



Committee and Date

Health and Adult Social Care
Overview and Scrutiny
Committee

Item

Shropshire Care Home Covid 19 Support and Resilience Plan

Responsible Officer

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1. Summary

- 1.1 The Health and Adult Social Care Overview and Scrutiny Committee have asked for a report on the Shropshire Care Home Covid 19 Support and Resilience Plan. This report summarises the ongoing work Shropshire Council are doing with care homes in the County through the pandemic. The full system wide support plan, 'summary of the plan on a page', Shropshire Partners in Care responses to HOSC questions and the risk management process are attached in the Appendices.
- 1.2 The Care Home Support and Resilience Plan draws together the work which is ongoing to support care homes across the STP. The STP partnership is strong and robust and we are working together very effectively though the Covid 19 crisis. As statutory partners/commissioners the LA and CCG have closely followed government guidelines throughout the pandemic and put support in place in line with those guidelines and above and beyond in many areas. This gives us a good level of confidence in our system response and we have a very effective structure to plan, action and respond to issues as they arise, particularly in relation to the Care Homes in the region.
- 1.3 There are 120 CQC registered Care homes in Shropshire with 3585 registered beds. Shropshire has the highest number of beds for a rural authority in the region, and the 5th highest overall in the West Midlands. The only authorities with higher bed numbers have large conurbations, significantly higher population numbers and much greater population densities.
- 1.4 Shropshire Council Adult Services instigated practical support for care homes in response to the Covid 19 crisis at the beginning of March '20; this involved support from ASC and public health. In April this was widened to encompass the system wide support and the Care home support and resilience plan was established. The support incorporates allocated welfare and support officers, testing, personal protective equipment (PPE), infection prevention and control (IPC) COVID outbreak management, staffing and funding. As a system we recognise and identify that homes have specific issues that require specific support and we work with every single care home to meet those needs as they arise. This support is across all care homes for older people and ALD homes.

REPORT

2. Background

- 2.1 At the beginning of the pandemic in March Council staff resources were quickly identified to support contracted care homes. A Care Home Support team was established comprising staff from Adult Social Care, Public health and the CCG Infection Prevention and Control (IPC) team. 10 staff are currently in the team.
- 2.2 In Shropshire Care homes closed to visitors at the beginning of March to protect vulnerable people as much as possible. This was ahead of government guidance. At this time there were queries about provision of PPE, food and other supply shortages and staffing issues, and homes were signposted to guidance and given reassurance and supplied where needed. Processes and programmes were immediately set up to support needs and shortages.
- 2.3 Calls are made routinely to suit each home, the main aim of the calls is to make a general check on the home's welfare, to understand any risks and capacity issues and their individual response to Covid-19 and approach to new admissions. The calls provide homes with an opportunity to discuss any issues and ask questions.
- 2.4 Working with Telford and Wrekin and Shropshire Partners in Care (SPiC), the local voice for the independent adult social care sector, we developed a set of Frequently Asked Questions (FAQ) as a means of communicating widely with the sector, updated daily at first, the FAQ provided a source for general national and local information, to augment the individualized support homes received in 'welfare' and health protection support calls.
- 2.5 When homes had COVID outbreaks they were supported initially by Public Health England and after 14 days by Public Health Shropshire. The teams undertook risk assessments and provided guidance to reduce and stop the spread of COVID19 between residents.
- 2.6 By April there was a focus on establishing wider system involvement, to develop a shared understanding of the type of support care homes need and a shared response to emerging national guidelines; working together to maximise resources, identify gaps and avoid duplications and to ensure targeted and consistent messaging. The Shropshire care home support team was established to formalise and continue the outbreak and welfare core process. A daily review meeting addresses the needs of care homes. The daily Situation Report is received from Public Health England. The data and actions inform the work of the Shropshire care home support team. This work has continued to develop, expanding to include all registered care homes in Shropshire and the local monitoring and support of homes with confirmed or suspected outbreaks, once they have been 'stepped down' from Public Health England. Arrangements have been formalised with the establishment of the Care Home Support Team made up of staff from Adult Social Care, Contracts Team and Shropshire Public Health, and CCG Infection Prevention and Control Team who link into other CCG colleagues as required- e.g. primary care.

There have been outbreaks in care homes in Shropshire which have been closely managed and we have only 1 live at the time of writing. The outbreak status and needs of each home are reviewed at the daily care home review meeting. The actions from this meeting feed into the work plan of the care home support team.

- 2.7 To increase visibility, accessibility and consistency, each care home has been allocated a local authority 'Key Contact' who speaks to the home on a weekly basis or as agreed to suit the home. The focus of the support offered is led by the home but supplemented by insights from a wide range of information sources, such as NHS Mail and National Capacity Tracker uptake, tracker data and information sharing across the system i.e. Public Health England, and local Public Health, Infection Prevention and Control, Primary Care Network, Local Resilience Forums etc., to ensure that any issues are identified and addressed appropriately. Where appropriate, issues and concerns identified as part of this welfare and outbreak monitoring process, feed into the Care Home Risk Management Group for closer scrutiny and analysis. The full joint plan has been agreed system wide and is a clear and practical guide to wrap around care home support – as set out in Appendix A.
- 2.8 Shropshire Telford & Wrekin Care Sector Group has been established to ensure an integrated approach to supporting care homes during the Covid-19 pandemic. Meeting weekly, the group has representation from both CCG's, both local authorities, Shropshire Partners in Care (SPiC) and Shropshire Community Health Trust. Detailed work has taken place to ensure that the individual requirements of partners are collated into a single comprehensive work plan. The work plan includes the specific requirements around primary and community health support to care homes and covers key elements of the system response, including single point of referral for homes, regulatory compliance and support, IPC and PPE, workforce support, staff and resident testing, and communications and engagement.

3. Risk Assessment and Opportunities Appraisal

- 3.1 To manage emerging risk immediately and effectively, as well as a daily Care Home review between Public Health and Adult Social Care, we have a Care Home Risk Management Group, which monitors risk continuously and meets on a weekly basis to manage risk assessment and mitigation of all Shropshire care homes through the analysis of information from a range of sources.
- 3.2 The basis of this is Shropshire's long-established risk management processes and baseline risk assessment, which includes core areas such as CQC inspection status, safeguarding and MDT concerns, professional concerns log and formal complaints procedures etc. The baseline risk assessment has been expanded to include specific COVID related risks including data on staffing, PPE and outbreaks. The further information is gained through capacity tracker data, PHE outbreaks information, IPC information and soft data from the outbreak and welfare calls to each home, to provide a complete picture risk matrix.
- 3.3 If risks are identified Mitigations and actions for each home are agreed and implemented, with signposting and referral to appropriate areas of the system as required, including workforce support (redeployment from system), IPC and PPE

risk, health protection (outbreak control measures, IPC and testing train the trainers) and business viability risk (referral to commissioners for appropriate response on an individual home basis). Outcomes and resulting actions from this weekly risk analysis process are monitored closely through daily information dashboards/sitreps/PHE, reporting/admissions data and the daily care home review meeting. The risk Management process links to the whole system through referrals and actions as required. The process map in Appendix 3 is a diagrammatic representation of the process and how it links into the wider system and all different types of support.

4. Financial Implications

- 4.1 **Immediate financial support** - At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council wrote to all providers to offer assurance, support and flexibility in how care could be delivered. At the beginning of April, following guidance from ADASS and the LGA, further correspondence set out the way in which additional finance would be provided to specifically support the additional cost incurred by care providers due to Covid 19. Our engagement with providers confirmed that they were incurring significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges.
- 4.2 The decision was made to provide the funding as a one-off payment as there was clear evidence of an immediate need to support cash flow. In the week commencing 13th April, all County care homes the Council contract with, received a one-off payment, representative of an additional 10% of their contract value (at 31.3.20) for 12 weeks. In addition, the Council made a further committed to pay care home invoices within 5 working days during the pandemic, rather than on the usual 30-day terms, the Council is also paying for 2 weeks in advance and 2 weeks in arrears.
- 4.3 **Infection prevention Grant funding**
On 15th May the government announced that an Adult Social Care Infection Control Fund was being released. The fund will support adult social care home providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. This has been allocated to local authorities and is in addition to the funding already provided to support the Adult Social Care sector during the COVID-19 pandemic. The government have stipulated how the funding can be used.
- 4.4 Shropshire Council have been allocated £4.6 million in total, 75% of which is for 3585 registered care home beds with funding expected to come in two equal parts in May (received) and July (date not confirmed) Each care home will receive an amount per CQC registered bed. The amounts per bed represent 75% of the funding to be paid in two instalments. The remaining 25% must be used for infection control measures and is being allocated to Domiciliary Care, the criteria for the 75% grant spend is very limited to specific staffing expenses, it has to be new spend and the money cannot be spent on PPE or backdated costs and has to be robustly monitored and evidenced back to central government by September. The second payment can only be made if the provider can evidence that the criteria has been met for the first payment, if they cannot evidence this then the money will have to be paid back.

5.0 Business grants

- 5.1 Low bed occupancy levels and increased costs as well as the loss of income from people passing away are creating cost pressures in the market. We are seeing lowering levels of bed occupancy and a reduced demand on dom care and increasing costs across the sector due to staffing and PPE.
- 5.2 In response to the risk Shropshire Council has implemented a new business grant fund of up to £10,000 available for care sector providers who have a CQC registration, under 50 WTE employees and have experienced a financial loss due to COVID19 and have not applied for any other council grants (this does not include Infection Prevention Control grant)
- 5.3 Going forward without further funding from central government the Council will not be in a position to continue to financially protect the care sector. If numbers of individuals being admitted to care homes continue to reduce and people can be supported in other ways, by remaining in the community, then Shropshire Council will have to reconsider its commissioning model to support this.

6. Additional Information

6.1 Primary Care support

The CCGs have been working with all primary care and community providers in Shropshire, to ensure that care homes have more frequent contact with primary care and timely access to clinical advice, including support for care home residents through personalised care and support planning as required. To facilitate this, every Shropshire care home now has a nominated clinical lead within general practice. The clinical lead acts as a link person for each home providing consistent oversight, with weekly check-ins and involvement in arrangements for medication reviews and care planning, including collaborative decisions around hospital admissions and end of life care planning as required.

7. Recommendation

- 7.1 HOSC is kindly requested to note the care home support plan and the actions taken by the system to support the care homes in Shropshire.

List of Background Papers
Cabinet Member (Portfolio Holder) Cllr. Dean Carroll
Appendices Appendix 1 – Support Action plan Appendix 2 - The plan on a page Appendix 3 – Risk Management process Appendix 4 – SpiC response to HOSC