Leicestershire County Council

HEALTH AND WELLBEING BOARD – 26 NOVEMBER 2020

CORONAVIRUS (COVID-19) IMPACT AND RESPONSE OF THE LOCAL CARE SYSTEM

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of the Report

1. This report advises the Health and Wellbeing Board on the impact of the Coronavirus (COVID-19) within the County and the response of the County Council and the local care system.

Recommendations

2. The Health and Wellbeing Board is asked to note the report.

Background

3. Coronaviruses are a family of viruses common across the world in animals and humans. Covid-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans and began in Wuhan Province in China in December 2019. The first case in Leicestershire was reported on March 6th with cases reaching a first peak in mid-April.

Local Infection Rates

4. Figures as at the 16 November show rates across Leicestershire in excess of 320/100,000 population which is higher than the national average and appears to be increasing more quickly than the national rate. Rates across the County in the 17-21's are significantly higher than the national average. These, most recent, increases may be a result of a 'last hurrah' before lockdown, although this does not explain why Leicestershire has been disproportionately affected.

5. The age distribution of cases has shown a rise in cases in middle and older age groups. This has led to an inevitable rise in hospital admissions, with admissions to UHL now at, and beyond, that seen in the peak of the first wave.

Testing

6. Following a productive meeting with the Department for Health and Social Care, lateral flow test kits will be supplied to Leicestershire. The Council will be able to hold a stock of kits and order additional tests, as needed, up to a

maximum of 80,000 per week. The lateral flow kits are designed for use in asymptomatic testing. The Council is developing a plan to deploy them, likely uses include mass testing in defined areas (eg. those wards associated with the highest rate of cases), to support care home visiting policies or in outbreak situations such a workplaces requiring whole workforce testing.

7. Additionally, the Council is working with district councils to increase the number of testing sites across the County.

Health and Social Care Impact and response

Health

8. The NHS returned to Level 4 escalation on November 5th 2020 as a result of increased COVID demand on all parts of the NHS system. Local, regional and national incident coordination centres have been re-established, operating 12 hours a day across 7 days a week.

9. This second wave of COVID comes at a time where the NHS and care system would usually already be under pressure due to increases as a result of seasonal illness. As well as this, the NHS is preparing for a series of additional pressures:

    - EU exit, working with the Local Resilience Forum on these plans;
    - Implementation of a mass COVID vaccination programme through our General Practice and other healthcare providers

10. Given these pressures, the local health and care system has strengthened the Operational Pressures & Escalation Level (OPEL) reporting function with joint system level decisions on when and what levels of NHS activity should be reduced or altered to keep patients and staff safe. These will be clinically driven, with the focus on keeping as many services running across primary, secondary and community care as possible.

11. Lessons learned through the first wave have been analysed with changes made to our second wave response. One area of worry locally has been the availability of primary care services, both in terms of appointment and service availability. Local data has been analysed with appointments data showing that 106% of appointments were available in October 2020 when compared to March 2020. A communications strategy has been launched across LLR highlighting that General Practice is open and the model of care has changed to ensure the safety of patients requiring services and staff delivering them.

12. This work continues to be coordinated across Health and Care services via the Health Economy Strategic Coordination group (HESCG) and the Health Economy Tactical Coordination group (HETCG). These groups, and the individual cells reporting to them, have met at least weekly since the pandemic began and continues to do so as the system heads into what is predicted to be a difficult winter period.

Ongoing Incident Management

13. As of 16 November 2020, the UK COVID-19 Alert level remained at 'Very High' and until December 2nd, Leicester, Leicestershire & Rutland are included within the national lockdown. From the outset of COVID-19, full health and local authority arrangements for incident management have been maintained. This process has ensured that the NHS is in a strong position to respond to changes in the prevalence of COVID-19 and the impact on NHS services. The now established and effective joint working (particularly between health and social care), has supported more holistic approaches to decision– enabling rapid action to be taken to resolve problems, and in many cases creative solutions to long-standing challenges.

14. The NHS will continue to work closely with local authority and learn lessons from the first wave of COVID-19, as collectively the health economy responds to the second peak. Close working with public health colleagues is essential to understand the prevalence of COVID-19 and the potential for further 'local hotspots.

15. This close working will include surge exercises to test the system ability to manage different scenarios over the coming month and application of the agreed LRF winter plan.

16. Underpinning everything is the infection, prevention and control (IPC) position of NHS England, which aims to ensure that no patient or staff member should catch COVID-19 in NHS healthcare facilities.

17. Like the general population, the NHS will be operating in a world with COVID-19 for the foreseeable future.

18. For patients there are now requirements when attending hospital sites to wear face coverings. Visiting restrictions remain in place, and will be continually reviewed. NHS Trusts fully acknowledge the difficulties and distress this has caused but we need to continue to protect patients and the public.

19. All sites are undertaking risk assessments and audits to ensure they meet the rigorous standards for infection control and social distancing.

PPE

20. In the first wave of COVID-19, the NHS in LLR faced challenges with the availability of PPE (as was the case nationally). At times stocks of items ran low and it took time before the supply process worked effectively. For the second wave, robust process are in place to ensure that PPE is no longer a challenge

Service recovery and restoration

21. Following on from the first wave, the NHS focus turned to restoring/recovering elective services. This process looked to recover activity to pre COVID-19 levels and address the impact of the action taken to manage the first wave (including the cancellation of non-elective treatments and procedures).

22. Throughout July-September, a process titled Phase 3 Restoration/Recovery took place with a focus on the safe 'restarting' of services stood down or reduced during the initial phase.

23. By the end of November 2020 the LLR system is planning to restore services to between 75-87% of pre COVID-19 levels of acute hospital elective activity across inpatient & day case elective services.

24. In line with the aim that no patient or staff member will catch COVID-19 in our hospitals, the following are key areas of action and priorities during the Phase 3 Restoration/Recovery process:

- COVID-19 treatment capacity: maintaining critical care infrastructure (workforce, estates, supply, medicines) that enables readiness for future COVID-19 demand, and managing the separation of COVID-19 and non-COVID-19 patients.
- Re-starting non COVID-19 urgent primary care services, including cancer screening and immunisations, identifying the highest risk services that have had the most impact in terms of population health. This includes recovering acute service waiting lists and delayed referrals.
- Services have been prioritised including cancer, maternity, cardiovascular disease, heart attacks and strokes, mental health. There has clearly been an increase in the number and length of time people are waiting and the system is building a complete picture of the impact of this as an anticipated increase in GP referrals takes place.
- Addressing new priorities: the impact of COVID-19 on public health including identifying additional needs due to the pandemic and considering health inequalities. This specifically includes responding to the clear evidence to have emerged on the disproportionate impact of COVID-19 on the BAME community. We also anticipate increased demand for mental health services and support due to the economic consequences of COVID-19 such as increased unemployment for example.
- Staff capacity and wellbeing: including capitalising on new ways of working, considering staffing ratios and moving the current expanded workforce to a sustainable footing.
- Working jointly with LRF partners through the Health and Wellbeing Board. Using national resources (wellbeing apps) and support for resilience and counselling.
- Working closely with BAME colleagues within the NHS workforce to ensure we understand their concerns and respond to them. BAME colleagues must have the reassurance and confidence to feel safe carrying out their work. A programme of risk assessments and listening

exercises has been undertaken and through the HWB specific resources have been developed for BAME staff.

Social Care Impact on services

25. In response to the pandemic and in accordance with legislative changes and government guidance for local authorities, Adult Social Care services have been reviewed and amended to enable continued service delivery.

26. This involves planning and actions in place to embed new ways of working, enacted during this phase of the emergency, to restore prior services where appropriate, and to future proof service delivery where this can benefit both people who use our services and staff.

27. The department continues to monitor the recovery phases and agree actions where recovery needs to be paused or reverted due to rises in infection rates and restrictions in place.

28. Continued enhanced support for care homes and domiciliary care providers is in place to provide advice and information, financial and practical support where appropriate. Fortnightly provider forums are held, and weekly bulletins issued to keep communication live and up to date, and to ensure the Authority is sighted on issues of key concern to providers. Providers are experiencing a range of challenges including managing infection prevention and control, workforce availability, and financial viability.

29. There is very limited availability of care home beds for people who have a positive test result or who may be Covid-19 positive. Care homes may not accept such placements for a range of reasons, including infection risks to existing residents, insurance conditions, inability to attract adequate staffing, and perceived reputational risk.

30. Work is taking place with partners to commission designated Covid-19 positive capacity as required across Leicester, Leicestershire and Rutland. The authority has tried to identify ‘Designated Settings’ which are subject to additional Care Quality Commission inspection where Covid-19 positive admissions will be accepted, however there are no care providers in the County who are able and willing to undertake this role.

31. Community and day services, and short breaks building-based services, were closed or significantly reduced during the earlier months of the pandemic because of social distancing and infection control measures, but services are being provided where needed in people’s homes and to support access to some daily community activity and virtual support. Recovery plans and individual risk assessments are underway to allow safe access for people to services where appropriate to reduce carer stress and manage risk of further escalation, to date 60% of people have returned to day services. However, the second wave of national restrictions, and some localised infections with the consequent impact on workforce, are resulting in some services closing temporarily again.

32. Hospital discharge continues to be a significant area of focus, and particularly so in the face of the second wave of the pandemic. Discharge pathways continue to evolve in response to the changes to national guidance, local experience and data and in preparation for the winter period. Leicestershire is one of eight areas nationally working with Professor John Bolton of the Institute for Personal Care, to understand demand and capacity, and identify and develop ideal discharge pathways.

33. The Home First pathway continues to be utilised to support timely discharge focusing primarily on discharging patients back home and supporting them while assessment takes place. Capacity to support rapid discharges remains problematic with vacancy rates rising and staff unavailability due to Covid-19 restrictions. Recruitment and retention plans are in place to address this in partnership with Leicestershire Partnership NHS Trust.

34. The Home First pathway is currently reliant upon temporary funding sources being supported by the Better Care Fund, non-recurrent Ageing Well funding and a transfer of internal social care resources.

35. The new Hospital Discharge guidance supports the Home First principles and makes clear that this should be resourced effectively to enable Discharge to Assess at home as the default option.

36. The Leicestershire place based health and care system will need to ensure that appropriate and effective jointly commissioned support is available to fulfil this requirement in the longer term.

37. People who have received post-discharge support in the emergency period (19 March-31 August 2020) remain Covid-19 funded. Reviews are underway to ensure that people are in the most appropriate setting for recovery and that their support is maximising their opportunity for increased independence. Those that are not eligible for continued health funding following review will transfer to the appropriate funding stream with a deadline of 31 March 2021 to complete this backlog. There are approximately 1,500 Covid-19 reviews to complete.

38. Transition of the hospital discharge emergency support packages to the appropriate funding authority will need to be carefully managed to ensure that people have the right level of care post recovery and that they receive a financial assessment for ongoing social care support to agree their contribution to the costs. People will have been in receipt of free services for an extended period including those who would normally pay the full cost of their services.

39. Most staff continue to work from home, with limited office-based activity based on individual risk assessments and service priorities. Face to face visits have resumed where essential with Personal Protective Equipment (PPE) as needed.

40. It is acknowledged that the impact of Covid-19 restrictions over a longer period will provide serious challenges to staff wellbeing, moral and retention of staff. Tools and risk assessments are in place to support individuals and staff teams.

41. Digital solutions will be the first point of call where they can be effectively utilised to prevent, reduce, and delay people's pathways into social care, or where they can be effectively utilised to meet care needs. Working processes should prioritise digital solutions where they save staff time and money, and service user records and data will be fully integrated with health as part of the place-based approach.

42. Maximising use of digital solutions across the care landscape will present a range of cultural challenges for staff and service users. The pandemic has created a focus on the advanced use of technology and this will be developed strategically with key stakeholders.

Adult Social Care Finance

43. There has been a significant financial impact on adult social care which could be potentially in the region of £13.5m. The Adults and Communities Department is, as a result, forecasting an overspend against budget in 2020/21 The continued Covid-19 demands look likely to extend beyond this financial year particularly now that infections rates increase, and restrictions are reinstated.

44. During the first wave of the pandemic care providers were supported with around £3m for additional costs being incurred and £11m in an advance payment to support business cashflow.

45. In September, the Adult Social Care Winter Plan was published which included a second tranche of Infection Control Fund. This fund will support social care providers up until 31 March 2021, by which time £13m will have been paid to providers in Leicestershire. This together with access to free PPE provides the care sector with additional resources for the remainder of this financial year.

46. There remains a level of uncertainty in financial forecasting due to changes in national guidance, changes to national funding allocations and changes in the level of demand for services. Further data is required to understand the full impact of the Discharge to Assess funding, however it is estimated that in Leicestershire £15m may be required in 2021. In addition, loss of income is estimated to be in the region of £8m and PPE costs could be £0.5m.

47. From the 1 September 2020, the Continuing Healthcare assessments have been reinstated. The risk of increased health and social care long-term funding, if not carefully managed with joint agreement, is significant. Weekly planning meetings with partners have been set up to oversee this process and ensure that the back log is completed by 31 March 2021.

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Equalities and Human Rights Implications

48. There are no equalities or human rights implications arising directly from the recommendations in this report.

49. The pandemic of the covid-19 virus has required the Council and other partners to be flexible and responsive in the way in which it delivers its services and performs its functions. The Council's Corporate Equalities Board, together with Departmental Equality Groups will play a key role in monitoring the impact of any changes.