most important for Cambridgeshire citizens and businesses, for example through contact with the COVID-19 Coordination Hub, and how has the County Council responded?
2. An obvious gap in the challenges identified in the paper is the fall in patients being treated for other conditions. How serious is this in Cambridgeshire, and what is being done in response? What other non-COVID-19 impacts have been identified, for example the effect on nutrition of greater reliance on food banks for some people?

We don't hold information on the numbers of patients being treated for other conditions in Cambridgeshire, so cannot give you exact numbers. However we are aware that this has been of concern both locally and nationally. The Cambridgeshire and Peterborough Clinical Commissioning Group have run a campaign to encourage people experiencing urgent health problems such as symptoms of a heart attack or stroke, or a child who is clearly unwell, to contact the NHS and ask for help.

3. We note that calls to the Council's call centre are discouraged, and although phone numbers are given in some of the sections of the COVID-19 pages on the website, there is no general helpline. For residents who are happy to use the website, the material is badly organised and often amounts simply to a series of links to other sites. We have looked as an example of good practice at the Surrey County Council site (see <https://www.surreycc.gov.uk/people-and-community/emergency-planning-and-community-safety/coronavirus>) which for example prominently shows a helpline operating every day. What action is being taken to improve communication with residents, particularly those who are less proficient with

			<p>on-line tools, or who might not even be happy use the phone and who need face to face or hard copy communication? A well-publicised, adequately-resourced, helpline can be cascaded through organisations like ours to reach most residents.</p> <p>4. Presumably there are elements of the Council’s labour force that are under-occupied at present – what scope is there to redeploy them to provide support on COVID-19 – related issues, possibly working with volunteer groups?</p>
	Response from:	Response to:	Response
	Adrian Chapman	Mr Robert Lowson	<p>In response to question 1: The County Council has established its coordination hub to support extremely vulnerable residents – specifically, those that need to be shielded from the virus because of their serious or complex medical conditions. The network of hubs established by the city and district councils are focussing their support on other vulnerable people, including those who are vulnerable because of their age. Between us, we are providing comprehensive support arrangements for anybody in need. For the shielded population, the initial key challenges shared with us related to access to food, medicines and other essential supplies. To help resolve this, alongside the national food delivery and supermarket priority home delivery arrangements which are increasing each week, we have created a logistics operation where we are providing food and essential supplies direct to the doorstep for people unable to access alternative arrangements. This is being delivered in close partnership with the British Red Cross. We have also worked with our colleagues in the NHS to establish efficient arrangements for people to access their medicines if they are shielded. More recently, some of the challenges identified by the shielded population have broadened to include issues associated with maintaining their homes and gardens, and some people needing help with personal care. We have established a new community response service to provide this kind of support in a safe and controlled way, again coordinated through the countywide hub. We are also mindful that peoples’ mental health and wellbeing may deteriorate the longer they are required to shield. To help mitigate this, we are launching this month new opportunities to engage in facilitated activities that</p>

people can participate in from home – for example, online learning and leisure activities, recipe cards and ingredients delivered to peoples’ homes, and craft activities with materials delivered to the home and a supporting on-line lesson. This service will eventually be available to all residents, not just those who are shielded. Some further information relating to the work of the coordination hub is provided in the recent Communities and Partnerships Committee report which can be found on the council’s website.

In response to question 2: We don’t hold information on the numbers of patients being treated for other conditions in Cambridgeshire, so cannot give you exact numbers. However we are aware that this has been of concern both locally and nationally. The Cambridgeshire and Peterborough Clinical Commissioning Group have run a campaign to encourage people experiencing urgent health problems such as symptoms of a heart attack or stroke, or a child who is clearly unwell, to contact the NHS and ask for help.

In response to question 3: Thank you very much for the constructive feedback on the ways in which our information is presented to our residents. The landing page for web based information can be found at www.cambridgeshire.gov.uk/coronavirus. The coordination hub has a dedicated telephone number which operates from 8am to 6pm Monday to Friday and 9am to 1pm on Saturdays. The number to call is 0345 045 5219. The coordination hub is making regular proactive contact with shielded residents – depending on their needs and their own wishes, this is in the form of telephone calls, emails, or personal letters. For some people where contact such as this has been inconclusive we are also conducting visits to shielded peoples’ homes, paying very particular attention to the vulnerabilities of the householder and maintaining absolute compliance to the social distancing guidelines. We carry out this form of contact where we are concerned about someone’s wellbeing, to ensure they are safe and well, and to ensure they have access to the support they need.

			<p>In response to question 4: In addition to supporting the shielded population, the County Council's coordination hub is also responsible for managing the redeployment of council staff who are unable to carry out their normal duties. Although many can, there are some officers who simply can't carry out their usual roles in the current climate. Officers from across the whole organisation are currently redeployed into key frontline roles including in the coordination hub itself (managing the distribution of help and making direct contact with shielded people), adult social care (including reablement), providing support for family carers, and supporting our community response service described above.</p>
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