

COVID 19: Provider Engagement Webinar

Friday 18 September 2020

Welcome and Introductions

(Tony Pounder)

Welcome and introductions

Key messages and updates

Reminders:

- Fortnightly webinar for providers on Fridays, 1-2/2.30 p.m.
- Provider portal: <https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/>
- Fortnightly newsletter emailed to providers by Contract Management with a summary of key messages

Today's Agenda

- Key updates:
 - Today's news –
 - Lancashire Restrictions
 - Social Care Winter Plan
 - IPC Fund Extension
 - Extra Webinar 25th September on above...
 - Infection Prevention and Control
 - Support for carers
 - New hospital discharge model
- Regular updates

IPC Update (Tanya Shaw)

Care Home Resource Pack V8 – Reminders

Staff:

If asymptomatic staff test positive during pillar 2 testing then they should isolate for 10 days and can return to work on day 11.

If they develop symptoms then subsequently isolate for 10 days from onset date of symptoms.

Their household should isolate for 14 days.

Reminders

Residents:

If an asymptomatic resident tests positive during pillar 2 testing, they should be isolated within their own room whilst the risk assessment is carried out and re-tested via pillar 2 within 24 hours.

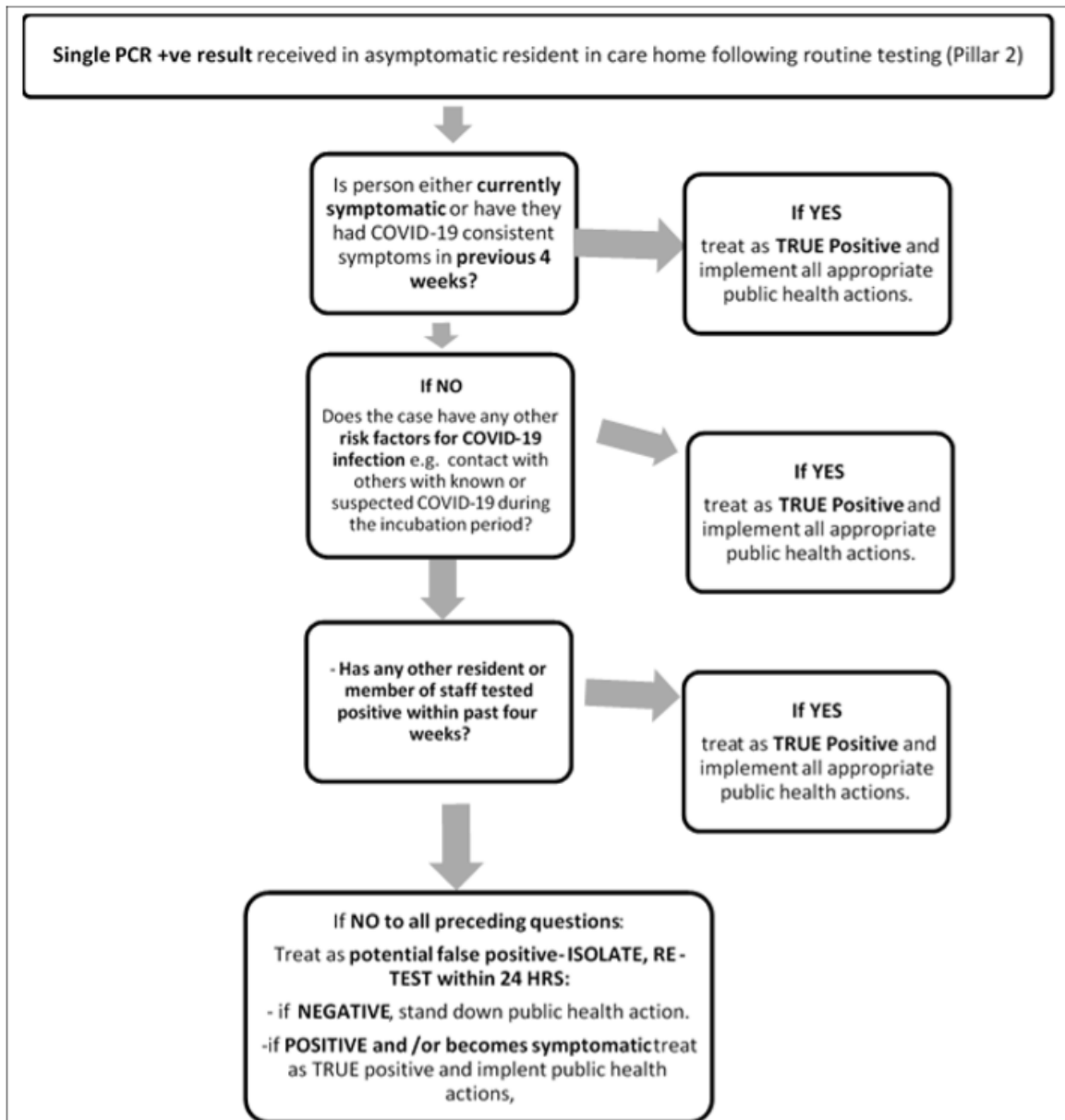
Resident contacts of the case should be isolated, whilst the risk assessment is carried out.

Reminders

If the resident remains asymptomatic and the repeat test result is negative and there is no other reason to suspect COVID-19 cases in the home, the resident can be treated as a negative case on the assumption that this result could be a false positive. In this case, the resident no longer requires isolation.

If the second test is positive, or the individual becomes symptomatic they should continue to be managed as a true positive case.

Figure 1: Management of Care Home Resident with Positive Test



RESIDENT CONTACTS

- Live in the same unit or floor as a confirmed case and shares same communal areas.
- Has had face-to-face contact, within 1 metre of a confirmed case, including being coughed on, face-to-face conversation, or skin-to-skin physical contact.
- Has had any contact within 1 metre for 1 minute or longer with a confirmed case, without face-to-face contact.
- Has spent more than 15 minutes within 2 metres of a confirmed case.

STAFF CONTACTS

Contact while not wearing appropriate PPE or with a breach in their PPE:

- Face-to-face contact, within 1 metre, of a confirmed case, including being coughed on, face-to-face conversation, skin-to-skin physical contact or travelled in a small vehicle with a case.
- Any contact within 1 metre for 1 minute or longer with a confirmed case, without face-to-face contact
- Spent more than 15 minutes within 2 metres of a confirmed case.
- Cleaned a personal or communal area where a confirmed case has been located (first time cleaning only)
- Notified by Test and Trace that they are a contact of a COVID-19 case.

Guidance

- Please note that, as COVID-19 is a rapidly evolving situation, guidance may change with little notice.
- Therefore we advise that, you keep up to date with the [gov.uk](https://www.gov.uk) webpage for all updates.

Whilst in an outbreak...

- The Infection Prevention and Control Team will maintain contact with you to support you through the outbreak.
- We will contact you generally on a weekly basis and talk through dates of the swab, isolation and end of outbreak (terminal clean).
- You can continue to email queries through: **infectionprevention@lancashire.gov.uk**

Actions required to prevent rise in coronavirus cases in the care sector

- 09/11 letter to social care providers from Stuart Miller, DHSC Director of ASC Delivery
- PHE data showing that the recent rise in Covid-19 cases is starting to reflect in care homes
- Letter highlights importance of testing and PPE
- Government to publish Adult Social Care Winter Plan shortly

Letter from DHSC Director of Adult Social Care Delivery

On Testing:

- To detect and prevent viral transmission to and from the community, all care home staff (including bank and agency staff), including those without symptoms, should be tested every week.
- It is important to test staff regularly to tackle the risk that the virus may be brought into a care setting from the community. By making sure all staff in care homes are getting tested every week, we can find out who may have coronavirus and stop it before it spreads.
- [Further information regarding regular testing and how to order tests is available here](#)

Letter from DHSC Director of Adult Social Care Delivery

On PPE:

- The correct and consistent use of PPE is very important. It is important everyone [is following the PHE guidance relating to PPE and guidance for all care settings including domiciliary care](#)
- Care home and home care providers can use the PPE Portal to order and receive critical coronavirus (COVID-19) personal protective equipment (PPE). [Find information about the PPE portal here](#)

Adult Social Care Winter Plan

- £546 million package to help protect care homes from Covid-19 this winter.
- The funding will be spent on PPE, reducing care workers' use of public transport and ensuring staff are limited to working from one care home

Testing Updates

- The portal is now also open for care homes for working age adults to register for repeat testing. At present, no significant backlog and DHSC are able to send out test kits within several days of orders being placed.
- Please be aware that care homes do not automatically receive their next round of regular testing and so each care home needs to reorder towards the end of each round of testing. Care homes are able to reapply 21 days after their last order.
- In response to concerns raised with DHSC about turnaround times, action has been taken to address the issue, including a new process for prioritising care home tests in laboratories.
- DHSC says they are aware of an increase in an increase in the number of unclear/void results. They are working closely with the labs and immediate action has been taken at the highest levels of the programme to bring results times back within 72 hours from the time of swabbing, and to reduce the number of unclear/void results, especially where these are affecting whole homes.

Testing Updates

- While the government aims to bring results times back within 72 hours, care homes should be aware that some test results may take longer than this to be communicated. This should not delay your planned regular testing. **If you have not received your results before your next round of testing begins, please continue testing as planned.**
- If you receive unclear/void results, please retest immediately. For staff, this should be as part of their weekly testing routine, but for residents, this will require an additional test.
- Multiple test kit registration technical issue are affecting a small number of homes. When completing registration for multiple people using the spreadsheet, some care care homes are presented with the following error message: "Sorry, there is a problem. Your test kits have not been registered."

Testing Updates

- If you receive this error message, please re-register the tests one by one using the single registration option. When re-registering the test, if you see an error message which says, “Test kit already registered” then this means this registration was successful the first time, despite the error message. You will receive an email to confirm the registration has been completed successfully.
- If you are concerned about any tests you have previously registered using the system, please check for the confirmation email which gets sent to the email address given when registering. If you have received an email confirming that you have registered successfully, you do not need to worry. If you have not received this email please register the tests again individually using [this link](#) and selecting the option to ‘Add each person’s details one by one’.

Updated Admission Policy 9 September

- LRF have revised the local Care Settings Admissions Policy Statement to include:
- A pragmatic approach to isolation for those residents (current and new) that have been discharged into a care setting
- Clarification for staff who have received a positive test result. They should not seek a repeat test for at least 6 weeks
- A new principle obliging care providers to pay staff their full wage for their period of isolation, using the Infection Prevention Control grant monies for this purpose
- Statement now available on the Portal

Testing in Extra Care and Supported Living

- Government conducting pilots in two areas
- Further announcements on the plan for national roll out soon
- Lancashire County Council has expressed interest in joining the programme to begin systematic testing for those who meet the risk criteria

FCA High Court Test Case: Response of non-damage business interruption extensions to COVID-19 losses

- The judgment in the FCA Business Interruption Test Case [published on 15 September](#)
- Court found in favour of arguments advanced by the FCA on the majority of the key issues under consideration
- In many cases cover would be available for losses caused by the COVID-19 pandemic

PPE Update

- The national PPE portal offers free PPE to all registered social care providers
- This is the route for providers to secure what they need – not via the new IPC grant or from local authorities
- Councils will still be expected to supply to non-registered services, e.g. day services and Personal Assistants
- Presents some challenges and new guidance is due soon

PPE - LCC phone line/mailbox reminder

- The Care Provider PPE team mailbox and telephone helpline are now **only** manned between 9 a.m. – 5 p.m. Monday through Friday
- Any requests received after lunchtime on Friday are unlikely to be delivered until Monday morning
- Tel: 0300 123 6786
- CareProviderPPE@lancashire.gov.uk

Lancashire Carers Service

Angela McKeefery

Participation and Engagement Officer

Lancashire Carers Service is commissioned by Lancashire County Council and delivered in partnership by n-compass and Carers Link Lancashire. We operate across the county providing support and information to Adult Carers (18+).



A Carer is someone who provides unpaid, often intensive support to family or friends who could not manage without support. This could be caring for a relative, partner, friend or neighbour who is ill, frail, disabled, or has mental health or substance misuse problems.



What support is available?

- Specialist 1-2-1 and group support
- Magazines twice a year detailing local groups and activities
- Carers Assessments
- Support with planning for contingency or an emergency
- Carers Community Network Platform
- Support to access community and Health and Wellbeing services
- A 24/7 Volunteer manned Carers Help and Talk (CHAT) Line
- Volunteer Befriending and Sitting-In services
- Support for former Carers including volunteering opportunities



Carer's Assessments:

Most Carers have a legal right to a Carers Assessment of their own needs.

A Carers assessment is designed to look at what help Carers provide for the person/people they care for, through their assessment Carers have opportunities to discuss how being a Carer affects them and highlight any support which they may need.



- **An assessment can result in a range of support being offered e.g.**
- Short break services (Respite and Sitting in Service)
- Signposting to relevant support and services e.g. Age UK, Alzheimer's
- Peer support and friendships groups
- Referrals for a Home Fire Safety check
- Benefit checks
- Modifications to the home
- Carers Personal Budget
- POM4C plans

(To access a personal budget Carers need to have a Carer's Assessment. Personal budgets are there to improve Carers' health and wellbeing and to support them in their caring role. Eligible Carers have been provided a personal budget to spend on things such as a break away, gym or sports club membership, relaxation treatments, a washing machine or a computer.)

A carers assessment can be carried out by Social Services, LCFT Care Coordinators and Lancashire Carers Service.

- Since Covid-19, referrals to our service have significantly decreased.
- We usually receive many self-referrals from Carers who see our marketing materials in community venues i.e. GP Practices, hospitals, community centres, shops, places of worship etc., or who hear about us through word of mouth. With people staying at home, rightly so, Carers are not self-referring to our service.
- We also usually receive many third party referrals from professionals and organisations i.e. GP's, Social Workers, Community Connectors, Care Navigators, other Charities etc. With people having less contact with services we are not receiving many third party referrals. So we are trying to reach as many people as we can to promote that we are still operating a full service and are welcoming new referrals



- Our Service Offer remains the same with a few changes in terms of our delivery arrangements.
- All referrals will be contacted by our Service Access team who will establish what support the Carer needs.
- If this includes a Carers Assessment then this will be carried out by telephone, rather than a face to face meeting.
- Our Peer Support is currently being carried out on line, rather than in the community. We will re-commence this element fully back in the community when it is prudent and appropriate to do so.

n|compass northwest
looking towards a brighter future

 **Carers Link**
Lancashire
IMPROVING LIFE FOR CARERS

Lancashire
County Council 

Lancashire
County Council 

Referral pathway:

By telephone

0345 688 7113

By e-mail

enquiries@lancscarers.co.uk



Carers Count: Lancashire Carers Advocacy Service

**Presentation by
Lynsey Postlethwaite
Service Manager**

Hospital Discharge Service: National Policy and Operating Model

Sue Lott – Head of Service
Adult Social Care (Community North, County Acute & Prisons)

Hospital Discharge Guidance – 19th March 2020

- During the pandemic, National Hospital Discharge Guidance was first issued on the 19th March, setting out that people who no longer needed a hospital bed would need to be discharged within 2 hours of that decision being made.
- 4 'discharge pathways' were to be in place:
 - Pathway '0' – 50% of people, simple discharge, no formal input from health or social care needed once home
 - Pathway '1' – 45% of people, able to return home and recover with help from health and/or social care
 - Pathway '2' – 4% of people, rehab or short term care in a bed based setting
 - Pathway '3' – 1% of people, there has been a life changing event, home is not an option at the point of discharge
- The hospital arrangements were put in place at that time to free up at least 15,000 beds nationally within 10 days, and then to maintain the availability of hospital capacity throughout the pandemic.
- As part of the national guidance, CHC was also paused, with assessments to take place at some point in the future
- People discharged during this period, and also those people who needed new or additional support in the community to avoid a potential hospital admission, were funded via Government monies accessed through the NHS.

Hospital Discharge Guidance – 21st August 2020

- Updated guidance was published on 21st August 2020, and set out:
 - The 'discharge to assess' model will continue until at least the end of March 2021
 - The current arrangements around funding for those people covered by the previous guidance would cease as at 31st August
 - New funding arrangements would commence from 1st September 2020, using a national mandated Discharge to Assess model where people being discharged after this date through pathways 1-3 will be funded for up to 6 weeks during which time their assessment must take place, and people in the community who need new or additional support to avoid admission would receive up to 48hrs of fully funded support
 - NHS Continuing Health Care assessments will recommence from 1st September 2020 (but should take place in community settings, NOT in hospital)
 - The operating model is expected to be in place 7 days a week 8am-8pm
- As with the first set of guidance in March, Delayed Transfers of Care (DToC) is not measured and reported on, and the discharge operating model does not apply to people being discharged from Acute Mental Health wards.

Lessons Learned

- Whilst there have been some really positive aspects of the implementation of the original March guidance such as the removal of funding disputes, and faster discharges for people who don't need to be in the hospital, there have also been some challenges and issues. These include:
 - Rapid discharge does not always equal the right pathway or the right outcome
 - Higher numbers of people have been discharged into bed based services than usual
 - Legal compliance
 - Provider payments
 - Information sharing and accuracy
 - Communication with service users, carers and relatives
- The updated guidance takes account of some of these issues and builds in improved processes, however we will need to ensure locally that our operating model closely follows the guidance and takes into account both gaps and best practice
- ICS Hospital Discharge Task and Finish Group – work up standardised processes, principles and procedures across Lancashire and South Cumbria

What's In The Guidance

- Decision making around ready for discharge in the national model is based on a 'criteria to reside' ie the only people who should be in hospital on any day are those people who have a clinical need for a hospital bed
- The original 2hr discharge window has been amended to 'same day', and the policy recognises that planning for some people with very complex needs may take slightly longer
- No-one should now be discharged directly from hospital to a Care Home without the involvement of Social Care
- People being discharged into Care Homes must have a COVID test prior to discharge, and where the results are still awaited they should only be discharged into the identified Care Home if the provider indicates they can safely isolate the person. If this is not possible, somewhere else for the person to undertake the isolation period needs to be sourced by the Local Authority
- The discharge to assess pathways are to support people to maximise their independence and remain in their own home for as long as possible
- The MCA still applies in relation to discharge and discharge planning
- The discharge to assess pathways also apply to people who are at the end of their life
- People being discharged will receive up to 6 weeks of free care, and their Care Act and/or CHC eligibility assessment should take place within that time. This does not affect the current arrangements for people who move through intermediate care services and need longer than this to achieve their maximum level of independence

Specific Actions for Care Providers

Within the guidance is a section setting out specific actions for Care Providers, which include:

- Care providers are requested to identify capacity to the Local Authorities - eg *Care Capacity Tracker*
- Ensure robust contingency / business continuity plans are in place and implemented as required
- Care Home Providers should ensure the isolation of people transferred from hospital settings in line with infection prevention guidance, and be familiar with alerting mechanisms to local Health Protection Teams in the event of positive COVID-19 test results
- Homecare Providers should ensure they have plans in place regarding COVID-19 testing in relation to workforce
- If providing rehabilitation or reablement, monitor and share the effectiveness

Reviews of People in 'Scheme 1'

- People who have been fully funded from 19th March – 31st August are classed as being in 'scheme 1' (people from the 1st September onwards are classed as 'scheme 2').
- We are working closely with the NHS to get a view of the total number of people who are in this category, and therefore the number of assessments/reviews that will need to take place prior to the 31st March. Potentially upwards of 1700 people
- This work is inter-linked with the resumption of CHC procedures, and there are also a number of people who were in the CHC process prior to 19th March and had their assessments for CHC paused. These assessments will now be resumed
- Significant work underway across health and social care to agree the joint protocols and processes to undertake these reviews and assessments, not yet fully established
- Will work with Providers to understand the number of people in scheme 1 in your particular service, and how best to undertake the assessments and reviews, including minimising visits/number of professionals into Care Homes
- Communications are being worked up that will set out for service users, carers/relatives and Providers the financial information needed, the process that will be followed and what happens next.

Guidance, training, research and other resources (Kieran Curran)

New National Guidance

- [Local COVID-19 outbreaks: lessons learnt and good practice](#) - Stocktake from the Leicester City/Leicestershire surge in COVID-19 cases, identifying key messages for public agencies. Published on 14th September.
- [Coronavirus \(COVID-19\): testing guidance for employers](#) - Some employers and third-party healthcare providers may want to introduce their own internal testing programmes outside of the NHS Test and Trace service. This guidance will help them ensure that their testing programmes are as reliable and effective as possible. Published on 10th September.

New National Guidance

COVID-19: long-term health effects

Provides information on the health problems reported in COVID-19 cases following acute disease and guidance for professionals on how to advise recovering COVID-19 patients. Published on 7th September.

Updated Guidance

Mental Capacity Act and deprivation of liberty safeguards (DoLS) during the coronavirus pandemic: additional guidance updated 7th September

NW ADASS BAME Risk Toolkit

- [NW ADASS have developed a practical toolkit for managers](#) working in any adult social care environment.
- It provides practical advice and guidance to organisations on risk assessing staff from Black, Asian, and Minority Ethnic (BAME) backgrounds, and identifying appropriate mitigations.

NW ADASS Call for Evidence Member led Coronavirus Commission

- To investigate the impact of Covid-19 on adults, families and communities and what this says about the role communities play in supporting people to live independently at home
- Providers can submit stories to nwadass@nwemployers.org.uk to inform Commission listening sessions in October and November
- [More details on the NW ADASS website](#)

All new and updated national
adult social care guidance
available on the Portal under:
Government, NHS and NW
ADASS advice and guidance

Getting involved in clinical research and trials

- The Clinical Research Network North West Coast (part of the National Institute for Health Research) is launching an initiative called **Enabling Research in Care Homes (ENRICH)** to inform and support Care Home staff about research & how they can contribute to research.
- The network needs Care Homes to participate in two major ongoing studies:
- Vivaldi study: looking at immunity of residents/staff
- The Principle Trial which is offering several treatment options for Covid-19.
- If you would like further information please contact Jill Simpson, Research Operations Manager NIHR Clinical Research Network, jillian.simpson@nihr.ac.uk

[Further information is available on the ENRICH website](#)

The Resilience Hub

- A new resource from LSCFT (NHS) to offer a single access point for psychological support
- Available to the care workforce and their families affected by Covid-19. Identifies the best response to address needs and offers 1-1 or group interventions

If your organisation has staff members who require immediate support then please contact lschub@lancashirecare.nhs.uk and the team will work with individuals to provide an offer of support.

Managing Restrictions under COVID -19

Task & Finish Group Update

- **Purpose:** To inform local guidance and make recommendations to the LRF about managing restrictions under COVID-19
- **6 work streams** – various stages of progress
- **Cross – cutting work stream:** People accessing the community but who have cognitive impairment and/ or behavioural issues / concomitant physical health conditions. **Paper with recommendations to LRF to be sent to out to providers for feedback - please look out for this!**

Managing Restrictions under COVID -19

Task & Finish Group Update

- **Work stream 5: Residential care settings.** First meeting held - lots of creative ideas examples of good practice around visiting.
- **Next Work stream 5 meeting Tues 29th Oct 10 am**
- **Adam Purnell** leading this work stream - **please send examples of good practice, ideas, questions, concerns** to: adam.purnell@nhs.net (Kepplegate Care Services & [John's Campaign](#) Ambassador)
- **To be involved** in the T & F group please contact cate.short@lancashire.gov.uk

Social Care Workforce Forum

7th October 2020



Healthier Lancashire and South Cumbria ICS and Lancashire Skills and Employment Hub invite you to an event to share and discuss ideas to enable the development and support of your workforce:

Social Care Workforce Forum 2020

- **Wednesday 7th October 2020 2-4 p.m.**
 - *Virtual Event*
- **To book your place please register here:**
- **https://scwf2020_registration.eventbrite.co.uk**

Next Steps

- Fortnightly newsletter
- Regular Portal updates
- Fortnightly Friday webinar

Next webinar is **Friday 2 October, 1 p.m.**
(joining instructions to follow)