

To:	Stockport Health & Well Being Board
From:	Mark Fitton Director of Adult Social Care (DASS)
Subject:	Care Home Support and Recovery
Date:	5 June 2020

1. Introduction

1.1 Partners across Stockport have been working on a daily basis to ensure the care market is able to remain resilient and sustainable throughout the current crisis and beyond. We are confident the oversight and systems we have put in place provides partners with the ability to respond to issues and problems early and to maintain the crucial care being delivered.

1.2 However, despite this hard work and the amazing dedication of the multitude of providers in the borough caring for some of our most vulnerable residents, there are challenges ahead. With challenges, there are opportunities to build from this pandemic and a welcomed focus on Social Care services. This paper will provide context and assurance on the work to date to support the care sector and in particular, our care home providers, but also some proposed ways forward to develop a future sustainable strategy for recovery and rebuilding.

2. Overview

2.1 The following section provides some context on the care home market across the borough:

- **Number of homes including Learning Disability Provision**

There are 61 registered care homes open in Stockport which are registered with the CQC, with 10 of those homes supporting people with learning disabilities specifically and 14 being nursing.

- **Beds**

There are 2,223 registered care home beds in Stockport with 110 of those beds being for people with learning disabilities.

- **CQC Ratings.**

Stockport has 88.3% of the registered care home beds in the Borough rated by CQC as Outstanding or Good which is the highest rate in Greater Manchester (10 Local Authorities) and the 3rd highest in the North West (23 Local Authorities)

- **Vacancies**

There are currently (5 June 2020) 225 declared vacancies in care homes in Stockport, this is a significant increase on pre-Covid vacancy levels which were on average a quarter of the current vacancy levels in the Borough (on 13 February there were 55 care home bed vacancies in Stockport).

3. Provider Support & Engagement

3.1 The response to COVID-19 and subsequent support for care homes is being delivered via the Commissioning and Infrastructure Service. Provider engagement has continued with regular video calls giving an opportunity to raise questions regarding PPE, testing for COVID-19 and any other problems arising. This is supplemented by regular formal communication including the latest guidance from Public Health, responses to FAQs and specific COVID-19 related information such as that issued by Dementia UK, Skills for Care and NICE.

3.2 Given the operational challenges experienced by care providers and their staff teams, we have ensured that we have shared resources and training in relation to mental health, wellbeing and bereavement support. Information has been circulated from the Greater Manchester Health & Social Care Partnership along with details of our local offer through the Stockport Support Hub and voluntary and community sector. This has been proactively shared with care providers to ensure that they are aware of the local offer in relation to mutual aid.

3.3 Profiles of each provider are compiled with regard to staffing, PPE stock and supply and access to food supplies on a weekly basis so that the team can anticipate and offer support with any problems. The main issues have related to PPE supplies and staffing due to self-isolation and sickness, with processes implemented to provide support with this. The value of developing an informal support network to providers cannot not be underestimated. We have received daily e-mails from providers requesting support or raising queries on a wide range of COVID-19 related issues including PPE, infection control, hospital discharges and admissions. We have provided responses on the same working day, which has supported providers with their planning and decision-making.

3.4 A comprehensive twice-weekly sitrep is completed to the GM Health & Social Care Partnership to ensure that the necessary oversight is available to address concerns, in particular in relation to stocks of PPE and infection control. Stockport has nearly 100% compliance with this process.

3.5 Every two weeks the Council hosts a quality oversight and governance meeting, with representation from the CCG, Public Health and CQC to address any immediate issues or concerns in care provision.

3.6 Tablet devices have been distributed to all care homes in order to facilitate video conferencing for professionals and to enable residents to communicate with their families. The Council has received positive feedback from care homes, residents and relatives who have described this as a lifeline during this challenging time.

4. Primary Care Support

4.1 Primary Care support is being delivered through weekly GP care home ward rounds, either in person or remotely. Stockport CCG have also commissioned the rapid management of all patients testing positive for COVID-19 through Viaduct Care and Mastercall (out of hours), with practices also referring patients for priority assessments.

4.2 All care homes (including assisted living homes) have been supplied with thermometers and pulse oximeters to support remote consultations. Meanwhile, the Stockport Integrated Pharmacy Service (via Viaduct Care) supports GP practices and community teams to provide management and delivery of medicines for care home patients. There is also a dedicated Care Home Team consisting of a pharmacist and two technicians.

4.3 A single point of access for urgent care is provided through the Mastercall helpline triage and clinical assessment for care homes, whilst most care home staff have downloaded an app on their mobile to allow quick access to video consultation.

5. Infection Prevention & Control

5.1 An Infection Prevention & Control Strategy for COVID-19 in Care Homes in Stockport is being developed, with seven key areas to be included;

- Prevention (including advice and guidance);
- Admissions into care homes (hospital discharges / community admissions);
- Controlling the spread of infection / Outbreak Management;
- Testing;
- Contact Tracing;
- Workforce;
- Communications.

5.2 A number of key actions have already been completed and the strategy is accompanied by an Assurance Framework Tool for use in care homes, in addition to home care and extra care. This is supported by a comprehensive Risk Register for COVID-19 Outbreaks in Care Homes, setting out key risk factors and the current approach in Stockport.

5.3 In addition, IPC training is being provided by the LA Health Protection Team based within Public Health, together with a senior CCG nursing clinician advice to roll out IPC training across the homes in Stockport. These have been a series of well-attended webinars for care home staff attend training to gain practical knowledge on best practice, specific procedures and a chance to ask question / seek advice.

6. Personal Protective Equipment

6.1 The Council has established a central distribution point for PPE for colleagues in the care sector to ensure equipment is prioritised to where it is needed most. Care homes and care homes with nursing are advised in the first instance to purchase PPE through their usual supply arrangements. However, in some cases, this is proving challenging and disruptions have occurred. In such instances, the Council is able to provide a rapid response and provides PPE seven days a week in an emergency.

6.2 Through the Public Health Team comprehensive guidance has been developed with a set of simple to use frequently asked questions (FAQs) for our care providers and our own staff which clarifies what PPE should be used, when and how to obtain it. This has continued to be updated in accordance with new PHE guidance. The Public Health Team have also offered tablet based PPE training to all care homes, which has been well received.

6.3 The Council has kept in regular contact with all care homes that we commission, through regular newsletters and emails providing the latest updates in relation to advice, guidance and all other matters COVID-19 related. We are working closely with providers to make sure that the right PPE is going to the right teams and settings for the right purposes.

7. Testing in Care Homes

7.1 Stockport has been working hard to ensure that testing has been available for the Care Homes in the Borough and we have been implementing the national and regional offers wherever possible. We will continue to review all of the available offers and see how we can improve on the process for our care homes accessing testing. We have piloted a local model with one care home to learn from this with the intention to support all homes to access testing.

7.2 Stockport has a strong record of accomplishment in relation to supporting our care homes with testing. We enabled symptomatic care home residents to be tested from an early stage of this pandemic, and in particular, we were one of few boroughs that established and retained a community swabbing service. This service has enabled us to offer testing within the care homes for symptomatic residents from early/mid-March. This service remains in place and has evolved over time to include staff testing at the Mastercall site base, and we have been consistent in our offer to test symptomatic residents. This has enabled us to be responsive to the changing eligibility and other offers provided nationally.

7.3 We have also enabled staff testing through our locally developed service in addition to the nationally commissioned services that have become available. As the varying offers (commissioned nationally) have become more complex, we have established a project management function, to coordinate staff testing requests and to help direct symptomatic care staff (and other key workers) to a testing site.

7.4 We are confident as a system that we have the necessary oversight and established relationships to support implementation of the areas mentioned above. In Stockport, there is the necessary support available for partners to respond to issues and problems within the care market and we have done so already on several occasions. However, we are mindful that the challenges remain and the main priority at present is to reduce the spread of infection in care homes and provide the necessary means to do this.

8. Financial Support

8.1 The Council, through the funding from the government to support the additional expenditure incurred because of the COVID-19 situation, has established a robust process. In Adult Social Care we are required to support the sustainability of the entire provider market, this includes all care providers that are located within Stockport including those that are not commissioned and under contract to the Council. Also included is support to individuals who are in receipt of a direct payment.

We are supporting the provider market in several ways:

- The payment terms for all care providers is now immediate to assist with provider cash flow
- Homecare providers are paid based on planned hours of care delivered rather than actual hours of care delivered

- Letters have been sent to all providers inviting them to make applications to support additional expenditure incurred because of COVID-19
- Proactive action is taken to contact any providers who have not made contact to check in with them and ensure that they are aware of the support the Council is able to provide.

8.2 A funding panel has been established to review the applications for additional expenditure; this ensures that funding provided is proportionate, transparent and consistent across the market. Both commissioners and accountancy staff meet daily to review the submissions that have been made to the funding panel.

8.3 On 29 May 2020, the first tranche of Stockport's allocation of the £600 million infection control monies was made to each home totalling over £1m. Stockport received in total £3.1 to be distributed in two tranches. The second tranche will be made available in July following an initial monitoring report to DHSC at the end of June providing information on the usage of the first tranche of funding.

8.4 We have also recently agreed a process to ensure that homes that are experiencing occupancy rates below 90% are supported through a block booking arrangement. This will provide those homes with significant vacancies a guarantee of at 90% occupancy and allow for the necessary security of cash flow for the medium term.

8.5 In relation to direct payments, these payments have continued as normal. The government guidance has been issued to all direct payment recipients along with a letter which summarises the issues and includes details of local support available.

9. Alternative Accommodation

9.1 Health and Social Care partners in Stockport have commissioned a new 71-bed facility Bramhall Manor to care for patients who are well enough to be discharged from hospital but need further assessment to identify their ongoing care needs.

9.2 The new state-of-the-art facility at Bramhall Manor is part of a joint borough-wide plan to respond to the Coronavirus pandemic. Patients who are medically fit to be discharged from hospital will either be discharged home or will be transferred to out-of-hospital facilities for further assessment and support, such as Bramhall Manor. This has freed up vital beds at Stepping Hill Hospital for patients who will need more intensive care due to Coronavirus.

10. Market Sustainability & Recovery

- 10.1 The pandemic has presented significant challenges to providers across the range of care provision in Stockport and particularly within care homes. Providers have quickly adapted, supported by the local authority's Health Protection Team, the Quality Team within Adult Social Care and the CCG. Unfortunately, Stockport has mirrored the national picture and has experienced the sad loss of residents, some of whom have lived in care homes. As detailed in section 2.1 this has resulted in a decrease in occupancy levels; with many providers being reluctant to admit new residents due to the potential risks to existing residents and the person themselves.
- 10.2 Whilst many providers have started to take new residents from hospitals and the community due to the increased availability of testing, the occupancy levels still remain a concern. The local authority has committed to paying up to 90% of occupancy rates as an interim measure but this is not sustainable in the longer term.
- 10.3 At least in the short term, families are likely to be cautious in their decision making when considering the needs of their loved ones and many may choose to support them to remain at home for longer due to the perceived risks associated with care homes. This is likely to have an impact on occupancy over the coming months. Providers are more confident in managing the situation and should there be increases in the rates of infection, they are better placed to cope with this following their experiences and learning from the initial outbreaks in care homes.
- 10.4 Many homes are now securing PPE through their own channels and are accepting that PPE and regular testing will become a part of life for the foreseeable future. We can expect to see an increased focus on finances and occupancy in the coming months, as providers recover from the initial outbreak and are in a better position to consider the impact this has had on their financial position.
- 10.5 In order to meet these challenges it is proposed that the following actions are taken to develop a longer-term road map for recovery but to also seize on the opportunities for innovation and reform within the care sector.
- 10.6 Stockport Council will continue to develop its Adult Social Care Operating Model and agree our strategies for managing demand in particular looking at those areas where we have been particularly dependent and to build further capacity in communities focusing on prevention and early interventions.

- 10.7 Formulate a short-term strategy to address the local issues arising from the issues described above. This should be agreed corporately by the council, adult social care, health partners and care providers.
- 10.8 Consider the death rate in care homes in their area and look at the impact this will have on their occupancy levels in the short-term and then consider what financial assistance they will need to become sustainable again in the longer term.
- 10.9 Continue to engage providers to understand: What are the additional costs they experienced during the Covid-19 outbreak and how can they account for those costs in a transparent way in order to consider if these can be met in all or part of from the monies passed from central government.

11. Recommendations

- 11.1 Health and Well Being Board members are asked to note the contents of this report, offer comment and agree the proposed actions outlined in section 10 above.