## COVID-19

# **Care Homes Resilience - Action Plan**

## 29<sup>th</sup> May 2020

Theme	Lead SD	Version
Supporting Health and Care of vulnerable people	Bev Maybury	2



- Escalating infections and increasing mortality in Care Homes both locally and nationally
- Critical to bringing the spread of infection under control is systematic and timely testing, within hospital
  and within the Care Homes
- The action plan is focused on achieving the following key objectives:
  - To minimise infection and mortality levels across our care sector
  - To support the wellbeing of residents and the care workforce
  - To support the resilience of the care sector
  - To address inequitable outcomes within the care system
- A Care Homes Action Plan was developed focusing on three key phases:
  - Phase 1 (1-6 weeks): Emergency response until full testing of residents and staff is operational and infections reduced
  - Phase 2 (6-10 weeks): Plateau period of infections including systematic, reliable testing
  - Phase 3 (10-12 weeks): Recovery
- This progress report sets out:
  - The key activities undertaken to deliver the objectives within phase 1
  - The impact on reducing infection rates and mortality
  - The detailed action plans delivered including next steps

#### COVID-19 - Care Homes Resilience Action Plan: Key actions

Significant work has been undertaken since 30<sup>th</sup> April, within phase 1, focused on the following key objectives:

- Objective 1: To minimise infection and mortality levels across our care sector
- Objective 2: Support the well-being of our residents and workforce

#### **Discharge planning**

- Use of a cross-organisational Multi-Disciplinary (health and care) (MDT) approach to assessment and care provision,
- Use of 24/7 digital technology in provision of clinical and non-clinical support and advice into care homes (i.e. Digital Health Hub/ telemedicine),
- A daily super rota of GPs, GPwSI, mental health practitioners and care
  of the elderly consultants providing an enhanced level of care in and
  out of hours to homes via telemedicine

#### **Guidance and support to Care Homes**

- Identifying those homes at greater risk requiring more intense support, and provision of this support through MDT approach
- Development of a Care Home Infection Prevention Operating Model, an Infection Prevention and Control (IPC) training packages delivered by super-trainers 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), additional and extended capacity to support (e.g. super rota, telemedicine) 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.

#### **Communications and engagement**

- Regular proactive communications to Care Homes through allocated Care Home Liaison Officers supplemented by regular information on latest advice, guidance and support
- Weekly meeting with BCA and Care Home owners,
- Regular updates to health and social care partners

#### **Testing and PPE**

- Robust localised testing programme for Care Home staffing with over 2,800 staff tested with re-testing to commence in next 2 weeks,
- National programme for testing of residents being followed,
- Support to Care Homes to access a minimum of 7 days supply of PPE.

#### Mental health & wellbeing

- The system partners (Council, health, VCS) have developed a range of information, advice and guidance for staff and residents to access to support their mental health and wellbeing,
- A dedicated working group has been set up to continue to develop and respond to mental health and wellbeing.

#### Intelligence and monitoring

 Created a dashboard to support daily monitoring and targeted action to address challenges and support Care Homes on infection rates; mortality; operational, process, demand and capacity challenges. Significant work has been undertaken since 30<sup>th</sup> April, within phase 1, focused on the following key objectives:

Objective 3: To support the resilience of the care sector

#### **Financial stability**

Rising costs of managing covid-19 including voids as a result of reductions in placements and mortality have impacted on the stability of the sector. To support this the health and care system has

- Agreed top-up payments of up to 10% of fees to Care Homes
- Allocated 75% of additional £5.3m national grant funding, where payment of the fund has been fast-tracked and will be made to homes (or details agreed with the home) by Friday 29th May
- Progressing guidance on application for the payment of voids created during covid-19 pandemic, agreed in principle by the health and care system.

#### **Staffing**

- A staff bank has been developed and is operational to support the independent sector
- The bank currently has a total of 120 people available or going through the recruitment / training process
- Care Home Liaison Officers are supporting individual homes to access staff where workforce challenges exist
- The Council are working closely with Care Homes to restrict movement of workforce across homes to minimise the spread of infection.

Objective 4: To address inequitable outcomes within the care system

#### **Tailored support to Care Homes**

 Developed a RAG rating system to identify individual homes with challenges and this is being informed by the intelligence gathered on a regular basis through the dashboard (quantitative) and the Care Home Liaison Officer (qualitative) to ensure targeted response to reduce inequalities.

#### Market review

- At the appropriate time, we will be undertaking a review of the conditions that drive inequalities in the sector and compare this against outcomes experienced by residents during this period;
- This analysis will be a key diagnostic to inform a Care Home market review to support the sector to improve outcomes, drive up quality and deliver a sustainable, supported care sector; but only once we have achieved stabilisation of the current crisis.

#### **Ethical Care Charter**

 Building on the work the Health & Wellbeing have been undertaking embedding strength based practice, we will be equipping staff with the tools, skills and confidence to engage with people in maximising their independence by reviewing the principles of the Ethical Care Charter and agreeing a plan to sustainably embed these principles across all of services throughout year 2 of our transformation programme.

#### **Infection rates:**

- Since the implementation of the plan (30th April) the overall number of suspect and confirmed cases in care homes being monitored has reduced by 53% from 241 to 114; of which 69 confirmed cases are for asymptomatic residents within two homes following systematic testing – this explains the recent increase; the homes are being supported to isolate these individuals
- Overall the number of homes with infections has reduced to 16, its lowest point since monitoring started

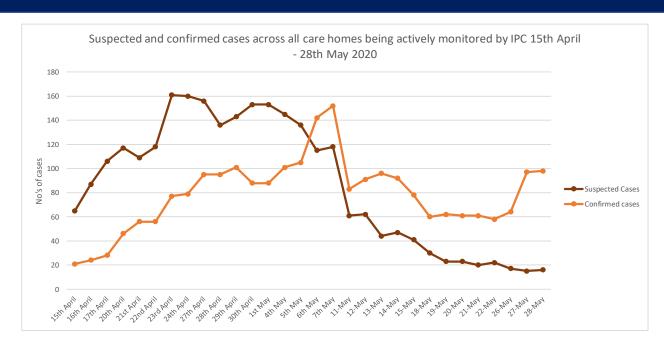
#### **Mortality:**

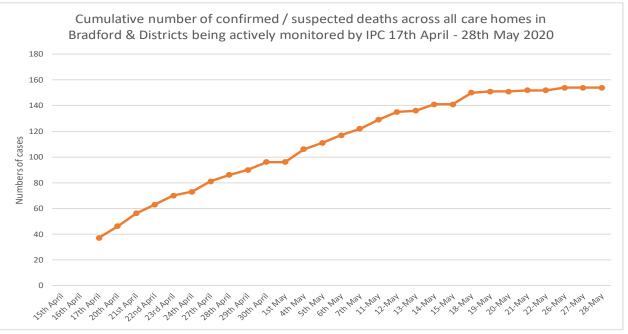
- The rate of deaths has slowed significantly in care homes;
- There has been an increase of 4 deaths in the last week in comparison to 21 in the week commencing 11th May and an average of 30 in the previous weeks

#### **Operational challenges:**

- Care homes are more satisfied that they are managing operational challenges relating to COVID 19 now - there are 2 care homes that have rated themselves as red for overall status, compared to 6 a week ago.
- PPE is becoming less of an issue the number of care homes that have rated themselves as red for any type of PPE has reduced from 6 to 2, and the number of amber cases from 20 to 13.
- All of these homes have support in place to manage these challenges

These measures indicate that the spread of infections is being controlled by measures put in place and the Care Homes are addressing operational challenges. However, continuing the measures are important to continue to bring the rate down





The following slides set out the actions being progressed to achieve the objectives. This plan will be monitored through health and care command structure.

Objective 1	To minimise infection and mortality levels across our care sector
Objective 2	Support the well-being of our residents and workforce

Issue	Ac	ction	Lead	Timescale	RAG	Progress update
1. Discharge Planning	•	Discharge to assess process enhanced to include super rota to manage admissions from Care Homes (includes a range of staff including doctors, nurses, care staff, consultants, therapists and pharmacists)	NHS / H&WB (Council)	08.05.20		Completed
	•	Adapt decision making processes and capacity in hospital and in-house Council D2A beds to support isolation	NHS / H&WB (Council)	08.05.20		Completed
	•	Visits from family to residents have stopped although discretion is applied for residents at the end of life but only 1 visitor is allowed and full PPE is to be worn.	H&WB (Council)	08.05.20		Completed
	•	Liaise with homes on understanding process and approach to isolating symptomatic and asymptomatic people	H&WB (Council)	08.05.20		Completed
	•	Recent national visiting guidance is being reviewed with the care sector and other health providers by health and care commissioners	NHS / H&WB (Council)	05.06.20		Ongoing
	•	Develop operating model to continue to manage covid-19 for the medium term	NHS / H&WB	15.07.20		Not started

Issue	Action		Timescale	RAG	Progress update
2. Staff and residents mental health and well-being	<ul> <li>The system partners (Council, health, VCS) to develop a range of information, advice and guidance for staff and residents to access to support their mental health and wellbeing, to include:         <ul> <li>Free online resilience toolkit for NHS employees &amp; Key Workers</li> <li>Healthy Minds System offer from Team SMI-LE</li> <li>Listening Line</li> <li>Covid-19 Confidential Psychological Helpline for Care Home Staff</li> <li>Government App for Care Home Staff, which includes advice, guidance and mental health &amp; wellbeing toolkits, discounts and access to a range of apps to support health and wellbeing</li> </ul> </li> </ul>	NHS, VCS, Council	15.05.20		Advice and guidance operational
	<ul> <li>Set up a dedicated working group has been set up to continue to develop and respond to mental health and wellbeing.</li> </ul>	NHS, VCS, Council	Ongoing		Ongoing

Issue	Action	Lead	Timescale	RAG	Progress update
3. Guidance / support and	Develop clear and simple distillation of guidance and useful contacts for Care Homes.	H&WB	06.05.20		Complete
services to homes	<ul> <li>Develop scripts around key operational challenges – PPE, testing, discharge process, Infection Prevention and Control, advice and guidance to support staff and residents mental health and wellbeing, visiting protocols, etc for Care Homes Liaison Officers to use in contact with Care Homes.</li> </ul>	H&WB	08.05.20		Complete
	<ul> <li>Increase capacity of Care Homes Liaison Officers to provide additional proactive contact</li> </ul>	H&WB	15.05.20		Ongoing – managing currently
	<ul> <li>Enhance regular calls to Care Homes to help advise and facilitate support using scripts and signpost to specialist support where required e.g. use of isolation bed capacity, IPC, etc.</li> <li>Weekly forum for providers already in operation to discuss safeguarding, MCA, DOLs</li> </ul>	H&WB	15.05.20		Weekly calls in operation
	<ul> <li>Develop additional specialist capacity to support Care Homes to manage residents including those with complex and escalating needs, including:         <ul> <li>Super rota clinicians 8am-12am 7 days per week)</li> <li>Telemedicine for all care homes (24/7)</li> <li>Out of hospital MDT (8am-8pm, 7 days per week)</li> </ul> </li> </ul>	NHS / Council	05.05.20		Complete
	<ul> <li>Additional support:         <ul> <li>Goldline in place 24/7 to support end of life palliative care</li> <li>Guidance and ongoing support provided on advance care planning supporting a personalised approach to DNARs</li> <li>Provision of health monitoring kit and medicines management reviews</li> </ul> </li> </ul>	NHS	08.05.20		Complete
	<ul> <li>Communications:</li> <li>Host weekly virtual catch ups via online workshops for queries / issues</li> <li>Provide weekly updates to Care Homes and all partners relatest guidance</li> </ul>	NHS / H&WB	15.05.20 April 2020		Complete

Issue	Action	Lead	Timescale	RAG	Progress update
4. Regular testing	<ul> <li>Work with Emergency Planning Team to agree and deploy localised testing process at Marley Fields for systematic testing of Care Home staff</li> </ul>	NHS / H&WB	15.05.20		Complete – 220 tests per day available
	Complete testing of all Care Home staff through localised testing process	H&WB / Marley Fields	05.06.20		2,800 tests completed (approx. 4,000 staff); following up with homes that have had staff tested through national programme
	Commence systematic re-testing of staff	As above	28.05.20		
	Care Home testing operational for all Care Home residents	National	29.05.20		National programme in place but not co-ordinated – following up with homes on systematic testing
	Care Home re-testing operational for all Care Home residents	National	12.06.20		As above
5. Guidance and capacity to support isolation,	<ul> <li>Plan and mobilise sufficient isolation bed capacity within in-house provision</li> <li>Develop and communicate straightforward isolation guidance to Care Homes to manage new and returning residents, and symptomatic cases</li> </ul>	NHS / H&WB	15.05.20		Complete
Prevention & Control	Develop Council Care Home Infection prevention Operating Model	H&WB	08.05.20		Implemented within in-house services
	Offered (and delivered) IPC training to Care Homes	NHS	10.05.20		100% of Care Homes offered training from super trainers. TC
	<ul> <li>Draft guidance document and distribute on restricting workforce movement to minimise transmission</li> <li>Contact Care Homes to inform them of the guidance</li> </ul>	H&WB	15.05.20		Completed. Care Homes contacted and advised of guidance in addition to approach to access bank staff

Issue	Action	Lead	Timescale	RAG	Progress update
6. Consistent use of PPE	<ul> <li>Develop and communicate straightforward PPE guidance to Care Homes.</li> <li>Procure minimum of 7 days PPE for all Care Homes and distribute</li> </ul>	H&WB	15.05.20		Complete
	<ul> <li>Minimum and additional PPE sets in operational use at all Care Homes</li> <li>Support Care Homes with guidance through Care Home Liaison Officers</li> </ul>	H&WB	29.05.20		Ongoing challenges in managing 7 days PPE stocks in 2 Care Homes – Liaison Officer working to resolve
	<ul> <li>Work with Local Health and Care Resilience Partnership to increase the flow and ensure the availability of personal protective equipment (PPE)</li> </ul>	NHS	15.05.20		Complete
7. Intelligence and monitoring	<ul> <li>Create a dashboard to support daily monitoring and targeted action to address challenges and support Care Homes.</li> <li>This includes intelligence from a variety of sources on discharge process, in-house short term services and Care Homes. Includes infection rates, mortality, key operational challenges around PPE, workforce, finances, IPC, etc.; demand and capacity, both beds and workforce and testing</li> </ul>	NHS / H&WB	25.05.20		Dashboard created and contains majority of information. Progressing information on discharge data to complete the dashboard
	<ul> <li>Monitoring of the capacity tracker (registration and updating of status and issues) and the use of information as self-reported by care homes to highlight issues for escalation (this is being used within the dashboard)</li> </ul>	H&WB	25.05.20		All Care Homes completing but with varying degrees of completion. Commissioning working with homes to support.
	<ul> <li>Monitor dashboard within various forums to prompt action:</li> <li>Commissioning – daily basis and DMT – weekly</li> <li>Strategic Hospital Discharge and care at home meeting -2 weekly</li> </ul>	H&WB / NHS	29.05.20		Complete – all partners to review effectiveness as part of recovery

Objective 3	Objective 3 Objective 3: Support the resilience of the care sector							
Issue	Action		Lead	Timescale	RAG	Progress update		
8. Financial sustainability	top-up  Make a	payments: Agree system wide top-up payments to Care Homes (10% to fees) greed additional payments to Care Homes (10% top-up) ssioning and finance to agree time-limited options to support al sustainability of sector e.g. pay voids for those cared for at home	H&WB / CCG	28.04.20 15.05.20				
	additio	onal national grant allocation: Agree approach to allocate nal grant allocation to Care Homes ock payment to homes (or details agreed with the home)	H&WB	22.05.20 29.05.20		On track for payment for 29 <sup>th</sup> May		
	options cared for Approv	nt of voids: Commissioning and finance to agree time-limited s to support financial sustainability of sector e.g. pay voids for those or at home ral of approach at Council Gold unicate policy with Care Homes and support application process	H&WB / CCG	15.05.20 29.05.20 05.06.20		Approach drafted, to be submitted to Council Gold. Payment of national grant allocation has reduced the impact of voids in the short term		
		p long term model, and supporting financial plan, for Care Homes gate financial impact of covid-19		30.06.20		Not started		
9. Staffing	redeplo • \v	nent a 'one workforce' system approach regarding the flexible use and byment of staff to support the care sector to include: /irtual, shielded and return to work clinicians Recruitment, retention and redeployment scheme through Skills House of MOU to enable care sector to access staff		15.05.20 08.05.20		75 staff available or going through training to be deployed into Care Homes. Will be required as systematic testing results are returned		
		ome Liaison Officers to support Care Homes to access and apply for ongoing basis		Ongoing		Ongoing – system in place		

Objective 4

## Objective 4: Address inequitable outcomes within the care system

Issue	Action	Lead	Timescale	RAG	Progress update
10. Close and consistent working with health partners including Public Health	<ul> <li>Develop system rehabilitation strategy in the context of recovery</li> <li>Proactively ensure that system plans to 'restart and recover' do not have an undue impact on the care sector (mitigate risks)</li> </ul>	NHS / Council	15.05.20		
	<ul> <li>Review progress through Health and Care Silver</li> <li>Operate IPC forum</li> </ul>	NHS / Council	29.05.20		
11. Market review to address inequalities	<ul> <li>Undertake analysis of Care Homes to inform market review:         <ul> <li>Benchmarking against a range of demographic metrics by locality</li> <li>Assess outcomes per Care Home in comparison to demographics</li> <li>Analyse operational challenges</li> </ul> </li> </ul>	NHS / Council	31.07.20		Not started
	<ul> <li>Undertake baseline market review: demand, capacity, quality requirements, Care Home assessment</li> <li>Develop future model including recommendations on changes</li> </ul>	NHS / Council	31.08.20 30.09.20		Not started
12. Review and embed standards	<ul> <li>Reviewing the principles of the Ethical Care Charter and agreeing a plan to sustainably embed these principles across all of services throughout year 2 of our transformation programme.</li> </ul>	H&WB	Start in July 2020		Not started