

Cheshire West and Chester Council

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Helen Whately MP
Minister of State for Care

Dear Minister

Support for Care Homes

You wrote on 14th May 2020 to Council Leaders, requesting a response from Council Chief Executives, on behalf of our wider partnerships, setting out the support we are providing to care homes.

This response sets out the joint co-ordinated action established between Cheshire West and Chester Council and our partners to support the care home sector in West Cheshire. We are proud of the support provided by social care staff across our borough, working in the most challenging of circumstances. 418 people within our care homes have been reported to us as having experienced the symptoms of Covid-19, and of this total 159 are reported to have died. 90 deaths are recorded by ONS to have occurred within a care home setting within our borough up to 15th May, and having been registered up to 29th May. Our thoughts are with all the victims of this terrible virus, their families and friends. We are committed to doing all we can to support our care home residents and others affected.

Our Council has, over a number of years, developed positive and productive relationships with partners in the social care sector. These relationships created a strong basis for the response to the current Covid-19 emergency and allowed us to work together rapidly to put in place support, from the outset. We have benefited from, and made a strong contribution to, collaborations beyond the council's

boundaries; including as members of the Cheshire Local Resilience Forum, and through the North West and National Association of Directors of Social Services.

Our response has been endorsed by the Council's Cabinet, with regular engagement from the Leader of the Council, and the Cabinet member for Adult Social Care and Health. This has included daily reporting from our social care providers, identifying the risks to staff, service-users and residents, requirements for PPE and other support.

The Health & Wellbeing board has met twice since the start of the emergency period and we are now in the process of establishing an Overview and Scrutiny Committee to ensure the Council is fully transparent and accountable for its actions during the pandemic response.

We therefore welcome the opportunity to describe the steps we have put in place, and the challenges we have faced:

1. Infection Prevention and Control

Provider Information

The council have shared, via regular and frequent provider bulletins, all relevant guidance on infection control with care homes. This included the national guidance; flowcharts developed locally with our own Public Health team; and guidance from the Cheshire & Wirral Partnership Trust Infection Prevention and Control service (a service commissioned by the Council). This ensured care homes had the most up to date information in simple formats to understand how to best prevent and manage any outbreaks.

Outbreak Management

The Infection Prevention & Control Team work closely with Public Health, Public Health England and other NHS colleagues (microbiology, primary care) on responding to local outbreaks of infectious disease. This includes:

- ensuring robust infection control measures and support are in place prior to any outbreak in care settings and that these are monitored.
- collating data on a range of infectious agents in order to monitor trends and identify potential outbreaks. Outbreaks are also notified by care homes themselves and may also be identified by Public Health England / microbiology

- where possible, visiting the settings with an outbreak to risk assess and ensure immediate control measures are in place, the setting will then be supported by the team throughout the outbreak
- in the case of more complex or larger outbreaks, establishing an Outbreak Control Team (OCT) led by PHE.
- writing up and learning from complex outbreaks.

2. Infection Prevention & Control Training

Cheshire CCG has implemented training of care home staff in a nationally-set programme of Infection Prevention Control and use of PPE and swabbing. CCG Nurses have received “Super Trainer” training in this subject and they have trained other CCG nurses to increase the capacity of training. These trainers are currently delivering the Infection Prevention and Control training to care homes identified as highest priority by the Community IPC team, which is commissioned jointly by the Directors of Public Health for Cheshire West & Chester and Cheshire East.

3. Personal Protective Equipment (PPE)

One of the biggest challenges that providers have faced is accessing appropriate and sufficient PPE. The national system has been unable to meet their needs and their usual supply routes have frequently failed. The Council has therefore agreed to step in to provide PPE to meet urgent requirements. We estimate that the cost of providing urgent supplies of PPE to the adult social care market within the borough for a 6 month period will be £2.6 million, secured mainly through a successful joint procurement exercise with Cheshire East Council. This is on top of the PPE delivered from the national stockpile through ad hoc deliveries via the Cheshire Local Resilience Forum, which the Council has passported quickly through to care providers, and a donation from the Fujian Provincial government, China.

The Council contacts all care homes daily to understand their current PPE stock levels and any concerns they may have with sourcing appropriate equipment. Where care homes have experienced difficulties, we have shared details of other approved PPE suppliers and details of the National Supply Disruption Line. If care homes remain unable to secure PPE, the Council provides emergency supplies, delivered to the care home on the same day. The council has purchased additional items of PPE to ensure that the sector is able to operate safely as the supplies delivered via the Cheshire Local Resilience Forum were inadequate and available on a sporadic and unplanned basis; and in some cases the products provided were unsafe and had to be recalled and replaced. Cheshire CCG have also supported the sector with mutual aid requests for those care homes requiring more specialist PPE, such as FFP3 masks.

4. Reducing Workforce movement

Part of the recently announced £600m funding for care homes around infection control will also be used to further support reducing workforce movement by allowing care homes to top up staff salaries. For example, those who may work part time and have hours in other care homes could have their income supported to attend only one role in a single care home. The funding will also allow providers to pay staff 'normal' wages when they are self-isolating or following a positive test to prevent staff attempting to return to work too soon. We welcome this additional measure as a means of supporting delivery of the "Unison versus Covid-19" pledge, which the Council Leader has committed to support.

The Council has continued to share updates, good practice, training videos and material from our Public Health Team with all care homes to support them in effective infection prevention and control. This has run simultaneously with the IPC training offer outlined above. Care Homes are encouraged to prevent staff working across multiple sites to further reduce the risk of infection being spread between care homes.

5. Stepping up NHS Clinical support

For each care home the CCG has worked with partners to identify the named clinical lead and the delivery of the three elements of the COVID-19 care home support:

- Weekly 'check ins' between primary care and the home
- Process for the development of personalised care and support plans
- Clinical pharmacy support, including structured medication reviews to care home residents.

The CCG has rolled out an IT programme that has enabled all General Practices to have access to laptops as well as updated software systems to support virtual appointments and assessment.

Following initial challenges to supply due to national shortage, each nursing and residential home has received visors, blood pressures monitors, a pulse oximeter and disposable thermometers.

All nursing and residential homes were supplied with information packs on "Restore 2" and "Restore 2 mini", to better recognising deteriorating residents and daily online webinars were provided by the Innovation Agency for 3 weeks.

In addition, the CCG are also providing Medicines Management support. A CCG medicine management care home team is in place to provide medication reviews,

information and advice as well as supporting homes to adopt the new guidance around End of Life medications.

6. Testing

Public Health and the CCG are providing advice and information on testing pathways regularly via care home bulletins. Support to swab residents in care homes is being supported through testing satellite centres, the CCG co-ordination centre as well as community health teams. Testing continues in the sector and 2,000 residents and staff in care homes have completed a COVID19 Test.

Testing has proved a problematic area for the care home sector since its introduction. The key issues reported are:

- Self-referral routes for testing remain unclear. This is compounded by the introduction of the Care Quality Commission testing pilot. Care Homes are confused via which route they have requested or completed testing.
- An absence of detail of what happens once referrals have been made in terms of timescales for response and results. This level of uncertainty is extremely challenging for care homes to manage.
- An absence of national protocol and guidance provided around negative test results.
- It remains unclear whether care homes which had whole care home testing through the CQC pilot can also access testing via the new portal route
- There is no process to automatically notify the Local Authority that a care home referred via the portal will be commencing swabbing. This prevents the Infection Prevention & Control Teams providing the necessary support.
- Public Health Departments are unclear how prioritisation of care homes for testing can be changed once initial prioritisation is already set.

7. Addressing short-term financial pressures

Immediately at the start of the declared COVID-19 emergency in March, the Council moved to inform providers that we would change our payment rules to pay on commissioned hours rather than the usual process of actual hours. Therefore, for instances where service users cancel care visits due to COVID-19, providers can continue to claim for these calls based on commissioned hours rather than actual hours delivered. This ensured that payments continued to be made to providers in line with expected income.

In addition, the Council wrote to providers on 21st April outlining the offer to support them to remain operationally and financially resilient as they respond to the COVID-19 pandemic. The offer includes:

Timeliness of payments - The Council has agreed to change current arrangements for making payments to Adult Social Care providers by offering payments in advance for care delivered during the period 25th April to 19th June. This is a change to our usual method of payment in arrears and facilitates providers to better manage cashflow.

Extraordinary Expenses - We recognise that providers are incurring additional costs as a result of following government guidance in responding to the Covid-19 emergency, specifically:

- additional expenditure incurred in purchasing additional or specific PPE which is over and above your regular requirements, for use in line with government guidelines; and
- additional staffing to ensure business continuity due to Covid-19 related absence (due to staff being unwell or needing to self-isolate), recognising that absences due to Covid-19 have been higher than average absence rates for many providers, and the additional cost of this recruitment

The Council has therefore agreed to support providers financially by reimbursing reasonable additional expenditure incurred as a result of the above for the period 1st April 2020 to 31st May 2020.

We estimate that the cost of providing the above package of support will be up to of £2.4 million. This commitment is separate from the funding that care homes will receive directly as a result of the government's announcement of the £600 million infection control funds. We are now reviewing options for funding of the provider market as we enter the next phase of the COVID pandemic and the easing of lockdown. These options will consider how best to continue to support the sector financially as the impact is forecast over the next period.

8. Approach agreed locally to providing alternative accommodation

In mid-April we agreed with our NHS partners that we would not place COVID-positive patients into care homes and that they would instead be quarantined in hospital and community health bed-based settings, where there was at that time sufficient capacity. This was a key contributor to preventing the spread of COVID19 in care homes.

Through the Cheshire and Merseyside Out Of Hospital Cell we are engaged with our CCG partners in modelling care home capacity and need, as well as using data to plan future commissioning on a local and wider Cheshire and Mersey footprint. A system-wide demand management tool has been developed along with plans for three possible surges in COVID-19 admissions. This work is also developing

consistent approaches to support care homes on safe discharges and admissions and will be used to inform the contingency planning for emergency accommodation.

While the Council continues to develop with partners an approach that will provide alternative accommodation as part of the out of hospital offer, there is currently an understandable reluctance from the care home sector locally to provide appropriate locations for cohorting COVID-positive persons who cannot move to their previous care home settings. This is particularly acute for those with nursing and dementia nursing needs, who it is not appropriate to move into hotel accommodation.

We and our partners are committed to developing a solution to this, including reviewing the part that our in-house bed-based service can play in meeting this challenge. We welcome any examples of good practice, regionally and nationally.

9. Local co-ordination for placing returning clinical staff or volunteers into care homes

Care Homes were approached to understand if they would benefit from placing returning clinical, nursing staff or volunteers into care homes. The local care home providers stated that, whilst they did need additional resources, they would prefer to employ the staff either directly or via a recruitment agency, to ensure the appropriate insurance and indemnities were in place to protect staff and residents. They also stated that they did not have the capacity at present to undertake additional recruitment and were covering staff absences by offering staff overtime and utilising existing agency arrangements. This approach ensures residents are being supported by staff already familiar with the operations of the care home and the needs of the residents. This approach also reduces workforce movement as outlined in point 4 above.

Under CQC regulations, care home managers remain responsible for ensuring the competency of staff to operate in their homes. The level of experience – or often the gap in service - of returning clinical staff was such that significant input would be needed to ensure competency to a regulatory standard. Our local sector informed us that this input could not be provisioned in the midst of a crisis.

An extensive recruitment campaign was developed across the region to boost the numbers of people working in adult social care, with a focus on care workers for our providers. The Council played a part in supporting this local and regional recruitment drive for the sector, promoting vacancies on behalf of providers and matching them with candidate applications. We continue to liaise with our providers to ascertain the best way we can help them grow the workforce as the crisis begins to stabilise.

10. Daily arrangements to review the local data and information of the state of the market locally.

We started daily calls to all care homes immediately at the start of the pandemic. As well as offering general advice and support to care homes these calls also capture a range of data which is used to inform a daily local dashboard which tracks the following:

- No of resident deaths
- No of residents showing symptoms
- No of residents tested
- No of confirmed cases
- No of residents recovered
- No of staff showing symptoms
- No of staff self-isolating
- No of staff tested
- No of staff deaths
- PPE status and deliveries made
- No. of vacancies

The dashboard attached a risk rating to all care homes to allow us to track COVID outbreaks and impact, and actively target those homes that need additional support from the council or from health partners. We share the intelligence from the dashboard as part of thrice-weekly calls with health partners and Cheshire East colleagues to discuss the care home position across Cheshire. The information collected through this process has also informed our local response and is made available to the Local Resilience Forum's Strategic Coordination Group to inform their overall response to the pandemic; including playing an important role in alerting them quickly to the need to escalate concerns nationally about growing infection rates and deaths within care settings. A summary is also reported daily to the Leader of the Council and Cabinet Member for Adult Social Care and Health.

In addition, the Council moved its Contracts team work to a seven-day a week working pattern to ensure that provider issues and escalations could be managed immediately even on traditional non-working days. The Council are also monitoring the information submitted by providers on the NHS capacity tracker.

Forward Plan

As well as continuing the work outlined above, the Council and our partners have a number of structures and plans in place to continue to support the sector.

Local Resilience Forum Care Homes & Domiciliary Care Cell: a multi-agency sub-regional cell across Cheshire & Mersey focusing on the providers sectors. This cell is under the Local Resilience Forum governance structures and has established

separate workstreams to develop sub-regional plans for Care Home Resilience, Care Home Closures and Support to Care Homes, as well as considering the domiciliary care sector also. It is chaired by Cheshire West and Chester's Deputy Chief Executive.

Cheshire Care Home Operational Group: the operational group is multiagency and consists of representatives from Cheshire East Council, Cheshire West and Chester Council, NHS Cheshire CCG, and the Community Infection Prevention Control Team. The purpose of the thrice-weekly call is to raise and resolve issues and to share information affecting the provision of accommodation with care, particularly as a result of Covid-19. The calls also identify issues which require escalation to the Strategic Group

Cheshire Care Home Strategic group - the Strategic group is multiagency and consists of representatives from Cheshire East Council, Cheshire West and Chester Council, NHS Cheshire CCG, the Community Infection Prevention Control Team and the NHS Provider Trusts. The key objectives are to respond to any escalations from the Operational group. Main focus areas to date have been patient/resident flow, admission and discharge pathways, swabbing pathways, Infection Prevention Control, plus offers of mutual aid and assistance

Provider Recovery Team – The Council is investing in a new team to continue to support the care home and other social care provider sectors as the COVID19 emergency stabilises. We recognise that the sector will continue to need significant input and tailored support as the situation coming out of COVID19 develops and we have invested in this accordingly.

Additional Oversight and Support from June 2020. From 1 June, the Council will be stepping up our response to supporting providers, including:

- Provider survey to be sent out to gain the view of the sector around the next stage of resilience and recovery
- Quarterly meetings with Directors of Adult Social Care, People's Commissioning, Director of Quality at the CCG and Regional CQC Manager.
- Bi-monthly joint quality and risk meetings with all key stakeholders – Council, CCG, CQC, IPC, Police, Fire, and community healthcare partners to share intelligence and ensure homes are supported
- Weekly meetings between Council Contracts Team, Adult Safeguarding and CCG Quality Team to monitor and offer support to the sector.

Test & Trace Beacon Council

Cheshire West and Chester Council has been chosen as one of just eleven areas across the country to take forward the first wave of local action as part of the Government's Covid-19 recovery strategy. The Test and Trace Service is central to containing Coronavirus. Its primary objectives are to control the Covid-19 rate of reproduction (R), reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible.

As part of this role, we will work with Government to develop best-practices and capture learning, sharing these with other local councils in our region. We are particularly focused on the need for an effective test and trace system to support safer care homes, and are identifying significant gaps in the national approach to testing, contact tracing and data management; alongside the establishment of effective local outbreak management plans.

Provider Staff Wellbeing

Our CCG partners have commissioned an online tool to support the wellbeing of care home staff as well as a 24/7 all age mental health & wellbeing support phone line. Recognising the toll that the COVID pandemic is taking on the sector, further work is underway with the community sector and mental health providers in enhancing bereavement services to care home staff and residents.

Integrated Care Partnership – The Long Term Care workstream of our local Integrated Care Partnership had care homes as its primary focus prior to the COVID pandemic. As this workstream is brought back online in the coming weeks it will continue this focus with a greater emphasis on mobilising system support models that can support the sector long-term.

Challenges and areas where extra support is needed

The COVID-19 pandemic is a period that presents unprecedented and significant challenges to the Adult Social Care sector. The initial responses and guidance from central government clearly featured acute hospital settings as its primary focus, and lacked sufficient detailed consideration of the impact on care homes, domiciliary care and the wider Adult Social Care system. Implementation of processes, funding and guidance around testing, PPE and other pressures affecting service users in care homes and wider community social care settings, came too late in the pandemic, and even now continues to restrict an effective response. The "Cinderella" role that adult social care continues to play within the health and care system lies at the heart of many of those failures, and must – in our view – be a fundamental learning point from this crisis. So too is the chronic and continuing underfunding of the adult social care system.

Although your letter was focused on the care home sector, these challenges apply also to the wider Adult Social Care community provision, particularly in domiciliary care and the supported living sectors. The elements of the sector also require enhanced focus and support as the pandemic continues.

Your letter also asked local systems to identify where extra support may be required. The following continue to present difficulties in Cheshire West & Chester, as they do across the country.

- Testing remains a challenge as outlined in Section 6, above. Care homes are finding the routes to test residents and staff confusing, and are experiencing unacceptable delays in securing test results. The commitment to empower Directors of Public Health to prioritise care homes for testing has not yet been delivered. We need much more local autonomy in prioritising and securing timely tests for our care homes and other care providers.
- Supplies of PPE remain highly dependent on supplies secured at significant costs to the Council. Indeed, without this intervention, care providers would have faced a crisis with a serious impact on staff and resident health. PPE for aerosol generating procedures continues to remain challenging, as supply can be variable, and demand is likely to rise following Infection Prevention & Control training.
- Care homes will continue to have significant voids moving forward as a number remain closed due to outbreaks, as residents die, and new entrants are reluctant to move in. Funding of the sector will remain challenging in the medium term as this continues. This will require significant investment in addition to funds already allocated.
- Alternative accommodation for those tested positive for COVID who cannot return to their usual care home or be placed in a care home of choice is proving difficult to source from the market, particularly nursing care. This is creating a barrier to the local authorities' duty to provide this accommodation.

Thank you for this opportunity to share the good work of our local system in responding to this unprecedented situation, and for inviting us to identify gaps that can be resolved at national level. We look forward to contributing to, and learning from, the good practice this exercise identifies regionally and nationally.

Yours sincerely

Andrew Lewis
Chief Executive