

<b>Report of:</b>	Executive Member for Adult Social Care and Public Health – Councillor Dorothy Davison Director of Adult Social Care and Health Integration – Erik Scollay
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<b>Submitted to:</b>	Executive - 22 December 2020
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<b>Subject:</b>	Adult Social Care: COVID-19 Winter Plan Update
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### Summary

### Proposed decision(s)

That the Executive notes the Department of Health and Social Care’s publication of 18 September 2020 titled, “Adult Social care: our COVID-19 winter plan 2020 to 2021” and their 13 October 2020 announcement of a designation scheme with the Care Quality Commission (CQC) of premises for people leaving hospital who have tested positive for COVID-19 and are transferring to a care home.

<b>Report for:</b>	<b>Key decision:</b>	<b>Confidential:</b>	<b>Is the report urgent?</b>
Decision	Yes	No	No

### Contribution to delivery of the 2020-23 Strategic Plan

<b>People</b>	<b>Place</b>	<b>Business</b>
All activity taken as part of the COVID-19 response supports the achievement of all strategic priorities set out within the Council’s Strategic Plan 2020-23.		

### Ward(s) affected

COVID-19 and response to it affects all wards in Middlesbrough.

## **What is the purpose of this report?**

1. To update Executive on directions received from the Department of Health and Social Care (DHSC) setting out support available and actions to be taken by Adult Social care departments for winter 2020 to 2021 including arrangements for hospital discharge for COVID-19 positive patients.

## **Why does this report require a member decision?**

2. As a global event COVID-19 is unprecedented in living memory and has an impact on all aspects of the Council's service delivery. During the early part of the "first wave" of COVID-19 not all individuals were tested for COVID-19 before being discharged to care homes and regular testing regimes were not in place for social care staff. It is important that Executive is appraised of the requirements, based on learning from the "first wave", placed on Middlesbrough Council, particularly Adult Social Care, by the DHSC in preparing for the winter of 2020 to 2021.

## **Report Background**

3. On 18 September 2020 the DHSC published a policy paper titled, "Adult Social Care: our COVID-19 winter plan 2020 to 2021". The paper sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers.

## **DHSC commitment of support to the health and social care sector**

4. In support of the health and social care sector the DHSC describes their commitment as being to:
  - a) continue to engage, across the sector, including with local authorities, care providers, people with care and support needs and carers, to understand their needs and to provide appropriate support
  - b) continue to provide financial support to the sector, by providing over £500 million of additional funding (nationally) to extend the Infection Control Fund to March 2021.
  - c) lead and coordinate the national response to COVID-19 and provide support to local areas, where needed, as set out in the contain framework
  - d) appoint a chief nurse for social care to the Department of Health and Social Care (DHSC)
  - e) deliver a designation scheme with the Care Quality Commission (CQC) for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result.
  - f) continue to develop and publish relevant guidance and update policies and guidance based on the latest science and evidence..
  - g) work relentlessly to ensure sufficient appropriate COVID-19 testing capacity and continue to deliver and review the social care testing strategy
  - h) work to improve the flow of testing data to everyone who needs it
  - i) provide free personal protective equipment (PPE) for COVID-19 needs in line with current guidance to care homes and domiciliary care providers, via the PPE portal, until the end of March 2021

- j) provide free PPE to local resilience forums (LRFs) who wish to continue PPE distribution, and to local authorities in other areas, to distribute to social care providers ineligible for supply via the PPE portal, until the end of March 2021
- k) make available for free and promote the flu vaccine to all health and care staff, personal assistants and unpaid carers
- l) play a key role in driving and supporting improved performance of the system, working with local authorities and CQC to strengthen their monitoring and regulation role to ensure infection prevention and control procedures are taking place
- m) publish the new online Adult Social Care Dashboard, bringing together data from the Capacity Tracker and other sources
- n) publish information about effective local and regional protocols and operational procedures based on what we have learnt so far to support areas with local outbreaks and/or increased community transmission

### **Actions for local authorities and NHS organisations**

5. The DHSC paper outlines key actions to be taken by local authorities and NHS organisations in support of collaboration and best practice entering into the winter:
  - a) local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers
  - b) local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora
  - c) local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020.
  - d) local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan
  - e) local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions
  - f) local authorities must continue to implement relevant guidance and promote guidance to all social care providers, making clear what it means for them
  - g) local systems should continue to take appropriate actions to treat and investigate cases of COVID-19, including those set out in the contain framework and COVID-19 testing strategy.
  - h) local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed
  - i) local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021
  - j) local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one

- k) local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements
  - l) local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements
  - m) local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed
  - n) NHS organisations should continue to provide high-quality clinical and technical support to care providers through the Enhanced Care in Care Homes Framework and other local agreements
  - o) local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life
6. Staff from Adult Social Care, Public Health and Commissioning have worked throughout the pandemic to date in order to deliver effective support to users of social care, their carers and the providers that we work alongside. Considerable learning from the "first wave" has been incorporated into preparations for the winter and confirmation has been provided to the DHSC, as required, that the recommendations of the 18<sup>th</sup> September 2020 paper will be delivered during winter 2020 to 2021.

### **Winter Discharges – Designated Settings**

7. On 13 October 2020 the DHSC wrote to all Directors of Adult Social services describing the details of the designation scheme, outlined in the 18 September 2020 paper, assured by the Care Quality Commission (CQC) of premises for people leaving hospital who have tested positive for COVID-19 and are transferring to a care home.
8. The vulnerability of care home residents to the effects of COVID-19 was evident during the "first wave" of the pandemic and the safeguarding of care home residents has been central to the national efforts of the health and social care sector since the impact of the illness was recognised. At the same time, with COVID-19 circulating within the broader community, there still remains a need for dependant individuals to be admitted to care homes or to return to a care home following time spent in hospital. Outside of COVID-19, the risks to an already vulnerable adult of an unnecessarily extended stay within an acute hospital are well documented and accepted.
9. The "Designated Settings" scheme requires that:
- a) Anyone with a Covid-19 positive test result being discharged into or back into a registered care home setting must be discharged into appropriate designated setting (i.e., that has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of

residents) and cared for there for the remainder of the required isolation period.

- b) These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.
  - c) No one will be discharged into or back into a registered care home setting with a COVID-19 test result outstanding or without having been tested within the 48 hours preceding their discharge.
  - d) Everyone being discharged into a care home must have a reported COVID test result and this must be communicated to the care home prior to the person being discharged from hospital. The care home's registered manager should continue to assure themselves that all its admissions or readmissions are consistent with this requirement.
10. The designated settings process will be operated by the CQC providing assurance that each 'designated accommodation' has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents. Once this assurance is received, premises will be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home.
  11. Local Authorities were asked to identify sufficient designated accommodation to meet current and future demand over winter and notify the CQC of these facilities by 16 October 2020; five care homes within Middlesbrough volunteered to participate in the scheme and the CQC were duly notified. Based on demand for COVID-19 positive discharges, modelled by James Cook University Hospital, this has been reduced to three potential care homes in Middlesbrough with the focus being on sites where a separate stand-alone unit exists or a setting with separate zoned accommodation. Additionally, staff working within designated settings will not be able to also work within the general care home population. At the time of writing the CQC have visited the care homes to assess the facilities and preparations and feedback from the assurance process is awaited.
  12. It is important to note that the CQC has a limited capacity to undertake assurance visits and the option is therefore not available to seek to have all residential care homes approved as "designated settings" (nor do all care homes possess the necessary physical infrastructure). In practice this means that, for individuals who are COVID-19 positive and in need of a care home placement at the time of hospital discharge, they will be required to be placed initially within a "designated settings" care home until such time as they no longer represent a COVID-19 transmission risk. This includes individuals being discharged from hospital, COVID-19 positive, who are already long-term care home residents – if the care home in which they normally live does not have "designated setting" status they will be required to be discharged to a designated setting until their isolation period is complete at which point they will transfer to their normal care home.

### **What decisions are being asked for?**

13. That the Executive notes the requirements placed on the Local Authority resulting from the DHSC's "Adult Social Care: our COVID-19 winter plan 2020 to 2021" and their

subsequent letter of 13 October 2020 outlining the arrangements for “Designated Settings”.

### **Why is this being recommended?**

14. The Council is required to comply with the DHSC direction.

### **Other potential decisions and why these have not been recommended**

15. Not applicable – the Council is required to comply with the DHSC direction.

### **Impact(s) of recommended decisions(s)**

#### **Legal**

16. The DHSC direction described above exist within the broader context of the Care Act 2014.

#### **Financial**

17. The requirement of the “designated Settings” scheme means that staff members employed within these CQC assured settings will not be able to work within the broader residential care market at the same time. To secure sufficient staffing when the rate of discharge is currently unpredictable will require the “block booking “ of the beds and this, in turn, means the beds will have a higher unit cost than normal for residential care. The national direction on funding requires local Clinical Commissioning Groups to fund the first six weeks following discharge so this is not anticipated to become a cost pressure for the Local Authority.

#### **Policy framework**

18. This report does not seek to amend the Council’s Policy Framework.

#### **Equality and diversity**

19. Not applicable.

#### **Risk**

20. COVID-19 has brought and will in future pose a number of increased and new risks to the Council; decision making around hospital discharge into care home settings brings with it risk associated with the onward transmission of COVID-19 though the purpose of the “Designated Settings” arrangements is to minimise the risk of the virus spreading into the broader residential care community.

#### **Actions to be taken to implement the decision**

21. Adult Social Care, along with Public Health and Commissioning staff will implement the DHSC winter planning requirements in line with the awaited findings of the CQC in connection with our proposed designated settings.

## **Appendices**

None.

## **Background papers**

18/09/20 DHSC paper titled, "Adult Social care: our COVID-19 winter plan 2020 to 2021"

13/10/20 DHSC letter titled, "Winter Discharges – Designated Settings"

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