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## Newcastle Care Home Support Plan

As we are all too aware, adult social care providers have been at the sharp end of the COVID-19 pandemic and we welcome the opportunity to demonstrate how the Council and its health partners are operating as one Newcastle system, working together with providers to support the continuation of vital services across the City.

Chief Executive Officers from Newcastle City Council, The Newcastle upon Tyne Hospitals NHS Foundation Trust, Cumbria Northumberland Tyne and Wear NHS Foundation Trust and NHS Newcastle Gateshead CCG work together as a Newcastle Joint Executive Group (JEG) to agree the future plans for the City of Newcastle. As four of the largest institutions in the city, we recognise the positive impact that we can have, not only through the services we are responsible for delivering, but also through the range of other roles that we fulfil (e.g. as employers or as the procurers of goods and services). We are therefore committed to exercising this combined power to significantly improve the health, wealth and wellbeing of those who live and work in our City. Our approach has led to us being identified by the Cabinet Office National Leadership Centre as a pilot site for cross public sector collaboration on wellbeing. We also lead national work on ageing which includes hosting the National Innovation Centre for Ageing.

In the development of place based collaborative arrangements for health and care provision in Newcastle, we are moving forward as 'Collaborative Newcastle', to further strengthen relationships between system members, all of whom are commissioners or providers of health and care services in Newcastle, for the benefit of the Newcastle population.

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We have been asked by the Minister to address 5 key areas and have described our approach below.

## 1. Joint work to ensure care market resilience locally, including daily arrangements in place to review the local data and information of the state of the market locally.

This established collaborative arrangement has ensured that, in Newcastle, we have been well placed to respond as a whole system to the Covid pandemic, working closely with health and care partners to enable the smooth running of the whole system across the City. We will continue to provide support and built resilience in this sector working together to quickly resolve issues where they arise.

We have established a Collaborative Newcastle Care Home Programme Board (CNCHPB) to provide strategic leadership, direction and assurance on delivery of our Enhanced Health in Care Homes Model (see Appendix A). CNCHPB is a collaboration bringing together partners from the health and care sector. The aim is to identify and make recommendation on strategies to enable and support the care home sector. The membership includes partners from the Newcastle system (Newcastle City Council, Newcastle/Gateshead CCG, Newcastle upon Tyne NHS Hospital Foundation Trust and Cumbria, Northumberland, Tyne and Wear Mental Health Trust) as well as partners from the care home sector and public representation via the Elder's Council and Newcastle Healthwatch.

CNCHPB has four strategic objectives:

- To co-produce a multi-agency strategy for Enhanced Care in Care Homes which identifies key deliverables as identified below
- To actively encourage care home providers to engage with Collaborative Newcastle as an important system partner
- To offer enablement and support to the care home sector during periods of intense challenge such as that experienced throughout COVID-19
- To provide local, regional and national assurance that through our Collaborative Newcastle strategy we are able to meet all of the required strategic tests of resilience including but not limited to, leadership, prevention, workforce and clinical support.

These objectives will be delivered through the following seven enabling pillars which represent key interdependent dynamic and flexible themes:

- **Market Management:** To ensure a vibrant and sustainable sector. This includes strong leadership, to deliver a timely and appropriate support offer. For example, our daily communications with providers ensure we are well placed to respond to key themes and issues as they emerge. In collecting and sharing regular market intelligence across the system such as bed occupancy and capacity we can understand the pressures in the market and help to focus our collective efforts appropriately;
- **Training and Development:** To facilitate opportunity for the sector to participate in and benefit from wider system learning opportunities. For example, we are now delivering Infection Prevention and Control and support for all care homes via train the trainer mechanisms and supported learning. We will continue to support homes with advice and guidance as appropriate;

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- **Workforce:** To develop and deliver a collaborative approach to workforce that recognises and benefits from multi-agency recruitment, retention and mutual support strategies. For example, agreeing the use of DBS First Checks to facilitate speedy and safe recruitment and supporting the redeployment of returning clinical staff and volunteers wherever possible;
- **Care Delivery:** To bring together key representatives to share current operational issues and to develop proposals to improve the quality, safety, safeguarding and experience of people living within a care home. To facilitate this, we hold weekly quality and safety meetings with the Care Quality Commission to understand and respond to emerging issues, ensuring residents continue to receive dignified, safe and quality care. We have proactively enhanced Nursing Home Support Team service to work into both residential and nursing homes and have enhanced the care home GP visiting service;
- **Pathway Design:** To ensure research, innovation and new ways of working are continuously built into our Enhanced Care in Care Homes Model. For example, we have agreed robust local pathways for testing of symptomatic residents and staff, with testing in place for residents returning from hospital, and we are currently developing pathways for the testing of asymptomatic staff and residents to support that workforce capacity.
- **Digital:** To maximise use of technology to aid communication, clinical intervention, data sharing and training and development. For example, we have rolled out mobile devices to all homes to support communication and shared learning. We have supported providers to register for an NHS mail account which will greatly improve the ability to share personal data securely with health and care partners. We are exploring the use of virtual support mechanisms including ambient temperature monitoring as part of our testing pathways.
- **Communications:** To provide a comprehensive two-way communications system to share information, intelligence and learning between partners. Using daily telephone calls, we identify emerging concerns, share current system changes including PPE or, workforce issues, and discuss what further help may be needed. To compliment this, we have created a weekly bulletin to share across the system, this enables current and emerging information including best practice is disseminated across the sector in a structured format and services as a reference point.

Responsibility for delivery is shared across all partner agencies with working groups currently being established to take delegated responsibilities forward, with an action/assurance plan in place to monitor process and escalate concerns.

Daily, the Council's Social Care Commissioning and Procurement team proactively call all our older people residential and nursing care homes to gather intelligence updates. This helps us to work with providers to support the continuation of these vital services across the City. We have also worked with providers to enhance our understanding of their business continuity plans, enabling us to develop risk mitigation plans across the sector, ensuring critical services are maintained to protect the most vulnerable people in the City as national measures to control the outbreak are stepped up.

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These calls also help us understand their capacity, PPE issues, workforce issues, and what help and support they need. This approach has helped to further strengthen the relationship between providers and the Council and has received extremely positive feedback.

To help consolidate the huge amount of guidance and information that providers were receiving via email, we have established a weekly bulletin which provides a round up of all the latest guidance and information. Many providers have welcomed this and some have even started sharing it with their services outside of Newcastle.

We have worked as a conduit to support mutual aid in situations where providers have been in urgent need of PPE. As the central hub for adult social care market intelligence in the city, the Council will continue to support providers to make the links they need so that mutual aid can be a viable option.

It is this relationship with and feedback from providers that has informed and shaped our response to the Minister's request.

## **2. Our system's collective level of confidence that these actions are being implemented or plans are in place to urgently implement.**

We have confidence that partners will work together to deliver and implement the themes identified by the CNCHPB however, some specific issues lie outside of either the control or scope of the Board. These are more fully described below in the section on Continuing Challenges and Risks.

## **3. Short description of the approach that commissioners (LA and CCGs) are taking to address short term financial pressures**

The Council has implemented a range of financial support measures to help residential and nursing care providers cope with the rising costs during the pandemic, including:

- **Timeliness of payments**

Wherever possible, we have brought forward scheduled payments and invoice payment dates so that residential and nursing providers receive their payments 4 weeks earlier than scheduled, resulting in an upfront payment to providers at the start of the pandemic to support cashflow. In addition, all of our payments to residential and nursing providers are already paid in gross to support efficient cashflow.

- **COVID-19 Financial Relief**

With effect from 19 March 2020, all our social care providers were given a 5% COVID relief payment. This payment is in addition to the inflationary uplift for 2020 which has also been applied (for residential care providers this inflationary uplift was 6.7%).

Working with providers led us to amend our initial offer described above to include the ability for residential and nursing care providers to apply for full cost recovery of COVID-19 related costs dating back to 19 March 2020, by providing evidence of the costs incurred e.g. invoices.

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We have also offered to work with individual providers where they identify sustainability issues based on reductions to occupancy to agree support ensuring future sustainability of provision.

We continue to monitor these financial measures and are in regular contact with providers which is helping us maintain a clear sense of the financial costs of the pandemic for the market.

These measures and negotiations have been led by the Council but have been made in partnership with the CCG.

#### **4. Approach agreed locally to providing alternative accommodation**

Following the publication of the Government's Coronavirus COVID-19 Adult Social Care Plan, the Council and the NHS were required to put arrangements in place for those people who have been discharged from hospital but who cannot return to their care setting until their 14 day isolation period has ended.

The Council has taken on the role of lead commissioner and, acting at the request of the CCG, has commissioned a local care provider to deliver a 20 bedded floor within an existing care home, to enable people to step down from hospital safely.

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

Working with NECS, a deployment hub has been launched for the coordination of workforce across organisations. The Hub aims to capture a comprehensive overview of all current and returning workforce resource and potential availability from organisations across the North East and Cumbria. Organisations, including care homes can register with the Hub and submit their staffing requirements in order to enable urgent additional resource to be deployed where needed.

### **Continuing Challenges and Risks**

We are pleased to see the broadly positive response by care homes to the questions asked and, as a collaborative, we think this reflects the great strides we have made to work with and support the sector. But we know there is always more to do and have explored the additional actions we need to take in the template.

In addition to the requested responses above, I would also like to highlight some specific areas within which Collaborative Newcastle have and will continue to work to support this sector:

#### **Access to PPE**

The Council has published a PPE webpage to support providers find reputable suppliers of PPE, order emergency supplies from the Northumbria Local Resilience Forum (NLRF), and view NLRF guidance on prioritisation of PPE for use only where providers have been unable to secure stocks in the short term. There have been instances where PPE stocks have been difficult to source and access to FFP3 masks remains an issue across the sector.

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## Workforce

Staffing levels remain manageable across the city however some services have had, and continue to have, extreme shortages of staff as a result of staff being off sick, self-isolating, and/ or shielding which can be significant in the short term. No providers have yet had to ask for support to cover staffing shortages, however, the North East Commissioning Support Unit (NECS) have established a matching service to help provide emergency staffing for providers should this situation occur.

## The financial viability and sustainability of the market

There is growing national concern about the rising void rates and how providers will remain financially viable. To date, two providers (one local and one national) have approached us for a discussion on additional financial support. We continue to closely monitor occupancy rates across the city with our provider partners. Similar requests for support are likely to continue until the market is stable and these will require additional government funding.

## Testing

Access to testing, used appropriately, can be valuable in minimising risk of transmission and this will continue to evolve as the pandemic moves through its next phases. We are committed to the testing of residents and staff within our care homes and other appropriate establishments and have played an active role in the North East testing cell.

The government has committed to testing all residents and staff in Care Homes by the 6<sup>th</sup> 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. Nationally, we understand, this amounts to around 1.5 tests per home per day. This falls far short of what is needed to reduce transmission in Care Homes.

The NE Testing Cell considers that working towards regular (initially 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 a better use of testing capability to reduce transmission within Care Homes. Because of the need for timely test results (24-hour turnaround) this would be best achieved by local rather than national testing. Unfortunately, local laboratories have, thus far, been unable to source sufficient consumables to enable this to happen. There is, therefore, a need for the national testing programme to support an increase in local capacity to enable more regular and timely testing of asymptomatic residents and staff.

In Newcastle, our current provision includes:

- **Testing for care home staff:**

Testing has been made available to all staff who have symptoms of COVID-19. The North East Commissioning Support Unit (NECS) are providing a single

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point of contact approach to manage testing and support via their web based portal, email or phone. Staff will then be booked to receive tests by our local NHS lab at Newcastle Hospitals or via the national programme operating at Great North Park. A number of mobile testing units are also being set up around the region.

- **Testing for residents:**

The first suspected cases of COVID-19 in each care home are managed according to existing guidance on infectious diseases by contacting the North East Health Protection Team who are based in Newcastle. They will arrange testing for the first cluster of cases and will provide guidance on managing those residents.

- **Managing subsequent symptomatic residents**

All residents who show symptoms suggestive of COVID-19 are offered testing to help plan their management. This testing is being provided by Newcastle Hospitals for all Newcastle care homes, who, on receipt of an email from a home will both courier testing kits to the homes and then return to collect the swabs when ready. The Specialist Nursing Home Team (SNHT) are made aware by the home that these tests have been undertaken and will be informed of the results. The SNHT will then work with the home and the residents GP's to provide any support or care that is required.

- **Asymptomatic testing for staff and residents:**

Clinical and operational plans are being developed to enable regular asymptomatic testing (screening) for staff and residents, with ad hoc interval testing to minimise pre-symptomatic viral transmission. These include the review of business continuity plans to ensure the safe continuity of service provision.

Despite the existence of infection, prevention and control measures, staff working in care homes are likely to be vectors for infection as they are exposed to community transmission.

- **Gaps**

Care homes need to have the confidence to accept routine admissions from community settings. In normal circumstances this is the key route of admissions. To date there has been no requirement of a period of isolation for asymptomatic admissions. We are mindful that a negative test in a new resident being admitted from the community does not rule out the possibility of either current infection or incubation. For this reason, a requirement for isolation on admission should not be optional unless there is clear evidence that the individual cannot be considered a potential vector for COVID into the home.

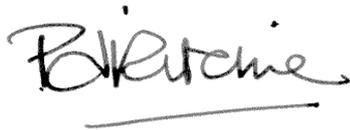
Work will be needed with providers to ensure that this is in place going forward before the market is able to fully reopen.

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## **Covid Control Plan**

Newcastle City Council has been identified as one of 11 councils in England that will lead on the establishment and shaping of Local Outbreak Control Plans for COVID-19, though it would be better to describe these as 'COVID Control Plans' as they will embrace outbreak control, handling of traced contacts of index cases in the light of local conditions and sensitivities, and prevention. We envisage a strong focus on preventive elements. Our care home wraparound support through Collaborative Newcastle will be at the heart of this. Identifying potential COVID cases at the earliest opportunity will be vital to ensuring we minimise care home outbreaks and we aim both to implement best practice and to work with the homes to evaluate innovative approaches to health protection such as continuous temperature monitoring.

Yours sincerely



**Pat Ritchie**

**signed as**

**Chief Executive, Newcastle City Council, and**

**Chair of Collaborative Newcastle Executive Group  
on behalf of Collaborative Newcastle**

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