

ADULTS AND COMMUNITIES SCRUTINY COMMITTEE	AGENDA ITEM No. 7
30th September 2020	PUBLIC REPORT

Report of:	Will Patten - Director of Commissioning	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health	
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CARE HOME SUPPORT PLAN

R E C O M M E N D A T I O N S	
FROM: <i>Charlotte Black – Service Director, Adults and Safeguarding</i>	Deadline date: <i>N/A</i>
<p>It is recommended that Adults and Communities Scrutiny Committee:</p> <ol style="list-style-type: none"> Note and comment on the contents of this report. 	

1. ORIGIN OF REPORT

1.1 This report is reporting progress on our local Care Home Support Plan, which is a national government condition of all local authorities.

2. PURPOSE AND REASON FOR REPORT

2.1 Following the Minister of State for Care’s letter of 14th May 2020 to Council Leaders regarding the need to develop a local plan for Support to Care Homes. Peterborough City Council and Cambridgeshire County Council submitted our joint local plan on the 29th May 2020, which was developed jointly with NHS colleagues. The plan outlines our health and care system response to support care homes to embed infection prevention and control to minimise the risk of COVID 19 outbreaks in homes and deliver the outcomes associated with the Infection Control Funding from central government. In conjunction with health and care system partners, we have developed a joint action plan to monitor progress on implementation of the plan. Infection Control Funding national allocation equates to £1.751m in Peterborough.

This report provides an overview and update on implementation of our local Care Home Support Plan.

2.2 This report is for the Adults & Communities Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions 13 determined by Council:

- Adult Social Care
- Safeguarding Adults

2.4 This report links to the following Corporate Priority:

- Safeguard vulnerable children and adults

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

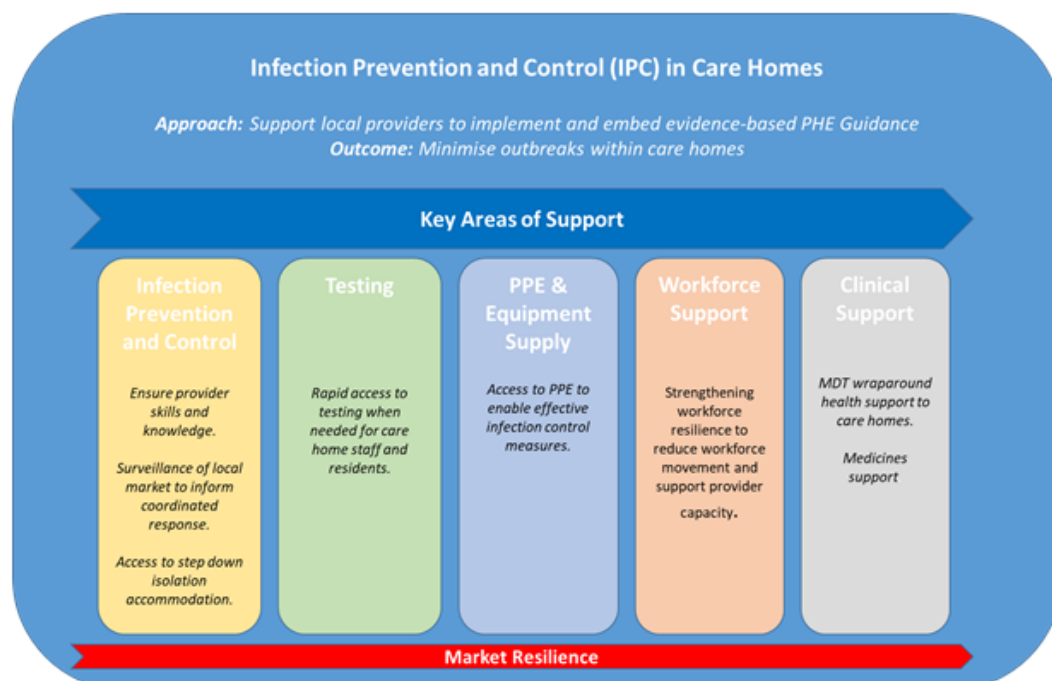
Our local Care Home Support Plan can be found in Appendix 1 and is also published on the Council website [here](#).

The local plan builds on the strong partnership foundations we already have in place across our health and care system. The local response to the pandemic and our current plans incorporate the enhanced understanding provided through local data, feedback, demand and support needs we have identified because of COVID. We continue to work collaboratively with the system and provider market through the establishment of a multi-agency governance structure to manage our local response to COVID. All partners are working extremely closely together to ensure we are maximising the capacity in the system, sharing intelligence and targeting our resources jointly. This is to ensure early identification of issues or support needs including COVID outbreaks and infections in care settings and in the community. We have a good relationship with local providers and liaise with them frequently to identify any issues at the earliest opportunity. This includes via regular online and telephone based forums, coordinated communication channels and a regular social care presence in care homes working alongside and supporting them. Continued collaboration with providers has been central to the development and delivery of our local plan, including ensuring that where the Local Authority has discretion about use of infection control funding, that we consult providers to understand what will achieve the greatest benefit in terms of infection control measures.

Fundamental to our approach is making sure that we support our providers to prepare for the possibility of future outbreaks and make sure any measures put in place increase longer-term resilience, minimising the risk of outbreaks as much as possible.

Our care home support plan is an integrated approach across health and social care, to ensure that providers are receiving the right support at the right time to enable them to strengthen infection prevention and control practices, whilst delivering the best outcomes for people. Working collaboratively with the market is fundamental to our approach and ensures that providers can inform how we move forward. We will continue to identify care homes who are most at risk of an outbreak or have high levels of COVID positive or symptomatic residents and/or staff and focus on these as a priority.

In line with the national guidance, our local plan addresses our approach to infection and prevention control measures in care homes across the following five key areas:



To ensure effective implementation of the plan, a detailed action plan has been developed. Delivery and progress of this is overseen by the multi-disciplinary out of hospital cell, which meets on a weekly basis and has senior representation from the local authority, CCG, CPFT and public health. This meeting is informed by current and recent data about outbreaks in the community and in care homes and uses that data to prioritise support and resources.

Public Health England data shows that from 25/5/20-20/7/20, Peterborough had 6 care homes with suspected or confirmed outbreaks of covid-19. In total, up to 20/7/20, Public Health England data shows that 22 care homes in Peterborough have reported suspected or confirmed outbreaks of covid-19.

The below table summarises the action plan and progress to date:

Action	Description	Timeline	Lead	Progress
Infection Prevention and Control				
IPC Training	Infection Control Training (train the trainer model) rolled out	29 th May 2020	CCG	Access to PPE training was rolled out to all 174 care homes across Cambridgeshire and Peterborough. 17 homes declined training.
	Development of training tools and specialist support - We continue to explore with care homes any other work our enhanced local Infection and Prevention Control (IPC) team can do to increase intensive specialist support to the care sector on an ongoing basis.	Ongoing	CCG	
	Ongoing support - There will be continued support in the following areas to ensure sharing of best practice, guidance and lessons learnt with providers, including:	Ongoing	Local Authority and CCG	Regular newsletters are being sent to providers to ensure they are aware of latest guidance. Provider forums continue to meet weekly, with focused presentations/attendances scheduled.

	<ul style="list-style-type: none"> • Sharing of lessons learnt including areas of infection control weakness and risk • Weekly provider forums supported by infection control nurse • Daily newsletter including a range of support and advice 			
Isolation Accommodation	Implementation of local step down beds - to support safe discharge from hospital for those who cannot return to their care home immediately and require 14 days isolation after hospital discharge, to reduce risk at the point of transfer into a care home.		CCG	CCG exploring options and identifying where wrap around care from local primary care team and CPFT will be strongest. Further work is being undertaken on this to understand step down bed requirements in light of winter pressures and further COVID peaks.
Outbreak Management	Ongoing outbreak management support for care homes To offer continuing support to care homes and wider residential care settings that develop outbreaks. To link in with the local covid-19 health protection board as required.	Ongoing	Local Authority / CCG / Public Health	Continues to be overseen by the local care home cell in line with the standard operating procedure. Providers are risk assessed and support offered dependent on needs. The care home cell has contributed to and is linked to the local covid-19 outbreak plan. The care home cell contributes to the development of the local covid-19 outbreak plan Plan Incident Management Team meetings for homes of concern.
Surveillance	Develop coordinated data set to inform local operational and strategic response - Development of a more proactive approach to ensure alignment of provider reports with other sources of intelligence to enable early identification of potential outbreaks. Alignment and review of data on local trends, feedback from MDTs, provider reporting and other sources will be coordinated through the local care home cell to inform a proactive response and target / prioritise testing		Public Health	Analytical support has been identified and work is already in progress to align data sets and coordinate feedback into care home cell and newly formed system-wide surveillance cell, which will sit under the covid-19 health protection board.
Testing				
National Care Home Portal	Department of Health and Social Care launch of strategy for testing in adult social care. Promoting access to increase uptake by local providers.	June/July 2020	Local Authority / CCG / Public Health	Paused rollout in July 2020 whilst Radox test kits investigated. Reinstated mid-August to reach all homes for older people and people with dementia by 7 September. All other adult care homes will be able to place orders from 31 August.

				<p>Routine testing of staff weekly and residents every 28 days is provided through this Pillar 2 testing. Advice has been released to care homes about how to manage safe visits to residents and the Director of Adult Social Services (DASS) and Director of Public Health (DPH) have written to all care homes to advise. The Contracts team are working with providers to review and ensure robust policies and risk assessments are in place that comply with this.</p> <p>As we approach the autumn period, we are developing plans to maximise opportunities for social care staff (internal and external) to have the flu vaccination as a mitigation against the scenario of winter flu hitting at the same time as a further COVID 19 outbreak.</p>
<p>Capacity for rapid local testing and results</p>	<p>“Test, Track and Outbreak Management” - roll out locally will prioritise care homes and people being admitted to them.</p> <p>Appropriate and effective testing policies - We are working across the system to ensure appropriate and effective testing policies for diagnosis, outbreak control and surveillance. This approach includes:</p> <ul style="list-style-type: none"> • Working across the system to understand best practice with regards to routine testing for care home residents, care home staff and key members of the wider health and social care community workforce who need to visit homes as part of their role for the purposes of surveillance and early detection of asymptomatic infection; • Swabbing for all hospital discharges into care homes; • Swabbing for care home admissions from community settings; 		<p>Public Health / CCG</p> <p>CPFT</p>	<p>As part of Test, Trace and Outbreak management roll out, work is ongoing to ensure that testing data flows are aligned to inform operational response when outbreaks are identified (particularly through national testing routes).</p> <p>Work is ongoing to understand the impact of Test and Trace on care workers who are identified as contacts of confirmed cases.</p> <p>There has been a recent change to the arrangements for care home testing due to concerns about the Randox / Pillar 2 tests, which have been withdrawn. The CCG continues to prioritise any local testing capacity to care homes according to risk and the new national portal scheme is now being rolled out.</p> <p>Community nurses are able to swab residents in their own home prior to care home admissions</p>

	<ul style="list-style-type: none"> Rapid access swabbing and results for homes where there is a suspected/confirmed case of COVID 19 			
PPE & Equipment Supply				
Emergency PPE Supply	<p>Coordinated access to emergency PPE supplies: centralised access via the LRF supply for providers to access and ensure clear communications to providers on how to access.</p> <p>Information and Support to Care Homes</p>	<p>Established</p> <p>Ongoing</p>	<p>Local Authority / CCG</p> <p>Local Authority/PP E</p>	<p>Emergency supply was established and access to this was available for providers where an emergency supply is required. Now that PPE costs and supply routes have recovered providers are accessing their own PPE and not requiring emergency supplies but are encouraged to contact us if they are struggling.</p> <p>As well as temporary financial support to aid providers with some of the additional costs associated with COVID 19, including PPE, we continue to support providers with information and access to identified verified PPE suppliers. We recognise that there are still care homes who are not confident about PPE supplies and we will continue to do targeted follow up work with providers where this has been identified as an issue</p>
Workforce Support				
Additional Workforce Capacity	<p>Access to volunteers, coordinated through the local COVID county coordination hub, including:</p> <ul style="list-style-type: none"> Training offer for volunteers to ensure skills and knowledge <p>Effective recruitment of volunteers via the hub and pathways to ensure effective matching of skills with demand</p> <p>The use of redeployed staff from the Local Authorities and CPFT</p> <p>NHS returners to be allocated to care homes</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Local Authority</p> <p>Local Authority / CPFT / CCG</p> <p>CCG</p>	<p>Establishment of virtual training was put in place for volunteers, based on the materials provided by Skills for Care. A number of volunteers with relevant previous experience have received face-to-face personal care training and were matched to homes experiencing pressures.</p> <p>CPFT explored whether they can access support for care homes via their bank staff</p> <p>Redeployed capacity was put in place to support providers with significant workforce issues.</p> <p>A process for returning clinical staff to be allocated to care homes was established, working closely with national identification of nurse returners, student nurses, dentists etc.to inform identification of potential resource. However, we</p>

				have found that both volunteers and returners from all professional groups have been reluctant to work in care homes and deliver personal care. We feel this is due to the homes being seen as 'high risk', and not within their usual experience. We have worked hard to continue to pursue this with individuals but still this has resulted in no NHS returner capacity. The CCG has established training package/practitioner support around returning staff deployed in care homes to help support this.
Small Providers	Targeted review of business continuity plans and support to small providers: We have determined locally that the risks are greater with smaller, single operator settings and identified those providers we need to be particularly vigilant about in terms of need for support.	31 st May 2020	Local Authority	Detailed review of business continuity plans with small providers (35 across Peterborough and Cambridgeshire) has been undertaken. Most providers have business continuity plans in place and we continue to offer support to a number where there is an identified need for more robust plans.
Wellbeing	Wellbeing and emotional support for provider workforce	Established	CCG	A significant organisational support offer has been developed for local providers, including individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social care providers and their staff including care homes, domiciliary care and care staff in other settings.
Clinical Support				
MDT Support to Care Homes	Designated clinical lead for each care home	29 th May 2020	CCG	Confirmed existing clinical practice leads to all care homes week ending 29 th May 2020.
	Establishment of Care Home Health Team and weekly MDT meetings	29 th May 2020		MDT leads for practices, CPFT, social care and medicines agreed.
	Enhanced Primary Care Support Offer in place	29 th May 2020		Subject to sign up of the new enhanced service (deadline was Friday 29 th May), weekly check ins began week of 1 st June 2020. CCG has worked through all the practice enhanced service responses and sent out letter to care homes week of 1 st June.
Technology	Supporting care homes with the technology infrastructure to deliver virtual consultations and remote diagnostic monitoring.	July 2020	CCG	A recent survey of local care homes, which received an 80% response rate, identified that around 17% of care homes across Cambridgeshire and Peterborough

				do not have access to remote working equipment. In addition, there is varied access to diagnostic equipment for remote monitoring of residents' vital signs. CCG has rolled out provision of equipment to care homes to support this.
Mental Health Support to Care Homes	Review of provision: Communication links between primary care and psychiatric services are currently being reviewed and we anticipate these will be enhanced further in the near future and will benefit the way in which we support care homes.		CPFT	
Medication Support	Access to medications	Ongoing	CCG	The CCG have been working closely with GP Practices and community pharmacies to ensure that care home residents receive their medications by managing supplies and reducing the impact of stock shortages, whilst also implementing new processes for online ordering to reduce face-to-face contacts. This has been vital for all patients, but particularly with respect to the availability of palliative care medications.
	Medications Guidance	Ongoing	CCG	Robust COVID-19 End of Life treatment guidance has been developed including "The Re-Use of Medications in Care Homes SOP" should an urgent need for medication arise and to assist care homes with the administration of medications from original packs, following the withdrawal of Medicines Dosage Systems (MDS) by community pharmacies. Advice from the CCG Ethical Cell has informed this approach, as well as for other resource shortages.
	Roll out of nhs.mail		CCG	Steps are now in place to ensure all care homes have nhs.net email accounts to further support communications.
	Virtual medication reviews	Ongoing	CCG	In addition to this, virtual medication reviews can be carried out to support GPs and care home staff, and guidelines have been released to ensure that the care home residents most in need of a

				medication review are prioritised.
Infection Control Fund				
Payments to Providers	<p>Infection Control Funding will be passed to local providers to implement appropriate workforce measures to support infection prevention and control.</p> <ul style="list-style-type: none"> • 75% of funding will pass direct to CQC registered care homes on a per bed allocation basis • We are engaging with providers to determine the most effective use of the remaining 25% of funding, with a view that this will be used to support other providers such as Support Living, Extra Care settings, Sheltered Housing and the wider domiciliary care workforce 		Local Authority	<p>The local authority received the first instalment of the national Infection Control Fund in June 2020. In line with the national conditions, 75% of this funding was passported to local residential and nursing care providers. We received contract-monitoring returns on the use of funding from providers to inform the first return to the Department of Health and Social Care, which showed us the following IPC measures funding was used for by providers across Cambridgeshire:</p> <ul style="list-style-type: none"> • Proportion of funding spent on measures to isolate residents within their own care homes: 9% • Proportion of funding spent on measures to restrict staff movement within care homes: 14% • Proportion of funding spent on paying staff full wages while isolating following a positive test: 7% • Proportion of funding spent on other areas: 70%. <p>The local authority received the second instalment of funding at the end of July and payments have been made to providers. However, release of the second instalment is conditional on providers complying with the relevant national standards.</p> <p>In relation to the 25% element of the Infection Control Fund, the local authority had discretion to use this to fund IPC amongst wider domiciliary care provision. The methodology for financial allocations was agreed and this funding has been distributed to domiciliary care, extra care and supported living and direct payments.</p>
Monitoring and Reporting	Regular updating of Capacity Tracker by all care home providers: ongoing review of capacity tracker data on utilisation. Follow up work and	June – September 2020	Local Authority	Initial contact was made with all providers to encourage sign up and completion prior to the 26 th May 2020. Further dedicated follow up with providers has continued to

	<p>support with providers who have low utilisation.</p> <p>Reports on the use of funding to DHSC 26th June and the 30th September 2020.</p> <p>Governance and oversight of progress and monitoring</p> <ul style="list-style-type: none"> • Out of Hospital Meeting to provide progress oversight of plan delivery • Establishment of Care Homes Strategic Board • Members involvement in approval of decisions and governance where required 		<p>Out of Hospital Cell</p>	<p>offer support and resolve any issues.</p> <p>Funding letter to providers which was sent on the 4th June 2020, included detail on the monitoring return we required them to complete. This information is informing the returns to DHSC.</p> <p>The initial return to DHSC was completed on the 26th June.</p>
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One of the national conditions associated with the funding was for providers to register and update the national online Capacity Tracker. Additional IPC related questions were added to the capacity tracker to enable oversight of what IPC support was in place amongst providers. Locally, 100% of care home providers are registered with the Capacity Tracker. We have seen a significant improvement in reported IPC measures being in place over the past month, as outlined in the below table:

Description	Current % reporting measure is in place	Previous % reported
Ability to isolate residents	90%	79%
Actions to restrict staff movement between care homes	88%	73%
Paying staff full wages while isolating following a positive test	71%	38%
Registration on the government's testing portal	82%	58%
Access to COVID 19 test kits for all residents and asymptomatic staff	76%	31%
Testing of all residents discharged from hospital to care homes	90%	73%
Access to sufficient PPE to meet needs	98%	86%
Access to medical equipment needed for Covid19	89%	82%
Access to training in the use of PPE from clinical or Public Health teams	96%	81%
Access to training on use of key medical equipment needed for COVID19	81%	69%
Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	69%	50%
Named Clinical Lead in place for support and guidance	83%	53%
Access to mutual aid offer (primary and community health support)	94%	84%

5. CONSULTATION

5.1 The development of our local care home support plan is a local system plan and was developed in partnership with NHS partners across the system, via the STP Recovery and Oversight Group.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The potential and predicted outcomes are:

- Ensure the sustainability of adult social care during the COVID-19 outbreak
- Ensure that vulnerable adults and older people are supported during the pandemic
- Protect and support workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning
- Ensure that the financial impact of COVID is managed effectively

7. REASON FOR THE RECOMMENDATION

7.1 The local Care Home Support Plan ensures compliance with the national government conditions associated with Infection Control Funding.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 Compliance with national conditions associated with national government Infection Control Funding.

Legal Implications

9.2 N/A

Equalities Implications

9.3 N/A

Rural Implications

9.4 N/A

Carbon Impact Assessment

9.5 There are no environmental impacts arising as a result of this progress report to scrutiny. However, in practice, delivery of this plan is likely to have some environmental impacts and therefore conversations are underway between officers to identify these and develop appropriate mitigation measures.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Cambridgeshire and Peterborough Care Home Support Plan
<https://www.cambridgeshire.gov.uk/asset-library/Peterborough-and-Cambridgeshire-Care-Home-Support-Plan.pdf>

Infection Control Fund
<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund>

11. APPENDICES

11.1 Appendix 1 – Cambridgeshire and Peterborough Care Home Support Plan