



HM Government



To
Council Leaders

*From Helen Whately MP
Minister of State for Care*

Copied to:
Local Authority Chief Executives
Directors of Adult Social Services
Directors of Public Health
Care Home Providers
CCG Accountable Officers

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14 May 2020

Dear Colleague,

Support for care homes

COVID-19 presents an unprecedented challenge for social care. There is an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS. Thank you for all that you and your teams are doing to provide care and support for the many people who need it, and for helping to keep people safe.

In April, we set out in the [Adult Social Care Action Plan](#) the measures that Government and other parts of the system were taking to support people in receipt of adult social care, both at home and in other settings, and how working together we could save lives. But the data continues to show a rise in outbreaks; 33% of care home settings nationally have reported an outbreak to date.¹ This has highlighted the importance of us moving to one model with increased consistent national oversight to support locally-led responses. This letter sets out how Government will work with local authorities to achieve this.

Today we have announced an additional £600 million to support providers through a new Infection Control Fund. The fund will support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. This will be allocated to Local Authorities and is in addition to the funding already provided to support Adult Social Care sector during the COVID-19 pandemic.

Alongside this and based on the very latest domestic and international evidence reviewed by Public Health England, we have set out our support package for care homes building on the Adult Social Care Action Plan. The support package (Annex A, document attached separately) sets out the steps that must now be taken to keep people in care homes safe, and

¹ Data published by Public Health England, correct as of 29 April 2020.

the support that will be brought together across national and local government to help care providers put this into practice.

How Government will work with Local Authorities to support Care Homes

We want to work with you to ensure the social care system is taking all possible steps to stop the spread of COVID-19. This is not the responsibility of any one part of the system but a joint endeavour between national and local government, the NHS and the care sector. The additional steps undertaken by local authorities will go hand in hand with extra support that is provided by the NHS, Public Health England and the Department of Health and Social Care.

We know that local authorities are at the forefront of the COVID-19 response locally, and that many providers have robust arrangements in place and are in daily communication with their local authority, seeking appropriate advice and support.

In light of the imperative to stop outbreaks in care homes, we are asking all local authorities to review or put in place a care home support plan, drawing on local resilience and business continuity plans. A planning return should be submitted by 29 May. This will consist of a completed template and covering letter. In the spirit of transparency, these planning returns should be made public.

Local authority Chief Executives Officers (CEOs) with social care responsibilities should work with system partners to agree a return consisting of:

- a letter that sets out a short overview of their current activity and forward plan;
- a short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
- confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

The local authority CEO will be responsible overall for the planning return, supported by the Director of Adult Social Services and the Director of Public Health. The planning returns will also need to be developed with the Clinical Commissioning Group Accountable Officer, taking into consideration the views of health and care providers.

Planning returns will be reviewed at a regional and national level. We will identify good practice and consider further steps needed to ensure every care home is receiving the right support and implementing the appropriate measures. Further detail is outlined in Annex B and a template will follow.

There have been great strides in improving data flows from providers in the past three months, and we appreciate the reports that providers are now completing. Though we recognise this places extra demands on care providers, this information is essential to controlling the spread of COVID-19 in care settings and to enable extra support to be given to the care sector. We are therefore looking to increase compliance with the daily provider reporting requirements. For care homes, this is the Capacity Tracker. We expect the Adult Social Care Infection Control Fund, announced yesterday, to be conditional on provision of regular information.

We also need to know where issues with outbreaks have been resolved, or where extra support is needed. We will consider ways to improve information flows including how we supplement current reporting and provide more effective data. We will put proposals to the sector shortly. These are important and necessary measures to ensure that we have immediate national and local visibility of where there are problems during this critical period, and together we can ensure the support is in place for providers.

To provide all local authorities and providers with the latest advice based on the available evidence, there are a number of additional annexes in this letter that provide information about emergency support (Annex C), evidence review and international comparisons (Annex D) and guidance (Annex E). Thank you again for your commitment and dedication to supporting care home residents, staff and providers, during this challenging and constantly changing time. We will continue to do our best to support you nationally so that you are able to work closely with partners to provide joined up local leadership during this emergency.



HELEN WHATELY

Annex B: COVID-19 Local Care Home Support Plan – guidance for local authorities and system partners

Introduction

It is a key Government priority to ensure that care home providers are supported during the COVID-19 pandemic.

The Government recognises that the majority of providers have robust arrangements in place and are in daily communication with their local authority, seeking appropriate health advice and support. The government is now working to mobilise greater support, including clinical support and infection control to care homes. This includes support from primary care and community health services as set out in the letters from NHS England and NHS Improvement of [29 April](#) and [1 May](#).

Ministers want to be clear on the joint, coordinated action underway between health, public health and social care locally to support the sector and reduce transmission within and between care homes. They also want to be clear on the delivery of the commitments made by national government (including support for local government and care providers).

Local government and health partners are already working with care homes in their area to support them to manage the unique pressures that COVID-19 has placed upon them. The aim of this process is to establish a clear understanding of the level of implementation in every care home, and to identify any issues in local areas and further support needs. It is recognised that these may include challenges over which local areas have little control.

Local authority Chief Executive Officers (CEOs) with social care responsibilities should work with system partners to agree a return consisting of:

- a letter that sets out a short overview of their current activity and forward plan;
- a short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
- confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

Cover letter

Each local authority area should send a brief narrative that describes:

- 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.

- 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.
- 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.
- 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. **Costs of providing this accommodation are covered by the £1.3 billion COVID-19 discharge funding via the NHS.**
- Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.

Current implementation status template

The template (to be sent out shortly) will set out actions that should be carried out in all care homes, including access to the support from local authority and health partners that needs to be in place. It is intended to support local authorities to lead a cross system conversation to ensure that measures are in place and identify where action or help is needed, either from national partners to the local authority and CCGs and where more help is required by individual care homes.

The template will cover:

- **Infection prevention and control**
- **Testing**
- **Personal Protective Equipment and Equipment supply**
- **Workforce support**
- **Clinical support**

Additional fields are being added to the Capacity Tracker to collect information on the number of homes that have accessed support or have procedures in place and this should be the source of data for this element of the return.

Process – roles and responsibilities for template and oversight

Chief Executives of local authorities with social care responsibilities are expected to oversee and sign off this return, but the action to support resilience in the care sector must be a joint effort. The information in the covering letter and template will therefore depend on contributions by senior staff from across the system, and will require close engagement with local care homes and data from the care home capacity tracker.

In addition to the Local Authority CEO, we would expect the involvement, at a minimum, in completing and agreeing this return of:

- Directors of Adult Social Services;
- Directors of Public Health; and
- The CCG Accountable Officer (AO) (or a lead AO where more than one CCG covers the authority area), working with their Director of Nursing.

As part of their role in supporting care homes, Directors of Adult Social Services (DASSs) will want to assure themselves that they are able to ensure core duties - basic safety, human rights and safeguarding - are still being delivered and that the support provided is underpinning this. There should be arrangements in place for monitoring essential safety and safeguarding issues relating to life, inhuman and degrading treatment and family life.

CCG AOs and Directors of Nursing should involve community and acute trust senior leads as appropriate in completing these returns.

Local engagement

Plans should include information on engagement and any high-level views from the Health and Wellbeing Board and Local Resilience Forum chairs, Healthwatch, care provider forum or wider engagement, and local disabled or older persons' advocacy organisations.

Regional overview and support

The regional process will focus on understanding the overall level of implementation and joint working in place to support the care sector, identifying where systems need support, and that, nationally, the commitments that the government has made to support the care sector are being delivered.

Local plans (covering letter and template) should be sent by 29 May to CareandReform2@communities.gov.uk and should be published on the local authority website in parallel.

A joint regional process will consider plans and identify:

- Areas of risk locally, and understanding of local plans to address these;

- Overarching areas of concern, and identified support needs – assessment of which of these can be supported regionally and which need highlighting for national resolution;
- Key learning to enable strengths and successful approaches to be shared with other areas; and
- Overarching themes and key challenges for regional or national follow up.

Local Resilience Forums will be asked for comments and to raise any areas of concern that have been raised to them, but they will not have a formal role in the process.

Detailed scrutiny of letters and templates will take place at a regional level with feedback to local areas. Overarching concerns and identified support needs will be shared with departments, the LGA, ADASS and NHS England and NHS Improvement.

Support for areas in drawing up their plans will be provided by the Better Care Support team. Briefing webinars will take place for local authority and CCG colleagues and for care home providers. In the short term, immediate queries or support needs should be sent to england.bettercaresupport@nhs.net.

You can register for these webinars via Eventbrite. For local authorities and CCGs:

<https://www.eventbrite.co.uk/e/key-covid-19-resilience-support-actions-for-care-homes-webinar-tickets-104749025154>

In order to respond to changes in local system support needs and to ensure that the commitments the government has made to support the care sector are being delivered, there will be periodic review of the overall level of implementation set out in local plans, the funding that has been provided to the care sector from the Infection Control Fund, and the specific support provided to care homes which have experienced outbreaks and where major issues have arisen. Details will be developed and discussed with the sector. The arrangements will be time-limited and cease once there is substantial progress in reducing outbreaks in care homes.

Annex C: Emergency support

Providers should escalate all issues to their local authority. All local areas are required to have arrangements in place for responding to emergencies under Civil Contingencies legislation. The lead role in responding to incidents in relation to adult social care is with the local authority.

In the event of a COVID-19 outbreak:

The first time a care home suspects a resident has symptoms, the care home manager should contact their local Public Health England (PHE) Health Protection Team (HPT). The HPT will undertake a risk assessment, provide public health advice, and arrange urgent testing of all symptomatic residents (previously, access to testing of symptomatic residents was offered by invitation from the Care Quality Commission, with test kits delivered by the Department of Health and Social Care). All symptomatic care workers can continue to be referred via the gov.uk portals to access tests. All care providers can and should look to their local authority and local health services for support, regardless of whether they have an existing contract with the local authority or not.

Local authorities need to have a clear picture of all alternative local provision that could be used in the case of an outbreak. Where local authorities are unable to meet the emergency needs of a care provider, they should report into their Strategic Coordination Group of the Local Resilience Forum (LRF) for additional support.

All social care workers and residents in care homes (with or without symptoms) can access testing for COVID-19.

In the event of a PPE shortage:

Providers should first attempt to contact their usual PPE supplier. If they have already tried this, they should contact one of the eleven dedicated social care distributors: Careshop, Blueleaf, Delivernet, B&M Supplies, Countrywide Healthcare, Nexon Group, Wightman and Parrish and Gompels, Beaucare Medical, Protec Healthcare Products, Halliday Healthcare Ltd.

If the care home or home care provider is not able to access PPE through this route, they can approach the LRF to set out their PPE needs. The LRFs have been provided with short-term supplies of critical PPE, intended to help them respond to urgent local spikes in need across the adult social care system and other front-line services. The LRFs have been advised to make decisions about the allocation of PPE equipment on basis of the most pressing clinical need, in line with published guidance. The stock of PPE to LRFs is intended to support urgent need in vital services, where service providers have explored their usual routes for PPE and there remains an urgent need for additional stock.

If the care home or home care provider is not able to access PPE through either of these routes they should report this to the National Supply Disruption line: Tel: 0800 915 996. All care providers that can show an immediate urgent need for PPE and who have not been able to address this through the wholesalers, or their LRF, are able to raise a request for an emergency pack of PPE through the NSDR. The NSDR does not have access to the full lines of stock held at other large wholesalers or distributors, but can mobilise small priority orders of critical PPE to fulfil an emergency need.

In the event of a workforce shortage:

Providers should implement business continuity plans when needed and consult mutual aid plans if appropriate. We know that many social care providers are working together, and with local health services, to support each other where there are workforce shortages. The LRF brings together the health and social care sector at local level and can help co-ordinate such mutual support.

Local authorities should be aware of demand and monitoring workforce pressures, as they have access to the Capacity Tracker. The CQC has also launched a regular data collection on COVID-19 related pressures from services who provide domiciliary care. These data will help inform local authorities in their response to pressures, including workforce shortages.

<u>Provider issue</u>	<u>Local</u>	<u>LRF</u>	<u>National</u>
Availability of PPE	Usual PPE supplier One of the eleven dedicated social care PPE distributors	LRF on emergency basis if normal routes fail	National Supply Disruption Response
Managing outbreaks	Local Health Protection Team (HPT), local authority and local health services	LRF to co-ordinate as appropriate	
Workforce shortage	Mutual aid arrangements local authority		
Testing	Care homes groups local authority and local health services	LRF to co-ordinate as appropriate	National Testing Programme

Annex D: Evidence review and international comparisons

Current position on deaths and outbreaks in care homes

It is essential to get good quality data in real time to proactively manage and prevent transmission in this vulnerable population and the government, [PHE, ONS and CQC are working to collect and publish daily and weekly data.](#)

- As per data published by Public Health England, as of 29 April, in England 5,117 care homes have reported a suspected outbreak of symptomatic or confirmed COVID-19. That is 33.0% of all care homes in England. In the London Region this is 38.5% of homes, in the NE Region 44.0% of homes and 39.5% in the NW Region.
- ONS reported that there were **7,903 deaths involving COVID-19** in care homes in England this year up to 1 May.

The key messages from emerging evidence in the UK and internationally are:

- There is asymptomatic transmission of COVID-19 in care homes in both residents and staff.
 - By the time a single symptomatic case is identified in a home, the virus is likely to be circulating in the home amongst residents and staff.
 - Agency staff are likely to be vehicles for imported transmission with infections being imported into care homes and between care homes by staff, especially whilst the usual staff are self-isolating.

Evidence from studies abroad

Some of the most recent evidence from studies on outbreaks in care homes outside of the UK is outlined in the table below:

Study	Key Findings
Washington Study 1 - study on COVID-19 in care homes reports the rapid and widespread spread of an outbreak with the virus spreading quickly among the majority of residents, staff, and visitors, with 81 cases among the approximately 130 residents.	Key factors contributing to an outbreak: <ul style="list-style-type: none">• staff continuing to work while symptomatic;• staff members working in more than one facility;• inadequate adherence to standard droplet and contact precautions, and eye protection recommendations;

	<ul style="list-style-type: none"> • poor infection control practices due, in part, to inadequate supplies of personal protective equipment and hand sanitiser; • delayed recognition of cases, limited testing availability, and difficulty identifying COVID-19 cases based on signs and symptoms alone².
<p>Washington Study 2 – found that 23 days after the first positive result in a resident, 57 of 89 (64%) tested positive for COVID-19. During the study, 76 residents were tested again and 48 (63%) tested positive and of these 48, half had no symptoms.</p>	<ul style="list-style-type: none"> • More than half of residents with positive test results were asymptomatic at the time of testing and most likely contributed to transmission. • 24 subsequently developed symptoms (median to onset 4 days). Of the 57 residents with COVID-19, 11 had been hospitalised (3 in ICU) and 15 died (mortality, 26%). • The study concluded that Infection-control strategies focused solely on symptomatic residents was not sufficient to prevent transmission after COVID-19 introduction into this facility.³
<p>Centers for Disease Control and Prevention (US) – tested 76 (93%) residents in a skilled Nursing facility.</p>	<ul style="list-style-type: none"> • Twenty-three (30%) residents tested positive, of these, 10 (43%) had symptoms on the date of the test and the remaining 13 (57%) were asymptomatic. • Seven days after testing, 10 out of 13 of the asymptomatic residents had developed symptoms. This study suggests that symptom-based screening in long-term care facilities could fail to identify approximately half of residents with COVID-19⁴.

PHE study on care homes

PHE has conducted a rapid study in six care homes in London (11-13 April), modelling studies and a Whole Genome Sequencing study to understand the spread of COVID-19 in care homes.

² McMichael TM, Clark S, Pogojans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. MMWR Morb Mortal Wkly Rep 2020;69:339-342. DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e1external> icon□.

³ Arons MM, Hatfield KM, Reddy SC et al. Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility. 24 April 2020. N Engl J Med. DOI: 10.1056/NEJMoa2008457

⁴ Kimball A, Hatfield KM, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. MMWR Morb Mortal Wkly Rep 2020;69:377–381. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913e1>

Early results found:

- High numbers of asymptomatic or pre-symptomatic cases in staff and resident.
- Infection may be being imported into the homes by staff. It is possible that usual staff may be off work self-isolating and infection then introduced by bank staff.
- By the time local Health Protection Teams (HPT) are informed of an outbreak substantial transmission may already have occurred.
- Whole Genome Sequencing modelling: Spread of SARS CoV-2 is between care homes. Epidemiology and WGS shows that the infection is spreading from care home to care home, linked to changed patterns of staffing, working across and moving between homes.

What works? A systematic review of international evidence by the UK Centre for Evidence Based medicine found that actions which are likely to be effective:

- Hand hygiene - effective hand hygiene measures were in place where there was strong managerial backing, adequate provision of sanitizer and access to hand hygiene facilities.
- Staff rotation with staff allocated to one facility consistently, which may reduce spread across several locations and care homes.
- Visitors and restrictions of visitation to only emergency/critical cases.
- Testing of care homes residents and staff supports the home to rapidly respond and put additional measures in place to contain and prevent further spread.
- Resident wellbeing as quality of life is important in PH emergency measures and can reduce anxiety.

International examples: what good looks like

DHSC and PHE have been closely monitoring the measures adopted by different countries to contain and mitigate the impact of the virus.

- **Singapore and South Korea** have had very strict processes to isolate and test all care home residents and staff who not only have symptoms, but who may have had contact with people who have COVID-19.
- **Spain** had large numbers of deaths in care homes and initial guidance was based on only isolating residents and staff with symptoms. Following a large number of deaths in Spain, new guidance now requires isolation of all possible, probable and confirmed cases among staff and residents. Possible and probable cases are defined as those having potentially been in close contact with someone with COVID-19. Other interventions include removing residents without symptoms of COVID-19 to other accommodation for example the use of hotels to house residents with lower care needs and social services department

guaranteeing that residents who move out of care homes voluntarily will retain the right to return once the COVID-19 outbreak has ended. Increasing capacity through rapid response teams^{5,6}.

Evidence based policy approach

The policy responses on Infection Prevention Control is based on this evidence. We are continuing to seek further evidence as national and international experience accrues and is published.

⁵ Fantova F (2020) Report: Responding to COVID-19 in Spain: Returning from care homes to live with families as an alternative? Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. Available at <https://lccovid.org/2020/03/26/responding-to-covid-19-in-spain-returning-from-care-homes-to-live-with-families-as-an-alternative/>

⁶ Comas-Herrera (2020) Report from Spain: moving care home residents to hotels in Barcelona to reduce risk of COVID19 contagion. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

Annex E: Guidance

Gov.uk Collection - Coronavirus (COVID-19): adult social care guidance:

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>

SCIE's COVID-19 hub of resources:

<https://www.scie.org.uk/care-providers/coronavirus-covid-19>

Hospital Discharge Service Requirements published 15 March is at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880288/COVID-19_hospital_discharge_service_requirements.pdf

Admission and Care of Residents during COVID-19 Incident in a Care Home first published 2 April :

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880274/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf

Social Care Action Plan published 15 April:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

How to work safely in domiciliary care published 30 April:

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>

How to work safely in care homes updated on 27 April:

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

Supporting adults with learning disabilities and autistic adults published 24 April:

<https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults>

Guidance for residential care and supported living updated 6 April:

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>

Guidance on social distancing and for vulnerable people updated on 30 March:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

Guidance on shielding and protecting extremely vulnerable persons from COVID 19 updated on 17 April: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Providing unpaid care published 8 April:

<https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care>

Providing unpaid care to adults with learning disabilities and autistic adults published 24

April: <https://www.gov.uk/government/publications/covid-19-providing-unpaid-care-to-adults-with-learning-disabilities-and-autistic-adults>

PHE Advice on PPE:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880094/PHE_11651_COVID-19_How_to_work_safely_in_care_homes.pdf

Changes to the Care Act updated on 1 April:

<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>

Ethical Framework for Adult Social Care published 19 March:

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>

Advice/Helpline on adopting digital technology: <https://www.digitalsocialcare.co.uk/digital-social-care-launch-phone-helpline/>

Advice from British Geriatric Society: <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes> with feedback functionality at the bottom of the page

Infection prevention and control (PIC) updated on 27 April:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>