

Adult Social Care and Communities Scrutiny Committee

Joint Report from the Executive Director of Adult Social Care
and the Director of Public Health.

COVID-19 Adult Social Care Update

Purpose

This briefing provides an update for the Adult Social Care and Communities Scrutiny Committee on aspects of the COVID-19 response in care homes and domiciliary care in Gloucestershire. It covers the Adult Social Care Infection Control Fund, NHS discharges to care homes, a care home lookback exercise that was agreed at the previous scrutiny committee meeting, Care Home visiting, day trip and Day Centre guidance and issues of testing in care homes and domiciliary care settings.

Spend to date against the Adult Social Care Infection Control Fund

The Adult Social Care Infection Control Fund is worth £600 million nationally. The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.

A small percentage of it could be used to support domiciliary care providers and support wider workforce resilience to deal with COVID-19 infections.

The grant conditions specified that at least 75% of the funding was required to be spent on COVID-19 infection control measures in Care Homes but did not allow the purchase of PPE; the remaining 25% could be used on other infection control measures including PPE and for the wider care market. Care homes were obliged to sign up to the National Capacity Tracker and be regularly submitting data in order to receive the second tranche of funding.

In Gloucestershire, all funding was allocated to providers under a grant agreement, which once signed/returned, allocated the 75% portion among providers, based on the number of beds stipulated on the CQC list supplied by central Government. In the first tranche, 188 care home providers (93% of beds) returned the agreement and were paid. The 25% portion was allocated to domiciliary care providers in the first tranche; 68 of them returned their grant agreement and received an allocation of funds.

For the second tranche, 191 care home providers have received a share of the 75% funding portion. The 25% funding portion is currently being dispensed to 68 domiciliary care providers and 52 supported living providers.

Allocation and dispensing of Infection Control Fund in Gloucestershire as of 20th August 2020 can be seen in Appendix 1 (in the attached table).

The £319,845.38 funding that was not dispensed from tranche 1 (25%) has been identified for the flu vaccination programme for care workers in all settings. The grant conditions around the 75% funds are more stringent and these must be spent on Care Home COVID-19 related infection control measures. £403,96.11 of the 75% for care homes has not been allocated and remains within our funds. It is possible that some care homes will challenge their allocation of the second tranche as the national tracker which they have to complete regularly in order to receive the second payment has on some occasions proved inaccurate. It is unlikely that much of the unallocated fund will be claimed in this way however. Discussion is ongoing as to whether the remaining amount will be distributed amongst eligible providers or returned to Government.”

NHS Discharges to Care Homes

In Gloucestershire, national guidance for care homes was followed going into lockdown. It is worth noting that guidance was changing rapidly and frequent updates were required to provider's operating procedures. It was also acknowledged nationally that access to PPE was limited to the stock which GCC and CCG were able to require, and was later supplemented by national PPE drops to the LRF. Hospitals followed national guidance when discharging patients into care homes, updating practice as required. In the vast majority of circumstances, care homes were compliant with PPE practice as each guideline was issued and alerted commissioners if they required additional PPE stocks.

New guidance was released in the week beginning 20th April stating that all care home residents should be tested before being discharged from hospital. Patients transferred to community facilities such as rehabilitation units or to care homes were therefore tested as per the guidance followed by Gloucestershire Health and Care NHS Foundation Trust:

- Direct admissions are tested and kept in an Amber cohorted area until the results are known. They will then move to either a red Covid-19 Positive area or Green cohorted area (as per NHSE/I; PHE).
- All admissions who have transferred from the acute trust (independent of whether they have had a test before) or other facility are tested and follow the same cohorting practice.
- All people who are discharged to care homes or discharged home with packages of care are also tested within 3 days before discharge. Admission to care homes happens only once a NEGATIVE swab result has been returned having been taken no more than 72 hours prior to admission. In addition to this, guidance states that despite a Covid-19 negative test that all admissions will be isolated for 14 days after placement.

The Infection, Prevention and Control (IPC) cell and Activity and Bed Planning Cell (ABP cell) have both been key advisors in the management of discharge of patients to care homes. At the current time in Gloucestershire, anyone being placed in a nursing home must be screened and have a negative COVID-19 swab 48-72 hours before discharge. This gives some level of reassurance; however, they will then still need to be isolated for the first 14 days after placement to ensure COVID-19 isn't present. There are 2 Hospital Discharge Support Units to help prevent the spread of Covid-19 and there have been no issues with patient flows. In addition, Gloucestershire Integrated Brokerage Team maintain a log of capacity within care homes, care agencies and empty properties to ensure that support is delivered quickly and efficiently when a referral is made.

Government guidance (see link below, correct as at 31/07/20) suggests that a placement can be made whilst a COVID-19 test result is awaited but this isn't Gloucestershire's policy.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905805/203107_Admission_and_care_of_residents_in_a_care_home_during_COVID-19.pdf

Care Home Lookback

A process for a look back on Covid-19 cases, outbreaks and mortality in Gloucestershire care homes to date has been developed. The aim is to learn from what happened during the initial peak of the Covid-19 pandemic in order to make any appropriate changes which could facilitate better outcomes if there is a resurgence of Covid-19 cases in the coming months. It is crucial that this is done rapidly to ensure changes can be implemented in advance of any future increase in cases.

The work is being undertaken using quality improvement methodology with support from the quality improvement team, and will include a wide range of stakeholders including GCC, CCG, GHC and care homes. The review will include; data analysis, structured interviews with colleagues involved within the wider system and semi-structured interviews with care homes. This will identify positive and negative learning points which will be collated into themes with actions. Consideration of the sensitivity of this project is crucial and care homes who take part will remain anonymous in any reports. The aim is to have initial themes and actions by the start of November.

Director of Public Health Advice for Care Home Visiting

In July 2020 government [guidance](#) was released requiring that prior to visits being allowed in care homes, the director of public health in every area should disseminate their view on the suitability of visiting in the local authority area, taking into account infection rates and the wider risk environment.

The decision on whether or not to allow visitors, and in what circumstances, is ultimately an operational decision for the provider and managers of each individual

setting to make. However, this decision should be based on the advice from the Director of Public Health, as well as any additional advice or guidance from the local infection-control lead from the CCG, and the local Public Health England Health Protection Team.

Local Guidance has been issued to care homes and publicised on the [GCC website](#).

To monitor the situation, the C19 Tactical Response Group will review all relevant intelligence (e.g. cases, testing, community hot spot areas) weekly to decide whether there is a need for any action in terms of controls or containment. This will use the 'Hierarchy of Controls' being developed, which will include care home visiting. The group will log the decision and the information used to make this decision. In the case of sudden changes identified as part of our daily monitoring between the C19 Tactical Response Group, these would be raised to the C19 Health Protection Board.

Advice Regarding Residents Leaving Care Homes for Visits/Holidays

Many people (particularly young people) residing in care and supported living settings are used to a regular visit home or to going on holiday with parents, carers or friends. With the introduction of controlled and time-limited visiting inside the care setting, the next step was to look at how residents/ tenants visiting with family away from the care setting could be safely facilitated.

In lieu of national guidance which is still outstanding, local guidance was drafted by colleagues from the GCC Integrated Disabilities Commissioning Hub and Public Health and reviewed by the Infection, Prevention and Control Cell. The guidance asks residents/tenants to agree to visits away from the care setting only where this is necessary to maintain their wellbeing and where virtual communications and visits within the care setting are not enough to support good mental health. Any visiting or holiday arrangements will be jointly agreed between the family, the resident/tenant and the care provider and are subject to full risk assessment and robust care planning. We are not currently supporting residents/tenants to take holidays outside of the UK.

The guidance is currently with the Care Providers Association for comment before wider circulation.

Day Centre Guidance

The issues involved in re-opening day services safely are complex, given the diverse nature of each of the services. The decision to re-open or offer a variation of a service through a phased reintroduction is a decision for each provider based on thorough risk assessment informed by Government guidance.

Based on national guidance available on the 29th June, local guidance has been developed that will provide a framework for providers who are re-opening both building based and community external day services or for those who want to offer a variation of their service through a phased reintroduction. For all day services a risk assessment must be completed. Guidance on carrying out risk assessments for

safety, health and environment (SHE) and for all individuals who will attend the building / undertake community support have been included. The document contains links to national guidance on infection prevention control and working safely and it is noted that as the situation evolves guidance is being continually updated and providers should check back to the [government website](#) for the latest information on a regular basis.

Testing in Care Homes

Antigen (Rapid PCR) Testing:

On 3rd of July Ros Roughton wrote to Local Authorities launching the next phase of the testing in adult social care strategy where it was set out how care homes can access testing through local PHE Health Protection Teams in the event of an outbreak and through the National Testing Programme in other circumstances. Based on advice from SAGE, it was proposed, from the 6th July, to start to roll out weekly testing of staff and testing of residents every 28 days in all care homes without outbreaks through Pillar 2 testing.

DHSC subsequently wrote to Local Authorities on 31st July stating that whilst they have had a positive response to the roll out of regular whole home testing with most care homes having now registered, as a result of a numbers of factors including rising demand across testing and unexpected delays, DHSC had not been able to reach all care homes for older people and people with dementia as quickly as hoped.

They issued revised timelines for regular care home testing and now hope to reach all care homes for older people and people with dementia by the 7 September 2020. For homes that have already started regular testing, there may be a wait for the second month's order to be fulfilled until all care homes for older people and people with dementia have been reached for the first round. DHSC indicated that all other adult care homes will be able to start to place orders for test kits from the 31 August 2020. There was a further communication on Friday 21st August that has been passed to providers requesting that Care Homes are encouraged to undertake regular testing at weekends to help manage the national capacity. It should be noted that all care homes that have symptomatic residents will continue to be able to access testing through the local PHE Health Protection Team in the South West.

DHSC communicated directly with care homes who have registered for regular testing to inform them of the revised rollout dates and have reassured Local Authorities that care home testing has not stopped. Over 50,000 tests are being issued a day to care homes across the country, with the majority of these in high priority outbreak areas.

In Gloucestershire between the 2nd July and 11th August 115* Care homes registered for and received testing kits. This data is now being updated monthly, so an update is due mid-September.

*this number may include the same care home registering for repeat testing and Other care homes will have completed care home testing prior to 2nd July.

Antibody Testing:

Antibody testing for Covid19 is now available to social care provider staff. This is ahead of any national scheme and is being carefully managed and monitored. A positive antibody test does not indicate that somebody is immune and so it is important staff understand the significance of the result it to support an understanding of how C19 has spread, and it is emphasised that they must continue to follow all infection prevention control procedures carefully. We have managed to secure clinic dates as of Monday 27th July and these will be updated weekly with further clinic times. There are two routes to testing:

1. For care providers with trained staff who are able to take staff bloods in-house: They complete an online form for all staff who require testing and then email a named contact who organises the necessary equipment to be sent to them.
2. For providers who do not have the facility or are unable to take bloods in house: individual staff make an online application for a suitable clinic date and time.

Care homes have also been sent a testing route map diagram to help clarify (Appendix 2).

Research that Reported the Low Prevalence of C19 in Domiciliary Care Workers

A recent study carried out by Public Health England in June 2020, found that the prevalence of COVID-19 among active domiciliary care workers was in line with the general population at the time of the study and was not a higher prevalence as observed in studies of front-line healthcare workers and care home staff observed earlier in the epidemic. It is important to note that there were a number of limitations of this study, in particular the possible under-representation of currently symptomatic domiciliary care workers and data collection after the peak of the epidemic. This research was key to the national decision to withhold introducing regular routine testing for Domiciliary Care Workers. This remains under review at the national level.

COVID-19 prevalence survey: domiciliary care staff in England PHE July 2020:
<https://www.gov.uk/government/publications/covid-19-prevalence-survey-domiciliary-care-staff-in-england>