

Rt Hon Helen Whately MP  
Minister of State for Care  
Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

Sent by Email: careandreform2@communities.gov.uk

29 May 2020

Dear Minister,

**Re: Support for Care Homes – Wolverhampton**

This letter is sent on behalf of the Wolverhampton System. The content has primarily been produced within the Director of Adult Services (DASS) area, in consultation with the Director of Public Health (DPH).

Care Market resilience in Wolverhampton has been led through a whole system response. City of Wolverhampton Council (CWC), Wolverhampton CCG, (WCCG), Royal Wolverhampton Trust including community services (RWT), West Midland Care Association (WMCA) and the voluntary sector have worked jointly to put the following support in place since March this year.

**Care Market Resilience**

As Leaders of the local system during this national emergency we recognised the need for real time accurate daily data , as such we quickly mobilised a daily SITREP capturing key information required to prioritise support our providers need, allowing us to proactively manage infection prevention and control.

The daily SITREP is used across the Wolverhampton system by all partners and forms a key part of decision making by all partners.

**Appendix One** shows system workstreams and organisations involved in issue management.

**Table 1** below sets out local arrangements Wolverhampton has in place with governance and reporting lines included'

**Table 1 – Local Arrangements**

Arrangement	Purpose	Frequency	Delivered by	Reports to/Escalations to
<p>Local SITREP*</p> <p>*Please see appendix 2 for daily an anonymised summary example</p>	<ul style="list-style-type: none"> <li>• Highlights providers that may require more support</li> <li>• To monitor outbreaks</li> <li>• Inform all partners of risks, issues &amp; immediate priorities in the care market</li> <li>• Enables partners to mobilise infection prevention &amp; cohorting advice rapidly</li> <li>• Understand staff shortage issues &amp; provide support / funding for agency staff</li> <li>• Cross check &amp; incorporate PHE outbreak information</li> <li>• Identify homes of concern</li> <li>• Prioritise testing both symptomatic and asymptomatic</li> <li>• Prioritise Safe &amp; Well calls</li> </ul>	<p><b>Daily</b> SITREP</p> <p>Daily summary to partners Inc. CWC, WCCG, RWT &amp; WMCA</p>	<p>All care providers in Wolverhampton</p>	<p>Multiagency weekly meeting</p> <p>Escalations reported and acted on – Provider Support Meeting</p> <p>Prioritisation of testing – twice weekly Care Home brief</p> <p>CWC Senior leadership</p> <p>Regional Sitreps</p>
<p>Provider Support</p>	<ul style="list-style-type: none"> <li>• Understand locally available information on capacity in the market, drivers for capacity (e.g hospital admissions, death rate, person choice)</li> <li>• Agree actions on infection prevention and control</li> <li>• Carry out actions delegated by the</li> </ul>	<p>Twice weekly – scheduled in partnership with providers</p> <p>Terms of Reference in place.</p>	<p>RWT, WCCG, CWC, District Nursing, Public Health, PHE, CSU</p>	<p>Weekly multi-agency call</p> <p>Silver Command</p> <p>Gold Command</p> <p>Internal senior management teams</p>

Arrangement	Purpose	Frequency	Delivered by	Reports to/Escalations to
	<p>weekly multi-agency call</p> <ul style="list-style-type: none"> <li>• Escalate areas of concern to silver and gold calls</li> <li>• Manage weekly bulletin to all providers</li> <li>• Share financial support offers</li> <li>• Review testing arrangements</li> <li>• Review national guidance and communication of guidance to providers</li> <li>• Facilitate and deliver training for providers in IPC and other required programmes face to face, video link and by care home app</li> <li>• Community services</li> <li>• CMS</li> <li>• Volunteer support with telephony</li> </ul>			
Safe and Well checks	<ul style="list-style-type: none"> <li>• Clinical and non-clinical safe &amp; well checks by Community Services team and CCG quality nurses</li> <li>• Wound management advice</li> <li>• Infection prevention and control</li> <li>• Highlights areas where providers require additional support and advice with PPE, Staffing, IPC</li> <li>• Sign post providers to peer support</li> </ul>	Daily	Community Nursing Team	<p>Provider Support meeting</p> <p>Infection prevention team</p>

Arrangement	Purpose	Frequency	Delivered by	Reports to/Escalations to
Infection Prevention and Control meeting	<ul style="list-style-type: none"> <li>Tactical multi-disciplinary group, led by PHEWM Health Protection, that agree priority list and plan of action for care home infection and prevention needs</li> </ul>	Weekly	PHEWM, RWT, WCCG, CWC, Public Health,	Provider Support Group
Place based Covid Working Group	<ul style="list-style-type: none"> <li>Brings primary and community care together and the voluntary sector</li> <li>Updates on capacity, testing and district nursing pressures</li> <li>Incorporates Children's services</li> <li>System wide PPE issues resolved</li> </ul>	Twice Weekly  Terms of Reference in place	WCCG, CWC, DNs. RWT, VSC. GP Network, Mental Health	CCG Senior Management, weekly multi agency meeting
D2A Flow & Capacity meetings	<ul style="list-style-type: none"> <li>Agree Covid hospital discharge pathway</li> <li>Support homes on how to isolate and receive people from hospital discharge</li> <li>Unblock issues relating to discharge concerns with partners</li> <li>Monitor capacity and block bookings</li> <li>Nursing and Social Care reviews in care homes and moving onto short term contracts out of block</li> </ul>	Twice weekly  Terms of Reference in place	RWT, CWC, CCG	Links to Provider support workstream
Block booking review meetings	<ul style="list-style-type: none"> <li>Jointly monitor booked capacity, used capacity and impact on the market</li> </ul>	Once per fortnight	CCG & CWC	CCG and CWC management teams

Arrangement	Purpose	Frequency	Delivered by	Reports to/Escalations to
	<ul style="list-style-type: none"> <li>• Review short term block contracts</li> </ul>			Provider Support
Provider recovery	<ul style="list-style-type: none"> <li>• Capacity and Commissioning</li> <li>• Cohorting &amp; provider support to cohort</li> <li>• PPE Strategy</li> <li>• Lessons learnt / issue management</li> <li>• HR Staffing support</li> <li>• Public Health support</li> <li>• Comms</li> <li>• Winter planning/flu jobs</li> </ul>	<p>Once per fortnight (under review)</p> <p>Terms of Reference In place</p>	CCG, CWC, RWT, WMCA	Provider Support
Enhanced Care Home Support	<ul style="list-style-type: none"> <li>• Delivery of a consistent weekly 'check in' to review patients identified as clinical priority for assessment and care – MDT approach</li> <li>• Development and delivery of personalised care and support plans for care home residents</li> <li>• Provision of pharmacy and medication support to care homes</li> <li>• Clinical lead identified</li> <li>• Pathways developed for proactive and reactive response for residents</li> </ul>	<p>Weekly Check in via MDT</p> <p>Standalone meetings where outbreaks are identified</p>	CCG, RWT, District Nursing, Pharmacy, PCN, Vocare, Mental Health	RWT
Wolverhampton Covid-19 Multiagency Meeting	<ul style="list-style-type: none"> <li>• Local escalation issues</li> </ul>	Weekly	PH/RWT/CW C/CCGs/WM AS/WMP/PH E	<p>LRF</p> <p>National escalation</p>

Arrangement	Purpose	Frequency	Delivered by	Reports to/Escalations to
	<ul style="list-style-type: none"> <li>•Data analysis, guidance and research</li> <li>•Care home escalation</li> <li>•Patient transport</li> <li>•Workforce issues</li> <li>•Testing</li> <li>•Legislation</li> <li>•Recovery</li> <li>•PPE coordination</li> <li>•National picture</li> <li>•Control measures</li> </ul>			<p>PHE</p> <p>Internal senior management teams</p>
PHE & Wolverhampton System call	<ul style="list-style-type: none"> <li>•Homes of concern issues raised and discussed</li> <li>•Advice and assurance</li> <li>•Ongoing log of issue management</li> </ul>	Weekly	PHE/PH/CWC/CCG/RWT	Covid-19 Multiagency meeting

### System Confidence

The Wolverhampton system has a high level of confidence that actions are either underway or being implemented; this is evidenced by action trackers and data available. We have covered in **Table 2** below areas outlined in the Care Home template and levels of assurance we have as a system.

**Table 2 – Workstreams and system confidence**

Workstream	High Level Plan	System Confidence	
		Implemented	Plans in place to
1. Infection prevention and control	i. The infection prevention team work closely with Public Health, CWC and WCCG. Using the daily SITREP, feedback from Safe and Well calls, results of pro-active testing and soft information/feedback the system has been able to prioritise homes of		

Workstream	High Level Plan	System Confidence	
		Implemented	Plans in place to
	<p>concern and expediate actions to support homes who need support. Follow up support and regular monitoring is conducted in partnership with WCCG and CWC. Regular meetings in place.</p> <p>ii. Roll out of IPC training to care home champion on target for completion by 29<sup>th</sup> May 2020.</p> <p>iii. Care homes are supported in understanding complex national guidance in infection prevention control through succinct flowcharts which can be followed during providing care. An effective system is in place for communicating updates to guidance as soon as changes are published by National Government.</p>		
2. Testing	<p>i. Through proactive testing and local testing sites all care home residents (1,693) and most staff have been tested, this has facilitated the action outlined above in infection control. Due to national testing requirements the system is now limited mainly to symptomatic; the lack of clarity around future plans does not allow us to be as pro-active as we have previously been in managing home outbreaks.</p> <p>ii. We are working with Public Health to align the Outbreak Control Plan and Care Home Support plans to ensure communication between the two programmes and to support tests taking place as soon as symptoms or people at risk through contact are identified.</p> <p>iii. We currently do not have any control over the national process. It is reliant on providers registering on the PHE link and submitting resident details. Subsequent testing will be via the national portal and limited local capacity at Wolverhampton Science Park. Protecting our local system by ensuring that we have the re-agenting chemicals to process the 1,300 tests per day that we are able to do if we have those stocks, and urging government to streamline national tests so results come back quicker so the trace</p>		n/a

Workstream	High Level Plan	System Confidence	
		Implemented	Plans in place to
	element of the NHS Test and Trace programme can be actioned in a timely way.		
3. PPE & Clinical Equipment	<ul style="list-style-type: none"> <li>i. CWC is providing emergency PPE to all care providers on a 14-day supply, this includes PPE that pre-Covid was not business as usual for providers. The long-term plan for provision of PPE is unclear due to the short-term announcements of funding for care providers.</li> <li>ii. To facilitate flow through the system regular and consistent deliveries of PPE to need be available, national supplies and quality of supplies from the national line has not been reliable; the quality and past use by dates where the national supply chain have been unable to provide recent test certificates have resulted in the purchase and provision by CWC.</li> <li>iii. WCCG continue to provide a comprehensive training package for care homes in Wolverhampton in addition to this through the provider support call requests can be made for PPE training from the infection prevention team.</li> </ul>		
4. Workforce Support	<ul style="list-style-type: none"> <li>i. Financial support is in place to support staff sickness, helplines via CMS and Compton Care are supporting homes, especially with end of life concerns, further workforce support is underway. psychological and bereavement and further workforce support is underway.</li> <li>ii. Current work on an occupational proposal is underway for all providers. Recent information and data relating to BAME risk assessments is currently being worked on and proposals for managing these risks will be managed through the weekly Multi-agency group.</li> <li>iii. Health and wellbeing support for staff in care homes is currently provided via SilverCloud service.</li> </ul>		

Workstream	High Level Plan	System Confidence	
		Implemented	Plans in place to
	iv. The daily sitrep is used to identify staffing issues which are picked up by the commissioning team and contact made with provider to support/finance agency requirements.		
5. Clinical Support	i. The Wolverhampton Covid 19 Enhanced Care Home support package is in place for care homes. This is being delivered initially by the community nursing teams aligned to PCNs. Each home has a clinical lead, processes in place for proactive and reactive management of patients, medication reviews and care planning.		

### Approach to Financial Support

We have taken account of local conditions and Local Government Association (LGA) Guidance to develop a financial support offer; key points of the offer are listed in **Table 3** below, this is not exhaustive and we have communicated with providers to contact CWC immediately if they are concerned about financial stability or staffing numbers as we will take an 'open book' approach to supporting providers on a case by case basis.

**Table 3: Financial Support to Providers**

Who	Sector	Approach	Local market context & pressures	Temporary / Longer term changes
CCG	Nursing	9% increase in FNC payments backdated for 12 months	Due to be paid within the next month	Longer term
CCG	Nursing	2% uplift to providers	The STP are looking at how support can be equitable across the CCGs	Short term
CWC	Home Care	Homecare payment on commissioned calls (rather than actual) & payment for cancelled	Supports cash flow, and financial stability by enabling providers to continue flexing staff.	Short Term

		calls - c10% uplift to providers*	The calls can be delivered safely, any staff absences can be met by the provider	
CWC	Residential	10% uplift to providers	This payment would support the market with financial stability and contribute to their operating costs to remain open.	Short Term
CWC	Nursing			
CWC	Supported Living			
CWC	Extra Care	To approve purchasing additional care hours from the contracted provider ( <i>currently under review</i> )	Extra Care have provision for additional care hours in contract which can be utilised instead of agency staff, this will be cheaper and provides continuity of staff.	Short Term
CWC	Advocacy	To pay a flat fee payment based on the preceding 3 months of actual delivery	These are contracts where payments are based on hours of delivery. These services are continuing to provide services whilst observing government controls. The payment will support cash flow, staff retention and continuity	Short Term
CWC	Community Services/ Day Services	To pay commissioned hours for Community Activities subject to the providers adjusting their model to provide outreach support	Services have been suspended to observe government controls. This payment ensures stability and enables all providers to redeploy their staff or continue a reduced service.	Short Term
CWC	PPE	Emergency provider of all PPE (inc thermometers) for all providers or option for provider reimbursement	Providers are currently facing inflated costs for PPE and a requirement to purchase PPE that	Medium Term

			would not normally be business as usual for some providers	
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\*note this is in addition to annual inflationary/living wage uplift

Through the Provider Support workstream, the Wolverhampton system is currently in consultation with providers to understand the most effective support we can provide for the system using 25% share of the Care Home Support Infection Prevention Fund. Current tasks underway include:

1. Short survey of providers on infection prevention challenges
2. Review of pressures in care home and domiciliary care market
3. Agreeing principles and strategy for Care Home Support Infection Fund held by CWC with system partners.
4. Scoping and costing of proposals
5. Timeline for spend by **26<sup>th</sup> June** and **30<sup>th</sup> September**
6. Consultation with legal and finance colleagues to ensure all grant conditions are met by the local authority and all providers in receipt of the care home support
7. Active communication with care homes to understand any issues with completing the capacity tracker are resolved and to make sure all providers understand the grant conditions.

### **Alternative accommodation**

Care homes in the city are currently running at 17-20% capacity in bedded units, consequently there has not been a need to provide alternative arrangements or accommodation. The infection prevention, community and quality teams have been working closely with providers to educate staff on IPC and cohorting residents and staff.

Due to capacity in the market, where we have had over 30% outbreaks in homes (identified by the proactive local testing and PHE Active Management caseload) we have diverted discharges to other settings to allow infection prevention practices time to be embedded with providers to ensure the correct PPE is available and being used correctly, infection control is in place, public health guidance is being adhered to and safe and well checks are being carried out. In the event that further support is required from the initial visit by IPC and CCG quality nurses, second visits are scheduled and consultation with PHE takes place.

### **Returning staff and Volunteers**

#### **1. Support to care homes – request for relative volunteers**

In March 2020 care homes approached CWC for guidance on using relatives as carers in a care home setting. CWC provided guidance and support to enable providers to use relatives in certain CQC defined activities.

#### **2. Support to care homes – Student network**

CWC have worked with the Skills and Employment team within the local authority to develop a volunteer scheme for students studying Health and Care in Wolverhampton, the aim is to showcase social care as a career to students who if they volunteer in our provider settings the local authority will commit to mentoring and providing work experience support/access to apprenticeships when the volunteers are qualified.

### 3. Support to care homes – Telephony answering service

Care homes requested help to keep relatives in touch with their loved ones in care, during the Covid pandemic care homes have been under increasing amounts of pressure and managing extra demands on their time. Through the Covid-19 Place Based meeting the VSC have provided volunteers to make and answer calls on the providers behalf using equipment provided by WCCG.

**N.B** The NHS volunteer scheme can't be used due to criteria not met for private care providers. The four areas, Check in & Chat, Community Support, Patient transport and NHS transport, do not match the need for support within a care home, the platform states if you are not requesting assistance for one of the above needs, then you are unable to make a request for a volunteer.

## Communications

Regular communications take place with care home providers, the daily SITREP is used to highlight immediate pressures and providers and contacted when they register concerns via the SITREP, for example a provider register staff concerns will be contacted to offer support to source and finance agency staff, providers registering less than two days of PPE available who have not contacted CWC will be contacted to check they are safe and have enough PPE. Any provider not returning a daily sitrep will by 3pm will be contacted by the Quality Assurance Team at CWC.

A weekly bulletin is sent to all providers on behalf of the whole system, this covers any changes to guidance, emergency contact details, how to access training and support if needed and any Government deadlines or requirements that providers need to be aware of.

Feedback received from stakeholders is summarised in **Table 4** below.

**Table 4: Stakeholder responses**

Sector	Response	Comments
Providers	Received from WMCA	Comprehensive response
Advocacy	Out to consultation	
WVSC	Received from Ian Darch	Comprehensive response and true reflection of Wolverhampton system
Healthwatch	Received from Healthwatch manager	Nothing further to include in response

<b>WCCG</b>	WCCG colleagues are contributors to the content	Signed of by WCCG MD Paul Tulley, Chief Nurse Sally Roberts and contributed to by CCG colleagues
<b>HWBB</b>	Out to consultation	
<b>RWT</b>	RWT colleagues are contributors to the content	Comments received from RWT colleagues

### High Level Forward Plan

Activity	Timeline	Workstream
<b>Care Home infection financial plan</b>	Proposal scoped and costed – 15.06.20 Monitoring – 01.06.20-30.09.20	Provider support
<b>Provider Forum</b>	Monthly from June – December 20	CWC commissioning
<b>Recovery planning</b>	Once fortnightly	CWC/WCCG/IP/WMCA/RWT
<b>Provider support</b>	Twice weekly	CWC/WCCG/RWT/CSU/PHE/PH
<b>Financial support monitoring</b>	Monthly and case by case	CWC/WCCG
<b>PPE Strategy</b>	Ongoing	CWC/CCG

In approving this return we have consulted and gained approval from our CCG and Health colleagues along with the Wolverhampton Covid-19 Multiagency Group.

As a system we are proud of the joint working we are doing to support our providers and continue to learn what more we can do based on feedback from our providers. We are confident as a Government you will be assured the local response to care homes following the Covid-19 has been in the best interest of all our residents. We will continue with joint working over the coming weeks and months to ensure our providers remain supported.

Yours sincerely,



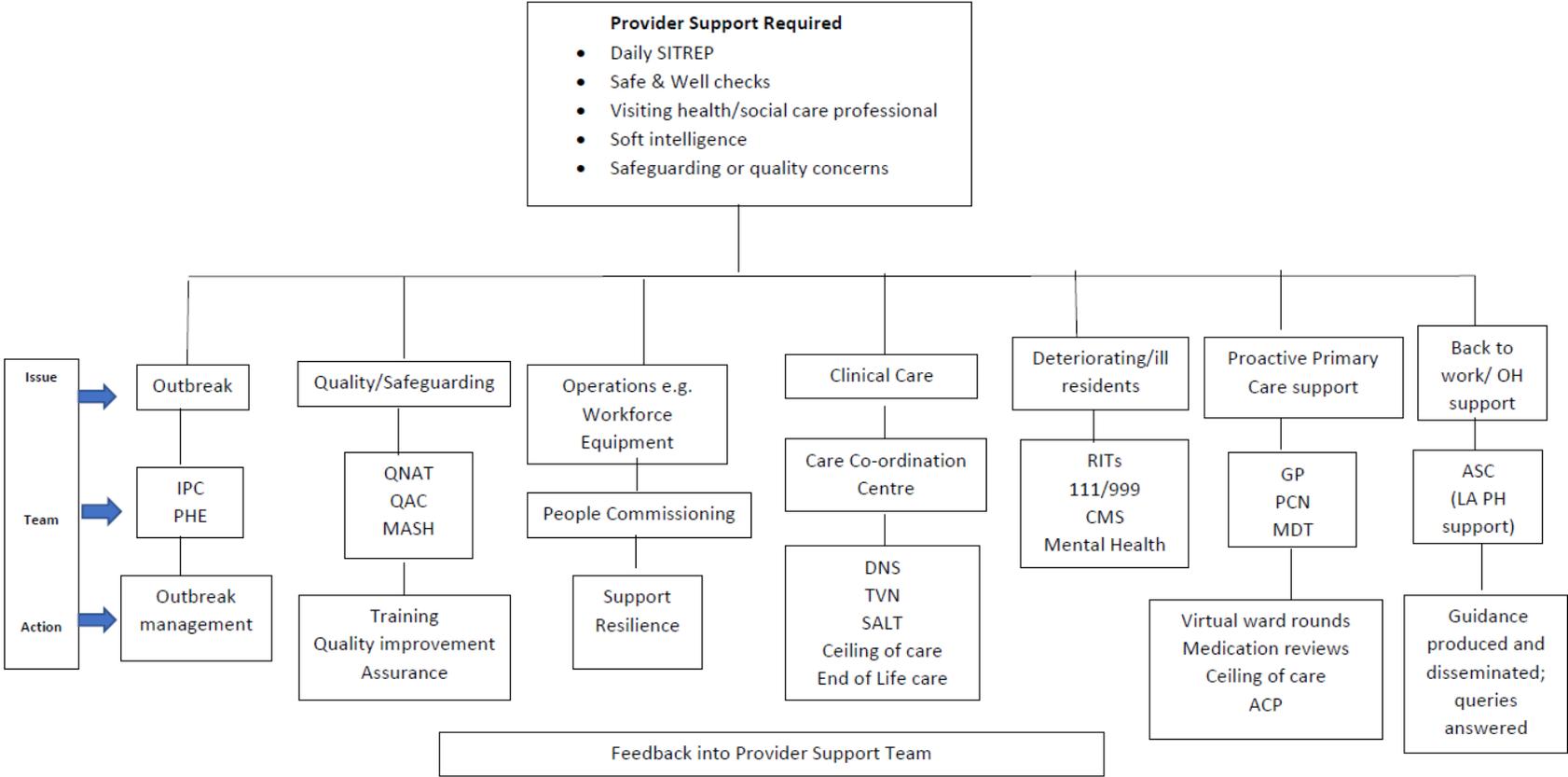
Tim Johnson  
Chief Executive  
**City of Wolverhampton Council**

Appendices:

1. Wolverhampton Care Support System
2. Redacted example of daily sitrep summary sent to all partners in the Wolverhampton system and Public Health England

**Black Country Sandwell & West Birmingham CCG**

**Protecting the Vulnerable**  
 Provider Support Algorithm



**Appendix 2****Daily SITREP Summary\* Example:**

Please see a summary of today's Sitrep return below for action/noting for our CCG/PHE/IP teams:

Please note this data is received through the daily submissions from Carehome Staff, it is not currently feasible to quality assure all the data and therefore data outlined below should be viewed with appropriate caution.

Today's Sitrep return was completed by 66 out of 70 carehomes, we have developed a method to identify carehomes that regularly may not complete the Sitrep return and will highlight carehomes that have not responded for 3 weekdays in a row. There are currently no carehomes that have not provided a response, at least once in the last 3 days.

Also attached is the current proactive swabbing dataset.

**There were no deaths in last 24 hours for positive COVID-19**

**There were no deaths in past 24 hours for suspected COVID-19**

**One or more residents tested positive COVID-19 cases in the past 24 hours**

Name of organisation / service? - Select from the dropdown	Number of residents who have tested positive for coronavirus in the last 24 hours: - Number	If you have had 2 or more symptomatic people in the last 14 days in your care home/scheme have you contacted Public Health England? - Y/N/NA	Has Proactive Swabbing occurred at this care setting? If so, positive rate? (as of 27/05/20)
[REDACTED]		N/A (i.e. less than 2 symptomatic people, or not a care home or 1 scheme setting)	Yes, 0.0% (0 positive out of 13 residents swabbed, swabbed on 14/05/20). Currently not on PHE Active Case Management List.

**One or more suspected (but not tested) COVID-19 case**

Name of organisation / service? - Select from the dropdown	Number of residents with suspected coronavirus (but not tested) in the last 24 hours: - Number	If you have had 2 or more symptomatic people in the last 14 days in your care home/scheme have you contacted Public Health England? - Y/N/NA	Has Proactive Swabbing occurred at this care setting? If so, positive rate? (as of 27/05/20)
[REDACTED]		1 Yes	Yes, 3.4% (1 positive out of 29 residents swabbed, swabbed on 17/05/20). Currently on PHE Active Case Management List.

**One or more staff self isolating due to showing symptoms**

Name of organisation / service? - Select from the dropdown	Number of staff self isolating due to showing symptoms: - Number
[REDACTED]	3
[REDACTED]	3
[REDACTED]	2
[REDACTED]	1
[REDACTED]	1
[REDACTED]	1

\*Redacted due to website publishing requirement.