NHS
Bury
Clinical Commissioning Group

Strategic Commissioning Board

Meeting Date	02 November 2020	**Action**	Approve
Item No.	9	**Confidential**	No
Title	Commissioning of Services required to deliver ongoing COVID-19 Hospital Discharge Guidance – COVID +ve Designated Units – Additional Beds		
Presented By	Adrian Crook – Assistant Director Adult Social Care		
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Clinical Lead			

Executive Summary

The paper explains the additional arrangements for hospital discharge updated on 12th October 2020 to respond to the COVID-19 pandemic which mandates the delivery of designated COVID +ve units and is updated to include the commissioning of additional COVID +ve beds to respond to increasing demand

Recommendations

The Strategic Commissioning Board is asked to: -

(i) approve retrospectively the commissioning of designated units for COVID +ve patients at Spurr House in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.

(ii) continue to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval.

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	☒
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	☐

SO3 Budget To deliver a balanced budget	☐
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☒
< *If you have ticked yes,* Insert details of the people you have worked with or consulted during the process : Finance Associate Chief Finance Officer Commissioning Acting Assistant Director – Adult Social Care Commissioning						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. <Include details of any conflicts of interest declared> <Where declarations are to be made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these will be managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action> *Delete this text if you have ticked No or N/A*						
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
If you have ticked yes provide details here. Additional expenditure as detailed in 10.3 will be required from NHSE funding available to support the COVID-19 Hospital Discharge Guidance						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including	Yes	☐	No	☒	N/A	☐

Conflicts of Interest?						
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒

If you have ticked yes provide details here. If you are unsure seek advice from Lisa Featherstone, Email - lisafeatherstone@nhs.net *about the risk register.*

Governance and Reporting		
Meeting	**Date**	**Outcome**
Name of meeting		These boxes are for recording where the report has also been considered and what the outcome was. This will include internal meetings like SMT.
		If the report has not been discussed at any other meeting, these boxes can remain empty.

1. Background

1.1. On 12th October the Department of Health and Social Care (DHSC) issued all Clinical Commissioning Groups (CCG) and Local Authorities (LA) a letter mandating the delivery of designated schemes for people who are leaving hospital or are transferring to a care home who have tested positive. Previously these were proposed as guidance in the Adult Social Care Winter Plan. A copy of this letter is appended to this report

1.2. Each scheme must meet standards set out by the Care Quality Commission which include a completely separate unit or area, separate staffing teams and adherence to a range of infection prevention control standards.

1.3. The number and size of these units must also be sufficient to meet demand all over the winter period, from now until the end of March.

1.4. Each CCG and LA must provide the names of these designated units to the DHSC and CQC by Friday 16th October.

1.5. At the beginning of the pandemic Bury showed foresight and delivered a number of settings able to support people with the virus. These were

- 27 beds at Spurr House
- 7 beds at Killelea Intermediate Care Home
- 11 beds at Gorsey Clough Nursing Home

1.6. All of these were set up to the standards now mandated by the DHSC and CQC and this approach proved successful in reducing the impact of the virus on our existing care homes and their residents.

1.7. As the number of people with the virus subsided these beds were turned into discharge to asses units to support the ongoing flow out of hospital.

2. Update to Strategic Commissioning Board September 2020

2.1. In September 2020 a paper presented to Strategic Commissioning Board detailed Bury's response to the newly implemented hospital discharge guidance [1]

2.2. It made clear our need to maintain capacity in the system to facilitate hospital discharges and be able to turn this capacity into COVID + ve capacity if required.

2.3. The following recommendation relating to maintaining some capacity to support hospital discharges was supported by the Strategic Commissioning Board in September:

For the period from October to April 2021 it is recommended that the preferred option is supported subject to funding being available within the new finance regime and fit with the new Bury business as usual model. A further paper will be bought forward when funding is confirmed.

This will see

- *Spurr House will stop admitting hospital patients from 1st September. Remaining patients will continue to be funded, their care will be free and they will have their long term needs assessed within 6 weeks. Spurr House will return to delivering respite*
- *The 11 COVID beds at Gorsey Clough will transition to NON-COVID beds and deliver nursing discharge to assess and end of life care*
- *Heathlands will continue to deliver 19 D2A nursing beds*
- *We will continue to purchase home care from the independent sector, it will be provided free of charge for the patient for up to 6 weeks and delivered with a reablement focus during which time the patients will have their long term needs assessed.*
- *We will continue to spot purchase care homes beds where patients will stay for up to six weeks for end of life care or to have their future care needs assessed*
- *Continuing Health Care and Funded Nursing Care Assessments will restart on 1st September, these assessments will be carried out in the community and will be completed within the 6 weeks of free care. They will not take place in the hospital*
- *Hospital discharge pathways will continue and MOATS continue to be minimised.*
- ***If COVID beds are needed in the future the Intermediate Care services will lead a review and rapid discharge programme to convert either 1 corridor at Killelea or the Gorsey Clough beds back to a COVID unit.***

2.4. Due to the rise in number of people with the virus in our hospitals and community and the mandated requirement from the DHSC it is now necessary to return our designated units back to COVID +ve units.

[1] https://www.buryccg.nhs.uk/download/strategic_commissioning_board/2020/2020-09-07/AI-8-Hospital-Discharge-Arrangements.pdf

2.5. 11 beds at Gorsey Clough and 7 beds at Killelea have been designated COVID +ve units, delivering separate units with separate staff teams to the required infection prevention control standards.

2.6. These units and their extra requirements came into place during the week commencing 12th October.

2.7. During October we have seen the numbers of people with the virus in our hospitals rise and today it is over 100 in Fairfield General which is 40% more than at the height of wave one.

2.8. Our existing COVID +ve beds have filled up quickly and it is necessary to increase the numbers we have available, therefore we need to return some of the beds commissioned the first time in Spurr House back to COVID + ve beds

2.9. We will take a cautious approach and initially commission 9, not the original 27

2.10. The beds will be available at the beginning of the second week in November

3. Financial Requirements

3.1. The 4 weekly costs of these units are

	4 weekly cost
9 beds at Spurr House	£37,260
Total	**£37,260**

3.2. If these beds are required until the end of March **£186,300** will be required.

3.3. All costs incurred in discharging patients from hospital under the updated hospital discharge guidance [2] in place during the pandemic is being reimbursed by £588m of hospital discharge funding made available by central government.

3.4. This guidance was issued on 21st September, however the request to deliver designated COVID beds was made on 12th October.

3.5. The finance guidance that supports the hospital discharge guidance allows CCGs to reclaim the full cost of care for up to 6 weeks for each patient discharged. It does not yet allow claiming for a dedicated unit, only the individual patients who use it and only for a 6 weeks stay.

3.6. Under this current payment regime it cannot be assured that we can reclaim the full cost of a designated unit, to be assured of this we would need to ensure the unit was always full and due to the nature of the pandemic this is something we cannot do.

[2] https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model

3.7. As a separate unit with a separate staffing team is required to meet the standards set then a payment per occupied bed to a provider does not facilitate the delivery of a dedicated unit. If a provider was to accept such a payment method they would not be able to cover the cost of a dedicated unit and we could not are assured the unit and its residents would be kept separate with its own team of staff.

3.8. We have pointed out this misalignment of the request and the finance guidance to the DHSC, however until the guidance is revised there remains a risk we will not be able to reclaim the costs of these dedicated units.

3.9. If no patients were to require these unit then we would close them again and they would revert to ordinary discharge to assess, therefore the risk would be **£37,260**

3.10. If we need to continue to commission them, but cannot keep them full and be assured we can reclaim the full cost then assuming 50% occupancy the monthly risk is **£18,630** and the risk till March **£93,150**

3.11. We expect the misalignment in guidance to be resolved and will present a further paper clarifying the commissioning and funding requirements when this occurs.

3.12. All other hospital discharge schemes will remain operating as normal, we can be assured that these are compliant with the current finance guidance and for the period now until the end of March the likely costs at current activity levels of these hospital discharge services is shown in the table below. These are in addition to the designated units above and the additional designated beds commissioned in an earlier paper at Gorsey Clough and Killelea

Hospital Discharge Service	
Heathlands (19 beds)	£490,000
Additional care at home provided free of charge for up to 6 weeks	£216,000
Spot purchase of up to 10 care home admissions per week across the independent sector (60 beds, 6 weeks length of stay)	£1,186,185
Total	**£ 1,892,185**

4. Sufficiency

4.1. The request from the DHSC asks we ensure we have sufficient designated COVID + ve capacity for the whole of winter

4.2. This predication is difficult as it depends on the rate of spread of the virus, the age of the people it affects and the success of lock down measures

4.3. Currently a review of hospital and community demand indicates this is sufficient but if the rate of infection and hospital admissions continues to rise this cannot be assured

4.4. However if transmission continues and subsequent hospital admissions rise further we will need to commission more, we have additional beds on standby and are working with home care providers for further capacity.

4.5. We will keep our capacity under review and if we need to commission further capacity we will present further papers to SCB, however due to our need to be rapid and responsive this may be retrospective

5. Timeliness

5.1. The requirement to deliver designated unit was reviewed by Bury's Silver command on 28th October and a need to deliver this capacity as soon as possible was identified.

5.2. As a result it has not been possible to present this request to Bury's Strategic Commissioning Board in advance of the need to commission the service. This paper asks for retrospective permission to commission this service.

5.3. In advance of the commissioning decision being made this week members of Bury Council and NHS Bury Clinical Commissioning Group have been briefed including Bury Gold Command and Informal Cabinet.

5.4. The service at Spurr House will start to admit patients from the second week in November.

5.5. Primary care services supporting these 2 units are aware and in support of these plans

6. Recommendation

6.1. Bury's Strategic Commissioning Board is asked to approve retrospectively the commissioning of designated units for COVID +ve patients at Spurr House in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.

6.2. Bury's Strategic Commissioning Board is asked to continue to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval and members of Bury Council and Bury Clinical Commissioning Group briefed beforehand.

Appendix 1

To: Directors of Adult Services;

Cc: Local Authority Chief Executives; CCG CEOs; Directors of Public Health; Acute Trust CEOs

12th October 2020

Dear Directors and Chief Executives

Winter Discharges - Designated Settings

COVID-19 presents an unprecedented challenge for social care. There is an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS. Thank you for all that you and your teams are doing to provide care and support for the many people who need it, and for helping to keep people safe during the pandemic.

The Adult Social Care Winter Plan was published on 18th September, setting out our plan for the next phase of the COVID-19 response and how we will achieve this, working alongside Local Authorities, social care providers and the NHS. In doing all we can to protect the vulnerable from Covid-19, the plan includes a commitment to deliver a designation scheme with the Care Quality Commission (CQC) of premises for people leaving hospital who have tested positive for COVID-19 and are transferring to a care home.

This joint letter sets out:

1. an overview of the requirement for designated care settings for people discharged from hospital who have a COVID-19 positive status; and

2. an instruction for Local Authorities to commence identifying and notifying CQC of local designated accommodation and to work with CQC to assure their compliance with the Infection Prevention Control (IPC) protocol.

We have worked closely with ADASS in the development of this letter, alongside colleagues from LGA, NHSE, CQC and PHE.

What is the new requirement?

The new requirements are the following:

- Anyone with a Covid-19 positive test result being discharged into or back into a registered care home setting[3] must be discharged into appropriate designated setting[4] (i.e., that has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents) and cared for there for the remainder of the required isolation period.

- These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.

- No one will be discharged into or back into a registered care home setting with a COVID-19 test result outstanding, or without having been tested within the 48 hours preceding their discharge.

- Everyone being discharged into a care home must have a reported COVID test result and this must be communicated to the care home prior to the person being discharged from hospital.

The commitment builds on existing guidance on admission to care homes published on 2nd April 2020 (updated 16th September) that already includes a requirement, in line with the Hospital discharge service guidance, that if appropriate isolation or cohorted care is not available with a local care provider, the individual's local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the required isolation period. **The costs of the designated facilities are expected to be met through the £588 million discharge funding.**

Residents who contract COVID-19 within the care home setting should be treated and managed in line with the Admission of Residents in a Care Home during COVID-19 policy. This guidance still requires all patients discharged from hospital, even with a negative test, to be isolated safely for 14 days to ensure any developing infections are managed appropriately.

Which people will this affect?

The designation scheme is intended for people who have tested positive for COVID-19 and who are being admitted to a care home. This applies to care homes who provide accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for older people, people with dementia, and people with learning disabilities, mental health and/or other disabilities and older people.

[3] Some registered residential settings might also be designated CQC assured alernative settings, where people may be discharged to designated accommodation within a registered residential setting. For example, a care home with a designated safe zone for COVID-19 positive people.

[4] Some people will be able to go back to their residential care home, where they are usually resident, **if** that care home is assured as designated accommodation.

Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting[5] and cared for there for the remainder of the required isolation period.

The designation scheme does not apply to the following cohorts:

- People who have contracted COVID-19 within the care home setting – there is no requirement to transfer COVID-19 positive residents from a care home into designated accommodation, as long as safe isolation and care is being maintained.

- People using emergency departments who have not been admitted to hospital do not need to be transferred into designated accommodation.

- People living in their own home, including sheltered and extra care housing or living in Supported Living do not need to be transferred from hospital into designated accommodation.

How the CQC assurance process will work?

The CQC process would operate by providing assurance that each 'designated accommodation' has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents. Once this assurance is received, premises would be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home[6].

Emphasis should be on commissioning stand-alone units or settings with separate zoned accommodation and staffing. Given the diversity of existing provision and arrangements, it is acknowledged that there needs to be flexibility to meet local circumstances. The accommodation must meet CQC registration requirements, and additionally adhere to the CQC inspection guidance in the IPC protocol.

What action is required?

In time for winter, CQC has the necessary capacity and is ready to deploy to deliver 500 assurances by the end of November.

We seek local authorities (as the lead agency) and CCGs to identify sufficient designated accommodation to meet current and future demand over Winter in their local area and notify CQC of the details of these facilities **as soon as possible and ideally by Friday 16th.** Details of this process are below. Following notification of the facilities to CQC, local authorities will be asked to work with CQC to assure their compliance with CQC's revised Infection Prevention Control (IPC) protocol.

[5] Some people will be able to go back to their residential care home, where they are usually resident, **if** that care home is assured as designated accommodation.
[6] This approach applies to hospital discharges only, and does not apply to admissions from people's own homes to residential care homes.

In order to meet this potential demand across England as quickly as possible, we aim for every local authority to have access to at least one CQC designated accommodation by the end of October. Local authorities will also be able to identify more than one facility to be CQC assured, if needed to respond to geographical spread and size, and to take into account the specific needs of particular cohorts, and increasing demands. We anticipate, for obvious reasons, that CQC will prioritise inspections in Local Authorities in Tier 2 or Tier 3. Please notify CQC as soon as a facility is available for assurance and return to CQC as and when further facilities come online. Local authorities should continue to use the existing regional structures and support systems that are in place which may be necessary to provide resilience across local boundaries.

In the longer term, CQC's IPC protocol will be rolled into their planned programme of non-IPC focused inspections, which should increase the volume of 'designated' capacity even further over the coming months.

In implementing these requirements, we provide a full list of actions below:

- **Local Authorities:**

    - Following consultation with care providers, identify a sufficient number of facilities[7] within their local area to meet likely demand over the winter months.

    - Working with **local system leaders,** should ensure that the designated accommodation identified adheres to the standards set out in the CQC IPC protocol and wider requirements for registration. They should also ensure that there is repeat testing, PPE, arrangements for staff isolation or non-movement, protection from viral overload, sickness pay and clinical treatment and oversight.

    - Notify **CQC** – **as soon as possible and ideally by Friday 16th** - by completing a proforma which includes all information required for CQC to progress to inspection, sent to ASCGovernance@cqc.org.uk. (Local Authorities might choose, for expediency, to identify an initial premises, and follow up subsequently with details of further premises). Once notified of premises selected by local authorities the CQC will inspect against the IPC protocol, report their findings and publish them on their website as part of a provider page that summarises the outcomes of inspection. Once assurance is received, premises would be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home. CQC regulatory mechanisms, to prevent non-designated care homes from accepting COVID-19 positive people from hospital, will not apply.

    - Communicate to **CCGs and providers** when the new designation scheme is in place to commence its operation.

- **CCGs and Local NHS Providers** should**:**

- Support **local authorities** to ensure that patients who receive a COVID-19 positive test result and are to be discharged to a care home, are discharged to assured accommodation[8].

- Ensure that all COVID-19 test results are provided prior to discharge to enable the smooth operation of discharge, zoning, staffing and isolation, and for subsequent transfer of care. They should also ensure that patients being discharged follow the Discharge to Assess. pathways outlined in the hospital discharge service guidance.

CQC will monitor and share data regarding where these services are being commissioned across the country. **DHSC, ADASS and PHE** will then work together to identify any particular localities in England that require additional designated accommodation, and a prioritised roll out for CQC inspection based on local prevalence rates or population size.

What will happen next

Once local facilities have been designated and assured by CQC, Director of Adult Social Services communicate to providers and Clinical Commissioning Groups (CCGs) that the new designation scheme is in place. Current discharge guidance using the 'Discharge to Assess' (D2A), HomeFirst model, should continue to be prioritised. Current discharge arrangements, including notification of the person's COVID-19 status to care providers and 14 day isolation of all residents discharged into care homes, should continue to apply until CCGs are notified that designated premises are available.

We are currently working with system leaders to co-design further detailed guidance, and resolve what we recognise are practical concerns. We aim to provide more detailed information to local systems shortly.

This will include further information on:

- Clinical pathways for patients being discharged from hospitals to care homes.

- Further details on working with providers, and the operation of funding.

- Further details on data management.

- Caring for people with particular care needs, in line with line with the COVID-19 ethical principles the relevant requirements of the Care Act 2014 and hospital discharge service guidance.

- Further support available to implement these new arrangements.

[8] Some care homes may also be designated CQC assured alernative settings.

Yours Sincerely,

Tom Surrey – Director for Adult Social Care Quality, DHSC