

Helen Whately MP  
Minister of State for Care  
39 Victoria Street  
London  
SW1H 0EU

Date: 29 May 2020

Dear Ms Whately,

### **Worcestershire's COVID-19 Care Home Support Plan**

I am pleased to set out below an overview of Worcestershire's current activity and our forward plan for supporting care homes in the county. This letter forms part of Worcestershire's COVID-19 Care Home Support Plan along with the completed template which summarises individual care homes' assessment of their current level of access to Worcestershire's support offer.

Please note that the information in the template is reported directly from the national Capacity Tracker at 29<sup>th</sup> May 2020 and figures are based on self-assessment by Worcestershire care homes at this point in time. 98% of care homes in Worcestershire are registered on the Tracker and approximately 70% of these have completed this new dataset at the date of writing. It is intended that the template will be updated in line with the developing situation and the further embedding of Worcestershire's support offer as outlined in the template and in this letter.

### **Joint work to ensure care market resilience locally**

Worcestershire has a well-established system plan to ensure care market resilience and to support providers in the key areas of infection prevention and control (IPC), testing, Personal Personal Equipment (PPE), workforce and clinical support, as well as a system of financial support to safeguard providers' financial viability.

The "Worcestershire Care Home Hub" has been established since March 2020 to strategically lead, co-ordinate and facilitate action across the system to support care homes and prevent infection during COVID-19. By pooling and adapting resources and

capacity and working collectively using a proactive and supportive methodology, the joint working across Adult Social Care, Worcestershire Public Health, Public Health England, the Clinical Commissioning Group (CCG) and other health partners aims to reduce the number of homes experiencing an outbreak and reduce the absolute number of cases and deaths.

Terms of reference attached at Annex A set out how the Hub operates via a strategic group and an operational “huddle”. The huddle proactively monitors on a daily basis the numbers of cases and deaths in care homes and has oversight of the situational analyses, enabling the management and mitigation of risks and where relevant escalation to Silver or Gold Command, as referenced in Annex A. The group also enables sharing of information, including reviewing individual organisations’ risks, mitigations and progress against priority actions.

The support plan to care homes in Worcestershire includes co-ordination of infection control measures, testing programmes, training, HR support, and co-ordination and distribution of PPE. Examples of specific areas of action include:

- Development and issuing to providers of regularly updated health and infection control guidance, in the form of easy-to-use action cards.
- Procurement, storage and distribution of PPE stock via an online request system providing either same day or next day delivery of emergency PPE free of charge.
- Early availability of testing for symptomatic residents, with subsequent rollout of a local programme to enable large scale testing for all residents and staff in COVID-positive homes
- Priority access to next-day testing for symptomatic and asymptomatic care home staff through the Worcestershire single point of contact led by Worcestershire County Council Human Resources department
- Proactive roll-out of Infection Prevention and Control (IPC) training offer to all homes
- Roll-out of iPads to all care homes in Worcestershire, enabling online GP consultations and the use of technology to reduce social isolation
- Proactive support for the mental health and wellbeing of care home managers and deputy managers

### **Daily arrangements to review the state of the market locally**

The Care Home Huddle meets daily to review the state of the care home market locally, using a risk-based assessment approach to target support to care homes. Discussions are underpinned by analysis of national capacity tracker information and local data obtained from proactive engagement calls made to all care homes across the county on a regular basis (at least weekly with more frequent contact if required). Escalation

pathways are in place to ensure any issues identified are addressed. When required, multi-agency Incident Management Team meetings are held with individual homes, to seek assurance, target support and formulate service-specific action plans.

Advice and support to providers is available via the dedicated [CoronavirusASC@worcestershire.gov.uk](mailto:CoronavirusASC@worcestershire.gov.uk) email address, which has been set up as a single point of contact to deal with all provider queries during the crisis. This is staffed seven days a week and able to respond to urgent situations. Telephone support is also available via the Worcestershire's Here 2 Help access number on 01905 768053.

### **Worcestershire's collective level of confidence that these actions are being implemented**

The establishment of the Care Home Hub and daily "Huddle" meetings at an early stage of the COVID-19 outbreak has enabled a system-wide approach to be put in place and embedded with collective accountability from all partners across Worcestershire. Governance from the Care Home Hub through to Worcestershire's Silver and Gold Command ensures the system has oversight and confidence that actions are being implemented.

The testing of symptomatic care home residents has been available since the beginning of this pandemic. The availability of access to testing on a larger scale for staff and residents did present a challenge in the absence of the national portal, however, a local solution was identified which has resulted in all care homes with positive COVID-19 residents receiving large scale testing of both residents and staff. This process is now complete. Homes that remain COVID-19 free are currently accessing their testing kits via the national portal and testing is anticipated for completion before 6th June.

Positive ongoing feedback obtained from care home providers evidences that this approach is helpful and valued. Impact of the actions taken is also evidenced in the data. We have seen a decline in the number of infections, outbreaks and deaths in care homes related to COVID-19.

### **Commissioners' approach to addressing providers' short-term financial pressures including rate uplifts and other extra funding for care providers**

Annex B to this letter provides details of agreed rate uplifts for 2020/21, along with Worcestershire County Council's approach to additional funding for Worcestershire care providers in response to COVID-19 related cost pressures.

Worcestershire County Council has paid £1.9 million of additional financial support to adult social care providers during April 2020. This includes contracted domiciliary care providers and Worcestershire-based residential and nursing care providers. It is forecast that this may total £7 million by the end of June 2020.

Where these additional payments relate to clients who have been discharged from hospital or are made to prevent hospital admission, funding is claimed via the Hospital Discharges Fund which is being co-ordinated by the CCG, otherwise the payments will be funded by the additional grant which has been allocated to local authorities.

Amounts stated do not include the Adult Social Care Infection Control Fund which will be distributed to providers in accordance with the recently-issued Grant Determination No. 31/5061.

### **The local approach to providing alternative accommodation and care arrangements where required**

During the period of peak demand on services earlier in the COVID-19 situation, additional accommodation and care arrangements were commissioned to meet demand and provide alternative options for accommodation and care, for example an increase in Community Hospital capacity. This has been gradually reduced and stepped down in line with need but is under constant review in order to respond to any changes in the epidemiology.

Alternative accommodation and care is currently being targeted as required on a case by case basis, for example through the provision of additional 1-1 staffing support for up to 14 days in homes so that residents can isolate with guidance. It is intended that this offer will be extended and offered more proactively moving forwards.

### **Local co-ordination for placing returning clinical staff or volunteers into care homes**

Clinical staff returning to practice and other clinical volunteers have been supported to align with local health providers. Care home providers have been informed of the resource available and can draw down on this as required.

In relation to non-clinical volunteer support, all care homes have been proactively contacted and offered support with a variety of non-face to face volunteering activities. These include support with shopping, collecting medication and social support via remote conversations using tablet computers etc. Those homes which have requested support

have been matched up with volunteers through the Here 2 Help programme. Here 2 Help is Worcestershire's community action response to the COVID-19 pandemic.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P. Robinson'.

Paul Robinson  
Chief Executive  
Worcestershire County Council

## **Annex A**

### **Worcestershire Care Home Hub - Covid-19**

#### **Terms of Reference**

#### **1. Purpose:**

- 1.1. To strategically lead, co-ordinate and facilitate action across the system to support care homes and prevent infection during COVID19.

#### **2. Objectives**

- 2.1. To reduce the increase in the number of homes experiencing an outbreak and reduce the absolute number of cases and deaths.
- 2.2. To pool and adapt resources and capacity to work collectively using a proactive and supportive methodology.
- 2.3. Decision making to enable appropriate infection control measures and prevention activity to prevent the spread of COVID19.
- 2.4. Proactively monitor the numbers of cases and deaths in care homes and to have oversight of the situational analyses.
- 2.5. Management and mitigation of risks and where relevant escalation to Silver or Gold Command.
- 2.6. Intelligence sharing of information, including reviewing individual organisations' risks, mitigations and progress against priority actions relevant to the Task Force.

#### **2 Accountability**

NHS Silver and Gold Command

#### **3 Membership**

WCC Director of Public Health (Chair)

CCG Director of Nursing and Quality

WCC Interim Director of People

CCG Assistant Director of Nursing and Quality

CCG Clinical Lead for Care Homes

WCC Public Health Consultant

WCC Lead Commissioner (ASC)

CCG Commissioning Infection Prevention Lead Nurse

#### **4 Frequency of meeting:**

Strategic meetings will be held weekly on Thursday afternoon until further notice

Daily tactical huddle meetings, Mon, Tues, Wed and Friday

#### **5 Operations**

Collective expertise across agencies will be coordinated through the COVID-19 Incident Cell structure.

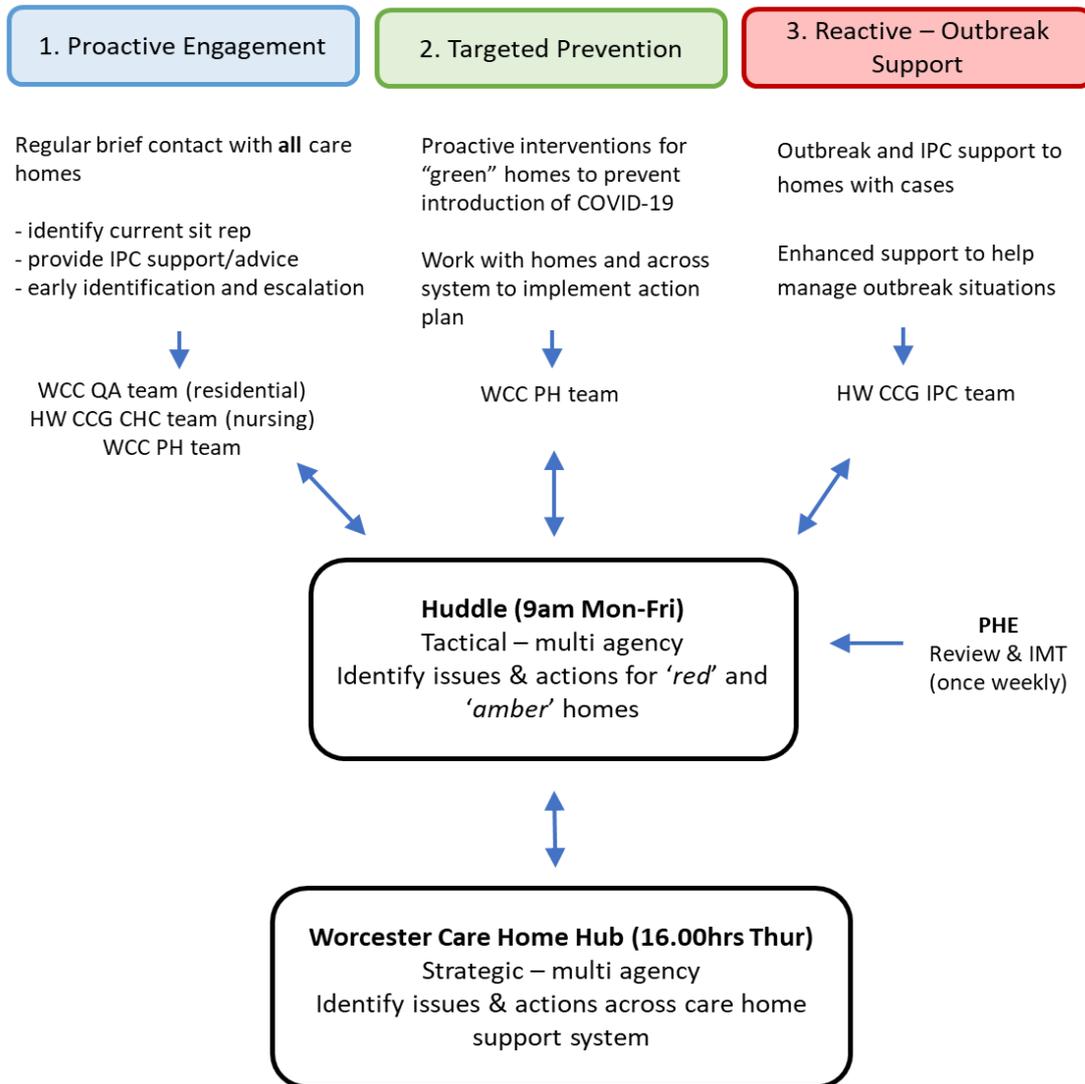
The operational work is outlined in Figure 1 and will centre around three approaches:

- 1) Proactive Engagement: regular brief contact with all care homes to identify current sit rep for each home, provide key IPC support/advice and to help early identification and escalation of issues.
- 2) Preventative proactive interventions for “green” homes to prevent introduction of Covid-19. A preventative action plan will be developed
- 3) Reactive Support: enhanced IPC and other support for homes and assistance with managing outbreaks.

#### **6 Governance**

A daily huddle or situational review will take place at 9.00hrs to review proactive call summary, preventative action plans and outbreaks. The huddle will confirm actions complete and issues referred/escalated, as required and of care homes flagged for concern. A representative from Public Health England will join the huddle once a week to review outbreaks and offer further support (e.g. IMT), if required. The multi-agency weekly hub will review progress of three approaches and identify issues for escalation across the system. The governance structure and escalation pathways are summarised in Figure 1.

## Worcestershire Care Home Support – Operations and Governance



**Figure 1:** Overview diagram of operational processes and governance structures.

## Annex B – Worcestershire County Council approach to additional financial support for adult social care providers

### 1. 2020/21 Annual Fee Review

The council on an annual basis consults with providers about fee increases and awards increases to providers based on consultation feedback, as well as analysis of cost pressures such as inflation and increases in National Living Wage etc. For 2020/21, this process was concluded in March 2020, and has resulted in the following fee increases awarded to providers:

Type of service	Increase	Notes
Domiciliary care	4.88%	Excluding 24/7 packages
Supported Living	4.88%	
Extra Care	4.88%	Excluding core payments
Flexible Breaks	4.88%	
Residential Care Homes	2.71% on Band 2 rate (0% on fee levels above Band 2 rate)	Band 2 rate for a single room for 2019/20 was £467. Increase therefore equates to a (rounded) cash value of £12.50.
Nursing Care Homes	2.29% on Band 4 rate (0% on fee levels above Band 4 rate)	Band 4 rate for a single room for 2019/20 was £481. Increase therefore equates to a (rounded) cash value of £11.
Shared Lives	2%	Plus proportionate increase to pay providers for two weeks' leave per year to enable them to take a break without losing pay (this equates to a total uplift of 5.8% for long term placements)

For other services and for direct payments, it was agreed that there would be no across-the-board increases, but requests would be dealt with on a case by case basis.

### 2. Continuity of payment during the COVID-19 outbreak

The council wrote to providers of domiciliary care, supported living, extra care and day services on 17th March 2020. The council confirmed that, for the duration of the COVID-19 outbreak, we will continue to pay providers even in cases where services cannot be delivered (for example where day services have closed due to COVID-19 or where homecare cannot be delivered due to individuals self-isolating or where staff are not able to work due to COVID-19 related issues). Providers have been asked to log the visits which were unable to be made, or services unable to be delivered, in the form of a “frustrated” episode on the provider portal.

We stipulated that providers must continue to pay staff, including staff who may be themselves having to self-isolate and therefore unable to work temporarily.

These measures were designed to contribute towards the resilience of the health and social care system in Worcestershire and have been welcomed by providers.

### **3. Additional payments for COVID-19 additional cost pressures**

In recognition of additional cost pressures being faced by providers due to COVID-19, such as additional staffing costs, increased cost of Personal Protective Equipment etc., the council has awarded an additional temporary percentage increase to providers, from the beginning of April. The temporary nature of the increase will be reviewed in line with the developing COVID-19 situation.

For domiciliary care, supported living, extra care and shared lives providers this increase is an additional 5% on their fee rates.

For residential and nursing care providers, the increase is 5% on Band 2 and Band 4 rates respectively. This equates to a cash value of approximately £24 on the weekly fee rate. The increase in percentage terms which providers will receive therefore varies significantly depending on the total level of fees paid (as the majority of fees are above the banded rates), with percentage increases ranging from 0.3% to 3.7%, and the average increase being 2%.

### **4. Further COVID-19 related costs**

It is likely that some providers will be incurring additional COVID-19 related costs over and above the costs already reimbursed, but this is also likely to vary considerably from provider to provider. A process has therefore been agreed to consider additional reimbursements for providers who apply to the council for further financial assistance.

Providers who approach the council will be asked to submit details of the further additional costs which they are incurring. These applications will be reviewed by Commissioners and the Head of Finance on a case by case basis and payments made where costs are deemed reasonable and directly related to COVID-19. Payments will be made through a separate process within the Controcc system, once signed off.

The provider will be expected to be explicit in identifying what they are claiming for e.g. additional costs of PPE, staffing etc which is in excess of the additional amount they have received as an increased fee or which cannot be funded from any other grants or support that the provider is receiving. The amount reimbursed will also take into account other factors such as the percentage of total business that the council has with the provider.

The claim for additional costs is conditional on this being on an 'open-book' basis and evidence (such as payroll, invoices, management accounts) may be requested and audited at a later date. Any payments made which are found subsequently to either not meet the criteria or not be substantiated will be set-off by Worcestershire County Council from future payments in accordance with the conditions of providers' contracts.