

From

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Our Ref: JPM/LM

Care and Reform
Ministry of Housing, Communities and Local Government

29 May 2020

Dear Sir

IoW Care Home Support Plan (CHSP)

In reply to your letter of 22 May 2020, I am writing to certify that the Isle of Wight has increased the amount of funding paid to social care providers in our area by £1,292,487 which has been incurred in accordance with the Grant Determination Annex A and Grant Conditions in Annex C. The IoW received its funding on 27 May 2020 and we have already arranged for payment to care home providers to be received today, 29 May. In accordance with the grant conditions, I certify that care home providers have received funding on a “per bed” basis and the first installment paid to them is £498.37 per bed.

There are 73 care homes on the Isle of Wight, and 36% have experienced Covid-19. As of 18 May, 18 care home residents have tragically died where it is known that they were Covid-19 positive. Each of these 18 people were beloved by their families and friends and our commitment to their legacy is that we work as system with our care providers to prevent further infection, minimise any spread between residents and staff, support the brilliant care home workforce via access to the correct PPE and other measures, enable care homes to get their residents and staff tested and provide assured and effective clinical support.

I attach a set of slides detailing our response for each of the Government’s care home support plan priorities. These slides comprise our Care Home Support Plan.

Our template return enumerates the numbers of care homes where support against each of the Government’s priorities has been delivered as well as our assessment as to where further support is needed. The development of our CHSP has been driven by the council’s Director of Adult Social Services, Director of Public Health, the Managing Director of the IoW CCG and the IoW NHS Trust’s Director of Nursing and Community Services.

Since 13 March 2020 we have provided a specific support service to the Island's care providers comprising dedicated email and telephone helplines (operational 7 days a week) as well as proactive outreach by commissioners to all providers (regardless of whether or not they have approached us or indeed of whether they are providing care and support to people funded by adult social care). This support service has been co-ordinated well across the council, the CCG and the Trust - and you will note that, included in the attached slide packs, are direct quotes from providers about how useful our specific support has been to them across all areas of our CHSP to date. I am pleased, therefore, to identify that on 26 May no care home on the IoW rated their overall status as "red" and only 5 care homes rated their overall status as "amber". I believe that this is testament to the strength of partnership working and collective leadership across our care providers, adult social care and our local health partners.

Since the middle of March, the DASS, CCG Managing Director and Director of Nursing and Community Services have convened a weekly Executive Oversight Group (EOG) meeting to assure the health and care system's response to the Discharge to Assess requirements and support for community services, focusing especially on our support of care providers. We have worked with the Island's care providers, through their representative organisation, the Isle of Wight Care Partnership, and on a one to one basis with individual care homes to ensure that they have received the funding and other support needed to address the challenges Covid-19 has created for them. The council is also a care home provider, and so we have approached problems together.

We fully accept that Covid-19 has created very real cost pressures for the Island's care providers. On 20 March, therefore, the DASS and CCG Managing Director reached out and personally engaged with the Isle of Wight Care Partnership to agree with them how we could best access any vacant places in care homes and unused capacity in the domiciliary care sector, in order to free up acute hospital beds. The Isle of Wight Care Partnership consulted with its members and brought back, on 24 March, an overview of the fees, and accompanying detailed costing breakdown, needed for care homes and domiciliary care providers to accept a new client on discharge from hospital (as well as a new client referred to them to avoid a hospital admission). These costings detailed the pressures that providers were already experiencing around PPE, staffing, occupancy levels etc. and, with the permission of the IoW Care Partnership, these costings were submitted to DHSC senior officials as an example of the level of additional funding care providers had carefully calculated was needed to meet the challenges created by Covid-19.

Locally, we accepted the costing submission from the Isle of Wight Care Partnership, and we implemented temporary enhanced fees of £1020 pppw for residential care, £1375 pppw for nursing care and £25 per hour for domiciliary care to all providers who agreed to sign up to new Heads of Terms Agreement. Those providers who agreed to these Heads of Agreement specified the number of care home placements and domiciliary care hours they were able to offer for people leaving hospital and in order to avoid hospital admissions. All these care home places, and domiciliary care hours were subsequently block booked and funded for 12 weeks, backdated to 19 March. Equally, we have fully implemented the 8 April advice notice from the Local Government Association and the Association of Directors of Adult Social Services and delivered a 10% uplift in fees to providers for those people already funded by the council and CCG through our standard rates. This enhancement, again determined following consultation with the Isle of Wight Care Partnership, was paid to providers as a single lump sum covering 12 weeks on the 14 April. The Isle of Wight Care Partnership endorsed our approach to its members in our letter to care providers on 7 May 2020.

In addition, we are paying all providers on plan, regardless or not whether care is delivered. We are also funding domiciliary care providers for 14 days (or more if necessary) when any of their clients is admitted into hospital so that the provider does not experience financial pressures and they can continue to support the person at home after their discharge from hospital. Moving forward we are committed to continuing to support local providers and our reclaims process remains active. This sees payment of any additional evidence, costs incurred reimbursed to providers within 6 working days. We are also considering if a further lump sum enhanced payment should be made and will be continuing with the enhanced rates to support hospital discharge and hospital avoidance for a period of an additional 4 weeks initially.

This support is provided in addition to our annual 2020/21 fee review position which was communicated to our care providers at the beginning of March, effective from 1 April. This saw allocated uplifts in fees that not only enabled providers to pass on increases in the national living wage to their staff, but which also provided additional funding to enable providers to begin to award uplifts to their more senior, salaried, staff; together with recognising local costs pressures (which were identified by providers as part of the consultation, at an individual provider level, which is undertaken to support this annual process).

TOTAL ADDITIONAL FUNDS ALLOCATED TO CARE PROVIDERS:

- 2020/2021 fee uplift (pre-Covid-19 and funded from ASC revenue base budget) - cost of £1.673M
- A one off funding enhancement equivalent to 10% of the contracted care rates for all banded residential, nursing and domiciliary care services - initially provided for 12 weeks and paid as single lump sum at beginning of April – cost of £1.937M
- Block booked care home and domiciliary care for providers willing to accept people being discharged from hospital at temporary rates (£1070 pw residential; £1375 pw nursing; and £25 p hr for domiciliary care) funded through health - cost of £700K transferred from CCG to Local authority for the scheme in April through the BCF, further sums to be transferred in May and June
- Access to further additional funding where providers can provide evidence that they are incurring additional costs directly related to Covid-19 in relation for specific packages of care, which are over and above 10% uplift – cost of £10,000 to date
- Additional funding where providers have challenges with isolation providing funding to facilitate (including alternative placements, additional 1 to 1 support or reducing number of shared rooms etc.) - TBC as based on individual's circumstances

Of course, in addition to supporting care providers with funding to support their unavoidable cost pressures associated with Covid-19, the EOG have delivered an array of additional support to care home providers. We have been fully responsive to the information providers have submitted on the capacity tracker and domiciliary care tracker. This information is reviewed every day by a number of commissioning staff based in ASC who have been redeployed into a care provider response team and who, whenever a care home provider rates themselves as “red” in any area, immediately contact the provider, agrees the support needed and ensures that it is subsequently delivered. A same day response is the standard we operate to. This, as you will see in the attached slide set detailing our CHSP, has been very positively experienced by care home providers. Health and social care have worked together to provide mutual aid to care home providers when needed. For instance, we have supplied and arranged nursing and care staff on a number of occasions where care homes have, via the capacity tracker and through our other daily checks, identified that staffing levels were inadequate and where they had been unable to secure agency staff through their usual procurement routes. This has kept these care homes operational.

Clinical named leads are in place for all care homes and we have provided IT equipment to enable GPs and other primary health care professionals to undertake clinical consultations with residents. Many of our GPs are also undertaking virtual “room rounds” across an entire care home and Healthwatch has confirmed that care homes are very positive about the proactive approach that many GPs are making to the care homes in their patch, for instance, weekly calls to check about residents, regardless or not whether they have been called by the care home.

Between 7 April and 21 May, we have provided nearly 166,000 pieces of PPE to care providers from the Local Resilience Forum supplies (ie free of charge). This has included 22,694 masks and 4,260 safety glasses and visors. In addition, the council is making supplies to providers from its own extraordinary PPE stock purchased in March, charging providers at cost only (thereby passporting savings to providers which is especially important because of the hyperinflation levels providers are experiencing when purchasing their own PPE stocks).

There are eight infection control “super trainers” who have been working with our care homes, and their infection control leads, to ensure that very best practice is adhered to in preventing and managing outbreaks of Covid-19. Our care homes have demonstrated high levels of professionalism and skill in this vital area, and we are delighted to confirm that several care homes, because of the success in how they managed an outbreak, have subsequently been able to admit new residents.

We surveyed our care homes in April and identified 10 rooms where people were sharing, the most part because they were married couples and wanted to do so. In all cases, the care home is able to isolate these people if needed: indeed, 9 care homes have already done so. We also continue to work closely with providers where isolation is proving challenging due to an individual’s specific care and support needs, for example where a person has dementia and wanders incessantly, providing bespoke support, both financial and in terms of advice and guidance, to ensure that this can be accommodated.

Very obviously, we need to ensure that least restrictive practices are always adhered to in care homes when seeking to support a resident who lacks capacity: we must not come out of this emergency only to find that people have not been safeguarded well or supported to maintain maximum control and choice over how they live their lives. Led by our Principal Social Worker, therefore, we established a task and finish group comprising representatives from adult social care, care home providers, the CCG and a CQC inspector (currently seconded to the council) to develop best practice guidance for care home providers regarding their practice around supporting people with learning disability and/or dementia during the covid-19 emergency. This guidance has been issued to all care homes and been positively received.

Testing was made available on the Island initially for all key workers, including those who work in care homes (including those who were not directly providing care to residents and also those who were self-isolating as a family/household member was showing symptoms of CoVID) and arrangements made for family/household member to be tested. This was provided at a central location providing supported self-testing and results returned via text message. Care home outbreak management (via PHE initially for affected residents within Pillar 1 guidance and now within Pillar 2 guidance) was also implemented, including the testing of symptomatic and asymptomatic residents and staff. Working closely with Public Health colleagues, we have been championing the new national care home testing portal. Priority homes have been identified to the new portal team and as at 26 May 2020 34 of our 73 local care homes are registered with the portal with 19 having received test kits and 8 sets of test kits collected. This week has seen a programme of proactive outreach and it is our aim that ALL care homes will be registered with the portal by the end of the month.

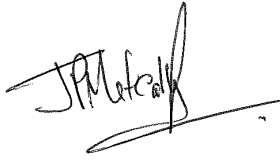
The Isle of Wight Care Partnership are systematically engaged in the Island’s emergency management arrangements. Since the declaration of the emergency, the Isle of Wight Care Partnership have been members of our Affected Residents Cell, and this has provided care providers with a direct route of escalation for concerns and feedback to the Island’s Tactical Command Group and to the Local Resilience Forum. This is proving exceptionally valuable in terms of escalating issues from care providers in a timely and effective way.

We are constantly focused on doing our best to ensure that our care homes continue to provide the highest quality of support and care to residents. Safeguarding referrals from care homes have reduced notably since the beginning of March and there are obviously far fewer people (professionals and families) entering care homes. The ASC and CCG Integrated Quality Assurance team has been proactively contacting care homes to progress any quality issues they were already supporting care homes to deliver. In addition, the Isle of Wight Safeguarding Adults Board is encouraging any professional entering a care home during this time to complete its Professional Visiting Tool.

Finally, I confirm that we have completed our CHSP and template return to you after formal consultation with our care home providers and Healthwatch. Moreover, our CHSP at was considered and approved at a meeting of the IoW Integrated Care Partnership on 27 May. I am

confident, therefore, that our CHSP is an accurate and critically reflective account of the approach we have adopted on the IoW to ensure that our care homes have access to, and receive, the necessary support from Council and local NHS services.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Metcalfe', with a long horizontal flourish extending to the right.

John Metcalfe
Chief Executive

cc: Alison Smith, Managing Director IoW CCG
Maggie Oldham, Chief Executive, IoW NHS Trust
Isle of Wight Care Partnership Directors
Isle of Wight Healthwatch