

Report to:	Executive Cabinet Member – Adult Social Care		
Date of meeting:	15 th June 2020		
Report of:	Managing Director ICP (DASS)	Report number:	PS676
Contact officer:	Andrew Walton, Acting Head of Commissioning	Telephone number	01204 33
Report title:	Care Homes Infection Control Fund Grant Allocation		
Not confidential			
This report does not contain information which warrants its consideration in the absence of the press or members of the public.			
Purpose:	This report sets out the national support to care homes expectations of local areas and proposed usage of the 'Infection prevention control fund' for care homes.		
Recommendations:	It is recommended that the Executive Member: <ul style="list-style-type: none"> • Approve the local care home support plan as detailed in the report. • Delegate to the Statutory Director for Adult services the distribution of the support grant as detailed in the report. • Approve the Publication of the Councils fee uplifts, Covid19 support plan for the care sector and associated financial resources distributed on the Council website, in accordance with the government guidance. 		
Decision:			
Background documents:	https://www.bolton.gov.uk/adult-social-care/care-homes .		
Signed: (Executive Cabinet Member reports only)	Leader/Executive Cabinet Member	Monitoring Officer	
Date:			

Consultation with other officers		
Finance	Yes	Neil Halton
Legal	No	NA
HR	No	NA
Equality Impact Assessment required?	No	Rachael Storey
Pre-consultation reports Is there a need to consult on the proposals?		No
Post consultation reports Please confirm that the consultation response has been taken into		

consideration in making the recommendations.		
Please identify the appropriate Vision outcome(s) that this report relates to by ticking the relevant box.	1. Start Well	
	2. Live Well	Y
	3. Age Well	Y
	4. Prosperous	
	5. Clean and Green	
	6. Strong and Distinctive	

Summary:

1. Introduction

- 1.1.** This report sets out the national support to care homes expectations of local areas and proposed usage of the 'Infection prevention control fund' for care homes.

2. Context

- 2.1.** The Minister for Care wrote to Chief Executives of Local Authorities and Directors of Adult services on 14th May 2020 to set out the support offer to care homes and the additional £600m national allocation. The support offer is specific to reduce the transmission rate in and between homes and wider workforce resilience in response to Covid-19.
- 2.2.** The minister recognised the unprecedented challenge for social care across all settings but highlighted the impact particularly for care homes where 33% of homes nationally had suffered from outbreaks of Covid 19 and high levels of deaths for this clinically vulnerable group. They also recognised the vast amount of work happening in local areas across the country but to curb the spread in this sector has proposed one model of support to ensure there is consistency in approach and national oversight to work with local areas to save lives.

3. Care Home support offer

- 3.1.** The national requirements for Local Authorities, as set out in the guidance, relate to the following areas that should be put in place through a local care homes support plan covering;

- Training in infection prevention control
- Personal protective equipment (PPE)
- Reducing the movement of staff in and between care homes, and minimising risk for care workers
- Quarantining and testing residents on discharge from hospital
- Clinical support through primary care and community health services
- Comprehensive testing

In addition;

- resilience of social care workforce and consideration should be given to mutual aid and business continuity across the care market in local areas.
- Local Authorities in partnership with Clinical Commissioning Groups (CCG), NHS provider, care market providers and representative groups should consider the support plans collectively to ensure there is a whole system response to this crisis.

4. Local response

- 4.1.** The Bolton health and care system has a strong history of working together and supporting our care market, the emergency response support planning for care homes commenced as early as the beginning of March 2020.
- 4.2.** A comprehensive advice and support offer was established through engagement events with our care home, home care and specialist providers in March 2020. These engagement events were supported by the following partners;
- Bolton Council Commissioning and Quality Assurance Services
 - Bolton Council Social Work Service
 - Bolton NHS Foundation Trust Community Services
 - Bolton NHS Foundation Trust Infection Prevention Control Team
 - Bolton Clinical Commissioning Group Primary Care Directorate
 - Bolton Clinical Commissioning Group Commissioning Officers

- Bolton Council Public Health Team
- Bolton Community Voluntary Sector

The local support offer covers the following areas;

- What is Covid-19? - Advice and support on disease presentation, signs and symptoms
- Infection prevention control guidance, access to support through Infection Prevention Control Team (IPCT)
- PPE – guidance on usage and training on how to use
- PPE – local emergency pathways accessing Local Resilience Forum (LRF) stocks, advice on procurement and providers with stock, additional procurement via Council
- Co-horting and quarantining residents – advice on why, how and access to IPCT during an outbreak
- Reducing the movement of staff wherever possible, safe staffing levels, and business continuity
- Mutual aid advice and guidance to support access to other providers and escalation to Council and CCG to mobilise resources as a provider of last resort, including recruitment of nurse returner to support nursing homes
- Testing - a local pathway was implemented in early April for care providers where there were outbreaks for residents, and priority access to national testing for staff who were symptomatic through the national and local test sites.
- Local pathway in place for testing residents on discharge from hospital
- Supplied equipment to take basic health observations, training and guide care home policy
- Identified lead GP practice per home and built on existing primary care LES Care home scheme
- Regional recruitment campaigns for the sector through NWADASS and GMHSCP - #carehero campaign

In addition to the support offer identified above the following steps have been taken from a commissioning perspective to ensure there was sufficient capacity and resilience in the market and discharge pathways in place;

- Commissioned discharge to assess beds for residents where quarantining was not possible on discharge from hospital, or to prevent an admission where an individual could not remain at home; Intermediate tier beds, Dementia respite unit, Learning disability and Mental Health emergency bed pathways.
- Commissioned an increase medical support offer to intermediate tier and discharge to assess beds.
- Financial support pathway for providers to recover additional and exceptional expenditure associated with responding to Covid-19. This support offer was in addition to the annual uplift in fees that was approved and communicated to all providers on 26th March 2020.

4.3. As demonstrated above Bolton's health and care system values its local social care market and wider social care workforce and engaged with the sector at an early stage as to what would be supportive to them throughout this pandemic. The Council and CCG have jointly maintained contact twice weekly with all providers as a matter of course, checked daily situation reporting and the national tracker and escalated issues and mobilised support where needed from across the partnership. The above demonstrates that Bolton has a positive support plan already in place that responds to the national requirement for care homes.

4.4. Bolton's Care Home support plan and covering letter to the minister can be found on the Council website at <https://www.bolton.gov.uk/adult-social-care/care-homes>.

5. Impact of Covid-19

- 5.1. Despite the best efforts of Bolton's care sector and the local offer, Bolton's care homes have experienced Covid-19 outbreaks in 43% of our homes (24/56). Many of these homes experienced outbreaks in the early weeks of the escalation of the pandemic and prior to the national IPC and PPE guidance changes in relation to community transmission and use of increased PPE on a sessional basis.
- 5.2. The impact of Covid-19 in our care homes has sadly seen the loss of 87 confirmed Covid-19 related deaths (at time writing) and is line with the national data of 33% of deaths. The infection rate in care homes has significantly reduced with many recovering well and containing outbreaks through isolating and co-horting residents preventing whole home infection.
- 5.3. In addition, homes have gone above and beyond in times of extreme pressure and reduced staffing and all have maintained safe staffing levels throughout, mutual aid has been accessed in a few exceptional cases. Staffing absence rates at the peak across the board was 14% and have now reduced to 6%.

6. Finance

- 6.1. The Infection control fund grant £600m for Local authorities is in addition to the previous funds allocated to meet the significant pressures across the range of public services including social care.
- 6.2. Bolton's allocation of the Infection control fund is **£2,303,590** and will be received as a grant in two instalments. Local Authorities must ensure that 75% of the grant is passported to care homes directly and this equates to **£975** per bed. The remaining 25% **£575,897** will be discretionary and used to support the wider social care workforce and for those providers with additional extraordinary expenditure. It is to be noted that the grant is not intended to support provider financial resilience.
- 6.3. The fund will be allocated to the home to support the following measures where appropriate in accordance with the guidance to reduce the rate of Covid-19 transmission in and between care homes and support wider workforce resilience to deliver infection control;
 - Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. Includes staff with suspected symptoms awaiting a test, or for a period following a positive test.
 - Ensuring, so far as possible, that members of staff work in only one care home.
 - Limiting or co-horting staff to individual groups of residents or floors/wings, including segregation of Covid-19 positive residents.
 - To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home. Includes use of those returning through the NHS returners programme.
 - Steps to limit the use of public transport by members of staff.
 - Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work.
- 6.4. Conditions of the grant;
 - The second instalment of the grant, to be paid to care homes, will be contingent on the first instalment being used for infection control measures and being used in its entirety. Payments will be made within 10 working days of receiving the funding into the Local Authority to the care homes.

- Discretion regarding the remaining 25% may be used to support domiciliary care providers with workforce and resilience to deal with Covid-19 infections.
- Expectation that the grant will be fully spent within 2 months of the Authority receiving the second instalment i.e. end of September 2020.
- Care homes are expected to complete the national NHS capacity tracker on a daily basis.

7. Next steps

- 7.1.** The integrated commissioning function will engage with the care sector on the continued support plan to the sector and advised usage of the grant and expectations of them to complete the capacity tracker regularly.
- 7.2.** The providers will be asked to evidence the usage of the first payment of the grant to release the second payment. There will be continued support and monitoring of the care sector and wellbeing of residents through the health and care partnership offer.

8. Equality Impact Assessment

Under the Equality Act 2010, the council must have due regard to:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
- Advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Fostering good relations between people who share a protected characteristic and people who do not share it.

It is therefore important to consider how the proposals contained within this report may positively or negatively affect this work.

An initial screening for equality implications has been undertaken, based on this the report does not require an Equality Impact Assessment to be completed as it is not requesting a policy change on the part of the Council.

9. Vision

- 9.1. The proposals in this report align to the vision priority of protecting the most vulnerable.

10. Recommendations

- 10.1. The executive cabinet member is recommended to;
- Approve the local care home support plan as detailed in the report.
 - Delegate to the Statutory Director for Adult services the distribution of the support grant as detailed in the report.
 - Approve the Publication of the Councils fee uplifts, Covid19 support plan for the care sector and associated financial resources distributed on the Council website, in accordance with the government guidance.

Equality Impact Assessment

Title of report or proposal:
Care Homes Infection Control Fund Grant Allocation

Directorate:	People Services
Section:	Adults
Date:	June 2020

Public sector bodies need to be able to evidence that they have given due regard to the impact and potential impact on all people with 'protected characteristics' in shaping policy, in delivering services, and in relation to their own employees.

Under the Equality Act 2010, the council has a general duty to have **due regard** to the need to:

1. **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
2. **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
3. **foster good relations** between people who share a protected characteristic and people who do not share it.

By completing the following questions the three parts of the equality duty will be consciously considered as part of the decision-making process.

Details of the outcome of the Equality Impact Assessment must also be included in the main body of the report.

1. **Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes.**

This report sets out the national support to care homes expectations of local areas and proposed usage of the 'Infection prevention control fund' for care homes. A local support offer has been developed through engagement with providers and partners.

The local support offer covers the following areas;

- What is Covid-19? - Advice and support on disease presentation, signs and symptoms
- Infection prevention control guidance, access to support through Infection Prevention Control Team (IPCT)
- PPE – guidance on usage and training on how to use
- PPE – local emergency pathways accessing Local Resilience Forum (LRF) stocks, advice on procurement and providers with stock, additional procurement via Council
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- Identified lead GP practice per home and built on existing primary care LES Care home scheme
- Regional recruitment campaigns for the sector through NWADASS and GMHSCP - #carehero campaign

In addition to the support offer identified above the following steps have been taken from a commissioning perspective to ensure there was sufficient capacity and resilience in the market and discharge pathways in place;

- Commissioned discharge to assess beds for residents where quarantining was not possible on discharge from hospital, or to prevent an admission where an individual could not remain at home; Intermediate tier beds, Dementia respite unit, Learning disability and Mental Health emergency bed pathways.
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2. Is this a new policy / function / service or review of existing one?

This is a new local care home support plan and infection control fund in relation to Covid 19.

3. Who are the main stakeholders in relation to the proposal?

Adult social care providers

Bolton Council Commissioning and Quality Assurance Services

Bolton Council Social Work Service

Bolton NHS Foundation Trust Community Services

Bolton NHS Foundation Trust Infection Prevention Control Team

Bolton Clinical Commissioning Group Primary Care Directorate

Bolton Clinical Commissioning Group Commissioning Officers

Bolton Council Public Health Team

Bolton Community Voluntary Sector

4. In summary, what are the anticipated (positive or negative) impacts of the proposal?

A positive impact is anticipated to reduce the impact of Covid 19 on the Bolton Care sector. There will be a particular positive impact for older people as they make up the bulk of people in care homes.

5. What, if any, cumulative impact could the proposal have?

None.

6. With regard to the stakeholders identified above and the diversity groups set out below:

Consider:

- How to avoid, reduce or minimise negative impact (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- How to **advance equality of opportunity**. This means considering the need to:
 - Remove or minimise disadvantages suffered by people with protected characteristics due to having that characteristic.
 - Take steps to meet the needs of people with protected characteristics that are different from people who do not have that characteristic
 - Encourage protected groups to participate in public life and in any other activity where participation is disproportionately low
- How to **foster good relations**. This means considering the need to:
 - Tackle prejudice; and
 - promote understanding between people who share a protected characteristic and others.

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
Race (this includes ethnic or national origins, colour or nationality, and caste, and includes refugees and migrants; and gypsies and travellers)	Only positive impacts are anticipated. No differential impact is anticipated on the grounds of race. Benefits of the fund will be felt by all care providers across Bolton.	Not applicable	Not applicable

Religion or belief (this includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief)	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of religion or belief. Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable
Disability (a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of disability. Benefits of the fund will be felt by all care providers across Bolton.</p>	The fund has been developed to specifically support care homes which predominantly provide services for people with a physical or mental impairment.	Not applicable
Sex / Gender	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of sex or gender. Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable
Gender reassignment / Gender identity (a person who's deeply felt and individual experience of gender may not correspond to the sex assigned to them at birth, they may or may not propose to, start or complete a process to change their gender. A person does not need to be under medical supervision to be protected)	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of gender reassignment/gender identity. Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable

Age (people of all ages)	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of age. Benefits of the fund will be felt by all care providers across Bolton.</p>	The fund has been developed to specifically support care homes which predominantly provide services for older people.	Not applicable
Sexual orientation - people who are lesbian, gay and bisexual.	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of race. Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable
Marriage and civil partnership (Only in relation to due regard to the need to eliminate discrimination)	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of marriage and civil partnership. Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable
Caring status (including pregnancy & maternity)	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated on the grounds of caring status.</p> <p>Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable
Socio-economic	<p>Only positive impacts are anticipated.</p> <p>No differential impact is anticipated in relation to socio-economic grounds. Benefits of the fund will be felt by all care providers across Bolton.</p>	Not applicable	Not applicable

Other comments or issues.	
Please provide a list of the evidence used to inform this EIA, such as the results of consultation or other engagement, service take-up, service monitoring, surveys, stakeholder comments and complaints where appropriate.	

This EIA form and report has been checked and countersigned by the Directorate Equalities Officer before proceeding to Executive Cabinet Member(s)

Please confirm the outcome of this EIA:

No major impact identified, therefore no major changes required – proceed	<input checked="checked" type="checkbox"/>
Adjustments to remove barriers / promote equality (mitigate impact) have been identified – proceed	<input type="checkbox"/>
Positive impact for one or more groups justified on the grounds of promoting equality - proceed	<input type="checkbox"/>
Continue despite having identified potential for adverse impact/missed opportunities for promoting equality – this requires a strong justification	<input type="checkbox"/>
The EIA identifies actual or potential unlawful discrimination - stop and rethink	<input type="checkbox"/>

Report Officer

Name: Rachel Tanner

Date: 29/5/2020

Directorate Equalities Lead Officer

Name: Rachael Storey

Date: 29/5/2020

