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28 May 2020

Dear Colleague,

### **Letter supporting care homes assurance return for Nottinghamshire**

Nottinghamshire County Council has always had a proactive partnership with social care providers in the county and this has stood us in good stead for the challenges during the current pandemic. We also work very closely with health partners and the current work with providers has been led through the Local Resilience Forum Care Homes and Home Care Cell (CHHC Cell) which is chaired jointly by a representative of the Council and Nottingham and Nottinghamshire CCG.

From the early stages of this incident the Council has supported all social care providers across home care, day services, community services and residential and nursing care. This letter directly addresses the points made in the Minister's letter dated 14<sup>th</sup> May 2020 requiring Local Authorities to set out and publish a letter providing a short overview of their current activity and forward plan.

This letter is one strand of assurance alongside a template that should confirm the current level of access to the support offer which has been agreed and signed off by the Nottingham and Nottinghamshire Local Resilience Forum (LRF).

Nottingham and Nottinghamshire LRF have been undertaking a daily review of the local care market with clear system tools to assess risk and escalate concern. This is the third strand of assurance required. In addition to this, we encourage providers to complete the National CQC-led return and Council Officers access the associated tracker.

This letter focusses on the specific work undertaken within the Local Resilience Forum for care homes situated within the county of Nottinghamshire.

### **Financial support**

On 23<sup>rd</sup> March a set of financial principles was agreed within the Council in order to support the stability and sustainability of the sector. In addition to this an annual uplift in fees was paid from the 6<sup>th</sup> April 2020 to take account of the National Living Wage increase. Subsequent actions taken have included:

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- payment on commissioned/planned activity so that providers know what their income will be
- payment of a cash advance to care homes and Supported Living providers equivalent to 5% for two weeks of their contract value on 27<sup>th</sup> April to assist with cash flow
- implementation of a monthly claims process for COVID-19 related costs. This is available to reimburse for increased costs for PPE, wages, training and additional costs the provider has incurred.

## **Workforce support and communications**

Since the 12<sup>th</sup> March Nottinghamshire County Council has issued a daily information bulletin to all social care providers, with information on the latest government guidance, local guidance and links to useful resources.

The Quality and Market Management Team (QMMT) initiate regular support calls to all providers from Council and NHS staff, and providers have been given contact names within the health and social care system whereby they can seek further support. There has been close collaboration between the Council and the CCG care quality monitoring officers. Information has also been collected from providers so that there is a clear picture of available capacity, staffing issues, COVID-19 confirmed cases, supply of PPE and deaths. This will continue through the incident response period.

The Council has also recruited in excess of 270 people to a temporary relief register. Some of these staff have been trained to work in social care and are available to support providers if they have a significant shortfall in staffing. A risk-based approach has been used to target providers most in need.

Staff have also been recruited by a local CCG and the relief staff available to support providers will be deployed through the Sherwood Forest NHS Foundation Trust's relief staffing system. This can be accessed by care homes through one point of contact and includes registered professionals, carers, facilities and management staff. Currently there has been little gain from returning NHS staff.

## **Infection prevention and control measures**

The infection prevention and control (IPC) offer to care homes is available 24 hours a day, seven days a week. During the day there is a dedicated IPC team that provides daily support to care homes dealing with outbreaks. Out of hours support is provided by Public Health England.

Through the Enhanced Care Response Team (ECRT) locally, all care homes have had the offer of PPE/IPC training. All homes requesting training will have this completed by 29<sup>th</sup> May. Any home that has declined virtual or face to face training receives the care home training pack and a repeated and ongoing offer of training from the ECRT should they require it. A number of national providers have confirmed with NHSE that they have alternative training in place.

In addition to the national offer, from the start of this incident there has been an offer of local training and support which is outlined in the Care Homes Toolkit: (<https://healthandcarenotts.co.uk/your-health-matters/care-homes-and-home-care-toolkit/>). This is a wider offer of training and support delivered by the ECRT and the offer of this additional training has been made to all care homes.

Where homes have been identified as possibly suitable for admitting COVID-19 positive residents, a risk assessment has been undertaken to ensure the safety of both these residents and the other residents already living at the home. Additional support, advice and guidance is available as required.

The Care Home Cell is in the process of a review of the workforce support offer to care homes to test the offer in the context of the new workforce restrictions that come attached to the Care Home Infection Control Grant. This is a key risk to care homes given the potential scale of workforce absence from whole care homes testing and the additional workforce pressures that the new restrictions present to providers. This cannot be addressed by blanket policy and will be tackled within the cell on a basis of risk assessment and proportionality.

## **Testing**

The Local Resilience Forum, as part of its incident management response, identified the need for a single testing cell which can harness the physical assets, skills and expertise available across the Nottingham and Nottinghamshire footprint to ensure a transparent, well-planned and co-ordinated response to this challenge across the system. The aim of the cell was to remove duplication of effort and ensure effective delivery of testing in response to the system's evolving needs. The Testing Cell brings rigour and focus to whole care homes testing locally, utilising our Testing Coordination Centre. Effective working between Adult Social Care, Public Health, workforce planning and the Testing Cell has ensured we are well placed to deliver swabbing and support care homes following testing.

Directors of Public Health have agreed a system wide approach to the development and delivery of an expanded whole care homes testing offer on site, including the engagement of the Public Health Team in the approach to prioritisation. Oversight and assurance approaches have been agreed and the care homes support offer is now live, delivered through a direct collaboration between the Strategic Care Homes and Home Care Cell and the Testing Cell.

Our testing plan has gone live and is actively supporting homes through swab ordering, assisted swabbing support and timely infection prevention and control advice. However, whilst locally there is a planned timetable, as homes are able to directly request tests themselves this could mean that additional relief care staff may not be available as planned, and this is a significant risk to the local care homes sector. There is a system need for better coordination of the national testing offer with the extensive local care homes support offer, in order to best manage this risk.

## **Personal Protective Equipment (PPE) and Clinical Equipment**

There has been a very proactive response with regard to monitoring demand and managing provision and distribution of PPE. This has been led and coordinated through the Logistics Cell within the Local Resilience Forum. There has been daily reporting on the status with regard to availability of PPE for all providers, where days of stock is actively reported.

Within a global context of severe disruption to PPE supply channels, we have acted to manage the demand and distribution to providers in an effective way. There is an email address for providers to use to request PPE and a team that supports this and arranges delivery free of charge. All urgent orders of PPE have been provided to care homes, home care providers, direct payment recipients and Personal Assistants through this mutual aid

arrangement. To date we have supported over 800 individual requests for PPE from our providers.

Below is some of the feedback from those we have supported:

*'That is great thank you. The delivery arrived and I am extremely grateful. Stay safe.'*

*'I hope this email finds you safe and well. Thank you for taking the time to respond so quickly, I wish you all the best in these unprecedented times. Keep safe...'*

*'My PPE arrived yesterday. I also got tested. I would like to send you and your team many thanks. Stay safe. ❤️'*

*'I didn't get chance to thank you last week for the drop of PPE that you organised, so thank you for that. All your help has been greatly appreciated.'*

The Public Health Team has responded promptly to national guidance as this has changed frequently throughout the incident and subsequent easy read guides on appropriate use of PPE have been developed and regularly reviewed to inform revised local guidance which has been shared with providers.

## **Human Rights and Safety**

Within Adult Social Care, the rights of people within care homes and those receiving care more generally and the particular risk that COVID-19 presents has been a core focus from the start of the incident. Nationally there has been an increasing focus on protecting and supporting the rights of people living in care homes, and this will continue to be the case throughout both the incident response and the recovery response. To support both the LRF and providers, the following action has been undertaken:

- risk assessment for PPE and service continuity
- briefing paper produced by the Council's Principal Social Worker (PSW) for adults to highlight some of the ethical issues that need consideration regarding the care and treatment of people who are living in a care home setting
- Nottinghamshire Adult Safeguarding Board produced guidance on issues concerning best interests, capacity and isolation
- Principal Social Worker review of capacity and consent in the testing process for care home residents.

This work gives a level of assurance to the Director of Adult Social Care of the actions being taken to ensure meeting the duty under the Human Rights Act 1988 for care homes. The work in the Discharge Cell is informed by the Care Home Cell to ensure safe discharge of Nottinghamshire residents following testing in hospital, completion of isolation period or to a designated step-down facility provides assurance of basic safety.

There have been some examples of excellent practice in Nottinghamshire care homes as designated places to support people who have tested positive with COVID-19, such as Church Farm at Skylarks which was featured on Central Television recently <https://bit.ly/skylarksITV>.

## **Clinical support**

Clinical support for care homes primarily sits within the scope of the GP practices who have worked to identify clinical leads to support care homes. In addition to the identification of GP leads, through the Nottingham and Nottinghamshire CCG's Clinical Design Authority system clinical leads for care homes have been identified and have

supported the development of the Care Homes toolkit which has been the basis of the training and support delivered.

During the pandemic the existing care homes support from our community providers has been enhanced through the Enhanced Care Response Teams which brings together primary, community and secondary care clinicians to develop and deliver an integrated and aligned model of support to care homes for wider clinical needs through the incident. The additional staffing for this model (40 healthcare assistants) has been funded through the NHS COVID-19 funds.

The areas of additional support provided include:

- managing admissions and discharges
- correct use of Personal Protective Equipment
- Infection Prevention and Control
- COVID-19 Testing
- recognising and responding to deterioration
- medications and symptom management
- emergency care and treatment including palliation and end of life plans
- death verification and grief and bereavement support.

More detail is provided in the Care Homes Toolkit <https://healthandcarenotts.co.uk/your-health-matters/care-homes-and-home-care-toolkit/> ).

The NHS offer of support through the EHCH (Enhanced Health in Care Homes) was already well developed in the county and has been accelerated in response to the pandemic with the faster roll out of NHS mail to care homes, End of Life planning and roll out of the RESPECT tool.

### **Adult Social Care Infection Control Grant**

As of 27th May the Council has not yet received its allocation of the grant funding. Rapid work is taking place to be compliant with the grant conditions. In line with national guidance, 75% of the first payment will be passported to care homes registered with the Care Quality Commission and 25% will be retained for the infection control strategy for the rest of the care market to be overseen by work within the Care Homes and Home Care Cell.

### **Engagement and Co-production**

The letter from the Minister requires systems' plans and this letter to have engagement in production. Clearly in the pace required to deliver plans and this letter, and the context that the LRF is stood up to respond to the incident, the usual coproduction and engagement of partners is not appropriate or possible.

The LRF has representatives from all statutory agencies who will have had a role in agreeing the care home response. People who receive support, care home staff and managers, and Advocacy organisations are not engaged in LRF structures directly, but the views of providers and individuals have been reflected in all Local Authority decision-making processes where possible. Nottinghamshire County Council instead has worked hard to communicate decisions through a range of media and methods. This letter will be published and included in the daily provider briefing and sent to care provider forum members.

This letter has been reviewed by:

- Nottinghamshire Healthwatch
- Chair of Adult Social Care and Health Committee
- Leader of Nottinghamshire County Council
- Chair of Health and Wellbeing Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Anthony May', with a small dot at the end.

**Anthony May**  
**Chief Executive**