Public Health and Wellbeing

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Dear Minister,

Re: Luton Care Home Support Package

Please find outlined below the Care Home Support Plan for Luton, in response to your letter dated the 14th May 2020. This plan has been developed in conjunction with Public Health, Clinical Commissioning Group (CCG) and wider NHS and community partners, and has had input from providers.

We have a collaborative, partnership approach to ensuring care homes are supported and resilient during the Covid-19 pandemic, building on already well established relationships. Outlined below are the actions taken to date and priorities that need further development going forwards. This collaborative approach has led to there being no new outbreaks reported in a Luton care home since the end of April. We need to remain alert and responsive as we progress. Over the coming month we also need to ensure we develop strong links to our outbreak control plan as part of the Test and Trace programme.

The care home support plan template is included within this document as an appendix. While we have been working to ensure providers are completing the tracker, the new questions have been incorporated only very recently and there are limitations to the providers' interpretation and understanding of the questions being asked which have led to some of the responses not wholly reflecting the local picture. The narrative below and within the template gives further context and more completely reflects what is happening within provider settings in Luton.

Joint work to ensure care market resilience

We are in constant contact with the care homes, through a combination of the CCG, QA and commissioning teams. We have established formal calls to all care homes three times a week for nursing and residential homes and one per week for learning disability and mental health for assurance and information collection. This allows for collection of timely data around issues such as staffing, PPE, number of cases, number of deaths, and allows for a discussion of any issues. Issues and actions identified on these calls are followed up as appropriate through the infection control nurse, quality assurance team, commissioning, or testing/swabbing lead.

This data collection is used in parallel to the capacity tracker which in order to be utilised optimally requires timely information from all providers. A piece of work is now underway to streamline these sources of data. Daily calls will continue through the community teams.

For support to providers we have also established weekly conference calls, where we share information such as updates to guidance, infection control information, or swabbing updates, and allow for a question and answers.

Luton

We have also offered a range of wellbeing and mental health support options to assist staff and families during this stressful time.

Locally we have established a multi-agency task and finish group to provide oversight of the situation with care homes. This group reviews the tracker calls information, reviews homes where there are issues currently in terms of high number of cases or staff isolating, and determines actions. The group has established and signed off a flow chart that clarifies roles and responsibilities during this period (see appendix). Feed into H&SC cell and provide assurance to SCG.

A piece of work has also been undertaken to help streamline information to care homes – through establishing one point of information dissemination and a checking process to ensure it has not already been distributed.

Approach to address short term financial pressures with care home providers

Care home providers have been offered a mutual aid agreement which gives a 10% uplift to their rates and pays on an average of the last three months activity.

Not all providers have signed up for this agreement, currently 31 providers have taken up this approach. Some providers have challenged the mutual aid uplift, as staffing costs are causing some providers considerable challenge.

The original mutual aid agreement was for the 2 month period for mid March – mid May. We are currently in the process of reviewing the approach going forward, with awareness that additional costs for providers have not yet eased.

Infection prevention and control

Infection prevention and control (IPC) advice and guidance to providers is through a combination of quality assurance (QA) teams oversight, infection prevention and control nurse, Public Health England (PHE) advice, and input of other services if attending settings for care provision, and regular calls to the providers by a combination of CCG and local authority. The CCG has led the implementation of the roll out of the Train the Trainer Infection Prevention Programme working in partnership with the local authority. This has been very well received and providers have found this very useful. Consideration should be given to whether similar training could be rolled out in other settings.

We have a clear pathway that has been communicated to all providers regarding actions that should be taken in infection prevention and control to minimise risk, and actions that should be taken once they have one suspected case of Covid-19, and who can provide support. Infection control and PPE training is underway for all homes.

Testing

Locally we have a swabbing group which is developing clarity on the pathway for swabbing and testing in care homes. There has been some confusion for providers on the various pathways as different stages of roll out have been announced and implemented locally. We have been working hard to ensure clarity on this and are about to circulate documentation outlining a single pathway that gives this assurance and clarity. There are still often questions raised regarding retesting, length of isolation period, testing in wider settings, testing approach for asymptomatic, however we are working hard through communications to address and provide clarity on these questions.

An approach has been established to identify providers that are priority for whole-home swabbing, through discussion in the care homes group based on review of the tracker data.

PPE and clinical equipment

Early in the outbreak it was apparent that there were supply issues and challenges for providers to access the appropriate PPE. We have communicated supply options to providers including the National Supply Disruption Line, but made a decision to purchase enough PPE centrally to cover requirements for providers to ensure safety of care in the community. Without this support providers would not have had sufficient PPE to protect staff and residents through preventing spread of infection. We have established a process whereby the council's procurement team purchase PPE based on demand calculations, and on a weekly basis we have asked providers to inform us of PPE requirements for the coming week and we have distributed these to them. This has included care homes, domiciliary care, and personal assistants. Providers are required to confirm that they have taken steps to obtain PPE through the various routes available to them before accessing the council stock and this continues to be allocated based on needs. We have continued to communicate other alternative options to providers but there continues to be challenges in accessing equipment from these routes.

Through this approach we have successfully managed to ensure PPE provision for all providers but costs to the council are escalating. While we will continue to ensure that all providers have appropriate PPE, we have communicated to the providers that they will need to move to accessing their own in the coming weeks as the Clipper service comes on line. However, the timeline for this is not clear.

We have continued to have reassurance from our equipment provider that there are not any issues in this area.

Workforce support

We have managed this through an iterative approach. Through the CCG tracker information and discussions with the providers directly we have been able to identify when there have been staffing issues. We ask questions regarding number of staff isolated, as well as issues such as anxiety in staff, and are able to have discussions regarding these pressures. We have also been able to ask questions regarding use of agency staff and have had assurance through this approach that providers are not sharing agency staff between homes.

As testing increases and staff are self-isolating, it is vital that there is a resilient workforce to adapt to the demands this may bring. We need to ensure we are responsive to this as a system. It is important that there are no dis-incentives for staff to self-isolate if required, so appropriate support needs to be available for this to happen in terms of staffing availability for back-fill, and pay for those isolating. Information from the tracker suggests a large proportion of homes are not paying staff when self isolating so this does need to be looked into further.

We have had some discussions locally with community services providers regarding being able to establish wrap around support for this and these discussions are in process.

This is an area that we could develop further and particularly thinking about coming out of the crisis and any pressures on the work force going forwards. This is also relevant to domiciliary care particularly as call outs increase again coming out of lock down measures. There may be a need locally to do a larger piece of work around workforce recruitment and retention.

Clinical support

The nursing and residential homes all have a GP lead identified and are aligned to a PCN. Learning disability or mental health homes have a clinical lead identified through our mental health provider.

Clinical support is offered through these means, with weekly check-ins being rapidly established (delivered jointly by GP, pharmacist, community nurse and care coordinator) and additional clinical support offered through community and acute providers. Monthly MDTs for residential homes are also being trialled. Going

forwards, work is underway to align whole homes to GP practices. Clinical support is being enabled via utilisation of appropriate technology including video consultation platforms. Good practice guidance for weekly checkins and the medication review offer has been coordinate by a clinical lead group across BLMK CCGs.

In addition, nursing homes usually have weekly ward rounds and daily calls from the hospital clinical navigation team, and all residential homes have a daily phone call by the community rapid response team. The care management team have aligned a social worker to each home.

Medication reviews are provided for all care home residents through a collaborative approach of CCG medicines optimisation team, Community Services pharmacy team and GP clinical pharmacists. There is a clear offer to care homes for the supply and availability of medication out of hours, in particular for anticipatory and end of life care, through community pharmacy.

Discharge and approach to providing alternative accommodation

Locally we have worked in partnership with the CCG regarding ensuring accommodation is available for discharge. We have additional block purchased beds in two providers – one commissioned via the local authority and one via the CCG. We have not established a "blue unit" in Luton due to the demand not warranting this. However, across the wider Bedfordshire footprint there are these beds available which we have utilised on one occasion where necessary.

However, the cost of placements has increased significantly throughout this period and we do not expect this position to change in the near future. In addition, 1:1 support was attached to a number of discharges as people's needs are increased in 'recovery phase' which is ongoing.

We have ensured guidance on process for discharge has been communicated to providers.

As testing in the community increases, and services in the community such as domiciliary care start to increase in activity, there is a need to ensure clarity on the pathway between community providers with regards to testing and management of positive results of individuals.

Future plans and areas for support

Going forwards areas that require some additional attention and support, that we would plan to utilise this additional funding to address are:

- Work force resilience, particularly consideration of the domiciliary care providers and the increasing demands on this service, and the need to have a resilient work force to manage this.
- Review of any carer workforce issues in the care home setting also needs to continue to be responsive to needs, particularly as testing is rolled out more widely and more staff may need to self isolate, and additional staff continue to need to be in place to support hospital discharge. It is important that there are no dis-incentives for staff to self-isolate if required, so appropriate support needs to be available for this to happen in terms of staffing availability for back-fill, and pay for those isolating.
- Continued assurance for PPE in the system to ensure that we can be responsive to continued supply issues in the provider settings.
- Preparation of infection control resilience to provide assurance of ability to respond across the system to a second peak or to ensure reinfection doesn't occur as we move out of outbreaks within homes. Consideration of whether to roll out training to other settings.
- Establishing testing procedures and pathways in community settings other than care homes such as domiciliary care to ensure safe transition between community services

The financial stability and resilience of the market also needs to be reviewed in light of the impact of Covid-19 to the population in Luton and to the carers working in Luton.

Yours sincerely,

Robin Porter
Chief Executive
Luton Council

Councillor Hazel Simmons
Leader of Luton Council

Patricia Davies
Accountable Officer
Bedfordshire CCG, Luton CCG
and Milton Keynes CCG

Appendix 1

Guiding decision making for Care Homes with possible or confirmed Covid-19 cases

Date: 30 April 2020

Author: Public Health Team, Luton Borough Council

Contributors: Luton Care Home Task & Finish Group

Note: This document and flowcharts will be updated and recirculated as national and local guidance is reviewed.

Links to useful national guidance:

- How to work safely in care homes
- Covid-19: Putting on and removing PPE – a guide for care homes
- Admission and Care of Residents during COVID-19 Incident in a Care Home

1. Prevention and reducing risk of COVID-19

If there are no possible or confirmed cases of Covid19 in a care home, the following ongoing measures should be a priority and understood by all care home staff:

Measures	Actions
1. Measures for Infection Control	- Staff and resident proactive, regular and thorough handwashing in line with the Hygiene Code - Increased cleaning procedures - Restricted visiting from the public - Stringent implementation of **shielding guidance** for those in the *extremely vulnerable* group and **social distancing** (e.g. in communal areas, during meal times) measures *for everyone* in the care home (please see national guidance for further information) - Staff with symptoms or in an affected household should follow national guidance - Consider checking staff's temperatures on arrival to work to ensure no-one is working with symptoms - All healthcare professionals visiting care homes have a responsibility to proactively review infection control issues and raise any issues a contractsandquality@luton.gov.uk
2. Monitoring staffing levels	- Tracking and reporting of staff levels (including forward projections) - Tracking and reporting of the number of staff self-isolating - Containment of agency staff where possible (preventing or minimising movement between care homes)

Measures	Actions
	- Please see email guidance from Kate Sutherland (16/04) regarding the process for requesting antigen testing for key workers: send the completed referral form to elft.keyworkertestsbl@nhs.net and kate.sutherland@luton.gov.uk (by 4pm daily)
3. Measures for appropriate Personal Protective Equipment use	- Ensure familiarity with and application of latest Public Health England (PHE) guidance on appropriate PPE use across all staff (see PHE website for details) - Tracking and reporting of PPE supply and stock: usage and expected orders (contact C19CareSuppliersPPE@luton.gov.uk)
4. Measures for ongoing clinical care, support and advice	**Local Authority / CCG** - Regular calls are now in place to review: staff numbers, PPE, discharges, risk assessments etc and to answer any queries from care homes **Primary Care, Cambridgeshire Community Services and rapid response**: - GP and community nursing care has moved to video link/phone where possible. If face to face visits are essential, GPs will wear PPE to reduce their risk of spreading Covid19. **Reactive Support** - Rapid Response, Primary Care, the Care Home and EEAST will liaise with care homes if there is a person they are concerned about. If Rapid Response cannot speak with the attached GP within 15 minutes they will be able to access alternative GP advice about whether a person should be conveyed. - CCS will call care homes daily to discuss care needs of any residents (falls, wounds etc) - Hospital at home team from L&D have offered a daily call to nursing homes to discuss care needs of residents **Proactive Support** - GP's are contacting care homes to develop care plans with a frailty status review, holistic summary of needs and future care plan to include treatment escalation, conveyance decision, and dnar decision. - Specific GP practices are already aligned to existing Nursing homes. - The Five GP Primary Care Networks (PCN's) are now aligned to most homes across Luton. Each Network will have a care home lead to coordinate the support to homes.

Measures	Actions
	- The PCNs are now arranging for each Care/Residential Home to be aligned to a practice to improve care coordination. This alignment will enable communication with homes. - Alignment will enable coordination of care via virtual MDTs (being set up by CCG and CCS). - My Care Coordination Team at Keech Hospice Care for Luton provides a team of dedicated coordinators who are available to provide support, signposting and escalate care packages in response to need. A specialist palliative care nurse is available for symptom management advice, 24/7. This team offer a central point where people in the last 18 months of life can register their preferences, wishes, advance care plan and DNAR decisions. - Training for Care Homes is also available: My Care Coordination Team Luton - 0808 180 7788.

2. Managing one or more possible cases of Covid-19

One case within 14 days is considered an outbreak and needs to be raised with Public Health England health protection and local quality assurance teams. Under the Health and Social Care Act 2008 reporting an outbreak to PHE is a statutory duty. The following flowchart sets out key actions, primarily focused on who to inform about the incident and critical responses.

Every healthcare professional visiting a care home has a responsibility to proactively review infection control issues and raise any issues via contractsandquality@luton.gov.uk

Guidance on DoLS

If a person is receiving lifesaving treatment that is the same as would be given to someone without a mental disorder, this is a best interests decision under MCA, DoLS does not apply. If a resident has an existing DoLS authorisation this may provide a legal basis for further measures to protect them, but consideration should be given to how restrictive any new arrangements are as a review may be required.

If a new resident lacks capacity to consent to their care and treatment you should follow existing DoLS processes or use the new shortened ‘Urgent DoLS’ form. The Coronavirus MCA & DoLS Guidance will help inform your decision as to which. DoLS cannot be used to protect others. If you are seeking to protect others from a Covid19 infected resident who lacks capacity to understand the risk they pose, emergency public health powers would need to be exercised therefore you must contact the Health Protection Team.

Please see link to the new Guidance. Annex A (page 11) is a flow chart for decision makers in care homes.

Coronavirus (COVID-19): looking after people who lack mental capacity

Pathway for outbreak in the event of one or more confirmed/possible cases of COVID-19 in long term care settings – Luton Council