

P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

SERVICE AREA:	Commissioning
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REPORTING PERIOD:	Week ending 08/05/2020

KEY ACTIVITY HEADLINES

General Update:

The Covid-19 business continuity response has been organised across 3 workstreams. An overview of key actions and progress specific to each workstream is outlined below

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

- Community Equipment (NRS): is in a stable position. They plan to stand down 7 day working from Sunday 10th May due to lack of demand at weekends.
- OP Community Services: services are reporting they have sufficient staff capacity currently, but are able to access additional support through the community hub where this is needed.
- Mental Health
 - Wherever possible, services are being delivered via phone/video/online platforms
 - Dementia singing for the brain is planned to go live using Zoom
 - Dementia support volunteers are increasing the number of companion calls to those caring for people with dementia
 - Extended hours for Lifeline service soft launch has begun

Workstream B - Homecare and extra care

- Provider forums continue to meet weekly and these are positively received by providers
- The 10% resilience payment has been well received and most providers are thankful for the additional support.
- Capacity across homecare in most areas is relatively stable.
- The Homecare Dynamic Purchasing System (DPS) has closed for the latest round of applications and the evaluation of providers is taking place next week. Additional providers and associated capacity may come online as a result of this.

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

LD Brokerage and Commissioning

- 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. This consists of eight care workers across the region with additional skills. We anticipate adding to this with support from other providers and we are working with Papworth Trust to potentially add further staff.
- The team are in regular contact with providers and are supporting those with identified workforce pressure points and providing offers of support as needed.
- LD Day Opportunities providers continue to receive local authority funding regardless of closure, on the understanding that staff would be redeployed.
- Virtual provider forums continue to meet weekly. This week the main areas of discussion related to testing, access to end of life medication, prescriptions and liability insurance.

Other Updates:

- The CCG has developed a comprehensive offer available to all social care providers and their staff, including care homes, domiciliary care and extra care workers. The offer includes organisational support, individual wellbeing support and more specialist counselling and support for those requiring it.
- Commissioning resilience strategy is being finalised to ensure that there is sufficient capacity in the community for the next phases of the pandemic. It will also address longer term sustainability of the care market and recommendations for coordinated management of support for the care sector across workforce, infection control and technology. Alongside recovery planning is underway, which is also determining some of the longer-term financial implications of recovery and a return to business as usual.
- An adults and commissioning report on COVID-19 is due to be presented at Adults Committee next week on the 12th May.
- Local authority finance teams are working with the CCG to coordinate the first NHS England monthly Covid 19 finance return for April.
- Covid 19 finance returns are being compiled for the next MHCLG return which is due at the end of next week.

Care Home Covid 19 Outbreak Update as of 7th May

The commissioning service maintain a daily tracker of those care homes who have a Covid 19 outbreak and require support.

Overall number of providers on tracker	40
Number on De-escalation pathway	8
Number live being supported	32
Number of providers closed and removed from tracker	3
Overall number of providers	30

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. Extended hours and 7 day working in place</p> <p>LD brokerage function integrated into brokerage to ensure capacity is maximised effectively</p>	<p>Current bed utilisation is at c. 60% of additional block beds.</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.</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>Resilience strategy is being developed to manage sufficient</p>

	Daily capacity overview managed via brokerage Distress fund established for providers.	capacity for the next phases of the pandemic.
Lack of PPE	National PPE helpline has been established 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 Single provider contact line and email established so provider issues can be escalated and responded to quickly Process for DP personal assistants established to enable access to local authority PPE supplies	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. 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. PPE does still remain an issue and we are still receiving requests in varying degrees of need. 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.
Staff capacity	Redeployment of staff and allocation of volunteers from hub – process in place Additional brokerage capacity established Dedicated transformation and BI resource identified Staff absence being tracked and impact being monitored Reprioritisation of workload to support key priorities. CCG in the process of implementing train the trainer model for infection control, in line with national requirements.	C. 12% of the Adults workforce is self-isolating Staff in non-critical roles have been redeployed to support front line service delivery – particularly reablement. CCG wellbeing and support offer to provider workforce has been developed. Updates on PPE and infection control protocols continue to be shared with providers and support is in place to support appropriate implementation.
Discharge delays from hospital	Ongoing communications with providers to manage advice on Covid-19 and ensure compliance with guidance Regular communications with health and CQC and key partners to ensure information exchange and issues highlighted quickly D2A pathway agreed and established Integrated brokerage function for health and social care Local authority agreed as lead commissioner for additional community capacity Brokerage extended hours and 7 day working established.	National DTOC reporting has been suspended from April 2020. So performance is not being monitored during the emergency period. As at the last local stats for week ending 27/3 performance was: CUH – 5.9% (compared to 6.3% for the same period last year) Hinch – 11.1% (compared to 13.1% for the same period last year D2A pathway is operational and embedding, though work is ongoing to refine model further.
Lack of funding to meet additional costs associated with Covid	£3.2bn of MHCLG announced to support local authorities	Allocations received nationally from MHCLG.

	<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>Agreed funding for additional capacity with CCG as outlined in the finance overview section.</p> <p>The next MHCLG return is being finalised for submission next week, though will highlight that national funding is not sufficient to meet the additional costs associated with Covid</p> <p>Savings delivery for both Councils will be impacted.</p> <p>Finance are working with CCG to collate the first NHSE covid finance return for April.</p>
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WORKFORCE UPDATE

Commissioning currently has 22 staff absent due to Covid-19:

- Self-isolating due to symptoms: 3
- Self-isolating due to family member having symptoms but working from home: 4
- 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

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 is being compiled by finance teams for submission at the end of next week.

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 are working with the CCG to collate the first NHSE finance return for April, which is due for submission on the 12th 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
- Following discussions with the CCG and health partners, the development of a rest centre is on hold, with agreement to review the need for this if additional capacity is required to meet the demand we are seeing across the system.
- 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)

Commissioning resilience strategy is currently being finalised to ensure that there is sufficient capacity in the community for recovery and potential wave 2. It will also address longer term sustainability of the care market and recommendations for ensuring a coordinated response to market management/supporting providers, workforce, infection control and enabling support. Alongside this, plans are being developed to understand the detailed approach to implementation of the strategy and the financial implications of the recovery phase of the pandemic.

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

There has been some press coverage in relation to Housing Related Support and the Victoria Project. The CCC communications team have been involved in this. The contracts team are delivering support to this provider.