

Adults' and Children's Services Policy and Scrutiny Committee

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Title:	COVID-19 Support to Adult Social Care Providers
Report of:	Bernie Flaherty, Executive Director Adult Social Care and Health
Cabinet Member Portfolio	Adult Social Care and Health
Wards Involved:	All
Policy Context:	N/A
Report Author and Contact Details:	Gareth Wall, Director of Integrated Commissioning gwall@westminster.gov.uk

1. Executive Summary

- 1.1 The purpose of this report is to provide the committee an update on COVID-19 support to Adult Social Care providers.
- 1.2 In April 2020, the Government launched the COVID-19: "Action plan for Adult Social Care" that has formed the basis for our local approach to COVID-19 in addition to the national guidance.
- 1.3 Central to our response has been to support Adult Social Care providers both Residential Care Homes and Home Care (Domiciliary Care) to ensure that they are able to provide safe effective care to our residents.
- 1.4 Our support has included daily calls with providers from March 2020, the provision, guidance and training for Personal Protective Equipment (PPE) and a package of financial support measures designed to mitigate some of the financial impacts that they have experienced due to COVID-19.

2. Background

- 2.1 As part of the response to COVID-19 Adult Social Care has followed government guidance and implemented local initiatives to ensure that safe, effective care continues to be delivered to Westminster residents.
- 2.2 In April 2020, the Government launched the COVID-19: “Action plan for Adult Social Care”¹ that outlined its support for Adult Social Care nationally, covering infection control, supporting the care workforce, independence, end of life care, as well as supporting local authorities and providers. Where applicable we have followed this action plan along with the various additional, subsequent guidance that has been issued at a national level.
- 2.3 To support the implementation of the various guidance, Adult Social Care has strengthened its’ relationship with care homes and home care providers. This has included care homes and providers within the borough, regardless of whether we commission them as a local authority. The work has brought increased contact with providers and various forms of support (including financial, recruitment support and training of staff) to ensure we remain focused on ensuring the safety and wellbeing of all residents even though staff have not been able to visit the homes and services in person.
- 2.4 In terms of providing reviews and assessments to our existing service users, we have completed these over the phone and online where appropriate. Where visits have been required staff complete a risk assessment and use the appropriate PPE (Personal Protective Equipment) as per Public Health England guidance.

3. COVID-19 Approach to support our provider market

- 3.1 A key pillar of the action plan for Adult Social Care was support to the provider market. We commenced daily calls to care homes and home care (domiciliary care) providers on the 6 March to ensure current guidance had been received and implemented, and to determine that enough staffing, equipment and support was in place. These daily calls took place 7 days per week until July 2020, at which point they moved to weekday calls only, with emergency on-call arrangements for the weekend. These arrangements have been vital in ensuring that the council can monitor care arrangements and provide valuable support when needed.
- 3.2 Ahead of any national guidance, we requested all care homes to “cocoon” residents on the 9 March 2020 and to stop all non-essential visitors from entering care homes. This was to minimise the risk of COVID-19 entering homes through visitors. Central government adopted this approach and requested this of all care homes days later, on the 21 March 2020. We have also provided Care Homes with iPads to ensure that service users are able to

¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan>

keep in contact with their families. Since lockdown easements were introduced, those home with access to outside space have introduced visits outdoors, adhering to social distancing, partition screens and use of appropriate PPE.

- 3.3 PPE is vital for people delivering care in order to minimise risks to both residents and staff and without adequate supply, providers simply cannot deliver care safely or even at all. This forms a central part of government guidance to minimise the risk of the spread of infection. Whilst all providers are being told to continue to use their existing supply chains (and seek out others) the reality is these have not been reliable due to a surge in demand that has also resulted in significant increases in prices. The council has secured a regular supply through close working with the West London Alliance (WLA) and in emergencies via the London Coronavirus Response Cell (LCRC). The council now provides stocks to providers at no cost whenever normal supply is compromised.
- 3.4 Arrangements have also been made for testing of all care home staff and residents as part of minimising the risk of the spread of infection. Arrangements have been made with the local GP Federation to ensure that this occurs on a fortnightly basis for staff and residents. As and when testing capacity increases via the national portal, our local arrangements will change to access testing via the national route.
- 3.5 This approach is monitored on a daily basis and reported on several times a week to ensure that there is a robust oversight of the provider market.

4. Care Home Support Arrangements

- 4.1 Care Homes in the borough are contacted every weekday and are asked about their current status with regards to their residents, staffing and PPE. These calls are used to ensure that any new guidance or support mechanisms have been communicated and incorporated. The information from these calls is logged on a daily situation report to ensure clear understanding of changes as they occur, to help target interventions and to observe trends. These calls have been valuable in identifying any PPE shortages which we have then been able to quickly remedy from the council's stocks, or any positive test results, meaning we can take action immediately to isolate cases, staff and inform relevant partners. These calls were daily until July 2020, since when weekend calls are by exception through an on-call arrangement.
- 4.2 The information gathered from the Care Homes was later discussed in a daily meeting where council officers raised any live issues, work through solutions and share good practice. Where required, issues were escalated. Again, since July these have moved from daily 'incident management' meetings to exception based 'outbreak management' meetings.
- 4.3 In line with PHE guidance any Care Home that has more than two people with COVID-19 symptoms is considered as an outbreak and is subsequently discussed in a daily Outbreak Management Team (IMT) meeting attended by officers from Public Health, Clinical Commissioning Group and

Commissioners. These meetings review the information and agree support arrangements, or interventions, that it determines will assist the Care Home.

- 4.4 We are reassured that providers are working well to ensure infection control measures are followed. The tables below set out the type of support that has been made available to Care Homes.

Table 1 Costed Support for Care Homes	
1	WCC has successfully managed to secure PPE in order to ensure all Care Homes have the equipment they need; the equipment is being provided to Care Homes at no cost
2	WCC has agreed to support homes with additional staff to enable 1 to 1 support and assist with infection control for residents with challenging behaviours.
3	Providers can bring claims for increased costs incurred through COVID19 to the Supplier Resilience Forum and these are considered and decided quickly.
4	WCC has supported homes with the purchase and supply of iPads to enable video calling

Table 2 Non-Costed Support for Care Homes	
1	All care Homes reviewed by exception in a daily Outbreak Management Team (IMT) Meeting attended by officers from Public Health, Clinical Commissioning Group and Commissioners.
2	Giving guidance around correct use of Personal Protection Equipment, including video training
3	Support with infection control arrangements and guidance
4	Referrals to talking therapy and bereavement counselling services.

5. Domiciliary Care Support Arrangements

- 5.1 COVID-19 has impacted the domiciliary care market in the Bi-borough with people suspending their home care arrangements due to family members being at home and being able to provide care. As a result, providers have reported challenges around cashflow, capacity, retention and increased costs of statutory sick pay and PPE.
- 5.2 To support the market and the pressure that it is already under, and to ensure there will be support in place to provide resilience a package of support was developed. In consultation with providers, and after reviewing the measures implemented and proposed in other local authorities, a support package of was financially modelled and approved by WCC on the 31 March 2020.

5.3 The package of support was for an initial period of three months and was subsequently extended to the end of July. The support measures for Domiciliary Care providers put in place included:

- **Pay on planned invoices instead of actuals:** With volatility in the market, the move to planned gave providers more stability with their cashflow. Under this measure the council agreed to pay for whichever is the greater between actuals and planned care for each week of the billing cycle, to help smooth out the volatility.
- **Faster payment of invoices:** Cash flow was noted as an issue for all providers, after moving to paying on planned, there was a reduced need for arbitration of invoices. There was a move to speedier payment of invoices and facilitation of payment within seven days of receipt, or at period end. This measure also applied for spot providers.
- **Reimbursement for carers using a car (£5 per day):** With parking restrictions lifted for a time it was possible for key workers in Westminster to use their cars more to undertake shopping and speed up travel time between visits. The use of cars whilst not normally encouraged in the borough helped to increase capacity, particularly with reduced public transport.
- **Recruitment bonuses (£250 per new recruit):** This measure assisted providers to increase their recruitment of care workers through social media campaigning, 'refer a friend' and 'return to care' schemes. Interviews were held exclusively over the phone or via a video call, and most agencies shortened their training periods. With a number of service industries temporarily shutting down, there were a number of people willing to take on paid caring roles and it was important to enable agencies to extend their recruitment budgets to meet this demand. This initiative relieved the financial pressure on recruitment, DBS payments and training cost.
- **Support with PPE supplies.** Personal Protective Equipment is vital for people delivering care, and without support simply cannot deliver care safely or even at all. Whilst all providers were instructed to continue to use their existing supply chains (as per Government guidance) the reality was these were often no longer reliable, and a surge in demand saw price volatility. The council has secured a regular supply through close working with the West London Alliance and now provides stocks to providers at no cost whenever normal supply is compromised for providers.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Gareth Wall

gwall@westminster.gov.uk