



Derby City Council

Rt Honourable Helen Whatley MP
Minister of State for Care
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Dear Minister

Derby City Council and partners - support to care homes

Thank you for the opportunity to set out Derby's approach to supporting care homes, at this vital time. Our care homes have been at the forefront of the battle against COVID 19, and staff continue to work tirelessly to protect residents from the harm this disease causes, especially to older and vulnerable residents.

There are seventy two registered care homes in Derby, of which sixty nine are operational; forty four residential and twenty five nursing homes. All of these homes are registered on the national capacity tracker, and all have updated the tracker in the past five days.

The Council has contracts in place with all homes and regularly engaged with the sector pre COVID. The support to homes already included quarterly consultation meetings, and bi-monthly Quality in Care meetings involving Derby and Derbyshire CCG (DDCCG) commissioners, the Care Quality Commission (CQC) and other partners across the Local Resilience Forum (LRF) such as Derbyshire Fire & Rescue Service. At the onset of the pandemic, new arrangements were put in place to engage with partners across the *wider* Derby and Derbyshire health and care system (often referred to as the Sustainability and Transformation Partnership (STP) footprint). This allowed a COVID response at a whole "system" level.

A Derby/Derbyshire multi- agency Care Homes "cell" has been established including representation from CQC. In addition, a Strategic Care Homes Group was established in mid-May to:

- provide assurance and support for the COVID Care Homes cell on preventing and controlling the spread of further infections within homes, including agreeing any local interventions that need to take place.
- provide oversight to ensure there is a good quality, safe and effective care home sector in Derbyshire to meet the needs of the local population.
- develop an approach for the restoration phase that builds on the DHSC/NHSE directions and also the support needed for care homes in line with the expectation from the Minister.

The Strategic Group has Executive level representation and attendance from Community Health, Primary Care, Public Health, the Acute sector, both Council's and DDCCG. It is committed to having care home representation in the very near future and will be looking for representation from providers to join the group. In relation to the key elements of the national support offer to care homes, Derby's position is set out below:

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Confirmation of daily arrangements in place to review the care home market - from the onset of the pandemic, Derby's Adults Commissioning & Market Shaping Team have been extremely proactive with *all* care providers. In advance of the national capacity tracker, a local tracker was established and daily contact with residential care homes was made in relation to their support requirements. From mid-March onwards, business continuity plans were requested from all providers, and they were asked to RAG (Red, Amber, Green) rate their customers & residents in terms of complexity of need. Working with operational social work teams, a joint assessment of each provider was undertaken so that the Council had an overview of which providers may need more support. Our communication with care homes has focused on an assessment of their staffing capacity, Personal Protective Equipment (PPE) requirements, financial pressures, occupancy levels and their Infection Prevention and Control (IPC) measures. We have also been working with providers to check they are able to implement the relevant COVID national guidance.

Our approach has now been risk stratified to manage the impact of multiple contacts and asks on homes, at a time when they are working extremely hard to manage the impact of COVID on the ground. Our contact with homes is now based on our analysis of their business continuity plans, CQC ratings, level of exposure to COVID and a range of other indicators that are being gathered locally, including data from the national capacity tracker. All homes rated RED & AMBER are contacted daily, and GREEN rated homes are contacted three times a week. The Care Homes cell also reviews RED homes at least three times a week and agrees the joint interventions and support that may be needed for homes, such as providing clinical oversight, additional IPC advice, access to testing and emergency PPE supplies.

Key areas of support to care homes - The Care Homes Cell, and the End of Life Cell that has run alongside this have assessed the issues within the market and interventions required. These have led to:

- Establishing a multi-disciplinary COVID Care Home Support Service providing support via video link, with a single inbox/ phone number. The team includes nursing input, Occupational therapy, physiotherapy - all hosted by Derbyshire Community Health Services. There have been forty eight requests for support since this service was established in mid-April.
- Developing a local "Sit Rep" (Situation Report) for COVID 19 outbreaks that also shows occupancy levels and staffing data, to enable support to be targeted and risks understood at the JUCD System Executive Level.
- Communication alignment between partners including the development of a care homes newsletter and the microsite with local and national guidance available - hosted by Derbyshire County Council, which all agencies update and contribute to.
- Delivery of "Virtual meetings" that homes participate in, where a variety of topics have been covered including, activating NHS mail accounts, PPE, IPC and Testing. Our 100% sign up for the NHS National Capacity tracker is down to proactive support such as this, to ensure homes are regularly updating it.
- Dedicated access to emergency PPE from the start of the pandemic, 7 days a week and free of charge.
- Dissemination of a dedicated COVID End of Life Good Practice Guide, with I-pads provided where needed to enable residents to maintain contact with family members. An End of Life advice and support line, available 24/7, has provided access to nurse specialists and there have been 268 calls to date since this was established. Each home can access clinical support for EOL care with target communication taking place on a weekly basis.
- Emotional support services have been available for care home staff from two hospice providers, particularly targeted at homes that have been affected by fatalities. This will continue given demand is likely to increase from staff during the restoration and recovery period.

- Promotion of the 111*6 service to enable homes to have direct access to a clinician without navigating the 111 systems. A new condensed version of the Derbyshire HealthCare Summary (personalised care plan) also has specific disposition statements for 111 to manage calls from homes appropriately.

Primary care and community health support to care homes and residents - GP practices and community health services are working together in networks to rapidly put in place the national requirements to support all CQC registered homes; namely the delivery of a consistent, weekly 'check in' to review patients identified as a clinical priority for assessment and care by an multi-disciplinary team, devising personalised care and support plans and the provision of pharmacy and medication support. This is underpinned by IT and equipment to support remote monitoring of COVID-19 patients.

Every home receives clinical support and all homes are able to contact General Practice in a clear and well understood way. During the pandemic, GP practices in Derbyshire have rapidly escalated the support they offer to homes, with many in daily contact with homes most in need. In those cases where more than one practice provides support to a home, we are confirming the details of a single named clinical lead, who will co-ordinate input across practices. We are currently letting homes know who this is. Out of hours provision is clear and consistent and there is a clear process in place for referral to secondary care as appropriate. An acute Geriatrician Care Home Support Service has also been put in place.

In addition, DDCCG is also working with NHSE/I (NHS England and Improvement) and PCN (Primary Care Network) Clinical Directors to:

- Recruit additional GP Leads (non-recurrently for the next three months) to establish & lead multi-agency work at a PCN or pan PCN level and provide extra senior clinical capacity.
- Ensure that all homes have the IT that they need to be supported remotely, for example laptops and Wi-Fi connectivity.
- Ensure there is a supply of Pulse Oximeters for GPs so they can identify and target care home residents who may benefit from O2 monitoring; appropriate training and support for care home staff is included in these plans.
- Roll out COVID Standing Operating procedures to enable homes to safely re-use medicines to support timely access to essential prescribed medication.
- Rapidly deploy anticipatory medication & COVID drug administration charts that can be signed electronically and sent from the GPs email address Electronic Respect form.

Infection Prevention and Control - There is dedicated Infection Prevention and Control (IPC) team in Derby & Derbyshire that has been identified to support care homes during the COVID-19 pandemic. On receipt of outbreaks notifications from PHE, they proactively contact the homes to provide IPC support and advice. Councils are also notified so that follow up actions can be undertaken. 144 homes to date have been supported by the IPC team during this period, across Derby and Derbyshire. There has also been a significant response to the national "Call to Action" on IPC training, with 4 Super Trainers trained and roll out of training to local trainers completed. All care homes have been contacted by email and telephone calls to offer access to training either face to face or virtually in Infection Prevention and Control, use of PPE and Testing.

Hospital discharge and Derby's approach to the provision of alternative accommodation and/or care arrangements where required - A single Strategic Discharge group was established, as required in line with the COVID Hospital discharge guidance. This group had all key partners represented and during the peak weeks of the pandemic, met daily to oversee hospital discharge processes and arrangements, including keeping oversight of discharges to care homes.

Derby already had an established “Discharge to Assess” (D2A) pathway using the Council’s Home First service (funded by the Better Care Fund), involving the provision of short term assessment support to assist someone to return home, following a hospital admission, or to access one of our assessment care beds for a period of continued assessment to enable a patient’s ongoing recovery. This approach has been maintained and expanded for the pandemic period and has been fully available for people who have been treated for COVID 19, to enable any required period of isolation on discharge from hospital. This approach has alleviated the pressure on local care homes as our acute hospital (The Royal Derby) has been able to directly access alternative arrangements, should a care home feel unable to accept new admissions, or existing residents back after treatment. In addition, local guidance has been produced and distributed to homes to clarify the NHS approach to testing *before* discharge in line with the national expectations.

Our D2A pathways are also available, to accept admissions from individuals who have not been admitted to hospital but who are unable to be cared for safely at their usual place of residence, including care homes. This approach will continue should there be any care home who is unable to safely cohort and care for a resident following the results of the “whole care home testing approach”.

Testing - Derby is supportive of the government’s ambition to offer a test for COVID 19 to every staff member and resident in every care home in England, whether symptomatic or not. Implementing this has been led by our Adult Commissioning and Public Health teams. All care homes have received details of the programme and a set of Frequently Asked Questions to support the delivery of the tests and how to respond to the results. DHU Health Care CIC (DHU) had previously been undertaking care home testing for Public Health England on notification of a suspected COVID 19 outbreak – and they are now also supporting the roll out of the wider testing programme, although there have been distribution delays in relation to the test kits.

To assist homes to prepare for the testing, all care homes are being contacted by the Commissioning team in advance of their planned test date to talk through how they would isolate or cohort residents and manage the required IPC measures for the potential increase in COVID positive residents. Our discussions with homes are aimed to support them by:

- Offering further outreach IPC support or help to identify cohorting practices for residents on site and double-checking homes have all the correct PPE supplies they need.
- Talking through staffing implications that homes may need to be planning for should asymptomatic staff test positive. This includes establishing whether homes need support to prioritise existing employees to provide any shortfalls in cover or using a single care agency used to prevent the risks of new employees entering the home.
- Ensuring homes engage with us as soon as results are known for a further support discussion.

In anticipation of the risk to service disruption following the test results, the Strategic Care Homes group has established an escalation process for exceptional circumstances only, designed to be able to:

- Enable a decision to be made for any rapid deployment of emergency NHS staff (virtually or physically) using NHS returners, bank staff, Health Care Assistants, Student nurses or any other available social care staff.
- Enable a decision to be made that care home residents should move to an alternative setting – either an existing Discharge to Assess assessment facility, or a Community or acute hospital bed.

Our approach is clear however that moving a resident would **only** be considered as an absolute last resort and where all other options have proven unsuccessful.

Addressing short-term financial pressures experienced by care providers – under the Care Act 2014, the Council must ensure that there is a sustainable, local care market that is of good quality, provides choice and is financially viable. This duty remains throughout the COVID 19 period and as a commissioner of care, we are also focused on the medium and long-term impact of this crisis on care providers. We are acutely aware that we need Derby's care providers to be successful, so that we arrange care and meet the needs of local people during the recovery period. Ahead of the pandemic, we had already agreed and communicated that we would inflate our fees for April 2020 to manage the rise in national minimal wage, and this included an inflationary uplift for Direct Payment holders. In addition, to respond to COVID, we committed to:

- Continue to pay block contracts irrespective of whether all activities were able to be delivered
- Pay all care providers in advance to maintain cash flow
- Pay home care providers on the basis of "planned" care hours
- assist providers with their extraordinary COVID related costs

Rather than offering an additional fee increase beyond those implemented from the 6th April 2020, we chose to write to care homes and home care providers (on our standard terms and conditions) and ask them to contact us about assistance with additional COVID related costs they were incurring or anticipated incurring. For example, we have assisted 21 providers with their PPE costs so far and are assisting homes on request to pay statutory sick pay for staff from the first day of absence and self-isolation periods. We have committed to turning requests round quickly, so that providers could be certain whether they were to receive financial support.

For providers supporting people with "complex" needs, in-year fee uplifts have been considered and we will consider any one-off requests being made. This approach has also been used to "cash flow" small micro providers such as Shared Lives carers and social enterprises offering daytime support.

Derby and Derbyshire CCG have adopted a similar approach to the Council in that individual care homes are able to contact them for assistance and we are working together to triangulate any requests. We believe that our approach has provided us with local intelligence about the pressures being faced by care homes and other providers which will be invaluable to appraise the longer-term impact of the pandemic on all providers. The Strategic Care Homes group has committed to conducting a "deep dive" into the financial sustainability of the sector drawing on the data available from the national tracker. This will include working with care homes to fully understand factors that have led to the rise in care bed vacancies.

Mutual Aid and deploying returning clinical staff or volunteers into care homes – in recent months, we have witnessed care homes operate a significant response in relation to mutual aid. This has included sharing nursing staff and managerial staff at times when staffing has become disrupted due to COVID 19. We have used our NHS Incident Control Room to access clinical support at times where our conversations with homes revealed that they would benefit from input from health and care professionals. More recently, the Strategic Care Homes Group has worked with Joined Up Careers Derbyshire (our STP workforce group) to identify NHS returners, student nurses and volunteers to develop access to an emergency peripatetic care team whom could be deployed using an agreed escalation process, hosted by Derbyshire Community Health Services. The majority of NHS returners and volunteers have previously been deployed to support acute pressures, however now that the peak of the pandemic has passed – we are able to access support should care homes request this. This is in addition to the "virtual nursing" team that has been in place to offer remote support to homes, and the enhanced IPC training offer that can be delivered face to face or remotely to suit a home's requirements.

Collective level of confidence and our support needs - overall, there is a high degree of confidence that the system wide actions being taken are preventing further spread and transmission

of COVID 19, and supporting homes where outbreaks are suspected or confirmed. Operational support to homes has been extremely well coordinated, and the medium to longer term strategic focus will continue to support this bottom up approach. The enhanced arrangements for engaging homes will continue across health and social care during the remainder of the pandemic, and learning will be taken as we move to into the restoration phase. The Strategic Care Homes Group is currently refocusing the work plan of the Care Home Cell and moving forward the key areas that support locally will focus on will be:

- Establishing the care homes most at risk as a result of falling occupancy and/or exposure to COVID and agreeing which additional interventions may be needed
- Using a range of data and intelligence, as well as working directly with homes around their future intentions and plans, to ensure sustainability of the sector
- Establishing where the quality of care needs improving and how key workforce gaps (e.g. nurses) can be resolved to provide a more sustainable basis for the sector into the future

The areas that need further system focus and where we would welcome any regional or national learning to support this are:

- Further interventions that can assist with controlling and minimising use of agency staff within care homes to prevent community transmission from staff working in more than one location.
- Further mitigations that we could put in place to support homes once the impact of test results are known. The mitigations we have in place cannot eliminate all risks in terms of homes' ability to safely care for residents in line with national guidance on cohorting, and also ensure adequate staffing levels. This is particularly challenging for homes supporting people with dementia and challenging behaviour.
- Interventions and tools to support homes and commissioners to review the sector's finance and business models - particularly given reducing occupancy levels.

By the end of the first three months of this pandemic – there will be upwards of 15% vacant care home beds in Derbyshire. It may be that some care providers will be forced to exit the care market, and this may cause disruption in the short term. Rationalising the bed base and ensuring that the sector is safe, effective and of high quality may be an outcome from the pandemic that leads to overall longer-term sustainability. In the coming weeks, the Council with its partners will continue to work jointly to safeguard residents and staff and enable the sector to “bounce” back for future generations. We look forward to having a dialogue with local care homes about how best to approach this.

COVID 19 has been an extremely challenging time for care home providers, staff, residents and families. Tragically, care home residents and colleagues working in care have lost their lives to the coronavirus and each death has affected individual family members and the wider social care community. Our sincere condolences go to every person who is grieving for someone as a result of COVID 19. On behalf of Derby City Council, Derby and Derbyshire CCG and all our NHS partners - I would like to sincerely thank everyone who has worked selflessly to protect vulnerable people at this time. The sector's mutual aid and response has been overwhelming and I welcome this opportunity to set out the approach we have been taking as a wider health and care partnership.

Yours sincerely



Paul Simpson
Chief Executive