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Email to: CareandReform2@communities.gov.uk

Dear Helen Whately,

Support for Care Homes in County Durham

In County Durham we have a long track record of integrated working across the health and social care system. Building on this, in response to the coronavirus pandemic, we have as a health and social care system co-ordinated support to care homes across the County both strategically and operationally. This is part of our wider system plan which also incorporates people being supported at home, including services such as supported living and extra care which we are also providing appropriate support to during the pandemic.

We are collectively confident as a system, that the actions we have identified are being implemented, reviewed and focused in the most appropriate way for our County.

The following is a summary of the support that has been put in place to date;

Financial Support

- a. A 5% annual inflationary uplift to fees for 20/21, to be paid for the whole year and has now become part of the baseline payments for subsequent years, i.e. not linked to any COVID-19 timescales.
- b. A further 10% COVID-19 specific temporary funding uplift which has been calculated based on pre-COVID-19 occupancy to avoid disadvantaging any provider who has seen a reduction in

occupancy. This also covers non-Durham County Council funded residents, i.e. Self-Funders who are not eligible for Local Authority financial support under normal circumstances. Payments have been backdated to 19th March 2020, ensuring financial support from the early stages of the outbreak.

- c. An interest free advance payment, again calculated based on pre-COVID-19 occupancy, amounting to an additional 4 weeks of usual funding. This will aid cashflow / liquidity and will be reclaimed only when the lockdown is lifted and even then, on flexible terms over a maximum period of one year.
- d. The offer to any provider who finds themselves in significant financial difficulty and with their viability at risk to engage with the Council as early as possible to discuss further support options. Discussions would take place on an 'open book' basis as advised by Government guidance. A relatively small number of providers have so far made such an approach to the Council.

Practical Support

Market Intelligence and daily oversight:

- a. A whole system response to care home oversight, assurance and support has been established, including:
 - Daily contact with care homes (older people and specialist homes) including contact with the small number of homes who do not contract with the Council, in order to understand any pressures, including financial, so that assistance can be provided if required.
 - A locally developed OPEL tool to identify care homes most in need of support and the type of support they require. Data is reviewed every day including weekends and public holidays.
 - Daily senior level system calls to discuss any emerging concerns from that day. This call is multi-agency in its approach, utilises the expertise from senior managers and clinicians from health and social care. It is comprised of both providers and commissioners and enables a timely targeted response to be actioned where concerns have arisen.
 - Whole system review of the situation for care homes three times weekly via a Mutual Aid Meeting including representation from community nursing, safeguarding, infection prevention and control, mental health community services, integrated commissioning team from CCG and Local Authority, performance monitoring staff and public health. A local representative from the Care Quality Commission joins this meeting on a weekly basis. The purpose of the call is to consider local data and all soft intelligence from any partners that are in contact with care homes and to consider support that homes may require and deploy it appropriately. There is a

dedicated group for both older people's and specialist care homes so we can ensure that the response is tailored appropriately. Specialist nursing advice is available as part of this function for homes and supported living schemes for people with learning disabilities.

- Deployment of a 'Practice Support Officer' who works with the home and utilises a local audit tool, developed to support care homes experiencing any issues or where concerns have been identified via the system mutual aid group. The audit tool is completed on a face to face basis and support provided where any issues are identified. There is a bespoke tool for both older people and specialist care homes.
- Regular strategic meetings chaired by the Director of Adult Services to maintain oversight of support.
- Daily update from Public Health England of any care homes with outbreaks fed into system oversight meetings to ensure homes are supported.

PPE

- a. Assistance has been provided with PPE through Durham County Council and the LRF, where care homes have struggled with supplies. To date over 440k individual items have been delivered to care homes. This has been at substantial additional cost to Durham County Council, this cost has not been passed onto care providers.

Staffing

- a. Access to workers able to be deployed to care homes at critical staffing levels as part of a 'mutual aid' approach. Where this has been possible, we have been able to deploy community nursing staff into care homes where there have had unplanned critical nursing shortages, with care staff from other commissioned services also available for deployment should an emergency need arise. Community nursing resource includes the potential to utilise returning clinical staff for care home deployment. We are continuing to work with the Care Quality Commission to understand the flexibilities in place for both NHS Foundation Trusts and care home registration in respect of nurse redeployment. Further clarity on what is acceptable for both care homes and Foundation Trusts would be welcomed as there are ongoing concerns about potential breach of registration when providing aid.
- b. Recruitment of new staff for the care sector through our County Durham Care Academy campaign. This has enabled the fast tracking of applications and staff training and preparing candidates for interview with providers. To date there have been over 70 applications and 9 posts filled through this work.
- c. All Care Homes can register on the 'GoodSam' App for volunteer support and details have been issued to providers.

- d. A range of support for mental health through the offer of resources and counselling/psychological support to care workers in care homes has been established. Care homes are contacted on a regular basis by the mental health community team and/or care home liaison team with proactive support offered.

Testing

- a. Support with testing has been provided via: County Durham and Darlington NHS Foundation Trust. We have been testing symptomatic staff in care homes since 1st April 2020. For the majority of older people's care home tests can be requested remotely using digital technology with results returned to the home and results shared in the same way. We are also about to embark on the testing of people living at home who are moving into residential care. Both planned admissions and crisis situations are being considered as part of our Standard Operating Procedure. We are working with the National Testing Programme to support homes which have requested whole home testing.

Infection Prevention Control

- a. Support from the Infection Prevention Control (IPC) Team has been available. The team has been working for several years with care homes across County Durham and every home has an IPC champion. The care homes have established relationships with the team who provide advice, guidance and support. The team is in regular contact with all care homes and supports if any concerns are identified via the system mutual aid group described earlier in this letter. The team has been delivering online training since March 2020. The team is delivering national training currently to all care homes.
- b. We have supported and sponsored a regional approach to care homes in terms of consistent communication and guidance, the development of enhanced teams to support care homes and additional visits to prioritised care homes.

Alternative Accommodation

- a. We review care home capacity daily as part of the data collection methodology outlined above and have maintained sufficient bed availability from providers able to effectively isolate / shield residents from the outset of the pandemic. We have therefore not needed to source alternative accommodation outside of the care home sector and do not anticipate this being required at this stage, though business continuity discussions capture the possible alternatives.

- b. Where the usual care home cannot safely accommodate a resident, alternative provisions are available, including a small cohort of homes where block beds have been commissioned to ensure safe and timely hospital discharge. This includes some unitised beds / areas in homes which have been specifically developed to ensure an appropriate system response to individual care needs. We also retain significant community hospital capacity in the County which assists with step down models.

General Support

- a. We have a comprehensive digital offer supported by a team from the Local Authority, CCG and local Foundation Trusts. Almost all our care homes have access to NHS mail to support secure transfer of information. Ninety-four of our older people's care homes have digital health care support via the Health Call system which supports remote monitoring of health.
- b. Our care homes have access to medication reviews from the CCG medicines optimisation team and primary care.
- c. Support with food deliveries from our school's contractor to care homes has also been made available where a provider's usual supply has been disrupted.

Next steps

Over the coming days and weeks, the focus in addition to the support outlined above will be;

- a) The distribution of the Infection Control Fund.
- b) Consideration as to how we can locally enhance the national testing programme to support care home residents and staff. We are committed to the testing of residents and staff within our care homes and other appropriate establishments and have played an active role in the North East testing cell. The government has committed to testing all residents and staff in Care Homes by the 6th June 2020, with 30,000 tests per day being available for the sector and Care Home managers to be informed of the results of tests. Nationally, we understand, this equates to around 1.5 tests per home per day. This falls far short of what is needed to reduce transmission in Care Homes. The North East Testing Cell considers that working towards regular (initially weekly) testing of residents and staff of Care Homes who have not previously tested positive with results being received in a

timely manner would be a better use of testing capability to reduce transmission within Care Homes. Because of the need for timely test results (24-hour turnaround) this could be best achieved by local rather than national testing. Unfortunately, local laboratories have, thus far, been unable to source enough consumables to enable this to happen. There is, therefore, a need for the national testing programme to support an increase in local capacity to enable more regular and timely testing of asymptomatic residents and staff.

- c) Reviewing our response to potential provider pressures i.e. through significant staff loss. This includes a system wide approach to contingency planning for worst case scenarios.
- d) Care Homes are a priority setting within the overall outbreak management plan as test and trace commences and Local Authorities develop their local outbreak management plans.
- e) Commencement of early planning for the flu season.
- f) Considering our approach to provider sustainability where occupancy levels are becoming problematic in terms of financial sustainability. It is increasingly clear that a consequence of the pandemic will be that many care homes have substantially higher levels of vacancies than normal. In County Durham our occupancy levels have gone down from 87% to 77%. In part, this is a consequence of sadly the numbers of deaths of residents but perhaps also reflects an understandable perception that care homes are currently risky places to live. We are aware that in a guidance document about support for care homes published on 14 April, the Government stated, "We are separately considering how we can support the sector over the medium term, in light of the consequences of COVID-19, and will involve partners in the discussion." and understand that in this respect discussions are happening between the LGA / ADASS and the Care Quality Commission. We are therefore assuming that work is being done nationally to provide medium-term financial support to the sector where high levels of vacancies are impacting on viability. Early sight of this would be welcomed urgently as we cannot be in a position where we establish a scheme locally which cuts across anything nationally to compensate providers for high levels of vacancies.

The support package outlined above offered to care homes is kept under review to reflect local issues highlighted through our daily review of provider issues as well as emerging national guidance. Whilst preventing the spread of infection is a key priority, an increasing risk is the viability of care providers due

to falling occupancy levels and the challenge of managing the potential consequences given the presence of COVID-19 in our communities.

Yours Sincerely

A handwritten signature in black ink, appearing to read "Terry Collins". The signature is written in a cursive style with a long horizontal stroke at the beginning.

Terry Collins

Chief Executive

CC.

Jane Robinson, Corporate Director, Adult and Health Services

Neil O'Brien, Accountable Officer, NHS County Durham CCG

Amanda Healy, Director of Public Health