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To whom it may concern,

Support for Care Homes in Redcar and Cleveland

The impact of COVID-19 is complex and cannot be resolved by any individual agency or level of government; therefore there are inherent risks for the Local Authority in delivering on the Care Home Support Package, as many of the risks can only be mitigated by others in the system. I respectfully refer the reader to the attached Briefing Note 'COVID 19 Care Home Support Package – Key Risks' (Appendix 1) produced by the North East Directors of Public Health, which should be read alongside this letter.

On 19 March 2020, the government announced that it was making £1.6bn additional funding available to local authorities to manage the COVID-19 crisis. This included increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people. It soon became clear that there would be significant cost implications for adult social care providers, in particular the cost of self-isolating staff and Personal Protective Equipment (PPE). The Local Authority has a duty to maintain an active care market and there is a critical need to ensure adequate social care capacity is available during the pandemic to support the NHS to free up hospital beds for those most in need.

The borough of Redcar and Cleveland has 50 care homes with 1424 registered beds. The situation in the residential care market has become critical as the pandemic has continued, nationally a third of care homes have reported a COVID-19 infection (32% in Redcar & Cleveland) and COVID-19 related deaths in care homes have now exceeded 10,000. This is putting an increasing strain on providers and as well as facing additional costs, they are also losing income through a higher under-occupancy rate.

Partners from the local health and social care system have been working closely together to support the care sector and save lives throughout the duration of COVID-19 pandemic. As a local authority area which has been significantly impacted by the COVID-19 pandemic, currently ranking 56th in transmission rates per 100k population nationally, the multi-agency support to care homes across the borough has been a fundamental and essential component in our overall response to this unprecedented challenge. We are very grateful for the partnership work, dedication and proactive responses undertaken by our care sector staff throughout the pandemic in order to protect staff and residents.

Review of local data and state of care market locally

From the outset, clear and formalised channels of communication were put in place for support and guidance to all our care homes, critically from the homes perspective this included a single line of communication through the local authority commissioning team, to ensure circulation of guidance, and two-way feedback on critical issues and communication. This support has been delivered in a tailored and individualised manner, working in partnership to ensure we are offering enough support without overwhelming our care homes at this challenging time.

This continuous contact with our care homes has meant we can identify key issues of concern, gathering important market intelligence and enabling a localised reporting mechanism to maintain critical contemporaneous oversight of the market and any support needed. Our approach to support our care home sector includes gathering data and soft intelligence from both the care homes capacity tracker and well-established relationships to inform a daily risk matrix, shared with multi-agency partners. This gives assurance that we are implementing the local offer and delivering key support requirements, whilst enabling any key gaps and priorities to be identified and swiftly acted upon. To date 32% (16 homes) of care homes in Redcar and Cleveland has experienced outbreaks of COVID-19; however, indications are that the support offer is working. The peak impact of the pandemic in care homes in Redcar and Cleveland can be tracked to Mid-April, primarily the period of 21 April to 13 May 2020 when a higher proportion of deaths occurred as a result of COVID-19.

Our system wide response based on proactive measures of both infection prevention and control; workforce support; PPE; testing; outbreak management in addition to a single portal for advice and guidance has enabled the local care home sector to manage these outbreaks and respond effectively. As such the system has effectively, through collaborative working, managed the pandemic to minimise further spread of the outbreaks across the sector.

Detailed below is a summary of the local multi-agency support offer in place. This offer is provided through the collective efforts of the local authority, acute hospital, mental health trust, GP federation, public health and the clinical commissioning group. The work of this group is further enhanced by the North East regional care homes advisory group that has been commissioned by the Association of Directors of Public Health (ADPHs) and supported by the Association of Directors of Adult Social Services (ADASS) and Directors of Nursing (DoNs).

Preventing and controlling the spread of infection in care settings

As a South Tees Health and Social Care system we are offering our care homes robust clinical support through Infection Prevention and Control (IPC) Coordination including appropriate use of PPE and quality of PPE, ongoing support for continuing health care and responding to urgent primary care needs. Within Redcar and Cleveland, 100% of our care homes have committed to engaging in enhanced IPC training, with 92% of homes having received the training as of 29 May 2020, and the remaining 8% booked to receive training in the coming days. Further training sessions are planned to cover the remaining homes.

Locally we have 3 'super trainers' in IPC and 20 'trained trainers' who are supporting care homes in IPC, including the appropriate use of PPE and donning and doffing of PPE. This is delivered by both face to face and virtual training sessions to care home staff. The training is further enhanced by specialist staff from South Tees NHS Foundation Trust and the Care Home Education and Support Service (CHESS) which provides follow on advice and guidance on Infection Prevention and Control in terms of detailed risk assessments, settings management and more in-depth training across the staff group. Wider training will cover the use and quality of PPE, and the interpretation of national guidance relevant to setting. Care Homes have access to an Infection Control Specialist for Advice and Guidance, and this

provides reassurance on measures and action and can deal with day to day queries to give assurance on day to day practice.

The training has been offered to all CQC registered care homes, and a number of virtual training sessions are in place and backed up if required by face to face training in each home. We expect all homes who require training to be trained by the end of May and the trained trainers will be available for ongoing support and advice.

The Tees, Esk and Wear Valleys Foundation Trust, our local mental health trust, also provides face to face/virtual clinics with open referral system by the Intensive Community Liaison Team (ICLS) to assist support for clients who lack mental capacity to take decisions relating to their care and treatment in relation to the impact of COVID-19. The support and management of residents whom have both tested positive or showing symptoms, to effectively isolate residents safely without causing distress has been challenging and therefore the assistance from this team has been particularly beneficial.

Whilst practices have improved, we are still mindful there are further improvements that could be made. These have become more evident following the roll-out of the significant amount of training and queries received over the last few weeks and months. Given that mitigation of virus transmission within settings is a prime focus, Redcar and Cleveland Borough Council will link this to the Infection Control Fund and will encourage the sector to consider how it can maximise further opportunities within settings to mitigate transmission and promote Infection Prevention and Control.

Personal Protective Equipment (PPE)

National guidance on Personal Protective Equipment has been challenging, in that it has been subject to frequent change and local interpretation. At a system level we have provided advice and guidance to settings on interpretation of the national guidance to ensure a consistent approach was being adopted locally. Access to Personal Protective Equipment was limited throughout April and on occasion can still present some challenges, however as a system the response was robust and proactive. Redcar and Cleveland Borough Council is a key contributor to the Local Resilience Forum structure set up to manage the COVID-19 crisis, alongside key partners agencies. From the outset this has facilitated a joined-up approach to gathering and sharing important data on the availability, stock and supplies of PPE to our care homes.

A clear principle was established early in the outbreak that, where normal supply lines were disrupted, the local authority would step in and provide PPE in order to ensure that care homes were able to comply with Public Health England guidance and safeguard both staff and residents.

The Local Authority has to date coordinated and delivered over 220,000 items of PPE and 900 litres of hand sanitiser to care homes throughout April and May, in response to requests for support. We have supplied PPE to all care providers who have needed additional supplies, including over bank holiday periods to ensure supplies were not exhausted and so care homes did not feel they had to carefully manage stock. In addition to the PPE supplies provided to Local Resilience Forums by the MHCLG, the local authority has purchased over £240,000 of PPE to date to ensure our care sector does not run out and can continue to operate safely.

Testing

Testing remains an area of challenge, but one that across the system locally we now have a clear position on. Through support provided by the Integrated Care System (ICS) testing advisory group there is now a consistent approach across the region. There are clear protocols for how individuals and staff access testing:

Symptomatic staff and residents

In the event of a suspected outbreak, care homes would first contact the health protection team at PHE for advice and then notify South Tees NHS Foundation Trust to arrange for swabs to be undertaken for the initial cases when kit is sent through by PHE. The Trust will also arrange to take swabs for any subsequent residents or staff who become symptomatic. The Care Homes Effective Support Service (CHESS) that is provided by the local GP federation also provide ongoing support to residents with symptoms during an outbreak.

In a scenario where there is no outbreak identified, the Trust will also provide testing to any symptomatic staff or residents. A COVID-19 test is also undertaken for any patient who is discharged from hospital to a care home and the results of the test is shared with the home.

Asymptomatic staff and residents

There is a regional arrangement provided through the North East Commissioning Support (NECS) that complements tests that are provided through the national portal to enable testing for asymptomatic staff and residents. All homes for over 65s and people with dementia are currently engaging with the national portal with support from Local Authority to establish baseline position. Future symptomatic cases will be tested through the local system and advice and guidance through local Public Health arrangement is being provided following receipt of results, including the development of frequently asked questions reference guide. Our 20 care homes for people with learning disabilities and mental health needs are utilising the local testing arrangements provided by South Tees NHS Foundation Trust or the Mobile Testing Unit when it is the local area.

In order to further support whole care home testing, the national team are hosting twice daily webinars for care homes to explain the end to end process and address any concerns that might be raised by our care homes. There is a commitment to reach all care homes whose residents are over 65s or have dementia by the 6 June. We will continue to work with our homes to ensure they continue to receive any further support that might be required.

In recognition of issues relating to the potential of testing South Tees NHS Foundation Trust also provide advice, guidance and training to care home staff on how to take effective tests. 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 6 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 amounts to around 1.5 tests per home per day.

This falls 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 would be best achieved by local rather than national testing. Unfortunately, local laboratories have, thus far, been unable to source sufficient 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.

Workforce Resilience & Capacity

The emotional cost to individuals throughout this pandemic is recognised throughout the system, and provision of support and advice for stress or anxiety management and resilience

is provided in largest part by our local mental health trust (TEWV). This is likely to develop into an area of high demand over an extended period.

Throughout the pandemic period capacity has been challenging with staff self-isolating or sick. Numbers have been monitored daily, to ensure significant trigger points were not being reached across the system. Business continuity plans were put in place to plan for significant loss in care and support staff, particularly across the care home sector.

For care home workforce support, a deployment hub has been developed by North East Commissioning Support (NECS), which enables care providers to submit requests for workforce resource should capacity levels become problematic. A matching service identifies suitable replacement staff with appropriate skills for the requisite roles. Locally, a formal arrangement through our South Tees Single Point of Access (SPA) has been established whereby a Multi-Disciplinary Team considers any requests for nursing or care staff support within our nursing homes. This support has been utilised by two of our care homes, which needed support due to staff sickness. Where required nursing support is provided through South Tees NHS Foundation Trust. The Local Authority has also arranged for additional capacity of care and nursing resource to be put on standby, to support any care homes in Redcar and Cleveland where the impact of COVID-19 may lead to critical staff shortages.

Most critically for workforce capacity and resilience has been support. Our care homes have acknowledged the support from the system and importantly the single lines of communication, including a single portal to report issues, which then have been addressed via a multi-agency response.

Arrangements for alternative accommodation to enable shielding

Throughout the pandemic the local authority prepared suitable alternative accommodation arrangements, in order to alleviate requirements for care homes to accept COVID-19 positive patients. This provision is CQC registered and can be made available if required, however in acknowledgement of the state of the market it has not been brought on stream unless required. The local sector has options available for separate isolation areas, in some cases separate wings / buildings, therefore given the financial impact the local sector is experiencing it not felt appropriate at this time to open a further provision to the market. This will remain in abeyance and only called upon if multi-agency system leaders feel this is a necessity.

Financial support

The residential care sector in Redcar and Cleveland is facing an immediate and ongoing crisis due to the COVID-19 pandemic. Surety of additional funding is critical to enable our care homes to continue to invest in the necessary measures to keep their residents as safe as possible.

Prior to the LGA and ADASS guidance of 1 April 2020, the Local Authority wrote to care providers with details of an emergency payments package consisting of an 'Additional Pressures Payment' of 5% of their normal payment run paid for an initial period of 4 weeks, starting from Monday 23rd March 2020.

In addition, intelligence gathered from the local care sector indicated ongoing supply lines for PPE were disrupted and suppliers that had been relied upon previously were unable to fulfil requests. In recognition of these difficulties the local authority took the decision to proactively source PPE and supply this to care homes free of charge for a significant period; with key items such as masks in addition to responding to requests for emergency items when supply chains were impacted. This has mitigated some financial constraints on the sector and ensured that our care homes could comply with Public Health England guidance regarding infection control.

On the 8 April 2020, the Local Government Association and the Association of Directors of Adult Social Services issued a note to all local authorities regarding the additional pressure payments which stated:

‘Additional temporary funding to recognise the cost pressures caused by COVID-19: higher dependency levels, higher staff sickness absence rates, higher administration costs due to greater volatility of support packages, and PPE costs. It is suggested that any temporary increase could be initially for 1 month with effect from 1st April 2020 with the expectation that it would be extended further if significant staffing issues persist.

The Local Authority continued its payments at 5% for the next four-week period which ran from the 20 April 2020, until the 17 May 2020, and included an equivalent payment for all private-funded residents. This approach was felt appropriate due to the significant amount of PPE that the Local Authority was purchasing and providing free to providers.

The Local Authority has maintained regular dialogue with the Redcar and Cleveland Care Home Owners Association, to ensure we are apprised of the ongoing challenges and using important feedback to inform our financial support plans. We have advised our care homes that the Local Authority is making these payments to ensure that the immediate financial effects of the outbreak are mitigated, however, we acknowledged that some providers may suffer a disproportionately severe financial impact that could affect their long term stability, for example, a high number of excess deaths leading to a prolonged period of significant under occupancy in a care home. We have advised our care homes that if any provider feels that they may be in this position, they can contact the Local Authority directly and we will consider each case on its own merits, as to what if any further support we can provide.

To ensure the immediate continued stability of the care market, the Local Authority further increased its Additional Pressure Payments to residential care providers to 10% from 18 May 2020, including private-funded residents. PPE supply lines are becoming more reliable and homes will again source their own stock. These payments will continue to be reviewed on a four-weekly basis, and funding will be provided by the COVID-19 Grant.

This is an unprecedented time for the care market and the implications of the outbreak will have long term consequences for the overall market and the sustainability of individual providers. Further work is now progressing in regard to market impact in acknowledgement that occupancy levels in Redcar and Cleveland are impacted and some homes are experiencing loss of income. It is important that we work with our care homes to ensure that we have an active care market after this crisis is over, one that can protect both its residents and care staff from the effects of any future outbreak. As part of this work we will engage with all sectors of the care market over the coming months.

Challenges

Assurances can be provided that all the above actions are being implemented and data confirms that the rate of outbreak is slowing across our care homes. The local system has a good level of collective confidence that these actions assist to mitigate the risk of further outbreaks, however there will inevitably still be some level of risk in the system and we continue to experience challenges across the sector which can only successfully be addressed at larger scale. These include:

1. The success of the national recruitment campaign appears limited. Nursing capacity within the care home sector was a key area of concern prior to the pandemic and remains a key challenge.
2. Testing programmes remain confusing with some challenges in the system still requiring attention. Confusion with dual operating systems such as testing offered from CQC and frustrations in regard to kit collections. Reporting of results appears slow, with no single collation point. Whilst testing at a local level can be progressed this leads to inconsistencies

3. Long term market sustainability is a concern across the sector and planning is taking place to consider how the market seeks to recover over the long term. A steer as to whether it is an expectation that this is managed locally or whether further national guidance will be published on this would be welcomed.

Summary

The work that Redcar and Cleveland Borough Council has undertaken in partnership with care homes, other statutory agencies including Tees Valley CCG, the VCS and other trusted partners, is fundamental to our proactive system response to COVID-19; this will continue.

We are assured that all the requisite support mechanisms are in place and are working to support and safeguard our care homes, their staff and residents. Where risks remain, and they do, we are working with local partners to minimise these risks; and, as previously stated, it must be recognised that Redcar and Cleveland Borough Council does not control all aspects of the response to COVID-19 so, in some areas, our assurance can only extend to the commitment to mitigate risk and to escalate problems we identify to a level where resolution can be found.

I would like to thank our valued care sector providers for their hard work and dedication during these challenging times. Looking ahead, we are committed to continuing to work in partnership with our care sector; to ensure the positive outcomes from the measures that have been put in place in response to the pandemic can be sustained and built upon to further strengthen resilience in the sector. We will work closely with the Tees Valley Clinical Commissioning Group and the Primary Care Networks (PCN) to align with the Enhanced Health in Care Homes offer by the PCNs to consolidate our system support to the sector.

This letter, and the support that it sets out, has been developed in partnership with our colleagues at Tees Valley Clinical Commissioning Group and has the support of both Dave Gallagher, Accountable Officer, and Jean Golightly, Director of Nursing and Quality.

Yours sincerely,



John Sampson
Managing Director (Head of Paid Service)

Briefing Note**COVID 19 Care Home Support Package – Key Risks****1. Purpose of this note**

The purpose of this note is to identify the key risks, particularly those which are outside of local control, in delivering on the Care Home Support Package.

2. Background

The impact of COVID 19 on Care Homes, particularly those for Older People, has been profound both locally and nationally. To date in the North East there have been 50% of care homes affected, although there is some variation across the region. Due to the age and vulnerabilities to severe illness and death should they be infected by COVID there have been increasing numbers of deaths of residents of care homes as the pandemic has unfolded. It is unclear how many residents of North East care homes have died in hospital but the ONS has identified that for COVID related deaths in the North East by 14th May 2020 a total of 771 people had died in Care Homes (38% of total COVID deaths). The proportion of COVID related deaths occurring in Care Homes has increased significantly in the last month and the North East has the highest proportion of Care Homes affected by COVID in the country.

Due to the impact of COVID on Care Home residents in the North East, close working arrangements were established across the ICS with ADASS PHE, NHS and DsPH to have an enhanced focus on residents and staff in care homes. This has included the provision of consistent messages about infection prevention and control and the development of enhanced teams to provide support to care homes. This work has now been embedded locally.

From a national perspective, there has also been requirements identified for CCGs and NHS Providers to support Care Homes. In addition, on 14th May 2020, a letter was sent to LA Chief Executives identifying a Care Home Support Package to be put in place locally by Care Home providers, local authorities and CCGs. The local authority CEO will be responsible overall for the planning return, supported by the Director of Adult Social Services and the Director of Public Health, working with the CCG. The plan is to be submitted by 29 May.

3. Risks

Because the impact of COVID 19 is so complex, it cannot be resolved by any individual agency or level of government – there are, therefore, inherent risks for the Council as many of the risks can only be mitigated by others in the system. These can be identified as the plan is developed. However, our work in the North East to date identifies nine potential risks which could impact on our ability to shield Care Home residents from the impact of COVID-19 which can only be mitigated nationally.

3.1. Hospital discharge

The change to the NHS discharge policy in March 2020 which was made to mitigate the impact of COVID on acute hospitals had a significant impact on Care Homes. Patients who

were discharged were only required to be “medically optimised” and in other circumstances would not have been considered fit for discharge. They were often discharged very rapidly, sometimes late at night and still infected with the virus. The NHS has now committed to testing patients before they are discharged but they will still need to be quarantined on discharge. While the discharge of those who are not medically fit will be relaxed while there is capacity in hospitals, there is a risk that should capacity in hospitals reduce the policy will again be applied more rigorously resulting in sicker people being discharged to Care Homes, effectively reducing capacity in the sector. There needs to be a national review of the NHS discharge policy before any future capacity difficulties in the NHS.

3.2. Testing

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. While this is an improvement on the previous testing regime, it still falls short of what is needed to reduce transmission in Care Homes. The NE Testing Cell considers that working towards 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 the best use of testing capability to reduce transmission within Care Homes. Because of the need for timely test results this would be best achieved by local rather than national testing. Unfortunately, local laboratories are not able to achieve the consumables needed through the national supply chain to enable this to happen. There is, therefore, a need for the national testing programme to increase the timeliness of results and increase capacity to enable more regular testing of asymptomatic residents and staff.

3.3. Community Admissions

Care homes still need to continue with routine admissions from community settings. In normal circumstances this is the key route of admissions. To date there has been no regular testing of admissions from the community or requirement of a period of isolation for asymptomatic admissions. Work will be needed with providers to ensure that this is in place going forward.

3.4. Workforce Issues

Workforce availability is measured formally on a weekly basis with Care Providers alongside other data. Current data suggests that staffing levels are robust. This may however be impacted by testing of asymptomatic residents and staff and ensuring that staff do not work across more than one home to reduce the spread of infection. Each provider is required to have a business continuity plan in place to allow it to operate safely on an overall reduced staffing cohort. Experience to date based on homes with previous significant outbreaks is that staffing arrangements were maintained and we were not required to consider the movement of residents to other provision.

3.5. Availability of PPE

Whilst there are no reported PPE shortages currently and the flow from the LRF is meeting urgent need there still needs greater surety around the long-term supply chain issues for PPE.

3.6. Financial Viability of Market

Much has been made of the additional costs to providers in relation to managing the pandemic alongside the potential loss of income from reduced occupancy levels. To date three providers, one local and two national, have made an approach to the LA for a further discussion on financial support. This has though been an increasing issue for other LA's in the patch.

3.7. Community transmission

Contact tracing is a key part of the strategy to reduce community transmission as lockdown eases. If this is not adequately resourced, then it is likely that Care Home staff will be vectors for infection within Care Homes. Although good infection prevention and control will help, without robust contact tracing it is likely that outbreaks in care Homes will continue.

3.8. Information

There has been little information made available to local authorities, particularly in relation to test results. Contact tracing will result in more information flowing throughout the system. Local authorities need more timely and relevant information to support measures to reduce community transmission.

3.9. Communications

There have been significant issues with communications in relation to the support to Care Homes. Local measures that have been put in place have been made more difficult due to communications going directly to Care Homes from the centre which often contradict what has been put in place locally. This causes unnecessary confusion. This would best be mitigated by the channels of communication flowing through local authorities to Care Homes to ensure that there is alignment in key messages. This has been agreed in Sunderland with a Care Home Resilience Group now in place which co-ordinates all communications.

4. Conclusion

Although many of the measures needed to support Care Homes have already been put in place, there is a risk that the best outcomes will not be achieved if the issues identified in this note are not achieved. This will require changes on a national as well as a local level. Of particular concern is the required level of weekly testing of all care home residents. It is also worth noting that whilst a focus is required for OP Care Homes this must not be at the expense of other aspects of the market in the Region such as supported living, extra care, mental health services.