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29 May 2020

Minister of State for Care  
Department of Health and Social Care  
39 Victoria Street  
LONDON  
SW1H 0EW

## **TO WHOM IT MAY CONCERN**

### **Stockton-on-Tees Borough Council – Covid19 Care Home Support Local Planning Return**

There are 53 care homes within the borough of Stockton on Tees. From the outset of the pandemic the Local Authority and partners have worked with care homes to provide support to care home residents and staff. This is a very challenging time and the commitment care home staff have shown to providing the best possible care to their residents is to be commended.

The information below, provided by Stockton on Tees Borough Council, Tees Valley Clinical Commissioning Group and North Tees & Hartlepool NHS Foundation Trust, describes the current position in the Borough of Stockton-on-Tees. Information contained within the attached Care Home Resilience Template has been taken from data provided by 51 care homes via the capacity tracker, with additional information supplied by Tees Valley Clinical Commissioning Group.

Directors of Public Health have worked collaboratively across the North East to identify risks to delivery of the care home support plan, particularly risks that are outside local control. These risks are detailed within this letter.

### **Infection Prevention and Control**

Care Homes are aware, as is usual with any infectious disease, that contact should be made with the Health Protection Team of Public Health England. This has been occurring and the Health Protection Team have been testing the first five symptomatic residents and providing advice. Any subsequent resident who has shown symptoms has been tested by the local acute Trust, North Tees & Hartlepool NHS Foundation Trust.

At the commencement of the pandemic and prior to social distancing, all Care Home providers were invited to attend a meeting (with appropriate infection control measures in place) hosted by commissioners, public health and clinical staff from the acute Trust, including infection control leads, to discuss infection control, PPE and any other issues the providers wanted to raise.

Also, from the commencement of the pandemic, the contracting team of the Local Authority has been in daily contact with every care home in the Borough to ask about workforce, PPE and resident and staff welfare. These telephone calls now take place every two days, with all care homes aware they can provide updates on a daily basis if they have a change in circumstances.

Care homes have been contacted individually by the infection control team from the acute Trust and receive regular infection control updates, which are also reinforced by the community nursing teams. All care homes have been offered additional IPC training by Tees Valley CCG and the 'train the trainer' system is in place. It is anticipated that all homes who require training will be trained by the end of May and the trained trainers will be available for ongoing support and advice.

An infection prevention and control checklist has been asked of all care homes for older people. This checklist was developed by a team of regional public health experts and draws upon all aspects of the guidance issued. Information provided by homes in response to the checklist has been RAG rated by Public Health and has provided information about the areas where care homes need additional support in relation to infection prevention and control. This checklist will also be completed for Mental Health and Learning Disability care homes.

Support and advice is being provided to homes by a multi-disciplinary team consisting of infection control nurses, community matrons and mental health/dementia specialists. Care home staff and managers have also been offered access to psychological support from both the acute Trust psychology team and Tees Esk & Wear Valley NHS Trust.

Strategic oversight of support and advice to care homes is being co-ordinated by a twice weekly meeting of public health, Local Authority and CCG commissioners, Tees Esk & Wear Valley NHS Trust and North Tees & Hartlepool NHS Foundation Trust community teams. The strategic group produced a document focussed on prevention and response for care homes that detailed how homes could access support from clinical teams, medicines management, social care, public health and contracting teams. In addition to this any home that has been identified as having a symptomatic resident or confirmed case of COVID is proactively contacted by the Community Matron to discuss how the home is supporting residents and managing infection prevention and control.

Medication reviews are available to all homes, via practice clinical pharmacists and the commissioning support unit care home technicians and pharmacists.

## **Hospital Discharge**

In terms of hospital discharge, a procurement process was undertaken and two homes commissioned to provide hospital discharge beds as part of the NHSE COVID-19 Hospital Discharge Service Requirements, March 2020. In addition to this the Local Authority owns and manages a 24 hour residential facility for assessment and rehabilitation. A COVID wing was created within this facility staffed by a dedicated staffing team to specifically accommodate hospital discharges of people who are symptomatic or have tested positive. This wing and the additional beds are used to provide alternative care and accommodation arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide this.

## **Risk**

The change to the NHS discharge policy in March 2020 which was made to mitigate the impact of COVID on acute hospitals had a significant impact on Care Homes. There needs to be a national review of the NHS discharge policy before any future capacity difficulties in the NHS, should there be a second wave of COVID 19.

## **Testing**

PHE provides testing for the first cases in any new outbreak.

Testing for symptomatic residents and staff can be accessed through the CQC (postal tests) and the national testing portal, staff have the option of accessing testing at the local acute trust.

The national testing portal is now offering testing for all residents and staff and several care homes have registered with the portal to access this.

The local acute trust also tests all residents returning to care homes from hospital and individuals accessing care homes from the community. A regional process for asymptomatic testing of staff and residents is being developed for implementation in the next few weeks

## **Risk**

The government has committed to testing all residents and staff in Care Homes by 6 June 2020, with 30,000 tests per day being available for the sector and Care Home managers to be informed of the results of tests. While this is an improvement on the previous testing regime, it still falls short of what is needed to reduce transmission in Care Homes. The NE Testing Cell considers that working towards weekly testing of residents and staff of Care Homes who have not previously tested positive with results being received in a timely manner would be the best use of testing capability to reduce transmission within Care Homes. Because of the need for timely test results this would be best achieved by local rather than national testing. Unfortunately, local laboratories are not able to achieve the consumables needed through the national supply chain to enable this to happen. There is, therefore, a need for the national testing programme to increase the timeliness of results and increase capacity to enable more regular testing of asymptomatic residents and staff. Care homes report long waiting times for pillar 2 test results. Currently data of pillar 2 testing is not shared with the health protection team at Public Health England or Director of Public Health and therefore limits a coordinated local response.

## **Community Admissions**

Care homes continue with routine admissions from community settings, all admissions from the community are currently tested before admission. In normal circumstances this is the key route of business for care homes, however, the level of admissions has reduced. When lockdown eases and carers need to return to work it is likely that we will experience a significant increase in the numbers of people admitted to care homes.

## **Workforce Issues**

Workforce is monitored during the telephone calls with providers. Providers have been given information on how to access the returning workforce and the acute Trust and Local Authority have agreed to support care homes where possible if there are difficulties with workforce numbers in homes; this has happened in one home so far.

## **Risks**

Current data suggests that staffing levels are robust. This may however be impacted by testing of asymptomatic residents and staff and the test and trace which may result in staff self-isolating. In addition, ensuring that staff do not work across more than one home to reduce the spread of infection impacts on the availability of workforce. Each provider is required to have a business continuity plan in place to allow it to operate safely on an overall reduced staffing cohort. Experience to date based on homes with previous outbreaks is that staffing arrangements were maintained and we were not required to consider the movement of residents to other provision.

## **Availability of Personal Protective Equipment (PPE)**

PPE is currently in good supply for care homes. During the initial weeks of the pandemic some care homes were having difficulty sourcing PPE. When this was identified to the Local Authority during the daily telephone calls to homes, the PPE that was needed was either supplied by the Local Authority or acute Trust from their own stocks or via mutual aid of homes. A flow chart for access to PPE was produced by the Local Authority and provided to care homes, this detailed providers of PPE in addition to the Local Resilience Forum (LRF) process.

## **Risks**

Whilst there are no reported PPE shortages currently and the flow from the LRF is meeting urgent need, there still needs greater surety around the long-term supply chain issues for PPE.

## **Financial Viability of Market**

Care Homes for older people received an annual uplift of 4.7% at the beginning of April 2020 for residential care. Additionally, all care homes received temporary support provided by the Council of 5% from April 2020, this was increased to 10% from 11 May 2020 to reflect the ongoing increased costs associated with the Covid-19 pandemic. This financial support will continue to be reviewed on a four weekly basis. Our Care at Home providers received over 5% inflationary uplift from April 2020 together with a further temporary 5% rise reflecting cost pressures associated with the pandemic. The financial support will continue to be reviewed on a 4 weekly basis. In addition to this the Council will also be making payments to providers from its allocation of the Governments £600m Infections Control Fund.

NHS funded nursing care has recently been increased by 9% backdated to 1<sup>st</sup> April 2019 with a further increase of 2% applied from April 2020.

We have also supported by processing invoices rapidly to ensure cash flow and changing some providers from monthly to weekly payments.

## **Community Transmission**

Contact tracing is a key part of the strategy to reduce community transmission as lockdown eases. If this is not adequately resourced, then it is likely that Care Home staff will be vectors for infection within Care Homes. Although good infection prevention and control will help, without robust contact tracing it is likely that outbreaks in care Homes will continue.

## **Information**

There has been little information made available to Local Authorities, particularly in relation to test results. Contact tracing will result in more information flowing throughout the system. Local authorities need more timely and relevant information to support measures to reduce community transmission.

## **Communications**

There have been significant issues with communications in relation to the support to Care Homes. Local measures that have been put in place have been made more difficult due to communications going directly to Care Homes from the centre which often contradict what has been put in place locally. This causes unnecessary confusion. This would best be mitigated by the channels of communication flowing through Local Authorities to Care Homes to ensure that there is alignment in key messages.

## **Future Plans**

The support currently provided to care homes will continue and will be reviewed on a regular basis in line with national and regional guidance.

Tees Valley CCG has commissioned additional primary care network support for care homes in anticipation of the Enhanced Health in Care Homes DES. This enhanced support from Primary Care and Community Health Teams is now in place for care homes, with an identified clinical lead, a weekly check in, and support with personalised care planning.

The Infection, Prevention and Control (IPC) checklist has provided invaluable information of areas where homes may be finding IPC more challenging. This is enabling the strategic group to be targeting activity where it is most needed.

There will be continued work with care home providers to build on the digital opportunities presented during the COVID-19 crisis e.g. Virtual GP virtual consultations and NHS Mail.

Yours faithfully



Mrs Julie Danks  
Managing Director