PETERBOROUGH CITY COUNCIL

Cambridgeshire County Council

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28th May 2020

Helen Whately MP
Minister of State for Care
Careandreform2@communities.gov.uk

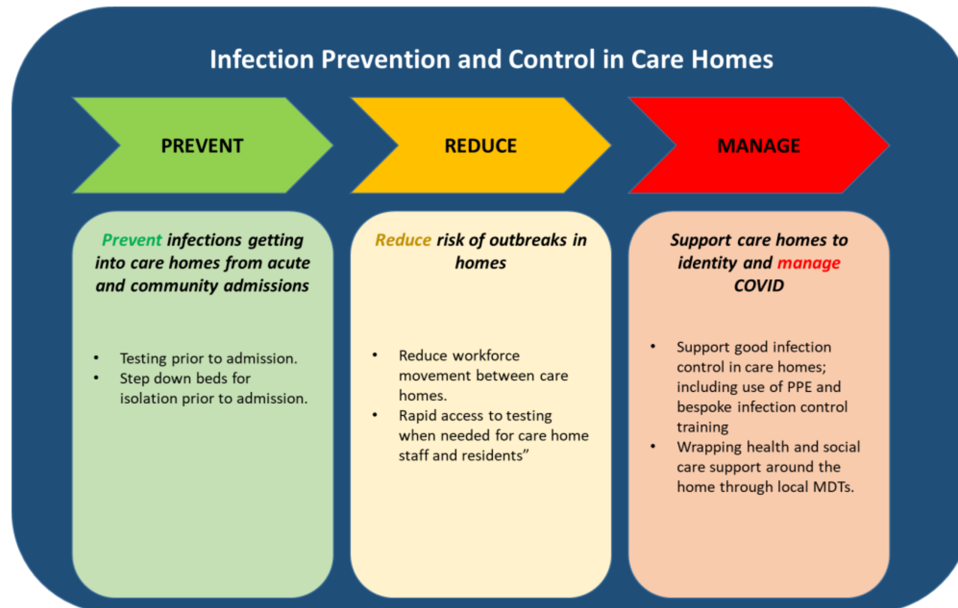
Dear Helen Whately MP,

Re: Local Care Home Support Plan – Peterborough and Cambridgeshire

In response to your letter dated the 14th May 2020, the below outlines our local Care Home Support plan for the Cambridgeshire and Peterborough health and care system. Whilst this plan focuses on the support we are offering to care homes, it is important to note that our local system response to COVID is wider, recognising interdependencies with sustainability of the wider market. For instance, local support covers a range of financial and practical help to domiciliary care, extra care, supported living and day opportunity providers. The need to ensure we take a holistic view to market sustainability and infection control also means that local plans extend to both commissioned and non-commissioned providers.

Overview of our Approach

We are committed as a system to do everything we can to reduce the rate of COVID 19 infection in our local care homes. The three most important actions we can take locally to achieve this outcome are **'Prevent – Reduce – Manage'** as outlined in the diagram below.



Our care home support plan is an integrated approach across health and social care, to ensure that providers are receiving the right support at the right time to enable them to strengthen infection prevention and control, whilst delivering the best outcomes for people. Working collaboratively with the market is fundamental to ensure providers inform how we move forward. We will continue to identify care homes who are most at risk of an outbreak or have high levels of COVID positive or symptomatic residents and focus on these as a priority.

Our local plan has been developed in conjunction with health and care system partners and local providers, including:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG),
- Public Health,
- Community health providers,
- Acute providers,
- Primary care,
- Voluntary sector,
- Independent Sector providers delivering care to local residents.

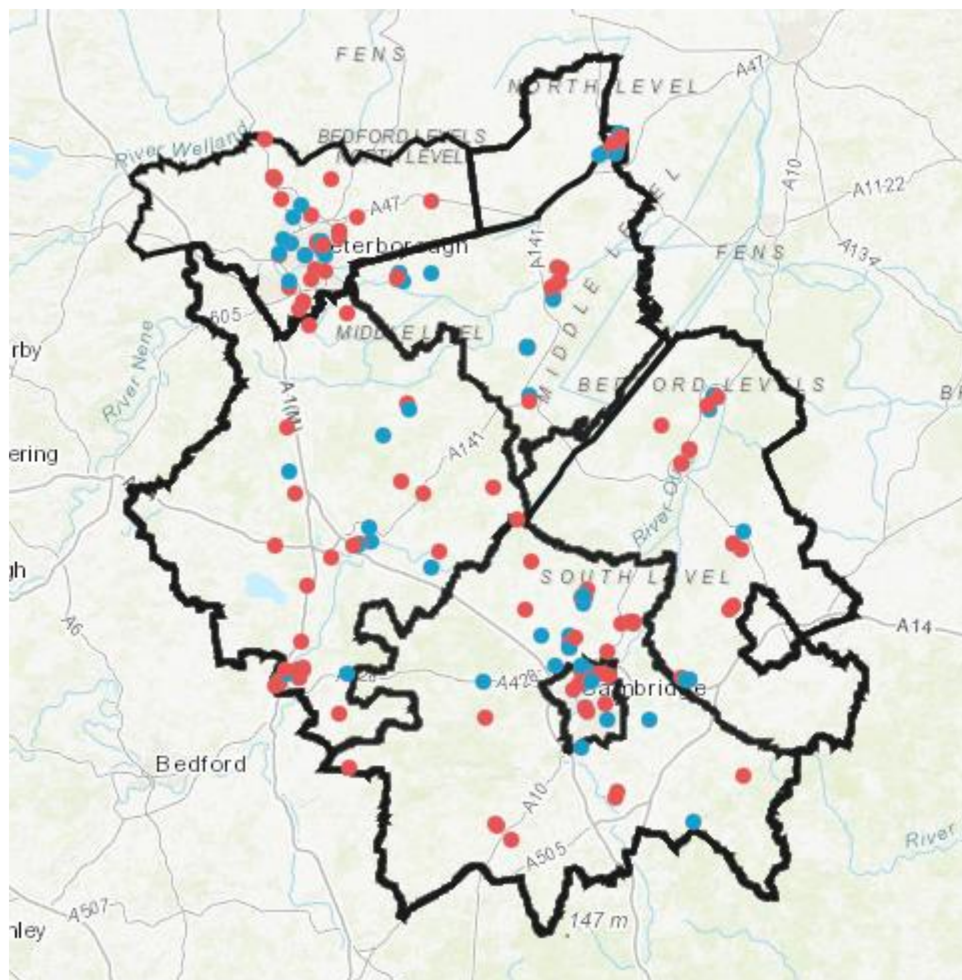
We have also engaged with the local resilience forum, health and wellbeing board and Healthwatch in developing the content of the plan.

Local plans build on the strong partnership foundations we already have in place across our health and care system. The local response to the pandemic and our evolved plans incorporate the enhanced understanding of local data, feedback, demand and identified support needs we have developed as a result of COVID. We continue to work collaboratively with the system and provider market through the establishment of a multi-agency governance structure to manage our local response to COVID. All partners work extremely closely to ensure we are aware of capacity in the system and are sharing intelligence to ensure early identification of issues or support needs. We have a good relationship with local providers and liaise with them frequently to identify any issues at the earliest opportunity; including via regular on line and telephone based forums, coordinated communication channels and a regular presence in care homes working alongside and supporting them. Continued collaboration with providers is fundamental to our local plans, including ensuring that where the Local Authority has discretion about use of infection control funding, that we will consult with providers to understand what will achieve the greatest benefit in terms of infection control.

Local Context

There are 131 residential care providers in Cambridgeshire and 35 registered providers in Peterborough. Across these providers, there are 4,649 CQC registered beds in Cambridgeshire and 1,324 beds in Peterborough. Small providers make up c. 21% of the registered providers locally.

The location of CQC registered care homes across Cambridgeshire and Peterborough can be seen on the below map.



Cambridgeshire Insights Data – Nursing Homes (blue), Residential Homes (Red)

As of the 28th May 2020, the rate of covid-19 infections in Cambridgeshire and Peterborough local authorities was 178.4 per 100,000 population and 207.9 per 100,000 population respectively, comparatively lower than the overall rate in England of 269.6 per 100,000 population[1]. As of the 17th May 2020, 64 out of 131 care homes in Cambridgeshire (48.9%) and 15 out of 35 care homes in Peterborough (42.9%) had reported a suspected or confirmed outbreak to Public Health England[2]. This is higher than the national figure of 37.8% of homes with a suspected or confirmed outbreak[2]. Our approach to surveillance, outlined later in this document, will help us to understand the progress of the pandemic in local care homes better, and provide further context to local data. We are also working alongside neighbouring authorities and learning from best practice as it emerges

[1] PHE (2020). Coronavirus (Covid-19) in the UK. Available from https://coronavirus.data.gov.uk/#category=nations&map=rate (accessed 28/5/20).

[2] PHE (2020). COVID-19: number of outbreaks in care settings (management information) (21st May 2020 update). Available from: https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information (accessed 28/5/20).

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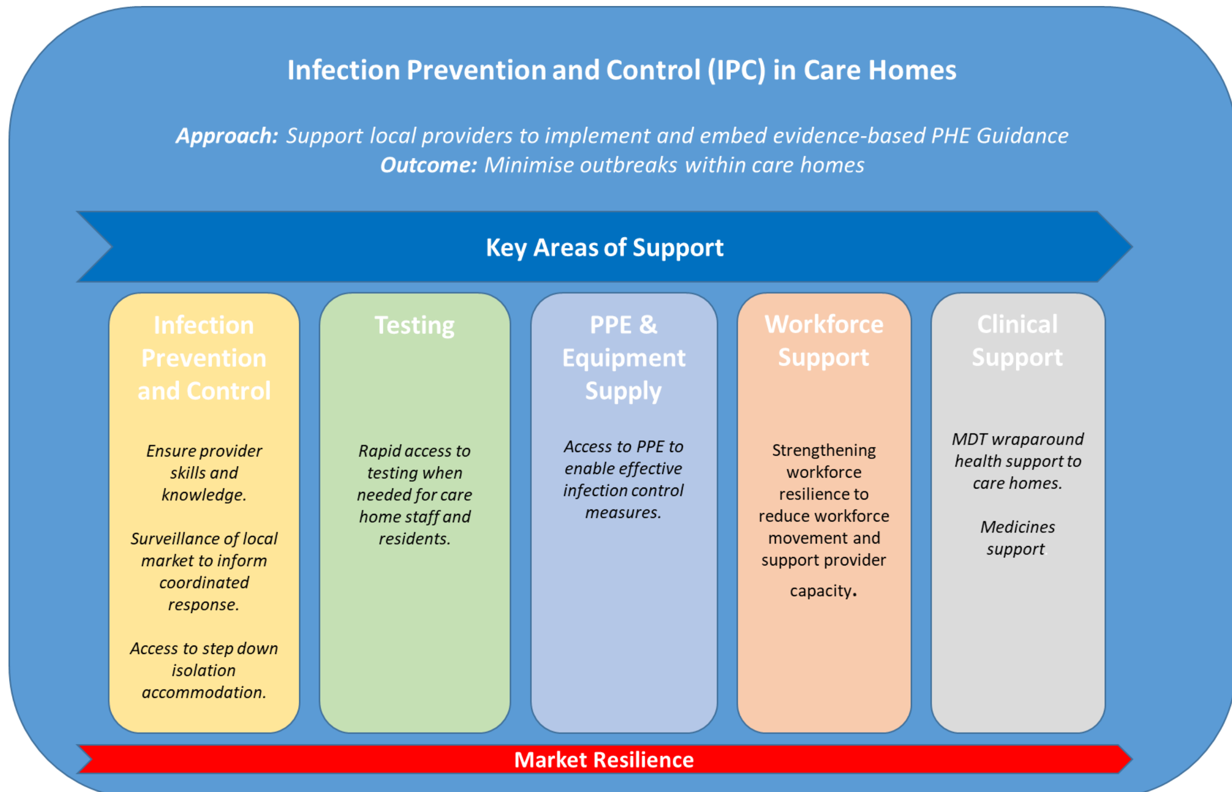
Our Local Plan

To be successful, effective infection prevention and control is dependent on a number of key measures being put in in place by care home providers, supported by the health and care system as outlined in the below diagram. Fundamental to our approach is making sure that we support our providers to prepare for the possibility of future peaks and make sure any measures put in place increase longer-term resilience. In order to address the range of complex challenges that affect resilience of providers, an overview of our resilience strategy is in Appendix 1.



Infection Prevention and Control

To ensure the embedding of infection prevention and control measures amongst care homes, we continue to deliver and enhance support in the following areas:

- Infection control training
- Access to alternative accommodation for isolation purposes
- Outbreak management
- Local market surveillance to inform a coordinated response

Infection control training: Care Homes are able to access general Infection Prevention & Control advice and guidance from the CCG Infection, Prevention and Control Team all year round and not just during this outbreak. Access is via direct contact with the staff and out of hour's pager system to ensure 7 day a week coverage. The Infection Prevention and Control Team regularly visit care homes to give bespoke guidance, along with guidance on policies and products. In recognition of the additional support that is required during the COVID outbreak, the CCG has bolstered capacity within the Infection Prevention and Control Team to ensure additional support is available for all care homes.

Building further on existing support and guidance, infection control training is being rolled out to all care homes in line with the government target date for completion. To support this, the CCG has recruited 16 district nurses and increased capacity within this area to implement via a train the trainer model of delivery. Access to PPE training as of 27th May, based on local training records was 138/174 care homes across Cambridgeshire and Peterborough have received training; 18 are booked for 28th May, 1 booked for the 29th May and 17 have declined training. Follow up to ensure ongoing access to advice and support for staff and residents is supported by primary care and community health services.

There will be continued support in the following areas to ensure sharing of best practice, guidance and lessons learnt with providers, including:

- Sharing of lessons learnt including areas of infection control weakness and risk
- Weekly provider forums supported by infection control nurse
- Daily newsletter including a range of support and advice

Recognising that we have further to go to achieve a situation where all care homes have a high level of confidence in infection control, additional interventions are being explored including the development of training tools, such as training videos, through the local primary and community health services training hub. We are also continuing to explore with care homes any other work our enhanced local Infection and Prevention Control (IPC) team can do to increase intensive specialist support to the care sector on an ongoing basis.

Access to alternative accommodation for isolation purposes: Whilst care homes are working to support isolation where required within their settings, this is not always possible to facilitate due to space and/or facilities. We are in the process of confirming arrangements for local dedicated step down beds to support safe discharge from hospital for those who require 14 days isolation after hospital discharge, to reduce risk at the point of transfer into a care home. Options being considered, include a combination of dedicating specific care homes for this purpose and/or opening additional dedicated capacity (e.g. reopening an old ward or establishing a rest centre facility). Step down beds will receive high intensity rehabilitation input to support people to maximise their independence during this period.

Outbreak management: Standard operating procedures for outbreak management in care homes are established 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. Further support is provided by the local system, depending on need.

Surveillance: Daily recording of infections and deaths in care homes is in place and is reviewed daily via the local multi-agency care home intelligence cell. The level of support is tailored dependent on an assessment of the level of risk for each setting. However, we are conscious that currently, there is a reliance on provider recognition for signs and symptoms and an understanding on when to report them. A more proactive approach to ensure alignment of provider reports with other sources of intelligence to enable early identification of potential outbreaks is a key strand of our local plan as we move forward. Alignment and review of data on local trends, feedback from MDTs, provider reporting and other sources will be coordinated through the local care home cell to inform a pro-active response.

We plan to ensure we work across the system to use all available data streams to feed into strategic as well as operational decision making, including:

- Information on provider preparedness, resilience and capacity;
- Testing data on numbers of infections and outbreaks, including linking in to Local Outbreak Boards to understand local issues;
- Information on excess deaths;
- Utilisation of the NeCs bed tracker to identify areas of risk and take early action.
- Soft intelligence through regular visits and check-ins with homes with confirmed cases of COVID 19, as well as those homes who are showing early signs of outbreak risks (which will require adequate resourcing).
- Routine welfare checks with all providers including PPE stock checks and utilisation.

We recognise that some infection prevention and control measures can be difficult for providers to implement due to available space and associated costs, including isolating of residents, minimising workforce movement and maintaining staff salaries whilst staff are isolating or off sick. Practical support to aid these specific areas of concern are being implemented via the introduction of alternative isolation accommodation and financial support, including via the Infection Control Fund. In addition, we are undertaking targeted work with small providers who are particularly vulnerable to some of these pressures, through proactive identification of issues through business continuity planning support and bespoke support offers tailored to their needs.

Testing

Local access to testing for care home staff and residents is available and online access is in place via the Care Home Portal and via local testing arrangements. Whilst a limited number of our care homes have used the national portal for testing and therefore have access to coved test kits for staff and patients, we can confirm that through the Commissceo contract (where we go in and swab residents and these are processed at the Regional PHE Lab) and local arrangements we have tested patients and staff in a further 69 care homes. Our local homes find using the national portal very time consuming and therefore we are also looking at pulling together a small team of people who can support the homes with swabbing residents via the portal. Promoting access to this across more care homes will be a focus of our local engagement with providers.

It is recognised that capacity for rapid testing and particularly sharing of results needs to increase substantially to ensure that clinical recognition and management of cases, alongside provider responses to outbreaks are fast paced. We will ensure that the “Test, Track and Outbreak Management” roll out locally is prioritising care homes and people being admitted to them. We are working across the system to ensure appropriate and effective testing policies for diagnosis, outbreak control and surveillance. We recognise that the complex pathways that have been established nationally can be confusing for providers, and we are working to provide clarity locally. This approach includes:

- Working across the system to understand best practice with regards to routine testing for care home residents, care home staff and key members of the wider health and social care community workforce who need to visit homes as part of their role for the purposes of surveillance and early detection of asymptomatic infection;
- Swabbing for all hospital discharges into care homes;
- Swabbing for care home admissions from community settings;
- Rapid access swabbing and results for homes where there is a suspected/confirmed case of COVID 19

Access to PPE and Equipment Supply

Coordinated access to emergency PPE equipment for providers is managed in a coordinated way through the local LRF, in conjunction with system partners. As well as temporary financial support to aid providers with some of the additional costs associated with COVID 19, including PPE, we continue to support providers with information and access to identified verified PPE suppliers. We recognise that there are still care homes who are not confident about PPE supplies and we will continue to do targeted follow up work with providers where this has been identified as an issue.

Workforce Support

Support around workforce capacity is in place and being further enhanced; to both reduce staff movement between care settings and increase access to workforce support in the event of an outbreak to ensure safe staffing and the ability to cohort effectively, including:

- Access to volunteers, coordinated through the local COVID county coordination hub. Establishment of virtual training is in place for volunteers, based on the materials provided by Skills for Care. A number of volunteers with relevant previous experience have received face-to-face personal care training and have already been matched to homes experiencing pressures. Early identification and matching of volunteers to high priority homes is being taken forward. Additional volunteer support has been commissioned from St John’s Ambulance Trust and is to be mobilised imminently.
- The use of redeployed staff from the Local Authorities and NHS

partners, including redeployed capacity from the CCG Care Home Support team, Complex Cases Team and Reablement.

- A process for returning clinical staff to be allocated to care homes has been established, working closely with national identification of nurse returners, student nurses, dentists etc.to inform identification of potential resource. However, we have found that returners from all professional groups have been reluctant to work in care homes. We feel this is due to the homes being seen as 'high risk', and not within their usual experience. We have worked hard to continue to pursue this with individuals but still this has resulted in no NHS returner capacity. The CCG has established training package/practitioner support around returning staff deployed in care homes to help support this.
- Exploring alternative provision of workforce support, including establishing local agency offer for support in the event of an outbreak.
- Detailed review of providers' business continuity plans to identify staffing risks and pre-empt actions to support in advance of any outbreak. We have determined locally that the risks are greater with smaller, single operator settings and identified those providers we need to be particularly vigilant about in terms of need for support.

Infection Control Funding will be passed to local providers to implement appropriate workforce measures to support infection prevention and control. This financial support will be beneficial, as we are finding that many homes are not able to implement some of the proposed workforce infection and prevention control measures effectively due to the cost implications. In line with the national conditions, 75% of funding will pass direct to CQC registered care homes on a per bed allocation basis, for providers to invest in workforce measures to minimise movement of staff between care homes. This includes measures such as maintaining wages whilst isolating, cohorting of staff to specific residents, supporting active recruitment for additional staffing, minimising public transport use and providing accommodation for staff who are isolating from their families. We are engaging with providers to determine the most effective use of the remaining 25% of funding, with a view that this will be used to support other providers such as Support Living, Extra Care settings, Sheltered Housing and the wider domiciliary care workforce to adopt best practice in infection control and the proposals set out in the guidance issues for home care on 26 May. This will also include identifying where funding to support infection control amongst complex cohorts, such as learning disabilities and dementia.

Developing a defined alternative workforce to cover care home staff shortages will be an imperative to minimize likelihood of cross infection and we already have some experience of this using our own staff, volunteers and mutual aid between providers as well as sourcing agency staff and managers when needed. We recognise that care home staff are being asked to work in challenging circumstances.

A significant organisational support offer has been developed for local providers, including individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social care providers and their staff including care homes, domiciliary care and care staff in other settings.

A dedicated Quality and Practice Support Team is in place. The team has received additional infection control and PPE training, and they are making regular visits to local care homes. We have identified those care homes where we think there would be benefit from a qualified Social Worker being linked to the home to offer quality and practice support. This approach has supported identification of support needed to ensure Care Act and Mental Capacity Act compliance; including ensuring the necessary steps have been taken in relation with regard to meeting; individual's care and support needs, protecting individual's human rights and best interest principles are followed where applicable. Where appropriate, these visits are conducted jointly with health colleagues to further enhance the wraparound support offer and reduce unnecessary multiple visits. We have received very positive feedback about this approach which informs the triangulation process described previously- helping us to direct our support where it is most needed.

Clinical Support

Support to providers has been coordinated through the establishment of local MDTs wrapped around care homes. These are responsible for ensuring the right level of wraparound care and support is in place for residents, including primary care, community health, therapy and social care. An overview of the MDT model is outlined below.

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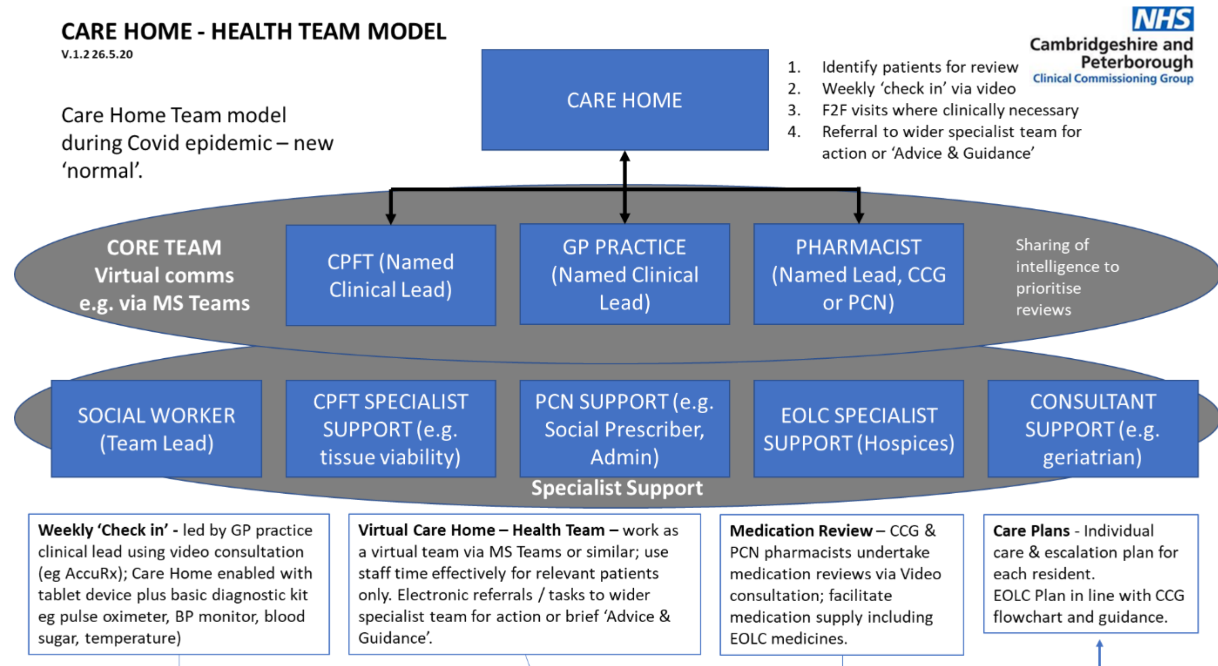


The CCG and our primary care partners have identified a named lead primary care clinician for each care home. Social care and community health provision is being aligned to form a local 'Care Home - Health Team' and this is currently being phased in, with virtual MDTs or check in meetings taking place in each care home on a weekly basis.

These will link to a new enhanced primary care service, which reflects the 1st May NHS England guidance. It builds on local good practice and the current established enhanced service already delivered by the majority of GP practices, but will ensure full coverage and consistency across the geography. The CCG has commissioned a local enhanced service (LES) from primary care for care homes since 2008, initially nursing homes and extended to residential homes in 2015, with key elements such as nominated GP, regular ward rounds, medication reviews and care plans. The Nursing Homes LES and Residential Homes LES have been updated and combined into a new Care Homes LES to reflect the 1st May NHS England guidance. Operationalisation will be supported by the roll out of virtual consultations for care homes and face-to-face where needed. MDTs will also support care home residents receiving their Influenza vaccinations maximising coverage and will ensure those with long term conditions have optimal prescribing, particularly for those with respiratory conditions, supporting the aim of decreasing the risk of COVID illness.

A recent survey of local care homes, which received an 80% response rate, identified that around 17% of care homes across Cambridgeshire and Peterborough do not have access to remote working equipment. In addition, there is varied access to diagnostic equipment for remote monitoring of residents' vital signs. We plan to provide equipment and support to care homes to enable the technological infrastructure, alongside training to use the equipment as it is deployed. RESTORE2 training has previously been undertaken with nursing homes, which will aid quick redeployment. The CCG is working with partner organisations to enable virtual multi-disciplinary team working across the geography but with a particular focus on care homes which have been identified as high risk. A local priority list has been developed across system partners based on local intelligence and data about outbreaks, infection rates and where support is needed to improve quality to inform this.

Lead clinicians for end of life have also led extensive work across the system to ensure that care homes have access to the support, expertise and appropriate medication to support end of life situations. This has included the establishment of a helpline run by the local hospice, clear care pathways and out of hours support.

Mental health support to care homes is currently in place and can be accessed via primary care and the MDT. If further support is needed, each care home is offered a number of tiers of support. In addition, a dedicated crisis team covers each care home for older people, which includes a multi-disciplinary dementia intensive support team (DIST) which operates 8am-8pm, 7 days per week. For emergency provisions out of hours, we have a First Response Service, which can be accessed via 111, which operates 24 hours, 7 days per week. Communication links between primary care and psychiatric services are currently being reviewed and we anticipate these will be enhanced further in the near future and will benefit the way in which we support care homes.

We have been working closely with GP Practices and community pharmacies to ensure that care home residents receive their medications by managing supplies and reducing the impact of stock shortages, whilst also implementing new processes for online ordering to reduce face-to-face contacts. This has been vital for all patients, but particularly with respect to the availability of palliative care medications. Robust COVID-19 End of Life treatment guidance has been developed including "The Re-Use of Medications in Care Homes SOP" should an urgent need for medication arise and to assist care homes with the administration of medications from original packs, following the withdrawal of Medicines Dosage Systems (MDS) by community pharmacies. Advice from the CCG Ethical Cell has informed this approach, as well as for other resource shortages. Steps are now in place to ensure all care homes have nhs.net email accounts to further support communications. In addition to this, virtual medication reviews can be carried out to support GPs and care home staff, and guidelines have been released to ensure that the care home residents most in need of a medication review are prioritised.

Market Resilience (including financial support)

Commissioners have worked with local providers to understand what financial support is required to sustain, and where appropriate, increase current levels of capacity. This has led to the implementation of a range of measures to provide financial support to local providers (see appendix 2), including a 10% temporary fee uplift until the end of June, the implementation of a distress fund for those facing significant financial pressures and block purchasing £7.7m of additional residential and nursing bed capacity for the next 6 months. Further plans to manage the financial impacts on care providers, include:

- Extension of the temporary 10% fee uplift until October 2020.
- £600m of national Infection Control Funding. 75% is being passed direct to CQC registered care homes, via direct per bed-based allocation, for providers to use on workforce measures to support infection prevention and control.
- We are engaging with providers to determine the most effective use of the remaining 25% of funding, with a view that this will be used to support the wider domiciliary care and workforce infection control needs.
- Greater financial commitment into the sector, through increasing the ratio of block to spot purchasing. Currently we block purchase 42% of our commissioned residential and nursing bed provision, the rest being spot purchased.

In addition to the four key areas of support above, we recognise the fundamental need to work collaboratively with providers to ensure sufficient, resilient market capacity in the short, medium and long term. This includes the following approach over the short and medium term:

- Continued joint commissioning of capacity for health and social care so there is a coordinated approach to commissioning capacity, including a joint brokerage function across health and social care.
- Maintaining additional purchased capacity for a period, to ensure sufficiency to respond to a wave 2 surge and winter pressures.
- Stepping down of capacity during the recovery phase in a structured way to ensure capacity matches demand needs being seen locally. This will happen alongside the phased return of non-critical services which ceased during COVID, e.g. day opportunities.
- Longer term financial commitment and investment with care home and home care providers to provide greater financial security through increasing the proportion of block beds.

- Moving away from traditional 'residential care' to explore more sustainable, innovative models of delivery which promote independence; including extra care plus and care suites. These new models are also more able to manage infection control, as each resident has their own space. Developing a community catalyst approach to local place based domiciliary care, through the development of local micro-enterprises.
- The development of place based commissioning on an outcomes basis, transitioning to local per capita commissioned budgets which maximise opportunities for utilisation of community assets and strength-based provision of support.
- Reset resource to ensure both robust contract & market management and quality of care.
- Collaborative working with CQC sharing intelligence and targeted support.
- Longer-term workforce development for the care sector, including recruitment and retention support, including enhancing workforce development opportunities such as the Peterborough City College Health and Social Care Apprenticeship Programme.

Local Progress and Confidence in Plans

A huge amount of work and support has been developed at a system wide level to deliver a coordinated support offer to local care home providers. We have worked closely with providers to understand local needs and inform the support we put in place. We are committed as a system to implement further plans rapidly to ensure that we have a resilient and sustainable market position as we move forward into the next stages of the pandemic. We are confident that plans are being implemented rapidly and we have strong leadership across the system to deliver on our joint vision.

Local Challenges and Support Needs

We do recognise that there will be challenges across the system, including:

- Supporting providers to reduce the movement of workforce, including the ability to isolate and managing workforce associated COVID costs is an ongoing challenge for local providers, and this is exacerbated for small providers particularly who do not have the financial and workforce resilience to manage this. More focused work on supporting providers to access the right additional capacity is a key element of our local plans and the use of infection control funding will also support this aim.
- Testing – including access to swabbing and rapid results is an ongoing issue for providers. Whilst the care home portal has been launched, uptake amongst providers needs to be improved and increased laboratory capacity is needed to fully support testing roll out plans.
- PPE access is an ongoing issue locally, reflected by the national picture.
- How the longer-term financial sustainability of adult social care is being addressed at a national level, as we are still awaiting the Green Paper.
- Engaging with providers who we do not commission directly.
- The uncertainty of the COVID pandemic journey and our ability to influence this e.g. the development of a vaccine.
- Determination of the impact of phased return of acute activity during COVID and winter pressures.
- Whilst the additional national COVID funding is welcome, it a) isn't enough to meet the additional costs associated with COVID, b) it also raises questions around how we will manage stepping back from the additional investment we have put into the sector at the end of the pandemic and c) it doesn't deal with ongoing increased need resulting from new dependency built up during COVID 19 and helping people back to independence which is more resource intensive up front
- Managing infection control amongst people with complex needs, e.g. learning disabilities and dementia and homeless in supported accommodation.
- Work force resilience, particularly consideration of domiciliary care providers and the increasing demands on this service, and the need to have a resilient work force to manage this.
- Insufficient time between the release of the additional infection control questions on Capacity Tracker and the submission deadline. This has resulted in limited conversations with care homes to discuss the requirements and their context. As a result, we feel there may be some confusion or issues with the interpretation of some of the responses received. We plan to have targeted conversations with care homes regarding the completion

of the Capacity Tracker over the next few weeks, which will enable identification and resolution of any such issues.

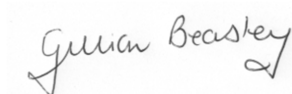
In terms of areas of support that would be helpful at a national and local level, we would ask for the following:

- Pandemic modelling on the community and care home sector to help inform future planning and commissioning arrangements.
- Clear national guidance on funding plans, especially in relation to the ending of short term NHS & social care funding to ensure we can plan effectively for the transition.

- National guidance on supporting infection control amongst complex cohorts, e.g. people with dementia and learning disabilities.
- Actions to improve the turnaround of test results by increasing lab capacity.
- National guidance around routine testing of asymptomatic staff.
- Learning and good practice sharing nationally and regionally so we can learn from others experiences, including those of service users and families.
- Local flexibility to drive change and improvement and identify what arrangements will be fit for purpose going forward in relation to the way health and care work together to improve outcomes.
- Expanding national supply chains to improve access to PPE for providers.
- Clarity on how long the funding arrangements for hospital discharge will be in place and how they can be ended
- Sharing of test results from the national testing programme with local authorities and the CCGs
- Better information flows from PHE to local authority based Public Health department

I hope that this provides you with a clear overview of our local plans for supporting care homes. If you have any additional questions, please do not hesitate to contact me.

Yours sincerely



Gillian Beasley
Chief Executive – Peterborough City Council and Cambridgeshire County Council

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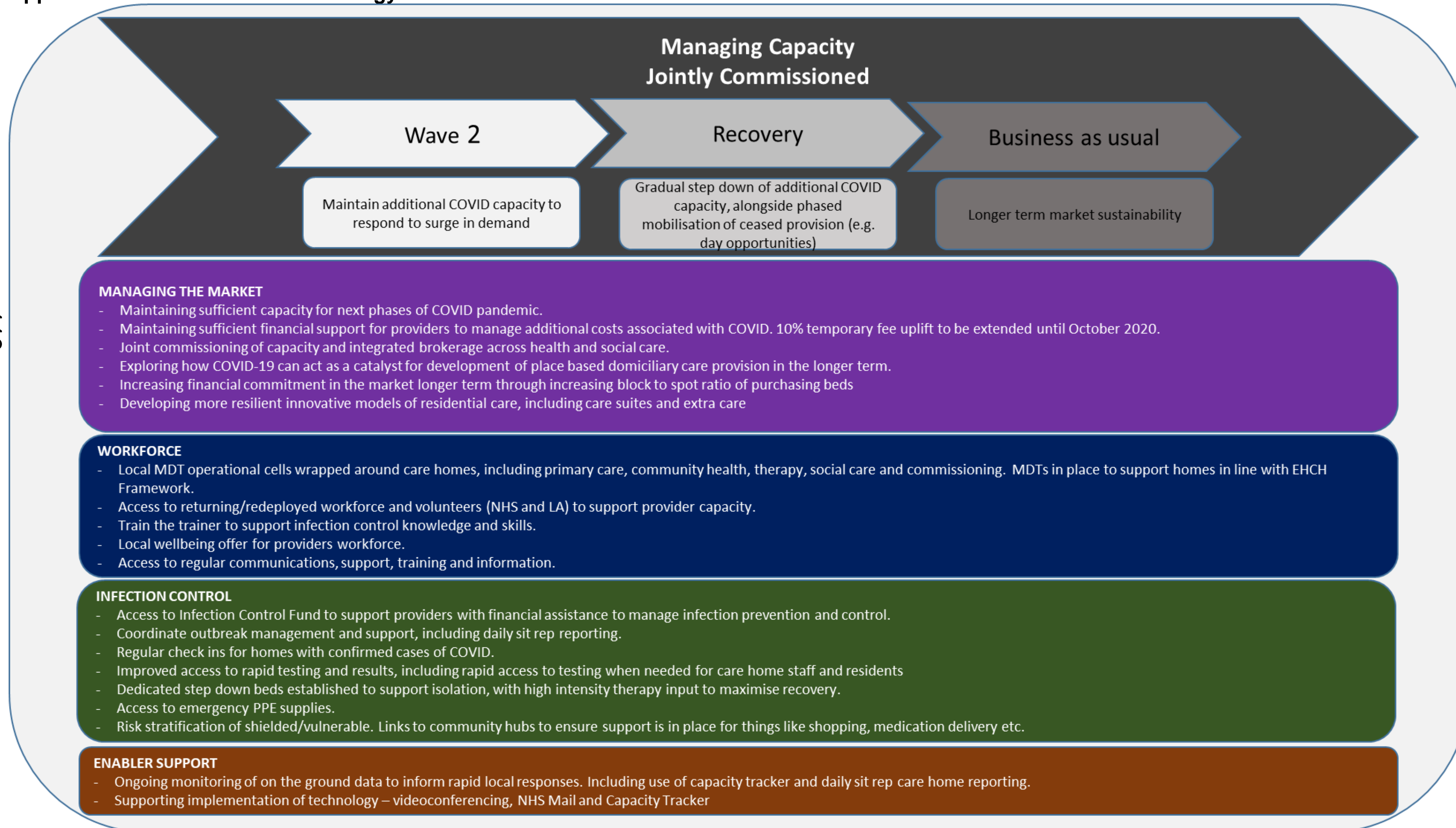
Appendix 1 – Local Resilience Strategy



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Appendix 2 – Support delivered to date

Managing the Market	Workforce	Infection Control	Financial
Working with providers, we reduced care and support provided to individuals to minimum levels and optimised rounds to reduce travel time. Commissioned alternative accommodation to support infection control within housing related support schemes experiencing behavioural challenges. Ensured rapid access to community equipment to facilitate timely discharge and reduce the need for double up packages. Commissioned 24/7 sitting services and utilised in house capacity to ensure support is available around the clock for emergencies. Secured additional residential, nursing bed and extra care capacity to support with initial emptying of acute beds and to ensure sufficient ongoing capacity for hospital discharge demand. Jointly commissioned capacity and integrated brokerage of placements across health and social care.	The use of volunteers and redeployment of resources to support providers' capacity. Access to COVID 19 testing to providers' staff. Emergency PPE supplies. Local wellbeing support offer developed by the CCG for provider's workforce.	Development of outbreak management procedure for care homes. Information, advice and support on PPE and infection control.	Provided financial support, including 10% temporary fee uplift to providers and access to distress funding. We have continued to fund day services which have closed, where staff can be redeployed to alternative critical service provision. We have sustained funding of transport arrangements at 75% of contract value. Establishment of a distress fund for lump sum payments to help providers who are facing significant financial issues. Cash flow supported through introduction of 4 week in advance payments for bed based care, rather than 4 weeks in arrears.