

Bolton Health and Care Partnership - Care Home Support Plan

Assurance Area	Local Response
<p>Joint work to ensure care market resilience locally, and that support is in place for care providers as set out by Government in this letter. This should include confirmation of daily arrangements in place to review the local data and information of the state of the market locally.</p>	<ul style="list-style-type: none"> • The Care Home and provider support arrangements have been overseen by the statutory directors for Adult Social Care (DASS) Director of Public Health (DPH) and Director of Strategic Commissioning (CCG/Council) with clinical input from Divisional Director of Nursing and GP clinical leads (CCG/LCO) • QA/CCG team check NHS capacity tracker daily by 10.00am • 3 times weekly market resilience meeting to consider monitoring, intelligence, sitrep and care providers calls feedback – resilience support offer • Head of Commissioning Council and CCG lead Nurse Weekly calls with regional CQC lead • Twice weekly calls to care providers by QA and FNC team to complete Sitrep • Complete GM and NW ADASS sitrep • Bi-weekly Webinars for care home providers with system partners to discuss guidance, queries, local pathways, and mutual aid
<p>Your system's collective level of confidence that these actions are being implemented or plans are in place to urgently implement, briefly setting out any areas where there are concerns and what support you might need.</p>	<ul style="list-style-type: none"> • The local Health and care system has a high level of confidence that the support offer locally that was implemented from 13th March 2020 continues to meet the requirements as set out in the guidance. • Emergency control infrastructure established immediately combining Major incident and HERG to ensure system oversight, Bronze incident control chaired by DASS and oversaw Care home cell to ensure plans in place, responsive and engaged with case sector. • Escalation through to Gold and LRF and GMHSCP on issues that have affected care sector to mobilise mutual aid, access to PPE and equipment and sharing best practice • Challenges remain with financial sustainability for the market and increasing occupancy rates,

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<p>A short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures experienced by care providers, taking into account local market context and pressures. This should include reference to any temporary or longer-term changes to fees paid by commissioners</p>	<ul style="list-style-type: none"> • Emergency extraordinary expenditure process for all providers to submit financial claims in relation to COVID 19 opened on 26th March running until 30th June 20. • Paying on plan for all home care, extra care, day care, supported living • Expedited paying providers so no delay in cashflow • Monitoring occupancy, open book approach to finances on individual basis of homes in the 'concerned category' – to consider viability and options for providers • The LA has over recruited staff to its in house services, in order to free up staff to move into other care homes if needed, a standby team is in place but has not been required to date. Published fee uplifts that had bene previously consulted upon with care sector to ensure fees were 'fair'
<p>The approach agreed locally to providing alternative accommodation where this is required, and care arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide this</p>	<ul style="list-style-type: none"> • Additional 14 beds for discharge commissioned from the independent sector who are able to cohort wings, rooms for people to be shielded, self-isolating • Repurposed Council Residential home to support discharge 32 beds, medical cover commissioned for beds from primary care • Medical cover from primary care commissioned to support intermediate tier as step down and up beds and Covid hot floors/wings • Business plan re. hotel usage ready for step up if required – (Not required to date) • Priority to support care sector with any additional beds to be commissioned. • LD and MH respite units repurposed to support individuals isolating or shielding, and additional infection prevention control advice re. supported living where individuals are shielded • Extra care units available to commission on needs basis to support people shield who are unable to remain at home
<p>Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.</p>	<ul style="list-style-type: none"> • Bolton ICP in conjunction with CCG lead nurse have supported the care homes with mutual aid offer including the recruitment of the Nurse returner program, further recruitment underway to support.

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	<ul style="list-style-type: none"> • FNC team deployed into homes in partnership with the local IPCT offer individual advice and support, nursing cover where needed on request from homes. • Provider of last resort offer in place with Bolton LATC supporting providers where staffing an issue and impacting on safety – deployed to LD residential home in April when COVID impacted on the home. • Volunteer offer through Bolton CVS – volunteers identified and trained – not required to date but read to mobilise if needed • In-reach offer of support from Bolton Hospice to care homes managing end of life care • GP clinical lead from Bolton LCO identified for care homes and clinical support form Medical Director through interface meetings to consider
Infection Prevention control measures	<ul style="list-style-type: none"> • Engagement sessions 13th March Care Homes on What is Covid-19? - Advice and support on disease presentation, signs and symptoms – supported by clinical leads, CCG, Council, Public Health, and Infection Prevention control team • Kept providers updated on the Infection prevention control guidance, training on what this means, and access to individual home support through Infection Prevention Control Team (IPCT) and community health division and council quality team. – webinars, advice line, weekly newsletter • PPE – guidance on usage and delivered training on how to use, provider video for providers to use. Daily sitrep across whole system is in place monitoring PPE, and a daily cell to co-ordinate the distribution of stock • PPE – local emergency pathways implemented immediately to support accessing Local Resilience Forum (LRF) stocks, provided care homes and other providers with advice on procurement and where there were providers with stock, and additional procurement via Council • All care providers were supported to check their business continuity plans and especially the care home sector were advised that staff should not work across multiple locations. However, there is an acknowledgment that

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	<p>use of agency staff at this time is crucial for business continuity and the training re infection control is extended to this group if regularly in use. Many businesses report they have regular bank staff or agency staff.</p> <ul style="list-style-type: none"> • Cohort and quarantining residents – advice on why, how and access to IPCT during an outbreak, support to homes to help develop business continuity plans on request, difficulties especially in Dementia Homes to cohort residents who are agile, D2A beds available for Dementia where became problematic. • Helped providers to consider reducing the movement of staff wherever possible, safe staffing levels, and business continuity • Mutual aid advice and guidance to support access to other providers and escalation to Council and CCG to mobilise resources as a provider of last resort, including recruitment of nurse returner to support nursing homes • Testing - a local pathway was implemented in early April for care providers where there were outbreaks for residents, and priority access to national testing for staff who were symptomatic through the national and local test sites. • Local pathway was put in place for testing residents on discharge from hospital for care homes prior to the national guidance change, and other social care settings such as supported living, guidance also to providers accepting an admission of a resident irrespective of the negative test on admission they should self isolate for 14 days on admission or readmission. • Supplied equipment to take basic health observations, community nurses provided equipment training and produced an exemplar care home policy for them with the GP clinical lead • Identified lead GP practice per home and built on existing primary care LES Care home scheme, support to care homes also includes Pharmacy support via the CCG and Bolton LCO
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	<ul style="list-style-type: none">• Regional recruitment campaigns for the sector through NWADASS and GMHSCP - #carehero campaign• Community nurses and Bolton Hospice provided additional support around EOL care, advanced care planning and accessing anticipatory medication
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Plan developed 28th May 2020

Plan to be reviewed 4 weekly