

A scenic view of Bedford, UK, featuring a stone bridge over a river with a large church spire in the background. The sky is blue with light clouds. The text is overlaid in white on the image.

Bedford Borough Council's Resilience Plan for Residential and Nursing Homes

May 2020

Background

On May 14th 2020 the Government announced a new £600 million Infection Control Fund to support providers. Following this announcement a letter was received from Helen Whatley looking for assurance from the social care system, over support in place for Care Homes at this time. Social Care Local Authorities were asked to respond to the following by the 29th May:

- a **letter** that sets out a short overview of current activity and forward plan
- a **short template** that should confirm the current level of access to the support offer including from homes the Council does not commission
- confirmation that local authorities are carrying out a **daily review of the local care market** and taking actions immediately where necessary.

The government letter identified five key action areas:

- 1) Infection Control
- 2) Testing
- 3) Personal Protection and Clinical Equipment
- 4) Workforce support
- 5) Clinical support

Slides 6-14 of this plan outline Bedford Borough Council's system response to the five key action areas.

Care Homes in Bedford



- As part of the Bedford Borough COVID-19 response, all provider services are receiving regular calls at a minimum twice weekly (more frequently when a matter requiring closer monitoring and support arises), from the Council's Care Standards Team.
- From the outset the Director for Adult Services has continued to chair a daily meeting with her senior team, dedicating a slot for Bedfordshire Care Group (BCG) Leads who represent residential, nursing and domiciliary care organisations in Bedford. This ensures the Council receives a daily overview of the local care market.
- BCG have a dedicated project manager funded by the Council, who is working on behalf of care providers to co-ordinate training, advice and support.
- All care sector providers have also been receiving regular communications and updates ensuring that care provider services have the most up to date information.
- Providers also have access to an out of hours service where they can obtain assistance from Adult Social Care, to prevent provider failure and safeguard vulnerable local residents.

Provider Dashboard



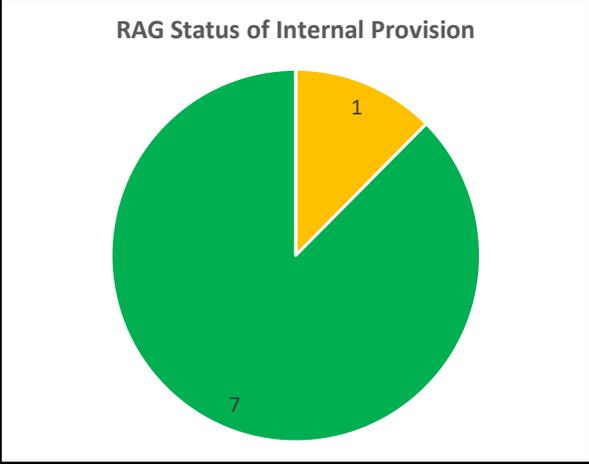
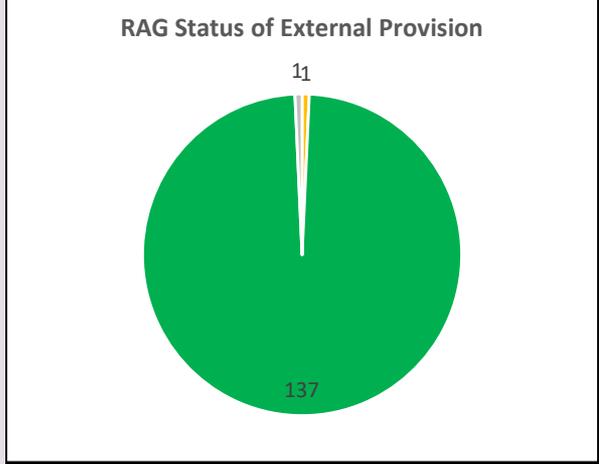
Adult Social Care has produced a Provider Dashboard, which has been collated through a number of sources including the Capacity Tracker (monitored daily), and calls directly to the Care Homes. Information contained within the Dashboard is audited and checked for accuracy by the Care Standards team and published twice weekly. This provides an overview of risks to providers, enabling issues to be identified quickly preventing escalation. If a flag is raised the team work with providers to identify solutions to any challenges faced. Daily contact with those considered as high risk for example low stock of PPE or high sickness is also ongoing. Key information includes:

- A RAG rating on staffing capacity, providing a simple mechanism to show if providers are unable to fill shifts and meet needs specific to COVID-19
- An overview of bed capacity, recognising deliberate voids to enable infection control
- Levels of COVID-19 suspected cases, confirmed cases and deaths
- Any issues around PPE
- Any other issues such as food supply and financial issues
- CQC ratings
- Environmental ratings
- Any issues, advice, information or signposting used to resolve any immediate concerns

Provider Dashboard - Example



BLACK	RED	AMBER	GREEN	UNABLE TO CONTACT	TOTAL
0	0	2	144	1	147



Green	Provider is managing to fill all shifts and the rota is not compromised, although agency may be used and measures may be taken (e.g. reduced annual leave)
Amber	Some shifts are compromised OR there is a reduction in managers/ seniors OR there is a reduction in non care staff as these roles are harder to backfill
Red	Several shifts are compromised OR there is a significant reduction in managers/ seniors which is impacting delivery
Black	The provider is not able to staff shifts to safe levels

Number of vacant beds
217

Number of providers closed to referrals
33

BLACK	RED	AMBER	GREEN	Unable to contact	Total	BLACK	RED	AMBER	GREEN	Unable to contact	Total
0	0	1	137	1	139	0	0	1	7	0	8

Summary to Date

Number of cases suspected	30
Number of cases confirmed	102
Number of deaths confirmed	50
Deaths by Client Group	
Residential/Nursing - Older People	34
Supported Living - LD	3
Supported Living - Older People	2
Dom Care - mixed client base	10
Covid Unit	1

THE FIVE KEY ACTION AREAS

Infection Control



Key Activities include:

- For isolation purposes we have created additional temporary bed capacity in the LA to support local residents who are ready for discharge. Since April the Council's respite facility George Beal House has been operating as a step down and discharge to assess facility with capacity for 12 beds. This is in addition to the additional bed capacity we have worked with Health partners to introduce. Community Health Services have reconfigured their 16 bedded Archer Unit rehabilitation service into an NHS Red Unit.
- We also discuss how each provider will be able to support symptomatic and asymptomatic (who test positive) residents to isolate. In relation to alternative provision if required, this is tracked through the Capacity Tracker and Provider Dashboard, and the Council is co-ordinating when emergency staffing or placements are required.
- We are also working with the sector to reduce workforce movement between homes, supporting with capacity and financial sustainability as a result of introducing restrictions on movement of staff through mutual aid payments. This will be further supported through the anticipated Infection Control grant funding.
- In order to deliver the National Train the Trainer response, the CCG have developed an approach which is based on a continued assessment of Infection Prevention Control (IPC) need across care homes in Bedford. To date many homes have already receive training via: Input from CCG IPC nurses that cover PHE approach; Input & training from community providers both face to face and virtually; and delivering in-house training for larger homes that covers PHE approach.

Infection Control Cont....



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Key Activities include:

- Homes identified as not trained against the National programme standard are currently part of the National approach to deliver IPC training in line with PHE guidelines. All homes will have received training by May 29th.
- We continue to monitor infection control through the calls made to providers, and we reinforce the messages through our COVID-19 email response system referring to the latest PHE guidance.
- The Council and the CCG know that it is critical that care home providers continue to observe the PHE guidance on preventing and controlling infections, including the use of PPE, isolation practices and decontamination and cleaning processes.
- Many providers are already showing good practice in their use of; deep cleaning of the home following an outbreak, taxi's for staff to and from work, local hotels to house staff who may live in houses of multiple occupancy or have a partner working in care.

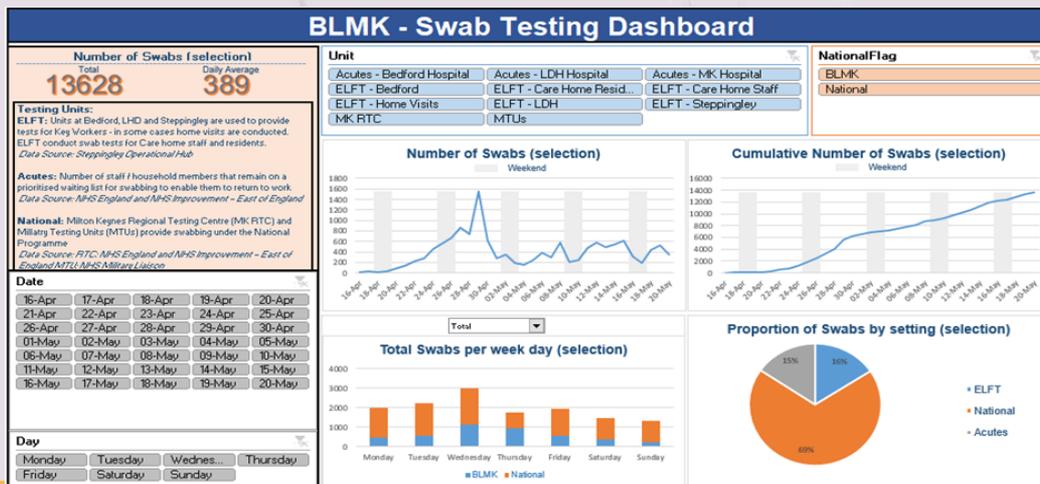
Testing



Key Activities include:

- Care homes can now access testing for all residents and staff through the new digital portal. The portal will make it as easy as possible for them to arrange tests, enabling them to directly register and receive deliveries and collections of tests.
- In addition to all other testing routes care homes have access to the local testing offer delivered by East London Foundation Trust (ELFT).
- The Government is offering a COVID-19 test to every staff member and resident in every care home in England whether they are symptomatic or asymptomatic by the 6th June 2020. If a home refers a number of residents/staff, the local team will undertake swabbing of both symptomatic and asymptomatic residents/staff as a whole service offer.
- The BLMK Swab Testing Dashboard (image below), has been developed as an information management tool that tracks and displays key data points to monitor the key worker and care home swab testing.

- Training and ongoing additional support has been put in place by ELFT to support the swabbing process where this is needed. In addition webinars to build confidence in swabbing across care homes are running throughout May.
- ELFT Swabbing and Testing Team also support Primary Care with accessing capability.



PPE and Clinical Equipment



Key Activities include:

- Availability of PPE within our care homes is a key indicator on our Provider Dashboard. Where this is flagged as an issue there is an immediate response by Social Care.
- In the first instance providers contact their usual PPE supplier, failing this they contact one of the 11 dedicated distributors. Providers are waiting for the Government Clipper scheme to be rolled out.
- If a care home or care provider is unable to access PPE through normal routes or in a timely manner, our Local Resilience Forum has been provided with short-term supplies of critical PPE, which are immediately distributed.
- Requests to access short term supplies are co-ordinated by Social Care and support is available to providers 24/7. The Council has provided emergency equipment to providers.
- As we monitor PPE closely we are aware that providers currently have the PPE they need to meet their needs. However there is concern that the cost of PPE has dramatically risen. Our initial mutual aid offer factored in additional costs and we created a system to reimburse providers for additional expenditure in this regard.

Workforce Support



Key Activities include:

- We will support the care homes as they take responsibility in their own right to reduce the spread of the virus as staff who are asymptomatic need to isolate, and as they restrict movement across homes. We recognise that this will be challenging and may require additional support through the Local Resilience Forum if a wider system response is required.
- The Adults' Directorate has also been working on a range of recruitment work streams since late March to support the market in case of a provider failure. A key objective is to create a 'bank' of additional staff that are trained and ready to work should staffing issues occur across any internal or externally provided services. This will also support providers to minimise the movement of staff across homes.
- In addition to the National Recruitment Campaign, the Council planned ahead and launched a corporate advert to attract as many applications to the Council on 23rd March. This included support to front line care services, ahead of the Government's lockdown announcement. Working with our recruitment partner we have been able to fast track 'on boarding' including training and fast track DBS. The Directorate has also redistributed staff from other internal services such as Day Services to support the Care Sector.
- Whilst this work has produced some good results and continues to be developed, recruitment into the care sector is challenging. However from this work a recruitment database is now established, matching skills, training, and resources to services/ providers who need or may need them.

Workforce Support

Cont..



Key Activities include:

- The database pulls together several streams of recruitment activity to show in real time the number of staff available for work.
- We are now also looking to see how we can work with homes to monitor the movement of staff more closely as well as ensure increased testing, and are considering how to maintain safe staffing levels in line with infection control guidance across provider services.
- We have continued to ensure the local care workforce is aware of all wellbeing and support available locally and nationally in respect of the pressures faced, including care support worker apps, and available training and information resources. The CARE app has had good uptake amongst staff providing advice, welfare and reassurance for staff.
- Our Health and Social Care Cell are working together to consider Health creating a peripatetic workforce to assist with gaps created during the crisis. For example additional nursing staff to help in care homes. This would be in line with restrictions on staff movement and regular testing.
- We have not had the need as yet to provide additional staff to externally provided services, but this has been offered and services' staffing closely monitored through our Dashboard. The use of volunteers will be considered, and in the event the LA cannot meet demands during the crisis, the Local Resilience Forum will be made aware for a wider response to assist.

Clinical Support



Key Activities include:

- Named lead primary care clinician is in place for each Nursing and Residential home, and these have been communicated to each home by CCG staff.
- In addition, all residential homes have a named community nurse.
- Work is in progress for alignment of LD homes to GP practices, and subsequently a named primary care lead clinician will be communicated as soon as this has been finalised. (There is current work underway across BLMK to determine the LD service model most appropriate for supporting LD homes).
- Supported by the CCG, practices are working with ELFT and plan to have joint primary and community care weekly virtual ward rounds, based around District Nurse alignment to practices and care homes.
- The Complex Care Team in Bedford Borough continues to contact homes on a daily basis and pathways are in place for escalation to General Practice.
- BCCG have an established care home pharmacy team aligned to PCNs to support the delivery of Structured Medication Reviews (SMRs), and provide medication support to CQC registered nursing and residential homes.
- Out of hours community pharmacy on call service is in place to ensure 24/7 access to End of Life (EoL) medicines for patients across BLMK.
- Community nurses will discuss advanced care plans with patients in residential homes as required. Specialist palliative care nurses will also advise and support those patients requiring EoL care, and advise and prescribe re pain relief

Clinical Support Cont....



Key Activities include:

- The aim of the weekly 'check ins' in residential homes is to establish or retain a multi-disciplinary approach, and the CCG are currently working with ELFT to include other individuals from the wider MDT, such as specialist nurses to offer support to care homes with specialist advice and training.
- For nursing homes, the weekly check in will be between a clinician from the GP surgery and a representative from the home, with others joining if these individuals feel it would be helpful. These weekly check in sessions will be an opportunity for a review of key patients, including those with COVID-19 or suspected COVID-19, those who are deteriorating, those approaching EoL and new admissions.
- Infection Control training is currently being rolled out and is available to all care homes, this is being co-ordinated by colleagues in our Clinical Cell.
- Other resources and initiatives include:
 - WHZAN - 15 care homes in Bedfordshire are using the Whzan system.
 - In addition information has been provided to all homes on calculating NEWS2 and the equipment needed to do this. Care homes can recover the cost of equipment purchased to support patient monitoring. Videos on how to use the equipment have been provided and a CPD accredited training package has been commissioned,
 - SystemOne proxy access in care homes has been successfully piloted in BLMK, and a programme of work is extending this to additional care homes.
 - BLMK piece of work in progress with NHSE&I to implement Video Consultations in care homes.

FINANCE, GOVERNANCE AND NEXT STEPS

Financial Support



- This support plan is in addition to Bedford Borough's Mutual Aid plan that has already been made available to providers and is part of the £600million nationally committed to support care homes.
- Bedford Borough's grant allocation is £2,217,113, based on 1,666 CQC registered beds. 75% (£1,662,834) of the grant allocation is for care homes.
- Payments to providers are to be made in two in 2 equal instalments; Payment 1: May 2020. Payment 2: July 2020.
- In order to receive the second instalment, Residential care providers will be required to have completed the Capacity Tracker at least once, and committed to completing the Tracker on a consistent basis to be eligible to receive funding. This funding should only pay for activity to help reduce the risk of infection and is not intended to be used to improve provider financial resilience.
- Details of Bedford Borough's mutual aid plan were forwarded to providers outlining how they can submit requests for aid on 20th March . The second wave of Mutual Aid was advised to providers on 4th May allocating an amount equal to 10% of care spend for the period April – May. This was paid to all providers based on their bed numbers.
- The Service also uses the intelligence collected as part of the Provider Dashboard to flag any concerns regarding a provider's financial sustainability, such as high number of vacancies, staff shortages, which are then further explored with the provider to prevent escalation.
- We have strong relationships with our providers. We aim through the regular calls, representation from the Bedfordshire Care Group on our daily management calls and the regular communications, to install a high level of confidence across the care sector. We will work closely with the sector through recovery and the challenges this is likely to bring. Financial support to date has been achieved through mutual aid, and we will distribute the Infection Control Fund in accordance with the conditions set out to enable them to reduce the spread of the virus and to restrict staff movement, and adhere to national IPC guidance.

Governance

The Council continues to deliver its services across the Borough. Command, Control and Coordination arrangements are established:

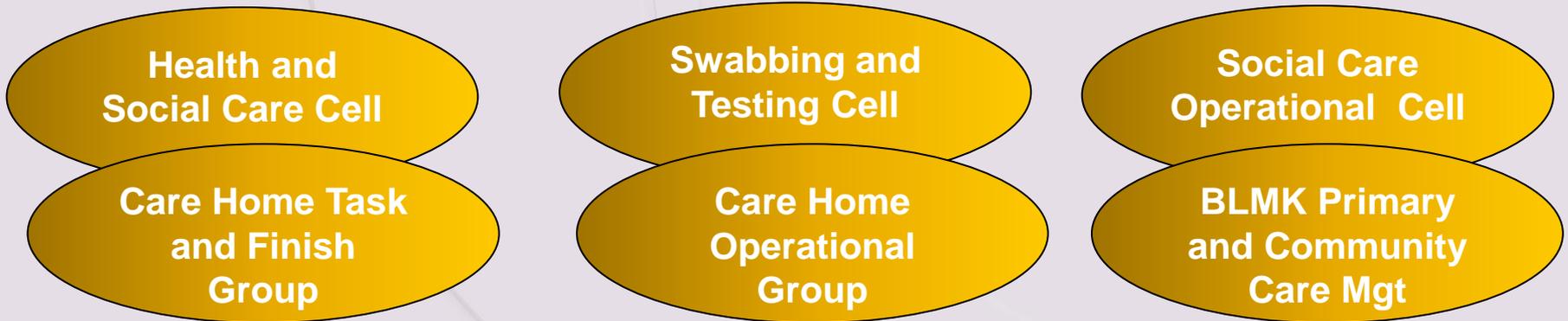
GOLD – Senior Management and Members undertake strategic level management

SILVER – tactical management is coordinated by this group which consists of Chief Officers and key departmental managers.

Both GOLD and SILVER have nominated representatives that take part in the following multi-agency groups:

- Strategic Co-ordination Group (SCG)
- Tactical Co-ordination Group (TCG)
- And sub-groups as part of the Local Resilience Forum (LRF)

The key subgroups that support our Care Sector include the following:



In all areas of our support as a health and care system, we consider safeguarding to be of paramount importance as well as the upholding of human rights. Through governance all partners must ensure that support and care provided to individuals will be maintained throughout and considered in the plan, including all ethical matters and with strict adherence to the principles of the mental capacity act.

What Next?



- The impact of the coronavirus on the Health and Social Care system is unprecedented. Across the system huge changes have been made to respond to the crisis with staff, partners, providers and the public all working and engaging in different ways. This has delivered significant transformations and true innovation in a very short space of time. It is important to ensure that the learning from this collaborative response is not lost and can be built on to deliver sustainable, innovative, and person-centred services for the future.
- Key to this will be the use of data and technology moving forward, supporting not only prevention and short term intervention, but changing the way we deliver long term support as a whole system.
- To this end we are co-producing a recovery plan with all of our key stakeholders and partners, which of course includes our providers and our citizens.
- Communications will be remain enhanced with a monthly webinar hosted by the Council, updating Care Providers with an overview of support and actions.
- Our ambition is to ensure a sustainable provider care sector coming out of this crisis, that meets the needs of our citizens both now and in the future.