

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

<b>SERVICE AREA:</b>	Commissioning
<b>REPORT AUTHOR:</b>	Caroline Townsend
<b>REPORTING PERIOD:</b>	Week ending 22/05/2020

### KEY ACTIVITY HEADLINES

#### General Update:

- Local care home support plans are being drafted in response to the 14<sup>th</sup> May 2020 Minister of State for Care letter. Plans are due to be submitted by the 29<sup>th</sup> May and outline our local approach to minimise outbreaks within care homes.
- 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. We are still awaiting the formal grant determination letter and associated conditions to be published nationally. Communication will be going out to providers next week to update them on the Infection Control Funding.
  - 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 are consulting with providers for views on the most effective use of this money.
- 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.
- Care homes can request testing for staff and residents online via the Care Home Portal.

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

##### OP Community Services:

- Both Care Network (for Cambridgeshire) and British Red Cross (for Peterborough) are being listed as a direct access pathway (so triage point) for a range of voluntary and community sector support on an Adult Social Care referral pathways document which is currently being produced for the District/City Hub teams.
- Discussions have taken place with Care Network and Age UK about any flexibility in their service offer to give additional in-home support (non-personal care) if needed, subject to advice from Public Health and suitable supplies of PPE. This is following requests from District/City Hub teams and other partners for this type of support for some individuals who are self-isolating.
- Good news story - Care Network took part in media activities, including being featured on BBC Radio Cambridgeshire, as part of the 'Now We're Talking' mental health campaign.

##### Mental Health:

- All possible services delivered via phone/video/online platforms – the only face to face in supported living/residential/specialist MH support
- Dementia singing for the brain to go live using Zoom
- Increased support via phone where possible/indicated to both carers and service users
- Extended hours for Lifeline service has begun. Multiagency workers are supporting this
- Qwell service has been launched – numbers to follow

##### Sensory, PD, Carers & Advocacy:

- Good news story - Caring Together have awarded grants worth £1500 to carers to help to replace damaged household items, food, electronic devices, home repairs and make essential journeys. This is part of a £2,700 grant for May given by Carers Trust UK.
- St Johns Ambulance Volunteer contract completed, Provider risk assessment, induction checklist and agreement also developed (with support from The Hub). This resource will be available to support providers with workforce capacity issues and is now ready to be accessed where needed.

- Small Care Home MOT Checklists. – The team have been making contact with specific small care homes to run through a checklist based on learning so far. This is to pre-empt likely risks with this cohort of providers.

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

Overall, the provider base are relatively settled and they have found ways of coping.

- The concerns and anxieties in relation to PPE are reducing.
- In terms of capacity, some providers do have more than others and that's normal, but we are seeing what have been more problematic areas being less so just recently.

#### **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.
- LD Day Opps providers were notified that LA funding would continue regardless of closure on the understanding that staff would be redeployed. For many providers, LA funding does not cover all their costs, and therefore it is more cost effective to furlough staff. This obviously depletes the available workforce in the sector. Directors have agreed to continue funding sessions.
- In the meantime, 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.
- Key discussion points at this week's provider forums included:
  - £600m additional funding for infection control discussed
  - Supporting safe hospital discharges
  - PPE
  - Next week will include a Q&A session on MCA and DoLs training

#### **Outbreak Update as of 21<sup>st</sup> May**

Overall number of services on tracker	44
Number on De-escalation pathway	13
Number live being supported	31
Number of services closed and removed from tracker	6
Overall number of providers	30

#### **Numbers by locality**

Hunts:	9
City & South:	16
East Cambs:	5
Fenland:	6
Peterborough:	8

#### **Reoccurring Themes**

Swabbing results being delayed for long periods of time.

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

##### **Risks**

<b>Risks</b>	<b>Mitigations</b>	<b>Residual Risk</b>
Market capacity	Additional beds purchased from existing providers Temporary 10% resilience payment to meet additional covid costs granted to providers until end of June 2020.	Current bed utilisation is at c. 60% of additional block beds.  Additional extra care and LD accommodation capacity has been approved by the CCG for NHSE

	<p>NHSE funding approved for additional LD and Extra Capacity accommodation to come online when demand presents itself.</p> <p>Domiciliary care capacity being supported by allocation of volunteers to support providers to maintain capacity</p> <p>Brokerage operating single function for health and social care to manage impact to market. Extended hours and 7 day working in place</p> <p>LD brokerage function integrated into brokerage to ensure capacity is maximised effectively</p> <p>Daily capacity overview managed via brokerage</p> <p>Distress fund established for providers.</p>	<p>funding. To be brought online as the demand presents itself.</p> <p>Domiciliary care capacity is being maintained at a sufficient level currently.</p> <p>Extension of support to carers is agreed - 'what if plan' and emergency overnight service is operational.</p> <p>Local care home plans are being developed in line with national guidance, to be submitted by 29<sup>th</sup> May.</p> <p>Targeted support for small care home providers is being developed, 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>
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.</p> <p>PPE does still remain an issue and we are still receiving requests in varying degrees of need.</p> <p>A number of communications have been issued to providers giving them updates on how they can obtain PPE from different PPE suppliers and their contact details.</p>
Staff capacity	<p>Redeployment of staff and allocation of volunteers from hub – process in place</p> <p>Additional brokerage capacity established</p> <p>Dedicated transformation and BI resource identified</p> <p>Staff absence being tracked and impact being monitored</p> <p>Reprioritisation of workload to support key priorities.</p>	<p>C. 12% of the Adults workforce is self-isolating</p> <p>Staff in non-critical roles have been redeployed to support front line service delivery – particularly reablement.</p> <p>CCG wellbeing and support offer to provider workforce has been developed.</p>

	<p>CCG in the process of implementing train the trainer model for infection control, in line with national requirements.</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>
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. Refinement of the future model is being finalised to ensure lessons learnt adopted.</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, but grant determination letter and conditions is awaited. 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 last week and highlights that national funding is not sufficient to meet the additional costs associated with Covid. Regular ongoing MHCLG reporting is expected.</p> <p>Savings delivery for both Councils will be impacted.</p> <p>The April NHSE return was submitted last week, which local authority finance inputted into.</p>

## WORKFORCE UPDATE

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

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

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

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

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

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. We are still awaiting the formal grant determination letter and associated conditions to be published nationally. Communication will be going out to providers next week to update them on the Infection Control Funding. 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
  - Distress Fund for domiciliary care providers
  - Incentive payments (up to an additional £3/hour) for hard to place packages for domiciliary care
  - Additional NRS community equipment
  - Cost of enhanced and new care packages following hospital discharge or preventing a hospital admission
  - Extra Care capacity - to be brought online as demand presents itself
  - Part funding of learning disabilities community capacity
  - Learning Disabilities accommodation capacity – to be brought online as demand presents itself

- Expansion of the Carers What If Plan service
- Discussions are ongoing with the CCG to fund the following additional capacity:
  - PPE equipment
  - Quarantine step down bed provision
- The CCG has not approved NHSE funding for the temporary 10% resilience payment to providers, with a view that this should aim to be met from the MHCLG allocations where possible.

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

National guidance was released on 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.

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

#### **COMMUNICATIONS**

Regular communications are in place with providers to keep them informed of advice, guidance, response etc. A central comms log has been established to track all communications.

Initial communications will be going out to providers next week in relation to the Infection Control Funding.