

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

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<b>REPORTING PERIOD:</b>	Week ending 29/05/2020

## **KEY ACTIVITY HEADLINES**

### **General Update:**

- Local care home support plans were submitted on the 29<sup>th</sup> May 2020, in response to the 14<sup>th</sup> May 2020 Minister of State for Care letter. 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 formal grant determination letter and guidance in relation to the Infection Control Fund was published on the 22<sup>nd</sup> May. Further communications were sent out to providers this week with information on how we will be processing payment of the 75% and asking for views on the most effective use of the remaining 25% (see below communications section). Payments to the local authority and subsequent onward payments to providers are being made in two equal instalments in May and July.
  - Work is being undertaken to draft agreements, data cleansing of contact records to enable payments to be made and establishment of a verification and monitoring process in line with the national conditions of the grant. No additional resource has been centrally funded for this task.
- 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 workstreams. An overview of key updates specific to each workstream is outlined below:

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

- Review of business continuity plans with small providers has been undertaken. The majority of providers have plans in place. Further support is in place with providers to enhance plans where there are identified issues.
- Community equipment provision is stable.
- Sensory providers are beginning to consider planning for when things get back to near normal. Looking at keeping some virtual working, staff working more flexibly etc.

### **Workstream B - Homecare and extra care**

No exceptions to report this week. Capacity remains stable.

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

- LD Brokerage Service continue to work with providers to determine under-utilised staff, skills sets, training needs and redeployment potential. From some of those providers we have mobilised a rapid response team in the event an assignment arises. This consists of 8 care workers across the region with additional skills. Papworth Trust have now supplied skills information and we will support closing the skills gap which will add to our rapid response team capacity.
- A call with Public Health is planned for Wednesday morning, to outline issues facing these day services. Providers will be expected to complete a risk assessment to outline how many people they can safely support.
- 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.

Weekly provider forums, key discussion points this week:

- £600m additional funding for infection control discussed
- Presentation on MCA / DoLS – outlined that there has been no change to legislation, and that consent should be sought for all changes to care and support

#### Outbreak Update as of 28<sup>th</sup> May

Overall number of services on tracker	42
Number on De-escalation pathway	18
Number live being supported	17
Number of services closed and removed from tracker	7
Overall number of providers	11

#### Numbers by locality

Hunts:	5
City & South:	3
East Cambs:	3
Fenland:	1
Peterborough:	6

#### Reoccurring Themes

Swabbing seems less of an issue as many of the homes have now been swabbed and had results back.

### RISKS / CHALLENGES (AND MITIGATION)

#### Risks

Risks	Mitigations	Residual Risk
Market capacity	<p>Additional beds purchased from existing providers</p> <p>Temporary 10% resilience payment to meet additional covid costs granted to providers until end of June 2020.</p> <p>NHSE funding approved for additional LD and Extra Capacity accommodation to come online when demand presents itself.</p> <p>Domiciliary care capacity being supported by allocation of volunteers to support providers to maintain capacity</p> <p>Brokerage operating single function for health and social care to manage impact to market.</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>Distress fund established for providers.</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.</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>Distress fund has been withdrawn following CCG Governing Body decision this week.</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. But 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 from different PPE suppliers and their contact details.</p>
Staff capacity	<p>Redeployment of staff and allocation of volunteers from hub – process in place</p> <p>Additional brokerage capacity established</p> <p>Dedicated transformation and BI resource identified</p> <p>Staff absence being tracked and impact being monitored</p> <p>Reprioritisation of workload to support key priorities.</p> <p>CCG in the process of implementing train the trainer model for infection control, in line with national requirements. 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 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</p>

		workforce to deliver infection prevention and control measures.
Discharge delays from hospital	<p>Ongoing communications with providers to manage advice on Covid-19 and ensure compliance with guidance</p> <p>Regular communications with health and CQC and key partners to ensure information exchange and issues highlighted quickly</p> <p>D2A pathway agreed and established</p> <p>Integrated brokerage function for health and social care</p> <p>Local authority agreed as lead commissioner for additional community capacity</p> <p>Brokerage extended hours and 7 day working established.</p>	<p>National DTOC reporting has been suspended from April 2020. So performance is not being monitored during the emergency period.</p> <p>As at the last local stats for week ending 27/3 performance was:</p> <p>CUH – 5.9% (compared to 6.3% for the same period last year)</p> <p>Hinch – 11.1% (compared to 13.1% for the same period last year)</p> <p>D2A pathway is operational and embedding. 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>Business case approval process in place for covid related spend.</p> <p>Councils tracking Covid related spend to ensure the cost can be forecast and monitored.</p>	<p>Allocations received nationally from MHCLG.</p> <p>Infection control fund – allocations have been announced and grant determination and conditions published. 75% to be passed direct to care homes for IPC purposes. 25% flexibility to invest in wider market for IPC purposes.</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>

#### WORKFORCE UPDATE

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

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

#### FINANCIAL IMPACT (increase in costs / reduction in income)

1. 10% resilience payment for providers to meet additional costs of Covid
2. Cost of additional block beds being purchased.
3. Cost of additional community equipment
4. Cost of additional capacity for LD provision
5. Cost of additional extra care provision

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

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

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 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 are consulting with providers for views on the most effective use of this money.

In addition, we are also in discussions with CCG around the NHS funding capacity and costs associated with hospital discharge in line with the national guidance. Finance worked with the CCG to collate the first NHSE finance return for April, which was submitted on the 12<sup>th</sup> May. The below summarises the business cases we have submitted to the CCG for funding:

- The following additional capacity has been agreed with the CCG, to be funded from the NHS covid monies:
  - Additional block bed provision - 370 additional beds
  - Additional Learning Disability provision at Barber Gardens and the Manor
  - 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 this week, 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, including increasing block bed provision 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 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 are:

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)

infection Control Funding information was published in the Friday provider newsletter as below:

*Update: COVID-19 Adult Social Care Infection Prevention and Control*

*In the Newsletter on the 26th May 2020, we provided you with a detailed overview of the guidance relating to the Adult Social Care Infection Prevention and Control Fund. Both Cambridgeshire County Council and Peterborough City Council have now received the first instalment of the fund, and will be working to ensure the 75% allocated to care homes is distributed in line with the guidance as soon as possible.*

*The detailed guidance clearly outlines the duty of the Council to ensure that the fund is used in line with requirements and conditions outlined. We will therefore be sending a written agreement containing the relevant requirements and conditions to every CQC registered care home provider across the County by Wednesday 3rd June 2020. To enable the Council to transact your share of the allocated funding, we will need each provider to return a signed copy of the agreement to us.*

*The Council are still considering the most effective approach to distributing the remaining 25% of funding allocated, and your views are invaluable to supporting this process. We would like to remind you that the deadline for sharing these views is today (Friday 29th May 2020), and if you have any further feedback please send it to [CMPR@cambridgeshire.gov.uk](mailto:CMPR@cambridgeshire.gov.uk).*