Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 21 July 2020

Covid-19 Impact on Lancashire Care Homes

Contact for further information:

Sumaiya Sufi, Quality, Contracts and Safeguarding Adult Service, Lancashire County Council, Tel: 01772 530368, Sumaiya.Sufi@lancashire.gov.uk

Executive Summary

The impact of the COVID-19 pandemic on the care home sector in Lancashire has been significant. Using information gathered daily from each care home, the County Council, with the assistance of the Lancashire Resilience Forum, has been able to respond to support care homes across a range of areas. The focus of the support has changed as the pandemic has progressed; the priority always to ensure care homes are able to continue to deliver safe care.

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Note the hard work of care homes in Lancashire to continue to provider care during challenging circumstances.
- (ii) Note and support ongoing measures to support the care home market in Lancashire.

Background

There are 425 care homes in Lancashire providing care and support to people with a range of needs; 80% are care homes that support people over the age of 65. The government's adult social care plan highlights that care homes are particularly susceptible to outbreaks of COVID-19. Thus the county council's focus has been to protect the sector; establishing pathways and robust communication channels which support the hardworking and passionate staff in these settings to continue to deliver safe and quality care under challenging circumstances.

Key to the county council's approach in maintaining market resilience has been the development of systems that have enabled the collection and reporting of accurate and timely data on the impact of the pandemic across the sector. A team of county council staff call each care home in Lancashire every day and ask a range of questions including availability of PPE, food shortages, transport issues and workforce pressures.

The purpose of this report is to highlight the challenges faced by care homes during this first phase of the pandemic and outline measures taken by the county council with Lancashire Resilience Forum partners to support the sector.



Provider Engagement

Due to the increasing amounts of guidance being released and the rate of change to that same guidance, the county council provider weekly webinars have been instrumental in communicating key information in a timely manner. It also provides an opportunity for care homes to ask questions of the county council and a means to connect with each other which has been received positively by all involved. Providers also receive a weekly newsletter summarising updates and a dedicated section on the county council's website has been set up which is routinely refreshed with the latest content.

Management of Outbreaks

Public Health England define an outbreak as two or more cases in a setting, anything less is classed as an incident. Management of incidents and outbreaks in Lancashire has been led by the county council's Infection Prevention and Control Team (IPCT). The IPCT provides information, advice and guidance on notification of an incident or an outbreak and maintains regular contact with the care home. They also attend the county council's weekly provider webinars and share updated government guidance and learning from recent outbreaks.

Care Home Outbreak Information published by Public Health England shows that outbreaks have been on a downward trajectory since early May, however since 11 June 2020 there has been a small increase in incidents across Lancashire. The County Council has systems in place to manage these incidents and will work with care homes to ensure that the infection control grant funding made available from Central Government is used effectively to reduce transmission.

By comparison to the whole of England Lancashire's Covid-19 deaths figures are slightly lower than the national average.

During weeks 10 to 21[1] (aggregated) in Lancashire county council area:

- 30.7% of deaths from all causes occurred in a care home setting (England = 30.8%)
- 40.7% of deaths from all causes occurred in a hospital setting (England = 40.9%)
- 24.8% of deaths with a COVID-19 mention occurred in a care home setting (England = 29.2%)
- 70.0% of deaths with a COVID-19 mention occurred in a hospital setting (England = 64.0%)

Testing

We understand the vital importance of testing everyone who lives or works in a care home setting in managing the spread of the infection and reducing the death rate. Understandably the demand for testing has been high and at times has exceeded available capacity. As such the Adult Social Care Cell has written to all care homes outlining the approach to testing and how prioritisation would be applied. To support them to undertake the testing, care homes have also been given access to a team of 70+ volunteers from St John's and Army Veterans who can attend as needed.

^[1] Week 10=WE 06 March, Week 16=WE17 April, Week 21=WE 22 May

Partnership Working

In recognition of the specific needs of the entire care market in Lancashire, the Lancashire Resilience Forum established an Adult Social Care Cell. The Chair of the Cell is Louise Taylor, Lancashire County Council Executive Director of Adult Services and Health and Wellbeing and includes membership from Directors of Adult Services for Blackburn with Darwen and Blackpool unitary councils, a Clinical Commissioning Group (CCG) Chief Officer representing the Lancashire and South Cumbria Integrated Care System (ICS), senior clinical representatives from the Lancashire and South Cumbria Clinical Commissioning Groups, Police and Military Planning colleagues. This wide membership allows the county council to raise the profile of key issues in the care market and ensure that our approach to prioritise and protect is consistent across the county.

Partnership working has also been critical in helping the county council to receive independent challenge on our pandemic planning and response; in the main this work has been carried out by Police and Military colleagues and has included our data collection and provider failure workstreams.

Personal Protective Equipment (PPE)

The challenges with Personal Protective Equipment (PPE) have been well documented across the country. Not only have care homes struggled with obtaining the right equipment, but they have also faced issues with having access to the amount needed to ensure safe delivery of care. Changes in Personal Protective Equipment guidance has also been difficult to keep up with. In Lancashire we have tracked care home access to Personal Protective Equipment via our daily calls and to date £3.6 million of Personal Protective Equipment has been procured for the care home market in Lancashire. This has included central government issued supplies which have been supplemented by our own sourced Personal Protective Equipment kit. Our Infection Prevention and Control Team have kept care homes updated on the changing requirements via the regular webinars, updates to the provider website, messages in the weekly newsletter and by offering specific advice and guidance to individual care homes as needed.

Financial Support

Prior to the onset of the pandemic, the county council had agreed an average fee uplift at an estimated cost of £19.3m to cover inflationary and national living wage pressures in the sector. Recognising the additional financial contribution that COVID-19 would require, the county council launched early on in the response a financial assistance scheme for adult social care providers. Care homes can claim via this scheme for additional costs incurred. For example this could involve having to recruit additional staff to cover above normal sickness/staff absence levels or to arrange for staff to attend additional training.

Workforce

The county council recognised in the early stages of the pandemic that maintaining the supply of a workforce for the care market in Lancashire was a key component to ensuring the safety of people receiving care and the overall stability of the care market. An auxiliary workforce was quickly established and trained using a combination of on line and care setting based methods (we have used our own care homes and provider homes to facilitate on the ground work shadowing experience and training).

The auxiliary workforce is a mixture of paid and volunteer staff, and includes staff from within the county council who have been redeployed from other services to support the front line.

The emotional toll on care home staff has been considerable; particularly in care homes where there have been high number of cases/deaths. Funding from the Lancashire Adults Safeguarding Board has been used to commission 'My Home Life' to deliver virtual check in and chat sessions.

In light of the emerging research evidence on occupations and ethnic groups that are at increased risk from the virus, the county council, on recommendation from the Lancashire Resilience Forum's Black, Asian and Minority Ethnic (BAME) Groups cell, has agreed a risk assessment tool for all care staff to complete. Sadly an employee within one of the county council's care homes has died as a result of contracting the virus.

Increased Support

The impact of even one or two cases of the virus in a small care home can be significant, leaving the care home in a challenging situation. The county council established an escalation procedure which allowed us to put in place a virtual multi-disciplinary team around care homes that need that additional support. A provider failure plan has also been developed and tested so that we know we have appropriate plans in place in the event that a care home is not able to continue to provide services.

Quality

Whilst the county council has not been able to undertake our routine monitoring visits, we have continued to carry out a small number of exercises using virtual means. A new temporary team has also been established to support care homes as part of the recovery phase and alongside safeguarding colleagues, they can arrange to visit should this be felt necessary.

Care Quality Commission (CQC) ratings

The current status in Lancashire is as follows:

Residential Social Care	Lancashire											North West*		England		
	Safe		Effective		Caring		Responsive		Well-Led		Overall		Overall		Overall	
Inadequate	11	3%	4	1%	0	0%	1	0%	10	2%	9	2%	31	2%	210	1%
R. Improvement	78	19%	48	12%	21	5%	42	10%	62	15%	55	13%	281	15%	2405	16%
Good	321	78%	352	85%	379	92%	352	85%	327	79%	335	81%	1488	80%	11793	78%
Outstanding	2	0%	8	2%	12	3%	17	4%	13	3%	13	3%	58	3%	660	4%
Total										412		1858		15068		

The Care Quality Commission onsite inspection programme is paused and instead they are operating an emergency framework. The county council continues to work with the Care Quality Commission and partner organisations to maintain quality standards in care homes.

Wider Care Market

Although the focus of this report is the care homes market, it should be noted that the other areas of Lancashire's care market, namely domiciliary agencies and supported living settings, have had access to the same pathways of support where possible. There have

been some exceptions such as availability of extended testing, which for care homes has been helped by the introduction of the whole home testing programme. Improvements in these pathways continue to be advocated via Lancashire County Council's COVID-19 testing group which feeds into the Lancashire Resilience Forum's testing cell. Work is also underway to deliver an infection prevention and control train the trainer programme for these services.

Further challenges

A lot of hard work has been undertaken to respond to the pandemic whilst still ensuring the safe delivery of services, however it is apparent that as we move to the next phase, there are still clear risks. These include; the movement of staff between settings, which has been linked to transmission of the virus, risk of an increase in outbreaks if good infection and prevention control is not maintained -particularly around observing social distancing, hand hygiene and use of correct personal protective equipment, as well as the pressure on care homes to accept people discharged from hospitals as the acute sector transitions into a business as usual environment. These challenges will require further commitment for the longer term from care homes, the county council and partners.