

Date: 29th May 2020

Dear Sir or Madam,

Re: Response to the MSC regarding Support for Care Homes

As an Integrated Care System (ICS), Gloucestershire has a well developed plan to support our care homes to stop the spread of Covid-19. Gloucestershire is in an advantaged position with an integrated commissioning team across health and social care. In addition, the Clinical Commissioning Group boundaries are co-terminus with that of the County Council.

However, we recognise the significant risk that the pandemic presents especially to our vulnerable populations. As such, we have significantly increased and adjusted our support offer to care homes.

As of 26th May 2020, Gloucestershire County Council (GCC) had been notified of 79 care homes in the county where there was one or more suspected or confirmed Covid-19 cases. CQC publish figures on deaths where Covid-19 was suspected in the notification from the care home, as well as all cause mortality. These figures show that between 10th April and 22nd May 2020, there were 211 Covid-19 suspected deaths notified from care homes in Gloucestershire, with a total of 389 deaths from all causes notified. ONS data of deaths involving Covid-19 occurring up to the 15th May but registered up to the 23rd May, showed 47.5% (253 deaths) occurred in care homes compared with other settings.

This covering letter provides a brief overview of activity and forward plans.

1. Joint work to ensure care market resilience locally

- **System wide approach:** Recognising the scale of the challenge, the governance and accountability of care homes across the ICS during this pandemic is delivered via the Gloucestershire Covid-19 ICS Independent Sector Scrutiny Review Group. This is a multi-agency partnership which provides oversight, scrutiny and assurance to support Gloucestershire residents in nursing and residential care homes; and people receiving care and support in their own home (including supported living or extra care housing).
- **Robust local resilience structures:** There are clear processes in place in Gloucestershire for escalating issues to both NHS and GCC Gold level. For

example the Gloucestershire Local Resilience Forum (LRF) has been particularly effective in ensuring all care homes have adequate stock levels of PPE, with an LRF distribution route for care homes with less than 72 hours of supplies as a result of swift escalation and decision making through this pathway.

- **Data and intelligence:** A daily situation report is produced updating key stakeholders on current outbreaks and number of deaths in each care home. A weekly care home in depth report is produced by the LRF Intelligence Cell. Additionally, the intelligence cell produce a data compendium which includes care homes and is reviewed routinely at a Gold level.
- **Daily review of care homes:** A daily triage 'System wide Care Home Infection Prevention and Control (IPC) Hub' call, led by Gloucestershire CCG, identifies and prioritises infection prevention and control advice, education and support needs for each care home. This is based on a risk stratification process using information from the PHE Health Protection Team (HPT) Outbreak Alerts, GP Quality Alerts, Safeguarding Alerts and contacts with the Care Home Support Team or Gloucestershire Integrated Brokerage Team (GIBT).

GIBT has a named Contract Officer dedicated to each care provider with whom we have a contract. This support has been offered to those without a GCC contract and 15 of those 18 providers have accepted the offer. GIBT has extended the hours of working and now operates 8am to 6pm 7 days of the week. Daily contact is made with Providers and Contract Officers have access to soft intelligence enabling them to prioritise support and advice, as well as follow up with any issues and concerns. The clinically led Care Home Support Team can address any clinical competency issues and support providers in managing people with additional needs post hospital discharge.

2. System assurance of planning and activity

As part of the response to the pandemic, Gloucestershire has a coordinated system wide plan with measures in place to ensure the care market is resilient and dynamic to be able to respond to the changing situation. In summary, current activity includes:

- **PPE:** Recognising the changing guidance for PPE based on sustained community transmission and asymptomatic spread, we have modelled burn rate for PPE across social care. This has helped to ensure adequate supplies across the system.

Clear guidance has been shared with providers. Our Public Health team has worked with PHE and South West Public Health colleagues to develop Local Authority PPE guidance applying the national guidance in various scenarios.

There has been consistent access to sufficient stocks of PPE for care homes coordinated by the Gloucestershire Integrated Brokerage Team and supported through the work of the LRF. Up until recently providers were completing a stock tool on a daily basis. This information provided baseline data to maintain and distribute stocks of PPE across the county. This has enabled Gloucestershire to model any further heightened demand.

- **Access to PPE training:** Locally a super trainer was rapidly identified and subsequently trained 23 trainers in response to the national process. To date 100% of the 229 care homes in Gloucestershire have been offered training. 132 have received face to face training, 52 have received virtual training and 45 care homes have declined training. Further work is ongoing to follow up with the care homes which have declined the offer. Most homes that declined either have access to their own IPC trainer or are minimising footfall into the home.
- **Quality assurance pathway through the PPE training:** Training is monitored and any quality issues are escalated to our Integrated Brokerage Team and Care Home Support Team. Quality issues and themes are discussed and actioned at weekly Covid-19 ICS Response meetings for reporting to Gloucestershire Covid-19 ICS Independent Sector Scrutiny Review Group.
- **Testing:** Significant progress has been made to ensure access to testing for all care homes. This is being led by the LRF Testing Cell. Each week the Director of Public Health Gloucestershire submits a prioritised list of care homes for testing to the national digital care home portal and there is a locally established Accelerated Care Home Provision for rapid outreach testing. Activity is reviewed twice weekly by the Testing Cell. Between the 11th and 29th May, a total of 29 care homes received (or are about to receive) test kits for all staff and residents through the national digital portal, with a further 9 not yet allocated a delivery date, and 22 awaiting processing. We have tested 11 homes through the local Accelerated Care Home Provision which is utilising available Pillar 1 capacity, supported by the local NHS Trust. We are scheduling further homes for next week through both routes. In addition, all 79 homes that have experienced an outbreak and were notified to us by PHE have had their symptomatic residents and staff tested at the time of notification via the PHE testing process.

Despite this, we need urgent guidance on the frequency of staff testing in care homes so that we can ensure an acceptable level of confidence that asymptomatic and pre-symptomatic transmission can be avoided e.g. for weekly testing, it would require circa 6,000 tests per week in Gloucestershire for older people care home staff alone, and at least 12,000 to cover all care settings and domiciliary care. This capacity and frequency is not yet possible within the UK's current testing capacity, and there is no clarity about the utility or need to do so. We need to understand the evidence for this and ensure the testing strategy is clearly communicated and appropriately resourced to allow us to assure the wellbeing of our care home residents. There is a further gap in testing asymptomatic people currently living in the community who need to move to a care home; we have addressed this locally via the Pillar 1 service but this is outside their scope and requires a national solution.

- **Discharge from hospital:** The Infection, Prevention and Control (IPC) cell and Activity and Bed Planning Cell (ABP cell) have both been key advisors in the management of discharge of patients to care homes. All patients are being screened 48-72 hours before discharge and Gloucestershire has 2 Hospital Discharge Support Units to help prevent the spread of Covid-19. Gloucestershire has had no issues with patient flows. In addition, Gloucestershire Integrated Brokerage Team maintain a log

of capacity within care homes, care agencies and empty properties to ensure that support is delivered quickly and efficiently when a referral is made.

- **Communications and support:** The Gloucestershire LRF Communications Cell provides the strategic co-ordination of communications activity with respect to Covid-19, with care homes being a priority focus. Gloucestershire Integrated Brokerage Team has been the central point for communication with the care market across the ICS. The team have briefed providers daily on PPE guidance and updates; testing guidance and updates; and supplier relief funding. They have also commissioned, developed and shared resources such as mental health and wellbeing and virtual ward round videos. Testing has proved challenging to support care providers with due to the frequent changes in guidance and practice.
- **Staffing:** Proud to Care Gloucestershire (PTCG) Fast Track Recruitment has been available to all care providers including care homes. This service includes advertising, shortlisting, interviewing, DBS and reference checks online induction and matching for a provider. PTCG have adapted their approach to make the offer even more flexible for care providers who will be able to access the elements which are most helpful in their individual situation.
- **Engagement and co-production:** Our communication with all care homes is via a single point, the Gloucestershire Integrated Brokerage Team. We have listened to providers and adapted the approach locally when they have escalated issues. Gloucestershire Care Providers Association have helped to facilitate this further by holding open webinars for all care providers three times a week, to update them on guidance, offer support, answer any questions and support in finding resolutions to issues. Some webinars have been co-hosted with senior Integrated Commissioning staff, Director of Adult Social Care and the Accountable Officer of the CCG to enable providers to be heard at senior level and for Gloucestershire to fully understand the local landscape.

3. Approach commissioners (LAs and CCGs) are taking to address short-term financial pressures experienced by care providers

- **Supplier relief funding** has been established as a payment for all care providers in April and May which equates to 10% of monthly fees to support additional COVID-19 related expenditure. This payment was implemented consistently for the Council and CCG's contracts and is in addition to the agreed inflationary uplift amount for care homes which is 3.58%. Further payments of 10% have been planned after May, subject to evidence of spend on staff related costs. The project team will now look at the new money introduced to support providers with infection prevention and how that can be implemented appropriately.

4. Approach agreed locally to providing alternative accommodation where this is required

Our Integrated Brokerage Team commission all care and support on behalf of health and social care in Gloucestershire from independent sector providers. The Gloucestershire system has had additional capacity supporting Covid-19 discharges from the Gloucestershire NHS Foundation Trust, by accessing private hospital capacity. The System has also had access to Covid-19 beds within Gloucestershire Health and Care NHS Foundation Trust's Community Hospital bed base.

The Integrated Brokerage Team has commissioned on behalf of CCG further additional capacity for Hospital Discharge Support Units (HDSU), by repurposing and enhancing existing reablement bed capacity (29 beds), who are acting as an intermediary for people who are Covid-19 negative post discharge until their existing provider is able to pick up their care, or a person is new into health and social care, and can have an assessment of their long term needs within a 28 day period. These HDSU's are supported by adult social care and continuing health care nurses, alongside therapy input from Gloucestershire Health and Care NHS Foundation Trust.

This whole system approach has mitigated risk of knowingly discharging people with Covid-19 into independent sector providers, both to care homes and home care.

5. Local co-ordination for placing returning clinical staff or volunteers into care homes

We have had a number of volunteers including NHS returners offering to support social care. They will be linked to Care Home providers via the Proud to Care Team and to the wider ICS, including provision of meals and transport, through the voluntary sector Out of Hospital Service commissioned from Age UK Gloucestershire and British Red Cross. Whilst the capacity is there to offer additional voluntary support to care homes we have found that providers have preferred to recruit additional full-time staff rather than volunteers in order to reduce the footfall in the homes from what might be a large number of individuals offering a limited amount of time each.

Gloucestershire's coordinated approach through a single communication point in the form of GIBT ensures that there is daily oversight of the local care market and that all relevant data is reviewed. The ability to escalate swiftly ensures that support can be offered and issues addressed in a timely fashion.

In summary, a large and varied offer of support is provided to care homes across the health and social care sector, which has increased significantly during this current pandemic. We continue to work as an Integrated Care System with care providers to ensure this offer evolves to meet the changing needs of the care market. The information within this letter and the accompanying return has been shared with Gloucestershire Care Providers Association (GCPA) and Healthwatch and represents data from both the County Council and the Clinical Commissioning Group. We are happy to provide further detail on the local arrangements within Gloucestershire if you require more information.

Yours sincerely,



Peter Bungard
Chief Executive Officer Gloucestershire County Council