

Corporate Management Team

9 November 2020

**COVID-19 Block Beds / Designated
Settings Commissioning**



Report of Jane Robinson, Corporate Director – Adult & Health Services

Purpose of the Report

- 1 To update CMT on the updated Government requirement for the Council, along with all LA's, to commission Designated Settings unitised care homes beds to provide a safe alternative for people who are temporarily unable to return to their usual place of residence due to their covid status.
- 2 To outline proposals to jointly commission, with County Durham CCG (CDCCG), unitised beds in a number of locations across the County. The units will have dedicated staffing, entrances and exits that can temporarily support people who are COVID positive. Funding arrangements are outlined in the report.

Executive Summary

- 3 The report outlines the changing Government guidance on hospital discharge during the covid pandemic and the updated requirement to commission unitised Designated Settings beds with dedicated staffing to support people who are unable to return to their usual place of residence due to COVID-19 positive status.
- 4 The report sets out the current provision across County Durham and the instances when people may need to access this provision.
- 5 It is anticipated that specific discharge funding allocated to the CCG will cover costs of the beds, however this has not been finally confirmed. DCC funding agreement is therefore required on a precautionary basis. The report sets out the maximum anticipated costs for DCC and CDCCG and the source of funding for each organisation should a joint funding approach need to be taken.

- 6 The report describes how the requirement for beds may need to flex over time and contracts will be developed to ensure that the number of beds commissioned can change in line with need.

Recommendation(s)

- 7 CMT are recommended to:
 - a) Note the changing guidance from the Government in relation to safe hospital discharge and care for people who are COVID positive, including the requirement for LA's to commission designated setting beds.
 - b) Support the local implementation of the updated Government requirement to commission unitised beds to provide care for people who are unable to return to their usual place of residence due to their COVID positive status. This includes people who usually live in care homes in residential / nursing care placements.
 - c) Note that it is anticipated that Durham CCG will meet the costs of these beds. Arrangements are being put in place as a precautionary measure to enable DCC to act quickly if the CCG cannot meet the costs of unitised beds in full.
 - d) Should it be required, agree the proposals to jointly fund, together with County Durham CCG, unitised beds across the County Durham geography at the potential maximum costs outlined in this paper, noting that the number of beds may change over the next six months based on need.

Background

8. On 13 March, initial guidance from Public Health England (PHE) encouraged residential care homes to review their visiting policy, asking people not to visit if they were unwell and emphasising hygiene measures.
9. On 17 March, NHS England and Improvement instructed trusts to urgently discharge all medically fit patients from hospital as soon as it was clinically safe to do so. This rapid implementation of the 'discharge to assess' model aimed to free up 15,000 acute beds by 27 March and maintain this model thereafter, so that hospitals would have capacity to care for the anticipated influx of patients who were seriously ill with COVID-19.
10. County Durham residents predominantly receive acute care at University Hospital of North Durham, Darlington Memorial Hospital, University Hospital Hartlepool, University Hospital North Tees

Sunderland Royal Hospital and Gateshead Hospital. Acute providers have processes in place to ensure that patients are tested and results are known prior to discharge from hospital.

11. There are six hospitals in Durham with community inpatient beds delivered from those sites. They are:
 - Shotley Bridge Hospital
 - Chester-le Street Community Hospital
 - Bishop Auckland Hospital
 - Sedgefield Community Hospital
 - Richardson Community Hospital
 - Weardale Community Hospital
- 12 Not all community hospital sites have appropriate configuration to support appropriate isolation of patients although this could be accommodated on some sites. There are plans to open additional wards on some sites to provide cohorted provision, however there are significant challenges in staffing additional wards.
- 13 It is important that patients who are medically fit do not remain in hospital for longer than is necessary due to the well evidenced detrimental impact it can have on their health and recovery. It is important that there are contingencies in place to ensure that patients can be discharged to the most appropriate setting for their needs although this may be on a temporary basis, until they can return to their usual place of residence (which may be a care home).
- 14 When considering older people's care homes 94 out of 96 have previously confirmed that they are able to cohort / isolate residents on admission. All specialist Care homes are able to isolate / cohort residents. However, there are instances where care homes feel unable to admit a new resident or take back a returning resident who has been admitted to hospital and is covid positive. This may be as a result of a number of reasons including current staffing pressures in the home and also concerns of other residents / families, which have been the subject of extensive media coverage.

Designated Settings

- 15 DHSC published designated settings guidance in the week commencing 12th October 2020 as a response to provider / public concern about the risks of infection in care homes from COVID positive discharges. All LA's were asked to identify / commission designated settings for hospital discharge of COVID-19 positive patients as soon as possible.

- 16 There is an established Care Home Mutual Aid Meeting with meets twice weekly and an Integrated Senior Leadership meeting three times per week that have considered the new Designated Setting guidelines and the implications locally in County Durham.
- 17 A series of conditions were attached to designated settings to promote effective infection control, in particular the need to have a dedicated entrance / exit in place, separate staff team and arrangements for separate laundry facilities etc. The Care Quality Commission (CQC) must inspect and authorise use of designated settings.
- 18 AHS commissioning carried out an Expressions of Interest exercise with first nursing care, then residential care providers in October and early November 2020. It is recognised that, in order to incentivise the market, a block booking arrangement is required to allow providers to make the investment required to bring unitised spaces into use.
- 19 Two expressions of interest have been received. One for nursing care (Parklands, Seaham – 13 beds) and one for residential care (Abbotts Court, Wingate – 12 beds). Procurement rules allow for a variation to be made to existing contracts and arrangements will be made to action this.
- 20 AHS will pay the highest fee category registered for residential care beds at DCC Grade 1 for designated setting block placements as a minimum. This follows the established commissioning model for block beds already in place for intermediate care, though it should be noted that an increase in rates may be required to cover the additional staffing costs. This will be confirmed / negotiated with the provider if required but would not be more than £80-£90 per bed per week. For nursing beds, Parklands has agreed to remove from use 3 bedrooms to allow for the designated setting unit to meet the required standards for separate services, i.e. staff changing spaces, cleaning and hygiene stations etc. A fee per bed of £995 per week has therefore been agreed to reflect this, particularly as nursing beds are a priority. This is in line with other LA agreements regionally and nationally.
- 21 Parklands, Seaham has recently passed its CQC inspection with an inspection due at Abbotts Court later in November 2020. Designated settings beds are anticipated to be brought into use as quickly as possible to address hospital pressures.
- 22 Pathways have been developed to aid patient / service user flow, particularly in terms of moving people from designated setting beds who require a further or long-term care home placement.

- 23 The majority of care homes are now confident and competent in appropriately managing patients with COVID19 thanks to a robust program of training and support in infection prevention and control which is ongoing. Additional controls will be put in place:
- All patients will be further tested prior to moves from a designated setting to another care home
 - There is clear guidance on managing new admissions in a non-designated care home, and all patients are isolated for two weeks regardless of swab results
 - All care home staff are tested weekly and residents monthly
 - If a care home had a concern about accepting a patient due their own individual risk assessment, or an ongoing positive test (which may be as a result of continued 'shedding' of the virus despite the infectious period being at an end), as a system we would support with further guidance / clinical input, including potentially the placement of that patient elsewhere to meet their needs
 - Multi-disciplinary meetings would be held with providers and partners across the health & social care system to ensure safe care and address any concerns
 - There are regular partner meetings taking place to discuss any issues and challenges care homes face and seek support from system partners in managing them
- 24 In the event that designated settings capacity was utilised consistently then efforts would be made to commission additional block capacity. In the event that there was no additional capacity within County Durham the following options would be utilised:
- Consideration would be given to as to whether the patient could be safely accommodated in a community hospital on a short term basis.
 - Attempts would be made to secure a placement in an out of county care home designated setting
- 25 In the event that discharge could not be facilitated in any other setting the patient would have to remain on an acute ward. It is considered that with the mitigation suggested above that this would be an extremely unlikely occurrence.
- 26 Occupancy and patient flow would continue to be monitored on an ongoing basis and block bed capacity scaled up and down as required using flexible contract terms. Appropriate procurement arrangements would be utilised to procure the block bed arrangement led by the Integrated Commissioning Team and supported by DCC procurement.

Funding Arrangements

- 27 it is anticipated that Durham CCG will meet the costs of these beds through Discharge Funding allocations, though final confirmation has not yet been given by DHSC. Arrangements are being put in place as a precautionary measure to enable DCC to act quickly if the CCG cannot meet the costs of unitised beds in full. In such circumstances, funding for the beds would be split equally between DCC and the CCG. For DCC this would be funded by ACTIF or Outbreak Control funding and for the CCG, costs would be reclaimed against central HDP funding in the first instance or slippage on CHC budgets would be used as necessary.
- 25 Should joint funding arrangements ultimately be required, and block arrangements be in place until the end of the financial year, then the maximum cost would be c£600,000 (c£300,000 funded by CDCCG and c£300,000 funded by DCC). This is based on c25 block beds – should more capacity be required as the pandemic progresses through the winter period this would be at additional cost. Conversely, should the need for COVID positive specific beds not be as high as anticipated then these can be decommissioned more quickly. Bed occupancy will be kept under weekly review and a short timescale for giving notice to end residential block arrangements in order to ‘scale down’ if required will be built into the commissioning model (anticipated to be 14 days).

Conclusion

- 26 There continue to be significant challenges across the health and social care system a result of the covid pandemic. The measures outlined, together with the full range of additional support arrangements that CDCCG and DCC have put in place will continue to support delivery of safe and sustainable care.
- 27 It is recommended that Corporate Management Team supports the requirement to provide alternative placements for residents that cannot safely return to their usual care home and block purchases beds jointly with the CCG for this purpose. It is anticipated that Durham CCG will meet the costs of these beds, though agreement to joint fund is required as a precautionary measure to enable DCC to act quickly if the CCG cannot meet the costs of unitised beds in full. The number of beds may change over the next six months based on need.

Appendix 1: Implications

Legal Implications

The report sets out the basis on which Durham County Council will commission designated settings beds, including potential to jointly fund as a precautionary measure, in accordance with DHSC requirements.

Finance

It is anticipated that County Durham CCG will meet costs through Discharge Funding. Should it be required, DCC would part fund settings through ACTIF / Outbreak Control funding.

Consultation

All existing residents / family members in care homes with a designated setting attached would be written to in order to inform them of plans. Local members would also be informed.

Equality and Diversity / Public Sector Equality Duty

Will be considered under arrangements for individual placements.

Climate change

Not applicable.

Human Rights

Will be considered under arrangements for individual placements.

Crime and Disorder

Not applicable.

Staffing

Providers that develop designated settings will need to identify dedicated staffing for these units. Only those that can do so meet the DHSC criteria.

Accommodation

As outlined in the body of the report

Risk

There are a number of risks in relation to designated settings and delivery of safe and sustainable care during the pandemic. The approach set out in this paper is designed to support delivery of safe care.

Procurement

An appropriate procurement approach has been designed to ensure that providers are selected for delivery of the unitised designated settings beds based on their ability to meet a range of criteria designed to deliver care in line with the latest Government requirements.