

HEALTH COMMITTEE

Minutes-Action Log



Agenda Item No: 4
Cambridgeshire
County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **5th May 2020** and updates Members on progress in delivering the necessary actions.

Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
COVID-19 Update	Charlotte Black	Is Cambridgeshire County Council (CCC) informed as to how many patients have been discharged from hospital into care homes to make space for Covid-19 patients? Do we know how many of those were tested for Covid-19 before being moved? How frequently is that information collated? Please provide figures.	No. No, but all patients leaving hospital are now tested prior to discharge.	Complete
COVID-19 Update	Charlotte Black	Cambridgeshire data about capacity in care homes—what was made available when and how much it has been occupied?	Our Commissioners hold the information on capacity. We commissioned an additional 370 care home beds until September (funded by CCG) – our capacity remains good.	Complete
COVID-19 Update	Charlotte Black	Protocols for care workers moving between homes and between patients: Do care workers move between care homes, and/or between care homes and private homes of vulnerable adults?	Recent national guidance and new infection control funding, that is going directly to providers, supports limiting the movement of care staff between establishments.	Complete

		What is the protocol for changing PPE between seeing each patient and how is this monitored?	All providers have received support from the CCG on infection control, this includes putting on and taking off of PPE.	
COVID-19 Update	Charlotte Black	Care in people's own homes: how that is being managed and how are issues reported?	Our reablement staff and domiciliary care workers continue to support people in their own homes, using appropriate PPE. We have capacity to support those that need it.	Complete
COVID-19 Update	Charlotte Black	Sharing information about Covid-19 infection and deaths of residents and staff in care homes and domiciliary care settings: What are CCC's protocols for sharing information with staff, members, and the public? Are local members kept informed?	ONS data available – see attached Appendix 1 FAQ on care homes.	Complete
COVID-19 Update	Adrian Chapman	<p>Coordination hub and supply of food to shielded and vulnerable individuals self-isolating. A number of individuals in those groups would prefer to do their own food shopping online but were unable to book slots. What representations were being made to supermarkets to help those people do this, rather than tying up volunteer effort?</p> <p>A Member commented that they were now getting a lot of information about the shielded list, but there were still individuals that the hub had not tracked down</p>	At time of writing, NHS England have identified 32,266 residents across Cambridgeshire and Peterborough who should be shielding from the Coronavirus because of their complex medical conditions, of which 18,804 have formally registered as shielding. Registering is not compulsory, but it does enable the Hub to provide support and maintain regular contact, if that is helpful to the resident. The National Shielding Service has been trying to make telephone contact with those not yet registered, to encourage them to do so. Where, after multiple attempts, they fail to make contact, the Countywide Hub receives their details so that we can follow up locally. The	Complete

			<p>system we have established in Cambridgeshire involves the Hub writing to everyone from the list to let them know we will be in contact and to provide a password so they can validate our authenticity, telephoning these people ourselves, and, where we can also not make contact in this way, arranging for our staff to visit the home of the resident to ensure they are safe and well. So far, around two thirds of contacts locally are successful via initial telephone contact, with the vast majority of the remainder being successful at point of home visit. Where neither approach is successful at first attempt, we continue to make home visits or refer to our police partners for them to make contact. It is worth noting that, as a result of this work, 26 residents have needed urgent help and support that may not ordinarily have been able to access it.</p>	
COVID-19 Update	Liz Robin	Queried urgent dental care, acknowledging that dentistry was one of the higher risk outpatient activities.	<p>Information on the re-opening of dental practices, starting from 8th June, and on procedures for urgent dental care is available on the NHS England website on: https://www.england.nhs.uk/coronaviruses/primary-care/dental-practice/</p>	
COVID-19 Update	Rob Hill	With regard to PPE, a Member asked how often have local organisations been resorting to the LRF PPE Hub for PPE supplies	The Cambridgeshire & Peterborough Local Resilience Forum (CPLRF) PPE hub has been operational since 09/04/20. Local organisations have	

			<p>accessed the LRF PPE hub daily Monday-Friday, as well as most weekends (Sat/Sun/bank holidays). Between 09/04/20-09/06/20, we have completed 1536 orders, delivering over 2 million PPE items to CPLRF organisations. In accordance with Department for Health and Social Care direction (dated 30/04/20), organisations accessing LRF PPE stock include adult social care (including CQC registered and non-CQC registered care homes, personal assistants, home care (including extra care, and retirement homes if they are providing care), and supported living), hospices and palliative care, and local authority adult social care services for Covid-19 vulnerable groups. Some primary care providers such as GPs, pharmacists, optometrists and emergency dentists, children's homes, secure children's homes, residential special schools, children's social care services in local authorities, mental health community services, adult social workers, mortuary and funeral services.</p>	
COVID-19 Update	Jan Thomas	<p>Letter from Sir Simon Stevens about the next phase of Covid action. The Annex to that letter had four pages of issues to be picked up over the next six weeks. Suggested it would be useful to use that Annex as aide memoire to report to the Committee, to consider the NHS's response</p>	<p>https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf</p>	Complete

COVID-19 Update	Tracy Gurney	Members commented that there had been a lot of focus on care homes for the elderly homes, but less for group/residential homes for younger residents, e.g. those with Learning Disabilities (LD). Was the same advice and support available to group homes?	Yes the LD providers contracted by the Council have the same access to support as older people's providers e.g. the provider forums, newsletters and support should there be any COVID-19 related issues including access to testing and PPE training. In addition to this the LDP teams are continuing to support families and providers remotely including provision of advice and guidance around activities and routines, access to online activities and groups and regular welfare / contact calls as well as remote consultations and clinics, assessments and reviews.	Complete
COVID-19 Update	Tracy Dowling	A Member expressed concern about support for the carers and families of individuals with Mental Health problems, especially with regard to testing as they may be less aware of symptoms.	<p>In response to the Covid-19 emergency we have adapted our webpage to include information about Covid-19 symptoms to ensure that they are accessible to anybody who visits our website.</p> <p>We have worked with our partners, Rethink Mental illness and the Sunetwork responding to their feedback to ensure that this information, and more general information about service change and the current information is as clear as possible for people and carers who access CPFT services.</p> <p>For those people who are currently accessing CPFT services we are</p>	Complete

			<p>advising them directly about what we are doing to continue to provide a service which meets their needs, and is as safe as possible during this time. This applies to people accessing both our community and our inpatient services. We are testing anybody admitted to our inpatient wards, if they have symptoms or are discharged to another health or social care organisation, or if clinically deemed required. This provides further opportunity to ensure that those people who are most unwell are aware of Covid-19, the symptoms and precautions required</p> <p>The feedback we have received so far from our partners, Rethink Mental Illness and the Sunetwork have not identified specific concerns around people with mental health problems and their carers being less aware about Covid-19 symptoms. It is an important issue and CPFT will continue to monitor feedback around Covid-19 and respond to it.</p>	
COVID-19 Update	Johnathan Lewis / Lou Williams	<p>a) What measures are in place for schools catering for children remaining at school allowing parents to continue working as vital to supplying food outlets.</p> <p>b) There are a number of vulnerable/abused children that may be attending school or now kept at home.</p>	<p>a) We follow the national guidance on critical workers which is here –</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-</p>	Complete

c) Has there been an increase of incidents.

[colleges-and-local-authorities-on-maintaining-educational-provision](#)

Under the section on food, the following applies –

This includes those involved in food:

- *production*
- *processing*
- *distribution*
- *sale and delivery*
- *as well as those essential to the provision of other key goods (for example hygienic and veterinary medicines)*

One parent needs to be a critical worker to meet the criteria. Our number of key worker children is slightly above national average. Headteachers have been as accommodating as possible but they do have discretion to refuse where they don't have capacity to support numbers due to staff sickness etc.

b) The majority of vulnerable children are not attending school. We remain in close contact with all children and young people we know about and who are vulnerable. All children and young people open to early help and children's social care receive regular contact from our workers. In accordance with Covid-

			<p>19 advice, the majority of these visits take place virtually, but we are continuing to make face to face visits whenever we have particular concerns about a child or young person and their family. Schools are also doing a great job in maintaining contact with children and young people who have additional vulnerabilities.</p> <p>That said, there is no doubt that children and young people are less visible now than in usual times, and this inevitably means that some will be likely to experience longer periods of harm as a result of the impact of neglectful parenting and emotional harm than would otherwise be likely to have been the case. We continue to do all we can to minimise this and we have, for example, ensured that there are very good links between the district hubs and our early help services, so that we can be alerted should the hubs identify families about whom they are concerned.</p> <p>c) The numbers of children referred to our services have dropped significantly, which is to be expected because most referrals come from schools. At present, there are no particular changes in numbers being assessed as being in need of</p>	
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			support or protection. We expect that this will change when schools are fully back again. We are preparing for a rise in referrals and taking steps to ensure that we have the capacity to respond accordingly.	
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COVID-19: Care Homes

Frequently Asked Questions

1. There has been an alarming rise in home care deaths in the UK, how can the figures for the relevant areas be identified?

Each week the Office for National Statistics (ONS) releases the number of deaths recorded on death certificates from any cause, and those attributed to Covid-19. The ONS also record whether the death occurs in hospital, in a care home or in the community. Because of the time taken to register deaths, this information has a lag of about 12 days. The Care Quality Commission (CQC) also publish the number of deaths from Covid-19 reported to them by Care Homes, at upper tier local authority level (County and City Councils)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincareshomesnotifiedtothecarequalitycommissionengland>

2. How do care homes and other providers ensure they have enough Personal Protective Equipment? (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 has been set up. The Local Resilience Forum (LRF) PPE central hub can provide emergency supplies if they are unable to obtain any from their normal supply routes and have less than 7 day's supply.

3. Testing:-

- (i) Will the wider testing mean that all residents and staff will be tested?
- (ii) Will this include the testing of all people moved back to care homes from hospital?
- (iii) When will the wider testing begin?
- (iv) Members would benefit from information on the wider testing of residents and staff to ascertain if this is improving mortality rates, will this be provided in due course in a report to members?

- (i) A [new online portal](#) through which care homes can arrange deliveries of coronavirus test kits for all care home residents and all asymptomatic staff (staff without symptoms) was launched on 11th May. It is currently available for care homes whose primary clients are older people or those with dementia. The Department of Health and Social Care (DHSC) is working with local authority Directors of Public Health, Directors of Adult Social Services and local NHS providers to help deliver and prioritise this new testing programme for care homes.

The only exemption to this is if a care homes identifies their first symptomatic resident and is concerned they may have an outbreak. In these circumstances they should contact their local Public Health England Health Protection Team who will undertake a risk assessment, provide public health advice, and arrange urgent testing of all symptomatic residents.

- (ii) All people who move back to care homes from hospital are already tested before they leave hospital in line with national guidance.
- (iii) The national Care Home testing portal was launched on May 11th.
- (iv) The Council's Public Health Intelligence team will be producing a weekly update on Covid-19 mortality, including mortality in care homes, using information from the Office of National Statistics (ONS) and Care Quality Commission (CQC) weekly updates. This will enable local trends in mortality to be monitored to see whether they are improving as a result of the range of interventions taking place, including testing.

4. 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?

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.

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 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>.

5. Can you ensure that care home staff are paid when sick/self-isolating, to guarantee their wellbeing?

We are working with our commissioned and contracted providers to support them in these very challenging times; this includes support with infection control, testing, PPE and staff shortages. Our understanding is that all providers are paying or furloughing staff that are not able to work due to Covid 19, we have spoken to a number of providers who have confirmed this to us. Today we have received guidance about allocation of an Infection Control Fund to support care providers with these costs and the need to produce a Care Home Support Plan by 22 May. This work is underway.

6. What capacity and support have you put in place for both care homes and domiciliary care providers?

The Local Authorities and Health have sourced additional care home capacity on a 6 month block basis to ensure there is sufficient capacity to meet hospital discharge demand.

We are deploying reablement, volunteers and redeployed staff to support care homes. We have also commissioned the St. Johns Ambulance to provide additional staff into care homes.

Hospices are also providing end of life support to care homes.

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. This includes ensuring rapid access to community equipment to facilitate timely hospital discharge and reduce the need for double up care packages.

7. Care Homes are financially struggling so what has been done to help?

Commissioners have worked with local providers to understand what financial support is required to sustain, and even increase their current levels of capacity and this has led to a range of support being made available to providers, including:

- Temporary 10% fee uplift until the end of June to meet the additional costs associated with COVID 19.
- Access to a lump distress fund payment for providers who are facing significant financial difficulty.
- Flexibility to increase domiciliary care fees where packages are hard to source.

The new Care Home Support guidance has provided for an infection control fund, this will enable care homes to apply to the fund for additional funding to support paying for additional staff and other measures that will support infection control.

8. What practical support has been implemented to support providers?

Clinical Commissioning Group, Cambridgeshire and Peterborough Foundation Trust, Primary Care, Local Authorities are developing multi-disciplinary teams wrapped around care homes to support care homes in the event of an outbreak. The CCG was asked to identify a named clinician for each home by 15 May. Standard operating procedures for outbreak management in care homes have been agreed with the regional Public Health England Health Protection Team, which provides a risk assessment and infection control advice when first notified of one or more cases in a care home. Daily recording from care homes is in place and the level of support is tailored dependent on the level of risk assessment for each setting.

The CCG has developed significant organisational support, individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social and care providers and their staff including care homes, domiciliary care and extra care workers.

Support with key worker identification: The police have been provided with a list of providers and voluntary sector organisations and have agreed that staff from these providers will not be stopped and questioned. Identification badges are being printed for personal assistants and will be distributed to those who are in receipt of direct payments.

PPE: access to emergency supplies of PPE for providers from the Local Resilience Forum (LRF) PPE hub, as well as information and support on PPE usage and supplies.

Regular communications with providers, including weekly virtual forums, to share advice and support, including use of PPE, business continuity planning and mutual aid arrangements.

A daily newsletter to providers, produced jointly with the CCG.

Centralised contact point for providers, to deal with queries.

9. Discharge to assess policy: What new measures could be introduced to prevent transmission, and is this being discussed with the CCG and hospitals?

National guidance is that if someone is being discharged from a hospital into a care home they need to be tested and also if Covid positive a Covid Care Plan developed.

10. The local Covid Community Support Group has an exemplar system for pharmacy collections that could prevent the need for care home staff to venture out to make prescription collections. Are there any contracts or protocols in place which would make it difficult for the care home to take up the community support network offer? Could anything be done to facilitate this process?

This will depend on local arrangements but the use of local community support networks has been promoted to all of our providers for this purpose.

11. Council's data about discharges from hospital into care homes: Are you informed as to how many patients have been discharged from hospital into care homes to make space for Covid-19 patients? Do we know how many of those were tested for Covid-19 before being moved? How frequently is that information collated? Please provide figures.

More generally, the national guidance for hospitals states that all care home residents will be tested before discharge and a Covid plan developed if the result is positive. The national guidance for Care Homes takes this into account and includes guidance for isolation and infection control for residents when they are discharged.

12. Protocols for care workers moving between homes and between patients: Do care workers move between care homes, and/or between care homes and private homes of vulnerable adults? What is the protocol for changing PPE between seeing each patient and how is this monitored?

The protocols for whether PPE needs to be changed between clients are laid out in national guidance from Public Health England called '[How to Work Safely in Care Homes](#)' and '[How to work safely in domiciliary care](#)'.

The new infection control fund will enable care homes to minimise the number of care workers who work in more than one setting.

13. What measures are in place to guard against the risk that people discharged from hospital into care homes may inadvertently be spreading infection?

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)

National guidance is that if someone is being discharged from a hospital into a care home they need to be tested and also if Covid positive a Covid Care Plan developed.

14. 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?

There is clear guidance in the document 'Staying Safe in Care Homes' on the requirements for PPE. [How to work safely in care homes](#)

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 are 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.

PPE - communication has been made to all registered providers by way of our daily bulletin and the message below is issued every day to ensure all providers recognize the importance and severity of PPE, but all understand that there is support available to them. Further all our weekly provider forums are attended by the infection control nurse who can answer questions and give advice about any PPE guidance.

“You will be aware that there has been significant guidance which has been issued on the use of PPE. It is understood that the supply of PPE has changed in terms of availability and cost, however, it is essential that as providers you are clear on the correct use of PPE and your responsibility as providers to ensure that your employees are supported to have the necessary access to use it.

It is important for us to be clear that if there is any evidence PPE is not being used we will investigate this under safeguarding and neglect to residents. Whilst we will support providers to access PPE we will not accept, once support offered, any evidence that PPE is not being adhered to and the correct guidelines being followed. “

15. What assessment was made of the risk arising from the policy of discharging hospital patients tested positive for COVID-19 into care homes?

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. Each person who is referred for discharge support will be looked at on an individual basis taking into account any risks associated with discharge and a Covid Care Plan developed to reflect this in line with national guidance.

16. Given the inevitability of its rapid spread among elderly, vulnerable residents, what public health actions were taken to mitigate this policy's impact in Peterborough and Cambridgeshire and with what degree of success?

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 <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)

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).

17. 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?

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.

18. How are those vulnerable individuals living in group accommodation who are the responsibility of the Learning Disability Partnership being supported to understand the gravity of the position?

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:

- The LDP teams have called all known service users and based on each individual's 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.
- 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.