CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 10 July 2020

From: Executive Director – People, Cumbria County Council
Chief Operating Officer – North Cumbria Clinical Commissioning Group
Chief Officer - NHS Morecambe Bay Clinical Commissioning Group

COVID 19: UPDATE ON CUMBRIA RESPONSE

1.0 EXECUTIVE SUMMARY

1.1 ***This Paper sets out the work that has been undertaken by partners to respond to the Covid 19 Pandemic.***

2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY

2.1 The Health and Wellbeing Board exists to provide strategic leadership and promote closer integration of health and care, through partners working together to ensure that everyone in Cumbria is able to benefit from improvements in health and wellbeing.

2.2 The Board has a responsibility to ensure a collective awareness of the major changes, pressures and risks across health and wellbeing services and provide opportunity to review, comment and consider the opportunities for collaborative approaches to address or manage these.

2.3 The Board is responsible for providing a structure for strategic local planning and accountability of health and wellbeing related services across a range of sectors and providers and for providing County-wide strategic leadership to public health, NHS, adults social care, children's social care and other relevant local authority commissioning - acting as a focal point for determining and agreeing health and wellbeing priorities and outcomes.

3.0 RECOMMENDATION

3.1 ***That the board notes that the work has been undertaken across partners in Cumbria to respond to the Covid pandemic.***

4.0 BACKGROUND

4.1 COVID-19 is an infectious respiratory disease caused by a newly discovered coronavirus, first identified in China in December 2019. On 30th January 2020, the NHS had declared a Level 4 National Incident (its most severe incident level). On 31st January 2020, England's Chief Medical Officer confirmed the first cases of COVID-19 in England. Over the following months, a wide-ranging response to COVID-19, was mobilised covering health, social care and other public services, and support to individuals and businesses affected by the pandemic.

5.0 IMPACT ON CUMBRIA

5.1 The first confirmed positive case of Covid-19 in Cumbria was notified on 3 March 2020, with the number of cases rising rapidly from that point, and the first death in the County sadly came on 18 March.

5.2 In the three months to 3 June 2020, there have been 399 deaths ascribed to Covid-19 registered in Cumbria. Mortality peaked in mid-April and has been declining since, with a smaller second peak in early May, mainly associated with outbreaks in care homes. To put these figures in context, this is more than twice the number of deaths than in the worst flu seasons over the last 50 years. This is despite the impacts of "lockdown" in rapidly reducing the spread of the virus and bringing the death rate to a peak much earlier, and at a much lower level, than might have been expected otherwise.

5.3 On 2 June, Public Health England released Age Standardised Mortality Rates for upper tier local authorities. These are death rates that have been adjusted to take account of the age structure of the population. This is crucial in understanding the impact of the epidemic at a local level. Covid-19 very disproportionately affects older age groups – and as such, County's such as Cumbria that have an older population on average would be expected to have a higher crude death rate. As at 13 May (the latest age standardised data available) the rates were as follows:

	Males		**Females**	
	Deaths	**Rate**	**Deaths**	**Rate**
England	17,597	76.1	12,075	38.8
North West	2,735	91.2	1,949	48.0
Cumbria	188	70.1	138	38.6

5.4 From these figures, it can be seen that when the age structure of the population is taken into account, Cumbria's overall death rate is slightly below the national average.

5.5 All-cause mortality rates (including deaths from Covid-19) are currently returned to the levels that would be expected in a normal year.

5.6 It is important to note that the epidemic is not over. The virus is still circulating in the community, and the gradual release of the lockdown measures is a very risky time in the progress of the epidemic. If physical distancing measures break down too fast, there is a very real risk of local outbreaks that end up merging into a generalised second wave of infections. As lockdown measures are eased, it is therefore important both for the public to continue to observe the physical distancing guidelines that remain in place, and for local public health agencies to be able to identify and respond quickly to cases and outbreaks that emerge.

6.0 RESPONSE

6.1 Under the Civil Contingencies Act, the Cumbria Strategic Co-ordinating Group (SCG) was formed on the 4th of March. This group is responsible to co-ordinating the multi-agency response to the outbreak. A major incident was declared on 11 March. For the period 4 March to 20 March the County Council, through the Director of Public Health, chaired the SCG and from that date the SCG has been chaired by Assistant Chief Constable of Cumbria Constabulary.

6.2 The NHS also has national and regional incident response structures which were activated when the NHS had declared a Level 4 National Incident.

6.3 Under the SCG structures a large number of areas of activity were undertaken. However for Health and Care the SCG and NHS incident response structures worked together to minimise the impact of the pandemic and work was undertaken across a number of domains. These included:

- Acute Capacity
- Revised ways of working
- Testing
- Supporting vulnerable people in the community
- Supporting Care Homes
- Public Health
- Personal Protective Equipment

6.4 As the pandemic progressed, the emphasis between these areas of activity shifted.

7.0 ACUTE CAPACITY

7.1 In the early stages of the pandemic one of the overriding considerations was the impact that a large number of Covid cases would have on NHS acute services. There was a fear that the NHS would be overwhelmed - leading to Covid and non-Covid patients being unable to be treated - resulting is an increase in negative outcomes.

7.2 To counter this, on 17 March the NHS set out a range of measures to prepare for the COVID-19 outbreak. The letter from the NHS England chief executive and chief operating officer set out measures to redirect staff and resources to meet a surge in patients with COVID-19, based on a 'reasonable worst-case' scenario by the Scientific Advisory Group for Emergencies (SAGE). Specific measures included maximising hospital capacity; increasing respiratory support; and increasing staff numbers.

Figure 5

Priority actions for NHS trusts and other bodies set out in 17 March letter from NHS chief executive and chief operating officer

NHS trusts and other bodies were asked to undertake measures in six main areas

Priority action	Specific measures
Free up maximum possible inpatient and critical care capacity	Postpone all non-urgent elective operations from 15 April at the latest, for a period of at least three months
	Urgently discharge all hospital patients who are medically fit to leave
	Block-buy capacity in independent hospitals
	Free up community and hospital intermediate care beds
Prepare for, and respond to, large numbers of inpatients requiring respiratory support	Secure a step-change in oxygen supply and distribution to hospitals
	Nationally procure assisted respiratory support capacity, particularly mechanical ventilators
	Resolve local distribution issues around Personal Protective Equipment (PPE)
	Provide refresher training to all clinical and patient-facing staff supporting patients with respiratory needs
	Segregate all patients with respiratory problems
Support staff and maximise staff availability	Support staff to stay well and at work
	Establish targeted testing for symptomatic NHS staff
	Make adjustments for remote working or to move staff to lower-risk areas
	Support provision of telephone-based or digital/video-based consultation and advice
	Ask clinicians relinquishing their licence to practice within the previous three years if they would be willing to return
	Deploy medical and nursing students and clinical academics
	Ask all appropriately registered nurses, midwives and allied health professionals currently in non-patient-facing roles to support direct clinical practice
Support the government's wider population measures	Support older and vulnerable people
	Roll out remote GP consultations via video, telephone, email or text services
	Identify and contact patients in the highest-risk groups to offer enhanced support
Stress-test operational readiness	Check business continuity plans and review latest standard operating procedures
	Trust Incident Management Teams to be stood up in all organisations to receive and cascade guidance and information
	Participate in a systems-wide stress-testing exercise
Remove routine burdens	Cancel all routine Care Quality Commission inspections
	Ensure that emergency legislation provides wide regulatory cover for staff and institutions
	Review and temporarily suspend certain requirements on GP practices and community pharmacists
	Defer publication of the NHS People Plan and the Clinical Review of Standards
	Move to block contract payments for all NHS trusts and foundation trusts
	Provide additional funding to cover the extra costs of responding to the COVID-19 emergency

Source: National Audit Office summary of NHS letter from Sir Simon Stevens and Amanda Pritchard, dated 17 March 2020

7.3 On the 19th March, the Government and NHS England issues guidance on Hospital Discharge Service Requirements for all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England. With a requirement to adhere to the guidance from Thursday 19th March 2020. It

also set out requirements around discharge for health and social care commissioners (including Clinical Commissioning Groups and local authorities).

7.4 In response to this guidance a number of actions were taken in Cumbria to ensure that there was sufficient bed capacity and additional support to deal with the anticipated surge. These included

- The postponement of elective services wherever possible – as a result elective activity fell by 80% in Morecambe Bay in April 2020 when compared to April 2019, but with some recovery subsequently, in North Cumbria elective operations were at 50% of planned activity in May and 80% in June
- Revised Discharge arrangements. As per the 19th March guidance, the NHS and Social Care worked together to ensure that effective and timely discharge processes were in place to maximise flow through the hospital system. This included ensuring that discharge was possible 7 days a week from 8am to 8pm.
- An increase in Intensive Treatment Unit capacity: in Morecambe Bay an increase from 14 to 40 (which included use of theatres) and in North Cumbria an increase from 12 to 30, with contingency plans for a fourfold increase for both Trusts.
- Increase in availability of respiratory support capacity
- Nationally, the NHS additionally increased capacity through a deal to access up to 8,000 beds in independent hospitals, and by establishing temporary Nightingale hospitals, although use of these was limited.
- Locally, under the direction of the Cumbria Strategic Co-ordinating Group (SCG) 5 recovery centres were developed across Cumbria, as a precaution in case beds in the acute trusts reached full capacity. Due to the positive impact of 'lockdown', these facilities were never needed or used.

7.5 Between mid-March and mid-April, this joint work increased available bed capacity for COVID-19 patients in NHS trusts in Cumbria, meaning that the number of patients never exceeded the number of available beds.

7.6 In addition to these planned changes, which were designed to maximise acute capacity, there was also changes to health seeking behaviours. This resulted in a reduction of attendance at Accident and Emergency Departments and Non-Elective Admissions. For example, For example, April 2020 saw less than half of the A&E attendances compared to April 2019 across Cumbria, most notably for people who self-present rather than ambulance conveyance. In parts of the NHS where demand was lower, it is not yet known to what extent this will cause more patients to present, potentially with more acute problems, in future.

8.0 REVISED WAYS OF WORKING

8.1 As well as having an impact on Acute Trusts, Covid 19 has had a major impact on the way in which health and care services operate. The requirements around social distancing and infection prevention and control had a major impact on the way in which services were delivered. In addition, the demand for services shifted with changes in health seeking behaviours and people's expectations about how services would be delivered.

8.2 Adult Social Care

8.2.1 The Department of Health and Social Care published its action plan for adult social care on 15 April. The Department's action plan for adult social care set out priority actions to control the spread of the infection; to support the care workforce, local authorities and care providers; and to support independence

Figure 6

Summary of adult social care action plan published 15 April 2020

The Department of Health & Social Care set out measures in four key areas

Priority action	Specific measures
Controlling the spread of infection in care settings	Published a range of guidance
	Help supply Personal Protective Equipment (PPE) to providers
	Isolate people with COVID-19 and consider moving people to different locations
	Test all symptomatic residents in care homes
	Test all residents prior to admission into care homes
Supporting the workforce	Capacity available for every social care worker who has symptoms consistent with COVID-19, to be tested
	Ambition to attract 20,000 people into social care jobs over the following three months
	Support for members of regulated professions to return to work
	Publish more detailed guidance about the use of volunteers in social care
Supporting independence, supporting people at the end of their lives and responding to individual needs	Publish guidance for those (both social care providers and family carers) caring for people with a learning disability and autistic adults
	Share best practice on end-of-life visits
	Clarify that local authorities should only take a decision to begin exercising the Care Act easements when necessary
Supporting local authorities and the providers of care	Ask local authorities to provide information about the distribution of additional funding to providers
	Daily tracker in place with information on bed capacity, workforce absences, PPE levels, and overall risks in care homes
	Note that the Care Quality Commission was developing a tool for home care providers

Source: National Audit Office summary of Department of Health & Social Care, *COVID-19: our action plan for adult social care*, 15 April 2020

8.2.2 In Cumbria work had already been undertaken to address these issues. Building on previous relationships and working arrangements, the response across health and social care has been characterised by strong partnership work and system leadership with health including both Clinical Commissioning Groups in Cumbria and Trusts in the County along with NHS England and wider partners.

8.2.3 Our main aim is to continue to deliver essential services, while using the ethical framework published by the Department of Health & Social Care, and the guidance on the Care Act easements, to ensure the needs of individuals are always central to decision-making.

8.2.4 As set out above, at the beginning of the outbreak considerable work was undertaken to support hospital discharge which made a significant contribution to ensuring that hospitals in Cumbria have maintained sufficient acute capacity to care for covid-19 positive patients. To assist with this this Adult social care teams provided a 7-day per week services on extended hours during the peak of the incident.

8.2.5 In addition, because of concerns about the fragility of the care market, across reablement and home care, Cumbria Care moved to supporting on a priority basis whereby service users with high needs continue to be fully supported whereas those with lower needs are being supported in different ways - for example by families or welfare calls and where safe they have been stopped in order to free up capacity initially to support increased discharges from hospital and potentially also to support the fragility of the care market. As the situation in the domiciliary care market improved these arrangements were revised.

8.2.6 In order to ensure that social distancing and infection prevention and control measures were complied with, day care services were safely closed with a number of service users being supported full time in supported living services or with families and support provided to families. Regular weekly calls are made to service users / family members to ensure that they are continually supported. People First Advocacy service is also supporting from an advocacy perspective for those people who require it / live alone etc. As the pandemic progresses these arrangements are being kept under review.

8.2.7 Given these changes to the way services were delivered, Adult Social Care teams worked to quickly respond to any situations where care and support arrangements were disrupted due to fragility in the care sector. This has resulted in Social Work and Occupational Therapy Teams reviewing changes to care packages arising from Covid-19 to ensure people are safe and are in receipt of care and support proportionate to their needs. In addition, communication has gone to all direct payment recipients to inform them where to access up to date information, advice, guidance and support during the Covid-19 outbreak.

8.2.8 The adult social care operations workforce has not been significantly impacted by Covid-19, and has not, unlike some local authorities, found it necessary to enact Care Act “easements”.

8.3 Children’s Social Care

8.3.1 The Covid-19 pandemic fundamentally shifted the way Children’s Services operated, with guidance issued by the Department of Education under the Covid-19 arrangements being implemented.

8.3.2 The approach within children and young people’s services in Cumbria, in line with other local authorities was initially to very quickly undertake risk assessment RAG rating of all children and young people open to services. Clear procedural guidance was developed alongside of this to ensure that practitioners and managers were clear regarding expectations including

maintaining contact, visiting, and management oversight during this period. Many visits to families have been virtual but face to face visits have been made in the family's homes and appropriate PPE has been provided where required.

8.3.3 We have continued to work closely with professional networks including North West Association of Directors of Children's Services NWADCS, Ofsted, and the Principal Social Worker (PSW) Network to source and share best practice to support and inform our approach. The majority of staff have worked at home during this period with a small team of social workers and team manager present in the district offices throughout.

8.3.4 On the 3 April 2020 the DfE published guidance for local authority children's social care departments, to guide appropriate responses to the current challenging pandemic situation which ensure the most vulnerable children and young people continue to be supported and protected.

8.3.5 The guidance details how the DfE recognise that flexibility may be required in maintaining statutory functions, but that this must be done in a manner which keeps the child or young person at the centre of decision making, prioritises those at greatest risk, and with record keeping that provides a clear audit trail of decision making and any deviation from normal practices.

8.3.6 We have followed this guidance throughout and ensured we continue to take robust steps to ensure that we continue to support and discharge our statutory responsibilities towards vulnerable children and young people in Cumbria.

8.3.7 The DFE updated children's social care guidance on 6 May following the Adoption and Children's (Coronavirus) Regulations coming into effect on 24 April 2020. These regulations temporarily amend 10 sets of regulations, related to children's social care, to provide additional flexibility in meeting statutory obligations whilst maintaining appropriate safeguards. The regulations are in place until 25 September 2020. The Council's position in relation to the flexibilities is that they will only be utilised when absolutely necessary and with appropriate oversight in doing so through the Assistant Director or Executive Director.

8.3.8 In many instances we are not proposing to take up the flexibilities on offer, however a limited number will be used for example the ability to undertake virtual visits (for children we have assessed to be low risk) and hosting meetings virtually rather than face to face.

8.3.9 Additional activities that have been undertaken to support children and families during this period have included:

- Continuing to focus on protecting vulnerable children in the wider community and ensuring that those in our care are cared for safely.
- All Children's Social Care teams and the Cumbria Children's Safeguarding Hub remained functional and stable with contact being maintained with children and their families and carers.
- The numbers of vulnerable children who should be attending school provision is continuing to increase gradually. We are retaining contact with the families of those children who are remaining at home.

- Working with colleagues across the County Council and Cumbria's schools to assess which children who are in contact with a social worker require access to a laptop or other item of IT equipment under the DfE scheme that was launched in April, we have just received our first batch of laptops and they are in the process of being distributed to families.
- Worked with partners to redesign our Early Help model to address anticipated increase in demand for early intervention with families suffering from the social impact of the lockdown period.

8.3.10 We continue to place the welfare and wellbeing of our most vulnerable children and young people at the centre of our decision making, and our priority is to ensure we continue to support and discharge our statutory responsibilities towards vulnerable children and young people in Cumbria.

8.4 Primary Care

8.4.1 Like most other health and care services, primary has seen a dramatic impact from Covid-19. Key features of the response in Cumbria have been:

- Implementation of Total Triage Systems which see each practice review every patient request for care prior to any face to face contacts
- A significant move to telephone or online consultations with a significant fall in face to face consultations.
- In urban areas, such as Barrow and Kendal, there was also a move to establish red hubs for the treatment of Covid patients with other practices seeing non-Covid patients. These were supported by the practices in the area and show the strength of the emerging Primary Care Networks. Red hubs were not established across the whole of South Cumbria as they were not practical in rural areas such as Sedbergh, Kirkby Lonsdale etc; but there were adaptations where it made sense – for example, Ulverston Health Centre used two extra rooms to allow separate access for 'red' patients.
- In North Cumbria each Primary Care Network established a dedicated Red Hub serving the whole PCN
- General practice has also provided enhance support to care homes including through the formal establishment of care home support teams with designated PCN leads.
- Provided additional visiting capacity for shielding patients
- Implementation of remote and home working for shielding staff or those at high risk. Use of digital solutions meant shielding staff could still access their primary care systems to continue working remotely wherever possible.
- General practice, like most other health and care services also worked bank holidays given the importance of continued working at Easter and the Early May Bank Holiday.

8.4.2 Although there was initially a reduction in contact with general practice in the early days of the 'lockdown', this is now changing dramatically and there is a significant increase in general practice workload. However, a return to delivery of 'full' services in time for winter will be extremely challenging given constraints in staffing levels/workforce (especially with continued shielding

for some staff), infection prevention/social distancing rules (such as donning PPE) and limitations in estate capacity. There are practices at the moment working at between 40-80% of usual capacity.

8.5 Mental Health

8.5.1 Following the declaration of the Level 4 incident, mental health services saw a dramatic change in demand profile and made a number of changes to services in our two Mental Health trusts to mitigate.

8.5.2 Emergency planning processes worked well, with a clear plan agreed around which services would be paused, should the crisis deepen. Staff sickness was not as high as initially planned for, allowing the operation of a "business as usual" model, as far as possible, which minimised patient impact. Rapid testing turnaround times for staff, a central staff absence and advice reporting phone line and staff wellbeing support enabled staff to return to work safely and quickly where necessary to minimise patient impact.

8.5.3 Support packages were quickly put in place for our vulnerable patients, including those with learning disabilities. BAME patients and staff were identified and support provided.

8.5.4 Digital technology was embraced with Mental Health seeing patients using telephone of video conferencing facilities in order to ensure ongoing contact and treatment for all but crisis and exceptional care. Consistent with National IAPT guidelines, the service transferred all their delivery of talking therapies to telephone and an online video. The efficacy of this way of working is now being assessed by both patients and clinicians.

8.5.5 As Covid infection rates increased, access to in-patient care was minimised and people were supported in their usual place of residence where able and those in hospital beds were reviewed for earlier discharge as appropriate. In particular, community services were increased to 24 hour, 7 days a week and pathways strengthened to manage the additional demand.

8.5.6 This resulted in an increase in discharges from in-patient beds into more appropriate independent sector rehab placements; as commented on elsewhere, discharges benefitted from good joint working across organisations with rapid decision making and agreement.

8.5.7 In South Cumbria two mental health urgent assessment centres were established at Albert View on the Orchard site in Lancaster for Lancashire and South Lakes patients; and Dova Unit on the Dane Garth site in Barrow for Furness and South Lakes patients in the west of the locality. These were aimed at ensuring rapid assessment and treatment for patients with urgent presentations and to avoid attendances at A&E units where the primary need was mental health.

8.5.8 Changes were also made to inpatient wards, particularly given the risk of infection spread and based on making effective use of staff and resources. In particular, Kentmere ward at Kendal was temporarily closed. Kentmere is a dormitory style ward which posed a high degree of Covid risk and patients were redirected as required to the Dova Unit at Barrow.

8.5.9 Additional temporary treatment and rehabilitation beds were also brought on stream elsewhere in Lancashire to accommodate any Covid increase and to bring forward plans for a wider range of localised services where previously people would have accessed out of their area (these had already been approved as part of plans to reduce out of area placements under the NHS long term plan).

8.5.10 In North Cumbria, additional arrangements were made by North Cumbria CCG to ensure that there was sufficient capacity to respond to any demands arising from Covid. This included

- Amendment to Richmond Fellowship Crisis House (Lowther Street) from 7 day placements to up to 12 weeks
- Commissioned two beds with Northern Healthcare tor step-down placements from inpatient units

8.5.11 As well as working with formal health care a number of other arrangements have been put in place to ensure that the whole system sufficiently supported those in need:

- Keeping People Connected is a project developed by People First to support people with learning disabilities and/or autism who are at risk of social isolation.
- The Lighthouse and The Haven have diversified to provide online crisis support
- The Well communities have established online peer support for individuals with drug and alcohol problems
- There is also a range of third sector support that has been developed and funded via Cumbria Community Foundation including bereavement support (CRUISE), drug and alcohol support(CADAS), advocacy support (People First) etc.

8.5.12 As well as supporting their patients, both Trusts have played a wider role in supported the health and social care system and front line staff across the whole of Cumbria. In particular, a well-received booklet “Wellbeing and mental health during Covid 19: a guide to looking after yourself and others” was distributed, in association with Every Life Matters, to every household in Cumbria. A telephone psychological support line for NHS and care workers across Cumbria has also been put in place by CNTW.

8.5.13 (LSCFT) launched a public facing Mental Health Urgent Response Line that is available 24 hours a day, 7 days a week by calling 0800 953 0110. In addition to this there is a public facing mental health Wellbeing helpline 24 hours for People who would like to chat with someone about their mental health or who are feeling lonely, are encouraged to call the helpline on 0800 915 4640 or text ‘Hello’ to 07860 022 846.

9.0 TESTING

9.1 Under the government’s testing policy, front-line health workers became eligible for COVID-19 testing from the end of March, followed by care workers from mid-April. Testing was one of several actions which aimed to support front-line NHS and social care workers to stay well and at work.

Eligibility for testing changed throughout April 2020. Despite statements in mid-March, limits on testing capacity meant that the initial roll-out to NHS workers (with symptoms) only began from 27 March, with eligibility extended to social care workers (with symptoms) from 15 April. Following on from then eligibility for testing has become more widespread – first to all key workers and then to all adults.

9.2 The government's testing strategy is framed around five pillars:

Pillar 1: Scaling up NHS swab testing for those with a medical need and where possible, the most critical key workers.

Pillar 2: Mass-swab testing for critical key workers in the NHS, social Care and other sectors (including symptomatic children of critical key workers)

Pillar 3: Mass-antibody testing to help determine if people have immunity to coronavirus.

Pillar 4: Surveillance testing to learn more about the disease and help develop new tests and treatments.

Pillar 5: Spearheading a Diagnostic National Effort to build a mass testing capacity at a completely new scale.

9.3 Locally efforts have, during the response phase, been directed towards Pillars 1 and 2. Testing facilities are available through either the national or locally organised schemes in the following locations:

National Testing Centres

Option 1: Newcastle
Option 2: Preston
Option 3: Penrith

Local Testing Centres

Option 1: Flatt Walks, Whitehaven – COVID-19 Red Hub
Option 2: 'Drive-in' centres at the hospital sites at Barrow (Furness General Hospital), Lancaster (Royal Lancaster Infirmary) and Kendal (Westmorland General Hospital)
Option 3: Mobile Testing Centres
Option 4 – Carleton Clinic, Carlisle

9.4 There has been considerable variation in the utilisation of testing capacity within Cumbria. Currently the testing capacity – especially at the Penrith national testing site - is underutilised.

9.5 ***Testing of Residential Care Residents***

9.6 Locally agreed arrangements to test residents of Cumbrian residential or nursing homes have been developed between Public Health England, Cumbria's Director of Public Health and the local health and care system. These replace the Public Health England arrangements that had been piloted previously, in which home care staff would carry out the swabbing on residents and the results were sent off for national testing. Instead multi-agency teams will perform the swabbing, and the laboratory testing will be done locally.

9.7 These arrangements are now in place and will allow testing to be done by trained staff, increasing the accuracy of the tests, and will also allow quicker turnaround times for the test result as they will be tested locally rather than nationally.

9.8 The Outbreak Control Team would make decision on a case by case basis about whether cohort testing of all staff and/ or residents should take place in an individual home. It will also take into account swabbing and test processing capacity.

9.9 In addition, to testing of residents within care settings there has been considerable testing of associated staff. This has allowed more robust infection prevention and control but has also raised issues of staffing capacity.

10.0 SUPPORTING VULNERABLE PEOPLE IN THE COMMUNITY

10.1 The government identified a group of 2.2 million people at the greatest risk of severe illness from COVID-19. As at 15 May, 2.2 million people were classed as clinically extremely vulnerable to COVID-19 because of serious underlying health conditions. The government strongly advised these people to stay at home and avoid all face-to-face contact with others, and to register online for help and support. Work was undertaken to identify and contact these people to ensure their support needs were being met.

10.2 On 30 March 2020 Cumbria County Council and partners launched an emergency support service comprising 6 welfare coordination hubs and a call centre. Established in just 5 days the hubs are vital in helping thousands of vulnerable people across County. Receiving on average 200 contacts a day via telephone, online or email the most common requests have been for help with medication and prescription collections, food supplies and from family members who are isolating or live far away and are worried about elderly loved ones who they would normally care for. As well as providing much needed support directly to vulnerable residents the hubs have been central in locally matching voluntary offers of support to those requesting this, thereby supporting the co-ordination of the very positive local response to Covid-19 in our communities.

10.3 In addition, the mental health provider trusts have provided additional support and resources for the general public to access, with either physical mailings to all homes or access through online resources.

11.0 SUPPORTING CARE HOMES

11.1 Covid has had a significant impact on the residential and nursing home sector. There are 150 registered care homes currently registered with the CQC in Cumbria (providing 4424 registered beds). As of the 23rd June the following applies to Cumbria:

- 50% of these care homes are operated by local providers.
- 13% (20 homes with 640 registered beds) are provided directly by the local authority.
- 37% operated by national organisations.

- Approximately 3500 people were resident in care homes prior to the COVID-19 emergency.
- Sadly there have now been 223 confirmed/suspected COVID-19 deaths in care homes within Cumbria since 1 April (as of 2 June). In addition to this (as seen nationally) non COVID-19 deaths have also been higher than would normally be expected in care homes.
- There are currently 29 confirmed or suspected cases of COVID-19 within care homes although this number was over 250 at a single time previously.
- We currently have 13 care homes in Cumbria that still have a live outbreak although there have been times where this number has been as high as 25 and any given time.
- Over 400 staff absent from work as a result of Covid, coupled with lack of agency availability and agency staff not being able to work across homes.

11.2 There has also been very significant financial challenges face by care homes, the principle causes of which are:

- Increased Personal Protective Equipment (PPE) costs – due to increased usage and escalating item costs.
- Increased staffing costs – due to covering shifts for carers with COVID-19 diagnosis/symptoms or self-isolating. Additional costs either via backfill from employed carers or increased use of agency staff.
- Reduced occupancy - due to COVID-19 related deaths of residents and/or reduced flow of new admissions from hospitals and the community.

11.3 There have been other emerging pressures that the care homes sector may be facing such as; future insurance, potential litigation, confidence in statutory partners, staff challenges and reputation within the community.

11.4 COVID-19 has also had a significant impact on staff in care-homes during this period. There have been high levels of absenteeism due to COVID-19 symptomatic, confirmed cases and those who were shielding. Sadly there has also been a case of death within staffing team of a care home.

11.5 This has at times made it very challenging for some care homes to continue safe operations and has resulted on some occasions in the deployment of their own and the Council's contingency measures. It has also been challenging to the mental wellbeing of staff, particularly where there have been excess deaths they have had to manage.

11.6 Cumbria's response

11.7 The Council with system partners responded quickly in providing a supportive response to the social care market and promptly established mechanisms to collate vital intelligence to coordinate an effective response to the pandemic. This includes:

- Daily information collection to assess the state of the local market. As well as daily calls to all care homes, processes are in place to collate date from domiciliary, supported living and other areas of the care sector. Information includes (but not limited to): vacancies, number of

COVID-19 deaths, current outbreak status, impact on staffing and PPE status.

- To ensure effective and timely communication with providers a new dedicated email was created that is manned seven days a week, from which key information such as updated PPE guidance has been communicated to all providers and allowed providers to have a single point of contact for any COVID-19 related issues they needed to raise.
- A 24 hour response cell for care homes has also been established for use when a care home has a situation that is critical to the safe running of their home. This is manned on an on-call basis 24/7 by the Strategic Commissioning Team. This response cell has been used to provide support to providers when there have been critical situations in relation to staffing and PPE as a result of the COVID-19 pandemic.

11.8 An additional range of measures put in place by the Council and partners include:

- Managing COVID-19 outbreaks in care homes;
- Access to and supply of emergency PPE;
- Support with workforce shortages and other related issues;
- Access to and coordination of testing facilities for care home residents and staff;
- Support for short-term financial pressures;
- Access to information and guidance supporting the COVID-19 situation for staff, providers and residents and families;
- Significant infection prevention and control support.

11.9 PPE has been a major challenge. There have been three key areas in relation to this challenge:

- Adequate supply
- The financial cost (to the Council and providers)
- Confidence of the workforce that the national guidance and what was being supplied was sufficient in providing appropriate protection.

11.10 It became clear very quickly that a significant number of providers would not be able source sufficient PPE (mostly face masks) through the early stages of the pandemic and it still remains the case that a number of providers are still finding the supply challenging. It also became clear the of stocks we were receiving as part of the Local Resilience Forum (LRF) were wholly inadequate in terms of quantity to meet the required demand in Cumbria.

11.11 The Council again acted quickly in procuring PPE stocks from which it has continued to distribute emergency supplies to the care market (and beyond) to ensure services can continue safely. To date the Council has delivered over 200,000 face masks and 500,000 other items of PPE including aprons and gloves. The significant part of this has been from the procured stocks, the costs of which has been borne by the Council. Due to this early action by the Council we are currently confident we can support care homes and the wider social care market to ensure they have adequate supplies of PPE in line with national guidelines.

11.12 Infection prevention and control has been a significant part of the system support offer. The Public Health Team has ensured that the care sector is in receipt of the latest guidance as this has evolved and changed, and has

supported the sector by developing tailored PPE guidance for individual care settings to aid understanding and compliance with the National Guidance. In response to a significant number of queries around PPE a separate FAQ County Council website page was established that was available to all providers and the general public providing clarification and additional advice on many issues raised. Clarification was provided by the Public Health team supported by the council's health and safety team and Cumbria Care's infection control lead.

11.13 The government has made available £600m of funding for the social care market to support infection prevention and control. This has been allocated to local authorities on a basis of the number of registered beds within the local authority area. The Council must passport 75% of this funding directly to care homes based on the number of their registered beds (grant conditions attached to the funding) with some discretion how the remaining 25% can be used to support the domiciliary care market. The Council will be making those payments over two tranches in June and July to care homes which will amount to a total of £962.68 per registered bed.

11.14 Testing has been another important part of the local support offer. Working with our Health colleagues the current position is that any care home that has anyone symptomatic of COVID-19 can have tests through local systems which can provide the result of that test rapidly; an extremely important part of managing the potential transmission of the virus. Care homes can still access the national routes for testing when doing a "blanket" approach to provide assurance where they do not currently have anyone who is symptomatic.

12.0 PUBLIC HEALTH

12.1 The Council's Public Health team have been at the forefront of the response to Covid-19 in Cumbria. The Director of Public Health has played a key leadership role. Working with partners across the health system at a local and regional level and has been in close contact throughout with the Chief Medical Officer.

12.2 Since the beginning of the epidemic the public health team has:

- Acted as the main source of public advice and communications at a local level;
- Led on predictive modelling and monitoring of the epidemic to ensure strategic awareness of the local position;
- Provided specialist public health advice to the Strategic Co-ordination Group and other joint planning groups within the response;
- Provided a wide range of advice and guidance on key health protection matters, including on the appropriate use of Personal Protective Equipment and on wider infection prevention and control measures, to the Council and partners including schools and care homes;
- Established and led joint infection control systems to manage the partnership response to outbreaks in care homes;

- Provided capacity and support to the Community Hubs both through specialist guidance and releasing staff capacity to provide direct support;
- Continued through the Health and Wellbeing Coach team to provide crucial support to vulnerable clients in a wide range of innovative ways that respect physical distancing guidance;
- Set up a local approach to contact tracing, testing and outbreak management to support and enhance the national and regional system, bringing together colleagues from District Council Environmental Health teams, NHS services, the County Council Service Centre and Digital Teams, and Public Health England into the first fully-functional local Covid-19 outbreak response system in the North West.

13.0 PERSONAL PROTECTIVE EQUIPMENT

13.1 Nationally, the central stockpile of Personal Protective Equipment (PPE) - held by Public Health England - was designed for a flu pandemic. It lacked items such as gowns and visors. The supply of PPE from central sources up to mid-May only met some of the modelled requirement from health and social care providers. Based on modelled PPE requirements for the period 20 March to 9 May (which assumed the reasonable worst-case scenario), the amount of PPE distributed from central stocks only matched health providers' requirements for face masks and clinical waste bags. The lowest level of distribution to health settings was for gowns (where central stocks distributed were 20% of the modelled requirement), eye protectors (33%) and aprons (50%). Central stocks distributed to social care accounted for 15% or less of the modelled requirement for any item of PPE, apart from face masks.

13.2 Local NHS bodies and social care providers could also source PPE from other routes throughout March and April. In Cumbria the SCG, through the Council has played a pivotal role in the management of PPE across the County. This has been in relation to supporting the NHS, wider public services and independent care providers and County Council services. The Council has led the management and distribution of PPE on behalf of the Local Resilience Forum since it started to receive supplies of PPE from the U.K Government on 5th April.

13.3 The Council provides the management, storage, logistics, distribution and call centre function to supply PPE across a broad range of critical front-line services. The management of the LRF PPE is overseen by the PPE sub-group of the SCG which is chaired by the County Council. The Council has also undertaken significant procurement of PPE to ensure the necessary volumes are available to Council staff. In total the Council has distributed over 2.7 million items of covid-19 related PPE to frontline health and social care workers.

14.0 ONGOING ISSUES

14.1 Covid has had a huge impact on the people, communities and businesses of Cumbria. Many have lost loved ones, whilst the impact will be long felt on the economy of Cumbria.

14.2 However, as well as providing assurance about the activity that has taken place to date around Covid it is imperative that the Health and Wellbeing recognises the **real current fragility of the Health and Care sector in the face of potential 2nd wave, changes in health seeking behaviours, IPC constraints and reduced capacity, amongst other pressures. There is a need for activities to ensure stabilisation in light of these ongoing issues that continue to have an impact.** This will be addressed in a paper later in the agenda.

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APPENDICES

None

BACKGROUND PAPERS

No background papers.

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