

Date: 29th May 2020

Dear Minister

Gateshead Covid 19 Response to Care Homes

Since the Covid-19 pandemic a whole system approach has been taken in Gateshead to ensure that resources have been deployed to the most vulnerable people across health and social care. A joined-up approach has been taken to implement Government guidance across primary care, secondary care, community services, residential and nursing care providers. In order to deliver this offer, facilitate action planning across the partnership and inform day to day operations the following has been actioned:

Governance

- A **daily call** is chaired by the Director for the Gateshead system with the Local Authority commissioners and adult social care, CCG, Continuing Health Care, Public Health and the community team from Gateshead Health NHS Foundation Trust with the aim of identifying pressures, streamlining processes and coming up with solutions to issues that have or may arise across health and social care.
- A **care homes assurance group** meets weekly and consists of all partners that ensures that national guidance is delivered, monitors the current measures in place and oversees the development of new ways of working.
- All care home facilities in Gateshead have access to **24/7 expert advice** through the locality team, primary care and Rapid Response service.
- All work is aligned to the **Care Home Delivery Cell**, and frequent contact is made by the Clinical Lead with the Director of Nursing at the CCG.

In addition, in order to ensure hospital capacity, and the safe transition of people from hospital back to the community or into residential care, the Gateshead System has worked together to:

Completed actions

- **Redesign the hospital discharge process** using a trusted assessor model. This has been implemented through the formulation of a:
 - hospital health and social work team that acts as a single point of contact for hospital professionals to refer into when a person is ready for discharge
 - 7-day local authority placements team
 - achievement of a three-hour turnaround time for discharge
- **Incorporated CCG contracts for domiciliary and hospice care** into the Local Authority offer to expand capacity and maximise workforce capacity.
- Established approach for **testing** all patients who are to be discharged.
- Agreed a **fair financial offer** for care providers.
- **Block booked residential beds** with specialist nursing and end of life care to ensure a smooth transition of patients within the three-hour window.

Support package

Aim

Coordinate support for infection prevention and control (including testing support) and facilitate tailored solutions for issues that care homes are experiencing.

To achieve this, we have established a range of actions that have included:

- **Daily calls** to all residential and nursing homes to gather information on:
 - Service capacity and occupancy
 - PPE stocks
 - Infection prevention and control training and advice
 - Self-isolation and confirmed cases of Covid-19 amongst staff and residents
- **Provision of a 5% top up** on residential care fees to accommodate extra expenditure, as well a financial package which allows homes to claim for additional expenditure above and beyond this through a transparent 'open-book' approach.
- **Provided a daily email communication** to deliver key messages; inform providers of the latest guidance nationally and locally; as well as cascade a range of materials they can use to support their staff and residents, and to promote best practice.
- **Conducted tests** on circa 400 residents in care homes since 20 April 2020, as well as asymptomatic staff.
- **Directed health and social care staff to the testing site** at Ikea (Gateshead); where this has proven difficult (e.g. the staff have no access to a car), they have been tested on site at Gateshead Health NHS FT.
- Visits and / or contact from **Community Nurse Practitioners** daily with 24 older persons residential care homes in Gateshead to give advice on care, train staff, update end of life documents and care plans, or to swab residents.
- **Deployment of Community Health Care Assistants** into care homes, Promoting Independence centres and domiciliary care to assist with staff shortages and prevent hospital admission.

In addition:

- All care homes in Gateshead are signed up to the Capacity Tracker.
- A full audit has taken place regarding the sign up to NHSmail, IT equipment and wi-fi access.
- A task and finish group has now been convened to design training for the homes to use digital technology for virtual consultations, keeping in touch with family and friend, as well as being able to take advantage of the all the wider benefits of NHSmail.
- The Gateshead system has come together to fund iPads in residential homes with the software to enable the above.
- We will work with individual providers where they identify sustainability issues based on reductions to occupancy, to agree support ensuring future sustainability of provision.

Additional support the system has put in place specifically in relation to the five key areas of focus is as follows:

Area of focus	Action taken	Challenges
Infection prevention and control	<ul style="list-style-type: none"> • All 58 Care homes have an assigned IPC practitioner to give advice and 'train the trainer' to support a system wide approach. • Each home will be supported to develop plans to manage an outbreak. • All care home residents will have a personalised care and support plan • IPC practitioners have contacted all homes to advise on managing residents safely. • PPE and toiletry donations have been shared across the system. • Care homes are offered a daily visit from the Community Nurse Practitioner. • Cohorting of symptomatic residents in care homes. • Block booking of care home beds to enable specialist care and isolation where required. • Testing of residents before admission to care homes. 	<ul style="list-style-type: none"> •Hospital discharges to care homes at the beginning of the pandemic of potentially Covid positive patients. •Availability of PPE during April as supplies were prioritised for NHS. •The current system remains fragile. •Training all staff in care homes.
Testing	<ul style="list-style-type: none"> • All health and social care staff have access to the test centre at Great Park (previously based at Ikea). • Testing of residents and staff can be accessed locally through the 	<ul style="list-style-type: none"> • National messages have been confusing to our public. • Poor availability of testing reagent for the local lab

	<p>Community Nursing Team (however, the short supply of reagent has compromised this service - currently only able to test on priority basis).</p> <ul style="list-style-type: none"> • Testing also available through NECS as a single point of contact for the region. • The North East Health Protection Team are sending out swabs to homes who have symptomatic residents at time of reporting. 	<p>restricts the offer (May 2020) – need more local capacity.</p> <ul style="list-style-type: none"> • Turnaround time for tests undertaken through the national system is too slow to facilitate preventative action. • Regular testing of asymptomatic and pre-symptomatic staff and residents is not yet available. • Pillar 2 testing results not going to GP. • National testing results slow. • No contact tracing service in place (as yet) to reduce community transmission. • LA needs more timely information to support measures to reduce community transmission.
PPE and clinical equipment	<ul style="list-style-type: none"> • Commissioned providers in Gateshead can access PPE through www.gateshead.gov.uk/PPE which is being coordinated through the procurement team. • The Local Resilience Forum is distributing PPE to Gateshead based on availability and priority need. • Mutual aid and exchanges of PPE are taking place across health and social care providers. This is facilitated through the daily calls to providers and provider contact from professionals. 	<ul style="list-style-type: none"> • Availability of PPE is a constant challenge. The system is fragile, and supplies are short term. • Product recalls have added to the fragility of the system. • Training for care home staff e.g. FFP3 mask fit tests as availability of type inconsistent – need a test each time a new type of mask is used.
Workforce support	<ul style="list-style-type: none"> • Increased training option for VOD and syringe driver use. • Support from MacMillan pharmacist to enable care homes to implement changed guidance for palliative and end of life cases. • A newly established Hospice at Home team have contacted all care homes to give advice and offer support for palliative and end of life residents. • Targeted support, education and 	<ul style="list-style-type: none"> • Staff capacity – sickness levels and those shielding have been challenging. • Bring back staff has yielded very little resource. • Agency workers expensive and difficult to control working across homes. • Potential for large

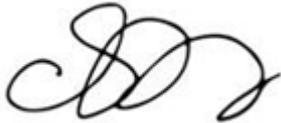
	<p>training for those homes supporting discharges from hospital, as well as open ended contact for residents and family members of those affected by the pandemic.</p> <ul style="list-style-type: none"> • Train the Trainer support to include IPC and End of Life Care. • Access to psychological support for staff in care homes. 	<p>numbers of staff sickness when asymptomatic testing of care home staff.</p> <ul style="list-style-type: none"> • Loss of income to providers due to reduced bed occupancy is an emerging picture that will affect the financial viability of the market. • Communications going directly to care homes from the centre contradicting local comms – should be channelled through the LA.
Clinical support	<ul style="list-style-type: none"> • A 24-hour hotline has been put in place so elderly physicians in the QE hospital can be contacted for expert support. • There is 24/7 access to palliative and End of Life consultants, which is in addition to the substantive resources of MacMillan nurses, and the palliative and End of Life team. • 29 older persons care homes have a linked Community Nurse Practitioner or linked Locality Nurse. • All older peoples care homes have a link GP the LES is being revised and expanded to cover the remaining homes. • All care homes have an identified lead strategic GP. • An MDT of GP's, community nurses and Allied Health Professionals (AHP's) will deliver a weekly ward round to support vulnerable residents (may be virtual). • Everyone discharged from hospital to a care home will receive a visit by a nurse, AHP or community nurse. • Assistance is available from the medicines optimisation team which includes the sourcing and reusing of medication. 	<ul style="list-style-type: none"> • Staff capacity - As phase 2 is implemented this will challenge capacity. • DES/LES for PCNs.

Although many of the measures needed to support Care Homes have already been put in place, there is a risk that the best outcomes will not be enabled if the issues identified in this letter are not achieved. This will require changes on a national as

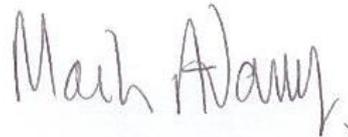
well as a local level. We are committed to the testing of residents and staff within our care homes and other appropriate establishments and have played an active role in the North East testing cell.

The government has committed to testing all residents and staff in Care Homes by the 6th June 2020, with 30,000 tests per day being available for the sector and Care Home managers to be informed of the results of tests. While this is an improvement on the previous testing regime, it still falls short of what is needed to reduce transmission in Care Homes. The NE Testing Cell considers that working towards weekly testing of residents and staff of Care Homes who have not previously tested positive with results being received in a timely manner would be the best use of testing capability to reduce transmission within Care Homes. Because of the need for timely test results this would be best achieved by local rather than national testing. Unfortunately, local laboratories are not able to achieve the consumables needed through the national supply chain to enable this to happen. There is, therefore, a need for the national testing programme to increase the timeliness of results and increase capacity to enable more regular testing of asymptomatic residents and staff.

Yours sincerely



Sheena Ramsey
Chief Executive Gateshead Council



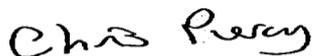
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