



# **Adult Social Care and Health Select Committee**

## **Scrutiny Review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish)**

DRAFT

**DRAFT** Final Report  
October 2021

DRAFT

Adult Social Care and Health Select Committee  
Stockton-on-Tees Borough Council  
Municipal Buildings  
Church Road  
Stockton-on-Tees  
TS18 1LD

## **Contents**

Task and Finish Group – Membership .....	4
Acknowledgements .....	4
Contact Officer .....	4
Foreword .....	5
Original Brief .....	6
<b>1.0 Executive Summary .....</b>	<b>8</b>
<b>2.0 Introduction .....</b>	<b>11</b>
<b>3.0 Background .....</b>	<b>12</b>
<b>4.0 Findings .....</b>	<b>13</b>
➤ Summary of Stockton-on-Tees care homes during pandemic .....	13
➤ Timeline of care home events / activity .....	13
➤ Guidance and regulation documents .....	14
➤ Meeting structure .....	15
➤ Data and intelligence .....	19
➤ Well-Led Programme .....	21
➤ Safeguarding response to care homes .....	22
➤ Feedback from Stockton-on-Tees Borough Council staff .....	23
➤ Further relevant information .....	24
<b>5.0 Conclusion &amp; Recommendations .....</b>	<b>28</b>
Appendix 1: Timeline of care home events / activity (charts) .....	31
Appendix 2: Guidance and regulation documents .....	34
Appendix 3: COVID-related care home deaths v COVID in the community .....	40
Appendix 4: Care Home Manager feedback on impact of Well-Led Programme .....	41
Appendix 5: SBC COVID-19 Care Home Support – Local Planning Return letter to Department of Health and Social Care (May 2020) .....	42

### **Task and Finish Group - Membership**

Councillor Evaline Cunningham (Chair)  
Councillor Clare Gamble (Vice-Chair)  
Councillor Jacky Bright  
Councillor Luke Frost  
Councillor Ray Godwin  
Councillor Lynn Hall  
Councillor Mohammed Javed  
Councillor Steve Matthews  
Councillor Paul Weston

### **Acknowledgements**

The Task and Finish Group would like to thank the following people for contributing to its work:

- Ann Workman (Director of Adults & Health) - Stockton-on-Tees Borough Council (SBC)
- Emma Champley (Assistant Director, Adult Strategy & Transformation) - SBC
- Angela Connor (Assistant Director, Adult Social Care / PSW) - SBC
- Tanja Braun (Consultant in Public Health) - SBC
- Stephen Donaghy (Environmental Health Service Manager) - SBC
- James O'Donnell (Public Health Intelligence Specialist) - SBC
- Martin Skipsey (Strategic Procurement & Governance Manager) - SBC
- Gavin Swankie (Service Manager, Integrated Early Intervention & Prevention) - SBC
  
- Local health and care partners whose work with care homes during the COVID-19 pandemic was reflected upon as part of this task and finish review

### **Contact Officer**

Gary Woods (Scrutiny Officer)  
Tel: 01642 526187  
Email: [gary.woods@stockton.gov.uk](mailto:gary.woods@stockton.gov.uk)

**Foreword**

**TBC**



**Cllr Evaline Cunningham**  
Chair  
Adult Social Care and Health  
Select Committee - Task & Finish Group



**Cllr Clare Gamble**  
Vice-Chair  
Adult Social Care and Health  
Select Committee - Task & Finish Group

## **Original Brief**

### **Which of our strategic corporate objectives does this topic address?**

The review will contribute to the following Council Plan 2021-2024 key objectives (and associated 2021-2022 priorities):

*A place where people are healthy, safe and protected from harm*

- ... to support [adults' residential homes in the Borough] as they continue to adapt to dealing with the challenges arising from COVID-19.

### **What are the main issues and overall aim of this review?**

The COVID-19 pandemic has impacted, and continues to impact, all aspects of life, and the care sector has been particularly affected. The health and wellbeing of residents and staff in care homes has gained a high degree of national attention since the emergence of COVID-19, and the recent easing of the latest national lockdown restrictions provides an opportunity to reflect on partnership-working between local care providers and wider support agencies.

It is widely recognised that the last year has been a very difficult and sensitive time for all those employed within health and social care, and even more so for those individuals (and their families) who have contracted, and suffered from, Coronavirus. The Council (and its wider health partners) has long-established strong partnership-working principles, much of which has been tested to the maximum since the pandemic emerged. The need to adapt to the ever-changing COVID-19 scene has meant being flexible and innovative in terms of the support provided (sometimes within the confines of funding restrictions / uncertainties), and it is now appropriate to consider how any new approaches / practices have been received by local care providers.

This review will allow the Council and its partners to showcase the support provided to local care homes / nursing homes, as well as raise any previous or current issues / concerns. Such information will assist in further strengthening partnerships with local care providers as all agencies continue to manage the ongoing impact of the pandemic. Additionally, it may also help provide assurance to residents and their families of the measures that have been / are being put in place to safeguard all those within a setting.

Engagement with a range of stakeholders is envisaged, including SBC (Public Health, Adult Social Care, Procurement), local NHS Trusts, the CCG, the CQC, and care home providers. Identifying and reflecting upon the support given to care providers in relation to a variety of key areas (ranging from Government guidance and funding, to PPE provision and infection prevention / control) will be a central theme, as will the desire to understand how such support was received by the care settings themselves and whether this was timely and effective.

Whilst it is proposed to examine this from a holistic perspective rather than at an individual care home / nursing home level, the ability to assess key data in relation to local care home providers (pertaining to both residents and staff) would give a useful overview of the past and present situation across the Borough. However, it is acknowledged that figures alone do not give a full picture, and that care homes and wider partners deal with differing circumstances regarding the health status / needs of residents and the varying types of care settings.

This review aims to:

- Consider and understand the interplay between the local health and care sector since

the emergence of COVID-19.

- Analyse relevant data and intelligence in relation to local care providers as part of assessing the impact of support provided by key stakeholders.
- Determine if any improvements can be made to current policies and practice.

**The Committee will undertake the following key lines of enquiry:**

What data and intelligence exists around the impact of COVID-19 on the Borough's care homes (in relation to residents and staff)?

How did the Council and its local partners use the data available to inform the levels of support required to care home providers? Did this change over time, and if so, how?

What support was provided in relation to the following (specific areas for investigation to be determined by the Task and Finish Group at the first Group meeting):

- National guidance (inc. changes over time)
- Communication mechanisms
- Data and intelligence
- Funding
- Managing outbreaks
- Accessibility (professionals, visitors)
- PPE provision
- Testing
- Managing discharges from hospital
- Impact on residents and staff
- Best practice and future support

How was support received by local care home providers (management and staff)? Was this timely, well communicated, helpful? What would / could have worked better?

Views of families / carers of those residing in care homes.

*Note: The Committee has undertaken two recent reviews on Care Homes for Older People (pre-COVID-19) and Hospital Discharge (Phase 1) (discharge to care homes during the COVID-19 pandemic). Care will therefore be needed that this review does not duplicate previously completed reports and does not make duplicate requests of relevant stakeholders for evidence they may have already given (which will be used for this piece of work where appropriate).*

**Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:**

Understanding the multi-agency support that has been / is being given to care homes / nursing homes and the impact upon them.

## **1.0 Executive Summary**

- 1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's task and finish review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic.
- 1.2 The COVID-19 pandemic has impacted, and continues to impact, all aspects of life, and the care sector has been particularly affected. The health and wellbeing of residents and staff in care homes has gained a high degree of national attention since the emergence of COVID-19, and the recent easing of the latest national lockdown restrictions provided an opportunity to reflect on partnership-working between local care providers and wider support agencies.
- 1.3 It is widely recognised that the last year-and-a-half has been a very difficult and sensitive time for all those employed within health and social care, and even more so for those individuals (and their families) who have contracted, and suffered from, Coronavirus. The Council (and its wider health partners) has long-established strong partnership-working principles, much of which has been tested to the maximum since the pandemic emerged. The need to adapt to the ever-changing COVID-19 scene has meant being flexible and innovative in terms of the support provided (sometimes within the confines of funding restrictions / uncertainties), and it is now appropriate to consider how any new approaches / practices have been received by local care providers.
- 1.4 This task and finish review allows the Council and its partners to showcase the support provided to local care homes / nursing homes, as well as raise any previous or current issues / concerns. Such information will assist in further strengthening partnerships with local care providers as all agencies continue to manage the ongoing impact of the pandemic. Additionally, it may also help provide assurance to residents and their families of the measures that have been / are being put in place to safeguard all those within a setting.
- 1.5 Whilst it was proposed to examine this from a holistic perspective rather than at an individual care home / nursing home level, the ability to assess key data in relation to local care home providers would give a useful overview of the past and present situation across the Borough. However, it is acknowledged that figures alone do not give a full picture, and that care homes and wider partners deal with differing circumstances regarding the health status / needs of residents and the varying types of care settings.
- 1.6 The review was principally focused on examining the overall interplay between local care homes and their various health and care partners since the pandemic began, as well as analysing relevant data and intelligence to assess the impact of the support provided. Regarding the latter, several key conclusions were made clear to the Committee's Task and Finish Group:
  - No evidence was found of any correlation between the first discharge to a care home from a hospital setting and any COVID-19 infection of residents (average time from first discharge to first infection was 49 days).
  - No evidence was found of any link between care home rating and outbreaks.



- No evidence was found of any correlation between a care home's CQC rating and its COVID-19 death rate.
- The COVID-19 death rate in Stockton-on-Tees care homes (around 470 per 100,000 65+ population) was similar to the North East average. However, it was higher than the England and Wales average (around 290 per 100,000 65+ population).
- It was likely that the high rates of COVID-19 in the community impacted upon the number of deaths in a care home (not the actions of a care home itself).
- As of the 20<sup>th</sup> May 2021, only 91\* of the Borough's 2,000+ care home staff and 21 of the Borough's 1,300+ care home residents had refused a COVID-19 vaccine (and did not have a medical reason for this) (\* this had further reduced to 36 as of the week commencing 27<sup>th</sup> September 2021).

Interestingly, despite widespread concerns aired in the national media regarding individuals being discharged from hospitals to care homes in the early stages of the pandemic without having a COVID-19 test, almost all COVID-19 cases within the Borough's care homes could not be attributed to hospital discharge.

- 1.7 In terms of the support provided to care homes, the Group welcomed the comprehensive breakdown of engagement with local providers that had taken place through both single-agency assistance and multi-agency forums. Evidence of strong partnership-working has been a notable feature of many previous scrutiny reviews, and those established links were critical in the ability to deploy timely support via several collaborative groups initiated in response to COVID-19 (not just within the Borough but also regionally). The Group did, however, raise concerns that some of these may have been too professionally-led and lacked input from care home residents' families / carers.
- 1.8 Whilst acknowledging the necessary limitations in accessing settings as COVID-19 took hold, the visibility of professionals within care homes during the pandemic, in particular the initial stages, was a key area of interest for the Group. Members welcomed the assurance that Council staff and NTHFT Community Matrons had provided in-person, as well as remote, support throughout (something which, for the former, had ensured the continuation of robust safeguarding oversight, and for the latter, had come though very clearly during the *Scrutiny Review of Hospital Discharge (Phase 1)*). That said, the Group continued to express concerns around the approach of the Care Quality Commission (CQC) during this time and the sense of a shortfall in oversight from the regulator. Similarly, the suspension of the Healthwatch Stockton-on-Tees 'enter and view' inspections may have impacted on the identification and addressing of issues.
- 1.9 Backing-up the statements made regarding the support given to local care homes, the Group reflected on their awareness (via a Well-Led Programme presentation to the Committee in May 2021) of providers themselves commending the guidance and assistance they received from the Council and health partners, and reassuring Members that, whilst it may have been portrayed that care homes in other areas of the UK had become cut-off due to COVID-19, they had not been left alone. Indeed, the Group was very pleased

to hear about the wider recognition of the support given to the Borough's care homes, including a 'good practice' North East and Cumbria webinar presentation (October 2020) and requests for details of the successful vaccination roll-out (December 2020).

- 1.10 Rarely before has the importance of strong leadership and management been so acutely tested, and to this end, the Council's Well-Led Programme continues to demonstrate huge benefits (leading to national recognition). Officers deserve great credit for enabling a further cohort to access the programme during the pandemic, and the Group are keen to see how this impacts upon future CQC ratings when their inspection programme resumes in full.
- 1.11 Whilst highlighting the many positive aspects associated with support for the Borough's care homes, the Group is also very mindful of the human cost of the pandemic. Despite the laudable endeavours of Health and Social Care partners, North East care homes have experienced a higher death rate (per 100,000 65+ population) than other regions. Some will point to demographics and inequalities which perhaps made such statistics inevitable; others may question the responses of local and national agencies. What is clear is that the actions of the Council and its partners, in co-operation with local care home providers, have contributed to the alleviation of an unparalleled situation not before experienced by the health and care sector.
- 1.12 Across the UK, many care home residents and their families / carers have endured significant stress during COVID-19, but it is also important to recognise the extreme challenges for health and care staff trying to navigate their way through a situation not experienced before. Local professionals, in particular the care home staff themselves, have shown courage, resilience, adaptability (including a willingness to learn new skills), innovation and commendable commitment (often foregoing their own family time) in hugely trying circumstances, and this should not be forgotten.

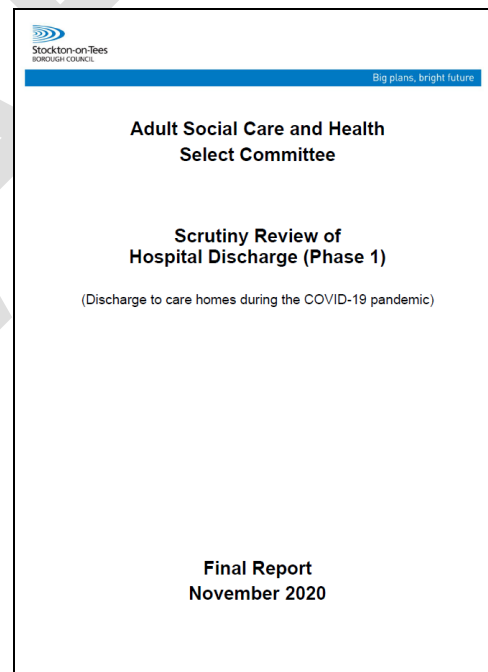
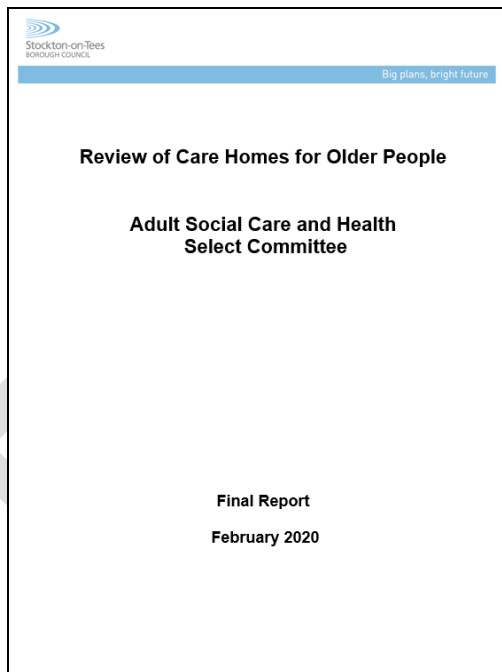
### **Recommendations**

The Committee recommend that:

- 1) Further to existing arrangements already in place regarding engagement with service-users and their loved ones, any current and future multi-agency professional group that is convened to support care homes ensures that the voice of residents and their families / carers is clearly articulated (whether through direct representation or via another appropriate mechanism).**
- 2) Mindful of potential developments in vaccination requirements for the care sector as a whole, efforts continue by the Council and its partners to reach-out to those staff who remain reluctant to receive a COVID-19 vaccination.**
- 3) The Care Home Protection Group continues on a permanent basis.**

## **2.0 Introduction**

- 2.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee’s task and finish review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic.
- 2.2 The aims of this review were to consider and understand the interplay between the local health and care sector since the emergence of COVID-19, analyse relevant data and intelligence in relation to local care providers as part of assessing the impact of support provided by key stakeholders, and determine if any improvements could be made to current policies and practice.
- 2.3 The Task and Finish Group received a comprehensive presentation outlining the support given to local care homes by the Council and its wider health and care partners since the emergence of COVID-19. Further to this, the Group reflected upon a number of care home-related updates which had been provided to the Adult Social Care and Health Select Committee in the last 18 months, as well as the findings and subsequent actions undertaken regarding two scrutiny reviews the Committee had completed involving care homes, namely *Care Homes for Older People* (pre-COVID) and *Hospital Discharge (Phase 1)* (discharge to care homes during the COVID-19 pandemic).



### **3.0 Background**

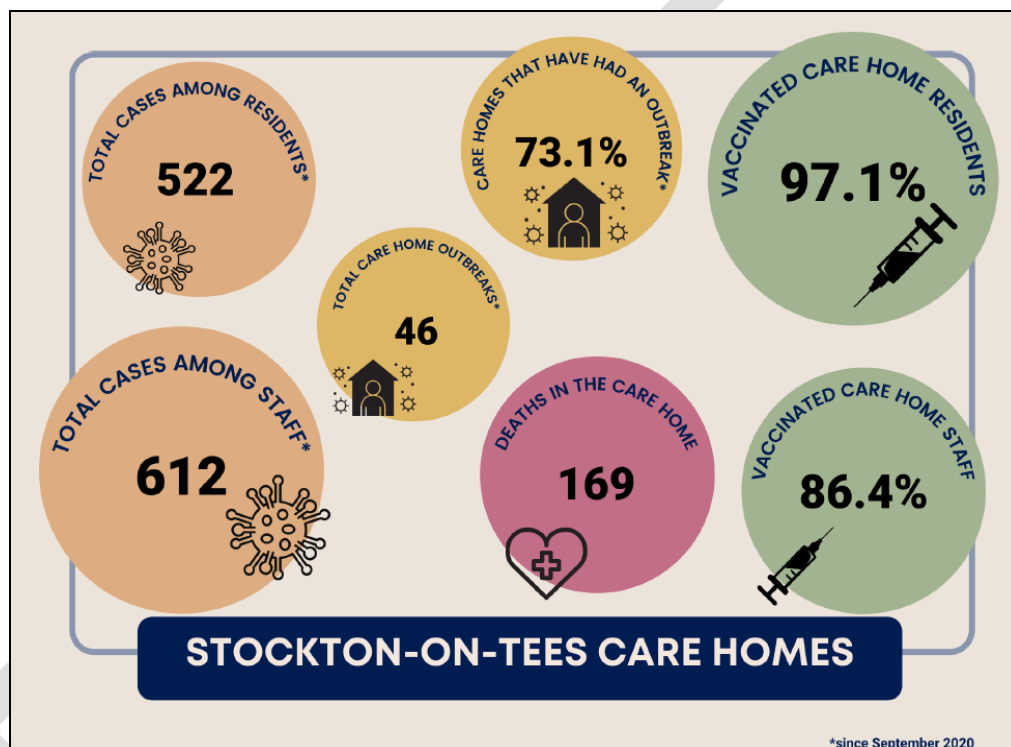
- 3.1 The COVID-19 pandemic has impacted, and continues to impact, all aspects of life, and the care sector has been particularly affected. The health and wellbeing of residents and staff in care homes has gained a high degree of national attention since the emergence of COVID-19, and the recent easing of the latest national lockdown restrictions provided an opportunity to reflect on partnership-working between local care providers and wider support agencies.
- 3.2 It is widely recognised that the last year-and-a-half has been a very difficult and sensitive time for all those employed within health and social care, and even more so for those individuals (and their families) who have contracted, and suffered from, Coronavirus. The Council (and its wider health partners) has long-established strong partnership-working principles, much of which has been tested to the maximum since the pandemic emerged. The need to adapt to the ever-changing COVID-19 scene has meant being flexible and innovative in terms of the support provided (sometimes within the confines of funding restrictions / uncertainties), and it is now appropriate to consider how any new approaches / practices have been received by local care providers.
- 3.3 This task and finish review allows the Council and its partners to showcase the support provided to local care homes / nursing homes, as well as raise any previous or current issues / concerns. Such information will assist in further strengthening partnerships with local care providers as all agencies continue to manage the ongoing impact of the pandemic. Additionally, it may also help provide assurance to residents and their families of the measures that have been / are being put in place to safeguard all those within a setting.
- 3.4 Whilst it was proposed to examine this from a holistic perspective rather than at an individual care home / nursing home level, the ability to assess key data in relation to local care home providers would give a useful overview of the past and present situation across the Borough. However, it is acknowledged that figures alone do not give a full picture, and that care homes and wider partners deal with differing circumstances regarding the health status / needs of residents and the varying types of care settings.

## 4.0 Findings

- 4.1 The Group received a presentation in May 2021 from senior Stockton-on-Tees Borough Council (SBC) Officers on the support given to local care homes since the emergence of COVID-19. Introduced by the Council's Director of Adults and Health, the presentation covered the following key elements:

### Summary of Stockton-on-Tees care homes during pandemic

- 4.2 Key data in relation to local care homes and the impact of COVID-19 was provided as follows:



It was noted that total care home outbreaks since September 2020 (46) referred to the number of outbreaks, not the number of individual care homes. Deaths in the care home since the start of the pandemic (169) referred to all residents, and the number of deaths stated had now increased by one to 170.

### Timeline of care home events / activity

- 4.3 A comprehensive breakdown of local COVID-19 developments in relation to care homes since January 2020 was outlined to the Group (full details of which can be found at Appendix 1). Set within the context of national information / action, specific attention was drawn to the following:
- 4.4 **March 2020:** COVID-positive wing identified in Rosedale on the 9<sup>th</sup> (and subsequently opened on the 30<sup>th</sup>), with North Tees and Hartlepool NHS Foundation Trust (NTHFT) commencing infection prevention and control (IPC) advice / visits to care homes and email updates on the 16<sup>th</sup>. Members

highlighted an omission in relation to when visitors were stopped going into care homes (13<sup>th</sup>).

- 4.5 [April 2020](#): Commencement of the Regional Public Health Care Home Group on the 21<sup>st</sup> greatly assisted in the sharing of information and good practice.
- 4.6 [June 2020](#): Members queried if the distribution of the Infection Control Fund Grant (round 1) to care homes from the 5<sup>th</sup> made any difference to how the Council was viewed by providers. It was noted that this was one of a number of grants which was there to support infection control (and latterly lateral flow testing for visitors), and that it made a significant difference in allowing providers to implement additional measures within their settings (e.g. segregation of COVID and non-COVID areas).

Members commented that the 20<sup>th</sup> June 2020 seemed rather late for the commencement of additional support from the North Tees Matrons to care homes following outbreaks (if this was the first time they had provided assistance). Assurance was given that Matrons had been visiting care homes since the emergence of COVID-19 in relation to the care of individuals – from June 2020 they began supporting the broader IPC work.

- 4.7 [October 2020](#): SBC presentation at North East and Cumbria webinar regarding good practice in supporting care homes was highlighted – this request came via one of the regional groups the Council was involved in.
- 4.8 [December 2020](#): With regards the first vaccine for care home staff at James Cook for homes with more than 50 beds on the 8<sup>th</sup> and staff from Rosedale (46 beds) being vaccinated at the University Hospital of North Tees on the 22<sup>nd</sup>, NHS Trust help in getting staff vaccinated was commended by Officers. The success of vaccination-uptake locally led to requests for details of the roll-out from other Directors of Public Health and Directors of Adult Services – good to see recognition of local efforts. Importantly, there was, and continues to be, lots of availability for getting vaccines through multiple mediums – must continue to push this message.
- 4.9 [January 2021](#): Opening of the SBC-led vaccine booking system for frontline Social Care staff (including care homes) on the 25<sup>th</sup> was highlighted.
- 4.10 Referencing the table showing the percentage of residents and staff vaccinated in older care homes, Members noted the staff data (86.4%) which had risen since the last stated figure of 85% as of 11<sup>th</sup> March 2021. Whilst it was good to see this improving, there were still questions around the approach towards those who did not want, or were hesitant to, the vaccine.
- 4.11 In relation to the national information / action (black text), the Group commented that the Government itself would have to answer for its own timelines of events.

### **Guidance and regulation documents**

- 4.12 As of early-May 2021, there had been 673 guidance or regulation documents released since February 2020 (see Appendix 2 for some of the key guidance for care homes and Adult Social Care with updates and key messages),

therefore lots of information requiring consideration, interpretation and action on an almost daily basis. The Council, however, was confident that these requirements had been covered throughout the pandemic in a timely manner.

4.13 The Group recognised that the Council and its partners were getting bombarded with information from the Government (and wider sources), but also noted that care home providers would have been looking to the Council for support in addressing the guidance and regulations that were being continually issued. Officers stated that the information received was very much welcome and that a governance structure was in place to consider and act on any developments with relevant partners. Providers were not left to deal with guidance / regulations by themselves – instead regular Provider Development Forums and the established Care Home Protection Group (CHPG) worked through new and existing documentation, and summaries of key points / changes were subsequently disseminated. There was also regular contact between providers and the Council's Quality Assurance Team which meant care homes were not left in a vacuum and were aware that information was being constantly monitored and relayed. In addition, it was noted that individual settings had to take guidance from their own organisations too, though providers sometimes want to wait for a steer from partners.

4.14 Specific attention was drawn to the following:

- Visiting arrangements in care homes: The Group was surprised that no guidance was issued before July 2020 in relation to visits to care homes. Officers stated that the recently published guidance on visiting was being worked through.
- COVID-19 – Getting Tested: This guidance was being updated on an almost weekly basis (69 updates issued thus far since its original publication) and involved a significant amount of work for the Council and its partners.

#### Meeting structure

4.15 Support to local care homes was provided via a number of single and multi-agency groups as listed below:

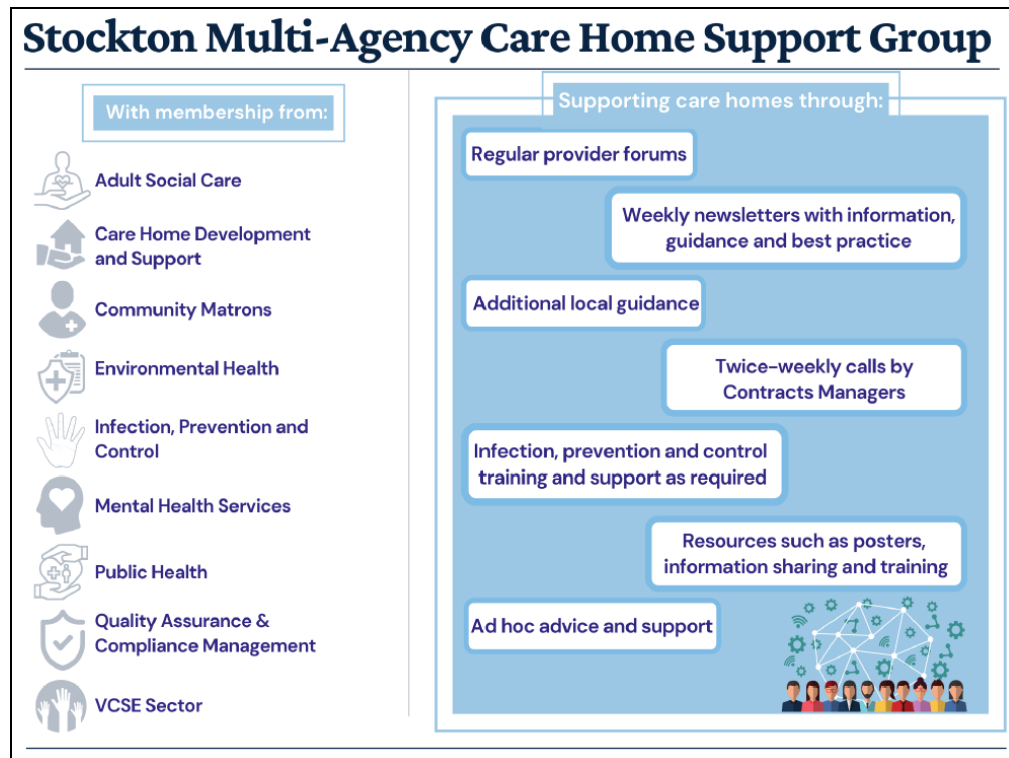
Name of Group / Meeting	Lead	Purpose	Attendees
<b>Stockton Locality Meeting</b>	NTHFT, SBC & TVCCG	Strategic co-ordination of response to pandemic between hospital, Local Authority and CCG	<ul style="list-style-type: none"> <li>• NTHFT</li> <li>• SBC</li> <li>• TVCCG</li> </ul>
<b>Hospital Discharge Group</b>	TVCCG	Operational group to oversee discharges	<ul style="list-style-type: none"> <li>• NTHFT</li> <li>• SBC</li> <li>• HBC</li> <li>• TVCCG</li> </ul>
<b>Care Home Operational Protection Group</b>	SBC	Support care homes with expert advice / information and	<ul style="list-style-type: none"> <li>• SBC</li> <li>• NTHFT</li> </ul>

		consistent hand-on support	<ul style="list-style-type: none"> <li>• We Are People First</li> <li>• TEWV</li> </ul>
<b>Tees Valley Incident Command &amp; Control</b>	Local Resilience Forum	Ensuring multi-agency co-ordinated response	<ul style="list-style-type: none"> <li>• Tees Valley NHS orgs</li> <li>• Tees Valley Council's</li> </ul>
<b>Regional Care Home Group</b>	Public Health (PH)	Regional co-ordination of care home protection and sharing of good practice	<ul style="list-style-type: none"> <li>• PH reps from all North East Council's</li> <li>• PHE &amp; Adult Social Care reps</li> </ul>
<b>Stockton Outbreak Review Group</b>	SBC	To discuss and support individual care homes with outbreaks	<ul style="list-style-type: none"> <li>• SBC</li> <li>• PHE</li> <li>• Health Protection Team (HPT)</li> <li>• PHE Comms</li> </ul>
<b>Directors of Adult Social Care Regional Meeting</b>	ADASS	Collaborative working across the North East	<ul style="list-style-type: none"> <li>• North East DASS</li> </ul>
<b>Daily SBC Senior Management Team Meeting</b>	SBC	To co-ordinate response to pandemic across Adult Social Care, Environmental Health and Public Health	<ul style="list-style-type: none"> <li>• SBC SMT</li> </ul>
<b>SBC Corporate Management Team COVID Meetings</b>	SBC	Oversight and co-ordination of Council's response to pandemic	<ul style="list-style-type: none"> <li>• SBC CMT</li> </ul>
<b>Weekly Meeting with Cabinet Member for Adult Social Care</b>	SBC	Regular update meeting with Cabinet Member	<ul style="list-style-type: none"> <li>• Director of Adults &amp; Health, supported by SMT, and Cabinet Member for Adult Social Care</li> </ul>
<b>Care Home Support Regional Oversight Meeting</b>	ADASS	Oversight of information submitted to capacity tracker by care homes	<ul style="list-style-type: none"> <li>• North East LA Commissioners</li> <li>• NHS England</li> </ul>
<b>Enhanced Health in Care Homes</b>	TVCCG	Overseeing of NHS Enhanced Health in Care Homes	<ul style="list-style-type: none"> <li>• TVCCG</li> <li>• Primary Care Networks</li> <li>• TEWV</li> <li>• SBC &amp; HBC</li> </ul>
<b>Key:</b>	NTHFT (North Tees & Hartlepool NHS Foundation Trust) SBC (Stockton-on-Tees Borough Council) TVCCG (Tees Valley Clinical Commissioning Group) HBC (Hartlepool Borough Council) TEWV (Tees, Esk & Wear Valleys NHS Foundation Trust) PHE (Public Health England) ADASS (Association of Directors of Adult Social Services)		

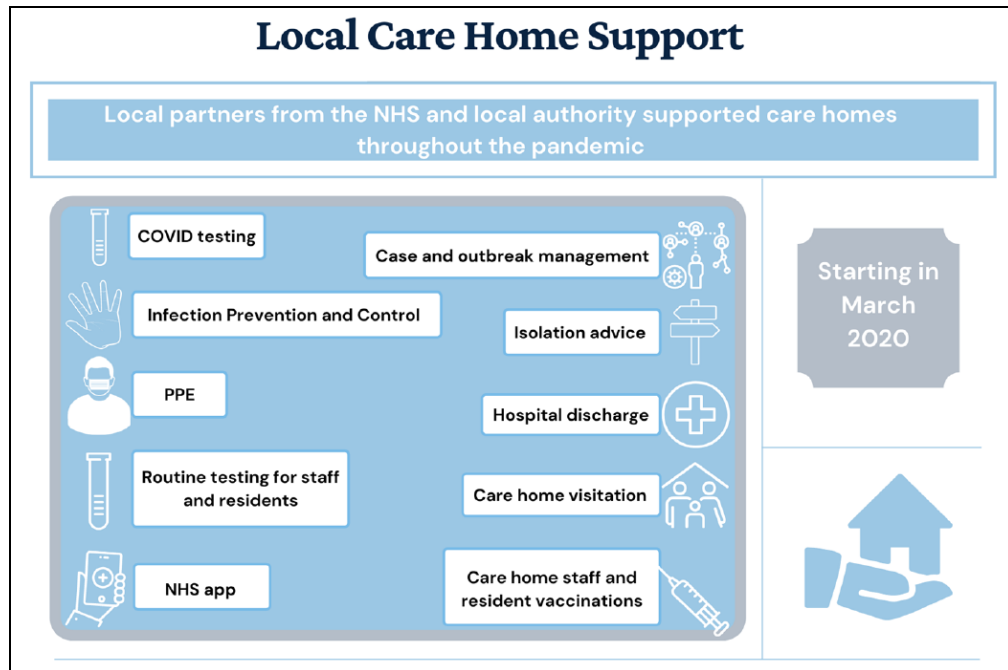


A key feature of several of the groups listed was the desire to create joint accountability / decision-making structures, with the critical element being the provision of support to frontline workers.

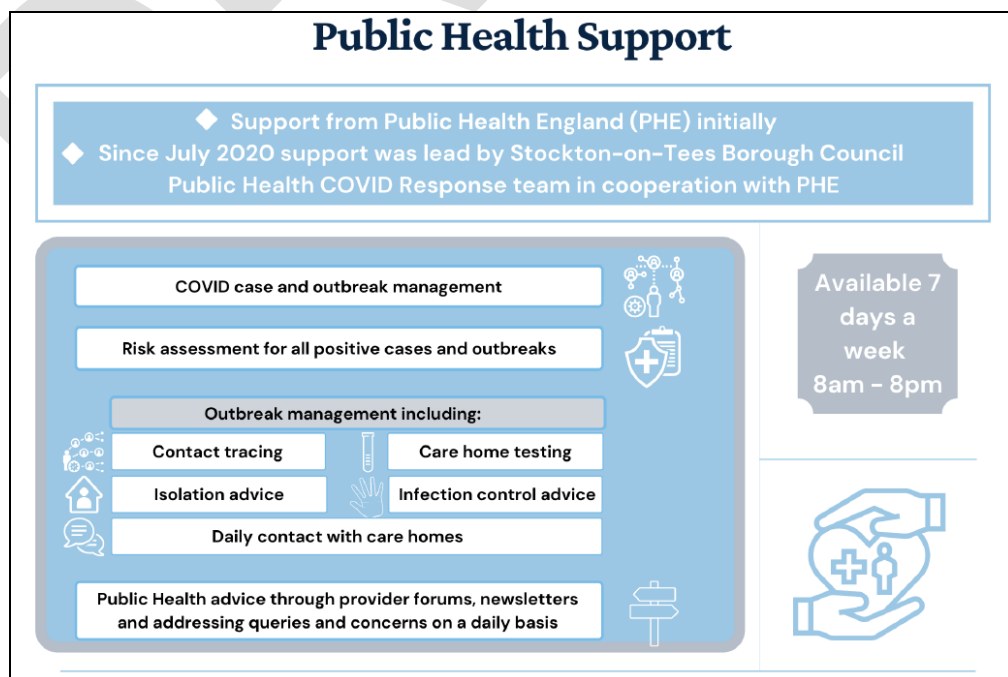
- 4.16 [Stockton Multi-Agency Care Home Support Group](#): Included the circulation of weekly newsletters with information, guidance and best practice in an easily digestible format and relevant links incorporated for further detail. Ad-hoc advice and support enabled providers to contact the Council directly with assistance then offered as required.



- 4.17 [Local Care Home Support](#): Members welcomed confirmation that the Council had been visiting local care home settings throughout the pandemic, though were concerned that partner organisations may not have been so visible for a period of time. A query was also raised around the lack of a mention of GPs, and the notion and benefits of asking care homes to sign their residents up to GPs covering the whole setting was highlighted. Officers confirmed that GPs were involved in the push to promote vaccinations and in the Provider Forums. In addition, as part of the Primary Care Network (PCN) contract requirements, each care home had been aligned to a single PCN which would deliver the *Enhanced Health in Care Home* service for that home – locally across Stockton-on-Tees, care homes had been aligned to a single PCN and a single practice from within the PCN. The registration of patients had been discussed within the Care Home Protection Group and GPs were to have weekly multi-disciplinary meetings to address any issues. It was also emphasised that every local care home was aware of their clinical support contacts.



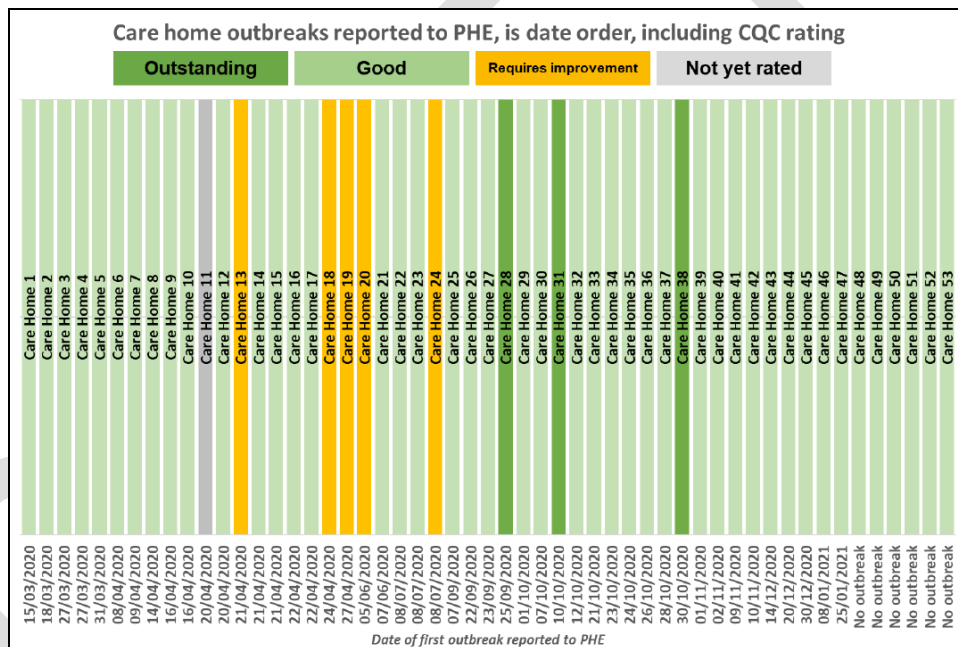
4.18 [Public Health Support](#): 39 out of the Borough's 46 outbreaks had occurred in care homes providing support for older people / people with dementia, and IPC Nurses had always accessed settings experiencing an outbreak. There was never a time when care homes would not have been able to access someone within Public Health for advice. In terms of outbreak management, advice was always for a longer isolation period for care homes than for the general public to provide additional assurance around safety, and advice around infection control was aided by a checklist developed by a regional group. Daily contact was made with settings both during and after (up to 28 days after the last confirmed case) an outbreak – queries were often raised with the Council's Quality Assurance Team during their twice-weekly calls.



**Data and intelligence**

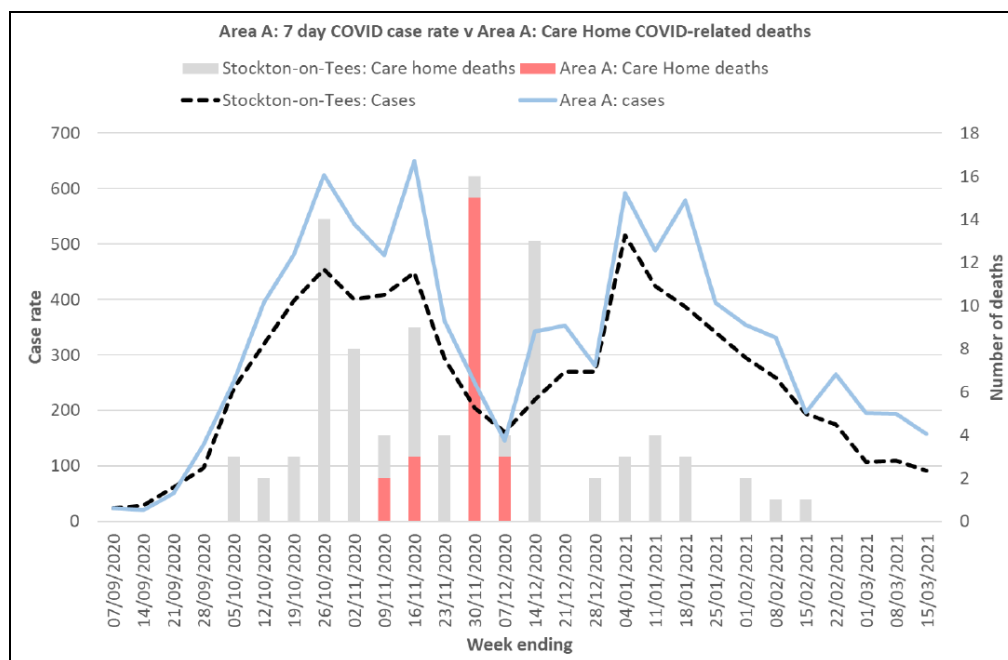
4.19 Key data was provided to the Group as follows:

- Hospital discharge v COVID-19 outbreaks: No correlation between the first discharge to a care home from a hospital setting and any COVID-19 infection of residents (average time from discharge to first infection was 49 days). Of the 30 care homes that reported COVID-19 cases, six care homes had discharges after their first reported case (therefore the virus must have entered the setting in some other way), and 23 did not have a discharge from hospital one week prior to their first reported case. As such, almost all COVID-19 cases within care homes could not be attributed to hospital discharge.
- Care home (CQC) performance v COVID-19 outbreaks: No link between care home rating and outbreaks evidenced. As illustrated in the below graphic, three settings with ‘outstanding’ CQC ratings had outbreaks before many rated ‘good’.



- COVID-related care home deaths v COVID in the community: Highest rate of care home deaths during first wave (April / May 2020) was when testing was not readily available. The second spike in care home death rates (November / December 2020) was likely a result of increased COVID-19 cases circulating in the community (when case rates for those aged 60+ were significantly higher than during the first wave). These trends for the Borough were broadly replicated for care homes across the North East and England as a whole (see Appendix 3).

4.20 A further graphic (see overleaf) demonstrated that it was the rates of COVID-19 in the community which impacted upon the number of deaths in a care home (not the actions of a care home itself).



However, Members commented that visiting to all care homes stopped in early-September 2020, therefore the subsequent escalation of deaths from October 2020 onwards (when concerns over rising death rates were previously expressed) must have been a result of COVID-19 cases being brought into a setting by professionals.

- 4.21 Data on vaccination refusal revealed that only 91 of the Borough’s 2,000+ care home staff and 21 of the Borough’s 1,300+ care home residents had refused a COVID-19 vaccine (and did not have a medical reason for this) – these numbers were very low per individual setting as the 112 individuals were spread out across different care homes. Eight care homes had 100% vaccine-uptake from both staff and residents, and the Council was working with partners to ensure residents were safe and staff were supported to progress with vaccination uptake where possible.
- 4.22 The Group asked when routine testing for care home staff and residents began. Officers stressed the importance of being clear between outbreak testing and routine testing – for the latter, weekly PCR tests for staff and monthly PCR tests for residents commenced in July 2020; there was also now twice-weekly lateral flow testing in addition to the PCR tests.
- 4.23 Additional data was provided to the Group which demonstrated the following:
  - Care home death rates (all care home residents), March 2020 – present, Stockton-on-Tees: This showed that there was not a correlation between CQC rating and the COVID-19 death rate of a care home. All (excluding one provider which was rated ‘outstanding’) care homes with zero deaths were currently rated as ‘good’ by the CQC. In response to a query around death rates within particular care home sectors (e.g. nursing, learning disabilities), it was stated that the settings with the highest death rates were mostly dual-registered with some form of dementia provision (residential dementia units).

- Percentage of all COVID deaths that occurred in a care home, March 2020 – present: The percentage of COVID-19 deaths (170) that occurred in the care home in Stockton-on-Tees (around 34%) was similar to the North East average. However, it was higher than the England and Wales average (around 23%). Caution was expressed regarding this metric as care home residents may have died elsewhere (e.g. hospital, where it may have been an individual's preference to go to) – the location of death outside a person's usual residence would therefore be reflected in published data.
- Care home death rates (deaths in the home), March 2020 – present, Stockton-on-Tees: The COVID-19 death rate in Stockton-on-Tees care homes (around 470 per 100,000 65+ population) was similar to the North East average. However, it was higher than the England and Wales average (around 290 per 100,000 65+ population). It was noted that the data did not reflect COVID-19 rates in general and that all North East Local Authorities had higher death rates than the England and Wales average.
- Percentage of all COVID deaths that occurred in a care home, March 2020 – present: Of the 12 regional Local Authorities, Stockton-on-Tees had the sixth highest percentage of COVID-19 deaths that occurred in the care home (compared to all COVID-19 deaths) in the region. All North East Local Authorities were higher than the England and Wales average. The Group asked if this data could be linked with levels of deprivation and were informed that there would likely be an assumption that the North East would have higher COVID-19 rates (and therefore death rates) due to its deprivation levels. Certainly, the North East had been hit hard by COVID-19, particularly during the second wave.
- COVID death rates, by LA, NE LAs, March 2020 – present: All North East Local Authorities (bar one) were higher than the national average. Trying to ascertain the reasons behind this data would take a considerable amount of analysis and would require an understanding of the individual characteristics within any given setting (e.g. age of residents, outbreaks experienced and impact, underlying health factors). There were multiple elements potentially at play which would have resulted in the differing rates across the region and the nation as a whole.

4.24 Members were informed that there was a higher proportion of older people in care homes in Stockton-on-Tees than the regional average and across the UK, therefore it could be expected that local death rates would be higher.

### **Well-Led Programme**

4.25 The Well-Led leadership programme helps participants to, firstly, focus on their strengths and, secondly, to understand the impact they have on the team and how to adapt their style to suit the situation they are facing. It is a bespoke programme which fits in with emerging needs, therefore the content is adapted to suit the ever-changing climate of Social Care. At the core of the programme is a focus on self, engagement, power, influence and operational agility.

- 4.26 The programme took place again during the pandemic, but whereas the first cohort in 2018-2019 were able to interact and engage face-to-face, this second cohort registered during the pandemic which meant the sessions were to be delivered virtually. A further adaption was the breakdown of the programme into Action Learning Sets which involved small groups and enabled individuals to build a close rapport with each other, enhancing relationships and peer support by liaising outside of formal virtual meetings. Evidence from care home managers about the difference their involvement in the programme had made to them, and the homes they work in, was documented (see Appendix 4).

### **Safeguarding response to care homes**

- 4.27 This statutory duty was outlined to the Group, and assurance was given that the Adult Safeguarding process had continued throughout the pandemic, with care homes continuing to follow safeguarding procedures in raising concerns. The Council's Adult Safeguarding team had, alongside partner agencies, continued to visit care homes as part of their investigations, and although there was a general restriction on visitors, no care home had refused admission to staff. It was also stated that, whilst the CQC had undertaken virtual inspections in the initial stages of the pandemic, they did visit providers if they felt it was necessary, or if concerns were raised by the Safeguarding Team.
- 4.28 It was noted that the number of section 42 enquiries relating to organisational abuse within care homes between March 2020 and April 2021 were comparable to previous years (i.e. no significant change as a result of the pandemic). Two providers were escalated to the Responding to and Addressing Serious Concerns (RASC) protocol during the pandemic – site visits were carried out and Action Plans formulated in response to the concerns raised, and individuals receiving care (or their representatives where it was deemed that the individual lacked capacity) were spoken to.
- 4.29 The Council's Director of Adults and Health emphasised the excellent work of the Safeguarding Team since the emergence of COVID-19. Reinforcing the important element of liaising with the affected person (or their representative) to determine their views in relation to a safeguarding enquiry and what they would like as the outcome, direct quotes from family members regarding enquiries that had taken place during the pandemic were provided:

'I have not had any concerns around H's care; I think this will have been a one-off mistake and people can forget. The care home has contacted me to discuss this; if I had concerns, I would raise them. I am happy with the outcome, I have spoken to my husband on the phone and had garden meetings; he seems happy. I am very happy with the care. I accept that people can make mistakes; the carers are lovely and they are very caring, not only towards the individuals in their care but also the families as well.'

'I have found it difficult not being able to see my brother during the COVID-19 pandemic but am glad that restrictions seem to be lifting. I am happy that no harm occurred and that the care staff have worked really hard though the pandemic and have kept me informed.'

### Feedback from Stockton-on-Tees Borough Council staff

4.30 Several examples of the experiences of Council staff in supporting care homes during the pandemic were provided. The Group felt this gave an excellent reflection of what staff had been through and asked for their appreciation to be fed back to all those involved in assisting local providers over the last year:

'Having moved into this role and built good relationships with the providers, I have shared this journey through Covid with them. Whilst we had a job to do, sometimes, most times, our conversation would digress into detailed information that for the purpose of my phone call, I didn't need to know. But I continued to listen. I listened about the Covid positive cases who were deteriorating, I listened (and sometimes shared) the frustrations of the frequent and subjective guidance changes and we worked it through together. I listened to the challenges they faced with their home/work life balance.

We couldn't help but ask how those poorly people were on the following call, and we shared the sadness at the deaths and the stories the managers told us, because we can relate.

The managers would at times apologise after they found themselves sounding off. But we let them, we knew they needed it. We shared their emotions, which was tough at times when we had to ring the next home and be all chirpy again.

I think what I am trying to express is that some support can't be quantified. Those extra 10 minutes on each call to allow the manager to sound off was sometimes the most important form of support we gave. From the feedback we have been given, providers confirmed this. It has resulted in us having such a good professional relationship with our providers going forward.

I am in awe of Social Care staff, and especially those that work in care homes and domiciliary care, and I will forever be a champion for them and sing their praises when I can.'

**SBC Quality Assurance and Compliance Officer**

'It may sound cliched, but the pandemic truly was an unprecedented time and brought unprecedented challenges for everyone. This was felt personally and professionally by our providers, health colleagues and by Local Authority staff.

Our gratitude for the efforts of our providers during the pandemic is immeasurable, but we will never forget that they stood bravely on the front line to keep their residents safe at a time when everyone else was told to stay home.

To support the response to the pandemic, we have seen health and Social Care stand shoulder-to-shoulder with our providers, working alongside and with each other and do their best to protect the most vulnerable in our community. Relationships which developed before COVID-19 have been strengthened, new relationships have been forged, and as we move out of the pandemic, this will only serve to strengthen collaboration across these services in Stockton-on-Tees.'

**SBC Integrated Strategy Team**

‘COVID-19 was new to everyone at the beginning of 2020. It was a new disease with new consequences and expectations, and it changed everyone’s role from Care Home Managers to the Public Health team. We had to learn together. Since the pandemic started, the outbreak response has been all-consuming within the Public Health team, moving us away from other elements of public health into health protection and outbreak management where most people had little previous direct experience. We learned to contact trace, to risk assess, to give IPC advice, and to identify which homes needed additional support. That was a learning curve in itself, combined with a new virus, rapidly emerging evidence and ever-changing national guidance. We needed to draw on expertise from our consultants, environmental health and PHE, regularly, working additional hours to keep up and respond to the rapidly changing situation.

It has been draining at times, both emotionally and intellectually - speaking with and advising care homes dealing with cases or the loss of one of their residents; trying to interpret confusing national guidance into workable advice for our local homes; being asked questions we don’t know the answers to because the evidence is not there yet; having national guidance change an hour after issuing advice; explaining to families why it is still not safe for them to visit loved ones; rearranging meetings to attend last minute webinars; working from home without the physical support of colleagues around; trying to be an expert on testing, vaccines, ventilation, PPE, variants, data, national and local restrictions, international travel, all at the same time; not being able to switch off from work when the pandemic was all over the news. It has also been very rewarding when we have been able to close outbreaks and share in the care homes’ successes. Having no current outbreaks feels like the greatest achievement.

The work has also given us opportunities to work in different ways with colleagues within the Council, the NHS and care homes, and has given people the opportunity to use different strengths and talents to have a rounded approach to the outbreak response. Hopefully these relationships can result in long-term partnerships within the Council and within our care homes to better manage and prevent future outbreaks in homes and address other potential public health issues.’

**SBC Public Health Team**

- 4.31 Included within the presentation was a copy of the Council’s COVID-19 Care Home Support – Local Planning Return letter submitted to the Minister of State for Care (dated 29<sup>th</sup> May 2020 – see Appendix 5).
- 4.32 In conclusion, the Council’s Director of Adults and Health praised the support given by all partners to local care home providers. Professionals across both the health and care sector had worked to the best of their abilities to provide assistance in extremely trying circumstances which, it should be remembered, was still an ongoing situation.
- 4.33 The Group expressed its thanks to all those in attendance for the information provided and for their collective efforts in dealing with incredible challenges over the last year. Members felt reassured by the support demonstrated, though concerns around seeking out and hearing the direct voice of residents via some of the groups outlined remained.

**Further relevant information**

- 4.34 As recognised in the scope for this Task and Finish work, the Council’s Adult Social Care and Health Select Committee had undertaken two care home-related reviews in the last two years – one pre-COVID (*Care Homes for Older People*), and one after the pandemic had emerged (*Hospital Discharge*



(Phase 1 – discharge to care homes during the COVID-19 pandemic)). Attention was therefore drawn to the following:

- **Scrutiny Review of Hospital Discharge review (phase 1) (reported to Cabinet in November 2020)**  
<http://www.egenda.stockton.gov.uk/aksstockton/images/att39360.pdf>
  - Care home unease at being pressurised into accepting patients without knowing if they were infected (test not initially required prior to discharge until new 15<sup>th</sup> April 2020 guidance).
  - Strong partnership-working evident.
  - NTHFT Infection Prevention and Control team highly commended for work within care homes; concerns raised around communication during initial stages of pandemic.
  - No local PPE issues reported.
  - Highlighted need to ensure test results are made available as soon as possible.
  
- **Scrutiny Review of Hospital Discharge review (phase 1): progress update (April 2021)**  
<http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab12.pl?cmte=ACH&meet=49&arc=71> (see item ASH 70/20)
  - Extensive communication streams (between partners and with care homes) detailed.
  - NTHFT response to issues raised in Committee's care home survey (further update due in July 2021).
  - Designated settings developments outlined.
  - No recent issues reported regarding access to testing for symptomatic / asymptomatic staff or residents. All care homes taking part in whole-home testing as part of national guidance.
  
- **Scrutiny Review of Care Homes for Older People: progress update (May 2021)**  
<http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab12.pl?cmte=ACH&meet=48&arc=71> (see item ASH 81/20)
  - Support was given in the early stages of the pandemic around providing iPads and smartphones into the care homes, to allow extra resources for communicating with family, the community or accessing any virtual activities. Activity ideas shared within the Leadership and Peer Support Network.
  - Introduction of the 'Hub' – Teams-based information-sharing platform for care home managers.
  - Increased use of Whzan NEWS (National Early Warning Score) solution by care homes to identify deterioration in residents (preventing avoidable hospital admission).
  - Safe staffing levels maintained throughout pandemic.
  
- **Scrutiny Review of Hospital Discharge review (phase 1): progress update (July 2021)**  
<http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab12.pl?cmte=ACH&meet=51&arc=71> (see item ASH 11/21)
  - Several elements of progress highlighted regarding care home communication, integration of care home representatives in weekly multidisciplinary team (MDT) forums, the provision of a single link and contact number for families and carers around discharge, and the Clinical Triage Service.

- NTHFT had not received any formal complaints from Stockton-on-Tees care homes about communication since the last progress update in April 2021.

4.35 Further to the presentation given to the Group in May 2021, Members of the Adult Social Care and Health Select Committee had also received an update on the Well-Led Programme in May 2021, key aspects of which included:

- **Well-Led Programme – Update (May 2021)**

- <http://www.egenda.stockton.gov.uk/aksstockton/images/att40487.pdf>

- Strong leadership was vital in keeping residents safe and guiding staff through these challenging times. Another round of the Programme was therefore recommissioned, this time to be delivered virtually. The established Leadership and Peer Support Networks went virtual too, ensuring managers could still access support.
- Whilst it may have been portrayed that care homes had become cut-off due to COVID-19, providers witnessed an overwhelming influx of guidance and support from the Council, with health and social care working alongside each other in a further strengthening of existing relationships.
- Despite the pandemic crisis, the creation of the ‘Hub’ brought a more light-hearted experience for those involved and aided the continuation of collaboration and connection between care home providers and their local partners.
- Care homes and the Council (including Members) had supported campaigns to encourage vaccination take-up and this had translated into a high proportion of vaccinations across the local care sector.

4.36 The ability of Healthwatch Stockton-on-Tees (independent statutory body with the power to make sure NHS leaders and other decision-makers listen to local feedback and improve standards of care) to engage with the community during the pandemic has been restricted, and, as such, this has impacted upon their usual ‘enter and view’ programme involving visits to care home providers.

Consultation work was still undertaken during this time, and their **The Impact on Unpaid Carers – Living with Covid-19 (December 2020 – March 2021)** report (published on the 5<sup>th</sup> July 2021) was shared with Members (<https://www.healthwatchstocktonontees.co.uk/report/2021-07-05/impact-unpaid-carers-living-covid-19-dec-2020-march-2021>). The following finding in relation to care home visits was included (though it should be noted that the response rate to this survey was very limited):

*‘Visiting restrictions at some of the care homes in the Stockton-on-Tees area have been confusing and conflicting. Facilitation of contact and communication at some care homes has been lacking, leaving carers feeling worried and helpless, and not knowing if their loved one is well.’*

4.37 On the 21<sup>st</sup> July 2021, the Care Quality Commission (CQC) published data showing death notifications from care homes that involved COVID-19 (covering the period from the 10<sup>th</sup> April 2020 to the 31<sup>st</sup> March 2021). Upon its release, the CQC acknowledged that, despite the best efforts of people working in Adult Social Care, COVID-19 had contributed to a significant increase in the number of deaths in care homes. It was important to

recognise the number of deaths, but also to understand the context of the data. Crucially, by themselves, death notifications do not indicate poor quality care.

As had already been referenced in the scope for this Task and Finish review, the CQC stated that other factors potentially influence data (e.g. rates of local community transmission, size of the care home, and the age, health and care needs of the people living there). Talking about the publication of the data, Kate Terroni, Chief Inspector for Adult Social Care, said:

*'It is important to remember that every number represents a life lost - and families, friends and those who cared for them who are having to face the sadness and consequences of their death.'*

*'As we publish this data, we ask for consideration and respect to be shown to people living in care homes, to families who have been affected, and to the staff who have done everything they could, in incredibly difficult circumstances, to look after those in their care.'*

The highest number of deaths in a single care home was 44, while 21 homes had more than 30 coronavirus-related deaths (note: no Stockton-on-Tees care homes had more than 30), although the CQC said it had not found a link between standards of care in a home and the number of deaths.

DRAFT

## **5.0 Conclusion & Recommendations**

- 5.1 The profound impact of COVID-19 on both the Health and Social Care sectors has brought into sharp focus how each domain interacts and integrates with the other. The emergence and rapid development of this ongoing Public Health crisis threw the national spotlight on organisations charged with caring for those in need, and the UKs care homes were soon the centre of attention as the effects of the virus quickly became clear, particularly for individuals with health vulnerabilities or complexities.
- 5.2 Even before the pandemic struck in early-2020, the Council's Adult Social Care and Health Select Committee was keen on having an oversight of the Borough's care home provision and activity. With somewhat prophetic timing, the Committee's in-depth *Scrutiny Review of Care Homes for Older People* reported to the Council's Cabinet in February 2020 (just a few weeks before the first national COVID-19 lockdown), a piece of work resulting in several recommendations focusing on areas such as leadership and the benefits of technology in supporting care. As part of its scrutiny role in response to COVID-19, the Committee then adapted an ongoing *Scrutiny Review of Hospital Discharge* to focus on discharge to care homes during the pandemic (phase 1), an issue which had gained significant national media coverage in the initial March / April 2020 period.
- 5.3 This *Scrutiny Review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish)* was principally focused on examining the overall interplay between local care homes and their various health and care partners since the pandemic began, as well as analysing relevant data and intelligence to assess the impact of the support provided. Regarding the latter, several key conclusions were made clear to the Committee's Task and Finish Group:
- No evidence was found of any correlation between the first discharge to a care home from a hospital setting and any COVID-19 infection of residents (average time from first discharge to first infection was 49 days).
  - No evidence was found of any link between care home rating and outbreaks.
  - No evidence was found of any correlation between a care home's CQC rating and its COVID-19 death rate.
  - The COVID-19 death rate in Stockton-on-Tees care homes (around 470 per 100,000 65+ population) was similar to the North East average. However, it was higher than the England and Wales average (around 290 per 100,000 65+ population).
  - It was likely that the high rates of COVID-19 in the community impacted upon the number of deaths in a care home (not the actions of a care home itself).
  - As of the 20<sup>th</sup> May 2021, only 91\* of the Borough's 2,000+ care home staff and 21 of the Borough's 1,300+ care home residents had refused a COVID-19 vaccine (and did not have a medical reason for this) (\* this had further reduced to 36 as of the week commencing 27<sup>th</sup> September 2021).

Interestingly, despite widespread concerns aired in the national media regarding individuals being discharged from hospitals to care homes in the early stages of the pandemic without having a COVID-19 test, almost all COVID-19 cases within the Borough's care homes could not be attributed to hospital discharge.

- 5.4 In terms of the support provided to care homes, the Group welcomed the comprehensive breakdown of engagement with local providers that had taken place through both single-agency assistance and multi-agency forums. Evidence of strong partnership-working has been a notable feature of many previous scrutiny reviews, and those established links were critical in the ability to deploy timely support via several collaborative groups initiated in response to COVID-19 (not just within the Borough but also regionally). The Group did, however, raise concerns that some of these may have been too professionally-led and lacked input from care home residents' families / carers.
- 5.5 Whilst acknowledging the necessary limitations in accessing settings as COVID-19 took hold, the visibility of professionals within care homes during the pandemic, in particular the initial stages, was a key area of interest for the Group. Members welcomed the assurance that Council staff and NTHFT Community Matrons had provided in-person, as well as remote, support throughout (something which, for the former, had ensured the continuation of robust safeguarding oversight, and for the latter, had come though very clearly during the *Scrutiny Review of Hospital Discharge (Phase 1)*). That said, the Group continued to express concerns around the approach of the Care Quality Commission (CQC) during this time and the sense of a shortfall in oversight from the regulator. Similarly, the suspension of the Healthwatch Stockton-on-Tees 'enter and view' inspections may have impacted on the identification and addressing of issues.
- 5.6 Backing-up the statements made regarding the support given to local care homes, the Group reflected on their awareness (via a Well-Led Programme presentation to the Committee in May 2021) of providers themselves commending the guidance and assistance they received from the Council and health partners, and reassuring Members that, whilst it may have been portrayed that care homes in other areas of the UK had become cut-off due to COVID-19, they had not been left alone. Indeed, the Group was very pleased to hear about the wider recognition of the support given to the Borough's care homes, including a 'good practice' North East and Cumbria webinar presentation (October 2020) and requests for details of the successful vaccination roll-out (December 2020).
- 5.7 Rarely before has the importance of strong leadership and management been so acutely tested, and to this end, the Council's Well-Led Programme continues to demonstrate huge benefits (leading to national recognition). Officers deserve great credit for enabling a further cohort to access the programme during the pandemic, and the Group are keen to see how this impacts upon future CQC ratings when their inspection programme resumes in full.
- 5.8 Whilst highlighting the many positive aspects associated with support for the Borough's care homes, the Group is also very mindful of the human cost of the pandemic. Despite the laudable endeavours of Health and Social Care partners, North East care homes have experienced a higher death rate (per

100,000 65+ population) than other regions. Some will point to demographics and inequalities which perhaps made such statistics inevitable; others may question the responses of local and national agencies. What is clear is that the actions of the Council and its partners, in co-operation with local care home providers, have contributed to the alleviation of an unparalleled situation not before experienced by the health and care sector.

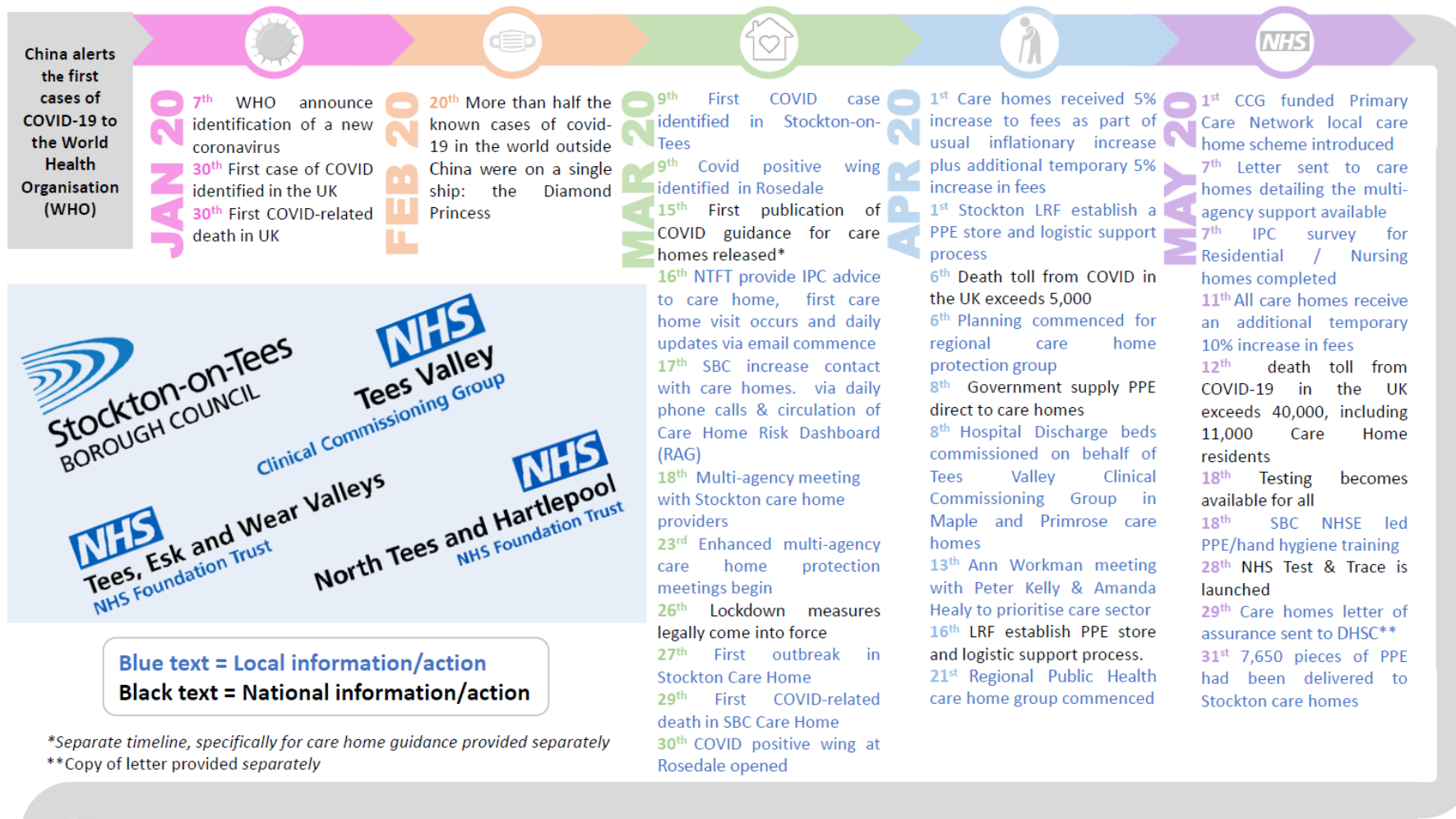
- 5.9 Across the UK, many care home residents and their families / carers have endured significant stress during COVID-19, but it is also important to recognise the extreme challenges for health and care staff trying to navigate their way through a situation not experienced before. Local professionals, in particular the care home staff themselves, have shown courage, resilience, adaptability (including a willingness to learn new skills), innovation and commendable commitment (often foregoing their own family time) in hugely trying circumstances, and this should not be forgotten.

### **Recommendations**

The Committee recommend that:

- 1) Further to existing arrangements already in place regarding engagement with service-users and their loved ones, any current and future multi-agency professional group that is convened to support care homes ensures that the voice of residents and their families / carers is clearly articulated (whether through direct representation or via another appropriate mechanism).**
- 2) Mindful of potential developments in vaccination requirements for the care sector as a whole, efforts continue by the Council and its partners to reach-out to those staff who remain reluctant to receive a COVID-19 vaccination.**
- 3) The Care Home Protection Group continues on a permanent basis.**

## APPENDIX 1: Timeline of care home events / activity (charts)



## APPENDIX 1: Timeline of care home events / activity (charts)

**JUN 20** 5<sup>th</sup> Commenced distribution of Infection Control Fund Grant Round 1 (£2m) to care homes  
 18<sup>th</sup> AstraZeneca and Oxford University reach deal to begin manufacture of a potential vaccine  
 20<sup>th</sup> North Tees Matrons providing additional support to care homes following outbreaks commenced  
 22<sup>nd</sup> First Care Home Protection Operational Group undertaken  
 24<sup>th</sup> IPC survey for LD / Mental Health homes completed  
 26<sup>th</sup> First support visit to a care home (The Maple) by SBC Consultant & Environmental health manager

**JUL 20** 4<sup>th</sup> Local lockdowns come into force  
 14<sup>th</sup> Rapid testing implemented & swabbing provided via community matrons  
 20<sup>th</sup> UK sign a deal for 90 million doses of vaccines being developed jointly by BioNtech and Pfizer  
 30<sup>th</sup> Self-isolation duration is extended from seven to ten days

**AUG 20** 1<sup>st</sup> Shielding programme paused  
 1<sup>st</sup> "Eat out to help out" scheme launches  
 10<sup>th</sup> Cases in Stockton-on-Tees reach 1,000  
 14<sup>th</sup> UK signs deals for 90 million doses of vaccines developed by Janssen Pharmaceutica & Novavax

**SEP 20** 1<sup>st</sup> The majority of schools in England, Wales and Northern Ireland reopen for the autumn term

**OCT 20** 1<sup>st</sup> Government PPE Portal opened for care homes  
 1<sup>st</sup> SBC presentation at North East and Cumbria webinar regarding good practice in supporting care homes.  
 14<sup>th</sup> 3-tier system of Covid restrictions starts in England: North East in Tier 2  
 23<sup>rd</sup> Commenced distribution of Infection Control Fund Grant Round 2 (£1.4m) to care homes  
 30<sup>th</sup> Rosedale opens designated setting  
 31<sup>st</sup> The UK reaches a million COVID-19 cases  
 31<sup>st</sup> PM announces a second lockdown

COVID19 cases, in care homes, 7 day numbers, Stockton-on-Tees





## APPENDIX 1: Timeline of care home events / activity (charts)



## APPENDIX 2: Guidance and regulation documents

Guidance	First Published / Latest Version Date	Updates	Key Messages
COVID 19 - Adult Social Care Guidance	15 <sup>th</sup> April 2020/ 20 <sup>th</sup> November 2020	15th April	First Published <ul style="list-style-type: none"> <li>• Providing and receiving care</li> <li>• Buying care and support through direct payments</li> <li>• Unpaid carers</li> <li>• Workforce</li> <li>• Planning care</li> <li>• Other relevant guidance</li> </ul>
		17 <sup>th</sup> April	Added 'COVID-19: how to work safely in care homes' guidance
		27 <sup>th</sup> April	Added 'COVID-19: how to work safely in domiciliary care'.
		20 <sup>th</sup> November	Added 'Coronavirus (COVID-19) testing for homecare workers' to 'Providing and receiving care' section
Coronavirus (COVID-19): admission and care of people in care homes	2 <sup>nd</sup> April 2020/23 <sup>rd</sup> March 2021	2 April 2020	First published: <ul style="list-style-type: none"> <li>• Admit and care for residents safely</li> <li>• Protect care home staff</li> </ul>
		20 April 2020	Added a note to say that the guidance is being reviewed following publication of the COVID-19 adult social care action plan.
		19 May 2020	Updated the guidance to add a loss of, or change in, normal sense of smell or taste (anosmia) as a symptom of coronavirus. The changes are in Section 2, Annex A and Annex B
		19 June 2020	This document has been updated throughout in line with the care homes support package announced on 15 May and the latest advice on testing, and infection prevention and control. The changes are set out in full in the document.
		31 July 2020	Changed to reflect that self-isolation period for people with symptoms of coronavirus has changed from 7 days to 10 days, and added link to recent updated guidance on visiting care homes during coronavirus.
		14 August 2020	Added a new section on testing people moving from the community into a care home (Annex K).
		27 August 2020	Updated links to hospital discharge service guidance.
		2 September 2020	Added a new section on how care homes can support the NHS Test and Trace service.
		4 November 2020	Added note that this guidance will be updated soon and directed users to guidance updated ahead of the 5 November national lockdown

**APPENDIX 2: Guidance and regulation documents**

Guidance	First Published / Latest Version Date	Updates	Key Messages
<b>Coronavirus (COVID-19): admission and care of people in care homes</b>		26 November 2020	Updated to include relevant links to the guidance on the local restriction tier system that will be in place in England from 2 December
		23 December 2020	Updated guidance to reflect the 10-day self-isolation period changes for staff, in line with national guidance changes.
		24 December 2020	Addition of link to guidance on designated settings for people discharged to a care home Updated 'Annex F: provision and use of personal protective equipment (PPE)' to reflect current policy for how providers should access PPE.
		29 January 2021	Updated sections on 'Testing staff and residents in care homes' in reference to staff testing and special arrangements for people who work in the NHS, Annex B on the definition of 'contacts' and Annex F to reflect the extension of free PPE until the end of June 2021.
		23 March 2021	Removed PDF version of the guidance.
<b>Coronavirus (COVID-19): admission and care of people in care homes</b>	22 <sup>nd</sup> July 2020 / 9 <sup>th</sup> March 2021	22 July 2020	First published: <ul style="list-style-type: none"> <li>• An overview of the visiting practices supported by this guidance</li> <li>• Advice for providers when establishing their visiting policy</li> <li>• Advice for providers when taking visiting decisions for particular residents or groups of residents</li> <li>• Advice on delivering safe visiting, with and without testing</li> <li>• Information on visiting in exceptional circumstances such as end of life</li> </ul>
		31 July 2020	Updated to say that no one should be allowed to enter a care home if they are currently experiencing or first experienced coronavirus symptoms in the last 10 days. Also updated to say visitors should be encouraged to walk or cycle to the care home if they can.
		21 September 2020	Added a note to say that the guidance will be updated following publication of the adult social care winter plan
		15 October 2020	Updated guidance with reference to local COVID alert levels and measures set out in the adult social care winter plan.
		5 November 2020	The guidance has been updated to reflect visiting arrangements in care homes while national restrictions are in place
		1 December 2020	Updated in line with restrictions that will apply from 2 December and added a summary of the guidance.
<b>Visiting Arrangements in Care Homes</b>			

## APPENDIX 2: Guidance and regulation documents

Guidance	First Published / Latest Version Date	Updates	Key Messages
<b>Visiting Arrangements in Care Homes</b>		19 December 2020	Updated guidance about visiting in respect of Tier 4, in the 'Overview of visiting practice supported by this guidance' section.
		12 January 2021	Guidance updated in line with the national restrictions introduced on 6 January. Deleted 2 attachments summarising the guidance
		4 March 2021	The guidance has been replaced with a new version to reflect the announcements in the roadmap published on 22 February (COVID-19 Response - Spring 2021) for the next phase in opening up care home visiting. Added a new document: 'Summary of guidance for visitors'
		9 March 2021	Updated 'Guidance on care home visiting' to say that being on the Shielded Patient List does not prevent a care home resident from receiving visitors.
<b>COVID 19 support for Care homes</b>	15 <sup>th</sup> May 2020 / 22 <sup>nd</sup> Jan 2021	15 May 2020	First published. - IPC - Stepping up NHS support - Testing - Oversight and compliance, local and national - Building the workforce - Funding - Annex. Restricting workforce movement and minimising transmission
		19 May 2020	Attached the template for local authorities to return by 29 May as part of local care home support planning
		22 May 2020	Information has been added to the care home support package attachment: a template for local authorities has been added under the heading 'Publishing your rate uplifts and other extra funding for care providers on your website'.
		9 July 2020	Updated the attachment 'Coronavirus (COVID-19): care home support package'. This now includes a link to a list of local authorities that have published information online on how they've spent funding for adult social care during the pandemic
		14 December 2020	Added link to latest overview of adult social care guidance on coronavirus (COVID-19)
		24 December 2020	Updated 'Coronavirus (COVID-19): care home support package' to reflect current policy for how providers should access PPE
		11 January 2021	Updated 'Coronavirus (COVID-19): care home support package' to reflect the extension of free PPE until the end of June 2021
<b>COVID 19 support for Care homes</b>			

## APPENDIX 2: Guidance and regulation documents

Guidance	First Published / Latest Version Date	Updates	Key Messages
		22 January 2021	Added a new document: 'Your care home during winter'
<b>Visiting Arrangements outside of care homes</b>	1 <sup>st</sup> December 2020 / 8 <sup>th</sup> March 2021	1 <sup>st</sup> December	First Published: <ul style="list-style-type: none"> <li>How visits out of a care home can take place</li> <li>The role of the provider in supporting outward visiting</li> <li>The need for individual risk assessments</li> </ul>
		22 December 2020	Updated to include information about visiting out of care homes in Tier 4
		12 January 2021	Guidance updated in line with the national restrictions introduced on 6 January.
		8 March 2021	Updated to reflect information published in the 'COVID-19 Response - Spring 2021' roadmap on 22 February
<b>Designated Setting For people discharged to Care Homes</b>	16 <sup>th</sup> December 2020 / 18 <sup>th</sup> Feb 2021	16 December 2020	First published: <ul style="list-style-type: none"> <li>Advice on setting up designated settings, and information for local authorities and providers</li> <li>Information on discharge arrangements, and supporting individuals to ensure that their care needs and preferences are accounted for</li> <li>Additional advice on data collection, funding, visiting, and infection prevention and control (IPC) requirements</li> </ul>
		13 January 2021	This note simplifies and clarifies aspects of the existing national guidance on designated settings published in December
		25 January 2021	Updated 'Discharge into care homes: designated settings' to remove line from section 3.16 on 'As a last resort, one option could be for COVID-19 positive individuals to be temporarily discharged under existing arrangements, to a non-designated care home, with sufficient IPC arrangements, that is willing to receive the individual.'
		18 February 2021	Updated 'Discharge into care homes: designated settings' to reflect updated information in the 'clarification note' on 14 to 90 day testing, and to reflect clarification on the need for clinical assessments on discharge from the designated setting to a care home.
<b>COVID 19 – Getting Tested (69 updates made to guidance to date)</b>	15 <sup>th</sup> April 2020 / March 19 <sup>th</sup> 2021	15 <sup>th</sup> April 2020	First Published: <ul style="list-style-type: none"> <li>who can be tested</li> <li>Registering a kit</li> <li>Record a LFT</li> <li>If <a href="#">your</a> going into hospital</li> </ul>

## APPENDIX 2: Guidance and regulation documents

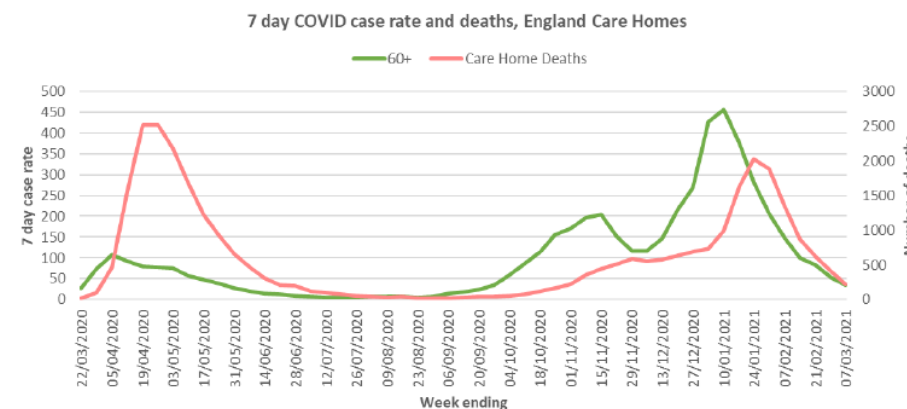
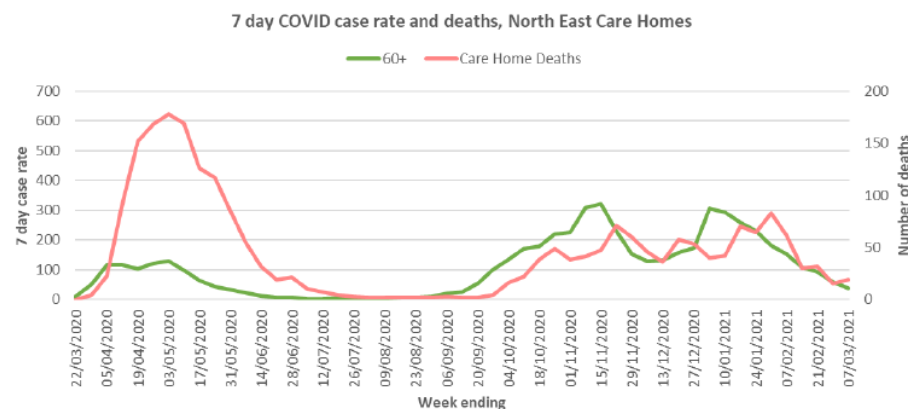
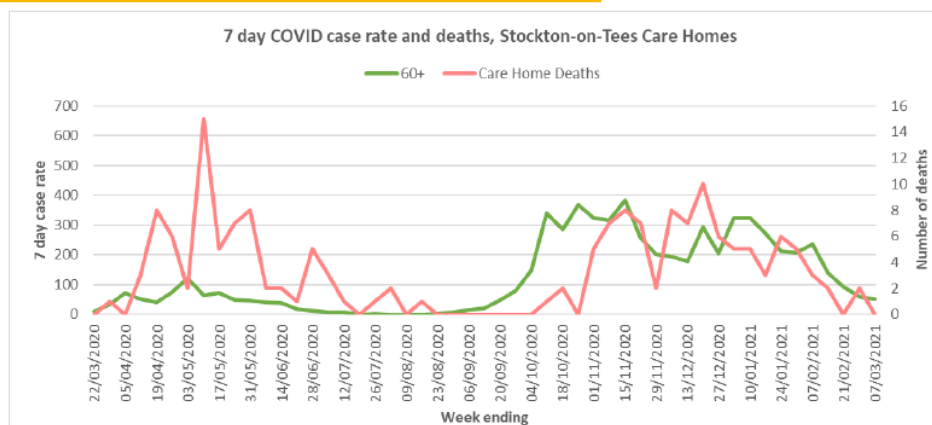
Guidance	First Published / Latest Version Date	Updates	Key Messages
COVID 19 – Getting Tested (69 updates made to guidance to date)			<ul style="list-style-type: none"> <li>- Testing essential workers</li> <li>- The testing process</li> <li>- Care homes</li> </ul>
		23 April 2020	Added updated list of essential workers.
		28 April 2020	Clarified that the new testing criteria apply to England only. Added that anyone with symptoms living with someone who is eligible is themselves also eligible for a test.
		29 April 2020	Updates have been made to the 'Who can be tested' section for clarity. We're also now testing: social care workers and residents in care homes (with or without symptoms) both to investigate outbreaks and, following successful pilots, as part of a rolling programme to test all care homes, and NHS workers and patients without symptoms where there is a clinical need, in line with NHS England guidance
		6 July 2020	Replaced 2 attachments: 'guidance on Randox testing' and 'guidance on non-Randox testing'. The changes reflect the new retesting programme for care homes, including how often staff and residents should retest. The sections in the guidance that talk about next steps for positive testing patients have been removed. Instead, people are directed to Public Health England guidance in the 'Future advice' section.
		28 July 2020	Updated to reflect that there is now a single GOV.UK testing service for people who have symptoms and want to get tested.
		23 December 2020	Updated 2 documents: 'Care home testing guidance for residents and staff: PCR and LFD (England)' and 'Graphic summarising testing for care home staff and residents' to reflect new policy on staff testing with lateral flow devices (LFDs).
		27 February 2021	Updated to add information on lateral flow tests for secondary school children and for people who work in a school
		COVID 19 – How to work safely in Care homes	17 <sup>th</sup> April 2020 / 2 <sup>nd</sup> November 2020
23 April 2020	Added posters for putting on and taking off PPE.		

## APPENDIX 2: Guidance and regulation documents

Guidance	First Published / Latest Version Date	Updates	Key Messages
		27 April 2020	Information on PPE simplified, flowchart removed, PPE for COVID-19 currently recommended for all care homes during sustained COVID-19 transmission, further text changes and additional FAQs added
		15 June 2020	Updated 'How to work safely in care homes' document to provide important updates as set out on page 2
		20 July 2020	Updated guidance to include recommendation for the use of face masks and coverings in care homes.
		2 November 2020	Updated guidance on use of gloves.
<b>Hospital discharge Service requirements</b>	19 <sup>th</sup> March 2020 Withdrawn – 25 <sup>th</sup> August 2020	19 <sup>th</sup> March	First Published : <ul style="list-style-type: none"> <li>• Patients</li> <li>• Actions for acute organisations</li> <li>• Actions for providers of community health services</li> <li>• Actions for Councils and ASC services</li> <li>• Actions for CCG</li> <li>• Actions for Voluntary sector</li> <li>• Monitoring and increasing rehabilitation</li> <li>• Finance support and funding flows</li> <li>• Reporting and performance management</li> <li>• Additional resource and support</li> </ul>
<b>COVID – 19 health and wellbeing of adult social care</b>	11 <sup>th</sup> May 2020	11 <sup>th</sup> May 2020	First published
		9 December 2020	Updated to reflect current guidance on health and wellbeing and the new local tier restrictions.
		14 January 2021	Updated to reflect national lockdown guidance. Removed reference to the apps Daylight, SilverCloud and Sleepio.
<b>COVID 19 – changes to the Adult Care Act 2014</b>	31 <sup>st</sup> March 2020	31 <sup>st</sup> March 2020	First Published
		1 April 2020	Added email address at the end of section 6.
		20 May 2020	In Section 6, added local MPs to the list of people to whom the decision to exercise Care Act easements should be communicated. Added a paragraph at the end of Section 6 listing who the local authorities' information will be shared with and how to find out details of which local authorities are operating under easements. Added a link to guidance on direct
		1 September 2020	'Care Act easements: guidance for local authorities' has been updated to include reference to advocates, introduce the Care Act easements notification form and reflect changes to other published guidance. The Care Act easements notification form and 'Care Act easements: supporting guidance' have been added to the page.

### APPENDIX 3: COVID-related care home deaths v COVID in the community

#### COVID-related care home deaths v COVID in the community





## APPENDIX 4: Care Home Manager feedback on impact of Well-Led Programme

### **Evidence from the care home managers about the difference it has made to them and the homes they work in.**

The cohorts also took part in an 'Evaluation Session'. This session was all about the individual cohorts and their journey with Well Led. They were invited to prepare a short overview of their journey, with focus on their reaction to Well Led, what learning had landed with them, especially about themselves and about others. They were also asked to describe as a result of the learning, what they were now doing differently, how were they thinking differently and if they were behaving differently?

Finally, as part of the evaluation, they were asked, "Is your learning having an impact? Where and who with? And what return on investment of time are you seeing?"

The cohorts delivered individual presentations, talking about their experience and their journey, either in the format of a PowerPoint presentation, or a letter to themselves, in which they gave an honest and emotional account of their journey.

The following comments are extracts from the presentations and letters:

I learned not to be afraid to challenge ways of working and also delegating work more effectively.

I am using the coaching skills I have learned to manage change, during supervisions and team meetings.

I now have a better understanding of the kinds of people in my team, I am able to listen and support them more effectively.

I feel empowered to find solutions to tricky situations with my own ideas.

Being asked questions about why I do what I do and why, made me think deep and search for the answers.

I have been able to start to make conscious changes to my style of managing so that it is more inclusive, more open and more importantly it is more supportive of others being able to solve their own problems.

This has helped the service to move forward collectively, which results in better outcomes for service users as staff feel a sense of ownership as it is their decisions they are carrying out, their way. This has led to increased morale within the team, which in turn leads to a better living environment for the service users and over time will increase the reputation of the organisation.

I would definitely recommend the Well Led course it has made me more focused, given me more drive and passion and my action learning set session, well what can I say, we have laughed cried and most of all supported each other and got some real positive ideas from each other.


Last year was extremely tough due to Covid, during the course you will finally open-up about how it affected you, this will be a huge relief to you and the group will support and empathise. Due to your own experience you are able to listen and support them too. Sharing experiences really helps to put things in perspective. I know you will find this tough at first as you have never been great at talking about your own feelings, but hang in there and give it a go, you will find the support invaluable.

Obviously you are feeling uncomfortable in a large group and this makes sense as you learn you are introverted, but don't panic everyone is lovely and no-one is here to judge you, just to help you learn and as the title suggests led well as a manager.

(You are) a more confident manager, being able to deal with conflicts much more confidently. Staff feel more confident in their manager leading to a more valuable service being delivered.

It has given me a sense of achievement as I can hear the happiness in their voices (staff) and a sense of (staff) being valued.

## APPENDIX 5: SBC COVID-19 Care Home Support – Local Planning Return letter to Department of Health and Social Care (May 2020)



**Big plans, bright future**

My Ref: JD/JL/3412  
Your Ref:

Municipal Buildings  
Church Road  
Stockton-on-Tees  
TS18 1LD  
SAT NAV code: TS19 1UE

Tel: 01642 527007  
Email: [julie.danks@stockton.gov.uk](mailto:julie.danks@stockton.gov.uk)

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.



## APPENDIX 5: SBC COVID-19 Care Home Support – Local Planning Return letter to Department of Health and Social Care (May 2020)

---

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.

## APPENDIX 5: SBC COVID-19 Care Home Support – Local Planning Return letter to Department of Health and Social Care (May 2020)

---

### 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.

## **APPENDIX 5: SBC COVID-19 Care Home Support – Local Planning Return letter to Department of Health and Social Care (May 2020)**

---

### **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.

**APPENDIX 5: SBC COVID-19 Care Home Support – Local Planning Return letter to Department of Health and Social Care (May 2020)**

---

**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