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Sent by email to: [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk)

29 May 2020

Dear Ms Whately,

Further to your letter dated 14<sup>th</sup> May, I am responding on behalf of West Sussex County Council and our local health and social care system partners.

### **Context and partnerships**

The West Sussex health, public health and care system has worked robustly together to plan and implement care home support within the county in response to the Covid-19 pandemic. The system has a long history of partnership working including formal joint commissioning arrangements and associated governance structures. These have been built on and reinforced during this crisis and it is anticipated that the system-learning will be carried forward into sustainable and resilient longer-term integrated working. Sussex, as an entirety, has recently become a formal Integrated Care System which demonstrates further the local commitment to joint working.

West Sussex has a considerably older age profile compared to England with a higher proportion of over 65s and comparatively fewer residents aged 15-39. There is also a relatively high number of older people choosing, or being supported, to live in care homes with 10,279 registered care home beds across the County. Thus, the system has recognised from the outset that this vulnerable group needed to be at the heart of the planning and management of the pandemic. There have been also Sussex-wide and placed-based care home workstreams in place ensuring a strong focus on their needs and those of their residents.

### **Care home and other system support actions**

I would draw your attention to the following actions taken specifically to support care homes: (additional detail for your information is supplied in the Social Care Action plan attached as Appendix 1. We have given an undertaking to work with all stakeholders to develop our long-term resilience plan and this is an iterative draft that is not for publication at this stage):

- Joint development across the County Council and health partners of a package of care home support coordinated through a care home workstream put in place early in the pandemic.
- Delivery of a programme of training and support for care homes facilitated through the County Council and the CCG infection prevention & control team and supplemented by the roll out of the national "train the trainers programme".
- Implementation of strengthened primary care support to care homes which includes primary care locally commissioned services for weekend and bank holiday cover for care homes and for people temporarily placed in a care home outside their usual registered area.

- A named clinical lead and nominated nurses for each care home and working towards implementation of the multi-disciplinary team weekly review process and medicines management support.
- Regular and detailed communication with care providers including virtual provider forums, at both a County and Sussex-wide level and a daily provider newsletter that consolidates key guidance, information and processes related to Covid-19. Recognising the specific pressure in the market for providers of nursing and care homes working with those with dementia; a specific forum was held to promote understanding of the multi-agency offer of support for dementia and to further enhance our understanding of providers' concerns.
- Ensuring all care homes, including those for people with mental health needs or learning/physical disabilities, are included in all support and initiatives.
- Regular and frequent reminders to the market of the importance of registering on and updating the NECS tracker.
- Rapid implementation of a multi-agency hospital discharge team and process, including for reviews, to ensure immediate and onward placements are safe and meet people's needs.
- Creation of a placement finding team to support both hospital and community care home admissions.
- 7-day working across the placement team and social work, supported by on call commissioning and contracting capacity.
- The development of an integrated incident management system to identify and respond to specific care home needs and issues working collaboratively with Public Health, the CCG, health providers and the wider council including the Resilience and Emergencies Team.
- A multi-agency provider response team is being developed involving the CCG quality team, WSCC contracts and commissioning, Public Health and health care providers including an online provider zone where Covid-19 information and guidance for care homes is in one easy-to-access place.
- Iterative and rapid changes to testing pathways as guidance and good practice emerges. Twice weekly multi-agency prioritisation forum working closely with the Director of Public Health and her team including ensuring access to testing.
- Emergency PPE delivery as a provider of last resort.
- Integrating Continuing Health Care (CHC) staff into the joint placement finding team of the discharge hubs means there have been no delays and an improved rapid discharge process for fast-track end-of-life patients.
- Robust emergency planning (demonstrable example during Covid-19 by a care home fire) which is slick and effective – this is being reviewed to ensure that any further good practice evidence can be added, shared, and any lessons learned.
- The number of deaths in care homes is being closely monitored, not only to offer practical and emotional support but also to identify where a care home's business resilience may be impacted by an increasing number of vacancies. Commissioners are working with some of these homes to offer block bookings to support financial stability. Both a proactive and reactive approach is being taken and providers have been offered the opportunity to come forward if they have serious financial stability concerns. Following the award of the fees and charges uplift for 20-21 a contingency fund has been kept aside to respond to providers where they are potentially at significant risk of insolvency.
- A package of financial support to care homes – the County Council has agreed to pay a 20% uplift to domiciliary care providers and a 10% uplift to other care providers on Council funded care, initially for a period of 3 months in order to provide financial support and to maintain the resilience of the market. The detail of this has been published in provider newsletters and will be on the

Council website. Up-front payments have been made to day centres for people with learning disabilities and payments to providers are being made upon receipt of invoices in order to ensure cash flow remains fluid.

- The County Council's share of the £600m Infection Control Fund is £13.4m. We will distribute 75% of this directly to care homes based on £975 per CQC registered bed. As a system we are considering the best use of the remaining 25% and a range of options to support infection control are being evaluated.

### **Market position and relationships**

One of the challenges faced in working with the market is the multiplicity of care settings in the county and the fact that of the total number of available beds circa 34% are funded by the Council, compared with 54% paid for by people funding their own care, 11% other local authorities and circa 1% by Health (in addition the CCG, via DHSC monies, pay the Funded Nursing Care element for people with eligible nursing needs).

It would be beneficial if the shared funding arrangements between CHC and County Councils could be simplified, and we would be interested in the Government's willingness to enable the Trusted Assessor model to be implemented fully.

Even though we have always had regular ongoing contact with our care home market, our relationships have tended to be rather more transactional than built on a partnership approach to meeting positive outcomes for residents. This is in part due to the need to work with a large number of individual providers and homes rather than via any overarching Trade Association or consortium of providers. West Sussex Partners in Care is the only local care association in the County and their support and advice to the sector and facilitation of webinars to cascade to, and gather information from, care providers is very valuable. We know we need to create a more mature dialogue with our providers and are actively considering, together with the market and our other health and care partners, the best means of achieving this.

There is a clear structure in place to ensure effective oversight and monitoring of key local data and the state of the local market and to escalate and de-escalate any issues. This flows through from WSCC internal operational meetings through multi-agency county-wide calls and on to ICS-level gold structures where all partners are represented. This enables a flow of information up, down and across the system. Like all upper-tier large rural authorities, the landscape is complex and there are challenges inherent with working with a large number of care home providers across the County and managing issues at the boundaries particularly given the acute hospital footprints within and adjacent to the County. The development of the Sussex ICS supports the cross-county working and integration between partners and it is anticipated that there will be more opportunity for smoother processes across administrative county borders.

The oversight of the market is dependent on the knowledge of it and the relationships with providers. A daily care market SITREP has been introduced which captures data across all customer groups in West Sussex including confirmed cases of Covid-19, restrictions on any particular service as well as bed capacity. Our Care and Business Support team follow up by telephone on all notifications of new outbreaks in homes to offer further support where required and the SITREP supports the wider system in understanding pressure points including the need to commission additional beds, negotiate block contracts, and work with NHS community providers to provide temporary workforce capacity. We will also work with care homes to support their

existing residents through guidance and training and to have more confidence to take admissions where appropriate.

The Proud to Care team are working alongside the Care and Business Support Team (CABS) to assist with workforce issues in the market including active support at recruitment fairs and with social media messaging about the importance and value of staff in the care sector. More recently they have supported providers to recruit on a match basis, increased recruitment activity due to attracting furloughed workers, and are currently shaping an offer to support providers with 'distance recruitment' and considering key ways to use agency staff safely (where there is no other option). Additional support would be helpful around working with employment agencies so they can understand and develop an approach that supports deployments to a single service (rather than working across multiple care services) so as to minimise risk of transmission as well as promoting care work as a positive career choice at a regional and national level.

Due to the restrictions on accessing people in care homes we are concerned that the usual opportunities for on-site face to face quality monitoring and assurance have been limited and therefore any observations of safe practice and reviews of safeguarding measures have reduced. Whilst there have been strong links between professionals and organisations who are in contact with homes, there has been a reduction in safeguarding referrals from care homes. This needs some further proactive investigation and follow up as we are concerned that this could not only represent an emerging backlog of safeguarding investigations but also of the potential impact on individuals. We do not consider ourselves to be unique in this and are keen to learn from any good practice examples about maintaining quality and safeguarding assurance during the pandemic. Planning is in place to enable the safe reintroduction of Healthwatch Enter and View visits and we will work with the CQC as they begin inspections to respond to any concerns identified. We are necessarily reviewing our Provider Concerns model to ensure it can respond to either a second wave of Covid-19 infections or any future similar incident. We have specifically strengthened our existing multi-agency surveillance and response arrangements with a twice weekly "Care Home Incident Management Team" which draws on a range of data about care home pressures including the Capacity Tracker, CQC data and clinical risk intelligence from providers to assess risk and prioritise homes for training, testing, additional support, or where necessary urgent intervention.

### **Alternative and additional accommodation and care capacity**

In order to support the reduction of infections in care homes, the County Council in collaboration with the CCG, has also considered several options for other accommodation including the use of hotels, and the potential block booking of beds for WSCC eligible service users. Additional capacity to isolate people tested positive for Covid-19 and prevent the spread of the virus in care homes has been sourced with a care home providing 5 beds for specifically Covid-19 positive people and an admission zone for those whose results are unknown but may be at risk of being positive. This is separate from the main home and staff are only working in specific units to avoid any risk of cross infection. Community hospital beds are also being utilised for people to be cared for safely and to isolate for the required period. A remaining and complex challenge is supporting people with complex needs who find compliance with self-isolation difficult and require high levels of support to manage them safely. This includes, but is not confined to, people with complex dementia, acquired brain injury and complex disabilities. We continue to work with the care home provider market and our NHS providers to seek solutions but would value additional support and sharing of best practice in managing this complexity of need.

West Sussex is both working to co-ordinate and support returning clinical staff into care homes and responding where and when care homes request help. For example, if a care home has clinical staff either off sick or isolating and the home has exhausted all usual means of cover, Sussex Community NHS Foundation Trust, a local community provider, can supply that essential clinical cover for up to 48 hours while arrangements are made for a longer-term solution.

Alongside this bed-based additional capacity, extra domiciliary care rounds have been commissioned, as has more therapy input into the Homefirst offer. To support mental health hospital discharges, the innovative discharge to assess (D2A) model has been extended in collaboration with community and voluntary sector (CVS) providers, the local mental health trust and our housing partners. The learning from the mental health D2A model is being shared with the Sussex system and it is planned to explore further the opportunities to scale this up at some pace.

### **Impact of actions**

By having and maintaining a detailed understanding of the market, the system is able to see and understand pressures early and track quantitative and qualitative evidence of the impact of the actions taken to support care homes.

A number of providers have given positive feedback about the support they receive from the system and are actively making contact and seeking support. The market in West Sussex is a mixed one and there are different pressures faced by providers depending on their size, whether they are part of a large umbrella organisation or a small single provider as well as their quality and stability going into the crisis. It has not always been easy to differentiate the support offer depending on the nature of the provider and some smaller providers have felt they needed more specific support. This feedback is being listened to and is reflected in the attached plan.

The changing and complex guidance on testing has significantly impacted care homes who have, understandably, wished to take a cautious approach to admissions without test results. The delay in results returning and challenges of seeking testing have at times meant a delay in admissions which may impact the commercial viability of the home by leaving vacancies or can lead to very inflated prices being agreed on an individual basis. Given the County Council's position within the market as a minority purchaser it has been difficult to maintain rates near to their usual level and this is impacting on the Council's budget. It would be helpful to understand the Government's intentions in supporting commissioning bodies including CCGs and Councils to secure best and effective rates with the market which are sustainable for all parties. It would also be helpful to understand how the Government will support care homes solely or predominantly funded independently of the Council, to ensure their sustainability and minimise faster depletion of self-funders assets (both of which would also impact on the Council).

In addition, there are emerging challenges with admissions from the community, particularly in an emergency situation where care homes are anxious to have had a test result before accepting anyone. Whilst we have been able to resolve testing pathways, the pace of results makes rapid admission difficult, placing pressure on both families and other community services. Additional advice and guidance to support community to care home pathways would be appreciated, particularly as we see increasing carer breakdown that has been, in some instances, masked during the initial Covid-19 period.

Our care home providers are also telling us that they have real worries about risks of litigation and judicial review given that guidance is not always timely and consistent.

We are keen you are aware of these concerns and seek your support in reassuring them. They are also saying they are worried about managing a second wave of infection and that support is likely to be needed over an extended period should this occur.

Quantitatively we are starting to see a decline in the reported care home deaths. In the week ending 24<sup>th</sup> April there were 61 recorded deaths whilst in the week ending 8<sup>th</sup> May there were 24<sup>1</sup>.

Similarly, the number of care homes reporting outbreaks of Covid-19 increased through March to around 20 homes per week but this reduced to 15 a week through the end of

April and early May and in the week commencing 11/05/2020 there were only 4 homes with reported outbreaks.<sup>2</sup>

### **Stakeholder engagement and future plans**

In defining and refining our plan we have actively sought feedback from elected members, key providers, Health and Wellbeing Board partners including the community and voluntary sector (as advocates for older people) and Healthwatch. We recognise their feedback about the importance of securing financial stability and sustainability and will continue to work with them.

We consider we know and understand the system challenges locally and are confident in our ability to recognise our collective strengths and areas for development and act on them. The system has been agile and responsive and been able to take decisions quickly both as individual organisations and collectively in order to keep pace with rapidly changing demands. We are a system that is honest with itself and willing to be open with partners about resources and support needed to be the best we can for our residents. We actively reflect and learn and are prepared to change direction and unafraid to recognise where we could have acted differently. This puts us on solid ground for working together now and into the future.

We have received the guidance on the conditions for the Infection Control Fund and are reviewing these so we can ensure this support is passported quickly to providers who are keen to receive it. There is feedback from providers reflecting anxiety about the multiple conditions and they are clear that some flexibility is needed about how the funds can be spent and the timeframes so that the providers can respond appropriately and with the appropriate quality of response. It would be helpful if guidance on this and other matters could be provided in as timely a way as possible to support us to plan effectively, taking account of the intense pressures currently being experienced in the care home market and Council services.

As we focus on the short, medium- and long-term future, we are taking the opportunity to reflect in detail on what we have experienced and learnt during the

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<sup>1</sup> ONS data of deaths registered up until 15th May by place of death, Care Home and cause of death, COVID-19

<sup>2</sup> The care home data referenced as PHE Care Home data weekly updates 21st May (<https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>)

Covid-19 pandemic. Our system social care action plan sets out the following key principles which we will use as the bedrock of our plans:

- Building independence and resilience in communities, individuals and families using an asset-based approach
- Supporting people to remain well and healthy at home
- Working effectively with the market to enable support to be available at the right time, right place and right price
- Strong health and social care partnerships to effect positive change and resilient health and care provision able to respond to crises as and when required

To support these principles, our future plans, based on our previously stated commissioning intentions are being shaped in the context of immediate and long-term recovery. The plans will be built on our recent positive initiatives and we will retain key planks of our Covid-19 response including:

- Hospital discharge pathways and the combined placement sourcing team, consolidating this into a resilient multi-agency model and growing it beyond hospital discharge to support referrals from community as well
- Burgeoning market relationships with focus on developing shared outcomes and strategic plans through co-production with providers
- Enhancing the multi-agency provider response offer and listening further to our market about how best to engage and support them
- Learning from the flow of people discharged from hospital against the different pathways and what this tells us about our home care and care home market and how we can strengthen our offer for people to be supported in their own home for as long as possible

Public Health, the wider Council and health partners will work together to implement the further guidance on test and trace and will continue to respond in a timely way to all future guidance, recognising that more good practice evidence about outbreak management will emerge.

Our local focus is on the residents and care homes in West Sussex, but we will work together with our wider ICS partners where this makes sense and will be of benefit. We are confident that, whilst our journey will take time, we are as an integrated health and care system, focused on the same shared destination.

Yours sincerely,

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

Becky Shaw  
Chief Executive