

# Health Scrutiny Panel

23 July 2020

# Introduction

City of Wolverhampton Adult Services has taken a lead role in supporting care providers throughout the Covid-19 pandemic and acted as good partner to Health Colleagues in supporting hospital discharges, taking a pro-active role in avoiding hospital admission where necessary and supporting the role of the Infection Prevention Team. Support has been given in many different ways including:

- Regular supportive communication with partners and providers
- Practical Support
- Supply, quality and cost issues supported
- Recruitment support
- Financial support
- Hospital discharge

# Updates Scrutiny has requested

- Hospital Discharge
- Infection Prevention
- Personal Protective Equipment
- Public Health and Partner relationships
- Public Health Funerals

# 1. Hospital Discharge

- Covid-19 has had a significant impact on the way hospital services are provided including hospital discharge
- Multi-agency assessments have continued during the pandemic to ensure that Wolverhampton residents get the right care in the correct setting as soon as possible
- Working with colleagues at RWT and the CCG the system has prevented long stays or delays in hospital and so reducing the risk of infection and enabling rehabilitation in the individual's home or non-acute setting
- Additional capacity jointly commissioned to ensure care in care homes and peoples homes (beds and 72 hour home care)
- Partnership work between health and social care has contributed to flow being maintained at RWT during the crisis
- Additional pathways have been put in place with Health partners to manage the pandemic

## 2. Infection Prevention

- Through the Infection Prevention Team and Wolverhampton CCG training, close work between all organisations has enabled us to put in place a robust outbreak management approach for all Care Homes
- 14 day isolation periods for all discharges from hospital and with Covid tests is in place across Wolverhampton to minimise the risk of infection following discharge from hospital to Care Homes including CWC notifying the Infection Prevention Team of any moves
- Each home has a clinical lead and processes in place for proactive and reactive management of patients, medication reviews and care planning
- Proactive community swabbing led by the CCG allowed quick responses to Care Homes resulting in positive action to cohort, support staff self isolating and the provision of PPE (Personal Protective Equipment) from CWC
- Provider support meetings are scheduled twice a week where the IPT (Infection Prevention Team) can share information on Care Homes that need support to avoid admissions to hospital

## 3. PPE

- To keep the system safe, regular and consistent deliveries of PPE need to be available. National supplies and quality of supplies from the national line has not always been reliable
- Multiple council departments have been involved in putting in place an effective PPE procurement and distribution system
- WCCG continue to provide a comprehensive infection control training package for care homes in Wolverhampton
- To date over one million items of PPE have been distributed across the city by the council

## 4. Public Health and Provider Relationships

*“As Leaders of the local system during this national emergency we recognised the need for real time accurate data daily, as such we quickly mobilised a daily SITREP capturing key information needed to prioritise the support our providers need and allowing us to proactively manage infection prevention and control. The daily SITREP is used across the Wolverhampton system by all partners and forms a key part of the decision making by all partners.”*

Tim Johnson, CWC Chief Executive

other positive examples include:

- 100% of homes now registered with NHS mail (was below 50% in March)
- 100% of homes who qualify for the Infection Prevention Fund using the Capacity Tracker
- Over 3400 care home residents and staff proactively tested

- 100% of homes have received Infection prevention training and super trainer from CCG (Clinical Commissioning Group)
- Over 700 Care Home staff registered for antibody testing in the first week of test

## 5. Public Health Funerals

- Local authorities have a duty under Section 46 (1-4) Public Health (Control of Disease) Act 1984, to arrange a funeral for anyone who dies in their area, without funeral arrangements/plans in place and no-one willing or able to make such arrangements
- A Covid-19 workstream was established to plan for the likely increase in the need for such funerals in the wake of the pandemic. Plans were agreed to meet the forecast increase in demand and to maintain standards of timely, dignified funerals for the deceased in our city
- The Court of Protection, Funerals and Property Team are responsible for carrying out this statutory duty. It was crucial to plan for surges in capacity and identify and mitigate risks to delivery. The team arrange between 35 – 55 funerals per year
  - In Q1 2019, 8 funerals were arranged
  - In Q1 2020, 13 funerals have been arranged

# Outcomes of Good Practice

<b>Date</b>	<b>Confirmed/ suspected cases Cases</b>	<b>Self isolation</b>
April 1st 2020	13 confirmed 160 suspected	686
May 1st 2020	21 confirmed 19 suspected	79
June 1st 2020	0 confirmed 19 suspected	25
July 1st 2020	0 confirmed 1 suspected	1

# Learning

- We can make changes quickly as a Health & Care system, the skill sets and attitudes of staff working in health and social care, and those who have been redeployed to health and social care, have enabled a quick and competent response
- Response for social care sector has been reliant on significant activity across the whole council. The food distribution hub and stay safe be kind helpline have all impacted positively on some of our residents in the city who were most likely to be impacted by Covid-19
- Even stronger relationships have been developed across social care and health
- We have increased our level of insight into care provider market - communication to and from the care provider market has been much more regular and that working relationships have benefitted as a result

# Living with Covid-19

- Second wave and recovery meetings are in place to protect as much as possible against a second wave and manage should there be a second wave covering:
  - Capacity and Commissioning
  - Cohorting & Provider support to cohort
  - PPE Strategy
  - Lessons learnt / issue management
  - Occupational Health, HR Staffing Support to small providers
  - Public Health Support
  - Communication with providers to support Cohorting, Staff support and PPE needs along with guidance support
  - Winter planning / Flu jabs

# Future Plans

- All Care Homes are using the NHS capacity tracker and NHS mail. As we head into Winter all partners can access available capacity in Wolverhampton and share information securely with Care Homes
- There will be a significant promotion of flu jabs within the care sector due to the high risk of having seasonal flu and Covid-19 circulating in the community at the same time
- Provider forums have been scheduled to speak directly to providers about their experiences
- We need to monitor how Covid-19 has changed peoples choice of care they use and inform our commissioning strategies to meet new needs
- We will work with the care provider market in managing the lasting impact of Covid-19 to mitigate potential provider failure and/or to ensure people's care needs are fully met when this occurs