

REPORT TO:	Health Policy & Performance Board
DATE:	11 th August 2020
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Adult Care Home Resilience Plan
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Health Policy and Performance Board with Halton's Adult Care Home Resilience Plan, which has been developed in light of the Coronavirus Pandemic.

2.0 RECOMMENDATION: That the Board:-

i) **note the contents of the report and associated Plan (Appendix 1).**

3.0 SUPPORTING INFORMATION

3.1 The COVID-19 Pandemic has presented an unprecedented challenge for Adult Social Care. There has been and continues to be an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS.

On the 14th May 2020, Local Authority Leaders received a letter from Helen Whately MP, Minister of State for Care, in which she asked that all local authorities review or put in place a care home support plan, drawing on local resilience and business continuity plans.

From the outbreak of the Pandemic, extensive work had already been taking place across the health and social care sector in Halton, to ensure our response to the crisis was robust and effective. In respect to the Care Home sector, this work had already been collated into Halton's overarching Adult Care Home Resilience Plan; this plan was therefore reviewed and updated in light of the letter received.

This plan is being used in conjunction with each Care Home's individual Business Continuity Plan and the overarching Halton Adult Social Care Business Continuity Plan, to ensure that our response to the Pandemic is robust and effective. It will be updated on an ongoing basis as we progress through the Pandemic, to reflect when processes change or additional support is implemented.

3.2 The Resilience Plan addresses the following areas and outlines in detail the support that is in place:-

- Infection Prevention and Control (in. Training in Infection Control, Personal Protection Equipment etc.)
- NHS Clinical Support

- Testing
- Oversight and Compliance
- Workforce
- Funding

3.3 Below are just a handful of examples of this support, outlined in more detail in the Plan:-.

3.1 PPE

Having access to and maintaining adequate supplies of PPE is paramount. It is acknowledged that this was a challenge at the start of the Pandemic due to the plethora of changing national guidance being issued.

However, we have robust mechanisms in place for the supply and provision of the necessary PPE.

The Cheshire Local Resilience Forum (LRF) is leading the response and actions to the COVID-19 Pandemic. As part of the LRF, the Council has received its quota of PPE stock, which has been allocated by government. The Council has also used its own resources to procure further stocks of PPE. The Council's stocks are there to support with immediate emergency requests.

Halton have established a central PPE Hub, which has already responded to mutual aid requests from care homes and domiciliary care providers and will continue to do so. The Council's Procurement Team are also supporting services to find alternative suppliers if necessary.

3.2 Care Home Testing

We have robust arrangements in place, supported by a clear pathway, for the testing of both staff and residents within our care homes in Halton.

For example, staff who develop symptoms of Covid-19 or their household contacts can access testing via the government portal and all patients being discharged from hospital to a care home have access to testing prior to discharge.

We are also progressing with the testing of whole Care Homes, for staff and residents who are symptomatic and asymptomatic via a phased approach, in line with national guidance.

3.3 Alternative Accommodation

As outlined in the COVID-19: Adult Social Care Action Plan published on 15th April 2020, there is an expectation that as a Local Authority, if appropriate isolation/cohorted care is not available with a local care provider, we would need to secure alternative appropriate accommodation and care for the remainder of the required isolation period.

In Halton, we had already been working on delivering this. In conjunction with system partners we developed an operational model including the provision of medical and district nursing cover and pathways and as a result were able to open a short-term Residential Service (60 beds) at Lilycross Care Centre in Widnes. The facility is a regional and sub-regional resource across Cheshire and Merseyside and will provide additional care capacity to meet additional demands caused by the pandemic. We were able to undertake the necessary work required in approximately 6 weeks and the facility opened to admissions, both step up from the community and step down from hospital, on 11th May 2020.

- 3.4 Following assessment of progress within the Borough and listening to what colleagues in the Care Home sector have been saying, we have identified a number of areas, where we feel more can be done and this is specifically in relation to supporting Care Homes in respect to the prevention of outbreaks and outbreak management.

We need to ensure that Care Homes are as resilient as they can be to prevent outbreaks etc., but this can very much depend on the environment within individual care homes. As such, a Forward Plan has been developed and associated actions are being taken forward via the Care Home Resilience Plan Implementation Group, chaired by the Director of Adult Social Services, with representation from Public Health and NHS Halton Clinical Commissioning Group.

- 3.5 In conclusion, as we move through the Pandemic, even with the challenges faced, we have responded well as a system and have supported our Care Home sector to implement national guidance and responded effectively to the Pandemic.

As such, as a local health and social economy, there is a high level of confidence in the system's ability to continue to effectively respond and ensure that quality services and care provided within our Care Home sector is maintained.

4.0 **POLICY IMPLICATIONS**

- 4.1 There are no direct policy implications as a result of this report or associated plan.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 Support is currently available to all contracted residential and nursing care homes within Halton. As providers focus on providing care, Halton are supporting providers alleviate cash flow concerns by introducing numerous measures, including:-

a) Writing to Care Providers on 25th March 2020 outlining an above inflation uplift on a 2-year basis, in line with guidance from the Association of Directors of Adult Social Services.

b) Provided details of 'payment reassurance'. For example, we offered to block purchase Care Home capacity and agreed to pay this to them in advance for capacity, on a monthly basis, until further notice.

c) On the 1st April 2020, we introduced a claim process to support Adult Social Care service providers with increased financial pressures in light of the current Pandemic, in recognition that providers may incur additional costs, over and above costs, which would ordinarily be incurred. For example additional costs involved in the purchase of PPE, additional staffing costs etc.

- 5.2 On the 13th May 2020, the Government announced the provision of an additional £600 million to support providers across the country through the new Adult Social Care Infection Control Fund. The primary purpose of this fund is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.

In line with the guidance, 75% of the total grant being received by Local Authorities is to be paid to Care Homes, whilst a small percentage of it (25%) may be used to support

Domiciliary Care providers and support wider workforce resilience to deal with COVID-19 infections. Local Authorities have the discretion to determine how this remainder of the grant is to be allocated.

Local Authority allocations have been based on the number of Care Quality Commission (CQC) registered Care Home beds that were in place as at May 2020.

Halton's total allocation is £1,008,396, which was based on a total of 779 CQC registered Care Home beds. Therefore 75% of the total allocation (£756,297) is being distributed to Care Homes, whilst 25% of the total allocation (£252,099), is subject to local determination, in respect to how it is to be spent. In respect to this allocation it has been agreed that the funding is used to support wider workforce measures in respect to infection control, particularly within the Domiciliary Care sector and Supporting Living providers.

The use of the grant is subject to robust monitoring processes to ensure that providers are spending it on its intended purpose.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 With no effective vaccine or treatment yet for COVID-19, the support outlined in the Resilience Plan and the approach we have/are undertaking within Halton is intended to support the sector's ability to continue to effectively respond and ensure that quality services and care provided within our Care Homes is maintained.

7.2 The Care Home Sector has been supported and will continue to be supported in the following areas:-

- Effective infection, prevention and control in Care Homes;
- Regular testing for residents and staff;
- The effective and regular use of PPE;
- Support for the workforce and workforce planning ;
- Day to day clinical support for residents; and
- Local outbreak management.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with this report.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.