

Date: 29 May 2020

Minister of State for Care

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

Dear Minister,

**Re: Care Home Support Plan**

I am responding to your request to provide a completed template and letter setting out how BCP Council, Dorset Clinical Commissioning Group, NHS Trusts and our local care sector providers are delivering the national commitments in the care home support package.

I would like to recognise publicly through this letter, the professionalism and dedication of the staff and leaders in our local social care sector and to thank them all for their dedicated care of our residents especially through the pandemic period.

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 afforded the best possible care through these unprecedented times. We have focussed our resources and effort 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 support living providers to ensure that they have coordinated and effective support.

This letter sets out our progress to date in implementing a local Care Home Support Plan and further action which will be taken at pace to embed all requirements of the national care home support package. The letter also identifies issues which social care sector providers and the Council would wish to raise for consideration and action by Government.

Evidence in relation to the current position has been drawn from information in the national Capacity Tracker with 141 of the 160 homes, which are registered on the Tracker for the BCP area, submitting returns by 29 May and other information available to BCP Council and Dorset Clinical Commissioning Group from regular contact with care homes. BCP Council will continue to work with the remaining care homes to promote full completion of the Tracker. While the majority of the information collated through the Tracker provides good intelligence, we would request that Government seek feedback from care homes, councils and health partners on the quality and relevance of the questions being asked, as not all of the current questions can be easily understood or answered by care home providers. This is leading to time-consuming work to understand and analyse responses. I have provided comments on the returned template to indicate questions would benefit from review. Further work is also needed with the Care Quality Commission to ensure that inaccuracies in the numbers and details of care homes on the Tracker ascribed to the BCP area are corrected.

## **1. Market Resilience and Support to Care Providers** (including daily arrangements to review data and information on the state of the market locally)

### **1.1. Market Resilience**

Significant work has been undertaken over recent years to improve the quality of the care home and home care sectors and CQC ratings show that over 90% of all regulated provision in the BCP area is now rated as Good or Outstanding.

112 care homes (70%) in the area provide care and support to those with general residential or nursing care needs, while 48 care homes provide specialist care for people with a Learning Disability.

The trend in recent years have been for smaller care homes (excluding those supporting people with a Learning Disability or Mental ill health) to leave the market and new home developments have consisted of 40+ beds, leading to these larger homes having almost 60% of the total beds in the council area. Average occupancy levels during the Covid-19 period are holding at 88% - 90%. The Council has a risk assessment process to identify where commissioned providers, including care homes, may be having difficulties including financial viability.

The Dorset and BCP areas have had fewer Covid-19 cases than many other areas in England. but outbreaks in care homes have had a big impact on local mortality, with almost as many deaths due to Covid-19 within care homes as from hospital settings. Although the proportion of care homes affected to date is lower than nationally, 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 current proportion of care homes in the Dorset and BCP areas which have notified Public Health England of an outbreak is 27%, compared to a national proportion of 37%, and those providers have received support and guidance to manage infection spread in line with national guidance.

Home Care capacity is good, with rapid response discharge support being available for both of the acute hospitals in the area and positive availability from the Council's home care framework providers.

#### **Next steps**

The Council and CCG will continue to engage with the care sector, including care homes, in managing Covid-19 through targeted support and access to guidance.

The Council, which was only established in April 2019, is developing a Care Home and Extra Care Housing strategy for the BPC area, using intelligence and research to inform the future capacity and requirements for our communities. This strategy will take into account learning from the Covid-19 pandemic period.

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

A quality assurance system for care home support, led by the local authority, has been used in conjunction with the information available on the Capacity Tracker to review data and information about the market and individual providers on a daily basis. Regular contact is made with all care homes including weekly telephone contact with managers.

BCP Council, Care Quality Commission and Dorset CCG staff work closely together to identify areas of concern and support. This includes ensuring that all concerns raised as safeguarding issues are comprehensively followed up and are part of the on-going assessment of individual providers. There is a dedicated council email address for care homes to raise issues and concerns.

A reporting and escalation process is in place for individual care home issues feeding into a management oversight group and a risk management process is in place to ensure those homes requiring support are prioritised. This is done in liaison with CQC and information from their Emergency Support Framework 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 BCP and Dorset Council areas through the pandemic period. This group is chaired by the DASS for BCP Council and includes representatives of the social care sector and officers from the two Councils, Dorset CCG, Dorset Public Health, 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 in partnership with the care home sector.

Provider engagement is through Dorset Care homes Association and Partners in Care (PIC). PIC is a multi-stakeholder partnership with social care providers, including home care and care homes, offering 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 signposts updates posted on the central website for Dorset. Partners at 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 for care homes which has all the information, guidance, advice and access to training in one place.

Social Care Provider representatives participate in relevant groups of the Local Resilience Forum (LRF), including the Social Care Group Task and Finish Group, the Care Homes Focus sub-group, the Health and Social Care PPE cell and the Testing cell.

## 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

All partnership agencies work closely with Health Watch and their own in-house complaints and compliments teams to understand feedback from service users and public. In the last three months no representations have been made to Health Watch concerning care homes.

In terms of advocacy, arrangements have been put in place to ensure advocacy can still be delivered to those requiring it.

## Next steps

Initiate a 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.

Ensure quality assurance processes provide the intelligence on access to advocacy in Mental Capacity Act processes and on DNAR authorisations in care homes through the pandemic period.

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

### 2.1. Access to Personal Protective Equipment (PPE)

In March 2020, the supply of appropriate PPE was an issue for all health and social care providers. As part of the Dorset Integrated Care System Incident Management arrangements, a Health and Social Care PPE Cell was formed to address issues of supply and ensure that stocks were being received by the NHS and adult social providers including care homes.

This group has worked closely with the Local Resilience Forum PPE cell to ensure the flow of required PPE to health and social care from bulk deliveries made through national arrangements to the LRF.

Dorset Council and BCP Council each set up single points of contact through which local social care providers could request PPE. Both Councils have also procured PPE directly and used these supplies to support the adult social care sector.

The provider requirements for PPE have been monitored closely through regular Council contact with Care homes; the Capacity Tracker and through individual PPE requests to the Council single point of contact. Emergency provision of PPE can be accessed 24/7 by a dedicated email address and through the Adult Social Care Out of Hours service. Over a 6 week period, 117 care homes and 61 homecare agencies have been supplied with over 55,000 items of PPE through BCP Council.

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.

Health and Social Care PPE Cell has facilitated fit testing of FFP3 masks by the Fire Service in care homes.

Adult Social Care providers (including care homes) are reporting that they have sufficient PPE. This has been evidenced through information received from care homes via the Capacity Tracker (99% positive) While a combination of the national supply chain and supplies obtained via Councils has ensured all providers can access required PPE, the arrangements have been challenging and time consuming for providers. It is essential that the new national Clipper supply chain for PPE in adult social care is implemented at the earliest possible date.

Local adult social care providers are developing a strategic approach to procurement of PPE with a consortium approach to purchasing PPE being supported through Dorset Council.

### **Next steps**

Care Sector providers to implement a consortium approach to the procurement of PPE to increase local supplies and achieve best value supported by Dorset Council and BCP Council.

Any care home reporting difficulties with the availability of PPE on the Capacity Tracker has been, and will be, contacted by the Council so that support can be offered to resolve the issue.

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

Provision of medical equipment has been led by Dorset 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 Dorset 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 which did not have a full set including a BP monitor, non-contact thermometer and pulse oximeter were provided with this equipment. Information from the Capacity Tracker confirms that the majority of care homes have equipment and training in its use (79%) and further work will be undertaken with homes who do not have sufficient equipment or training.

The End of Life protocols ensure that care homes are supplied with hospital beds and other equipment to allow residents to spend their last days in their care home and not be admitted to hospital.

### **Next steps**

Contact to be made with care homes who have indicated in the Capacity Tracker the possible need for medical equipment and training in relation to its use by 20 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, isolation and cohorting techniques). PHE provides a written notification to Dorset CCG, Public Health Dorset of the situation 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. Support has been offered to Care homes including the provision of PPE where this has been required. Dorset CCG Quality Team has led on multi-agency system outbreaks meetings when this has been agreed as an effective and supportive mechanism with care homes.

BCP Council has, through its brokerage function for the Council and Dorset CCG, suspended temporarily new admissions to care homes where outbreaks have occurred to support the care home to manage staff absences and cohorting or isolation.

#### **Next steps**

To implement Local Outbreak Control Management Plans including in relation to outbreaks in care homes.

### **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 (89%) and medical equipment (79%).

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 in supporting 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 local 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 and 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 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 (89%). Communication resources and FAQs to support this 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 home.

## Testing prior to admission to a care home

A process is in place for Covid-19 testing prior to the discharge of patients from the 3 acute hospitals and 1 local community and mental health trust prior to admission to a care home for a new placement or for a person returning to a care home in line with the requirements of the national Adult Social Care Plan. There is also a system for residents being tested prior to admission to a care home from the community.

27 care homes have, in completing the Tracker, indicated that tests for Covid-19 have not been completed and the test results known at the point of discharge from hospital and admission. In each case, the care home has been contacted to understand the reasons for this response. In the majority of cases, it has transpired that the care homes have given a negative answer because there is no option on the Capacity Tracker to indicate that there has been “no admission to the care home from a hospital since the Covid-19 pandemic began”. 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 the Capacity Tracker to identify when care homes have not yet registered or have concerns regarding the testing of asymptomatic staff and residents

Investigate and work with all relevant local and national agencies to reduce the 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.

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 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 and 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.**

The Capacity Tracker return reflects that a high percentage of local care homes have accommodation which enables the home itself to facilitate isolation and shielding. (89%) The majority of homes where isolation and shielding would not be physically possible are those where care is provided for people with a learning disability or people with dementia.

In relation to care homes for people with a learning disability the Council would be able to utilise block-booked respite provision and its crisis accommodation to provide alternative accommodation. It has also worked with the local NHS Community Trust on individual cases to ensure appropriate short-term care for individuals with specific needs.

In relation to people with dementia and/or have general nursing needs, in mid-March the Council together with the CCG block booked a range of beds across the local market with some homes which were specifically able to care for people with a Covid-19 diagnosis who were transferring from hospital or from another home. These block contracts are now being reviewed. The Council and CCG intend to commission one or two care homes, with additional in-reach support from clinical staff, to enable the cohorting and isolation of residents where their normal care homes are unable to do so. There will be particular emphasis in this commissioning process on the provision of care for people with a diagnosis of dementia.

### **Next steps**

The Council and CCG will complete the commissioning of one or two care homes, with in-reach support from clinical staff, to enable the cohorting and isolation of residents where their normal care homes are unable to do so.

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**

Care home providers try and limit staff movement between homes and within establishments, but this is not always possible and 22 % of providers on the capacity tracker are indicating they have not put in any of the suggested measures. However, some homes have been able to put in place cohorting arrangements and support staff to only work in one establishment.

Providers have also tried to limit numbers of agency staff and where agency staff are used, to limit multi-home placements in conjunction with the agencies.

While the overall absence rate across the care sector is currently relatively low at 6.8%, care home providers are indicating they require more support to limit staff movement and this remains an area of concern.

### **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**

In March and April, the Council led a 'Proud to Care' recruitment campaign, including using social media, which has been successful in attracting new people to the care sector. Alongside the campaign, BCP Council's Adult Social Care Workforce Development Team have produced a new, free, condensed Care Certificate training offer. Delivered through an e-learning portal, care home and home care providers can train and induct new staff (including Covid-19, PPE and IPC modules).

The CCG has also set up a dedicated website to host all the health training offers for the care sector.

Rapid dissemination of changing guidance and processes and other communication is coordinated via a central web site, hosted by Dorset Council, and through Partners in Care daily updates.

Specific action was taken on staff well-being in May when information, resources and tools were published and promoted to care homes, including a free staff counselling service.

The system for Mutual Aid in respect of volunteers and returners requires further development in order to improve accessibility for all social care providers. BCP 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.

This is an area for further development as Capacity Tracker returns indicate that the majority of care homes are not aware (53%) and have not been approached with an offer of returning staff.

### **Next steps**

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

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

BCP Council provided a 10% uplift to gross fee rates for care providers of LA commissioned care, including registered care homes, from 19 March 2020. 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 uplift was agreed until the end of July 2020.

In addition, providers can request consideration for further funding to meet exceptional pressures above the 10% increase if they are able to evidence the additional costs.

The CCG is providing interim funding support of an up to 10% uplift to providers who are eligible and meet support conditions for the period 1st April 2020 to 30th June 2020.

Both uplift arrangements are subject to review before the end of the interim period.

### **Next Steps**

BCP Council and the CCG will review the uplift payments which are currently being paid to commissioned providers

Work with care home providers on arrangements for dissemination and monitoring and reporting of ICF funding following grant determination and guidance published 22 May 2020.

### **Conclusion**

There is a strong foundation of partnership work between BCP Council, Dorset Council, Dorset Public Health, Dorset CCG and the adult social care sector which is underpinning the delivery of the national care home support package and our local plans. This partnership working has been actively supported by the Dorset LRF.

Our commitment as a social care and health system is to deliver the next steps and actions set out above at pace as we support our residents who live in care homes, care home staff and leaders through the pandemic period. We shall be robustly and systematically monitoring the delivery of the Local Care Home Support Plan including through reporting to the BCP Health and Well-Being Board. 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 Vikki Slade (Leader of BCP Council) in her role as Chair of the BCP Health and Wellbeing Board on the plans in this letter.

In line with national requirements and timescales, this letter sets out the latest position in our planning to support care homes. I recognise there is further development work being undertaken nationally which will add to our local planning. This includes the process of regional assurance and national consideration of thematic issues arising from Care Home Support planning returns made by Councils and the implementation of the Local Outbreak Control Plan programme. Our plans will continue to be developed in this context and as a result of very active engagement with local care home providers.

The Council welcomes the additional funding Government has provided to date, but it must be underlined that the costs incurred have exceeded the additional money received. Funding for adult social care was already under pressure before the Covid-19 pandemic. We know that the new challenges which have arisen, will be with us for some time and it is likely that those changes will continue to evolve. This means that 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.

The Council urges the Government to bring forward the national policy review work for adult social care at the earliest opportunity as we all start to think about re-setting services as well as continuing to respond to the Covid-19 pandemic.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Graham Farrant', with a long horizontal flourish extending to the right.

**Graham Farrant**  
**Chief Executive**