Local Authority:	Bradford

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Total number of CQC registered care homes in your area: 113

Please submit local plans (covering letter and this template) to **CareandReform2@communities.gov.uk** by **29 May**

Complete

Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) *If Yes, please offer a brief description of the type of support that would be helpful*		Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures				
1.1) Ability to isolate residents within their own care homes	106	No		Settings have been provided with guidance and training an how to safely isolate people. A robust assurance process is in place and only if the home can provide assurance that they can manage to individuals needs within the home will the person be returned whilst here is a requirement to isolate. The default facilities available via the councils in-house services where settings are unable to isolate/quarentine residents and this is the default option until assurance is provided. In addition, people admitted via A&E will follow this same process and we will shortly be rolling out the process to A&E attendances as well as admissions.
1.2) Actions to restrict staff movement between care homes	100	No		The council has invested in a rapid recruitment process based on skills for care course and rapid DBS checks. There is also a paid weeks induction available for both permanent and bank staff so as to be able to restrict the numer of settings people are able to work in. This is then supported by a guidance document to help settings understand how to cohort and section settings into units in order to maintain rigerous infection control.
1.3) Paying staff full wages while isolating following a positive test	44	No		Our previous retendering of care homes included a commitment to the ethical care charter that has been largely implemented. We intend to meet all the requirements in the Ethical Care Charter covering all conditions.
Section complete				
Focus 2: Testing				
2.1) Registration on the government's testing portal	97	Yes	As the testing is managed through the national portal, we do not have any data locally on the uptake of tests . If we had a locally managed system we could access the data and make better decisions. Altrenatively, if the data could be provided back to loacl authorities around testing this would be helpful.	We have utilised the opportunity to support our local care homes with a local testing programme - Marley Fields. Due to the proximity of the testing services nationally, this has been useful as it has proved to be more efficient and effective to process the tests via the Marley Fields site as it has decreased travel time and rovided a local option for those who may have struggled to travel out of area. We are encouraging every opportunity for testing.
2.2) Access to COVID 19 test kits for all residents and asymptomatic staff	60	No		Testing was only recently opened up to asymptomatic cases. As we are testing all staff now we will roll out across all care homes as indicated in the plan. Care Homes are being encouraged to use the national program to arrange testing for residents, but continue to use the local program, through the Marley Fields for all Staff testing. Approximately 1.600 tests have now been conducted on Care Home Staff via the local process which is over 50% of the staffing capacity
2.3) Testing of all residents discharged from hospital to care homes	89	No		Our plan does not soley rely upon testing. It is combination of a period of isolation, correct PPE and the inhouse support to facilitate discharge which is having an impact on reducing the infection rates
Section complete				
Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment				
3.1) Access to sufficient PPE to meet needs	111	No		This area has been very difficult particularly at the outset of lockdown. Care providers were using their own suppliers and supplies have been diverted elsewhere in the overall system making sourcing PPE very difficult. We have been notified of some profiteering by suppliers which has increased the problem.The LA have supplimented the supply chain through placement of bulk orders on behalf of the system and all partners. Supply is now much more robust. In addition, there
3.2) Access to medical equipment needed for Covid19	98	No		Survey undertaken in March to establish baseline of medical monitoring equipment. Ordered blood pressure monitors, thermometers and pulse oximeters however supply issues meant we received very little of this. To date we have received and supplied 85 pulse oximeters and 38 thermometers. Significant proportion of care home staff are trained in the "Stop and watch" education programme which helped carers with the skills to recognise the early signs of deterioration; the training programme is being adapted to encompass covid-19 specific symptoms and management and will be supported through the implementation of telemedicine remote clinical service
Section complete				
Focus 4: Workforce support				
4.1) Access to training in the use of PPE from clinical or Public Health teams	108	No		– Guidance and support to Care Homes, including identifying those homes at greater risk requiring more intense support, the development of a Care Home Infection Prevention Operating Model, an Infection Prevention and Control (IPC) training packages delivered by supertrainers from health providers and the CCG (100% of care homes offered IPC training by 29th May), definition of system accountabilities in relation to pathways (e.g. clear communication and escalation channels for Care Homes to resolve issues relating to health and social care) , and focusing MDT on Care Homes at greater risk. Face to face clinical support continues to be provided by district nurses, end of life team for patients who are high risk and unable to receive virtual support through technology. Addititional support for commissioners with a proactive weekly ring round of care homes
4.2) Access to training on use of key medical equipment needed for COVID19	91	No		This has been set up via the virtual training room on the laptop used to contact the Digital Health Hub. It can be done 1:1 at the time the staff member needs to use it or via a training session for staff (socially distanced) in a room

4. 3)	Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	78	No		A Nursing Workforce task and Finish Group is leading a workstream to explore a range of initiatives to provide additional capacity and support to the sector. The initiatives include linking with the NEY Care Home People Workstream to maximise these opportunities through the Bring Back Staff campaign. The workstream also links closely with the Local Authority's Recruitment of Relief Care Worker's programme to strengthen areas of coordination and clarity of communications with the sector. Options being explored include the development of an MoU to support portability of workforce and utilisation of NHS staff Banks. Local initiatives with the Care Association to develop a support offer to facilitate a casual registered nurse bank between providers is currently being considered. Guidance to support care homes in contingency planning for Registered Nurse Shortages is also under development.

Section complete

Focus 5: Clinical support

5. 1)	Named Clinical Lead in place for support and guidance	82	No		Established via the PCNs but also support is in place via the Digital Health Hub 24/7 (nurse led) and 8am-midnight via the super-rota (GP led). All homes have been emailed to confirm support packages in place. However, would appear that there is still some engagement work needed to ensure all homes are clear on this and how to access
5. 2)	Access to mutual aid offer (primary and community health support)	107	No		All care homes have access to the telemedicine clinical hub which provides 24/7 remote video access to clinical expertise and advice, including onward referrals to community nursing and other services. The offer has been enhanced with the addition of GPs and GPs with special interests, hospital consultants, pharmacists, mental health specialists and social care. This offer has been implemented to enable care homes to access specialist advice and face to face consultations 24/7. Additionally, a local Out of Hospital Community services MDT has been established and this is being further developed with links to the NECS capacity tracker to inform priorities for an enhanced responsive care home service when the need arises. All homes have been emailed to confirm support packages in place. However, would appear that there is still some engagement work needed to ensure all homes are clear on this and how to access

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