

Date: 29.5.2020

Dear Sir/Madam

Following your request for information regarding the response of Bath and North East Somerset Council (B&NES Council) together with Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) in support of the care sector, we are able to share the following information.

1. **Joint work to ensure care market resilience locally, and that support is in place for care providers as set out by Government in this letter. This should include confirmation of daily arrangements in place to review the local data and information of the state of the market locally.**

B&NES Council working with BSW CCG have taken a proactive approach to supporting care homes through this pandemic. We have an integrated commissioning team meeting (virtually) on a daily basis and a biweekly community response hub meeting enabling wider multi-disciplinary support from across the acute, primary care, community care, public health and social care sectors. At the height of the crisis, the hub meetings were daily.

This has meant that from the beginning we have been able to provide integrated multi-disciplinary support to the care homes, quickly identifying and responding to areas of concern and good practice. Below details the key elements of our activity:

- **Regular calls to all care homes** set up at the beginning of the pandemic by commissioning officers. These calls give weekly and daily opportunities to draw in information, share concerns, discuss new issues and guidance, assess risks and coordinate and consolidate learning.
- **A Daily Situation report** gathering information from across acute, community and care home providers expanding on the data and the implications also recorded on the national capacity tracker. All our homes are now registered to use the capacity tracker and also have NHS email addresses to support ease of access to this system. These situation reports are used as a basis for regular review regarding both the immediate and longer term impacts of COVID-19. Reports are also being shared on a weekly basis with the regional Quality Care Commission (CQC).
- **Bi-weekly webinars led by a third sector hospice provider** (Dorothy House) and attended by CCG/Council representatives. This enables care home providers to instigate their own agendas and bring shared areas of concern and opportunity to our coordinated response.

- **A Central PPE team** and a virtual procurement hub across B&NES, Swindon and Wiltshire, connected to a central email address where care homes have been able to draw on mutual aid and central PPE. This ordering is taken forward by the council to ensure no provider drops below 48hrs of equipment. This continues to be a challenge and despite LRF provision and some helpful donations, topping up this stock has added to our significant financial pressures, although in the last week we have seen fewer requests for this emergency support.
- **An IP&C response framework** has been developed which identifies differentiated levels of support offered to care homes based on an assessment of the home's ability to prevent and manage possible or confirmed cases of COVID-10. The attached document gives greater detail, but in summary this is a graduated response which is developing a team around a home, offering action planning, coaching and mentoring from a range of relevant professionals (including peer support from other homes) and training. An original risk assessment was made across all care homes based on information gathered from the daily situation reports and reported concerns to prioritise homes to bring relevant levels of support. Key elements of this framework include the Multi-Disciplinary Team meeting, the IP&C officers, and the Incident Management Team teleconferences. These three areas are set out in more detail below
 - **A Multi-Disciplinary Team** meeting (MDT) offering a coordinated assessment and support to homes on infection prevention and control procedures and good practice. The team is meeting weekly and is comprised of professionals who have regular contact with individual care homes such as GPs, District Nurses, frailty nurses, infection prevention and control nurse and a complex needs team (e.g. Dementia nurses), staff from public health, adult safeguarding, and commissioning (both acute and community/care home provision). We are moving towards enabling care homes to join these calls to add greater immediacy to support and to benefit from good practice and knowledge from their daily experience. On a weekly basis GPs from different primary networks can join the MDT to support the development and delivery of action plans for specific care homes. This approach is also linking in with the CQC.
 - **Infection Prevention and Control Officers** – coordinating with the national team we have redeployed and are in the process of training a team of officers on a temporary basis to coordinate the actions and support developed through the IP&C MDTs. As the officers complete their training they are taking forward weekly calls coordinated with and sometimes shared with the commissioners taking forward the daily calls. These officers also offer support, training and advice to care homes on an ad hoc basis. They will coordinate the plans developed through the MDTs and play a key role in also bringing back strategic issues to the intergrated hub meeting mentioned above.
 - Where we see an escalation in a care home in numbers of cases or deaths, an incident management team teleconference is held, chaired by the local public health team or Health Protection Team in PHE, The purpose of this is to confirm that all control measures are in place and identify and respond to further needs. This involves the care home manager, ASC commissioner, public health, HPT in PHE, GP, and the CCG IP&C lead as minimum.
- **Support to whole home testing** – information on the roll out of whole home testing has been shared with care homes, and a process for the local prioritisation of homes to be tested on behalf of the director of public health working with the director of adult social care is in place. Local prioritisation links closely with the risk assessment made across all care homes referred to earlier. Upon notification that identified care homes



Care home and
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are planning to test all their residents and asymptomatic staff, the IP&C officers will contact those care homes to offer support in the safe undertaking of those tests, and in being prepared to manage the implications of positive tests being received.

- **A Central email** – The commissioning team have utilised a central email where both care homes and other professionals can raise concerns or worries. This does not replace standard safeguarding and reporting practice, but enables issues raised to receive a coordinated response.
- **A Weekly Newsletter** – A weekly newsletter is sent out to all care homes, home care, day service providers and the third sector. This includes links to national guidance and further explanation with local interpretation and support.
- **An on-going offer of support from a range of teams including:**
 - Training
 - Mental Health support
 - Mentoring and coaching
 - Bespoke webinars as required
- **Financial Support** through the provider relief programme as outlined later.

These activities, as mentioned above, are being reviewed daily and weekly through the integrated hub and also then shared with and refined by the BSW CCG and with the Councils leadership. The local community response hub has representatives that link into the CCG Executive and Incident Control Centre, Local Authority Corporate Management Team and Tactical Business Continuity meetings, along with the LRF and Regional Gold calls to ensure clear lines of communication and early sight of emerging issues.

2. Your system's collective level of confidence that these actions are being implemented or plans are in place to urgently implement, briefly setting out any areas where there are concerns and what support you might need.

Overall, we have been impressed and humbled by the professional, comprehensive and caring response that our care homes have demonstrated. They have quickly and efficiently responded to developing guidance, regularly working with reduced staff teams through traumatic and challenging daily experiences. However, the matter of infection prevention and control remains a challenging one. Consistent and timely access to PPE has been significantly lacking at times, reducing confidence and increasing stress. Homes remain concerned about correct interpretation of guidance, particularly in terms of accepting new residents or residents returning from acute care dependant on their covid status. We have encouraged all homes to isolate new residents for 14 days upon arrival and we have developed IP&C support through the actions noted above.

We welcome the whole home testing and have ensured homes have been made aware of the access to testing as the national position has developed. However, we recognise that any test is only as good as the day the tests results are received and a fast and reliable turnaround is needed particularly in relation to asymptomatic staff and residents.

Regular testing is required, and will be particularly important as lockdown is reduced, given staff are in contact with larger groups of people.

Areas of concern where we would particularly appreciate support include:

- **Updated guidance** - PHE guidance 'Coronavirus (COVID-19): admission and care of people in care homes' is still being reviewed following the publication of the adult social care action plan on 15 April 2020. This guidance needs to be updated as a matter of urgency as this sets the framework within which care homes can receive and provide safe care for their residents, depending on their COVID-19 status.
- Availability of sufficient PPE, and particularly PPE for those care homes where staff carry out aerosol-generating procedures. We have a process in place for staff to be fit tested for their FFP3 respirators with the local acute trust, but some staff have failed their fit testing and we don't have access to a variety of makes of FFP3 respirators to allow them to be fitted for a different make.
- Sufficient and reliable provision of PPE through LRF channels or the Clipper portal to relieve the Council of the additional burden of purchasing emergency supplies.

3. A short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures experienced by care providers, taking into account local market context and pressures. This should include reference to any temporary or longer-term changes to fees paid by commissioners.

The Council have put in place a relief scheme to support all providers with both the Council and CCG making advances to support cash flow. The picture emerging of COVID 19 impacts across the Council area is mixed, with some providers facing greater financial challenges than others. The Council has written to all providers advising them of the scheme and how to access funds and commissioners are actively engaging with providers to gather supporting evidence. Due to the mixed picture of impacts, provider needs are being assessed on a case by case basis to ensure the allocation of funds are optimised. Costs are being met for home care providers facing cancelled visits and continuing support has been given to day services providers whose services have been suspended. It is not anticipated at this point to increase fees in the longer term as Council costs already benchmark amongst the higher fee rates in the country.

The overall market position is being closely monitored and understandably we anticipate a shift in preference for new clients and their families away from residential to home care. This is creating excess capacity issues for some residential providers whilst challenging home care costs. It may be possible for residential providers to manage this situation with government support over the short term, but continuity of this trend into the autumn/winter will seriously undermine their business models and potentially reduce overall market capacity.

Support to providers the Bath and North East Somerset has contracts with				
	Domiciliary Care	Residential care	Other provision	Total
Support being Offered	£66,035.18	£259,326.65	£174,732.45	£500,094.27

Support to providers the Bath and North East Somerset does not have contracts with				
	Domiciliary care	Care Homes	Other services	Total
Support being Offered	£287.62	£0.00	£412.92	£700.54

4. The approach agreed locally to providing alternative accommodation where this is required, and care arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide this. Costs of providing this

accommodation are covered by the £1.3 billion COVID-19 discharge funding via the NHS.

B&NES has addressed this on two levels:

- **Staff** - Where staff have had to isolate or shield such that there is a need for temporary accommodation we are working with providers to ensure that wherever possible we are able to financially support the extra costs of these arrangements. This has also included costs for meals and the washing of clothes to ensure that staff do not need to unnecessarily mix with the wider public or vulnerable or potentially covid positive family members.
- **Residents** - We have had to support a number of block funded beds to ensure that the relevant care homes are able to enable new and returning residents to be cared for and nursed without any clear appreciation of their covid status. However, infection rates overall have been low in B&NES and we have not needed to create any discrete provisions. We have explored a number of options should the need arise including (in coordination with Bristol Council) use of an un-used wing in a home, local hotels and appropriate residential conference facilities. However, with the high levels of vacancies being experienced by care homes we are expanding block contracts with local providers as the best option at this time.

The costs of these provisions should not be underestimated and it is unlikely that the funds made available to B&NES will meet all system cost pressures now and particularly so going forward.

5. Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.

In B&NES returning staff have primarily been utilised in the acute and community sectors. The CCG is still pursuing discussions with regional NHSE/I colleagues for clarity around the indemnity and funding issues for returners to be able to work in care homes. Further promotion of the care profession, training and vacancies is much welcomed including the recent announcements regarding the intention to recruit additional volunteers and paid staff in the adult social care action plan. Locally, a significant amount of work has been undertaken with 3SG the local charity and volunteer sector umbrella group with Virgin Care. This has seen the development of a 'Compassionate Community Hub' based in Virgin Care's Care Coordination Centre. This has included a core group of telephone call handlers from the third sector who triage requests from the public. This for example has assisted national initiatives to support members of the public being shielded. Approximately 2000 volunteers have signed up to provide support with various tasks, alongside the national volunteer scheme rolled out during the period. Further discussions are ongoing across the Local Authority and CCG to consider how this initiative could continue to work in partnership with the wider health and care system.

However, it is important to be mindful of the low pay rates which are common in the care sector leading to high levels of turnover and little incentive to take up training and CPD. This is compounded in areas of good employment, such as B&NES when better levels of pay can be achieved in supermarkets and the hospitality industry. Much has been expected of care homes during this pandemic, but with the significant costs and loss of income that Councils such as B&NES are experiencing, the pressure to make balancing savings will be challenging. This will run counter to the most necessary and appropriate measures to support and acknowledge the value of care homes and home care services both locally and nationally.

This approach and coordination of actions outlined in this letter are being continually reviewed by the Director of Adult Social Services (Mike Bowden) the Director of Public Health (Bruce Laurence) and the CCG Chief Executive Officer (Tracey Cox) and the B&NES Chief Operating Office for the CCG (Corinne Edwards) alongside the Director of Nursing (Gill May).

Please do not hesitate to contact us for further information or points of clarity.

Your sincerely,

Yours sincerely

A handwritten signature in black ink, appearing to read "Will Godfrey", with a long, sweeping tail extending to the right.

Will Godfrey
Chief Executive
Bath and North East Somerset Council