

28 May 2020

For the attention of Rt Hon Helen Whately MP, Minister of State for Care

In response to your request, we can provide the assurance that care home support plans in Herefordshire continue to be fully reviewed as part of our ongoing emergency response measures, and that these are updated weekly from data submitted by our care home providers. We attach the completed template, and we are pleased to share the following insights under the headings, as specified in Annex B: COVID-19 Local Care Home Support Plan – guidance for local authorities and system partners.

At a local level, social care has proved its flexibility and innovation in its response to the current crisis. It has not only facilitated the protection of the NHS but proved its own worth in its determination to keep vulnerable people safe and well. Social care has its own incredibly unique place in Herefordshire's wellbeing and as part of the system has responded collaboratively, with compassion and with confidence and has not, and does not require, a command and control structure to make it work and work well.

In Herefordshire, partners from across the health and social care system have been working closely together **to ensure care market resilience locally**. In the initial stages of the coronavirus (COVID-19) response, a strategic care home group was stepped up to ensure that the Herefordshire system had **a collective level of confidence** that actions were being developed and that plans were in place to urgently implement. This group oversaw and co-ordinated resource and expertise throughout Herefordshire to support care homes. Strategic leaders from across the system agreed a pathway of support and escalation for care homes, which is now co-ordinated and implemented, along with detailed discussion of challenges and support, at the daily huddle meetings. Care homes in escalation have their own dedicated, multi-agency meetings as appropriate and further PHE IMT meetings have also taken place, in some instances, to support individual homes. Multi agency silver and gold meetings of system leaders operate daily and link to the LRF. Appendix 1, located at the end of this letter, provides a clear illustration of the COVID-19 care providers operational system response.

A strategic blueprint has been developed to ensure co-ordinated sharing of intelligence and decision-making. This is important because of the complexity of the system of support that is needed. To support implementation there has been work completed to create a local dashboard for prioritising where the focus needs to be on settings with outbreaks, but also the preventative work for 'green homes' where there is no evidence of COVID-19. Webinars have been, and continue to be, in operation and are important to both identify concerns being raised by care homes, and to inform proactive support that is needed, be that advice, action cards or building the relationship to respond to concerns being raised.

Ongoing public health and health protection advice, as well as the interpretation of guidance, is collated and managed through the health protection inbox.

Daily care provider 'huddles', co-ordinated by the local authority, include commissioners, quality and review officers, adult social care operations, Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG), Public Health, Wye Valley Trust (WVT) and Taurus, our GP federation. The huddles have specifically focussed on care homes and provide a multi-agency, operational response that supports local care providers and care workforce to care for residents safely and appropriately and sustain their business during the COVID-19 pandemic. The group work together to address and reduce associated issues, risks, and impact across all care settings. An action and issues log is updated and monitored by the group. Sitting underneath this group are individual groups that discuss specific homes and monitor action plans.

The huddle triangulates intelligence and data from multi-agency partners and the providers themselves to inform local planning and decision making and reduce duplication of activity. Based on triangulated intelligence and data, the huddle uses a risk stratification tool to identify the need for proactive engagement and early intervention. Examples of such risks might be related to quality assurance, safeguarding, infection prevention and control and business sustainability. Partners then work together to support the planning, co-ordination and delivery of targeted support and advice for care providers and their workforce.

The COVID-19 Management Service GP group meets daily to review COVID-19 positive residents through video consultation and face-to-face visits are arranged, if clinically indicated. General practice is informed of emerging issues through this mechanism and this also feeds into the daily multi agency huddle meeting, as described above.

From the outset, the local authority set up a generic email account so that all correspondence and communication was received and sent from one central point. This has been, and continues to be, used to communicate all national guidance updates, legislation changes, local guidance and action cards and local process changes. Each care home has a named QA officer who is in regular contact with each service via telephone support calls, twice weekly if a green site and daily if a red site. The local authority has actively encouraged all providers to participate in online seminars about the local and national context so that they are cognisant of current practice and guidance. The system has experienced challenges in resourcing, considering several options and modelling with system partners. The options are limited and in the event of a second wave, the system would need to work further on this element of the response.

All care homes in Herefordshire have received iPads, provided by HWCCG, to facilitate virtual wards rounds with GPs. These have been well received and have been successfully implemented. The iPads are often also used to support residents to keep in contact with families and friends and have been used to complete site 'walk rounds' to enable evidence gathering and monitoring should there be a compliance issue. In addition to this, the local authority led a focused piece of work entitled 'Protecting our most Vulnerable'. This included a targeted review of the use of the Rockwood Clinical Frailty Score toolkit and the Recommended Summary Plan for Emergency Care & Treatment (ReSPECT) tool in areas

of the care home sector. A multi-agency task and finish group was established to take forward the learning and development. Also linked to this project, the local authority has conducted a review of all care homes across the county with respect to their use of assistive technology to support care home residents in communicating with their families. This resulted in an investment of £17k for tablets and casting technology for homes that did not already have adequate solutions in place. Mental health support for care home workers has been put in place. This operational and tailored support is available and geared up to support the sector.

All care providers are contacted on a weekly basis to confirm their current PPE stock levels and daily usage of all PPE items. From the information supplied, the quantity of weekly stock that each location requires is determined. Stock is delivered weekly to all sites and urgent orders are delivered within 24 hours. The PPE distribution line is a central referral point with a small number of internal teams re-deployed to manage the process. The system has been able to secure volume provision through its own actions and was not reliant on the national stock regime. The local authority has made significant investment in PPE for the care home sector which is detailed in paragraphs further down.

The local authority continues to support care home market management through local commissioning and Public Health support and engagement, including a weekly management conference call. A local brokerage tracker system is in place and has been fully adopted by teams throughout the hospital discharge pathway. To further ensure care market resilience locally, system delivery of the national training programme is in place, with excellent uptake by local providers. There is an extensive programme of advice available in different formats such as webinars, posters, online and face-to-face training and support. This is facilitated through the HWCCG giving IPC guidance advice and support, and local authority leadership to logistical and financial support for PPE management. Wherever possible, training has been sourced for providers, using the Quality News email sent fortnightly to highlight courses of interest and relevance to social care. Working jointly with HWCCG and WVT colleagues, IPC and PPE train the trainer, training has been delivered both remotely and face-to-face in all care homes in Herefordshire.

System wide summary support plans continue to be developed for those homes needing additional support. These plans are led centrally and administered by the care provider hub, and the local authority's Quality and Review team, who support providers to enable them to implement improvements. All support arrangements are linked into system quality monitoring and regulatory engagement, with appropriate governance and effective escalation to safeguarding and quality assurance systems.

To further support care homes locally, the HWCCG have provided a local enhanced service to help bring forward the enhanced health in care homes directed enhanced service (EHCH DES). General practice in Herefordshire has fully committed to providing the key elements of the service as set out nationally. Mapping of monitoring equipment, including pulse oximeters, has been undertaken and will be distributed when available. PCN Clinical Directors have collaborated with system partners through a local Ethics Group and End of Life Group to support clinicians to approach sensitive discussions and decisions for care home residents.

To address the significant challenges in Herefordshire, the HWCCG and LA have pooled funding to maximise the distribution of critical resources to the sector. The bullet points below (and the table attached at appendix 2) provide an overview of the actions taken by local authority commissioners and HWCCG to **address the short-term financial pressures:**

- 4.42% increase to all fees to cover annual inflationary pressures including national minimum wage uplift: the cost to the local authority is c£2.9m,
- Monthly ex gratia payment of 10% of average pre- COVID-19 monthly payment to assist with COVID-19 related additional costs for existing social care clients in **all** care homes: the cost to the local authority is c£400k per month,
- Bespoke COVID-19 fees agreed with each care home provider willing to accept new placements during COVID-19 period; up to a 50% increase above providers' usual fees in some cases: the cost to the local authority is c£77k per month,
- Payment terms moved to 'immediate' for all providers,
- Procurement and supply of PPE to all care home providers, funded and distributed by the local authority at no cost to providers. Supplies are guaranteed to at least end of July 2020 at a cost of c£2m, and
- Commissioners have procured additional block hours for care at home, secured nursing block beds, developed additional models as discussed below.

To **provide alternative accommodation**, the local authority has procured and developed a step down/step up facility at a local hotel which can offer alternative accommodation to support care homes and can be used if they are struggling to isolate or need to isolate individuals prior to care home admission. This provision is also being used as a rehabilitation model to support people to get them home in the first instance. The local authority has also rapidly developed and implemented a residential care home for up to 22 beds, which can also be used to support the care sector. This is an 'in house' service and therefore the modelling can be adapted to reflect the current challenges within the sector.

The local authority has also commissioned block nursing beds to support the system and to ensure swift and safe discharge. Where necessary, individual cases requiring alternative accommodation have been escalated through safeguarding systems and primary care clinicians, with opportunity in place to provide immediate haven in local community hospitals, hospice or alternative care home placement.

Robust systems are in place to ensure that a wider care home failure would be identified early, with risk assessment for every resident. System wide support is in place for additional staffing as mitigation, including the relocation of high-risk cases, and where required, risk management adjustment to increase the cohort of patients relocated. Learning from the responses to the pandemic will forge and develop a greater emphasis and commitment to a home first approach using these additional resources and skills in the future.

In relation to **local co-ordination for placing returning clinical staff or volunteers into care homes**, nearly 1,500 volunteers have registered with the local authority's Talk Community model, which has been co-ordinated to support vulnerable people in our communities. Access to returning clinical staff has been limited within Herefordshire; however, additional management and leadership capacity is available to the care home sector.

In the face of adversity, great things emerge, and, in our county, we have set foundations that align and respect the differing roles of all partners and professions. We now must have a sustainable funding solution for social care as we will not be able to set such foundations again. Social care and health care are different, and we want them to stay different and complementary, but if we have learned nothing else from this situation it is that they must be treated with parity. Learning together with our statutory and community partners during this period has put us in a stronger position and better able to respond if there is a second wave.

The Herefordshire system response to the COVID-19 pandemic has been a testament to the partners in the locality, working together to support its vulnerable residents. The whole system has responded well and has matured through its collaborative efforts, have been professionally managed and providers largely compliant with advice and guidance from the sector. The system is proud of what it has achieved and is committed to building on the foundations of, and learning from, better partnership and integration forged by the pandemic. Our communities and our community leaders have responded positively and enthusiastically and where there has been criticism this has been based upon inaccurate information. The partners in Herefordshire would like to take this opportunity to thank care providers and the wider community for their support during this challenging time.

Yours sincerely,



Alistair Neill, Chief Executive, Herefordshire Council



Stephen Vickers, Director Adults and Communities



Simon Trickett, Accountable Officer, Herefordshire and Worcestershire CCG



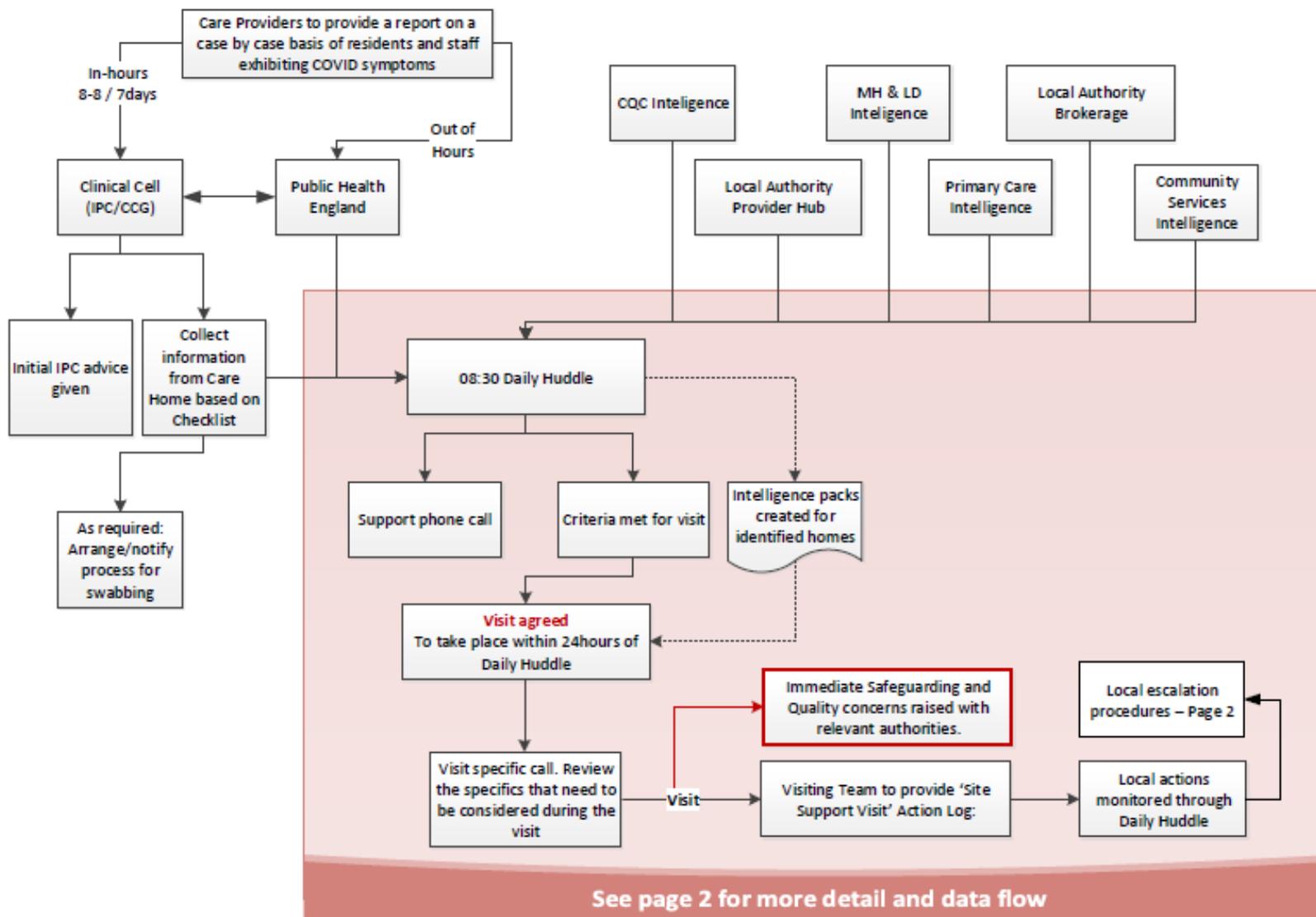
Karen Wright, Director of Public Health



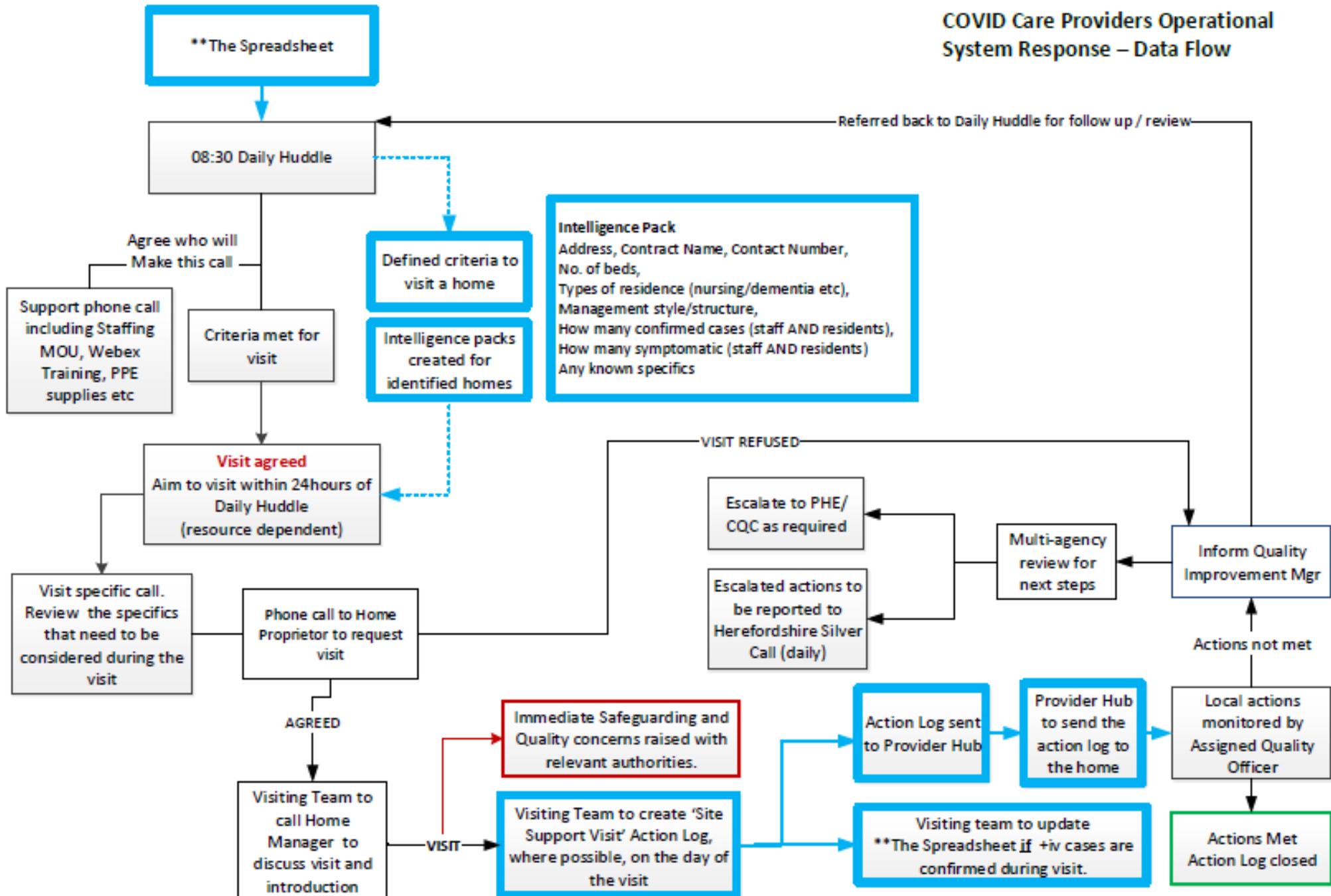
Lisa Levy, Chief Nursing Officer, Herefordshire and Worcestershire CCG

Appendix 1: COVID-19 Care Providers Operational System Response

COVID Care Providers Operational System Response



COVID Care Providers Operational System Response – Data Flow



Appendix 2: Support to Care Homes Summary

SUPPORT TO CARE HOMES SUMMARY			
Support to providers that the local authority has contracts with			
	Domiciliary Care	Residential Care	Other Provision
Support Being Offered	Payment on planned care not actual care to compensate for visits frustrated by COVID-19		Payment to Day Activities providers on contract not actual sessions delivered to compensate for visits frustrated by COVID-19 Client Transport providers paid at 80% of contract value
	Monthly ex gratia payment to all providers to cover additional costs caused by COVID-19	Monthly ex gratia payment to all providers to cover additional costs caused by COVID-19	
	Enhanced rates for new packages under hospital discharge service requirements	Enhanced rates for new placements under hospital discharge service requirements	
	Additional block contracts for Home Care capacity	Additional block contracts for Care Home capacity	
	Supply of PPE at no cost to providers	Supply of PPE at no cost to providers	
Total Spent between 1st April 2020 and 18th May on supporting providers the local authority has contracts with in response to COVID-19			£1,859,024
Support to providers that the local authority <u>does not</u> have contracts with			
	Domiciliary Care	Residential Care	Other Provision
Support Being Offered	Supply of PPE at no cost to providers	Supply of PPE at no cost to providers	
Total Spent between 1st April 2020 and 18th May on supporting providers the local authority has contracts with in response to COVID-19			