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Your ref:

Dear Helen

Support for Care Homes

It would be remiss to not start this letter by recognising and offering thanks for all that care home staff are doing to keep residents safe during the Covid-19 pandemic in Sunderland. These are unprecedented times and we continue to hear of some exceptional work in care homes across Sunderland.

Sunderland City Council is committed to working with our system partners to ensure that our city's care sector, specifically care homes, are supported throughout this unprecedented time and that our residents' safety, human rights and health and well-being are protected. The relationships between the Local Authority and the care sector in the city are strong and well established which has proven invaluable at this time. There has been constant collaboration between providers and commissioners throughout. This has been significantly guided by the All Together Better alliance in the City that ensures health and social care partners work together for a common purpose.

Sunderland City Council in partnership with key health and social care partners have taken a system wide multi-disciplinary approach to managing and responding to the needs of the care home market. A COVID-19 Care Home Support Group has been established that is jointly chaired by senior managers from within the Local Authority and South Tyneside and Sunderland Foundation Trust. The Group membership includes commissioners and providers who have established links into the care home market and other professions who can add support and value. This group will oversee the further enhancement and delivery of the Care Home Plan for the City.

The voice of the care homes themselves is gained via the Council's Commissioning Team who are the agreed communication channel into the sector.

The Group has a strategic overview of the universal support offer which is available to all the care homes but it also enables and facilitates a more bespoke and localised response to each care home based on the presenting need and concern.

Turning to the detail of what is in place now and going forward there are five key requirements to address. Also set out in **Annex A** is a summary of our future actions.

- Joint work to ensure care market resilience locally and that support is in place for care providers as set out by Government in this letter
- Confirmation of daily arrangements in place to review the local data and information of the state of the market locally
- A short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures experienced by care providers, taking into account local market context and pressures. This should include reference to any temporary or longer-term changes to fees paid by commissioners
- Approach agreed locally to providing alternative accommodation
- Local co-ordination for replacing returning clinical staff or volunteers into care homes

Joint work to ensure care market resilience locally and that support is in place for care providers as set out by Government in this letter

- a. Infection Prevention and Control:** Under the direction of the COVID 19 – Care Home Support Group, an Infection Prevention and Control (IPC) Team has been established that is now completing planned face to face visits to the care homes and wider care sector in the city to provide advice and support where needed on the appropriate use of PPE and the recommended approach to IPC that includes the necessity to restrict staff movement between and within care homes and the process of cohorting and isolating residents depending on how they present. An Infection Control Lead has been identified in the CCG and a programme of “train the trainer” training has been rolled out to all care homes so that the care homes themselves continue to feel confident in their approach to managing infection control and reducing the risk of spreading the infection.
- b. Testing:** The Commissioning Team within Adult Social Care has been collecting regular information on a weekly basis from the care home market on the number of tests being carried out for both residents and staff to establish and maintain oversight of the testing activity in each care home. A prioritisation system that’s been influenced by local knowledge and context of the market has been established to support the allocation of tests to the care homes via the government’s on-line testing portal. Advice, guidance and sign posting opportunities in relation to testing are provided by the Commissioning Team and Public Health colleagues to the care sector.

As a City we are committed to the testing of residents and staff within our care homes and other appropriate establishments and have played an active role in the North East testing cell. The government has committed to testing all residents and staff in care homes by the 6th June 2020, with 30,000 tests per day being available for the sector and care home managers to be informed of the results of tests. Nationally, this would amount to around 1.5 tests per home per day.

This falls far short of what is needed to reduce the transmission in care homes. The NE Testing Cell considers that working towards regular (initially weekly) testing of residents and staff of care homes who have not previously tested positive with results being received in a timely manner would be a better use of testing capability to reduce transmission. Because of the need for timely test results (24-hour turnaround) this would be best achieved by local rather than national testing. Unfortunately, local laboratories have, this far, been unable to source sufficient consumables to enable this to happen. There is, therefore, a need for the national testing programme to support an increase in local capacity to enable more regular and timely testing of asymptomatic residents and staff

- c. **Personal Protective Equipment and Equipment supply:** Stock levels of PPE have been monitored throughout the pandemic. Despite the supply chain issues and the slow national response our local intelligence, quickly establishes where providers may be facing difficulty. More latterly, using supplies through the Local Resilience Forums (LRF), we have proactively ensured the rapid co-ordination and distribution of PPE across the care sector. Issues arising on a day to day basis are proactively responded to and any provider advising they have a PPE need receives support and an allocation of the PPE required. All care providers have been made aware of the National Supply Disruption Response system and designated PPE wholesalers. We have facilitated a process of mutual aid across providers and we have been the conduit for the sharing of good practice between provider organisations for managing outbreaks in care homes home in addition to encouraging communication and learning between home managers across the city.
- d. **Workforce Support:** Adult Social Care has been collecting information on each providers' staffing position, including the number of staff employed, staff absence and staff available for work. Where data identifies high absence levels, The Commissioning Team in Adult Social Care have been proactively initiating contact with providers to understand the impact of staff absence on the provision of the service and their contingency plan arrangements. To date, no provider has identified concerns with their staffing levels that have not been manageable by them and where support and intervention from the Local Authority is required. The Local Authority has been sharing relevant information and guidance with the care sector such as the Care Worker App and Skills for Care training programmes. As previously set out the relationships between the Local Authority and the care sector in the city are strong and well established, which means that provider organisations frequently use the LA as a source of support and guidance. This has continued to be the case throughout the current COVID - 19 situation

We fully recognise the emotional impact of dealing with this crisis for care home staff and their families. To assist with this we have engaged with the local mental health foundation trust to offer a range of support services to staff. Sunderland Healthwatch are also undertaking a survey of staff and families to see what additional support may be useful at this time.

- e. **NHS Clinical support:** Membership of the COVID -19 Care Home Group is inclusive of primary and community health services and each care home in the city has an identified Clinical Lead and named single point of contact pharmacist. The clinical support offer to the care homes has remained in place during the pandemic albeit in different arrangements and via different means utilising technology and

minimising footfall into homes. GPs are maintaining weekly links with their aligned care homes which is done face to face and virtually using digital solutions. District Nurses and the Community Nurses who support the care homes remain an essential part of their support network and they continue to provide predominantly onsite advice and guidance throughout the week. We welcome the bringing forward of the next stage of enhanced support to care homes from October to May and progress is well advanced in delivering these requirements as a system

f. Community Admission

Care homes still need to continue with routine admissions from community settings. In normal circumstances this is the key route of admissions. To date there has been no regular testing of admissions from the community or requirement of a period of isolation for asymptomatic admissions.

Work will be needed with providers to ensure that this is in place going forward. We note the national ambition to support this.

g. Confirmation of daily arrangements in place to review the local data and information of the state of the market locally

The Local Authority has successfully and effectively engaged with care providers to gather information and data from them and they in turn have been very responsive. The Commissioning Team have been collecting information from the care sector in respect of the state of the market locally. This specifically includes: occupancy levels; staffing data, including staff absence levels; PPE stock levels; Covid testing; confirmed cases and deaths for both staff and residents. This information is reviewed and analysed and forms the basis of conversations with providers who may need support or intervention from the Local Authority. Any providers that identify concerns are contacted immediately. We continue to promote and encourage providers to utilise the NHS Capacity Tracker whilst recognising the continued need for development of the Tracker going forward.

The system's collective level of confidence that actions are being implemented or plans are in place to urgently implement, briefly setting out any areas where there are concerns and what support you might need

Throughout this letter I have set out the positive work and actions that are being carried out in the City as a health and social care system. Based on the activity already taking place and the joint partnership arrangements established such as the COVID-19 Care Home Support Group, we have a high level of confidence as a system.

Addressing care market short term financial pressures

Local Authority and CCG commissioners recognise the additional short-term financial pressures that have been placed upon care providers during this time. The measures that we have put in place to support providers are:

- In addition to the annual fee increases from April, we have increased the fees paid to commissioned providers by 10% for care homes; 10% for home care; 8% supported living services and 8% for extra care services for a temporary period backdated to March
- We have block booked bed spaces within some of our care homes to support the hospital discharge pathway and support timely discharges of people out of acute beds who are deemed as medically optimised

- We have changed our payment processes for care home from net to gross payments which supports the care homes with their financial planning
- We have temporarily changed our payment process for home care agencies to now pay planned hours rather than actuals
- Provision of emergency PPE via LRF, coordinated and administered by the Commissioning Team in the Council
- For providers facing additional financial pressures as a result of low occupancy the Council has provided the option of a Supplier Relief Fund which can be accessed via the Council's webpage

It is important to note that these measures were put in place swiftly. Dialogue continues with the market around the medium-term viability of some providers and the financial pressure from reduced occupancy levels. We will also work with providers to ensure the grant conditions of the infection control monies are met. We recognise that some umbrella provider organisations continue to lobby that further funding is required and we are engaging in discussions to resolve this.

Local approach to providing alternative accommodation where this is required, and care arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide this.

Using the NHS Capacity Tracker and the Local Authority's own data collection tools, we are able to maintain oversight of up to date information on capacity across care homes in the City. To date, we have not identified any issues with capacity where we would need to provide alternative accommodation, however should the need to do this arise we have considered the following:

- Homes that have space to cohort and quarantine residents
- Homes that have vacant rooms with on - suite facilities
- New homes that would be opening in the near future
- Empty buildings or closed services that are appropriate in layout and design that could support people who require isolation; Support options have also been explored that could be called upon to staff such options
- Home care agencies who could provide 24/7 care into people's homes or into an alternative safe and appropriate environment.

To support the national discharge process, alongside the CCG, the LA commissioned schemes within four care homes to provide fast track step down and step up from hospital alongside reablement and rehabilitation where needed.

Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.

Through the national and local information gathering mechanisms already described, the Council has strategic oversight of the staffing situation in the care homes and in partnership with the care homes, we would be able to align staff to those services that required the support. SCCG, through their links to the Bring Back Staff Campaign could add their support in the identification of clinical staff who would be able to support the care homes in terms of capacity.

In summary, Sunderland always has, and always will recognise the importance of care homes, and indeed all social care providers, in protecting and supporting the most

vulnerable in our City. We are committed to doing everything within our control to support them at this juncture. In terms of other key risks we would ask that you also note the following.

There have been significant issues with communications in relation to the support to Care Homes. Local measures that have been put in place have been made more difficult due to communications going directly to Care Homes from the centre which often contradict what has been put in place locally. This causes unnecessary confusion. This would best be mitigated by the channels of communication flowing through local authorities to Care Homes to ensure that there is alignment in key messages.

Contact tracing is a key part of the strategy to reduce community transmission as lockdown eases. If this is not adequately resourced, then it is likely that Care Home staff will be vectors for infection within Care Homes. Although good infection prevention and control will help, without robust contact tracing it is likely that outbreaks in care Homes will continue.

In conclusion, although many of the measures needed to support Care Homes have already been put in place, there is a risk that the best outcomes will only be achieved by change on a national as well as a local level. Of particular concern is the required level of weekly testing of all care home residents. It is also worth noting that whilst a focus is required for registered care homes this must not be at the expense of other aspects of the market such as home care, extra care and mental health services.

Yours sincerely

A handwritten signature in black ink that reads "P. Melia". The signature is written in a cursive, slightly informal style.

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