

29 May 2020



By email: CareandReform2@Communities.gov.uk

HM Government
Department of Health and Social Care

Warwickshire County Council

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To Whom It May Concern

RE: WARWICKSHIRE CARE HOME INFECTION CONTROL FUND PLAN

I welcome this opportunity to share the progress of our Warwickshire partnership in supporting care homes during this very challenging period. This letter sets out both our current support offer and our future plans to support providers with infection control measures and evidences our alignment with Government priorities. Working alongside local, regional and national networks we believe we are in line with the care home support offer set out by Government and are committed to making continued progress.

Over many years Warwickshire's **Health and Wellbeing Board** has overseen a host of successful integrated health and care arrangements, and the strength of these relationships enabled us to quickly galvanise a shared senior officer governance structure to support the care market as the Covid-19 crisis emerged. Our **twice-weekly system Care task and finish group** is driven by senior system partners across Coventry and Warwickshire. Linking in with other integrated incident management teams, it has shaped and driven a collective response to safeguarding staff and vulnerable residents; capacity, demand and market management and supporting discharge to the community, to support patient flow. The task and finish group currently has **6 workstreams**: Discharge to Care Homes & D2A (Discharge to Assess); Community Support; Infection Prevention and Control; Testing; Support from Primary Care and Community Health; and Mutual Aid. We run a separate **multiagency PPE group** with a reach into regional and national supply chains.

The task and finish group takes a proactive approach, linking into system and organisational governance processes, and supports the identification and actioning of issues at pace. We also draw on support and resources outside the local network to meet certain needs, in line with the national picture, and we will continue to manage these interfaces carefully to maintain **clarity of message** and to take a **consistent quality assurance approach**.

Our partnership was working together prior to the pandemic to **develop care home market resilience**, encompassing both **commissioned and non-commissioned providers**. We have enhanced our evolving offer, below, to target Covid-specific support:

- [A care provider microsite](#) to provide a single touchpoint for updated local and national information;
- A **daily email circular** on behalf of all partners, and periodic hard copy letters to reinforce support available and key messages;
- A [7-day-per-week contingency PPE supply route](#) to supplement provider stocks where needed (to date, 1,229,209 items distributed to providers);
- An [offer of Covid testing](#) for staff, residents, and whole settings and assistance with access to national testing for care home residents and staff;
- An increased 7-day per week **Infection Prevention offer** with outbreak specialists;
- Continuing **Primary Care and Out of Hospital support** with a focus on using technology;

- Access to WCC **Quality Assurance officers** and **Public Health consultants** for targeted advice and support;
- A **multi-format training offer** including correct PPE usage, and infection control (to date, approximately 64% providers delivered/booked IPC training);
- A **large-scale recruitment drive** with support for DBS checks and inductions, and deployment of support staff (non care tasks) to address staffing shortages (to date, 160 interviewed and 109 employed, on training or in DBS process);
- A **Mutual Aid** network linking the system and providers to address wider resilience needs and establish positive, supportive relationships;
- A **Covid-19 Emergency Financial Pressures Fund** to improve cashflow and support with Covid-related costs not available through other channels;
- A strengthened Covid-related **end of life care support** offer to providers from hospices;
- A bespoke [staff wellbeing support offer](#) promoting emotional resilience and welfare;
- Support with registering on the **national capacity tracker** and obtaining 'nhs' mail accounts (100% of 171 homes registered on the tracker);
- Uplifted **transport support** for hospital discharge and non-driving care home staff;
- **Trusted Assessors** to support compliant patient discharge from hospital to care homes.

Daily oversight of the care home and wider market position is a core activity. We have established a **dynamic dashboard** incorporating the national capacity tracker and locally sourced information from the Infection Prevention and Control teams. This **single source of data** across health and care partners informs strategic and operational decisions, and targets interventions. Where homes have an outbreak, they receive daily calls from the CCG Lead Nurses for Care Homes, Quality Lead Nurses, and Infection Prevention Nurses. Commissioners maintain close dialogue to support business continuity and improve access to the range of support from the system. We review the daily national capacity tracker information to identify risk and deploy relevant support to the home.

To gain a greater understanding of our providers' priorities, needs and challenges we have **surveyed all Warwickshire care homes**, combined with national capacity tracker data and woven their views into our plan. This is a challenging time for the sector along with the wider system, and we want to continuously build our offer to care home providers. We have triangulated a range of information to identify the following **key complexities** in delivering care home infection control measures. We welcome extra support and improved **alignment of local and national approaches and resources** to maximise impact in the following areas to compliment local planned improvements:

1. **Communication – streamlining.** Support need: Specific, brief and effective communication to care homes, reducing the significant volume of national/local communication aimed at providers; increase local leadership of messaging and communication to providers.
2. **Isolation** - Support need: access to capital resources to make environmental improvements; effective support for people with complex needs and/or behaviours.
3. **Testing – national offer.** Support need: increase confidence in the structure, accessibility, and efficiency of the national model; increase local influence in all aspects; increase access to facilitated mass home testing.
4. **PPE – national plans and comms.** Support need: strengthen and guarantee supply chain; improve quality assurance of supplies; cap or restrict costs to ensure affordability.
5. **Salaries – ability of providers to pay full wages to staff whilst isolating.** Support need: engage with providers and ADASS partners to better understand the detail, scope and financial implications of this issue; ensure aligned messages (national and local) to help providers better understand available support and provide advice to individual care homes regarding strategic approach and managing individual situations.

Although the number and severity of outbreaks is declining, outbreaks and death rates in care homes are a continuing concern. On 29 April Coventry and Warwickshire system leaders (our Gold Command structure) approved a position where **people who test positive in hospital** and require a placement in a care home (or are to return to a care home) **are not transferred to a care home**. We are mobilising two facilities offering 41 beds for Covid-positive patients being discharged from hospital. These 'transitional/step down' beds occupy previously decommissioned facilities and offer 14-day stays, giving assurance to care providers that patients will transfer to their care without symptoms. They will be operational in early and mid-June 2020 for approximately 3 months. The aim of this provision is to **protect other residents who may be vulnerable to infection, the staff who care for them** and help to **manage NHS demand**.

The establishment of this alternative accommodation has been a key feature of our pathway approach since the earliest days of the pandemic. This additional capacity is critical in mobilising the system as a whole: to support the freeing up of hospital beds; to shield care home residents from exposure; to give providers the opportunity to increase the effectiveness of their infection control processes ahead of potential exposure; and, to enable providers to increase their general resilience in light of increased media scrutiny. Provider confidence and sustainability is vital, and this extra capacity - when combined with our wider support offer – intends to **increase the overall resilience of the care home market**, both in terms of infection control and of their longer-term business sustainability.

We are focused on the delivery of a comprehensive and consistent approach to supporting care homes to **promote competence and resilience in the prevention and management of outbreaks** in general, and more specifically Covid-19 outbreaks. Our updated system approach to care home quality assurance includes a 'Covid-19 Resilience Checklist', developed and used in conjunction with health partners. This checklist uses the latest guidance on infection prevention and control, testing, staffing resilience, access to clinical support, environmental expectations and a number of other key indicators. Confirmation that care homes are meeting the identified standards will be achieved through a combination of self-assessment (via the updated bed tracker tool), virtual/remote data gathering linked to existing quality assurance processes, and site visits from relevant professionals. Only homes where assurance has been gained, by meeting all checklist requirements, will be supported by Social Care and Health commissioners to take Covid-19-positive hospital discharges and community referrals.

Having taken account of our market context we adopted a localised approach to the distribution of funding to **address short-term financial pressures** on areas of indicated need. We discussed and aligned with Coventry City Council and our CCG partners to ensure a consistent approach to supporting additional pressures in our local care market. We have continuously updated our Covid-19 Financial Pressures Fund guidance and practices, including changing payment terms from 30 to 3-4 days. Providers have been and are invited to submit invoices for additional costs and services incurred due to Covid-19, and we are covering costs such as: additional sick pay; extra staffing costs; infection control costs; essential supplies costs, and extra travel costs incurred by staff. The table below summarises our total Covid-19-associated spend to date, encompassing emergency financial support¹, PPE/equipment², and the first wave of infection control money³.

Support to providers that the local authority has contracts with			
	Domiciliary care	Residential care	Other provision
Support being offered	£376,498	£3,535,580	£81,694
Total spent ⁴ to date on supporting providers the local authority has contracts with, in response to Covid-19			£3,993,771
Support to providers that the local authority does not have contracts with			
	Domiciliary care	Residential care	Other provision
Support being offered	£982	£110,004	£10,593
Total spent ⁵ to date on supporting providers the local authority does not have contracts with, in response to Covid-19			£121,579

We had a low response to the campaigns for workers to return to health and care, but a good response to our local **recruitment campaign** to attract people into long-term roles as support, catering and maintenance workers, and nursing roles. This runs alongside a regional campaign to recruit registered and unregistered staff into fixed term roles. We have joined with Health colleagues to support emergency cover needs in nursing homes via bank staff whose usual roles have been paused.

To further progress care home, and wider care sector, resilience across Coventry and Warwickshire we will be updating our 6 task and finish workstream plans to incorporate the latest tracker information, survey responses and provider feedback/views. These revised, detailed plans will inform priorities for allocation of Fund monies. To date we have identified opportunities to: strengthen our systemic response to PPE access; enhance infection prevention & control support offers (including to increase both IPC and Quality Nursing resources); and support an uplift in provider ICT capability to maximise benefit from virtual offers.

Footnote 1 Drawn from money allocated by Government to local authorities in March 2020

Footnote 2 Figures included for PPE are weighted averages that take account of unit price fluctuations over time, and exclude no-cost items supplied through the LRF supply chain

Footnote 3 Received from Government on 26.5.20

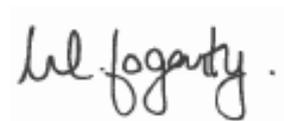
Footnote 4 Funding or support has already reached providers

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We have published our plan online at www.warwickshire.gov.uk/carehomeinfectionprevention, which will continue to build on our proactive approach to date, and emphasise our commitment to protecting and working alongside the people who live and work in Warwickshire care homes.

I am pleased to sign and submit this letter and action plan on behalf of the Accountable Officers of Warwickshire North/ Coventry & Rugby Clinical Commissioning Group, South Warwickshire Clinical Commissioning Group, the Director of Adult Social Services and the Director of Public Health.

Yours sincerely

A handwritten signature in black ink, reading "M. Fogarty". The signature is written in a cursive style and is enclosed in a light grey rectangular box.

Monica Fogarty
Chief Executive