Leicestershire County Council

Rt Honourable Helen Whatley MP
Minister of State for Care
30 Victoria Street
LONDON
SW1H OEE

Date: 29 May 2020
My ref: jonw/cc/tmw/20-80
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Contact:
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Sent via email: CareandReform2@communities.gov.uk

Dear Minister

Local Care Home Support Planning – Leicestershire County Council

Following on from the communication of 14 May 2020, this letter forms part of the submission from Leicestershire County Council which is supplemented by the attached template.

Care homes in Leicestershire

Latest Care Quality Commission (CQC) data indicates that there are 183 Residential and Nursing Homes in Leicestershire offering 5,206 beds. 30% of beds are in nursing homes, CQC analysis indicates that compared with similar Local Authorities, Leicestershire has fewer nursing care beds.

The Council currently commissions 1,535 permanent placements for adults aged over 65 and whilst Clinical Commissioning Groups (CCGs) and other Local Authorities also commission places in Leicestershire, this indicates that there is a sizable self-funder market in the County.

CQC reporting indicates that the quality of provision in Leicestershire is comparable to care homes nationally, with 81% of homes currently rated as good and 17% rated as requiring improvement. We have three homes rated as outstanding, and three homes rated inadequate. The Council is working proactively with those rated inadequate to raise standards and improve their rating. We collate information in a systematic way to gain insight into the sector and have developed a RAG rating of homes to clearly identify the homes which require additional support and monitoring.

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Public Health England (PHE) information suggests that 67 care homes across the county have experienced an outbreak of COVID-19 equating to 36% of the care market. Our local intelligence has highlighted several challenges facing the Leicestershire care home market, which are likely to have been exacerbated by the pandemic:

- Recruitment and retention issues - research indicates an estimated 11,769 staff will be required across the sector by 2030 in Leicestershire. According to Skills for Care, in comparison with other East Midlands authorities, Leicestershire has an above average vacancy and turnover rate. Data from our workforce team shows an average turnover rate in the sector of 33%.
- Nursing bed availability, leading to supply issues and high costs for nursing care.

Partnership structures and governance

Leicestershire has a strong track record of working with district and neighbouring authorities and for many initiatives such as our Dementia Strategy, we operate across Leicestershire, Leicester City and Rutland (LLR) and work with Health partners to deliver services to our residents. The current pandemic has not changed this partnership approach and we have been working together to support the care homes in our area. We have also worked with Local Resilience Forum (LRF) partners to ensure there has been a multi-agency oversight and response to matters affecting care homes such as Personal Protective Equipment (PPE) and Testing.

An LLR wide Care Home Cell has been established to look at the issues facing our care homes and to find solutions we can deliver jointly across the three local authorities in partnership with the CCG and Health Trusts. As part of this joint approach two sub-cells have also been established to co-ordinate the approach to testing and PPE across LLR.

Key examples of joint work include a clinically-led and co-ordinated approach to hospital discharge into care homes, with daily briefings to provide system-wide oversight on capacity and risks; and increased support for care homes in relation to PPE and infection prevention and control training.

The County Council has a strong and productive relationship with our care home provider representative body, EMCARE. We meet on a regular basis with the chair to discuss key policy issues impacting on the sector and they have provided invaluable support during the COVID-19 pandemic.

Communication and keeping care homes informed

We hold weekly discussions with all our care homes and have a good understanding of those homes who are able to cohort and isolate residents. In addition to individual discussions we hold weekly teleconferences with providers on a collective basis to discuss matters of concern to the sector and to disseminate information and advice.

We have produced 22 bulletins for all our providers which give information and advice to providers on everything from Infection Control to End of Life Care, including PPE use, training, workforce support, testing and financial support. The bulletins also signpost to resources which can be used to promote staff wellbeing; recent editions have highlighted mental health and resilience support for care workers and promoted available training which help give strategies for staff to cope with bereavement and difficult circumstances.

The Council also provides a seven day support line to assist providers with PPE and Infection, Prevention and Control (IPC) enquiries.

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We review all communications, data from the capacity tracker and local intelligence daily.

We have offered additional support to providers over the past week to complete the capacity tracker, however for the submission date of the 26 May only 126 of the 174 (72%) registered on the system completed the return.

Supporting safe discharge

In line with the COVID-19 Discharge Guidance, we have put in place a Discharge Co-ordination Hub (DCH). This is a multi-disciplinary approach to supporting patients being discharged from hospital. The DCH provides a seven day service that includes support from a care home Trusted Assessor, brokerage and arrangement of domiciliary and care home services. Following discharge, we provide a dedicated Review Team who contact service users and/or care home providers 24 hours post discharge and then periodically to ensure the services arranged continue to meet their needs. Any concerns or issues raised are discussed and responded to accordingly. The Council has agreed protocols and a pathway in relation to recovery periods and testing of inpatients prior to discharge into care homes, advising on and checking the isolation requirements following discharge into a care home setting whether individuals have had a COVID positive test, COVID negative result or are still awaiting the results of a test.

All admitted patients are now tested prior to discharge to care homes. Homes are informed of the status, and as isolation needs to apply to all people discharged from hospital, a COVID negative test is not required before discharge to a care home. To support discharge there are a number of enabling requirements that are being delivered by the Council and local partners:

- Good information on the capacity and capability of each care home to manage the needs of a discharged patient in line with the latest national guidance. Each local authority will take the lead in gathering intelligence from care homes in its geography.
- The care homes' trusted assessors play a supportive role in managing the conversations with individual homes about the care that they can offer and how to manage individuals.
- A programme of training for care homes on IPC and the guidance on management of residents in care homes settings supported by the IPC helpline.

Alternative accommodation for those with COVID-19

The Council is working closely with our care homes to ensure that residents with COVID-19 can be safely isolated from the other residents to prevent outbreaks occurring and ensure that people who no longer require hospital treatment can return to an existing or new care home placement to complete their isolation period. As a contingency measure, we also have access to alternative interim accommodation, specifically for those who are COVID-19 positive or symptomatic and who cannot return from hospital to their home in the community or existing care home residence. As yet the Council has not needed to use this resource. Additional residential units have been sourced in Leicester, which can be accessed by Leicester, Leicestershire and Rutland residents. Further provision has also been identified, should the existing care home provision be insufficient to meet demand for interim placements.

PPE, IPC and Testing

Considerable work has been undertaken to ensure local care homes have adequate PPE which is used appropriately. We have a detailed PPE plan and robust measures to support

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providers to access PPE. We have RAG rated providers, so we can help in a targeted way. This also addresses concerns regarding the suitability of some PPE supplies on offer from suppliers. There is a process that providers can follow which guides the purchasing of PPE and which includes access to LRF emergency stock. The LLR Resilience Partnership has worked closely with the County Council to ensure the distribution of PPE to care homes and other providers. There are emerging issues around the specific PPE for aerosol generated procedures which we are working to assist providers with. The Council's provider web pages have training materials and guidance to support the correct use of PPE, such as a donning and doffing video. When a provider calls our PPE Advice Line they will, in addition to getting advice on PPE stocks, have a conversation about usage.

PPE usage is also discussed at weekly provider conference calls. The Council has proactively begun to source PPE, establishing a framework to purchase PPE and supporting providers who are struggling with PPE with supplies at cost.

Our Public Health Department, working in partnership across LLR, are leading on the provision of IPC support and advice for care homes, and on the provision of support for whole care home COVID-19 testing.

The scope of the IPC service is to:

- Provide IPC advice relating to the safe management of COVID-19 in Leicestershire, Leicester and Rutland care homes.
- Undertake regular monitoring calls to care homes with an active outbreak following notification from PHE.
- Support the consistent dissemination of up to date local and national guidance across the three Local Authorities within LLR.

In addition to the above offer, infection control nurses from the local CCGs are "training the trainers" to support care homes on the recommended approach to IPC, PPE usage and testing advice. This programme commenced in May with the offer available to every care home in Leicestershire.

The Council is helping providers access testing and has sent out communications, jointly with partners across LLR to inform providers of the process. Our Public Health Department have developed a comprehensive set of FAQ's in addition to a local offer to support care homes carry out whole care home testing.

It is noted from the data derived from the capacity tracker that many homes are still unable to access testing for asymptomatic staff and residents. We recognise that the testing regime has only been in place for a relatively short period and that priority is given to homes who have an active outbreak or homes that have over 50 beds. This means that homes which do not meet these criteria are having to wait longer for tests to be shipped. Many homes who do not meet the eligibility criteria (i.e. not registered with the CQC for providing services for over 65's/dementia) have expressed frustration regarding not being able to access the testing portal. At present, 126 care homes in Leicestershire are eligible for whole care home testing (based on CQC registration) and out of these, 88 (70%) have registered for testing. We are expecting registrations to rise following a recent correspondence sent to care homes promoting its use last week. Latest data from our Public Health Department indicates that all but 40 of our care homes have requested kits and those that have not have been noted and are being actively supported in making a request.

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Of concern is the impact of mass testing on the identification of asymptomatic staff who will need to self-isolate and may cause workforce issues for care homes, which as a system we will need to help providers overcome in a way which minimises staff movement and keeps the home viable. We are therefore exploring how we could practically support care homes should this occur.

Workforce

We are using our regular communication channels with care homes to provide information to providers about minimising the rotation of staff between sites to minimise cross infection. We are also considering financially supporting providers to retain agency staff to one site to also minimise cross infection. The capacity tracker information indicates that the majority of providers who responded are confident regarding cohorting and isolation.

However, the capacity tracker data also indicates that many care homes in Leicestershire are not paying staff full wages whilst in self isolation. It is our intention to focus the additional funding recently announced for care homes on this area and we will encourage eligible care homes to take this up, putting mechanisms in place to assure that the funding is spent in this way.

Across Leicestershire there are thousands of people who have registered their time to become volunteers. Recruitment of volunteers can be accessed through the NHS first responders Goodsam app or by contacting Voluntary Action Leicestershire. All volunteers have been DBS checked. In addition, the Council has a volunteer co-ordinator for whom referrals can be placed. The Council currently has a standby volunteer workforce of 90 volunteers of whom 45 have been deployed. These are currently assisting people who are shielded in their own home, but they can also be deployed to assist in other aspects of support.

The Council has put in place an Emergency Response Team to provide short term (72 hours) of direct staffing support to meet critical needs when all other support options have been explored. This service would be made available to care homes subject to relevant risk assessment if they have a major staffing resource issue and are at risk of failure. The team has been created through the temporary redeployment of some of our in-house Direct Services staff and operates seven days a week between 7am and 10pm.The Leicestershire, Leicester and Rutland workforce group have developed a workforce sharing agreement that enables the support of nursing and auxiliary staff to care homes needing support where they have capacity to do this.

One success story is how, the Council is supporting providers by offering proactive, tailored and consultative recruitment support to the sector, and has responded to the pandemic by establishing a fully funded recruitment agency to fast track the supply of quality staff into vacancies. Through this initiative we are promoting external vacancies via a large recruitment campaign, which runs across various platforms and networks, including social media and educational establishments, to attract candidates in roles where we can provide fast track induction training and free DBS's for successful candidates. Since its inception, on 6 April, over 1,300 candidates have registered, 240 have been interviewed with 112 offers made. 65 candidates are currently going through induction training and pre-employment checks and 13 are now in post with local providers. We have also promoted a staff referral incentive to the current external workforce to motivate and incentivise staff referrals.

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We work across LLR to co-ordinate and resource training in the care sector, commissioning packages of training in key areas for providers.

In addition, we have a strong relationship with our regional Skills for Care office and actively promote their offer to local providers. Some of our larger regional providers have let smaller providers utilise their training facilities and courses if they pay for this and may be able to offer this facility again in the future if we require classroom-based training.

Funding Care Homes

We have used the 6.2% increase in National Living Wage to calculate the inflationary fee increase for 20/21 rather than the lower Average Weekly Earnings rate set out in the contract. Overall the band rates were increased by 4.1%.

Care homes were previously paid on the basis of two weeks in advance and two weeks in arrears. A 'forward payment' payment has been made, which is recoverable, to put them on a four weeks in advance basis.

We recognise that care homes are meeting considerable extra cost regarding PPE and are currently modelling the financial pressures on our provider market.

A payment equivalent to 10% of each care home's monthly band rate payment has been made to each care home.

The Council has commissioned independent work to examine the impact of COVID-19 on providers' costs and following completion in May there will be further uplifts of funding due to be paid to providers for the duration of the COVID period.

Clinical Support

The Council is working closely with our partners in the CCG to provide clinical support to care homes. In Leicestershire the role of clinical lead for care homes is provided by a collaboration between GPs, district nurses, specialist nurses and therapists, designed to fit with the needs of each care home. The Clinical Leads are contactable by care homes and they regularly check-in with care homes to offer proactive support. Clinical Leads are part of the wider multi-disciplinary and multi-organisational wrap-around community health offer which included the Council's Home First re-ablement service, the Home First service and the Urgent Care visiting service which offers fast response care for care home patients to help them stay at home for longer.

Working closely with the CCG, we are developing further the model of clinical leadership for care homes across each Primary Care Network (PCN). This development will focus on clinical care co-ordination, accountability for the delivery of multidisciplinary care and PCN to care home alignment which, when done in partnership with patients and families, will form the foundation for an even stronger and responsive offer moving forwards.

Practice, PCN, CCG and Care Home Team pharmacists are working together to ensure that each care home has access to the right clinician(s) to carry out proactive medication reviews for residents. Wrap-around medical advice and support for all pharmacists and medical review clinicians is provided by community pharmacist teams and enhances our model of care.

The commitment is to continue to develop the skills and specialisms within each multi-disciplinary team working with care homes within each PCN. Expanding teams will include

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Social Prescriber Link Workers, Geriatricians, Care Coordinators and as well key members of the local voluntary sector to continue to improve the positive impact on care home residents.

Emerging issues

Whilst a strong partnership and the proactive efforts of our staff have helped tackle many of the issues impacting on our care home sector due to the COVID-19 pandemic there are still areas for further development.

- Volunteer effort has been focused on supporting home care capacity by undertaking roles such as shopping, support for shielded individuals and undertaking safe and well checks. It is unclear how, with infection control and social isolation, volunteers could be effectively utilised by care homes. Some further guidance and support to action this would be welcomed.
- We have worked hard as system to ensure the supply of PPE, costs have however increased considerably, particularly for face masks. Homes report they will continue require additional financial support to meet this cost.
- Testing to include care homes for those under the age of 65 years, especially for people with a learning disability, due to the increasing numbers being infected.
- The recruitment and retention of care workers plays a key role in the delivery of quality support. Therefore, care workers need to be viewed as professionals, and their level of pay should reflect the skills needed to undertake this role.
- The Council and the CCG, along with Skills for Care, have shared the latest training, support, guidance and funding information with providers to support the ongoing development and skills base of care staff. This has not been possible in recent years, given the tight restraints on council spending, and hence will require additional long-term Government funding.
- There will be issues regarding occupancy and viability of care homes following COVID-19. The care system will require additional funding to help support providers whilst the sector evolves to meet changing service user requirements.

Next steps

The County Council is constantly developing ways to support our care home market and keep its residents safe. Initiatives coming onstream in coming weeks include:

- Developing proactive approaches to working with care homes who are vulnerable to COVID-19 outbreaks before the situation escalates.
- Continued contact with providers on a daily basis and using this opportunity to support them with the capacity tracker.
- Across LLR we are launching a survey of care homes to gauge their experiences in accessing primary care/clinical support.
- Communications to ensure the sector understands the primary care and community services offer
- We have fully revised and enhanced provider failure guidance and are rolling out an action plan to assist the process.
- Pro-actively promoting to care homes our 'business as usual' guidance and quality techniques to help providers plan and meet any quality or workforce issues.
- Based upon the issues cited in this letter we are publicising a local support offer which will set out our range of initiatives designed to help care homes at this time.

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- Follow-up programme for IPC support through the LLR care home cell.

The Council aims to work positively with our colleagues at regional and national level to help support our care home market to keep its residents and workforce well and safe. The Council welcomes this opportunity to share our experiences in helping our care homes at this difficult time.

We have consulted on the contents of this letter with our local system partners and it has been formally endorsed by:

- Angela Hillery, Chief Executive, Leicestershire Partnership NHS Health Trust;
- Rebecca Brown, Acting Chief Executive, University Hospitals of Leicester NHS Trust;
- Caroline Trevithick, Director of Nursing, LLR CCG (and on behalf of Andy Williams, Chief Executive Officer, LLR CCGs).

Consultation on the contents of this letter was undertaken with wider local partners, including EMCARE, who are the East Midlands Care Home Provider association and Healthwatch Leicester and Leicestershire.

The contents of this letter have will be uploaded to our website following our submission to the Minister and can be found at the following link:

https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus/infection-control-fund

Yours sincerely

John Sinnott
Chief Executive

Enc - COVID19 Care Home Support Implementation Status template

cc Jon Wilson, Director of Adults and Communities
Mike Sandys, Director of Public Health
Andy Williams, Chief Executive Officer, LLR CCGs
Caroline Trevithick, Director of Nursing, LLR CCG
Angela Hillery, Chief Executive Leicestershire Partnership NHS Health Trust
Rebecca Brown, Acting Chief Executive, University Hospitals of Leicester NHS Trust