

## **APPENDIX 1**

### **STOKE ON TRENT CITY COUNCIL CARE HOME RESILIENCE PLAN**

#### **Background**

Mitigating the impact of COVID-19 in Care Homes across the city is a key priority for the health and care system, and we have confidence that our partnerships particularly across the NHS and with Public Health England will continue to deliver significant support to the sector.

The City Council's response has been led by the Director of Adult Social Care, Health Integration and Wellbeing working closely with the CCG's Director of Nursing in our joint effort to prevent and reduce cases and deaths from COVID-19 in care homes.

#### **Market Intelligence and Actions**

Daily system calls with key partners ensure we can track the support that is offered and identify any further measures to contain and reduce outbreaks wherever possible. We have a very comprehensive database of all aspects of every Home.

A combination of actions and support is helping to protect care home residents and staff. These include help with training, staffing, additional payments to contribute to COVID-19 costs, a Sustainability Fund specifically for the Care Sector, and bespoke support to help with the implementation of national guidance on safe practice and infection control.

Daily contact with all care providers - Care Homes, Home Care Agencies, Supported Living and Extra Care Schemes ensures providers are up to date with the latest local and national guidance and information. It also means that our Quality Improvement and Assurance Team can act on any issues or concerns identified by providers and step up the response if needed to the Care Home Support Team (see below).

Although we extract and utilise the information submitted by care homes to the national Capacity Tracker, our local intelligence is also necessary, in order that where issues arise, the relevant agency can respond. Engagement with all care homes is pivotal to our ability to manage our market.

#### **Governance**

Our priority across the Council since the onset of the pandemic has been to ensure our most vulnerable residents are supported and we have established multi-agency strategic, tactical and operational governance of our approach to ensure that progress is being made. The Strategic Co-ordinating Group of the LRF has been receiving bi-weekly reports, and the City Council's Gold Command receives a daily Care Home update.

## **Dedicated Care Home Support Team**

Our Care Home Support Team established in April has provided support, advice, guidance and training to 83 of the 85 homes registered to deliver care in Stoke on Trent. The final two (both part of larger national companies) have steadfastly refused to engage and we are monitoring them very closely regarding their performance and other indicators.

Organised in localities and aligned to Primary Care Networks, the team has supported each home to complete a comprehensive checklist and where necessary the team has commissioned additional assurance through support from UNHM and a follow up visit using the Care Excellence Framework.

Homes were RAG rated according to PHE rag ratings and while initially the priorities for support were to those homes that were RAG rated red, our focus shifted to a more preventative approach and the homes that were COVID-19 free. Three weeks ago 40 Homes were affected and we had had 56 deaths, 120 confirmed cases and 45 suspected cases. Today we have 66 deaths, 130 confirmed cases and 39 suspected cases. In the grand scheme of things that represents a very significant stabilisation of the care home sector since the Care Home Support Team was activated.

Any issues identified through visits and completion of checklists have been followed up/escalated ensuring areas including PPE, Infection Control and Prevention, Staffing and Testing are addressed. This includes calling on a Provider Improvement Response Team (PIRT), where there are issues of concern.

The PIRT sits as part of the Care Home outbreak MDT with specialist nursing support in place to identify homes requiring additional support linked to the Intensive Support Team (CRIS) which provides nursing and allied health professional staff for targeted intensive time limited support to specified care and nursing homes, as prioritised through local system escalation standard operating procedure.

The Care Home Support Team has also provided support to Supported Living Providers and Extra Care Housing Schemes and is currently reviewing how best to extend this tailored support to Home Care agencies in Stoke on Trent.

## **Additional Capacity**

The Care Home Cell established to develop our overall approach within our local systems has enabled us to adapt our pre-COVID19 discharge care pathways to ensure the acute hospital and the care home sector interact robustly through MDT discussion and agreement.

This has included the cohort of people being considered for the first time as being suitable to move into care as well as people who have needed to be discharged back to their care home.

For new placements we worked with the CCG and MPFT to enable COVID patients to be stepped down to the Heywood Community Hospital's complement of COVID block

beds pending the outcome of their isolation period. Through MDT discussion some patients remained in an acute setting until their new care home could admit them

For patients who were due to be discharged back to home where the care home cannot safely isolate we have invested in additional capacity through the establishment of interim beds at our in-house care facility at the Meadows.

### **Financial Support (Full Breakdown in Appendix 3)**

The additional COVID-19 Adult Social Care Infection Control Fund allocation for support to Care Homes £3,143,450, needs to be seen alongside the £16.2m provided to the City Council in March and April to contribute to the additional costs associated with the coronavirus pandemic. It was proposed that this funding should be used, in part, to help support adult social care providers deal with additional costs and ensure continuity of provision.

The Council has increased care home fees for all placements by 3.7% in 2020/21, an additional £1.9m recurring funding. This was followed by non-recurring funding of £2.845m to support the additional costs incurred by care homes as a result COVID-19, specifically additional staff and PPE costs. We will be pass-porting at least £2.36m of the Infection Control Fund to Care Homes. This amounts to an investment of over £7.1m or over £2.9k per CQC registered bed.

Other support to the sector has included the establishment of £0.5m Sustainability Fund to enable one off grant payments for providers who are adversely impacted by the pandemic and are increasingly financially unsustainable. In addition, financial support through grant funding is in place for SMEs and Charities locally and the Council is signposting voluntary organisations that provide care to additional sources of funding.

It is clear that the additional funding to-date will not be sufficient beyond the initial three-month period identified by Ministers, nor will it cover all of the measures that will be needed over the coming period to ensure continuity of care, address needs and stabilise the local market given the fragility of the care sector.

The extra £3.143m for Infection Control announced on 14<sup>th</sup> May is of course very welcome but we know that some of these new measures will need ongoing funding and resources beyond what has already been made available to councils and providers. This needs to be made available as soon as possible to help meet increasing demand and costs.

### **Infection Control and Prevention**

The dedicated Care Home Support Team has been able to offer training to all homes visited including practical support on hand hygiene and donning and doffing PPE.

The Council and the CCG have ensured that there are sufficient trainers to resource the national “Train the Trainer” approach to infection prevention and control, with 10 trainers in place for Stoke on Trent. All homes have been trained or their own training programme validated.

## **Testing**

In the event of a case or outbreak, testing of residents is requested by PHE and conducted by MPFT's infection control team, with results available from local laboratories.

For new care home residents who need ongoing bed-based care following hospital discharge, COVID-19 tests are completed whilst in hospital. Test results are provided by local hospitals prior to discharge.

Tests are also available locally for new admissions to care homes from the community, although depending on the level of urgency of admission, test results are not always available prior to admission, and therefore care homes need to ensure appropriate infection prevention and control arrangements for these circumstances.

The Council and the CCG have supported the national approach to testing of asymptomatic residents and staff by prioritising and referring all eligible care homes through the new national portal. The category of care home that can access the national portal is currently limited to older people and dementia; we will support rollout across all care homes as the national arrangements are extended. MPFT's infection control team are able to support care homes who are not confident in their ability to conduct the tests by carrying out the swabs.

We are still getting reports of substantial delays in tests being delivered and collected and of results being provided. We would like a system that assures local partners that tests have been distributed on the planned date, returned, and the results provided, as well as aggregate data about test results. As we enter the next phase of this operation, this is a vital task, which we ask that the DHSC expedite in order to enable us to respond to positive cases in a timely way. The expected frequency of repeat testing also needs to be clarified nationally.

Local partners will support the introduction of antibody testing in line with future national policy and availability.

## **Personal Protective Equipment and Equipment Supply**

We responded early to the PPE supply challenge and to supplement emergency provision as "Provider of Last Resort" we have been able to establish a 12-week supply of PPE to support both internal and commissioned services providing more than 80,000 items of PPE to care providers. However even the supply of PPE "at cost" to some providers has been financially prohibitive for them.

Smaller local providers who have not required the level of PPE they need as a consequence of the pandemic are being supported financially through non-recurring funding as well as being able to apply for Sustainability funding if they are facing serious financial instability as a consequence of COVID-19.

## **Workforce Support**

Sickness absence and staffing levels in care homes are monitored daily and have held steady and manageable throughout. Only two of the homes who have responded to the Capacity Tracker have assessed themselves as Amber for workforce pressures, the remainder are green. If staffing is seriously affected by the need for self-isolation or avoiding the use of peripatetic agency staff – the Council and its partners can access short-term emergency support.

The System Workforce Cell was initiated to support workforce deployment across the health and social care sector to those services facing staffing challenges due to the COVID pandemic.

The Workforce Cell has been the conduit for additional workforce resource from the national “Bring Back to the NHS Campaign” (BB) and resource from across the area where people have offered to support health and social care services when they have been furloughed or in addition to their day jobs. This enabled a system bank to be established with workforce who can be deployed across social care organisations in the following ways:

- Provider Intervention and Response Team (PIRT)- the remit of the PIRT is to support the improvement of services and to respond to services in crisis. The crisis response element of the team involves working with services identified as being in urgent need of support to decrease immediate risk and ensure the safety of residents in those care homes.
- Care Home staffing support – staff offered from the central bank to work across care homes.

Recruitment is also taking place for care staff and social workers both within the Council and to support other care providers to ensure there is sufficient well-qualified support for the City’s most vulnerable residents now and in the longer-term. The #Time to Care Campaign enables the Council to match applicants to care provider vacancies and support any vacancy – from care workers to Chefs.

As well as delivering food and PPE, operating call centres and other tasks, 132 people have been trained in personal care and DBS checked, with others continuing to go through the training process. They will be deployed as required in emergency care support, where care homes’ staffing levels are becoming unsafe.

While this support can assist in reducing movement of agency/peripatetic staff between care homes, it cannot entirely overcome the challenge of also ensuring sufficient staff to provide safe care.

Future plans include scoping social care workforce development needs and feeding this more robustly into the system plans, and working with organisations and registered managers to develop pathways and find solutions (in the face of increasing COVID challenges) and new ways of working that increase placements in social care with the view to increase current capacity.

This includes the future nursing workforce and the possibility of funding rotational apprenticeship roles.

We recognise the impact that caring during this pandemic has had and continues to have on staff working in the sector and are committed to support the mental wellbeing of those staff working in care homes.

The Care Home Support Team have addressed this in part through their engagement with homes to date supplemented by the provision of Health and Wellbeing support packs.

We are taking this commitment forward working with the Head of Psychology at North Staffordshire Combined Healthcare NHS Trust to consider what we need to do to better meet the psychological needs of care home staff.

### **Reducing workforce movement**

We recognise the potential challenges in meeting safe staffing levels, and the need for there to be sufficient staff to carry out essential care to meet the urgent and serious needs of residents. We will reinforce the expectations relating to infection prevention and control in our second tranche of additional funding to the sector from the national Infection Control Fund.

### **Clinical Support**

The CCG continues to work with Primary Care, Community and Mental Health services to define their health offer and wrap around support into Care Homes in line with the requirements within the guidance. Each Primary Care Network (PCN) has been aligned with a number of homes.

The CCGs have also developed a Care Home Locally Enhanced Service specification which has 100% sign up by practices to deliver the requirements of primary and community care.

Each home has a clinical lead identified with communications to care homes confirming arrangements distributed. This means that each home will have from the 1st June 2020, a virtual weekly ward round in place with access to an MDT, regular medication reviews and personalised care planning. This will be complemented by the role of the CRIS (intensive support service).

The NHS is also putting in place arrangements for the use of equipment to increase the ability for remote monitoring of COVID-19 patients. This includes: one tablet with 4G internet to enable video consultations in residents' rooms; one pulse oximeter; one sphygmomanometer; one thermometer; and training.

Training on a 1-1 and group video-consultation basis is provided as well as remote observation training in the use of pulse oximeters/ taking blood pressure/taking temperature/decontamination of equipment for nurses.

A further three telemedicine hubs will be established in care homes with high bed numbers and admission rates.

## **Quarantine**

The Council and CCG are supporting care homes to maintain existing residents in their usual home wherever possible. There is good evidence that any move, even temporary, is associated with a heightened risk of mortality. The multi-agency support, particularly from infection control nurses, is an important element in this, as is advice on the management of residents who lack mental capacity or are non-compliant.

Where quarantine is required in the context of a discharge from hospital, local partners are aware that patients with COVID-19 often require a period of hospital care for many days. The current approach is to avoid moving such patients into a temporary care home setting for a very short period, due to the potentially negative impact of multiple moves. Currently, this period is covered in the acute hospital or a community hospital environment.

We are evaluating the potential for specifically reserved care home capacity to be added to this pathway for temporary quarantine. This may be an in house offer. The balance between an extended stay in a hospital environment versus the benefits of a care home environment is regularly considered, considering the circumstances in care homes, any issues relating to infection prevention and control, the demand for hospital beds, and the individual needs of specific patients and residents. We will continue to be clinically led in our decision making on quarantine arrangements over the coming weeks and months.

## **Engagement**

We are working closely with the Staffordshire Association of Registered Care Providers (SARCP) the body representing over 200 independent Care Providers including Care Homes and Home Care Agencies. They have been pleased to see the positive responses from their members to the range of support on offer locally, including a Provider Helpline available 7 days a week to provide support, share intelligence and give up-to-date comprehensive advice.

## **Conclusion**

As we move into recovery phase we continue to ensure we can offer support and assistance to the Care Home sector.

Our plan and approach have been discussed and endorsed by the Leader of the Council and key partners and we have every confidence in its delivery.