



# **Dorset Health and Wellbeing Board**

**Date:** Wednesday, 24 June 2020

**Time:** 2.00 pm

**Venue:** MS Teams Meeting

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**Chief Executive:** Matt Prosser, South Walks House, South Walks Road,  
Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

**For more information about this agenda please telephone Helen Whitby on 01305 224187 or email [helen.whitby@dorsetcouncil.gov.uk](mailto:helen.whitby@dorsetcouncil.gov.uk)**

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**Page No.**

1. **CARE HOME PLAN**

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To consider Dorset Council's Care Home Plan.

Please ask for:

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To  
Council Leaders

*From Helen Whately MP  
Minister of State for Care*

**Copied to:**

Local Authority Chief Executives  
Directors of Adult Social Services  
Directors of Public Health  
Care Home Providers  
CCG Accountable Officers

39 Victoria Street  
London  
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**14 May 2020**

Dear Colleague,

**Support for care homes**

COVID-19 presents an unprecedented challenge for social care. There is an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS. Thank you for all that you and your teams are doing to provide care and support for the many people who need it, and for helping to keep people safe.

In April, we set out in the [Adult Social Care Action Plan](#) the measures that Government and other parts of the system were taking to support people in receipt of adult social care, both at home and in other settings, and how working together we could save lives. But the data continues to show a rise in outbreaks; 33% of care home settings nationally have reported an outbreak to date.<sup>1</sup> This has highlighted the importance of us moving to one model with increased consistent national oversight to support locally-led responses. This letter sets out how Government will work with local authorities to achieve this.

Today we have announced an additional £600 million to support providers through a new Infection Control Fund. The fund will support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. This will be allocated to Local Authorities and is in addition to the funding already provided to support Adult Social Care sector during the COVID-19 pandemic.

Alongside this and based on the very latest domestic and international evidence reviewed by Public Health England, we have set out our support package for care homes building on the Adult Social Care Action Plan. The support package (Annex A, document attached separately) sets out the steps that must now be taken to keep people in care homes safe, and

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<sup>1</sup> Data published by Public Health England, correct as of 29 April 2020.

the support that will be brought together across national and local government to help care providers put this into practice.

### **How Government will work with Local Authorities to support Care Homes**

We want to work with you to ensure the social care system is taking all possible steps to stop the spread of COVID-19. This is not the responsibility of any one part of the system but a joint endeavour between national and local government, the NHS and the care sector. The additional steps undertaken by local authorities will go hand in hand with extra support that is provided by the NHS, Public Health England and the Department of Health and Social Care.

We know that local authorities are at the forefront of the COVID-19 response locally, and that many providers have robust arrangements in place and are in daily communication with their local authority, seeking appropriate advice and support.

In light of the imperative to stop outbreaks in care homes, we are asking all local authorities to review or put in place a care home support plan, drawing on local resilience and business continuity plans. A planning return should be submitted by 29 May. This will consist of a completed template and covering letter. In the spirit of transparency, these planning returns should be made public.

Local authority Chief Executives Officers (CEOs) with social care responsibilities should work with system partners to agree a return consisting of:

- a letter that sets out a short overview of their current activity and forward plan;
- a short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
- confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

The local authority CEO will be responsible overall for the planning return, supported by the Director of Adult Social Services and the Director of Public Health. The planning returns will also need to be developed with the Clinical Commissioning Group Accountable Officer, taking into consideration the views of health and care providers.

Planning returns will be reviewed at a regional and national level. We will identify good practice and consider further steps needed to ensure every care home is receiving the right support and implementing the appropriate measures. Further detail is outlined in Annex B and a template will follow.

There have been great strides in improving data flows from providers in the past three months, and we appreciate the reports that providers are now completing. Though we recognise this places extra demands on care providers, this information is essential to controlling the spread of COVID-19 in care settings and to enable extra support to be given to the care sector. We are therefore looking to increase compliance with the daily provider reporting requirements. For care homes, this is the Capacity Tracker. We expect the Adult Social Care Infection Control Fund, announced yesterday, to be conditional on provision of regular information.

We also need to know where issues with outbreaks have been resolved, or where extra support is needed. We will consider ways to improve information flows including how we supplement current reporting and provide more effective data. We will put proposals to the sector shortly. These are important and necessary measures to ensure that we have immediate national and local visibility of where there are problems during this critical period, and together we can ensure the support is in place for providers.

To provide all local authorities and providers with the latest advice based on the available evidence, there are a number of additional annexes in this letter that provide information about emergency support (Annex C), evidence review and international comparisons (Annex D) and guidance (Annex E). Thank you again for your commitment and dedication to supporting care home residents, staff and providers, during this challenging and constantly changing time. We will continue to do our best to support you nationally so that you are able to work closely with partners to provide joined up local leadership during this emergency.



**HELEN WHATELY**

## **Annex B: COVID-19 Local Care Home Support Plan – guidance for local authorities and system partners**

### **Introduction**

It is a key Government priority to ensure that care home providers are supported during the COVID-19 pandemic.

The Government recognises that the majority of providers have robust arrangements in place and are in daily communication with their local authority, seeking appropriate health advice and support. The government is now working to mobilise greater support, including clinical support and infection control to care homes. This includes support from primary care and community health services as set out in the letters from NHS England and NHS Improvement of [29 April](#) and [1 May](#).

Ministers want to be clear on the joint, coordinated action underway between health, public health and social care locally to support the sector and reduce transmission within and between care homes. They also want to be clear on the delivery of the commitments made by national government (including support for local government and care providers).

Local government and health partners are already working with care homes in their area to support them to manage the unique pressures that COVID-19 has placed upon them. The aim of this process is to establish a clear understanding of the level of implementation in every care home, and to identify any issues in local areas and further support needs. It is recognised that these may include challenges over which local areas have little control.

Local authority Chief Executive Officers (CEOs) with social care responsibilities should work with system partners to agree a return consisting of:

- a letter that sets out a short overview of their current activity and forward plan;
- a short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
- confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

### **Cover letter**

Each local authority area should send a brief narrative that describes:

- 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.

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

### **Current implementation status template**

The template (to be sent out shortly) will set out actions that should be carried out in all care homes, including access to the support from local authority and health partners that needs to be in place. It is intended to support local authorities to lead a cross system conversation to ensure that measures are in place and identify where action or help is needed, either from national partners to the local authority and CCGs and where more help is required by individual care homes.

The template will cover:

- **Infection prevention and control**
- **Testing**
- **Personal Protective Equipment and Equipment supply**
- **Workforce support**
- **Clinical support**

Additional fields are being added to the Capacity Tracker to collect information on the number of homes that have accessed support or have procedures in place and this should be the source of data for this element of the return.

## **Process – roles and responsibilities for template and oversight**

Chief Executives of local authorities with social care responsibilities are expected to oversee and sign off this return, but the action to support resilience in the care sector must be a joint effort. The information in the covering letter and template will therefore depend on contributions by senior staff from across the system, and will require close engagement with local care homes and data from the care home capacity tracker.

In addition to the Local Authority CEO, we would expect the involvement, at a minimum, in completing and agreeing this return of:

- Directors of Adult Social Services;
- Directors of Public Health; and
- The CCG Accountable Officer (AO) (or a lead AO where more than one CCG covers the authority area), working with their Director of Nursing.

As part of their role in supporting care homes, Directors of Adult Social Services (DASSs) will want to assure themselves that they are able to ensure core duties - basic safety, human rights and safeguarding - are still being delivered and that the support provided is underpinning this. There should be arrangements in place for monitoring essential safety and safeguarding issues relating to life, inhuman and degrading treatment and family life.

CCG AOs and Directors of Nursing should involve community and acute trust senior leads as appropriate in completing these returns.

## **Local engagement**

Plans should include information on engagement and any high-level views from the Health and Wellbeing Board and Local Resilience Forum chairs, Healthwatch, care provider forum or wider engagement, and local disabled or older persons' advocacy organisations.

## **Regional overview and support**

The regional process will focus on understanding the overall level of implementation and joint working in place to support the care sector, identifying where systems need support, and that, nationally, the commitments that the government has made to support the care sector are being delivered.

Local plans (covering letter and template) should be sent by 29 May to [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk) and should be published on the local authority website in parallel.

A joint regional process will consider plans and identify:

- Areas of risk locally, and understanding of local plans to address these;



- Overarching areas of concern, and identified support needs – assessment of which of these can be supported regionally and which need highlighting for national resolution;
- Key learning to enable strengths and successful approaches to be shared with other areas; and
- Overarching themes and key challenges for regional or national follow up.

Local Resilience Forums will be asked for comments and to raise any areas of concern that have been raised to them, but they will not have a formal role in the process.

Detailed scrutiny of letters and templates will take place at a regional level with feedback to local areas. Overarching concerns and identified support needs will be shared with departments, the LGA, ADASS and NHS England and NHS Improvement.

Support for areas in drawing up their plans will be provided by the Better Care Support team. Briefing webinars will take place for local authority and CCG colleagues and for care home providers. In the short term, immediate queries or support needs should be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net).

You can register for these webinars via Eventbrite. For local authorities and CCGs:

<https://www.eventbrite.co.uk/e/key-covid-19-resilience-support-actions-for-care-homes-webinar-tickets-104749025154>

In order to respond to changes in local system support needs and to ensure that the commitments the government has made to support the care sector are being delivered, there will be periodic review of the overall level of implementation set out in local plans, the funding that has been provided to the care sector from the Infection Control Fund, and the specific support provided to care homes which have experienced outbreaks and where major issues have arisen. Details will be developed and discussed with the sector. The arrangements will be time-limited and cease once there is substantial progress in reducing outbreaks in care homes.

## **Annex C: Emergency support**

Providers should escalate all issues to their local authority. All local areas are required to have arrangements in place for responding to emergencies under Civil Contingencies legislation. The lead role in responding to incidents in relation to adult social care is with the local authority.

### In the event of a COVID-19 outbreak:

The first time a care home suspects a resident has symptoms, the care home manager should contact their local Public Health England (PHE) Health Protection Team (HPT). The HPT will undertake a risk assessment, provide public health advice, and arrange urgent testing of all symptomatic residents (previously, access to testing of symptomatic residents was offered by invitation from the Care Quality Commission, with test kits delivered by the Department of Health and Social Care). All symptomatic care workers can continue to be referred via the gov.uk portals to access tests. All care providers can and should look to their local authority and local health services for support, regardless of whether they have an existing contract with the local authority or not.

Local authorities need to have a clear picture of all alternative local provision that could be used in the case of an outbreak. Where local authorities are unable to meet the emergency needs of a care provider, they should report into their Strategic Coordination Group of the Local Resilience Forum (LRF) for additional support.

All social care workers and residents in care homes (with or without symptoms) can access testing for COVID-19.

### In the event of a PPE shortage:

Providers should first attempt to contact their usual PPE supplier. If they have already tried this, they should contact one of the eleven dedicated social care distributors: Careshop, Blueleaf, Delivernet, B&M Supplies, Countrywide Healthcare, Nexon Group, Wightman and Parrish and Gompels, Beaucare Medical, Protec Healthcare Products, Halliday Healthcare Ltd.

If the care home or home care provider is not able to access PPE through this route, they can approach the LRF to set out their PPE needs. The LRFs have been provided with short-term supplies of critical PPE, intended to help them respond to urgent local spikes in need across the adult social care system and other front-line services. The LRFs have been advised to make decisions about the allocation of PPE equipment on basis of the most pressing clinical need, in line with published guidance. The stock of PPE to LRFs is intended to support urgent need in vital services, where service providers have explored their usual routes for PPE and there remains an urgent need for additional stock.

If the care home or home care provider is not able to access PPE through either of these routes they should report this to the National Supply Disruption line: Tel: 0800 915 996. All care providers that can show an immediate urgent need for PPE and who have not been able to address this through the wholesalers, or their LRF, are able to raise a request for an emergency pack of PPE through the NSDR. The NSDR does not have access to the full lines of stock held at other large wholesalers or distributors, but can mobilise small priority orders of critical PPE to fulfil an emergency need.

In the event of a workforce shortage:

Providers should implement business continuity plans when needed and consult mutual aid plans if appropriate. We know that many social care providers are working together, and with local health services, to support each other where there are workforce shortages. The LRF brings together the health and social care sector at local level and can help co-ordinate such mutual support.

Local authorities should be aware of demand and monitoring workforce pressures, as they have access to the Capacity Tracker. The CQC has also launched a regular data collection on COVID-19 related pressures from services who provide domiciliary care. These data will help inform local authorities in their response to pressures, including workforce shortages.

<b><u>Provider issue</u></b>	<b><u>Local</u></b>	<b><u>LRF</u></b>	<b><u>National</u></b>
Availability of PPE	Usual PPE supplier  One of the eleven dedicated social care PPE distributors	LRF on emergency basis if normal routes fail	National Supply Disruption Response
Managing outbreaks	Local Health Protection Team (HPT), local authority and local health services	LRF to co-ordinate as appropriate	
Workforce shortage	Mutual aid arrangements  local authority		
Testing	Care homes groups  local authority and local health services	LRF to co-ordinate as appropriate	National Testing Programme

## Annex D: Evidence review and international comparisons

### Current position on deaths and outbreaks in care homes

It is essential to get good quality data in real time to proactively manage and prevent transmission in this vulnerable population and the government, [PHE, ONS and CQC are working to collect and publish daily and weekly data.](#)

- As per data published by Public Health England, as of 29 April, in England 5,117 care homes have reported a suspected outbreak of symptomatic or confirmed COVID-19. That is 33.0% of all care homes in England. In the London Region this is 38.5% of homes, in the NE Region 44.0% of homes and 39.5% in the NW Region.
- ONS reported that there were **7,903 deaths involving COVID-19** in care homes in England this year up to 1 May.

#### The key messages from emerging evidence in the UK and internationally are:

- There is asymptomatic transmission of COVID-19 in care homes in both residents and staff.
  - By the time a single symptomatic case is identified in a home, the virus is likely to be circulating in the home amongst residents and staff.
  - Agency staff are likely to be vehicles for imported transmission with infections being imported into care homes and between care homes by staff, especially whilst the usual staff are self-isolating.

### Evidence from studies abroad

Some of the most recent evidence from studies on outbreaks in care homes outside of the UK is outlined in the table below:

Study	Key Findings
<a href="#">Washington Study 1</a> - study on COVID-19 in care homes reports the rapid and widespread spread of an outbreak with the virus spreading quickly among the majority of residents, staff, and visitors, with 81 cases among the approximately 130 residents.	<b>Key factors contributing to an outbreak:</b> <ul style="list-style-type: none"><li>• staff continuing to work while symptomatic;</li><li>• staff members working in more than one facility;</li><li>• inadequate adherence to standard droplet and contact precautions, and eye protection recommendations;</li></ul>

	<ul style="list-style-type: none"> <li>• poor infection control practices due, in part, to inadequate supplies of personal protective equipment and hand sanitiser;</li> <li>• delayed recognition of cases, limited testing availability, and difficulty identifying COVID-19 cases based on signs and symptoms alone<sup>2</sup>.</li> </ul>
<p><u><a href="#">Washington Study 2</a></u> – found that 23 days after the first positive result in a resident, 57 of 89 (64%) tested positive for COVID-19. During the study, 76 residents were tested again and 48 (63%) tested positive and of these 48, half had no symptoms.</p>	<ul style="list-style-type: none"> <li>• More than half of residents with positive test results were asymptomatic at the time of testing and most likely contributed to transmission.</li> <li>• 24 subsequently developed symptoms (median to onset 4 days). Of the 57 residents with COVID-19, 11 had been hospitalised (3 in ICU) and 15 died (mortality, 26%).</li> <li>• The study concluded that Infection-control strategies focused solely on symptomatic residents was not sufficient to prevent transmission after COVID-19 introduction into this facility.<sup>3</sup></li> </ul>
<p><u><a href="#">Centers for Disease Control and Prevention (US)</a></u> – tested 76 (93%) residents in a skilled Nursing facility.</p>	<ul style="list-style-type: none"> <li>• Twenty-three (30%) residents tested positive, of these, 10 (43%) had symptoms on the date of the test and the remaining 13 (57%) were asymptomatic.</li> <li>• Seven days after testing, <b>10 out of 13 of the asymptomatic residents had developed symptoms. This study suggests that symptom-based screening in long-term care facilities could fail to identify approximately half of residents with COVID-19<sup>4</sup>.</b></li> </ul>

## PHE study on care homes

PHE has conducted a rapid study in six care homes in London (11-13 April), modelling studies and a Whole Genome Sequencing study to understand the spread of COVID-19 in care homes.

<sup>2</sup> McMichael TM, Clark S, Pogojans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. MMWR Morb Mortal Wkly Rep 2020;69:339–342. DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e1>external icon□.

<sup>3</sup> Arons MM, Hatfield KM, Reddy SC et al. Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility. 24 April 2020. N Engl J Med. DOI: 10.1056/NEJMoa2008457

<sup>4</sup> Kimball A, Hatfield KM, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. MMWR Morb Mortal Wkly Rep 2020;69:377–381. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913e1>

Early results found:

- High numbers of asymptomatic or pre-symptomatic cases in staff and resident.
- Infection may be being imported into the homes by staff. It is possible that usual staff may be off work self-isolating and infection then introduced by bank staff.
- By the time local Health Protection Teams (HPT) are informed of an outbreak substantial transmission may already have occurred.
- Whole Genome Sequencing modelling: Spread of SARS CoV-2 is between care homes. Epidemiology and WGS shows that the infection is spreading from care home to care home, linked to changed patterns of staffing, working across and moving between homes.

**What works? A systematic review of international evidence by the UK Centre for Evidence Based medicine found that actions which are likely to be effective:**

- Hand hygiene - effective hand hygiene measures were in place where there was strong managerial backing, adequate provision of sanitizer and access to hand hygiene facilities.
- Staff rotation with staff allocated to one facility consistently, which may reduce spread across several locations and care homes.
- Visitors and restrictions of visitation to only emergency/critical cases.
- Testing of care homes residents and staff supports the home to rapidly respond and put additional measures in place to contain and prevent further spread.
- Resident wellbeing as quality of life is important in PH emergency measures and can reduce anxiety.

#### **International examples: what good looks like**

DHSC and PHE have been closely monitoring the measures adopted by different countries to contain and mitigate the impact of the virus.

- **Singapore and South Korea** have had very strict processes to isolate and test all care home residents and staff who not only have symptoms, but who may have had contact with people who have COVID-19.
- **Spain** had large numbers of deaths in care homes and initial guidance was based on only isolating residents and staff with symptoms. Following a large number of deaths in Spain, new guidance now requires isolation of all possible, probable and confirmed cases among staff and residents. Possible and probable cases are defined as those having potentially been in close contact with someone with COVID-19. Other interventions include removing residents without symptoms of COVID-19 to other accommodation for example the use of hotels to house residents with lower care needs and social services department

guaranteeing that residents who move out of care homes voluntarily will retain the right to return once the COVID-19 outbreak has ended. Increasing capacity through rapid response teams<sup>5,6</sup>.

### **Evidence based policy approach**

The policy responses on Infection Prevention Control is based on this evidence. We are continuing to seek further evidence as national and international experience accrues and is published.

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<sup>5</sup> Fantova F (2020) Report: Responding to COVID-19 in Spain: Returning from care homes to live with families as an alternative? Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. Available at <https://ltccovid.org/2020/03/26/responding-to-covid-19-in-spain-returning-from-care-homes-to-live-with-families-as-an-alternative/>

<sup>6</sup> Comas-Herrera (2020) Report from Spain: moving care home residents to hotels in Barcelona to reduce risk of COVID19 contagion. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

## **Annex E: Guidance**

Gov.uk Collection - Coronavirus (COVID-19): adult social care guidance:

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>

SCIE's COVID-19 hub of resources:

<https://www.scie.org.uk/care-providers/coronavirus-covid-19>

Hospital Discharge Service Requirements published 15 March is at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/880288/COVID-19\\_hospital\\_discharge\\_service\\_requirements.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880288/COVID-19_hospital_discharge_service_requirements.pdf)

Admission and Care of Residents during COVID-19 Incident in a Care Home first published 2 April :

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/880274/Admission\\_and\\_Care\\_of\\_Residents\\_during\\_COVID-19\\_Incident\\_in\\_a\\_Care\\_Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880274/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)

Social Care Action Plan published 15 April:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/879639/covid-19-adult-social-care-action-plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf)

How to work safely in domiciliary care published 30 April:

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>

How to work safely in care homes updated on 27 April:

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

Supporting adults with learning disabilities and autistic adults published 24 April:

<https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults>

Guidance for residential care and supported living updated 6 April:

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>

Guidance on social distancing and for vulnerable people updated on 30 March:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

Guidance on shielding and protecting extremely vulnerable persons from COVID 19 updated on 17 April: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>



Providing unpaid care published 8 April:

<https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care>

Providing unpaid care to adults with learning disabilities and autistic adults published 24

April: <https://www.gov.uk/government/publications/covid-19-providing-unpaid-care-to-adults-with-learning-disabilities-and-autistic-adults>

PHE Advice on PPE:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/880094/PHE\\_11651\\_COVID-19\\_How\\_to\\_work\\_safely\\_in\\_care\\_homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880094/PHE_11651_COVID-19_How_to_work_safely_in_care_homes.pdf)

Changes to the Care Act updated on 1 April:

<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>

Ethical Framework for Adult Social Care published 19 March:

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>

Advice/Helpline on adopting digital technology: <https://www.digitalsocialcare.co.uk/digital-social-care-launch-phone-helpline/>

Advice from British Geriatric Society: <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes> with feedback functionality at the bottom of the page

Infection prevention and control (PIC) updated on 27 April:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

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14 May 2020

## COVID-19: Care home support package

COVID-19 continues to present an unprecedented challenge for social care. Since this pandemic began, we have been working flat out to support the social care sector – drawing on all the levers that Government has to help social care providers look after the people in their care.

We know that care providers across the country have been doing their utmost to keep those they look after safe and well in the most challenging circumstances.

In February, the first guidance for the sector was published; in March, we announced £1.6 billion funding for local government and £1.3 billion to go to the NHS and Social Care for discharge support; and in April we announced a further £1.6 billion for Local Government and our detailed [Adult Social Care Action Plan](#). The Action Plan set out how the Government and other parts of the system are supporting people who receive adult social care, both at home and in other settings, so we can control the spread of COVID-19 in care settings, maintain care for people who need it, and save lives.

But this pandemic does not allow us to stand still. Since the publication of the Adult Social Care Action Plan, we have been working on the next step of interventions to support the sector.

We know that many care providers are facing challenges; however, care homes have been particularly susceptible to outbreaks of COVID-19. Therefore, this plan focuses on how to prevent and control COVID-19 in all registered care homes.

This is the next phase of our response for care homes, using the latest domestic and international evidence brought together by Public Health England, and drawing on the insights of care providers.

This document sets out the steps that must now be taken to keep people in care homes safe, and the support that will be brought together across national and local government to help care providers put this into practice. **To support this, yesterday we announced an additional £600 million to support providers through a new Adult Social Care Infection Control Fund.**

## **1. Infection prevention and control**

The scientific evidence shows significant asymptomatic transmission of COVID-19 in care homes via both residents and staff, similar to the transmission seen in the wider community. By the time a single symptomatic case is identified in a home, the virus is likely already to be circulating amongst residents and staff.

It is critical that care home providers continue to observe [guidance](#) set out by Public Health England on preventing and controlling infections, including use of [PPE](#), [isolation practices](#) and [decontamination and cleaning processes](#). Many care homes are already managing this well.

### **1.1 Training in infection control**

The NHS is offering support on training to care homes. Under the direction of Local Resilience Forums, local authority public health departments and Clinical Commissioning Groups (CCGs), CCG infection control nurses are “training the trainers” in care homes on the recommended approach to Infection Prevention Control, Personal Protection Equipment (PPE) usage and testing advice. This programme commenced at the beginning of May with the offer available to every area in England.

### **1.2 PPE**

PPE is a key part of infection prevention and control. Under the leadership of Lord Deighton, the Government is working round the clock with industry, the NHS, social care providers and the armed forces to improve the supply of PPE. We are expanding supply from overseas; improving domestic manufacturing capability; and expanding and improving the logistics network for delivering to the front line in order to increase our stock levels of critical PPE.

Recognising that some care providers are struggling to source all the PPE they need from their usual suppliers, we are currently distributing additional PPE to Local Resilience Forums. Care Homes should continue to draw on this PPE source if they have urgent shortages, and in turn contact the National Supply Disruption Response service, if their LRF cannot meet their urgent needs.

In parallel, we are now testing and rolling out a PPE distribution portal to supplement normal supply chains to the care sector. Over 2,300 social care providers will be invited to join the pilot by the end of this week.

We will also continue to work with the main PPE suppliers to the sector, to support them in sourcing and supplying PPE for social care. This includes ongoing work to improve the scale

and reliability of deliveries from overseas, as well as supporting UK manufacture of materials and PPE items.

We have worked with sector stakeholders to coproduce dedicated [guidance](#) for using personal protective equipment in social care settings, as well as a training [video](#) on how to safely put on and remove PPE. Training being offered to the sector on use of PPE will help to ensure that PPE is being used safely and efficiently.

### **1.3 Reducing workforce movement between care homes and minimising risk for care workers**

Based on the latest evidence of significant asymptomatic transmission in care homes, providers should take all possible steps to minimise staff movement between care homes, to stop infection spreading between locations. Subject to maintaining safe staffing levels, providers should employ staff to work at a single location.

Recognising the risks of infection in the community, providers should also support the care workers they employ in taking steps to minimise their risk of picking up Covid-19 outside of work.

We expect care homes to take additional steps to reduce the spread of infection, such as but not limited to, those set out in the Annex. The Infection Control Fund is intended to help providers pay for additional staff and /or maintain the normal wages of staff who, in order to reduce the spread of infection need to reduce the number of establishments in which they work, reduce the number of hours they work, or self-isolate.

### **1.4 Quarantining**

We are mindful that some care providers are concerned about being able to effectively isolate COVID-positive residents, and we are determined to make sure discharges into nursing or social care do not put residents currently in those settings at risk. The safety of residents and staff is our priority. All patients being discharged to care homes will be tested prior to discharge.

Local authorities should ensure that there is sufficient alternative accommodation as required to quarantine and isolate residents, if needed, before returning to their care home from hospital, in line with the [Adult Social Care Action Plan](#).

**Costs of providing this accommodation are covered by the £1.3 billion COVID-19 discharge funding via the NHS.**

### **1.5 Building our scientific understanding and sharing good practice across the sector**

SAGE have established a sub-group focusing specifically on the scientific issues affecting care homes and residents in care homes.

We are undertaking rapid work with the Social Care Institute for Excellence to create a hub of best practice and develop practical tools for care home staff.

## **2. Stepping up NHS Clinical Support**

Primary care and community health services are key to ensuring care homes have the clinical support they need. The NHS has committed that all care homes will be supported via primary and community support, by 15 May.

This will provide:

- timely access to clinical advice for care home staff and residents, including a named clinical lead for every care home and weekly check-ins;
- proactive support for people living in care homes, including through personalised care and support planning as appropriate;
- support for care home residents with suspected or confirmed COVID-19 through remote monitoring (and face-to-face assessment where clinically appropriate) by a multidisciplinary team where practically possible (including those for whom monitoring is needed following discharge from either an acute or step-down bed); and;
- sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit.

The NHS will also support the introduction and use of key medical equipment such as pulse oximeters to enable remote monitoring of COVID-19 patients within care homes. Community health improvement teams are also working with primary care and NHSX to roll out video consultations within care homes.

We are asking nurses and occupational therapists who are returning to professional practice to support our COVID-19 response to step forward to work in social care, particularly those who have past experience in the sector.

## **3. Comprehensive testing**

Care homes can now access testing for all their residents and staff. Tests are available for booking via a new digital portal for care home testing. The portal will make it as easy as possible for care homes to arrange tests, enabling them to register directly for delivery and collection of test kits.

Directors of Public Health will contribute to the prioritisation of tests and support the local coordination of testing, so that the sequence of testing meets local needs. The following prioritisation criteria will be followed, as agreed in consultation with Public Health England:

- Care homes with a new outbreak (declared after the Health Protection Team have arranged for the initial testing of any symptomatic residents).
- COVID free care homes with over 50 beds.
- Care homes referred by local authorities based on size (over 50 beds) and local knowledge. We ask that local authorities refer care homes in priority order so that deliveries can be scheduled accordingly.

Further details are available [here](#).

We continue to review the evidence for more frequent testing, as capacity increases.

#### **4. Oversight and compliance – local government and national**

We are asking all local authorities to review or put in place a care home support plan, drawing on local resilience and business continuity plans. A planning return should be submitted by 29 May. This will consist of a completed template and covering letter. In the spirit of transparency, these planning returns should be made public.

We are asking all local authority Chief Executives (CEOs) with social care responsibilities to work with system partners to agree an update consisting of:

- a letter that sets out a short overview of their current activity and forward plan;
- a short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
- confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

The local authority CEO will be responsible overall for the planning return, supported by the Director of Adult Social Services and the Director of Public Health. The planning returns will also need to be developed with the Clinical Commissioning Group Accountable Officer, taking into consideration the views of health and care providers.

Planning returns will be reviewed at a regional and national level. We will identify good practice and consider further steps needed to ensure every care home is receiving the right support and implementing the appropriate measures.

We are separately considering how we can support the sector over the medium term, in light of the consequences of COVID-19, and will involve partners in the discussion.

There have been great strides in improving data flows from providers in the past three months, and we appreciate the reports that providers are now completing. Though we recognise this places extra demands on care providers, this information is essential to controlling the spread of COVID-19 in care settings and to enable extra support to be given to the care sector. We are therefore looking to increase compliance with the daily provider reporting requirements. For care homes, this is the Capacity Tracker. We expect the Adult Social Care Infection Control Fund, announced yesterday, to be conditional on provision of regular information.

We also need to know where issues with outbreaks have been resolved, or where extra support is needed. We will consider ways to improve information flows including how we supplement current reporting and provide more consistent effective data. We will put proposals to the sector shortly. These are important and necessary measures to ensure that we have immediate national and local visibility of where there are problems during this critical period, and together can ensure the support is in place for providers.

## **5. Building the workforce**

Expanding and retaining the social care workforce is key to enabling care providers to continue to provide care and support to their residents.

To support this, the Government has launched a new national recruitment campaign. Our ambition is to attract an additional 20,000 people into social care over the next three months. [Campaign materials](#) are available to support local recruitment efforts. This is on top of measures to fast track DBS checks for new recruits and volunteers, and making available up to £3 million to support free rapid online training for new recruits, existing staff and volunteers.

We have also launched a new dedicated app for the adult social care workforce in England to support staff on-the-go. Under the new CARE brand, the Care Workforce app provides a single digital hub for social care workers to access relevant updates, guidance, support and discounts from their phone.



## 6. Funding

We have provided two tranches of extra funding to local authorities - £1.6 billion on 19 March and a further £1.6 billion on 18 April – to support them in meeting pressures across the range of public services, along with £1.3 billion via the NHS specifically to support safe and timely discharge from hospitals into care. Given councils' existing role in sustaining the local market for social care provision, it is vital that councils use funding where necessary to provide immediate support to providers who need help with COVID-related costs. This could include funding for those providers with whom the council does not currently have contracts, or to cover the self-funder market, if their finances are under strain.

**Yesterday we announced an additional £600 million to support providers through a new Adult Social Care Infection Control Fund.** The fund will support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. This will be allocated to local authorities and is in addition to the funding already provided to support the Adult Social Care sector during the COVID-19 pandemic.

To help us understand what councils have done to support care providers financially, including types of support and pace of allocation, ADASS is surveying its members. It is important that DASSs respond to this by 15 May.

Local authorities should also publish on their websites their rate uplifts and other extra funding they are making available to care providers e.g. cash flow support etc. We recognise a range of models are being used by local authorities and greater transparency is needed. These should be published by 29 May.

## Conclusion

We appreciate the incredible work being done up and down the country to support those who need care and those who provide care. The Government will continue to review and update our guidance, in response to what the social care sector needs and in line with emerging evidence so that we are giving the support that we can give in this time of crisis.

## **Annex: Restricting workforce movement and minimising workforce transmission**

Since the beginning of the pandemic we know that most care home providers have been taking steps that minimise the movement of workforce in order to reduce the risk of asymptomatic transmission of the virus between members of staff and between staff and residents. These steps have been taken on top of, not instead of, appropriate use of personal protective equipment.

Given the evidence of the prevalence of asymptomatic transmission, Public Health England strongly recommends that care homes do all they can to restrict staff movement wherever feasible. The check list below sets out the actions that providers from care homes should consider taking if they have not already done so. Not all these actions will be possible or appropriate for every provider, but when taken in combination will help reduce the risk of outbreaks in homes and slow the spread of the virus.

- Ensure that members of staff work in only one care home wherever possible. This includes staff who work for one employer across several homes, or members of staff that work on a part time basis for multiple employers.
- Extend these restrictions to agency staff, under the general principle that the fewer settings members of staff work in, the better.
- Whilst the safety of residents and staff is paramount, providers should consider limiting or “cohorting” staff to individual groups of patients or floors/wings, including segregation of COVID-positive and COVID-negative patients. This needs careful management and explicit agreement with staff, adherence to the latest guidance and relevant PPE.
- Where additional staff are needed to restrict movement between or within care homes, look to actively increase recruitment of staff. Advertise vacancies on [Find a Job](#), and use [materials from the National Recruitment Campaign](#) in order to support recruitment activities.
- Take steps to limit use of public transport by members of staff. Where they do not have their own private vehicle, this could include encouraging walking or cycling to and from work and supporting this with changing facilities or rooms. In some instances, local taxi firms may be willing to provide fares to and from a care home at discounted rates.
- Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels.

**Date:** 29<sup>th</sup> May 2020**Ref:****Officer:** Matt Prosser

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Minister of State for Care

[CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk)

Dear Minister

**RE: Care Home Support Plan**

As requested, this letter and completed template set out the care home resilience plan for Dorset. It demonstrates how the Council, Dorset Clinical Commissioning Group (CCG), NHS Trusts and our local care sector providers are delivering the national commitments for support. The letter summarises progress to date and further action being taken at pace to embed all requirements of the national care home support package. The letter also identifies key issues which social care sector providers and the Council wish to raise for consideration and action by Government.

Before addressing the detail of our response, Dorset Council would like to use this letter to recognise publicly the professionalism, talent and dedication of the workforce and leaders in our local social care sector and to thank them all for their tireless commitment to the care of our residents each and every day.

Dorset has had fewer cases than many other areas in England but the impact of outbreaks in care homes had a big impact on local mortality, with almost as many deaths due to COVID from care homes as from hospital settings. Although the proportion of homes affected to date is lower than national, we are aware that this sector will remain an important setting for preventing future outbreaks, and that our older population means this will continue to be an important focus for our local outbreak management plan.

The Council, NHS and relevant statutory partners are working in partnership with adult social care providers to ensure that local people who use social care services, and particularly residents in our local care homes, are given the best possible care through the current Covid-19 crisis. Dorset Council has also been aligning, where possible, with Bournemouth Christchurch and Poole (BCP) Council in order to ensure a consistency of approach across the Dorset Integrated Care System footprint.

We are focussed on implementing all nationally mandated measures at pace to prevent the spread of Covid-19 into and within Care Homes. We are also working closely with our home care and supported living providers to ensure that they too have coordinated and effective support through the pandemic period.

It is essential that, when considering how nationally mandated measures and local interventions have landed, we remember that much of this work has been undertaken during a crisis. Feedback from many of our providers is that they have experienced a plethora of communication about guidance and offers of support from multiple national and local organisations, much of which was subject to rapid change. Data from the capacity tracker, local information and direct discussions with providers have highlighted several issues that the Council and our local system partners are prioritising as we seek to consolidate support for the care sector.

All residential care homes in Dorset are registered with the National Capacity tracker and have engaged within this process. Care homes have advised that:

- The questions and guidance were not clear, and the yes/no answers did not enable realistic answers to some questions.
- The request for information coincided with additional requests from the Care Quality Commission, Office for National Statistics, Public Health England and other organisations and created additional pressure.

Dorset Council acknowledges the importance and value of a care assurance process, however, would request that future consideration be given to timescales and quality checking information requirements and guidance prior to the commencement.

## **Dorset's Care Home Support Plan**

- 1. Market Resilience and Support to Care Providers** (including daily arrangements to review data and information on the state of the wider social care market, including home care, locally)

### **1.1. Market Resilience**

The care market within Dorset Council consists of a range of services, the most predominant being the care home and home care sectors. Significant work has been undertaken over the last few years to improve the quality of these sectors and now CQC ratings show that over 90% of all regulated provision is Good or Outstanding.

The definition of 'care homes' within this letter includes any CQC registered residential care setting for an individual, or individuals, aged 18 or over so this will include older people, people with physical disabilities and those with learning disabilities or mental health problems.

There are a total of 124 residential care and nursing homes within the Dorset Council area, of which 23 provide accommodation and care to people with a learning disability. Dorset Council has contractual arrangements with 96% of these homes.

The typical model for care homes in Dorset is small to medium sized organisations operating on a mix of local authority placements, Health funded placements and self-funders. Self-funders represent about 70% of Dorset's care economy.

The current capacity of beds available within the area is:

- 88 beds for people with a learning disability
- 586 beds for people requiring Nursing Care without Dementia:
- 1132 beds for people requiring Nursing Care with Dementia
- 805 beds for people requiring Residential Care
- 1257 for people requiring Residential Care with Dementia

Care home occupancy levels are currently at 88%. This in part could be due to the relatively lower levels of virus outbreaks. The current proportion of care homes in Dorset that have notified Public Health England of an outbreak is 27%, compared to a national proportion of 37%.

The Health and Care system, in adopting the Discharge to Assess model, has a 'Home First' principle so that many people being discharged from hospital go home with the necessary support, unless their needs require residential or nursing care. Other alternatives include Supported Living or Extra Care Housing.

Dorset Council has also taken the following steps in order to support the financial viability of care providers:

- Increased all fees and rates in respect of all contracted care providers (care homes and home care) by 10%, effective from the 19th March 2020. This premium for existing rates recognises the additional cost pressures on suppliers and is in line with national guidance
- Immediate payment upon invoice.
- An offer to work with providers to consider additional support where they are facing cost pressures above the 10%.
- Free provision of emergency PPE (in addition to the allocation via our local resilience Forum)
- Continued contact with home providers to support infection control, access to PPE, training and other related quality issues coordinated with the CCG.

### **Next steps**

The Council is in the final stages of conversations with partners regarding the implementation of an annual inflationary uplift for 2020/21 prior to the Covid-19 crisis. This work had not been concluded, and the Council acknowledges that this has been causing concern to care providers. The Council is also aware that any previously planned uplift would not offer the longer-term sustainability now required as the sector has seen considerable additional challenges since these initial conversations took place. It is Dorset Council's intention to

complete dialogue on this issue as a matter of urgency, ensuring that any revised offers reflect the current and ongoing pressures faced and is in place by no later than the 30th June 2020.

## **1.2. Daily Arrangements to review data and information on the state of the market locally**

Throughout the crisis a quality improvement system for care home support led by the Council has been operating, using the daily Capacity Tracker (100% of homes are registered on the portal) with regular contact with all providers.

Direct contact with care homes, and all other social care providers, has been ongoing throughout. The Council's Quality Improvement and Brokerage Teams have been operating 7 days a week to maintain this contact and to ensure that additional intelligence is available to supplement the Capacity Tracker.

Care provider representatives have membership of all key system resilience meetings (cells) including PPE and testing.

There is a dedicated email address for care homes to raise issues and concerns, to date 850 enquiries have been received via this route which is monitored 7 days a week from 8.00am – 8.00pm. Dorset Council, CQC and Dorset CCG staff work closely together to identify areas of concern and support. All contacts are recorded and collated alongside the Capacity Tracker information to provide management reports, on support needed and position in regard to capacity, staffing pressures, PPE requirements, staff and resident Covid-19 status and any issues and concerns. A reporting and escalation process is in place for individual care home issues into management oversight and a Quality Assurance risk management process is in place to ensure those homes requiring support (e.g. training) are prioritised. This is done in liaison with CQC and with information from their Emergency Support Framework process.

All email concerns received are followed up with direct contact to homes in order to provide additional assurance and guidance.

Dorset Council's Safeguarding processes have been maintained throughout the crisis and directly feed into the quality assurance process.

### **Next steps**

The Council will continue to work with partners, including the care sector, to further develop its quality assurance process, building on the good work already achieved, and use the comprehensive Capacity Tracker data to help inform the support required by individual providers.

### **1.3. Engagement and partnership with care home providers and service users**

A Social Care Group has been established as a Task and Finish Group of the Dorset Local Resilience Forum to co-ordinate partnership working to support the Care Sector across the Dorset Council and BCP areas and also feed challenges back to the System Resilience Forum.

This group includes representatives of the Dorset Care Homes Association, social care providers and officers from the two Councils, Dorset CCG, Public Health Dorset, Dorset Civil Contingencies Unit and the Care Quality Commission. This group has established a Care Home Focus sub-group which has been developing and implementing comprehensive action planning to support Care Homes with emphasis on the key issues identified by the Care Home representatives. A key example of this has been the involvement of provider representatives on developing communications and guidance for care homes in order to ensure that messaging is pitched correctly for the receiving audience.

Dorset Council established and is maintaining a social care provider web page, which can be viewed by visiting <https://www.dorsetcouncil.gov.uk/emergencies-severe-weather/emergencies/coronavirus/guidance-for-adult-social-care-providers/coronavirus-guidance-and-resources-for-adult-social-care-providers.aspx>.

The web page is provided on behalf of Dorset Council, Dorset CCG and BCP Council in order to give a single point of access for all up to date local and national Covid-19 guidance and advice. Local providers have expressed their appreciation of this approach as it has ensured a consistency of message and a significant reduction in the duplication of guidance.

Partners in Care (PIC) is a multi-stakeholder partnership with social care providers including domiciliary care and care homes which was jointly initiated by Dorset Council, Dorset CCG and BCP Council in order to enhance engagement with both local and national providers. PIC offer advice, support and guidance around workforce planning, development and training for the independent providers and a central communication point. Each day PIC sends email notifications to providers and signpost updates posted on the central website for Dorset.

Dorset CCG are also working to ensure there is one central repository of training links and guidance to complement this website to enable easy access for all providers during Covid-19. A multi-agency resource pack has been produced and distributed directly to care providers which has all the information, guidance, advice, access to training etc in one place. The impact of this will be monitored by local Quality Improvements teams and via the Capacity Tracker.

#### **Next Steps**

BCP Council, Dorset Council and Dorset CCG will work with care home providers on analysing feedback from the Capacity Tracker returns, ensuring multi-agency plans reflect concerns and issues raised and that national support issues are escalated appropriately.

## **Engagement with service users and carers**

We work closely with Health Watch and our in-house complaints and compliments teams to understand feedback from service users and public. In the last three months there have been no representations to Health Watch and only one through the Council's formal complaints and compliments system about care homes, related to the management of Covid-19. A feedback project is just being initiated to understand the experience people have had during this time around the hospital discharge process, coming out of hospital and going into a residential setting or returning home. In terms of Advocacy, impacts of the current pressures due to Covid-19 raised by Dorset Advocacy are;

- A decline in referrals at hospital discharge for advocacy support
- The difficulties of offering advocacy digitally rather than face to face
- The need to ensure emergency measures are not weakening advocacy requirements in Mental Capacity Act processes and in DNAR authorisations in care homes.
- Managing exit from interim care arrangements for individuals ensuring their views are considered

## **Next steps**

Initiate feedback project to understand the experience people have had during this time around the hospital discharge process, coming out of hospital and going into a residential setting or returning home, interim placements and including use of advocacy.

Work with Dorset Advocacy and other advocacy partners to develop alternatives to digital advocacy, keeping service users and advocates safe.

Ensure quality assurance processes are identifying and addressing where MCA or DNAR procedures have not involved advocacy within guidance.

## **2. System Management of Actions, Plans including areas of concern and support required**

### **2.1. Access to PPE**

In March 2020 at the start of the Covid-19 pandemic, supply of appropriate PPE was an issue for all health and social care providers. Dorset Council commenced direct procurement of PPE through suppliers in order to ensure that adequate emergency supplies were available for social care providers.

Council staff implemented an emergency PPE system that was available to providers 7 days a week from 8.00am – 8.00pm. To date 155,820 items of PPE has been supplied to 143 provider settings.

PPE supplies provided as part of the national response to support Local Resilience Forums has been incorporated into this approach, however Dorset Council has to date purchased circa £1.9million of PPE for local care providers. The Council does not charge and is not seeking to recharge providers for any PPE supplied to them as part of the emergency initiative.



The need for PPE is tracked through the QA process, the Capacity Tracker and through individual PPE requests to the council.

A PPE Cell was formed to resolve issues of supply and ensure that stocks were being received in care homes. Dorset Council, BCP and Dorset CCG set up single points of contact to support local health and social care providers with PPE.

The public health team, working with the regional PHE health protection team, developed guidance on use of PPE in different settings, including the care sector. Dorset CCG has also developed a clear flow chart for all providers on how to access PPE.

Mutual aid has been agreed through the PPE Cell and this has worked extremely well across the whole of the area.

As ICCs were notified by PHE of outbreaks in care homes, emergency stock of PPE was delivered on the same day to support the homes. The PPE Cell has facilitated fit testing of FFP3 masks by the Fire Service in care homes.

It should be noted that the quality and quantity of PPE has caused concern in all areas on a daily basis, but due to the commitment of teams across the area, no care home in the Dorset Council area has run out of PPE.

Dorset Council is currently working with a large group of care providers in order to establish a consolidated approach to PPE procurement.

84% of the Dorset residential care homes that responded to the corresponding question in the Capacity Tracker confirmed that they have access to the correct PPE.

## **Next steps**

Finalise the support required in order to mobilise the provider PPE consortia.  
Support providers to access the Government's 'Clipper' PPE procurement system.

## **2.2. Provision of medical equipment**

Provision of medical equipment has been led by the CCG in collaboration with Wessex AHSN, it was agreed that all Dorset care homes would receive a RESTORE2™ package of resources. This package included; manuals, a supply of the RESTORE2™ tools, online training resources and access to support from both the CCG Quality Improvement team and Wessex AHSN for support in implementing the tool. To enable all care homes to make full use of the RESTORE2™ an equipment survey was undertaken and those homes who did not have a full set including a BP monitor, non-contact thermometer and pulse oximeter were provided with this equipment.

The End of Life protocols ensure that Care Homes are supplied with hospital beds and other equipment to allow residents to die in their Care Home and not be admitted to hospital, in line with individual choice and advanced care planning.

## **Next steps**

Contact Care homes identifying an issue on the Capacity Tracker and ensure supply needs are met by no later than 26th June 2020.

### **2.3. Infection Prevention and Control and Outbreaks**

Public Health England regional health protection team provides the initial advice and guidance to care homes following notification of a suspected outbreak of COVID-19. This includes undertaking risk assessments, testing suspected cases, and providing advice on infection prevention and control (cleaning and isolation, and cohorting techniques). PHE provides a written notification to Dorset CCG, Public Health Dorset of the situation for awareness and highlights any areas for specific follow up. This has typically been around the process to access PPE and providing local support, including access to staff wellbeing resources.

The Dorset system quickly agreed and established a process to proactively follow up any formal notifications of a care home outbreak to ensure they had the appropriate information, skills and equipment as well as support to manage the situation.

An initial telephone call is made by Dorset CCG quality team and in addition to other support a system outbreak meeting is offered and convened in some cases. These meetings are a multi-agency response to support the care home manager, including Dorset CCG Quality Improvement team, local authority adult social care officers, local Primary Care Network representation, Public Health Dorset and Dorset Health Care community services. At these meetings actions are identified to support the care home and any necessary support is put in place. It is also an opportunity to discuss and identify learning from the situation which can be shared.

New admissions are temporarily suspended where outbreaks have occurred to minimise the spread of infection and enable the provider to manage staff absences and cohorting/isolation. 82% of Dorset's homes have confirmed that they have the capacity to safely isolate residents and are able to reduce the movement of staff in order to reduce the risk of infection.

## **Next steps**

Continue to learn from any outbreaks to make system changes where needed, and to support any care homes experiencing outbreaks.

The response to outbreaks in care homes will form an important part of Dorset Council's local outbreak management plan, which all upper tier authorities are required to have in place by the end of June.

We are continuing to identify and prioritise larger homes that have not had COVID for asymptomatic testing of residents. As more and better information comes back to our local system about the prevalence of COVID in care homes, including the role of asymptomatic transmission, we will review and refine our support to maximise opportunities to prevent further outbreaks from occurring.

## **2.4. Infection Control Training**

The majority of Care Homes are reporting in the Capacity Tracker that they have had access to training and support in PPE (86%) and medical equipment (77%). Dorset CCG, in conjunction with Dorset Public Health, BCP Council and Dorset Council and with proactive support from the LRF, has led on implementing the national train the trainers offer to Care Homes in May 2020. The process of engagement with Care Homes have also verified where Care Homes have already undertaken accredited training in infection control. Although there were initial delays in accessing 'Super Trainer' national training, there are now 19 trainers for the Dorset and BCP Council areas. Training is being rolled out to all Care Homes who require the training or wish to take up additional or refresher training. Feedback from Care Homes on the quality of the training is very positive.

### **Next steps**

Complete training in infection control for all care homes who require or request it.

## **2.5. Testing**

Testing is a significant tool to allow us to support care homes to understand whether they have Covid-19 amongst any of their residents or staff members. The access to testing through Public Health England regional Health Protection Team, as part of a response to a possible outbreak for symptomatic residents has been delivered reliably and effectively.

A Testing cell set up with NHS England and working in close connection with the Dorset LRF has led on establishing comprehensive arrangements for testing with a focus on ensuring access for residents and staff in care homes for those being admitted to Care Homes. Testing routes for Care Home staff and residents have been actively communicated to Care Homes as national capacity and testing pillars have been developed.

The online booking portal for Care Homes for testing of asymptomatic residents and staff is being actively promoted to all Care Homes and those Care Homes which are a priority for testing under the national criteria have been identified and requests for testing made through the Director of Public Health. Responses on the Capacity Tracker show that initial levels of registration on the portal are positive (88%). Communication resources and FAQs to support this programme of work are being developed so that all care home leaders are clear on the purpose and consequences of the testing.

Feedback from Care Home leaders is that there can be significant delays between requesting test kits and receiving them in the Care Home.

74% of residential care homes are registered on the national testing portal.

### **Testing prior to admission to a care home**

A process is in place for testing prior to the discharge of patients from the 3 Acute hospitals and 1 local community and mental health trust prior to admission back to the care home to meet the

requirement of the Adult Social care plan. This was agreed by Health and Care partners. There is also a system for residents to be tested prior to admission to a care home from the community, although so far this has been small numbers, so we are not yet clear how effectively this pathway is working. This will continue to be reviewed.

38% of care homes have given a negative response to the related capacity tracker question. In the main this is due to homes not having accepted new placements during the period and there not being a suitable response available to reflect this. It is therefore recommended that the national question is changed to allow a care home to indicate that the question is “not applicable”. There are a very small number of situations which are requiring detailed follow up to understand the situation and ensure that there is appropriate learning across the system.

### **Next steps**

Further promote registration on the Portal using Capacity Tracker to identify those homes reporting issues.

Urgently identify why a small number of care homes are reporting problems with testing prior to discharge from hospital.

Investigate and escalate issue of level of voided tests reported by care homes.

Resolve national data access issues to ensure number of tests and number of positive tests in the area is known.

Implement new pathway guidance to prevent discharge of new patients to Care Homes with Covid-19 positive cases.

Publish to Care Homes new guidance and support processes for asymptomatic testing.

## **2.6. Clinical Support for all Care Homes.**

Dorset CCG has been working with both Primary Care Networks (PCN) and Dorset Healthcare University Hospital Foundation Trust (Community and Mental Health Services provider) to ensure that each care home has a multi-disciplinary team (MDT) that will provide support in both a proactive and responsive way. This work builds on the Enhanced Health in Care Home programme.

In addition, this work also includes aligning each care home to a specific PCN, which will form part of the MDT response referenced, and meet the requirements for a clinical lead. Whilst the CCG is finalising this alignment, for those homes where a Clinical Lead was not already in place, ‘interim’ Clinical Leads were agreed with PCNs and Dorset Healthcare.

Following advice from Dorset Care Home Association, the CCG did not share the names of interim leads, due to the potential for further confusion, should there be a change at the end of May, when the alignment process has been completed.

The CCG has informed Care Homes of the work that has been undertaken and that confirmation of their Care Home Leads would be provided once the Care Home/PCN alignment had been completed and agreed with all parties as planned.

PCNs have also contacted Care Homes in their area to discuss alignment and will further define with them, the support to be provided including MDT working, as well as:

- A consistent weekly 'check-in' by a GP and/or other health professional
- Support to develop and/or update individual care and support plans, especially for those at end of life
- Pharmacy support to staff and residents, including reviewing medication

Data from the Capacity Tracker demonstrates the majority of care homes experience good support from their local primary and community health multi-disciplinary teams (92%). There is a Multi-Disciplinary Team (MDT) in place for each care home which encompasses the clinical lead functions, which are yet to be completely defined by NHS England. Dorset CCG have communicated with each care home and will continue to do so as we refine the offer and access points to MDT support.

### **Next steps**

Continue to engage with care homes as we refine the offer and access points to MDT support. PCN's are required by NHSE to let the care homes know the name of their clinical lead/s by 29/05/2020

### **3. Alternative accommodation and approach to isolation and shielding where care homes cannot cope.**

In the early stages of the pandemic alternative accommodation block commissioning arrangements were made with care homes and other system assets. However due to the resilience of the local system, 82% of providers have the ability to safely support isolation, these arrangements were not required. The Local Authority is in the process of reviewing these arrangements with a view to further commission capacity within its own block contracting arrangements.

The local authority and CCG are reviewing options, however at present there is significant capacity with local providers. Dorset Council will monitor this on an ongoing basis and has options available by utilising additional assets within the local system.

For Covid-19 positive patients being discharged from one of our acute hospitals who cannot yet be placed in a Care Home, beds have been secured in our community hospitals with appropriate clinical care arrangements in place.

### **Next steps**

The Local Authority in partnership with the CCG is in the process of reviewing available options to enable isolation. The Council will discuss with each Care Home which have reported that their care home cannot physically provide isolation or cohorting the specific business continuity options available for residents in that home if there is a Covid-19 outbreak.

#### **4. Workforce Support and Development and restricting movement between Care Homes**

##### **4.1. Restricting Movement of Staff**

One of the key areas to try to prevent the transmission of Covid-19 both within and between care homes has been to control the movement of staff. The system rapidly reiterated and shared the advice around limiting staff movement around different areas of care homes and the need to cohort residents. The providers with multiple homes and sites in the area also took the decision to limit staff movement between their homes. In addition, the local care agencies rapidly agreed a position to limit the deployment of agency staff to a single designated home, rather than working across multiple sites.

In the early days of the pandemic some homes were badly affected by staff absences due to self-isolation which had to be managed through agency staff. However, action by care providers and the wider system has stabilised the care home workforce and the reported current absence rate is relatively low at 6.8%.

82% of care homes have stated that they continue to be able to restrict the movement of staff in order to reduce the risk of infection.

##### **Next steps**

Monitor with care homes how the use of the Infection Control Fund (ICF) monies will enable more care homes to implement measures to restrict movement of staff

##### **4.2. Workforce Support and Development**

Workforce support and development has been system wide. Progress to date includes:

- Specific action on staff well-being -in mid-May. Information, resources and tools were published and promoted to care homes, including a free counselling service.
- New online training resources to induct new staff, and for IPC.
- Rapid dissemination of changing guidance and processes. As noted above, communication is co-ordinated through a central web site and through Partners In Care daily updates (in response to provider concern at the multiple communications they were receiving).
- The Dorset Clinical Commissioning Group have also set up a dedicated website to host all the various training offers for the care sector and there is signposting between these two central websites to ensure good awareness.

##### **Next steps**

Dorset Council is in the process of rolling out a recruitment campaign utilizing the 'Care' brand which will also look to utilize funding from the apprenticeship levy to support small providers to offer care-based apprenticeship opportunities.

### **4.3. Mutual aid**

Only 36% of local home providers stated that they have been able to access additional workforce through mutual aid to date.

The system for Mutual Aid in respect of volunteers and returners requires further development in order to improve accessibility for all social care providers. Dorset Council is working with local system partners and providers in order to better understand the needs of care homes in terms of the skill mix.

It is acknowledged that the initial focus of this work was on supporting the healthcare system and our social care providers have feedback concern that this offer should have been in place for them during the initial wave of Covid-19. Local partners will be working to ensure that this is in place to support any future infection peak/s and also to look at how this approach can be maintained as part of standard business continuity planning.

A mutual aid agreement is in place between local care home, home care and supported living providers.

#### **Next Steps**

Assessment of the impact of the above will now be done with Care Homes to agree next steps, to further develop the system for Mutual Aid to meet care home workforce demands

### **5. Commissioners' approach to sector financial pressures.**

Dorset Council provided a 10% uplift to gross fee rates for care providers of LA commissioned care, including registered care homes from 19th March. The 10% uplift is paid monthly in advance to help with cash flow. To ensure providers had clarity of financial planning to meet pressures, this was agreed until the end July. In addition, providers were offered an exceptions process where they could request further funding to meet exceptional pressures above the 10% additional funding. Because the Local Authority is procuring beds from 96% most of the local market have received financial help through this route.

The CCG provided an interim support of 10% uplift to providers who were eligible and met support conditions for the period 1st April 2020 to 30th June.

Both of these arrangements are subject to review before the end of the interim period. Residential Nursing homes have also received a backdated uplift for the cost of NHS Funded Nursing Care (FNC) through the CCG from 2019/20 and a further inflationary increase for 20/21.

#### **Next Steps**

Review uplift arrangements before the end of the interim period.

Work with care home providers on arrangements for dissemination and monitoring and reporting of ICF funding following grant determination and guidance published 22<sup>nd</sup> May.

## **Conclusion**

The ability to work together as a whole system has developed significantly in Dorset during the pandemic. The local Integrated Care System had a strong foundation however all partners have worked tirelessly to address the challenges presented by Covid-19 with an enhanced level of mutual cooperation and shared goals. Dorset Council is committed to continuing to work this way.

I can confirm that this response has been fully agreed with Tim Goodson, Accountable Officer, of the Dorset Clinical Commissioning Group. I have informed Chief Constable James Vaughan in his role as Chair of the Dorset LRF and Cllr Rebecca Knox in her role as Chair of the Dorset Council Health and Well-Being Board on the plans in this letter.

Dorset Council welcomes the additional funding Government has provided to date to support all our care homes and all their residents. However, the costs incurred by the Council have exceeded the additional money received. Funding for adult social care was already under pressure before the Pandemic. The new challenges that have arisen will be with us for some time. The funding position will worsen unless further national action is taken, and further funding provided both to the wider adult social care sector and specifically to Councils through the pandemic period.

Dorset Council urges the Government to bring forward the national policy review work for adult social care at the earliest possible opportunity. We will continue to respond to the challenges of the Covid-19 pandemic to enabling us to sustain the ongoing work we are doing with the CCG and our care providers to keep our residents safe.

We welcome the ongoing support to adult social care from central government through the Covid-19 crisis. I am clear we could not sustain this level of support without this ongoing resource.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Matt Prosser', with a long horizontal line extending from the end of the signature.

Matt Prosser  
Chief Executive  
Dorset Council





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