

COVID 19 : Provider Engagement Webinar

Friday 27th March

Welcome and Introductions

- Welcome and Introductions
- Purpose of today's webinar
 - Key messages and updates
 - Weekly webinar for providers
- How to participate: submitting questions via the Q&A function

Approach to provider communications and engagement

- **LCC Care Service Provider Engagement Portal:**
<https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/>
- The Portal will be the main method of communicating key messages and updates with providers (**not** via email distribution lists, **apart from weekly (Friday) webinar invites**)
- The Portal will include:
 - National updates
 - Local updates
 - Resources
 - Provider FAQs
- The Portal now contains our online query form, where you can post general non-urgent, non-SU-related queries to us; these queries will be addressed via the updated FAQs, once/twice weekly
- Please look at the website everyday; we will update by 5pm daily with any new information and updates from that day
- For specific queries, continue to use the contractmgmtcare@lancashire.gov.uk email address

Infection Prevention Control (Anita Watson)

- PPE guidance update (24th March):

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

- Awaiting further national guidance imminently re: PPE and Infection Prevention Control

UPDATE ON ADMISSIONS AND DISCHARGES:

Residential and Nursing:

Single case

- Other residents do not need to be isolated if case can remain well-isolated for 7 days.
- Closure of the home not recommended - heightened awareness of symptoms in other residents and to report further cases to PHE.

Outbreaks (2+ possible or confirmed cases in a 7 day period)

- Isolate cases.
- Residents who have been in contact with a case should be isolated for 14 days since the contact with the case
- Not possible to isolate residents – restrict movement to within the floor/unit.
- Vulnerable, unexposed contacts – isolate in own room
- Admissions to the home should be ‘restricted’

Testing being arranged by PHE - surveillance not clinical management

Admission of a resident to hospital

When there is a COVID case / outbreak in the home it is the responsibility of the care home to inform the Trust / ambulance service of COVID issues in the home when residents are being admitted to hospital

Discharges to the home

It is the responsibility of the Trust to inform the care home of any COVID related issues for patients being discharged to care homes.

This includes patients being admitted to the care home for the first time rather than returning to a home they came from.

It is not necessary to have a negative test result for patients being discharged to care homes.

Discharge of confirmed or possible COVID case from hospital

If no other cases in home

- Case to complete the 7 day isolation period following onset of symptoms in the care home if not completed in the hospital setting
- If unable to isolate the case completely, residents who have contact with the case within the home should complete 14 days isolation (cohort approach)

If other case(s) in home

- Case to complete the 7 day isolation period following onset of symptoms in the care home if not completed in the hospital setting
- Contacts who are already in isolation (as part of management of cases in home) do not need to extend their isolation period

Discharge of contact of possible COVID cases from hospital

- Exposed persons who have been in bay with a COVID cases in hospital - isolate on return to care home (for remainder of 14-day period)

Discharge of non-COVID residents from hospital to a home with COVID cases

- If they were admitted to hospital after the start of COVID outbreak, and were in 14 day isolation in the home as a contact of a case, complete the remainder of the isolation period on return to the care home.
- If they were admitted before the start of COVID outbreak in home, isolate on return to the care home for 14 days

Discharging residents to own home

A **contact** who is isolating is ready to be discharged to **own home**

- They should complete the 14 day isolation period when they get home
- No need for their household contacts to be isolated (in relation to the care home contact – may be other reasons e.g. elderly, medical conditions)
- Transport home can be in a private car/taxi – single journey of asymptomatic person is acceptable

Discharging **cases** from care home **to own home**

- If discharged before completion of 7 days isolation, they should finish the isolation period in their own home.
- The case should wear a mask during transport - can be in a private car/taxi.
- Household contacts in case's own home will need to isolate for 14 days from when the case returns home

Care Homes : Briefing Note

Provider briefing note: Health System pressures and current admissions to your homes (LCC and NHS England letter, issued on 25th March):

<https://www.lancashire.gov.uk/media/916142/20200325-provider-briefing-health-system-p pressures-and-current-admissions-to-care-homes-v2.pdf>

- LCC guidance is very clear; you should operate your care home or service in line with national guidance, unless you have been specifically advised otherwise in relation to a specific case by Public Health England.

Key messages

- In line with current national guidance, people who do not have symptoms of COVID₁₉, including those being discharged from hospital, are not being routinely tested. In these circumstances, there is an expectation that you would accept a new admission or readmission to the home.
- There is an expectation for homes to accept a 'Trusted Assessor' assessment, the plan of care must be kept under continuous review by the home, updating assessments and care plans as needed, in the normal way. If you have any issues with your 'Trusted Assessor' agreement, this should be discussed with your local CCG, with a view to resolving the problems experienced. If a resident is symptomatic / positive tested for COVID-19 then they should remain in isolation for 7 days from the onset of symptoms – if they are discharged during this time then the 7 days is a continuum from the day of onset.

- Staff should be aware of the symptoms of COVID-19 and national guidance should be followed where these are present.
- Good infection control practice is essential to limit the spread of COVID-19, there is a lot of useful information on the LCC IPC website through the link below. Care Providers should adhere to the following:
 - Hand Hygiene
 - Respiratory Hygiene
 - Personal Protective Equipment (PPE)
 - Waste disposal
 - Environmental Cleaning
- It is recognised that there is a need for more swabbing for both symptomatic residents and staff, unfortunately following national guidance it is not available at this time but has been escalated through NHS England.
- The national concern around supply of PPE has also been escalated to NHS England. Please note there is guidance on when PPE should and should not be worn within the Public Health England national guidance.

Care Homes/Food Supplies

- Human Aspects Cell, chaired by Blackpool Council
- Working on a process/mechanism to address emergency food supply shortages in care homes
- Further details to follow

Adult Social Care

- Due to the implementation of Covid-19 Hospital Discharge requirements, ASC are now preparing to move to a 7 day working week, operating across all services from 8am to 8pm and this will be effective from 4.4.20
- Realignment of ASC management to ensure coordination of decision making and implementation with local NHS arrangements.

Provider Letter for Key Worker Staff

- Reports that both LCC and provider staff have been stopped by the Police to question their activity, when out and about
- LCC's Chief Exec has authorised a letter to support key workers to evidence that they are providing crucial services to vulnerable children or adults and are supporting the local government response to COVID-19.
- **Letter to be shared via the Portal today; must be completed by the relevant organisation and needs to be accompanied by an appropriate ID badge.**

Hospital discharge referrals sourcing Domiciliary Care (23rd March)

- No requirement to source the provider via Oracle,
- Framework providers in the first instance from the lot and zone and please alternate whom you contact first where possible.
- If unsuccessful, Non-Framework providers can be approached to assist sourcing.
- Once a provider has been identified – this package will be issued on Oracle direct to the relevant provider - this step should not delay discharge.
- Community referrals sourcing domiciliary care
- Round 1 to be undertaken - Framework providers approached (appropriate zone and lot) using oracle sourcing.
- If unsuccessful at Round 1, Non-Framework providers can be approached to assist sourcing. This can be completed via telephone.
- Ensure care Navigation and Contract Management are updated if there are any key changes to your key care sourcing contact details.

COVID-19 Daily Bed Capacity Reporting Arrangements : Residential and Nursing

- NHS Midlands and Lancashire Commissioning Support Unit briefing note details arrangements for daily bed capacity tracking, which came into effect from Monday 23rd March 2020.

https://www.lancashire.gov.uk/media/916084/covid-19-daily-reporting-bed-capacity-briefing_-002-002-002.pdf

- The reporting arrangements will help to provide vital information regarding bed occupancy and bed availability within the care/nursing home sector and community hospitals and will support implementation of the Government's latest discharge planning guidance/service requirements (issued 19th March 2020), which can be accessed via the following link

https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements?utm_source=95c2cf8f-a9ab-45ae-a350-add59a64926a&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

- Providers need to ensure that they update the current EMS-Plus system on a daily basis and this information will then automatically electronically transfer over to the NHS North of England Commissioning Support (NECS) capacity tracker system. Additional COVID-19 related questions have been added into the daily reporting requirements.
- Any questions about the new reporting arrangements should be referred directly to your Regional Capacity Managers.

Capacity Tracker (Community)

COVID-19 Provider Information Requirement

Why do we need your information?

- We need to build a picture of capacity across providers
- We need to understand emerging risks to your services and staff and to respond to support you where possible
- We need a way to flag immediate issues directly impacting your organisation as a result of COVID-19
- We need to understand the state of overall service delivery in each locality
- This will allow us to respond more effectively around reducing harm to people, supporting your service and understand where there is opportunity to assist in the overall response to the current situation.

What will this involve?

- A series of questions which will need to be answered only once (Approx. 12 – takes < 1 Min)
- A series of questions which will need to be answered every day (Approx. 25 and relates to your current situation on the ground, the numbers of individuals you are caring for and the numbers of staff you have available. With the information to hand, this takes around 5 mins depending upon the size of your organisation)
- Please be assured that this information will not be used for any purpose other than listed above and will only be utilised to support your service to continue operating during this period. It will not be shared further.

How will we obtain this information from you?

- We will in the first instance contact you on a daily basis to ask you the required questions
- We will work on a solution that allows you to log into a portal and input your own responses to the questions

ADULT SOCIAL CARE – EMERGENCY FINANCIAL SUPPORT

- Lancashire County Council will provide emergency financial support to adult social care providers during this crisis period.
- In particular, emergency financial support is aimed at those organisations who forecast that they expect to be below safe staffing levels without additional financing and that they are unable to cover staffing shortfalls through working with neighbouring care homes / providers or through auxiliary workforce.

- Apply for support by emailing contract.mgmtcare@lancashire.gov.uk
- Please title your email **FINANCIAL ASSISTANCE** so it can be easily identified and prioritised.
- You must provide the following details in order for us to address your requirements. If you don't include this information, it may delay our ability to make payments:
 - Name of organisation and business address
 - Total amount required per week, including summary calculation of how this amount is determined
 - Information about how the funding will be spent e.g. additional staff costs to cover sickness absence
 - If the funding is to pay for staff, confirm that you are able to get supply staff with the additional financing

- Weekly payments will be made for an initial period of up to 3 months. You should review your financial position regularly and if you require further support you should make a further request to the email address provided.
- Similarly if your circumstances change and you secure volunteer workers and require less or no further emergency funding, please inform us via the email address provided so that payments can be amended / ceased.
- If at any time you anticipate that your business will become unsustainable (even after requesting support) you must contact us immediately.
- All suppliers receiving emergency financial support will be expected to operate on an 'open book' basis once the crisis comes to an end.
- Providers will be asked to demonstrate how the payments were used and to return any unutilised funding, or funding not applied for the intended purpose.

- Suppliers should not expect to make profits on emergency funding. In cases where they are found to be taking undue advantage, or failing in their duty to act transparently and with integrity, the Authority will take action to recover payments made.
- Additionally, the UK government has announced a series of economic measures to support businesses. Further details can be found in our FAQs located here: <https://www.lancashire.gov.uk/coronavirus/care-providers/>
- ***DIRECT PAYMENTS*** – If you are in receipt of a direct payment and during this crisis period your payment becomes insufficient to meet your needs you should contact the Direct Payment Support Service (Lancashire Independent Living Service (LILS)) for further help and guidance.

Summary

Information will be uploaded to the Portal today:

- Slides
- Sample funding request template
- Blank funding request template

Contract Management

- Contract Management continue to respond to and manage the duty mailbox and respond to provider queries and questions.
- Contract Management are trying to ensure regular contact with all providers to establish their position, offer support, and identify ongoing/upcoming issues and support with identifying solutions
- Contract Management has been supporting our commissioning colleagues with the development of a Covid-19 intelligence and capacity tracker. This will support and inform the mutual aid solutions that are being developed by the Authority and District Councils.
- Contracts have re-deployed some of their staff to support the Care Navigation function, as we have seen an increase in hospital discharge referrals (as expected).
- Reminder to utilise the provider portal for general queries. But contractmgmt.care@lancashire.gov.uk if any specific queries.

Public Health

Verbal update

Working Together to Co-ordinate Volunteers and Identify Vulnerable People- COVID-19

- **Shielded Persons list from Central Government:**

- 1.5 million individuals deemed high risk due to their health conditions will receive a letter telling them to self-isolate for an extended period (12 weeks)
- Clinical vulnerability
- Social vulnerability

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19?utm_source=44364f9a-694e-413e-88co-8283e0e3e816&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate%C2%A0

- Stratification of vulnerable persons on the list
- Human Aspect Group (HAG); mutual aid initiatives between Local Authority/District Councils, etc

Identifying and capturing volunteers and those volunteers with background/experience in care

- Need to support social care providers who experience significant gaps in staff availability to ensure continuation of critical support services
- LCC has put out a call for action within its own services to identify additional staff who may be able to support vulnerable people
- Need to identify potential staff across the Lancashire Resilience Forum partners (and beyond) who have appropriate skills who could offer different types of support.
 - Lancashire Volunteer Partnership (LVP)
 - Our Lancashire
 - District Council Hubs

Auxiliary Workforce Plan

- Regional marketing campaign; high profile, high impact. Materials will also be produced for localities should they wish to use them.
- A regional single point of access and application – www.greater.jobs. Could be used by localities too in local recruitment drives.
 - Applicants will arrive on an ASC campaign landing page.
 - They will choose the Local Authority area they wish to work in and complete a quick and easy application.
 - Applications will be collated by LAs in the back office part of the website.
- *Optional* - Local Authorities – carry out checks (could be left to the provider's normal processes)
- Local Authorities – match applicants with gaps in their provider's workforce then send providers a list of applicants and application forms.
- Providers – carries out recruitment checks, interviews, trains (option for LA to do this for them).

Additionally:

- The marketing campaign will frame around civic duty (doing your bit). Target all, but in particular those who have been laid off, students, people at home unable to work to supplement 80% salary.
- The Greater Jobs website is currently accessed mainly by GM LAs but will be widened to include all of the NW for the purposes of this response.
- Skills for Care are working up guidance for what a good shortened basic training programme should look like. Many localities have already come up with training which is completed in a day.
- We await further guidance on DBS.
- We shall also write to recruitment agencies with information to encourage their clients to take roles in ASC.

Safeguarding

No further update from the information shared at the webinar on 20th March

Commissioning and Procurement

No further update from the information shared at the webinar on 20th March

Miscellaneous Updates

- The Coronavirus Bill is now an Act of Parliament (as of 25th March 2020)
- Telecare Briefing:
<https://www.lancashire.gov.uk/media/916107/telecare-briefing.pdf>
- NW ADASS: weekly conference call (Thursday) and daily e-bulletin; Commissioning are linked in and updates will be shared via the Portal
- Easy Read Video: Coronavirus Daily Update (Northwest Training and Development Agency); further information to follow

Online Training Resources

- **Skills for Health** have put together some online Coronavirus training for front line staff:

https://www.skillsforhealth.org.uk/covid-19-course?mc_cid=fef69b77a6&mc_eid=39eaoc6671

- **Free access to COVID-19 eLearning programme:**

[Health Education England - COVID19 e-learning](#)

Next Steps

- Daily Portal Updates
- Weekly webinar (Friday); next webinar is Friday 3rd April, 1pm (joining instructions to follow)
- FAQ updates (1/2 times weekly)
- Collate questions raised today and answered via FAQs

Thank You!