NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

Helen Whately MP
Minister of State for Care
39 Victoria Street
London
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29th May 2020

Dear Minister,

Support to Care Homes

I would like to add the following information to support our attached template submission.

Background – previous/ existing work on supporting care homes

Our support to care homes programme (S2CH) was established 3 years ago based on Vanguard models. The areas of focus within the programme aimed to reduce the number of admissions from care homes to hospital by improving the standard of care within the home. The following issues were the most common reasons for hospital admissions:

- Slips trips & falls
- Suspected chest infections
- Suspected urinary tract Infections

Within the homes we developed a falls prevention programme and enhanced practice to ensure a focus on improved nutrition and hydration.

Four work streams were also developed as system wide enablers:

- Enhanced IT and equipment to support integrated record sharing, virtual consultations and training/ information delivery
- Medicines optimisation (MOCH)
- Implementation of the national red bag scheme
- Life planning including advanced care planning and end of life.

Community nursing and other services were aligned geographically with defined care homes to reduce foot fall in to care homes, minimising disruption to care provision and enabling a more consistent approach. This also allowed the building of relationships and trust between the homes and community providers. At this time, we were not successful in gaining local agreement to the progressing of the named GP function. This work has been re-invigorated by the government's requirement to submit this plan.

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More recent/ Covid-related work to support care homes

Local market resilience and addressing short-term financial pressures (incl by ref to temporary and long-term fees paid to providers)

We have signposted out local providers to the range of national and local government business support schemes.

To ensure providers are able to focus on providing high quality care to support our most vulnerable people within the borough, we have sought to alleviate cash flow concerns through electronic billing and speedier payment mechanisms. We have also offered a range of measures including an income guarantee.

To enable providers the flexibility to respond to emerging issues within their business relating to Covid-19, the council has made available contingency funding in the form of a lump sum payment. This has allowed providers to manage staffing issues, essential set up costs, and any other reasonable costs, in excess of their usual business operations, in response to the Covid-19 emergency.

Together with the provider community in NEL, we are reviewing the success of these measures to date in order to ascertain longer term funding requirements during the pandemic. We are beginning to establish relationships with non-contracted/non-commissioned providers to ascertain their support requirements in order that we can consider a similar level of support.

More information on the local support offer can be read here: https://www.northeastlincolnshireccg.nhs.uk/covid-19/supportcarehomescovid-19/

Daily arrangements to monitor/ review data and consider the 'state of the market'

Our locally collected data gathered from direct contact with care homes is the most accurate source of information.

Daily arrangements are supplemented by:

- the weekly and monthly contact with providers referenced below, under the heading of 'engagement'
- the weekly meetings of our multi agency (MIFS) group which coordinates and responds to market intelligence, referenced below under the heading of 'providing alternative accommodation'

The contract officers make telephone contract with homes at least once a week with a set of questions covering:

- Staffing levels and risks including resilience and future planning as well as contingencies
- PPE stock, availability and use
- Visiting and admission status
- Use of NHS Mail
- Reminder to populate the NECS Capacity Tracker.

These are RAG rated at the point of call, with extra support facilitated where required. This might be in the form of information, advice or guidance.

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The CCG performance team pulls daily data from the national capacity tracker system, which is combined with routine data collected by the contract team to populate a care home "dashboard". This dashboard will be a tool for the CCG to pull together all relevant information to inform monitoring of services and will support face to face monitoring when this is re-established. The dashboard is uploaded to the CCG intranet where it can be shared with relevant professionals.

In addition to capacity tracker data information, the dashboard has been developed to include:

- Local occupancy data (currently this is more accurate until care homes fully utilise the Capacity Tracker)
- CQC Ratings
- Top-up charges
- Infection control audits
- Tissue viability audits
- Suspensions due to infections such as diarrhoea and vomiting
- Placement suspensions
- Contract compliance action

Other intelligence comes from partners such as infection control nurses who are informed of Covid cases from the health protection team within public health and the intelligence portal that is used by internal and external stakeholders to report findings during routine interaction with contracted services.

Work to deliver promised government support locally

Primary care/ PCN support

NEL welcomes the DHSC requirement to deliver some elements of the enhanced support for care homes to enhance the level of infection prevention and control the spread of infection within care homes locally. Elements of the model are already in place, delivered by the registered GP, but the CCG recognises the benefits of greater co-ordination of this work and has therefore worked with its three primary care networks (PCNs) to assign groups of care homes on a PCN footprint. A clinical lead has been identified for each care home and they have participated in regular meetings to identify and agree how to implement the model locally. Progress has been made in supporting identification of patients for the MDT, communication regarding care back to the registered GP and structured medication reviews. In addition, the "wrap around" nursing offer (see next paragraph) is incorporated in this model, including community, practice and mental health nurses and teams.

Due to the unique nature of NEL's integration arrangements, the CCG is also working to ensure that social care is part of the wider team, supporting the residents within the home and acting as part of a multi-disciplinary team.

The nursing and primary care offer will offer clinical support and expertise to enhance the delivery of the existing life planning work stream and the work already established to provide a comprehensive support system.

Nursing and multi-disciplinary team support

The Nursing and Quality team is leading on pulling together the various nursing teams within North East Lincolnshire to deliver nursing support and a nursing offer based on a

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number of regionally agreed principles between NHSE/I and all CCG Chief Nurses. This offer will align with work being carried out with PCNs to develop the multi-disciplinary enhanced offer to care homes. The nursing offer already includes expert advice in respect of infection prevention and control (IPC), with all homes having received IPC, PPE and swabbing through the roll out of the national evidence based “super training”, which we have now provided in 100% of our care home including learning disability settings.

We are developing plans for nursing staff to help care homes assess their readiness for any patients being discharged back to a care home from a clinical setting, and to also offer support and advice, either virtually or on-site for the first few days after discharge.

District nursing teams and specialist teams like McMillan teams will be working through the MDT model and alongside GPs, specialist clinicians, therapists and others to create personalised care plans for all care home residents. This will help care home staff to be clear on the plan of care for each resident and will help with rehabilitation of residents as well as end of life planning.

We are also working on plans to provide training for care home staff to undertake vital signs recording and use clinical equipment like blood pressure sphygmomanometers, and to learn how to inform clinicians in a structured way when they feel a resident needs clinical support or intervention.

We are currently working with our nursing care providers to align their support in a more coordinated way, which would limit the footfall in care homes and limit the number of telephone calls of support that they receive. The expectation is that each care home will receive a telephone call each day on behalf of the wider nursing team and the MDT, to determine if the care home needs any physical support or intervention, or advice and guidance, and to ask if any residents need additional care or observation, particularly in respect of recovering from Covid. An information sheet has been produced for care homes to help them recognise the phase of recovery and to understand how they can support residents through this. This is being integrated with existing elements of supporting care homes including pharmacy, dietetics and hydration.

In addition to the above training and development for care home staff, we are also working to ensure that care home staff have access to psychological support associated with the Covid-19 response. This includes a 24/7 helpline but also direct support if that is required.

Public Health Support

Our public health team have supported care homes with the development of a testing programme for Covid-19 (PA summary of the local approach to testing for care home residents can be found within the embedded document; this document has been shared with care homes and will continue to be updated as required. A second embedded document details access to staff testing). This initially involved ensuring easy access to a local testing programme provided by our community NHS provider. We have been able to get residents and staff showing signs of Covid-19 symptoms tested quickly to ensure that effective measures can be implemented to prevent onward spread of the virus. This has ensured that we have one of the lowest rates of Covid-19 in care homes in England.

Subsequently Public Health is supporting the care home sector with the development of the national testing programme, including prioritisation of care homes for testing of all residents and staff. The current focus is on establishing a local contact tracing programme for complex settings such as care homes which will support the national contact tracing programme.

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Information on testing for residents	Information on testing for staff
Comms_for_Care_Homes_on_Swabbing	All_organisations_Pillars_1_and_2_route

Workforce/ Training - coordination for placing returning clinical staff or volunteers into homes, where home requests it

Clinical staff

We have not been offered returnees to work within our local workforce, although some student nurses have agreed to work as part of the local system support and are linked directly into our local providers.

Nurses working within the CCG have undertaken refresh training to enable them to work clinically as part of any surge response within a wide range of settings. Nurses will need to assess their own levels of competency regarding any clinical practice undertaken.

A Memorandum of Understanding (MOU) has been agreed by all local providers and the CCG and Council in respect of arrangements for staff working across organisations that are not their employer. The MOU clarifies working arrangements and indemnity as well as accountability.

All providers were asked to identify any staff that could be re-deployed to work in pressured parts of the system should the need arise – this included clinical and non-clinical staff. This will become part of the overall system response should a surge in Covid activity arise and staff will be asked to reduce or stop the role they usually undertake to prioritise offering their time to work where the surge/pressure is within the care delivery system. The co-ordination of this will be placed with one of our local providers – Care Plus Group (see reference to this in the "Workforce" paragraph below).

Volunteers

Healthwatch is supporting liaison with, and allocation of, volunteers to care homes. A pilot scheme, supported by Healthwatch, was successfully trialled with care at home providers. The same scheme is now being rolled out to care homes and supported living providers. In brief, the intention is to enable volunteers to help with supply (food, prescriptions etc) and emotional support (befriending etc) enabling staff to concentrate on care delivery. See embedded document for more details.

Healthwatch Suport during COVI

Workforce

A range of measures has been put in place to bolster care homes' workforce, and therefore business resilience and care quality during the pandemic. In terms of workforce more generally, last month we conducted a survey with our providers to establish the biggest threats to their business continuity plans, and in particular any issues they experience around workforce. A majority of providers who responded were confident in their ability to maintain appropriate staffing levels during the crisis, although the possibility that this might

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change remains the greatest concern (as the duration of the crisis is unknown). A majority of respondents were comfortable with their existing bank and agency arrangements. A flyer has been circulated to providers to ensure they know what recruitment support is available to them in North East Lincolnshire.

In addition, we have established a 'system resource team', comprising representatives from across our key health and social care providers. The team is overseen by our community health and care provider, Care Plus Group. Should a care home (or support at home provider) be unable to meet need due to a shortness in supply of staff members during the COVID-19 pandemic - having exhausted all available options e.g. re-organisation of rotas, additional core staff hours, agency workers etc - the system resource team can be deployed to help the provider to meet needs. Fortunately thus far, there has been little call on the team.

We are working within the local area and within the STP footprint to deliver a library of accessible training so that care homes and other providers can access a variety of resources online. Some of this has been about re-inforcing basic skills. A specific training model on nutrition and hydration has been delivered as a pilot scheme including use of (DEFINE) MUST and the plan is to offer this across all care homes via an electronic webinar type approach. Providers have also been directed towards the free offer available via Skills for Health and Skills for Care.

IT and equipment

For the past three years, all contracted care homes have had NHS laptops & NHS.NET email addresses and are able to access a webinar platform. We rolled out AccuRx video conferencing recently using email addresses and have now rolled out 4G tablets to allow easier video conferencing and access to NHS.NET. This is a key enabler to PCNs in supporting care homes.

We have ascertained equipment needs for all providers to enable basic observations to be undertaken within the home. This has included:

1. Thermometers
2. Blood Pressure machines
3. Oxygen saturation monitors

Our plan is to use COVID funding to provide a standard set of equipment to all providers along with training required to undertake these activities.

Confidence that actions are being implemented, or that there is a plan in place to implement them

We are confident that our care home providers have embraced the opportunity to enhance the quality of care they can deliver within the care home setting using a range of new techniques, technology and training opportunities. There is a strong and well established culture of mutual respect and support between the CCG and those care homes with a contractual relationship to the CCGs. Providers have been more active than ever in their engagement with the CCG during the period of the pandemic and have co-operated with

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the increased demands placed upon them at this time. Historically we have been less successful in securing a truly integrated model of support between the homes and other community and primary care providers. We therefore welcome the additional impetus provided by the governments' recent policy direction in bringing forward enhanced levels of clinical support from PCNs. Our plans are in the main well developed.

Approach to providing alternative accommodation if required/ those who need to be shielded or isolated and cannot be accommodated by their usual home

In NEL we have several approaches to supporting those who require step up from the community into bed based accommodation, step down placement from hospital or alternative accommodation. We would support the individual in the most appropriate setting for their needs; this may include a care home, discharge to assess placement, an intermediate care facility or our local hospice. In addition, extra capacity has been developed in our system to provide up to 52 beds. The service provides a 'residential and nursing care bed-based intermediate care facility for those with and without COVID-19 symptoms that provides rehabilitation, re-ablement, recovery and recuperation opportunities for adults in North East Lincolnshire'.

Individuals will be supported via the team most appropriate to assess and meet their needs, this may be the hospital discharge team or community based multi-disciplinary teams. Where there is interruption or failure of a service to meet need during the COVID pandemic, our local market intelligence and failing services multi-disciplinary group (MIFS) coordinate all market intelligence to manage and mitigate risks in the system. The MIFS group makes use of information gleaned by contract officers and information via the Dashboard and portal.

Engagement and high level views

- Health and Wellbeing Board – this letter has been shared with Health and Wellbeing Portfolio Holder Cllr Margaret Cracknell for comment, on behalf of the Health and Wellbeing Board.

- Local Resilience Forum (LRF) chairs – this letter has been shared with the chair of the LRF for comment.

- Healthwatch – Healthwatch is involved in delivery of volunteer aspects of support to care homes. In addition, this letter has been shared with Healthwatch for comment.

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- Providers - the CCG/ Council has established weekly engagement with providers via Gotowebinar which brings together the clinical support elements of the CCGs overarching Support To Care Home Workstreams (Pharmacy, dietetics, Nursing, Quality, Safeguarding, MCA/DoLS and Medical) with senior carers. The meeting covers emerging topics, posts help and advice and picks up on general issues emerging during the week. In addition the CCG has established a monthly webinar with owners and managers to discuss funding and business continuity plans and concerns. The virtual forums are kept to a maximum of 1 hour and seem to be preferred by providers as it is timely, responsive and doesn't involve leaving the care setting. The weekly webinar also includes the CCG's Community Forum representatives and an extended invite to all our PCNs. Provider comments have been used to inform local planning. A provider bulletin has also been circulated every week, and a follow up FAQs provided, based on provider queries on the bulletin's content.

- Advocates - our local advocacy provider (Cloverleaf) reports how well providers have adjusted to the challenges of using new technology. We understand that providers have worked hard to be responsive to advocates requests, and that significant efforts have been made to facilitate access between residents, advocates and others. However, a common theme advocates report during lock down has been a lack of cooperation/understanding of the advocate role/involvement by medical staff in relation to residents lacking capacity and safeguarding, specifically with regard to serious medical treatment and DNACPRs (do not attempt cardio pulmonary resuscitation). This letter has been shared with Cloverleaf for comment.

I hope this information provides the Government with the assurance it seeks. If my team or I can be of any further assistance at this time, please do not hesitate to contact Emma Overton in the first instance: emmaoverton@nhs.net/ 0300 3000 662. Emma will direct our response accordingly.

Yours sincerely

Signed

Rob Walsh
Chief Executive