

Date: 29 May 2020

Helen Whately MP

Minister of State for Care
39 Victoria Street
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Our Ref: KS/NJ/ICFresponse
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Dear Helen

RE: COVID-19: Care Home Support Package

Further to your letter dated 14 May 2020 regarding the COVID-19 Care Home Support Package and the additional £600M Adult Social Care Infection Control Fund to support providers you have requested that I, as Chief Executive Officer of Blackpool Council with social care responsibilities, work with system partners to agree a return to you consisting of:

- This letter, which sets out an overview of our current activity and forward plan;
- A data return template that confirms the current level of access to our support offer.
- Confirmation that we are carrying out a daily review of the local care market (which includes collecting all relevant data on care homes and community based services), and that we are taking actions immediately where necessary to support our providers where they need assistance.

Blackpool Context and Governance

This letter has been prepared in partnership with, and supported by, the Lancashire Resilience Forum (LRF) Adult Social Care Cell. The LRF has co-ordinated the Lancashire response to the COVID-19 crisis and encompasses all local authorities, NHS Integrated Care System (ICS), Fire, Military and Police as well as a range of other public services and utilities.

This letter is supported by Blackpool Council's Director of Public Health, our DASS, and the Accountable Officer for Fylde Coast CCG's.



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The cell was established in direct response to our shared concern and commitment to protect and support the entire care market operating in Lancashire. It incorporates the Directors of Adult Services for Blackburn with Darwen, Lancashire County Council and Blackpool Unitary Authorities, a CCG Chief Officer representing the Lancashire & South Cumbria ICS, senior clinical representatives from the Lancashire & South Cumbria Clinical Commissioning Groups, Police and Military Planning colleagues.

The Adult Social Care Cell has a number of work streams listed below. I have highlighted the work streams that correspond directly to the themes identified in the care home support package template return, which is greatly reassuring.

- Infection Prevention Control PPE and Supply
- Testing (and Tracing) Auxiliary Workforce Support
- Data Gathering and Intelligence Clinical Support
- Modelling/Alternative Accommodation
- Communication and Provider/Market Engagement and Support

The work carried out via these work streams under the auspices of the Social Care Cell reports directly into the LRF as well as into my organisational leadership meetings. This enables me to maintain a close oversight and assurance on the support being given to the care market and to enable reliable briefings for our elected members. From the outset I was, and continue to be, assured that the key focus on the care market and care homes in particular, receives a high degree of attention and correspondingly necessary support.

In response to the COVID-19 pandemic Blackpool Council has sought to proactively engage with all providers and partners, and with the LRF including inviting military and police personnel to stress test our planning assumptions as well as supporting the logistics for managing the effective deployment of an auxiliary workforce, PPE, data gathering and testing. Alongside, strong ongoing dialogue continues with the Independent Chair of the Adult Safeguarding Board and political leaders.

Blackpool is also firmly linked into regional networks including the Association of Directors of Adult Social Services (ADASS). It is positive to learn that many of the steps we took from an early stage have since appeared in national guidance and good practice documentation.

I outline below more specific detail on the above work streams and in particular with regard to care market resilience. If you require further detail on our plans, policies, procedures or other information then of course please let me know. The template data return will follow separately.

I would like to make a comment about the template data return request. Local authorities have worked hard since the start of this pandemic to streamline data collation and avoid multiple requests for



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information being received by care homes. Whilst the template return request attempted to replicate this intention, unfortunately by sharing it with care homes individually this created duplication and confusion amongst providers, with whom we are in daily contact.

As a system we are able to supply the government and system partners such as the NHS with the data and assurances that mandated requirements (and more) are being fulfilled. It would therefore be helpful if any future requests were shared with local authorities, or other relevant leading organisations within the system, in the first instance to prevent disruption to existing system approaches to data collection during the pandemic.

In response to your specific asks for confirmation of our approach, please find these below:

1. 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.
- a) A Provider Support and Resilience Hub has been formed and is fully operational 8-8, seven days a week. All of our quality monitoring resources have been turned over to this function, together with our in house Provider Managers, CQC Local Inspectors, Social Work Staff, Administrative Support and an Infection Control Specialist from Public Health. Deployment of the CHC Nurses into this hub and access to emergency testing for fragile providers has completed this picture and this is proving to be a really strong team, delivering exactly what is needed in a highly responsive and solution-focused way.
- b) There is a full ring round of every Provider every day – 100 providers locally. This is really paying dividends in getting to grips with resolving issues as early and as easily as practicable wherever possible. Urgent situations are flagged for follow up and prioritised for response.
- c) PPE is sourced and available to all providers via weekly orders into our Provider Support Hub, with provision for emergency supply in urgent circumstances. Covid-related PPE is being supplied free at the point of use; more usual PPE is being supplied at pre-Covid costs. Increases in volume (and therefore cost) are dealt with in our excess costs arrangements (see below). No providers have been without the necessary PPE throughout this pandemic, and as supply lines are easing, most items are now available in a weekly amount.
- d) We have a comprehensive Provider Failure Policy and process, backed up by an Emergency Workforce Plan. The emergency workforce combines mutual aid from other Council Services with mutual aid from CCG and Acute Trust, redeployment of our external day services staff, and an additional £10,000 a week invested in a core set of additional hands-on care hours able to be deployed to care providers to support resilient and safe delivery.



- e) So far, we have headed off a number of potentially catastrophic provider failures with a mixture of care staff hours, cooks, cleaners, PPE, testing to get staff back into work, and hands-on professional support and advice.
 - f) To underpin our support for providers, the DASS hosts weekly webinars with briefings and Q&A sessions, which are helping to provide direction, clarification, and shared understanding of the latest issues and emerging threats. These are well-attended, and are underpinned by circulation of important information to all providers.
 - g) There are locally well-established pathways to calling in nursing support and clinical/medical interventions that may be required to provide support in a care setting. The Adult Social Care Cell of the LRF has worked closely with the ICS Out of Hospital Cell to ensure rapid progress towards implementation of the new Primary Care Networks support for Care Homes, providing enhanced clinical leadership and support.
2. 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) All health and care partners are actively engaged in supporting the oversight and delivery of these actions. Additional scrutiny is applied, for example through elected members, the LRF and via the Independent Safeguarding Board Chair.
 - b) Overall, there is a high level of confidence in respect of our ability to support our care providers in Blackpool to maintain the health and wellbeing of their service users and their staff as best as is reasonably practicable.
 - c) All homes are amenable and actively engaged in the training, advice and support being offered by NHS and Public Health colleagues.
 - d) Testing remains problematic, with multiple routes into testing, and for the provision of results, as well as issues with deliver and collection of swab kits and re-testing where there are inconclusive results. This is as a result of national arrangements conflicting with local arrangements already in place. Blackpool has worked well with the LRF, our Public Health Staff and the Military Testing Units, which ensured our provider staff had clarity and early access to testing, especially those unable to drive, which is a significant portion of our workforce. We are now fully engaged in the process of point of prevalence testing of symptomatic and asymptomatic residents and staff and this is already proving effective in identifying outbreaks earlier. Similarly the tracking, testing and isolation planning is well advanced. The LRF has recently written to all care homes setting out the



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testing policy and procedure for care homes to follow for all of their staff and residents. The LRF Adult Social Care Cell have also approved the Testing Policy for care homes. To support the testing policy the LRF Military Planners have provided training to 70+ volunteers from St John and Army Veterans who will attend care homes who need support to undertake the test swabs. We have developed a guidance document to assist anyone who is undertaking a swab test in any setting. All care homes have received training in swabbing delivered by NHS partners and have ongoing access to virtual training and video demonstrations.

- e) The support being provided to ensure the safety and sustainability of providers, together with the changes providers have made to their operating arrangements come at a significant financial cost, the vast majority of which is being borne by Blackpool Council. Concerns about the longevity and sufficiency of the additional funding beyond an initial 3-month period will in our view require some clarification by Government of the plans going forward from June 2020. There are twin issues around how long the current crisis situation will continue and whether any of the changes that have improved delivery can be placed on a more permanent footing.
 - f) The move towards payment of contractual sick pay is welcomed in principle, but currently unaffordable in practice within the additional resources announced, which are more than being subsumed by other supplies and staffing additional costs. If there were a 15% absence rate at any one time in our care providers, the additional contractual payments would be in the millions. Worst-case scenario for asymptomatic testing is estimated to be 40% staff absence for two weeks each. We are exploring the costs of guaranteeing the pay of staff testing positive for the 14 days isolation period, which we estimate in the region of £600 per full time member of staff, net of SSP recoverable costs.
 - g) CCG's have begun receiving nationally secured supplies of pulse oximeters for distribution to care homes and some PCNs are also securing digital stethoscopes for care homes. CCG's/PCN's continue to request clarity regarding the use of the Covid Support Fund to purchase medical equipment for care homes.
3. A short description of the approach that commissioners (LAs and CCG's) 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.
- a) In March, we set a minimum baseline payment for all providers, set at the level of activity w/c 9th March. We also altered our payment arrangements to ensure immediate payment and viable payment intervals. Both these arrangements have secured the cash flow for our providers.



- b) In mid-April, the Council issued an immediate fee uplift of 10% by way of a Covid premium for an initial period of 3 months, backdated to the beginning of April. This fee uplift was matched by our local CCG for their commissions from the same providers to maintain our existing consistency of fee rates.
 - c) PPE is supplied free at the point of use (masks and other outbreak-specific items) or at pre-Covid prices (usual items), regardless of what the Council pays for supplies. This avoids providers having to source in a very challenging market and/or claiming back from the council their unsustainable additional Covid-related costs for PPE.
 - d) Emergency Workforce staffing is supplied free at the point of use.
 - e) There is a simple process for providers experiencing unsustainable increased costs that are outstripped by the combined financial support and help in kind to claim additional Covid funding from the Council.
4. 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.
- a) There is capacity within the residential care market with cohorted facilities to accept new and returning residents and isolate those who are positive or awaiting results. In practice all people coming into care homes are being isolated for at least 14 days.
 - b) The Council operates a 33 beds Intermediate Care facility at the ARC jointly with the Acute Trust. We have re-purposed to include step down, step up or step across for people who do not need to be in hospital or a clinically-led facility, but cannot be in a residential care setting. A dedicated 'Covid floor' is available for use by those who are COVID-19 positive.
 - c) The Acute Trust has community beds at its Clifton facility to support those who need alternative care arrangements, especially where more clinical oversight is required.
 - d) There are empty, equipped facilities locally able to be stepped up within a short period should this become necessary, including a 28 bed recently former care home and 42 bed former hotel, latterly catering for the needs of disabled people.
 - e) The agreed LRF Admissions Policy statement sets out how we will best maintain the status of 'cold' homes (i.e. those with no cases) and reduce the spread of the infection in 'hot' homes



(those with cases). The policy is aimed at ensuring effective and safe hospital discharge and movement of residents between settings.

- f) The three upper tier authorities have agreed in outline with the ICS the approach to funding of COVID-19 hospital discharges and out of hospital care for our system, subject to final agreement. Discharges have not been delayed pending final agreement.
5. Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.
- a) We are participating in the NW ADASS and national auxiliary care workforce recruitment – a real challenge to recruit to largely minimum wage roles in an environment when people are naturally anxious about the virus, seeing distressed health and care staff on their media feeds, hearing tales of no PPE equipment being available, and when there are lots of retail jobs coming on stream.
 - b) We are facilitating all essential checks and in partnership with our local college as part of our joint Health and Social Care Career Academy, we are delivering rapid induction training so that applicants are ready for work to fill identified gaps.
 - c) We have linked in with partners around returning clinical staff and volunteers, and the ‘bench’ at the Acute Trust and these are a feature of our Emergency Workforce Plan.

I trust the information supplied is sufficient to confirm to you that the Blackpool Council is focused on the right issues in the right way at the right time. As always we welcome feedback and further clarity about the national funding available to support our ongoing partnership working with all our care providers, supporting Blackpool’s most vulnerable residents safely and effectively.

Yours sincerely



Neil Jack
Chief Executive

