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Date: 28 May 2020

**Dear Sirs** 

## Re: COVID-19 Adult Social Care Infection Control Fund

In response to the request set out in the letters of the 14th and 22nd May 2020 from the Minister of State for Care:

1. Confirmation of joint working to ensure market resilience and of the daily arrangements in place to review the local data and information of the state of the market locally.

Telford & Wrekin Council is working alongside partners from Telford & Wrekin CCG, Shrewsbury and Telford Hospital, Shropshire Council, Shropshire CCG, Midlands Foundation Primary Trust, Shropshire Community Health Trust Ministry of Defence, Shropshire Partners in Care, West Midlands CQC and Primary Care as part of a whole system emergency response to the COVID pandemic. This is part of our Local health Resilience Structure (LHRP). The System is overseen by NHS Gold Command with a Strategic Silver Command meeting held daily. Representatives from all system partner agencies attend and feedback from the 10 task and finish groups which monitor daily the situation in their part of the system. The Care Sector Task and Finish group is part of this process.

This group has created a Care Home Prevention and Support Plan (Annex A) which drives the daily actions of all partners in the system in supporting the care providers. The plan covers our response to:

- Infection Prevention Control
- **Testing**
- Personal Protective Equipment (PPE) and equipment Supply
- Workforce Support
- Clinical Support

The plan's risk matrix attached at Annex B is used to risk rate our care providers on a daily basis. Regular welfare calls check the provider's situation with regards the list above and check for any safequarding or quality concerns. Where there is an indication of an increasing number of empty beds, we record this as a potential concern for the home's financial status and refer it to commissioner for discussions with home owners directly to establish if further supplier relief is required. We refer to the National Capacity Tracker daily and are in contact with homes who are not regularly updating. Some domiciliary care providers are also using the tracker or the CQC equivalent. The state of play within the market is fed into a daily situation report for the Silver Command meeting. Any issues are raised with partners at the meeting to find solutions or provide mutual aid and if no resolution is possible, it is escalated to Gold.

2. The system's collective level of confidence that these 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.

The confidence level is good across the system in that all is being done to wrap support around our care providers. We are lucky enough to have a relatively small footprint which has enabled us to form good business relationships with our providers and this helps us have a robust understanding of our care sector and their businesses. Prior to and during this pandemic, we have maintained a positive reputation with our providers and their local representative body, Shropshire Partners in Care. The next challenge will come in supporting our care providers in their understanding of the conditions required by Central Government as part of the Adult Social Care Infection Control Funding.

We have supported Whole Care Home Testing to enable all older people care homes to access training and register on the national portal. By 22<sup>nd</sup> May face to face training had been delivered with partners at every eligible home in advance of the DPH submitting our priority list for testing. All eligible homes are being supported to access the national portal and are receiving individual tailored support in line with the national scheduling of deliveries. We have accessed the Webinar and are encouraging all homes to use this tool to enable successful completion of the testing at their home. We have recognised and raised some potential issues such as co-ordinating kit arrival, testing days and the availability of staff who have undergone the training to carry out swabbing. The government's National Testing Portal is not open to ALD/MH/|PD care homes at this point and this gives us the most cause for concern as we try to also ensure these vulnerable groups are supported. We have raised our concerns to government about this situation in our care home support implementation status template in Annex C.

The initial funding tranche of the first 75% of the Adult Social Care Infection Control Fund is <u>conditional</u> on the care homes spending the money only on the specific areas listed in the funding agreement (known as the grant determination), which includes a requirement to update their National Capacity Tracker information consistently .

As required by Central Government, we will require a return statement from all providers as at 19th June confirming which measures have been used by them and in what proportion to reduce infection rates. A copy of the template to be used for this return will be supplied shortly after the initial grant determination Letter is issued.

3. 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.

We reviewed all our care provider fees prior to the pandemic based on local market forces and in March 2020 increased fees to Care Homes by 2% and domiciliary care providers by 5.2%.

On 23<sup>rd</sup> March 2020, we notified all domiciliary and care home providers that payments for care would be made on commissioned hours rather than actual hours and that providers had the ability to flex hours up or down hours by 25% to meet the needs of the people they were caring for. This

included payments to our Day Care providers to enable them to continue to provide virtual support as required and to also ensure that their provision would be available to support people longer term.

On 9<sup>th</sup> April we received our first LRF PPE delivery and immediately distributed emergency PPE boxes of masks, aprons gloves and visors to all our care homes. The following day we did the same for our domiciliary care providers, local hospice and funeral directors. We worked quickly with system colleagues to launch an online 7 day emergency PPE ordering process<sup>1</sup> to support the care sector across the borough and county. This process was reliant upon LRF drops which were sporadic. To ensure we could support not only our own work force, but those in the care sector, we led a procurement to secure large volumes of certified and fit for purpose PPE that could be used to support care providers and other partners for mutual aid. We also worked with colleagues as part of a West Midland Procurement Hub to enable us to secure additional quality PPE at reasonable costs. This had enabled us to full fill every emergency request that has come through where the care providers own supply chains have failed through no fault of their own.

On 16<sup>th</sup> April 2020 we issued unconditional Sustainability Grants to all care providers from the payment of Central Government COVID monies. The grant payable was equivalent to 10% of the monthly costs for commissioned hours. This grant was paid in April, May and the final payment will be in June. Providers were advised that the grant was to help meet the costs of staff absence or staff self-isolation, to support the need to purchase additional PPE (outside of the National Supply Disruption Line) or to help with the costs of enhanced infection control.

4. The approach agreed locally to provide 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. Costs of providing this accommodation are covered by the £1.3 billion COVID-19 discharge funding via the NHS.

We have worked with our NHS partners to agree discharge pathways to strengthen our support for COVID+ patients. Working with Health colleagues within our Better Care Fund, we offered enhanced rates for domiciliary care enablement services to facilitate a 2 hour discharge and have block booked beds to specifically support COVID+ patients who are ready to leave hospital.

We have provisionally commissioned a 'Hotel Care Home' with a local hotel but as of yet had not had the need for this service. It can be mobilised at short notice should we need it.

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

Our Care Home Prevention and Support Plan details the process of requesting clinical staff across the system and we have also offered our own in house care workers to support homes and domiciliary care providers as needs be. During the welfare call, our teams remind the care manager that this option is available to them.

6. Plans should include information on engagement and any high-level views from the Health and Wellbeing Board and Local Resilience Forum chairs, Healthwatch, care provider forum etc.

We have weekly updates with the chair of the Health and Wellbeing Board (HWBB) and members of the Board will be updated about our Care Home Prevention and Support Plan in their June meeting in order to receive feedback on our position so far. The Local Resilience Forum have been regularly updated. Shropshire Partners In Care, our care provider representatives, are part of our care sector

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<sup>&</sup>lt;sup>1</sup> https://tinyurl.com/ycwbe58e

task and finish group and work with us to manage our daily situation reports. We have also had discussions with our Healthwatch colleagues who are also members of the HWBB and CCG Boards. CCG AO gives a fortnightly update to the Healthwatch Chief Officer and holds weekly updates with his MPs.

We can confirm that this letter along with details of the funding provided so far to our care providers as detailed in Annex D, will be available on our webpage on the 29<sup>th</sup> May 2020.

Yours sincerely

David Sidaway
Chief Executive

**Jonathan Rowe** 

**Executive Director: Adults Social Care, Health Integration & Wellbeing (DASS)** 

Liz Nortes

1/11/11

**Liz Noakes** 

**Director: Health, Wellbeing & Commissioning (Statutory Director of Public Health)** 

**David Evans** 

Joint Accountable Officer Telford & Wrekin and Shropshire CCG