Cambridgeshire and Peterborough
Sustainability and Transformation Partnership

Report to STP Board: 24 June 2020

Agenda item:	5.
Title:	Update on Care Homes. Health and Local Authority
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Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	**INFORM**

Committees/groups where this has been presented to before *(including date)*
N/A

Purpose of the paper
To provide information and assurance to the board of the systems response in supporting the care homes during the pandemic
The STP Board are invited to:
The STP Board are asked to **note** this report.

1. INTRODUCTION / BACKGROUND

As the COVID-19 pandemic progressed, it quickly became clear that the 174 CQC registered nursing and residential homes in Cambridgeshire and Peterborough would need significant additional support at speed from both the NHS and Local Authorities (LA).

In early April the LA and Cambridgeshire and Peterborough CCG developed a Standard Operating Procedure to agree a joint way of working to support local care homes. This early work ensured that we had a collaborative approach well in advance of the peak.

Prior to the pandemic alongside the LA Quality and Contracting teams, the CCG already had a very proactive care home support team focussed on delivering high quality training and support in care homes, with Infection Prevention and Control (IP&C) nurses well connected, although there were solid foundations to build upon, additional resources were required due to the rapidly increasing work. Both the LA and CCG identified Senior Leaders to coordinate the work and the CCG redeployed additional staff from the Continuing Health Care Team.

2. BODY OF REPORT

Every home is unique and requires a different level of support and a different approach. For example, homes owned by large companies have a strong corporate function with specialist support available, whereas small, independent homes have needed more specialist support from our team.

We have provided support in the following ways:

- **Insight and tailored support** – During the pandemic information and data has been gathered via various routes including a national capacity tracker; Public Health England (PHE) and the Health Protection Agency (HPA). This has then been triangulated against the information the LA have received from the homes and by the teams completing welfare checks. A Local outbreak tracker was developed to prioritise the homes to ensure the most appropriate support and oversight was allocated. The data collected informs the daily escalation calls which are held between the LA and CCG and set the focus for the day ahead. Any escalations are then raised at the daily escalation calls involving multidisciplinary staff from a range of organisations, including community providers and the police, to discuss what support has been offered that day, and to facilitate any additional resources that may be needed for particular homes. This meeting is chaired by the CCG Chief Nurse.

  During the pandemic themes have been identified which have helped tailor the support the system has been able to offer such as; an Emotional and Wellbeing service commissioned to support staff with anxieties; both Arthur Rank and Sue Ryder Hospices have provided training and guidance for homes to support the End of Life residents and bereavement support for carers and managers; the Medicine Optimisation Team have ensured that all homes have access to medications; LA and CCG joint daily newsletters to all care providers containing up to date guidance and information and weekly care forums chaired by the LA

- **Proactive and reactive support**: All homes have received a weekly welfare check regardless of whether they had an outbreak, for those where an outbreak has been established daily contact continued until the situation is resolved. These have been well received and have built upon the

positive relationships the system has. The calls have focused on staff support, ensuring adequate staffing levels, adequate Personal Protective Equipment (PPE) levels, residents wellbeing, confirmed positive residents and staff

In the event of symptomatic staff and/or residents, information is gathered via the outbreak tool and a risk assessment is completed to determine the appropriate support and keep in daily contact with the care home. Support could come from a range of specialised staff such as integrated care workers, district nurses, continuing healthcare nurses, GPs, management & leadership support, staffing support, emotional wellbeing & mental health support, and volunteer support from the LA co-ordinated hubs, such as cooks or cleaners. These teams provide the wrap-around care and support our homes need to provide excellent care to their residents. We have also offered support in manging the 'incident' within the home, developing tools to track symptoms and support escalation.

Both of our local Hospices have provided training and guidance for homes to support the End of Life residents and bereavement support for carers and managers.

Alongside reactive support we have continue with a programme of proactive visits in line with our existing contract and quality assurance processes are maintained to ensure the safety of our residents outside of COVID. 21 Nursing Homes and a further 19 residential homes have received joint LA and CCG proactive visits, these will continue throughout the pandemic.

- **Training** – we recognised early on the need for training around PPE application and understanding legislation to support MCA & DoLs during isolation. An incident lead and a social worker has been assigned to each home to support and identify needs. Ensuring a good level of knowledge across all care homes has been vital to minimising the spread of COVID-19. We offered a range of training options including reactive training tailored to the individual needs of the home (delivered virtually or on site), and intensive training where CCG Nurses were redeployed to work alongside care home staff to ensure Infection Prevention and Control (IP&C) measures and the application of PPE were accurate, sufficient and operating well. The CCG's two infection control Nurses had received national training on the use of PPE which was disseminated as a ask by NHS England and by the 29 May the CCG had 12 'super trainers' and a further 56 locally trained staff including social workers and district nurse who were competent in the delivery of donning and doffing training to ensure the homes were consistent in their adherence to the wearing of PPE. The team trained a total of 157 homes, 40 of these were delivered face to face. The 17 who had declined were part of larger organisations whose training was deemed robust by our IP&C lead.

- **Infection Prevention Control** - the CCG was fortunate to already have a commissioned provider, Commisceo, providing care home testing for Influenza-like illness. Public Health England 'turned off' this screening, allowing us to switch to requests for Covid 19 swabbing. This commenced on 20 March 2020. It was evidenced quite early that the local Health Protection Team were overwhelmed in that results were seriously delayed, and the lab capacity was struggling to keep up with demand. Working with Commisceo, the system was changed. A new submitter code for the swabs allowed all results to be returned to both Commisceo and the Health Protection Team, with results forwarded to the infection control team providing early insight into struggling homes. This process change took place from 2 May. Any teething problems with the lab that continued are resolved by Commisceo. Residents have taken priority in the swabbing process with some staff added under individual risk assessment. Many homes are already using the national portal for resident and staff swabbing, both symptomatic and asymptomatic. Contact has been made by 121

care settings of many types of which 60 have identified at least one positive case in either a resident or staff member.

- **Technology** – our digital team worked closely with care homes to ascertain their current digital capacity for enabling functions such as remote ward rounds. This baseline information is now driving technology deployment to care homes to provide them with new ways of delivering healthcare to their residents.

- **Medications** – Our system has come together to create a collaborative medicines optimisation clinical service model for care homes with all partners contributing to the delivery of our model. We have been working closely with GP Practices and community pharmacies to ensure that care home residents receive their medications by managing supplies and reducing the impact of stock shortages, and also implementing new processes for online ordering to reduce face to face contacts. This has been vital for all patients, but particularly with respect to the availability of palliative care medications. Robust Covid 19 End of Life treatment guidance has been developed including "The Re-Use of Medications in Care Homes SOP" should an urgent need for medication arise and to assist care homes with the administration of medications from original packs, following the withdrawal of Medicines Dosage Systems (MDS) by community pharmacies. Steps are now in place to ensure all care homes have nhs.net email accounts to further support communications. In addition to this, virtual medication reviews can be carried out to support GPs and care home staff, and guidelines have been released to ensure that the care home residents most in need of a medication review are prioritised.

- **GP and wider health team Support** – our local GPs have been working hard to provide our care homes with the support they need to care for their patients. As with all patients this work has relied on virtual consultations in the first instance, with visits when clinically necessary. Each care home has a named lead clinician and we are rolling out multi-disciplinary team working via Microsoft Teams, including practice, community services and care home staff. We have also developed a suite of End of Life Care guidance which encompasses care homes, including 24/7 support via our local hospices, and rapid access to GP clinical advice out of hours.

- **Wider Support** – we have provided media management support to homes where required, including linking in with the Local Authority and PHE.

- **Daily updates** – care homes and other care providers receive daily updates sent jointly from the CCG and Local Authority. All new guidance, testing processes, suppliers for PPE, medicines optimisation updates, information on national trackers, support for remote working offers and a huge range of other information has been distributed daily through theses updates.

Key learning

We are definitely learning in action, but the key things we have learnt are:

- Single provider homes that have no corporate support function and little resilience require much more oversight
- A reactive approach isn't practical as care homes can fall over quickly, so we need a proactive approach that is risk based on CQC and LA previous intelligence
- Regular training and refresher on the use and application of PPE is very important

- Training needs to cover the basics – back to how to handwash before progressing to PPE and staff cohorting – and needs following up
- Clear partnership working to bring together a single team to deliver the support and advice
- Managers need emotional support (and a virtual hug!)
- Bereavement support and emotional wellbeing is essential for staff and managers
- A no blame approach providing consistent support and advice is needed to maintain an open and transparent relationship
- Already established Quality Assurance processes are needed to continue to ensure the ongoing safety of our residents.
- The system works extremely well together in a crisis!

3. RECOMMENDATIONS

The STP Board are asked to **note** this report.

June 2020