

Shropshire Partners in Care responses to questions from HOSC

What is SPiC's view on council's levels of support? Did raising the uplift from 2% to 10% make a difference?

SPiC very much welcomed and appreciated the council's provision of additional financial support for all care providers during the pandemic. The additional 10% one-off payment (representative of an additional 10% of their contract value) was for three months for the period April, May and June and has undoubtedly supported care providers to manage the increased financial challenges they are experiencing due to Covid-19

The positive impact of this is not only financial but also reinforces and acknowledges the vital contribution and value all our local care providers give, day in day out, and even more so throughout this time which has presented them with previously uncharted and additional operational challenges.

We recognise that whilst Covid-19 restrictions are easing nationally that care providers continue to experience ongoing additional measures in the way they manage to deliver care safely, including the significant additional PPE requirements, which bring additional business costs. Not only is additional PPE now required across all care provision but PPE costs have inflated as a result of increased demand via private supplier routes.

The Health and Care System has worked efficiently and effectively locally to support care providers locally and Shropshire Council has been at the heart of this response. SPiC has been fully engaged and involved in the LRP, Silver Command and relevant social care task and finish groups to represent care providers and it has been evident that the care sector has been a priority of focus locally equally with parity with the NHS. The daily care sector sit reps has provided a robust method for highlighting specific care sector challenges and concerns for escalation to silver command for wider consideration and action as appropriate.

The Council is providing weekly welfare calls to all care homes and this has been extremely helpful and supportive, it is an opportunity for homes to flag any concerns, check out any queries and receive both signposting and support and not least positive relationships have been built between the care homes and council officers.

What are the issues that care homes have faced with regard to support? Not necessarily financial, though of course that it hugely important.

The main challenges have arisen through the vast levels of and rapidly changing national guidance being issued for care homes.

One main area relating to this has been regarding the use of PPE and access to PPE. Guidance has changed/been updated frequently for care providers and public health colleagues have been instrumental in assisting to identify the changes within the guidance for care homes to implement along with CCG IP&C colleagues. Access to timely PPE supplies has been one of the biggest and ongoing challenges and the Council has supported this through the development of the local emergency PPE portal and mutual aid offer.

We also have seen gaps or delays in national guidance, for example we know that in mid-March in the absence of any national guidance that the majority of care homes made the decision to 'lock-down' and cease having visitors in order to protect their residents, this was later supported by national guidance issued on 2nd April. This undoubtedly supported care homes in positively responding to the pandemic to safely care for their residents and protect them.

Similarly care homes are now in a position of easing visitors restrictions safely in a covid secure way but again in the absence of national guidance to support them to do this they are now carrying out risk assessments to decide on the right approach for accepting visitors, ensuring they maintain the safety of their residents and staff and putting in place social distancing measures.

In the initial period of the pandemic we also lacked national guidance on discharges from hospital until 15th April when testing of patients in hospital was introduced and further guidance followed on safe discharges. The STP system again worked collectively to develop robust discharge pathways which provided a local management approach for discharge to care settings.

A real challenge for care homes has been the ability to keep abreast of the frequently issued and rapidly changing guidance and via the Social Care Task and Finish Group we have worked collaboratively with the Council and partner organisations to review the relevant guidance and translate it into key points of importance for care providers.

We have worked together via the Social Care Task and Finish Group to develop weekly comms for the care sector, bringing together the headline information in to one place. This was in response to us hearing from providers that they were receiving huge amounts of information alongside numerous requests for information and the SPiC website has been used as the one stop place for hosting relevant information for care providers <https://www.spic.co.uk/resource-category/covid-19-guidance/>

Testing for staff and residents has also been a challenge, as has been the case during the pandemic we have heard at the national daily briefings the headlines that testing will be made available to the care workforce and also care home residents but the detail regarding the timescales and process takes time to emerge. Locally the system again rose positively to the challenge, especially in regards to the first offer of staff testing when local access arrangements were swiftly put in place to complement national testing offer. This meant care staff could access testing in Shropshire or Telford rather than via the national offer of visiting a Birmingham testing facility.

Outbreak support from Public Health has been essential and in responding to emerging outbreaks in care homes the vital early learning point was to have a cohesive approach to joint working and care home support which was achieved through the nominated leads within the health protection cell, Adult Social Care, SPiC and CCG IP&C team. Each had a defined role but worked together to support the care homes and also to effectively identify any emerging concerns and risks and put processes in place to mitigate for these.

Wellbeing and resilience and emotional support is also a key consideration and the Council has proactively escalated and flagged this and the system has made a variety of supports available and work is ongoing as this is not a short term requirement but will be needed longer term and to recognise the trauma response for many care staff in working throughout this pandemic.

What is the learning care homes have taken from the pandemic, and what preparedness is in place for any second wave of infection?

I think this is too early to ask as many are still dealing with the situation and pandemic, this definitely needs considering but with care homes and alongside them once they have the capacity and resources (physical and emotional) to do so.

To what extent were you involved in the Care Homes Support Plan? How has the plan captured learning from the first wave?

I was involved in the development of the plan and it was important to have the care providers voice represented to ensure that the support plan was focussed on what mattered most for care homes, this is evident through the main areas of challenge being the key points in the support plan, eg PPE, IP&C, Outbreak management, Testing, Staff welfare, communications etc. The plan was developed collectively and coordinated via the care sector task and finish group.

Smaller care homes - how secure are they financially? Does the support plan consider the risk of homes closing? What alternative models of providing care homes are being explored?

Financial challenge is a key area of risk for all care providers and care homes currently, an already challenging situation has been adversely affected by the pandemic. We are seeing falling occupancy levels and increasing costs being experienced. This is heightened for smaller homes especially those with less than 40 residents.

The Council are actively monitoring risk, including areas of potential financial risks, it is worth noting that care homes in Shropshire are largely SME businesses, independently owned and run and are not part of national corporate provision.

The Council does consider the risk of home closure and this is a part of its duties under the Care Act 2014 to ensure a sustainable provision.

How are we now discharging into care homes in light to changing practices to minimise care home deaths?

The locally developed and agreed clinical discharge pathway promotes the safe discharge to care homes and includes robust testing processes

Nicky Jaques
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