

**NORTH SOMERSET COUNCIL
DECISION**

**DECISION OF: EXECUTIVE MEMBER FOR ADULT SOCIAL CARE
WITH ADVICE FROM: DIRECTOR OF PEOPLE AND COMMUNITIES
DIRECTORATE: PEOPLE AND COMMUNITIES**



DECISION NO: PC1 (2020/21 SCHEME)

SUBJECT: LOCAL CARE HOME SUPPORT PLAN AND INFECTION CONTROL GRANT

KEY DECISION: YES

REASON: Impact on communities across North Somerset

BACKGROUND:

HM Government announced on 14th May the requirement to develop and submit by 29th May a Local Care Home Support Plan with a requirement to write a letter outlining the local support plan and publish this letter on the Council's website. Allied to this requirement was additional funding for the care home sector, which is outlined below.

The plan by its nature is a multi-agency response and reflects the priorities the Council has already given to support this sector who we recognise have faced unique challenges presented by the COVID-19 outbreak.

A condition of the funding is the adoption of the Capacity Tracker tool, increasingly used by care homes across the country to provide regular information on occupancy, staffing, outbreak details and PPE levels, and recent efforts have been to encourage and support the sector with this system. We now have virtually all Homes signed up to the system (98 of 99), and the return includes feedback from providers to a series of questions that inform the Support Plan. The responses are generally more positive than are neighbours particularly with regard to access to PPE which is the area of most direct accountability but raises some concern with the lower responses to Hospital discharge arrangements and access to professional health support.

DECISION:

- To approve the Letter and Local Support Plan for submission on 29th May and distribution of funding to care homes as per guidance below.
- To extend the flat rate temporary increase of £100 per week on all care home placements made by NSC for a further month, until 30th June 2020.

REASONS:

This return is a mandatory requirement for DHSC and the distribution of the Infection Control Grant is subject to detailed grant conditions.

OPTIONS CONSIDERED:

No other options because this is a mandatory return.

FINANCIAL IMPLICATIONS:

Infection Control Fund

On 15th May, in association with the announcement of the Care Home Support Package, the Government revealed a new £600m Infection Control Fund. The detailed guidance was made available to Councils on 26th May.

The Council will receive £3.861m in two equal tranches based on the number of CQC registered care home beds in the authority area (100 homes with a total of 2,908 beds). The payments are to be received from Government in May (received 27th May) and July respectively. The second instalment will only be made if the authority has provided a completed Care Home Support Plan and is contingent on the first instalment being used for infection control.

Councils must pass 75% of the funding directly to care homes on a “per bed” basis, for use on infection control measures, including to care homes with whom the local authority does not have an existing contract. The remaining 25% must also be used for infection control measures, however, local authorities are able to allocate this based on need. The 25% can also go to care homes or to domiciliary care providers and be used for “wider workforce resilience to deal with Covid-19 infection control”.

The funding is not to be used for “financial resilience”, fee uplifts or PPE, the guidance states that councils should use the previously allocated un-ringfenced funding (2 x £1.6bn) for this.

Allocation in line with the guidance would give the following payments and providing 75% of the funding to care homes would lead to two payments of c. £500 per bed. Officers are verifying the CQC database on which the allocations were based and intend to pass the 75% onto the homes on this basis, with the potential exception of any homes that have closed / deregistered since the database was compiled. The DHSC’s expectation is that funding is passed on within 10 working days of receipt. Proposals need to be developed as to how to allocate the remaining 25% amongst care homes and domiciliary care providers.

	75%	Per Bed	25%	TOTAL
Tranche 1	£1,447,738	£497.85	£482,579	£1,930,318
Tranche 2	<u>£1,447,738</u>	<u>£497.85</u>	£482,579	£1,930,318
TOTAL	<u>£2,895,477</u>	<u>£995.69</u>	<u>£965,159</u>	<u>£3,860,635</u>

To be eligible for support from the grants, providers who do not already do so, must complete the daily care home Capacity Tracker. Providers will also have to keep records of the expenditure and provide assurance to the Council that it has only been spent on the stipulated purposes. Any money not spent in accordance with the grant conditions should be recovered from providers. Detailed conditions will need to be given to providers at the point of allocation.

The second tranche of funding should not be passed to providers if there is any doubt about whether the funding is being used for infection control or if they are not consistently completing the Capacity Tracker.

Councils will be required to submit statements to the Government illustrating what measures providers have used the funding for and what proportion of the authority's allocation has been spent on the various measures.

Specific examples of what the "75%" element of the funding should be spent on include:

- Ensuring staff who are self-isolating because of Covid-19 symptoms or positive test receive their normal wages
- Ensuring staff work in only one care home
- Limiting or "cohorting" staff to individual groups of residents or floors / wings
- Recruitment initiatives associated with the above
- Steps to limit the use of public transport by members of staff (e.g. changing facilities, bike storage, taxi fares)
- Accommodation for staff who choose to stay separately from the families in order to limit social interaction outside work

The extension of the additional payment to Care Homes till the end of June will add a £476k of additional expenditure. As reported in the previous decision, whilst it is anticipated that this should be funded from the un-ringfenced grants that the government has provided for councils, there is a risk that the total amount of funding provided by government will not be sufficient to cover all the additional expenditure and losses of income that the council will face.

LEGAL POWERS AND IMPLICATIONS

None identified.

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

None identified

CONSULTATION

The support outlined in the Plan and funding identified has been discussed with multiple provider representatives and in particular the Care and Support South West Association.

RISK MANAGEMENT

Elements of the support that are not mandatory will be focused on risk management priorities determined by regular multi agency groups including Commissioners, Adult Safeguarding, CQC, Public Health England, CCG, Sirona and our local Public Health team.

EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? No.

CORPORATE IMPLICATIONS

None, other than those identified above.

APPENDICES

- Appendix 1 Letter for Publication to Outline Care Home Support Plan
- Appendix 2 Care Home Support Plan Template

BACKGROUND PAPERS

None.

SIGNATORIES:

DECISION MAKER(S):



Signed:

Title: Executive Member for Adult Social Care

Date: 18.6.20

WITH ADVICE FROM:



Signed:

Title: Director of People and Communities

Date: 18.6.20

Footnote: Details of changes made and agreed by the decision taker since publication of the proposed (pre-signed) decision notice, if applicable:

Appendix 1 – Letter for Publication to Outline Care Home Support Plan

Date: 29 May 2020 **My ref:** JW/pk/290520
Your ref:
Contact: Jo Walker
Telephone: 01934 63 4972



Email: jo.walker@n-somerset.gov.uk

Helen Whately MP
Minister of State for Care
39 Victoria Street
London
SW1H 0EU

Chief Executive
Corporate Services
North Somerset Council
Town Hall
Walliscote Grove Road
Weston-super-Mare
BS23 1UJ

DX 744990 Clevedon

Dear Minister

RE: Care Home Support – local planning return

The Care Sector in North Somerset is an important and significant stakeholder to the economic and social wellbeing of our community and ensuring we maintain a sustainable care market is a key priority within the North Somerset Council Strategic Corporate Plan.

Please find attached:

- Completed Care Home Template, as required.

To follow:

- North Somerset Council's detailed action plan for supporting Care Homes in North Somerset.

Additional Local Information.

1. North Somerset Council Context and Support to the Sector

North Somerset Council (NSC) in partnership with other system partners, is committed to supporting care homes in its area. It maintains a strong brokerage relationship and a

comprehensive contract compliance service, the Council also has strong relationships with its provider base. Each care home has assigned brokers and compliance officers and these services are jointly commissioned with the CCG ensuring a more consistent commissioning voice. These established relationships have been the anchor by which the system has sought to communicate and support the sector during this crisis for the sector.

The ongoing situation for the care home sector has been reported regularly via weekly reporting to council's Executive Team and the Adult Social Care Executive Member. Additionally, there have been briefings to Adult Social Care and Hospital Oversight Scrutiny Panels, on the impact on Adult Social Care and the consequences for social care providers.

North Somerset's Directors of Public Health (DPH) and Adult Social Services (DASS) have overseen this joint work. I personally maintain oversight at the Chief executive through briefings to the council's Corporate Leadership Team and Strategic Incidents Response Team. With daily participation of senior Council officers on LRF and BNSSG gold, silver and bronze command cells. Active membership of the Head of Strategic Commissioning on the BNSSG Care Provider Cell and other related cells relating issues appertaining to the care sector.

Specific support to the care sector included:

- Extended brokerage and contact compliance service seven days a week (since March 2020) and throughout April service hours have been extended to 7pm. A dedicated COVID email address has been established for providers to raise any queries, which is monitored and responded to seven days a week.
- Seven-day urgent deliveries of PPE via NSC integrated equipment store managed by Medequip. Providers are able to RAG rate PPE stockage and request same or next day delivery of equipment from a dedicated Google request form if stocks are likely to be exhausted within 72 hours.
- NSC has procured substantial quantities of PPE (to the value of c. £300,000) particularly face masks, to supplement LRF deliveries, to support the care sector, and encouraged mutual aid from other areas of the commercial and education sector to redirect equipment to support the care sector at points of peak demand.
- Access for care home clients to operational social workers and occupational therapists seven days a week with additional support from Safeguarding and specialist LD and Mental Health social work teams. Including information and advice on areas such as Deprivation of Liberty Safeguards.
- Joint working between Adult Social Care (ASC) commissioning and Public Health to support care Homes experiencing difficulties or outbreaks, with contract compliance staff offering reassuring voice to co-ordinate initial PHE referral, ensuring PPE provision in place and liaising and referring in to specialist PH and CCG infection control staff during initial phase of the crisis.
- Shared intelligence between the Public Health team, Sirona, adult commissioning and CCG to support intelligence gathering; weekly reviews of all homes and identification of any services of concern; detailed management review meetings for providers with outbreaks. This was formalised into a wrap around support offer led by Sirona and available 7 days a week.
- Development of a joint action plan for COVID-19 testing

- Regular intelligence-based provider SITREPs, and risk assessment of providers as a basis for activity, identifying staffing, PPE and financial concerns for escalation.
- Focussed effort for the completion of the capacity tracker by all providers.

Positive partnership working with providers includes:

- Dedicated compliance officer support to contact each care home frequently to establish concerns and issues and offer support.
- Direct engagement with our sub-regional provider association;
- Regular weekly joint communications with all providers from North Somerset Council, Bristol City Council, South Gloucestershire Council and the CCG. These weekly communications provide regular updates on changing guidance, information and advice for providers, as well as financial and PPE updates for providers.
- Building on our existing relationships and provider forums.
- Regular liaison with strategic providers to share their insights in more detail and plan the way forward as the pandemic situation changes.
- An offer to contact the Head of Commissioning directly for any service provider experiencing specific financial concerns.

The council has focused on supporting providers with access to PPE, as a core aspect of good infection protection and control, despite documented national issues of supply and distribution. The commissioning team have:

- Worked in partnership with the BNSSG Logistics, IPC and Care Provider Cells to ensure guidance is disseminated and processes coordinated.
- Established relationships with Care Home registered managers and clinical leads have been built upon to create an efficient support network and flow of information.
- Clear messages have been issued to all providers about how to contact the council. Supply is distributed daily based on RAG rating of stock. Packing and delivery of emergency PPE packs completed by Commissioning team in conjunction with Medequip - our Integrated Equipment Store contractor.
- A seven-day service response to urgent requests has been in place for nine weeks.
- The delivery of over 150,000 PPE items to care homes since the beginning of April (fulfilling all requests received) has been achieved.
- A cross-BNSSG mutual aid system has been established to support NHS and social care providers in need of PPE.

NSC recognises the exceptional financial impacts of COVID -19 on the care home sector. Despite the broad impact on NSC of COVID-19 pressures, additional funds have been made available for care providers. From the beginning of April until the end of June at least, care home providers will be paid an additional £100 per week, per North Somerset Council funded service user. This would amount to £1.542m for the three-month period or an additional £119k per week. For all categories of care homes, this will exceed the ten per cent guide increase and it is likely that payments will continue beyond the end of June. This has also been matched by the CCG for placements that are funded by them. NSC is also modelling additional triggers for support to care homes suffering enhanced difficulties, as a result of severe outbreaks which have led to exceptional staffing or void levels. The council has also been supporting providers to recruit and retain workforce for several years now through joint 'Proud to Care' campaigns. During the COVID-19 period, we have supported work to attract people to social care who are at risk in North Somerset's strong local

entertainment and hospitality sectors. Future access for providers to cost effective agency support including nursing staff is being developed in the HR cell of Healthier Together to partner with a staff agency, although this work will need to ensure that agency staff are not used in multiple locations.

2. Bristol North Somerset and South Gloucestershire System Wide Activity

In Bristol, North Somerset and South Gloucestershire (BNSSG), a Care Provider Cell was mobilised as part of the joint health and social care response to COVID-19. Membership of the cell includes representatives from the following organisations.

- Bristol City Council
- North Somerset Council
- South Gloucestershire Council
- BNSSG Clinical Commissioning Group (CCG)
- Sirona Health and Care
- STP Healthier Together
- Public Health
- Acute Trusts

Organisations are working together well, across organisational and geographical boundaries, to support care providers to meet the demands and challenges that have arisen because of the Covid emergency. More particularly in the following ways:

- ✦ **Joint weekly updates** from health and social care partners are sent to all BNSSG care providers from a dedicated mailbox as well as urgent interim updates when required
- ✦ A multi-disciplinary **Wraparound Support Team** was rapidly mobilised to provide non-emergency clinical and general advice and support to all care providers with a 24/7 single point of access (SPA) telephone line. The team comprises community nurses, pharmacists, hospice end of life care specialists, infection prevention and control nurses, mental health and learning disability teams, the Dementia Wellbeing Service and various teams from within each of the local authorities.
- ✦ An easily accessible **online resource library** with educational and training materials that offer extra support and guidance which has been assured by a purpose established Clinical Reference Group
- ✦ **Robust engagement** with providers: locally-based staff from Sirona (including named clinical leads for each local authority area), the local authorities and the CCG making regular contact with providers to establish relationships, build on what is already working well and attend weekly conference calls with providers hosted by the local care provider association
- ✦ Rapid mobilisation of **outbreak support**, the initial response being determined by a Local Response Team meeting. Baseline assessment of 99 care homes have been carried out and all homes have been offered a weekly or bi-weekly “clinical hour” and virtual group sessions via Microsoft teams to discuss anxiety management strategies with care home staff.

Current focus is ensuring a single view across partners of prioritisation of service risks, through sharing of intelligence that builds on the capacity tracker information. This is an

immediate priority for the system and will lead to earlier identification and focused interventions. This will build on the strong relationships with the sector, and by working across the system we are aiming to provide effective support to care homes in this challenging context.

I hope the above demonstrates our commitment and support in working with partners to assist the Care Sector through challenging circumstances.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jo Walker', with a stylized, cursive script.

Jo Walker
Chief Executive

Appendix 2 Care Home Support Plan Template

COVID19 Care Home Support > Implementation Status

Local Authority: North Somerset

Contact name: Gerald Hunt

E-mail: gerald.hunt@n-somerset.gov.uk

Total number of CQC registered care homes in your area: 99

Please submit local plans (covering letter and this template) to CareandReform2@communities.gov.uk by 29 May

Complete

*Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) <i>If Yes, please offer a brief description of the type of support that would be helpful</i>	Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures			
1. Ability to isolate residents within their own care homes	94	No	Brokerage will use this information to inform placement
1. 2) Actions to restrict staff movement between care homes	81	Yes	Providers are mainly managing this so far. We expect providers to begin to need to let staff have time off. Workforce is a sub-regional issue and work underway with a framework arrangement for care homes that would determine this. NSC has provided all contracted care homes with an additional payment to address pressures, including the need to enable staff to isolate. This amounts to £100 per week per funded bed. Currently in place at least until 30th June. We will provide additional infection control payment in line with guidance. COVID-19 represents a pressure on local authority finances generally, of which adult care is a major but not sole issue. Funds provided are not sufficient to enable all costs of all providers to be fully reimbursed. Further engagement with providers to prioritise this support.
1. 3) Paying staff full wages while isolating following a positive test	44	Yes	Clarity on insurance and use of NHS Bank staff Clarity that the Grant can be used to support this incentive
Section complete			
Focus 2: Testing			
1. 1) Registration on the government's testing portal	73	No	Providers not registered, will be further encouraged to register
2. 2) Access to COVID 19 test kits for all residents and asymptomatic staff	31	Yes	NSC Public Health and Adult Care Commissioning are working closely to ensure advice about access to, and prioritisation of, testing fully supports care homes. We have groups of small care homes (under 50 residents in each) that share ownership and management and have high numbers of COVID, they need to be treated as one organisation rather than several care homes. Many of our clients with LD are in smaller care homes, but they are particularly vulnerable to respiratory infection and death, the 50 limit does not help these clients.
1. 3) Testing of all residents discharged from hospital to care homes	54	No	Adherence to BNSSG discharge guidance confirmation is a requirement part of discharge dialogue, brokerage is demand this in place. Non adherence to guidance has been escalated.
Section complete			
Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment			
1. 1) Access to sufficient PPE to meet needs	93	No	Support and supply chains sufficient for providers to source PPE supplies themselves via the proposed Clipper system NSC has in place a seven day a week response service to provide PPE to any provider that RAG rates their PPE stock as less than 72 hours supply. We have co-ordinated the delivery of approximately 70k PPE items to care homes since the beginning of April supplied from LRF and our own purchased provision. We have a representative on BNSSG Logistics cell and have linked with the BNSSG IPC and Care Providers Cells to ensure partnership working with other local authorities and CCG and to gain understanding on infection control and public health guidance and ensure the correct messages are passed to care providers.
1. 2) Access to medical equipment needed for Covid19	74	No	Guidance on how pulse oximeters procured nationally are intended to be deployed. scale of access to other medical equipment within homes already is not currently known
Section complete			
Focus 4: Workforce support			
1. 1) Access to training in the use of PPE from clinical or Public Health teams	82	No	The BNSSG system virtual training includes a telephone call to the home, structured risk assessment of knowledge and skills re IPC and use of PPE using our incident Management Tool. During the call(s) we offer follow up call and training, signposting to online resource library which includes online training for PPE, IPC guidance, home visiting guidance etc. All homes that are deemed to be vulnerable are followed up and LA PH teams, CCG and community provider have weekly review meetings about all challenged or vulnerable care providers to ensure agreed plan of support is in place. Across BNSSG 160 homes out of 291 in total have received virtual training. There are 6 support trainers and 14 local trainers. NSC commissioners have been contacting all care homes aiming for 100% take up (or evidence of equivalent in place).
1. 2) Access to training on use of key medical equipment needed for COVID19	69	No	Primary and Community Care cell are developing local policy for training of care homes in their use and threshold for issue Access to training the trainers has been difficult in the South West.
1. 3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	43	Yes	We have engaged our workforce cell for bank workers and returning staff, the issue for NHS staff is one of who the employer is, T&Cs and death insurance Healthier Together Workforce and VSCe cells are working on initiatives for care homes to access returning healthcare professionals, insurance issues are being queried nationally for which option for employment to deliver. Vscce cell is enabling care providers to access NHS volunteers and local community action groups. PPE has been a limiter.
Section complete			

Focus 5: Clinical support

5. Named Clinical Lead in place for support and guidance
1)

68

No

All care homes have an allocated, named clinical lead and receive a weekly 'check-in'.

Named individuals in place, repeat comms to address any lack of awareness.

5. Access to mutual aid offer (primary and community health support)
2)

88

No

PCNs are aligning to all care homes to give full practice coverage, and proactive support is in place through the multi-disciplinary wrap-around support team.

BNSSG Care Provider Cell has overseen a community health led wrap-around service which includes community nursing, IPC, Public Health, pharmacy, and of life support, mental health support. On a weekly basis information is shared between this service, NSC commissioners, NSC Public Health, CCG IPC and PHE to identify services who require additional support or have not engaged to follow up. All homes are considered as part of this and 30 homes have been discussed in detail. Where there are additional issues this is escalated into a multiagency incident review meeting, including the provider. We have held 8 of these meetings.

Section complete