



Department of Health and Social Care

29 May 2020

Dear Sir / Madam

North Yorkshire Covid-19 Care Market Resilience

From the outset of the Covid-19 pandemic, local government, NHS and care sector partners have been working together to provide additional support to care providers across the County. This submission builds upon those actions, including the enhanced actions that we have already put in place in response to local circumstances.

Our priorities as we move forward are:

- Keep people using services and the workforce safe and well
- Ensure safe services to people who do not have Covid-19
- Keep Covid-19 free settings shielded so that they remain Covid-19 free
- Prevent, contain and manage outbreaks
- Prevent and reduce deaths, where possible

North Yorkshire is home to 600000 people, living mainly in villages and market towns. The County comprises some of the most remote areas in England. Our demography is ahead of the national average in terms of age profile and, although our economic and health indicators are mainly better than the national average, we have significant issues with rural and coastal inequalities (including distance in accessing services) and in-work poverty. Our location and overall quality of life means that we attract people to retire to the County and, also, to move here for care services, whether they are older or are younger people with disabilities. Accordingly, we have 215 care homes including internally provided services and 23 extra care housing schemes. Our NHS and social care system is complicated: we work closely with three Clinical Commissioning Groups (CCGs), five main Acute and Community Trusts, two Mental Health Trusts and 17 Primary Care Networks, as well as several hundred independent and voluntary sector care providers.

Across the County the number of cases of Covid-19 continues to increase, but the rate of increase is slowing and the rolling average of new cases is now showing a decline. We are seeing some variation by district and although generally we are seeing a downward curve, we remain cautious and are prepared for the possibility of a second or multiple peaks throughout the year.

Despite our system complexity we have been working collectively across our local health and social care system to ensure the necessary support and response is in place to reduce the risk of Covid-19 in care settings and to be confident in our ability to respond to the Discharge Service Requirements and Coronavirus Act (2020).

This co-ordinated response has given a high level of confidence in the capacity and preparedness across the health and social care system to continue with our response and in to recovery.

Care Market Resilience Plan

Our Care Market Resilience Plan sets out details of our enhanced operating model which has mobilised an entire market support infrastructure, supported by a tailored response to particular outbreaks or where care providers are at risk. A full version of the plan can be found at appendix 1.

At the heart of this approach – and already in place - is a daily call to all care providers and a daily review between CCG Chief Nurses, Public Health and Adult Social Care senior leads to focus support and additional testing on the basis of an agreed prioritisation framework.

Included in our plan is a clear system-wide response to infection prevention and control, training, testing, personal protective equipment, staffing and management support as well as practical support to reduce risk to residents and staff. This also includes preventative measures for the care sector to remain Covid-19 free and prevent outbreak where possible.

In addition, we are liaising closely with our CCG partners to include work to accelerate some elements of the Enhanced Health in Care Homes plan and to further enhance the support available to our care home provider colleagues.

During the mobilisation of our plan the Care Quality Commission (CQC) launched their Emergency Support Framework and our CQC colleagues are working constructively alongside the local authority and into our new operating model structure.

The operating model has been developed as a tiered command structure with strategic, tactical and operational cells working to provide the appropriate preventative and proactive support to care homes, whilst also giving a system-wide overview of risks and interventions across North Yorkshire.

Operational Cell

A new team of care home contact workers has been established to undertake daily calls to all homes across North Yorkshire.

In addition to this, each care home has a named care home liaison officer whose role is to review the information gathered from the daily calls, and including wider intelligence from other data sources, will make decisions about any necessary next steps and required interventions. This will ensure that the necessary operational, and where needed tactical/subject matter expertise, or strategic, resource can be made available, whilst also ensuring that the right level of response is directed appropriately to areas of most need.

All care homes are risk-scored to provide oversight of the overall position in North Yorkshire and to ensure appropriate resources are deployed on a proportionate basis.

Tactical Cell

We have developed a 'menu of interventions' which provides the care home liaison officers with direct access to a range of subject matter experts/teams, which can be brought in to

provide advice, support or additional resource to care homes where required, for example Infection, prevention and Control Team, HR expertise or public health advice.

Strategic Cell

We have established a strategic group of senior health and social care system leaders who meet daily and have responsibility for the strategic oversight of the care sector with access to data to determine levels of risk, and to put interventions in place. This cell also provides real-time decision making and system-wide assurance along with strategic co-ordination and monitoring of testing across North Yorkshire. Decisions on issues such as enhanced support and additional testing are made on the basis of a local prioritisation framework which has been informed by specialist Public Health advice.

A rapid mobilisation plan has given us full assurance that our tiered command structure is fully implemented and we are taking the opportunity for regular review and refinement of the model as we respond to Covid-19.

Infection Control training

Our three CCG Chief Nurses have identified infection control super trainers and local trainers who have received nationally approved training and are now cascade training to care homes using the national package. A daily sit rep is being completed by CCG colleagues to monitor uptake of training with intelligence shared at the strategic cell meetings on a daily basis. We have made all care homes aware of, and have actively pursued, the need to complete this essential training through our regular communications the sector.

NHS community health services across North Yorkshire have also stepped up support to care homes which includes a training offer tailored to local requirements in line with local issues and priorities as they arise with individual care homes.

Personal Protective Equipment

We have developed local system guidance to support care homes to understand and implement the latest national guidance on the correct use of Personal Protective Equipment (PPE), alongside infection control measures and decision making around the use of PPE. Our operational guide and wider advice to care homes remains in line with the latest national guidance and is based around robust risk assessment to determine the appropriate use of PPE.

As part of the operational guide, we have created a flow chart to aid decision making/risk assessment for the application of the guidance relating to PPE. Our Public Health team has run a series of informative webinars with the care sector around the use of PPE, which have been very well attended and welcomed by colleagues.

We have a clear escalation process to report issues relating to PPE supply chain and we are continually working to advise care homes and other care providers of how they can access PPE using 4 main routes:

1. Usual suppliers (should always be tried first)
2. Mutual aid with other local services
3. North Yorkshire and York Local Resilience Forum

4. National Supply Disruption Response system

We are aware of the significant increase in the cost of PPE and this pressure is also being reported back from the care sector as a growing area of concern.

Our current supply of PPE remains varied with irregular deliveries impacting on our ability to be confident that demand is always being met, resulting in the need for just in time stock control and mutual aid between providers being enacted. A number of PPE suppliers are reporting wider supply chain issues which is impacting on our local supply. Training and advice has been provided regarding the most appropriate use of PPE and alternatives to the usual known suppliers have been sourced and used where appropriate.

We remain grateful for the support of local businesses and communities in their local offers of supplies. We would welcome the introduction of a national supply chain for PPE.

Reducing workforce movement between care homes and minimising risk for care workers

As part of our operational command structure, we ask all care homes on a daily basis for an update on their staffing status, including whether the care setting is using agency staff and/or whether staff are working across multiple sites. This intelligence is fed through the command structure with same-day intervention from the tactical cell and a flag to the strategic cell at 8am the next day to consider whether this is being done safely or whether further intervention is required. At present, 73% of homes are currently not using agency staff and we are working with those homes which are experiencing problems.

Quarantining

Our Infection Prevention and Control team have been pivotal in supporting care homes with advice on zoning and cohorting within their homes. The team has supported 120 homes to date. All homes where an outbreak has been reported have received this advice and, with our command structure in place, the team have good intelligence to be able to proactively support homes with preventative measures remain Covid-19 free. 82% of homes have the ability to cohort/zone. Where they cannot do so, we are providing advice on how best to distance residents and staff.

As part of our work to implement the Discharge Service Requirements, we made an early assessment of out of hospital capacity, resulting in the purchase of 197 additional beds to provide an element of resilience in the market. These beds included capacity to provide short term residential and nursing placements for people on discharge on hospital or as a step-up option to avoid a hospital admission

A system-wide flowchart has been developed to summarise the pathway for safe hospital discharge and to reduce the risk of the spread of infection. In addition to this, our bed capacity has been converted into a 4 tier system to prevent cross-contamination across all community settings. We are currently reviewing bed capacity and quarantine arrangements in light of changing patterns of Covid-19 and other acute hospital activity.

Testing

The ambition across North Yorkshire and York is to ensure good, timely access to tests and results as part of a systematic health protection approach with the aim of complementing the national offer.

We have accessed the national programmes for testing of both keyworkers and care home residents, we have experienced some challenges with these including availability of tests, delays in test results being provided, delays in receiving sufficient numbers of test-kits and a high level of void tests. On average, at present, it is taking 12 days for care home resident test results to be received, which is clearly unacceptable for residents and for providers: in these situations, they are having to pursue outbreak containment and management approaches.

In order to mitigate some of these issues, we have secured some limited additional supply routes for testing in care homes and are using these routes to focus on high priority care settings that cannot be addressed via the national portal and other national programmes. We are currently in discussion with DHSC about prototyping a locally-directed mobile testing option.

Our local prioritisation matrix, informed by specialist Public Health advice, enables us to respond, where necessary, to local circumstances (for example, a higher number of care homes with under 50 beds, often in remote areas and significant supported accommodation provision for people aged under 65 with complex disabilities).

Building the workforce

To enhance the response to the Covid-19 emergency, our specialist resourcing service launched a recruitment campaign to increase staff to NYCC's care and support service, as well as supporting the supply to our care market. Reaching 122,000 people, the campaign attracted 936 applicants, contacted 157 retirees/returners and expedited 56 pre-Covid-19 applications.

Multi-channel resourcing, together with links with education providers and businesses helped achieve a significant response to the campaign. So far the campaign has delivered 221 new starters with a further 40 in progress. In addition, we have re-deployed a number of existing staff, moving people into high demand areas to increase the resilience of our workforce.

The Recruitment Hub (Resourcing Solutions) using the brand of *Make Care Matter* continues to recruit for the provider sector and has launched a new campaign to increase worker availability for the sector.

Both campaigns and ongoing resourcing are linked with, and supporting, the national adult social care campaign.

As part of our tactical response, our menu of interventions into care homes enables care homes to have access to a range of additional workforce support from across our local health and social care system.

Our mutual aid programme enables us to direct additional resource to areas of most need across the care market.

Clinical support

Our CCG colleagues are working closely with each of the Primary Care Networks to 'enhance the health in care homes'. A multi-disciplinary team approach is being used to provide clinical support ranging from personalised care planning, medication reviews, end of life care and wider community nursing and rehabilitation. Each care setting has a Primary Care clinical lead in place.

A range of digital interventions are in place and the role of digital technology is becoming increasingly important as a solution to limiting footfall into care home and extra care settings. Across North Yorkshire and York all care homes have been provided with a tablet device to facilitate remote GP consultations. As part of this plan we will continue to work as a system to identify further digital solutions to support care homes and work collectively to implement these where possible – this approach fits with the digital priority of the North Yorkshire Health and Well-being Board.

Additional Financial Support

To cover the Covid-19 emergency period, we have agreed a package of support for care providers to address short term financial pressures.

For nursing, residential, home care and supported living providers, a 5% compensatory payment based on planned activity (excluding infrastructure costs, management fees, day care or block bed purchase arrangements) has been issued and includes NYCC and CCG funded services.

This arrangement is being reviewed every 4 weeks and has been calculated on planned activity and will be paid up to the end of June 2020 as a minimum. To support cash-flow we have also agreed for all future payments made by NYCC to be paid for four weeks in advance: a significant improvement from 2 weeks in advance and 2 weeks in arrears. The measures above have been made in addition to our NYCC inflationary uplift for 2020/21 which saw 4% added to all care home placements with a weekly fee of £750 per week and 1.5% added to all care home placements above £750 per week. Domiciliary Care providers have had hourly rates increased by £0.60 per hour and all other services have increased by 3%. A £500,000 technology fund was also created to support providers to be more efficient through access to improved technology.

Corporately, we have also set up a rapid supplier relief process, whereby providers have the opportunity to seek additional support in circumstances around hardship as a result of Covid-19.

Our tactical response to care homes includes the menu of interventions and this provides the opportunity for care home liaison officers to divert teams from across the Council to give additional support to care homes where required (for example deep cleaning or HR support). An eighty person strong team has been made available, funded by the County Council operating 7 days per week to support care homes during the pandemic. The cost associated with these interventions, along with the infrastructure cost of the operational cell, is being covered by NYCC.

We have put clear processes in place to ensure that any additional investment from central government, namely our share of the allocation of £600m infection control fund, is passed to the care sector in a timely way.

In addition, we and the CCG have agreed block purchase arrangements with North Yorkshire care home providers for 179 placements to a minimum of the end of June 2020 to provide financial stability and support - this arrangement excludes and spot purchase arrangements. This additional investment into the market.

Conclusion

I hope that the details set out within this letter provide the necessary assurance that our local system is responding well to the crisis and that we are prepared for the future months ahead.

We do this despite our challenges, particularly in relation to the significant rising costs associated with Covid-19 for NYCC and the NHS and the varied access to a regular supply of PPE and testing.

We will continue to work with the Government in raising awareness of the impact of our challenges and we hope that we can work together to address them to provide assurance to the local residents of North Yorkshire that we have the capability to keep them safe within care settings.

Yours sincerely

Richard Flinton
Chief Executive
On behalf of the North Yorkshire health and social care system

Appendices

Appendix 1	North Yorkshire Care Market Resilience Plan	 NYCMRPMay20.docx
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CC:

Amanda Bloor, Accountable Officer, North Yorkshire CCG

Phil Mettam, Accountable Officer, Vale of York CCG

Helen Hirst, Chief Officer, Bradford District and Craven CCG