



MANCHESTER
CITY COUNCIL

Telephone: +44 0161 234 3006
j.roney@manchester.gov.uk
PO Box 532 Town Hall Manchester M60 2LA

Helen Whately
Minister of State for Care
39 Victoria Street
London
SW1H 0EU
CareandReform2@communities.gov.uk

29th May 2020

Dear Helen

Re: Care Home Support Plan

As requested in your letter of the 14th May 2020, please find below the outline of the Manchester system response to support care homes during the COVID-19 emergency.

Devolution of health and social care to Greater Manchester was designed to improve poor health outcomes and develop a clinically and financially sustainable health and social care system. Through working together, we have established a single commissioner for Health and Social Care in Manchester, and a single delivery vehicle for out-of-hospital health and social care. While significant demand and cost pressures remain, the arrangements were starting to deliver improvements including an increase in new cases of cancer diagnosed at stage 1 or 2, a sustained decrease in smoking prevalence, and a sustained reduction in avoidable prescribing. New models of integrated care are starting to demonstrate successes such as reduction in A&E attendances.

We must however note that this has been in the context of continued financial challenges, which in recent years have constrained our ability in adult social care to be as proactive as we would like. It is important therefore that in the short term, local health and social care systems continue to be provided with the right resources to be able to provide this immediate support, and that the direction given from government is clear, consistent and allows us to plan ahead appropriately and effectively.

Significant additional funding is required from the Government in order to properly resource adult social care. It is needed now to address the immediate needs, however, it is also critical that the Government brings forward national proposals for social care in order that the system is sustainable locally in future. Deprivation must be a significant weighting factor in

future funding for adult social care in recognition of the very significant additional costs that this places upon local services.

Our integrated arrangements have enabled us to effectively manage a co-ordinated system wide response to ensure that care homes in Manchester have been supported from the outset of the COVID-19 emergency. As a result we continue to have capacity in our care homes and are able to continue to respond to support needs as they arise. We have quickly built trust with our provider network and continue to work with, through and alongside them to ensure that our people whose home is a care home are supported in the best possible way through this crisis.

The foundation of our approach has been ensuring that our support is part of our overall response across adult social care, working in partnership through Manchester Local Care Organisation (MLCO), our integrated community health and social care organisation. In particular, we have ensured that from the outset we have made personal phone contact with each and every care home since 25 March 2020 on a daily basis which has enabled us to understand in detail their situation, provide bespoke and targeted support as required and ensure that we are responding across the market to wider challenges.

Furthermore, as part of Greater Manchester we have been able to model our collaborative approach and distributed leadership model which we have developed over the past three years in relation to the transformation of adult social care. In practice, this has involved working together across the ten local authorities and the GM Health and Social Care Partnership to bring together our data and provide mutual aid in areas including personal protective equipment (PPE) to ensure that we are maximising the benefits of devolution and the close geographical proximity (and often homes that are co-commissioned). We have also benefited from the north-west call to arms for additional care workers. The work with GM has been critical and we continue to ensure that we as Manchester City Council (MCC) and the wider Manchester system are playing our part alongside our partners.

We can confirm that we are progressing on the basis that 75% of the Infection Control Fund is 'passport' directly to our care homes, with the appropriate conditions and requirements, to ensure that they can continue to support our residents in the very best way possible. This follows on and is in addition to the substantial package of financial support measures implemented to date which is outlined below.

Our response in summary

Manchester has from the very start of the emergency worked across MCC, Manchester Health and Care Commissioning (MHCC), supported by our pooled budget arrangements; our secondary care/acute colleagues at Manchester Foundation Trust (MFT) and with MLCO.

Early in the emergency we established at the centre of our support and response to care homes (and all other sectors of Adult Social Care services across Manchester), three core objectives:

- **Maintaining capacity** - to maintain capacity of care to meet the needs of people and as far as possible to ensure we met the needs of people in the right place, with the right care and within a timely manner
- **Supporting care homes through direct contact and responses to meet their needs** - we diverted resources in to a weekday daily contact with care homes to understand their ability to cope and provide services and to respond to concerns they reported
- **Generating sufficient capacity to meet needs** - from the intelligence gathered in direct contact the Manchester health and social care system, identified ways in which additional or dedicated capacity could meet the fast changing needs of the Manchester population and worked closely with secondary care to ensure we had sufficient capacity within acute NHS services to meet the anticipated demand for the most vulnerable people who needed hospital care services

In summary, we have worked effectively together over the last three months to put strategies in place that have:

- Directly supported care homes with access to **PPE** as a safety net
- Understood **capacity within care homes** and ability to accept referrals
- Provided support to each care home as required to manage safety, containment and **reduce the risk of spread of infection**
- Supported care homes to access **testing of residents and staff**
- Reorganised and strengthened **primary care support** to care homes
- Established a combined health and social care approach to **financial support**
- Developed and implemented **bespoke operational and financial models of support**, tailored to the needs identified from the daily calls
- Provided data and intelligence on infections, outbreaks and deaths and helpful comparisons with other localities

Our support to date - in detail

Across Manchester there are 91 care homes. These homes provide a mixture of short and long term support for residents in residential, nursing, and residential / nursing specialist dementia care environments. From the commissioned care homes, the majority provide support solely for older people or citizens with physical disabilities, with the remaining homes offering mixed provision across learning disabilities, mental health and complex older people.

As described, with the outbreak of COVID-19, the council and partners swiftly instituted a system-wide range of supportive measures to care homes which have developed and increased as the understanding and guidance on COVID-19 and its impact have evolved. These supportive measures are as follows:

- A weekday daily ring-around to 78 care homes (the total which are contracted, occupied and not managed 'in house' by either MCC or MFT) is conducted to identify pressures and provide the support required to maintain continuity of care and, where possible, self-manage any outbreaks. This includes the reporting on available capacity and whether any service users or staff have symptoms of COVID-19 and are being isolated and/or have been tested positive for the virus
- Bespoke arrangements and support from the Community Infection Control Team (CICT)

to:

- Manage outbreaks, including arranging the testing of residents and implementing COVID-19 resource packs and national guidance
 - Undertake risk assessments on a case-by-case basis to enable the safe transfer of residents from hospitals to care homes
 - Ensure basic infection control measures, such as a high standard of cleaning provision and access to cleaning equipment and products suitable for cleaning and decontamination of the environment and equipment
 - Provide easy access to hand wash facilities, liquid soap, paper towels, hand gel and correct waste disposal procedures
- Establishment of a Mutual Aid Hub to oversee PPE provision with requirements identified by the aforementioned daily ring-around and next day delivery on weekdays and a collection service at weekends. As of the end of April 2020 c.275,000 items of PPE had been delivered to care homes totalling £136,000. Regular communications are circulated to providers updating them on any changes to guidance and procedures, for example, the requirement for staff to have specialist PPE when undertaking Aerosol Generational Procedures (AGPs). PPE stock levels and demand intelligence are reviewed daily to assess levels of stock remaining. Stock levels are currently satisfactory in relation to priority items and in addition the hub has also taken on the role distributing other equipment, including nationally procured pulse oximeters, to help monitor rapid deterioration (silent hypoxia) in community settings
 - Adaptation of Moston Grange Care Home service offer to provide a temporary setting for the discharge of COVID-19 positive residents, where they can remain until they return a negative test and their symptoms have subsided sufficiently for them to return to their original care provision.
 - In enacting the National Discharge Guidance issued on March 19th 2020 the Manchester system took the decision to test all residents prior to discharge from hospital to residential and nursing homes, well in advance of the national policy directive. The two local authorities also established the Testing Coordination Hub (TCH) to coordinate testing pathways for residents and staff at care homes. We have an excellent working relationship Manchester University Hospitals Foundation Trust (MFT) who have allocated laboratory capacity to support our work with care homes, however the availability of reagents has been a concern in recent weeks. The responsibility for care home testing is now being led by the Director of Public Health in partnership with the Executive Director of Adult Social Services. Testing is delivered either by the Community Swabbing Team (CST) or through the DHSC care home testing portal, whereby swabs are delivered to the care home and the staff swab the residents themselves. As of 27th May 2020:
 - 51 care providers (31 care homes and 20 domiciliary/other providers) have been visited at least once by the CST and 92 visits in total have been undertaken. A total of 256 tests have been requested for care home residents, of which 238 (92.9%) have been completed
 - 35 out of 91 care homes in the city (38%) have applied for whole care home testing via the care home testing portal. Of these, 18 requests have been processed and have received tests or are waiting to do so. There are 16 care homes currently

waiting for their requests to be processed and 1 care home with a request currently being processed.

- Adaptation and expansion of the function and form of the Integrated Control Room to support the care sector. A key function of the Control Room is to ensure the safe discharge of patients via pathways from hospitals to the most appropriate community setting, with pathway 3 relating to patients who need temporary admission to residential or nursing care during the COVID-19 period
- Where workforce levels begin to make service delivery unsustainable and additional capacity is required MLCO, through the City Council, is supporting care homes to secure this. The recruitment of additional capacity is supported through either managing a recruitment process on behalf of providers, through links to the Council's agency provider, or, through directly recruiting and operating a 'bank' of support workers (where demand levels require)
- Provision of a package of financial support measures to support providers increased expenditure. These measures include:
 - Agreement of a 4-5% annual fee increase applied to all externally commissioned care providers
 - Block purchasing of residential care beds to ensure capacity for new admissions and worked with CCG commissioners to block purchase nursing home beds
 - Initial tranche of financial support to care homes paid in May 2020 totalling £905k to aid with costs related to PPE, workforce and falling occupancy, with further financial support on plan to be released in June in response to provider returns and through working with specialist providers.
 - A focus on ensuring the maintenance of payments to providers and a commitment to seek a resolution to pre-COVID-19 payment challenges
- On 14th May, MCC was allocated £3.4m of the government's £600m infection control fund. This grant is to provide support to providers to deliver infection control to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. As stipulated by the terms of the grant, MCC are passporting 75% of the funding straight to care homes on a 'per bed' basis within 10 working days of receiving the funding. A decision upon the allocation and distribution of the remaining 25% of the funding will be made before the end of June 2020
- Primary Care Support for care homes has been enhanced. There are three locality based Enhanced Health in Care Homes (EHICH) services commissioned by repurposing or expanding existing provision. The three services offer a dedicated phone number and 1 hour virtual response for any unwell patient in an older persons residential or nursing care home

Outside of the EHICH service hours care homes are asked to call a healthcare professional bypass number for GTD Healthcare for Primary Medical Care which avoids the care home using the NHS 111 service. All EHICH services have access to Manchester Community Response (MCR) for patients in crisis and access to community

specialist palliative care services which are just two of a wide range of community services supporting care homes.

The care homes now have a named clinical lead GP and we are moving quickly towards a pro-active enhanced service with weekly multi-disciplinary teams and medicines optimisation reviews over the next few months. We are redeploying MLCO community staff to support this transition whilst we move into a phase of recruitment

In addition to additional deployed community staff we have secured dedicated care of the elderly support from MFT and used telemedicine approaches to maximise the efficiency of health care provision between primary, community and secondary care. We will look to further embed this with digital technologies both locally and in partnership with Greater Manchester colleagues. In summary we will look to provide health care support above and beyond the requirements of the EHiCH schedule

- A weekly report is now produced on outbreaks, infections and deaths. As of 27th May:
 - 19 care homes had a current active situation (one confirmed case) or outbreak (more than one confirmed case) and in total there were 75 confirmed cases.
 - 332 registered deaths involved COVID-19 since the start of the pandemic with 70 deaths recorded as having occurred in a care home. This represents 21.1% of all deaths and is the 7th lowest percentage of the 10 local authorities in Greater Manchester

Our next steps - planning ahead

A system wide Manchester Care Homes Strategic Board covering health and social care has been established to provide strategic direction for support to the sector going forward and ensure that there is sufficient capacity to manage demand in the short, medium and long term including potential second surge or the impact of any possible extended testing programme in care homes.

The board is chaired by the Executive Director of Adult Social Services and the Deputy Chair is the Chief Medical Officer of the MLCO. The Board will oversee the strategic programmes of work to deliver system priorities centred on capacity, quality, sustainability and maintenance of public health in Manchester's care homes.

The programmes of work are tracked for progress against agreed deliverables and risk, and considered mitigating actions are agreed and reported through the appropriate governance processes.

The four core work streams aim to:

- Improve clinical support and practice
- Support the workforce
- Maintain capacity and improve care outcomes
- Manage and control the infection

These workstreams cover the principles of commissioning bed-based care, offering system wide support which includes Primary Care input; Medicines; Nursing; Finance and Contracting; Data and Reporting; Quality Improvement; Assessment; Infection Control practices; Strategic commissioning plans (including flows between demand and capacity), integration into locality working and Risk Management (including stratification).

These plans will be further developed in the coming weeks. Concurrently, the council is also working to respond to the unprecedented funding challenges ahead for local authorities which will undoubtedly put significant pressure on public services across our whole system. Like other councils we will now have to review and rewrite our budget for 2020/21 and look to find savings in-year, as well as consider the impact in the longer term. This will potentially have an impact on the scale of our new integrated delivery models, which has at its core an aspiration to improve the health and wellbeing of Manchester residents.

The work is overseen by Manchester's Transformation Accountability Board, a senior leadership group, chaired by the Leader of the Council, with membership including the Executive Member for Health and Wellbeing, the Chief Executives of the City Council, MLCO, GMMH and MFT along with the Chief Accountable Officer from MHCC.

We would of course be very happy to discuss this with you and your colleagues in more detail.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Joanne Roney', with a stylized flourish at the end.

Joanne Roney OBE
Chief Executive