wakefieldcouncil
Adults, Health & Communities
Corporate Director: Andrew Balchin
Town Hall
Wood Street
Wakefield
WF1 2HQ
**T** 01924 306953;
**E** abalchin@wakefield.gov.uk
Typetalk calls welcome

Our ref: AB/BT

Date: 29th May 2020

Helen Whately MP
Minister of State for Health and Social Care
39 Victoria Street
London
SW1H 0EU

Dear Ms Whately MP

**Wakefield District Care Sector Resilience**

It has been the sincere aim of all partners in Wakefield District to recognise the extraordinary contribution of our independent care sector colleagues in addressing the challenges of the COVID-19 pandemic, and to do all in our power to support and sustain the work that they do.

Our local plan was written to link to the Department of Health COVID-19 Action Plan for Adult Social Care published on 15 April 2020, Hospital Discharge service requirements published on the 19th of March 2020 and all other relevant guidance.

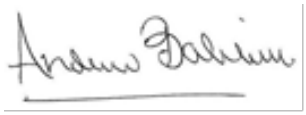
We have been asked to provide assurance on the following areas:

1. Joint work to ensure care market resilience locally
2. Our system's collective level of confidence that these actions are being implemented or plans are in place to urgently implement
3. Short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures
4. Approach agreed locally to providing alternative accommodation
5. Local co-ordination for placing returning clinical staff or volunteers into care homes

The narrative in Section One of this response describes our answers to the questions above. Our collective level of confidence in the actions is captured by the RAG rated action plan at Section Two.

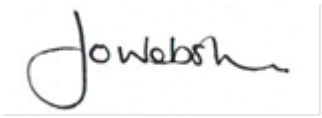
We trust that this provides sufficient assurance, but please do not hesitate to request any further information if required.

Yours sincerely



**Andrew Balchin**
**Corporate Director**
**Adults, Health and Communities and Acting Chief Executive**

**Anna Hartley**
**Director of Public Health**



**Jo Webster**
**Chief Officer**
**Wakefield CCG**

Section One

## 1. Joint work to ensure care market resilience

Our approach from the outset has been one of collaboration and joint working. In early March 2020, we ran three scenario planning workshops (with care homes, domiciliary care and supported living). These were attended by providers/managers from the sector and colleagues from LA and CCG. We worked together to predict where the pressures were likely to arise in the coming weeks, and agreed what we needed to do in order to meet these collectively. The majority of our approach since that time has been putting into place the actions that we all felt would support the resilience of the care market. This has been further informed by regular contact with care home providers and managers through an open door policy (7 day access to core staff by email and phone) and by weekly conference calls sharing information and collecting feedback.

The main actions taken include:

### 1. Control and reduce the spread of infection in care settings

The Kirklees and Wakefield Infection Prevention and Control (IPC) team provide a dedicated clinical team to identify, address and control the spread of infection. This includes daily calls with care homes experiencing an outbreak. In addition Public Health England provide expertise and advice including access to a Consultant in Communicable Disease Control as required. This support is provided 24/7.

Enhanced training in PPE and infection control is being mobilised through a train the trainer approach, led by CCG Chief nurse and a team of nurse trainers. 93 homes have all had IPC training and have been deemed competent. They are all in receipt of the IPC resources, have breakout plans in place and have IPC colleagues to call on to address any queries. All the homes are aligned to PCN areas and have a dedicated person from the virtual care home support team as a link offering them bespoke calls support and training.

Wakefield Council Care and Support Commissioning Team have been acting as a 7 day a week support and information hub (CSCT Hub) since mid-March, including co-ordinating the provision of emergency PPE supplies to the sector. These are accessed either through the completion by care sector providers of the daily sitrep or by email or phone into the hub and fulfilled through LRF PPE provision.

We have made around 55 deliveries of emergency PPE to care homes including over 15,000 masks, 230 visors, over 100 boxes of gloves, over 16,000 aprons and 55 bottles of hand sanitiser. The Council's Equipment Service has extended its response to continue to operate additional hours in order to be able to provide equipment/beds to provide a same or next day service to support hospital discharges that includes to care homes.

Wakefield CCG opened up staff testing during the Easter Bank Holiday weekend to care sector staff who have been able to access tests for symptomatic staff. This has continued and been enhanced by national initiatives, with more than half of our older people's care homes having accessed the national care homes portal for testing.

We have been working with care home providers to consider the issue of stopping the movement of staff between care homes and/or reducing the use of agency staff. This is a difficult issue to resolve, as there is a delicate balance between reducing infection and having

enough staff to deliver care effectively. Broadly speaking, care homes have tried to reduce their use of agency staff where possible, providers who have more than one home are avoiding sharing staff between homes. We are also trying to ensure that when we redeploy staff to support care homes in emergencies that we keep staff restricted to one home.

We conducted a survey of care homes to find out if any had specific problems quarantining new admissions, and 6 told us they did. This was related to the layout of the home and difficulty particularly in isolating residents who have a tendency to wander. We are expediting the commissioning of a covid positive step down unit, which should be in place from 1st June 2020.

2. **Supporting, protecting and sustaining the workforce**

Providers update us on a daily basis about their staffing capacity through completion of the daily sitrep. We have a three tier response to workforce issues if they arise: firstly, once business continuity plans have reached their limits we are co-ordinating sharing of resources and staff between providers. Secondly, we deploy Council staff or staff from other parts of our health and care system to support, and thirdly we are working with partners to redirect staff who have been laid off to work in the care sector.

We commissioned and distributed 4,000 'Health and Social Care Key Worker' lanyards to frontline care staff and shared the key worker letter for providers to use to enable their staff to be identified as key workers. A letter of thanks and appreciation to all frontline care staff has been sent from the Cabinet Member of Health and Wellbeing.

This included details of how to access mental health support from a variety of local and national sources, eg free access to a regional Employee Assistance scheme, a telephone counselling offer from the Samaritans for anyone experiencing anxiety or distress, help lines for support through Wakefield Hospice and Prince of Wales Hospice and other sources of support.

Since March 2020, 14 staffing support requests have been received from 12 separate care homes. 6 requests were resolved following advice and support from the Hub, 3 requests resolved via the mutual support process; 5 of the requests have been resolved via the redeployment of Council staff. Over 200 Council staff have volunteered to be redeployed to support the sector.

**3. Access to Health services**

The Enhanced Health in Care Homes framework has been developed and expanded in response to the challenges of Covid19. For example, in addition to the usual access to health services, GP practice video consultation is available for all care home residents and a COVID-19 GP home visiting service has been set up which includes those in care homes. Care homes are being provided with equipment and training to support virtual consultations, eg pulse oximeters, thermometers, blood pressure equipment etc. Out of hours access to GPs is through our already established GP Care Wakefield service, supported by virtual consultations.

A 24hr, 7 day single point of contact has been set up for access to community services including

- Physio and OT
- District Nursing
- Priority 'Gold Line' service for palliative patients and their families to access MDT which includes Hospice services Palliative Care Consultants and specialist nurses.

- Community Geriatricians for telephone advice
- Access to Connecting Care hubs including Social Care
- Advanced Clinical Practitioners**
- Dietitians**

***These services presently operating Mon-Fri between 08.00 – 18.00 but referrals can be taken 24/7.*

Mental health/dementia support to care homes follows the usual pathway via the mental health Single Point of Access, where a rapid access service triages and provides a response, including a home visit if needed. This is more usually done providing telephone and skype type contact.

A small team within LA commissioning has been supporting care homes alongside NHS England to register for NHS Mail.

## 4. Leadership and management support

Care sector registered managers and small providers are in particularly vulnerable positions during the pandemic. The Council is supporting them with information, a 7 day open door/telephone policy and regular weekly conference calls that allow providers the opportunity to ask questions and share concerns. Guidance and updated information is provided through a daily bulletin to all providers from the CSCT Hub (reaching around 380 individuals).

Opportunities for learning from peers is facilitated through review discussions with care providers, with information being shared with the wider sector. We need to ensure that quality service delivery remains uncompromised.

Wakefield District does not have a constituted Care Association, but there is a longstanding Independent Sector Liaison Group with whom we have been working closely throughout.

## 5. Funding

It is vital to consider the financial impact of the pandemic on care providers' ability to continue to deliver their services (both now and in the future). To that end, we have provided a package of financial relief offers to go towards increased costs (grants towards PPE, staffing, cleaning, enhanced rates); loss of income cover (empty beds in care homes, dom care pay on commissioned and cover of cancelations) and system response incentives (enhanced bed rates for hospital discharge, incentives for weekend dom care package pickups). The additional £600m recently provided will be allocated as required, 75% to care homes and 25% probably to domiciliary care and supported living. See question 3 for more detail.

## 6. Emergency response

The experience of two local homes through a surge of infections and deaths has led to a recognition that an enhanced emergency response is needed at these times, to cover the following identified needs:

a. Staffing issues (higher absence / staff working while sick)
b. Access to meds, particularly out of hours
c. Additional PPE
d. EOL and palliative care support
e. Infection Prevention & Control support
f. Mental health/bereavement support

g. Outbreak management (provided by IPC and PHE)

We have written an information and resource pack which has been updated and circulated on a weekly basis as more guidance is released and more support is provided for the sector, including updates on community pharmacy opening times and stocks of anticipatory drugs. We enhanced existing processes to support the sector practically, eg PPE and staffing support. We also developed direct input from a team of professionals 'virtual care home support team' who combine provision of IPC training with a supportive presence and regular contact with homes. There is now a 24 hour Single Point of Contact providing care homes with access to a variety of community health services including palliative care support.

## 7. Market resilience and capacity

Alongside support for financial stability, we need to ensure that we have a robust response for other possibilities for provider failure. An existing system provider failure group is in place, with protocols and procedures that would be implemented in this situation. Quality intelligence processes continue to take place, albeit with reduced ability to access the homes due to visiting restrictions.

## 8. Recovery

It is important to consider the needs of the sector as the pandemic comes under control and, with luck, we enter a recovery phase. Work needs to be done to understand the potential impact of the pandemic on the sector and how best we can work with providers to recover. It is likely that recovery work will need to include:

- Mental health and trauma support
- Financial resilience and future sustainability
- Lessons learnt and opportunities identified for new ways of working
- How, in the event of an ongoing Covid-19 risk we incorporate control measures into business as usual
- Any staff training and support needs that have come to light during the pandemic

## 2. <u>Our system's collective level of confidence that these actions are being implemented or plans are in place to urgently implement</u>

The RAG rated action plan at Section Two describes our collective level of confidence in detail. In order to monitor and review actions, the following has been put in place:

- Daily 9am calls including colleagues from CCG, LA, Community Nursing, Medicines Optimisation and Pharmacy – to share information / intelligence and monitor progress on actions
- System Silver Health and Social Care Tactical calls included regular updates on independent care sector resilience

Data/intelligence

- Daily sitreps from Infection Prevention and Control team with information about outbreaks, deaths.

- Daily sitreps completed by care providers, analysed and circulated by Public Health Intelligence team with information about staffing, testing, outbreaks, PPE and escalation of issues
- Care Sector Dashboard from Public Health Intelligence team capturing all relevant data in one place.
- NHS capacity tracker updates from care homes including business continuity information about PPE, staffing and home closures.

Issues reported by providers in sitreps and capacity tracker are followed up with phone calls by the CSCT hub team, to ascertain facts and facilitate a system response where needed, eg provision of PPE / additional staffing support etc.

## 3. Short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures

Summary of financial support to Wakefield District independent care sector up to 20th May 2020 is described below. This equates to £2.6m committed from Wakefield Council, not including NHS Covid-funding towards hospital discharge initiatives.

**All Wakefield District registered care providers**

i. A one-off grant of £100 per service user/ resident to cover increased costs related to COVID-19

**Care homes**

i. Block purchasing of two vacant beds from contracted care homes at an Enhanced Rate of £655 per week (18.5% increase on allowable rate) to support rapid hospital discharge and assessment for a 12 weeks period from 30th March 2020
ii. Spot purchasing additional beds from contracted care homes at an Enhanced Rate of £655 per week to support rapid hospital discharge and assessment over a 12 week period from 30th March 2020
iii. Additional sustainability grant of £27.72 per week (equivalent to 5% increase on allowable rate) for all residential placements contracted under the Framework Agreement for 12 weeks from 20th April 2020.
iv. Covering a proportion (85% of allowable rate) of the costs of bed vacancies in contracted care homes which are over 5% of usual vacancy rates and which can be evidenced as a result of the COVID-19 pandemic for a period of 4 weeks from 6th April 2020 initially
v. Wakefield Council had already planned to move to gross payments two weeks in advance, two weeks in arrears from April 2020. This move took place as planned and no other actions to expedite payments were needed.

**Domiciliary care**

vi. Change in payment processes from paying for actual delivered care to paying on commissioned care for 12 weeks from 30th March 2020 for all providers contracted under the Framework Agreement or Individual Spot Contract agreement
vii. Incentive payment to pick up domiciliary care packages at weekends for all contracted providers

viii. Providers are normally paid weekly, so no changes were needed.

**Supported Living**

ix. Change in payment processes from paying for actual delivered care to paying on commissioned care for 12 weeks from 30th March 2020 for all providers contracted under the Framework Agreement
x. Providers are normally paid weekly, so no changes were needed.

Processes are therefore already in place to release 75% of our share of the £600m to all care homes in our District. We are putting together a proposal for allocation of the other 25%.

## 4. Approach agreed locally to providing alternative accommodation

In line with the hospital discharge requirements published on the 19th of March 2020 and in order to ensure that we had provision locally to ensure that people are cared for in the best possible place, at the right time, we put a number of plans in place. These include:

**Residential care and nursing care beds** were block booked at an enhanced rate through a combination of one or two beds in 30 care homes, extending 'winter' beds and a 10 bed step down unit provided 81 Assessment Beds enhancing the usual bed capacity within the district.

Although these have been working well on the whole, following updated guidance on reducing the spread of infection in care homes, we identified a significant gap in step down COVID+ beds to enable people to isolate before returning to their own care home. We have therefore put a very swift Expression of Interest out to the care sector for the provision of 'red' step down unit/s to support both residential and nursing placements. These should be in place from 1st June 2020.

**Domiciliary care** – contracted providers are reporting sufficient capacity and under-use of staff due to a high number of cancelations of packages, fewer referrals for new packages and slower than usual hospital discharges. Approximately 900 hours of surplus provision has been identified within contract care providers, and an additional 250+ hours of provision with non-contracted providers who have agreed to provide care at Council rates and terms and conditions if needed. Domiciliary care providers are supporting care home colleagues with staffing through the mutual aid arrangements.

## 5. Local co-ordination for placing returning clinical staff or volunteers into care homes

The chart below describes the local co-ordination process for supporting staff into care homes. We have not been able to place any clinical staff into care homes, as it has not been clear how we should do this.

Since March 2020, 14 staffing support requests have been received from 12 separate care homes. 6 requests were resolved following advice and support from the Hub, 3 requests resolved via the mutual support process; 5 of the requests have been resolved via the redeployment of Council staff. Over 200 Council staff have volunteered to be redeployed to support the sector.

**OPTION 1: Implementation of own business continuity arrangements**

- *Staffing contingency arrangements used, e.g. agency staff, redeployment within organisation, overtime*
- ***Provider responsible and expected to exhaust before requesting support***

**OPTION 2: Mutual support coordinated from within local care sector**

- *Utilise existing, trained staff from list of care providers/agencies who have been identified as having additional capacity. Contact details shared with provider to make mutual arrangements*
- ***Coordinated by the CSCT Coordination Hub***

**OPTION 3(i): Redeployment of Council Integrated Care staff**

- *Utilise existing pool of Council Integrated Care staff and casual temporary paid volunteers available for redeployment*
- *Staff trained & checked (if required) by Council Workforce Development Team*
- ***Managed by Council Workforce Development Team via request form via the CSCT Coordination Hub***

**OPTION 3(ii): Redeployment of Council general staff**

- *Utilise existing general Council staff available for redeployment*
- *Staff training & checks by HR*
- ***Managed by Council HR Redeployment lead using request form provided via the CSCT Coordination Hub***

**OPTION 4: Redeployment of system-wide partner staff including returning clinical staff**

- *Utilise existing staff identified as available for redeployment from partner agencies*
- *Staff training TBC*
- ***Managed by COVID-19 HRD PMO in liaison with the CSCT Coordination Hub***

**OPTION 5: Utilise NHS Professionals?**

- *Explore option to utilise NHS Professionals trained bank staff in care settings*
- ***Managed by COVID-19 HRD PMO (Sarah Fowler) in liaison with the CSCT Coordination Hub?***

Section Two – RAG rated action plan

| Care System Resilience | | |
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| | **Detail** | **RAG / still to do** |
| 1. **Control the spread and impact of infection in care settings** | | |
| a. Infection Prevention and Control Team | **Wakefield and Kirklees Infection Prevention and Control (IPC) Team** contact infection.control@kirklees.gov.uk 01484 221 000 ext 724416 Mon-Friday 9am-5pm advice and support (care home outbreaks)<br><br>Provides immediate and ongoing support to care sector, and is much appreciated | Working well |
| b. Public Health England | Access to specialist provision including Consultant in Communicable Control<br><br>Leads outbreak management<br><br>Out of Hours Outbreak Support local PHE Health Protection Team 0113 386 0300 | Working well |
| c. PPE provision and use | • CSCT Hub in council co-ordinates requests for emergency PPE from LRF fund. Requests received either through daily sitrep completed by providers or through telephone/email request direct to hub.<br>• IPC guidance on PPE shared regularly.<br>• Updated approach to PPE for the sector introduced a higher level of risk w/c 20th April 2020 but has been managed well | Processes<br><br>PPE stocks and cost – need keeping an eye on |
| d. Testing for staff and care home residents | • Testing for care sector staff started during Easter Bank Holiday weekend and is continuing.<br>• CQC testing started, still a pilot<br>• Hospital testing of discharged patients<br>• Testing for care home residents – swabs from PHE Concerns about care staff doing the swabbing with increased risk of infection spreading due to coughing/sneezing<br>• Asymptomatic staff testing commencing early May, risks around further reductions to workforce as a result<br>• Testing as people go from community into care homes? | Constant changes to testing causing confusion<br><br>Hospital discharge test SOP not widely understood<br><br>Asymptomatic staff loss Community testing |
| e. PPE training | Chief Nurse led team rolling out training to all care homes staff from 4th May, in line with guidance and training from NHSE in relation to | Started, rolling out |

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| | infection spread, conducting training on infection control including cleaning and PPE. | |
| f. Clinical nurse leadership for care homes | Covid-19 Care Home Support Team working with IPC – commenced 4th May, proactive about contacting homes and supporting them with signposting, advice and guidance<br><br>SOP developed | Working well |
| 2. **Support, protect and sustain the workforce** | | |
| a. Additional capacity | We have asked providers to update us on a daily basis about their staffing capacity. We have a three tier response to workforce issues if they arise: firstly, once business continuity plans have reached their limits we are co-ordinating sharing o resources and staff between providers. Secondly, we deploy Council staff to support in ancillary or care roles where possible. Training is offered if needed. Thirdly we are working with partners to redirect staff who have been laid off to work in the care sector. | Some success in testing processes<br><br>Pool of redeployable staff extended by system support |
| b. Appreciation and value | We have ordered and distributed 4,000 'health and social care key worker' lanyards for frontline care staff. A letter of thanks has gone out from the Cabinet Member of Health and Wellbeing to all frontline care staff.<br><br>Ongoing letters of appreciation from Service Director?<br><br>Identify and publicise good new/practice | More could be done |
| c. Mental health support to staff | All staff have received a letter outlining a package of mental health and wellbeing support including a telephone counselling offer from the Samaritans.<br><br>Access to hospice bereavement advice lines<br><br>All staff have been reminded of the mental health support available in primary care and via the IAPT service.<br><br>Employee assistance programme will now be available<br><br>ICS sponsored helpline for staff and general public<br><br>Identify ways of sharing more widely and consistently | Need to ensure information is shared widely |

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| **3. Access to Health services** | | |
| a. Community health services | **24hr Single Point of Contact for community services**<br>**01924 327591**<br>- Physio and OT<br>- District Nursing<br>- Priority 'Gold Line' service for palliative patients and their families to access MDT which includes Hospice services Palliative Care Consultants and specialist nurses.<br>- Community Geriatricians for telephone advice<br>- Access to Connecting Care hubs including Social Care<br>- Advanced Clinical Practitioners**<br>- Dietitians**<br>***These services presently operating Mon-Fri between 08.00 – 18.00 but referrals can be taken 24/7.* | |
| b. Primary care | Enhanced health in care homes in place, apart from care homes support team - reference NHS letter 1 May<br><br>GP practice video consultation is available for all care home residents<br><br>The COVID-19 GP home visiting service includes those in care homes | Ensure offer is equitable |
| c. Palliative / EOL care | **Mid Yorkshire Hospitals Trust Community Specialist Palliative Care Team** support with advice and visits, if needed, for care homes that are struggling to manage patients (whether COVID or non-COVID).<br><br>• 7 day service – Mon-Fri 8am-5pm weekend 8am-4pm 01924-543 801 OR bleep 249 via MYHT switchboard (01924 541 000)<br>• First point of contact to provide advice around symptom management and advance care planning.<br>• If needed they can arrange a visit to your home to review residents<br><br>**Local hospices**<br>Your local hospice can provide telephone advice and support outside of working hours. Please | In place, not sure if fully operational |

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| | contact the hospice which is local to your care home.<br>• Wakefield Hospice 01924 331 400<br>• Prince of Wales Hospice (Pontefract) 01977 781 456<br>•<br>Both of these numbers will allow you to access advice and support 24/7, whether you are a professional, carer or patient. If needed professionals will be able to access advice from the on-call palliative care consultant. | |
| d. Acute sector | Emergency admissions operating as normal<br><br>**Community Geriatrician Service**<br>While there will be no geriatrician visits at present, advice can still be accessed from a geriatrician 9-4pm on 01924 542540.<br><br>MYHT has designated certain wards at Pinderfields Hospital for COVID-positive patients (which is therefore a 'red' site). People attending A&E are strictly screened and those thought to be COVID-positive are treated in an isolated area. Anyone suffering a serious medical situation should not delay accessing vital hospital care. Calling 111 will help ensure that they are seen in the right setting.<br><br>Pontefract and Dewsbury hospitals are 'green' sites.<br><br>A 'toolkit' is provided for anyone who is looking after someone with COVID-19 who has been discharged from hospital. The document has a range of resources and support to help both carers and their loved ones to stay well and manage their health and wellbeing. | |
| e. Mental health / dementia support for residents | SWYPFT continue to receive mental health referrals for people who live in a care home. This follows the usual pathway via SPA, where our rapid access service will triage and provide a response, including a home visit if needed. The team reports that care homes are not wanting us to visit and where this is the case we are providing telephone and skype type contact. Other parts of the pathway are CMHT and OPS IHBT. The CMHT's are integrated with the LA, and provide care management as well as mental health support. These both continue, but again the care homes have been keen that we don't | Need to check if working for care homes |

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| | visits in the cases I have been told about. This is similar for OPS IHBT. | |
| f. Technology | Airedale model being explored for implementation in all care homes – local solution preferred<br><br>Care homes have purchased additional tablets for residents to communicate with family<br><br>Homes being supplied with equipment to support virtual consultations, including training if needed. | Started and ongoing |
| **4. Leadership support and quality** | | |
| a. Ability to meet Government guidance and requirements - _ | Review of homes that will struggle to isolate residents due to: design of buildings/lack of en-suites/% of Dementia residents/staffing levels etc.Survey undertaken<br><br>Accepting admissions over weekends. | |
| b. Communication and mutual support | Regular contact with the Independent Sector Liaison Group and Chair and other providers, conference calls already in place with providers to share information and listen to concerns.<br><br>Connecting Care workforce lead to support with leadership as part of system integration | Needs to be kept going |
| c. Guidance and information provision | The CSCT Hub was put in place in mid-March to answer queries, solve problems and support providers through a single point of contact. We are providing daily updates to providers of adults, children and continuing healthcare services – including in house services and non-contracted providers. These updates give information, share answers to FAQs, provide links to national guidance and infection prevention control | Working well |
| d. Clarity over regulation / registration / insurance queries | Support for concerns about being asked to do things outside their remit/ registration/ insurance, eg wound dressings, insulin administering, death certification - Fears of future law suits RIDDOR implications | Clarified with CQC but concerns still exist for providers |
| Sustaining quality | Weekly CQC quality calls with LA/CCG<br><br>Quality Intelligence Groups and enhanced Quality Surveillance Group continuing, QINs still being done albeit reduced due to fewer face to face visits. | |

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| | Quality Impact Assessments continuing, quality leads working within care home support team.<br><br>Safeguarding referrals continue to be monitored and responded to in line with our processes | |
| **5. Funding** | | |
| a. Support for increased costs | LA: Dom care and supported living paid on commissioned rather than actual care delivered All providers given grant towards increased PPE/staffing/cleaning costs<br><br>Residential care offered increase in funding | Agreed and actioned |
| b. Loss of income | Voids cover for residential care to cover loss of income due to resident deaths | Agreed and actioned |
| c. System response incentives | NHS: Enhanced payments for discharge (block booked and spot purchased beds at higher rate for residential care, incentive payment for weekend pickups for dom care) | Need to ensure that providers are compliant with contract re weekend admissions |
| d. Gaps in financial support | Ongoing challenge from other providers not covered, eg high cost placement providers<br><br>PPE costs a significant concern for the sector, particularly dom care with new guidance | Approach now agreed<br><br>Currently being managed |
| 6. **Emergency response** | | |
| a. Prevention – Identify 'trigger' points that signal when a care provider maybe getting into difficulties/unable to cope_ e.g staffing levels, outbreak, deaths, financial difficulties/ voids | IPC sitreps, capacity tracker, hub daily sitreps, weekly GP reviews to care homes<br><br>Two review conversations with care homes who have gone through crisis, learning has been shared with tactical H&SC, sharing with care homes<br><br>New information from PHE re staff transmission of infection | Clarify how intelligence is shared |
| b. Information | Proactive provision of information pack for crisis situations for care homes<br><br>Dom care pack being developed<br><br>Access to 'care home emergency support team' (response time would be within one day)<br>• A call from a qualified nurse to each care home (nursing and residential ) and | Complete, shared 24/4/20 |

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| | domiciliary care provider, to see how things are going<br>• They can help to navigate the support on offer in the resource pack of slides (shared 24/4/20)<br>• Therapists – to go into identified homes to assist with the mobilisation of patients post COVID-19 to prevent static pneumonias<br><br>Ensure up to date training and guidance is accessible | |
| c. Staffing | Emergency access to mutual aid or pool of redeployed staff | Pool of redeployable staff extended by system support |
| d. Access to meds | The **Wakefield CCG medicines optimisation inbox** - wakccg.medsoptwakefield@nhs.net - is monitored during core business hours (8am – 6pm, Monday to Friday excluding bank holidays).<br><br>The medicines optimisation team are able to provide general advice on medicines e.g. medicines supply issues, advice on administering medication to patients with swallowing problems. However, we are unable to answer patient-specific queries; in these cases the local GP practice, out of hours provider, or community pharmacy should be contacted.<br><br>**Community pharmacies** have been commissioned by NHS England to hold a minimum amount of end of life care medicines stock<br><br>**Local Care Direct** has made assurances that they keep a stock of end of life care medicines for urgent situations in out of hours when the prescriptions cannot be dispensed by community pharmacy.<br><br>**If all of the above options have been exhausted** and there is a problem obtaining the medicines then please call the Pinderfields General Hospital switchboard on 01924 541000 and ask for the CCG on call manager who will liaise with the hospital pharmacy for support in emergency situations. | May bank holiday? |

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| e. PPE | Enhanced access to PPE if required -(response time would be one day) | Emergency process from hub |
| f. EOL support | Palliative care/ EOL/ Hospice support<br>-see above in 3b | |
| g. Infection Prevention & Control | Increased support via telephone and visit to the care home by the IPC team member to give targeted support or training. Liaising between CQC and LA responding to concerns raised by whistleblowers. Sharing examples of best practice and interpreting government guidance for the individual home.<br><br>Maintaining longer support after outbreaks have resolved. | |
| h. Mental health/bereavement | Hospice support bereavement line<br><br>ICS help line for staff on its way<br><br>Samaritans<br><br>Geriatrician support | |
| **7. Market resilience and capacity** | | |
| a. Capacity – residential, nursing, dementia | See Section Two – sufficient capacity generally, but lacking in covid positive step down unit | |
| b. Provider failure | Existing provider failure group has set an approach that would be mobilised in the event of provider failure<br><br>Need to go through reasons why providers might fail and check we have early warning | Approaches in place, intelligence not fully clear |
| 8. **Recovery – *to be picked up as emergency phase comes towards an end*** | | |
| a. Mental health and trauma support | Available to families/staff/residents?<br><br>SWYFPT / other support on an ongoing basis – Mental Health Alliance taking the lead | |
| b. Financial resilience and future sustainability | May need a different commissioning strategy to re-configure and influence the shape of the provision required for the future – opportunity!? | |
| c. Lessons learnt and opportunities identified for new ways of working | Needs mechanism to capture<br><br>Ruth Unwin leading on lessons learnt across the system | |
| d. How, in the event of an ongoing Covid-19 | Awaiting national modelling and guidance | |

| | | |
|---|---|---|
| risk we incorporate control measures into business as usual | Mature ICP place based approach in Wakefield which should support this | |
| e. Any staff training and support needs that have come to light during the pandemic | Needs mechanism to capture<br><br>System workforce input into this area | |

| **Supporting wider system response** | | |
|---|---|---|
| **Action** | **Detail** | **RAG / still to do** |
| 1. Modelling demand related to hospital discharge | | |
| a. Residential beds | Model being developed | |
| b. Domiciliary care | Model to be developed | |
| 2. Provision secured | | |
| c. Residential homes | 30 residential beds block purchased (2 x care home)<br><br>10 bed unit block purchased | |
| d. Nursing homes | 18 nursing beds block purchased (2 x nursing home)<br><br>2 dementia nursing beds block purchased | |
| e. Dom care | 900 hours of framework capacity<br><br>250 hours of non-framework capacity | |
| f. COVID-19 + step down site | Require up to 20 residential and nursing beds, modelling data from hospital discharge needed to support decision making | Out for expressions of interest – commence 1 June 2020 |