

14 May 2020

## COVID-19: Care home support package

COVID-19 continues to present an unprecedented challenge for social care. Since this pandemic began, we have been working flat out to support the social care sector – drawing on all the levers that Government has to help social care providers look after the people in their care.

We know that care providers across the country have been doing their utmost to keep those they look after safe and well in the most challenging circumstances.

In February, the first guidance for the sector was published; in March, we announced £1.6 billion funding for local government and £1.3 billion to go to the NHS and Social Care for discharge support; and in April we announced a further £1.6 billion for Local Government and our detailed [Adult Social Care Action Plan](#). The Action Plan set out how the Government and other parts of the system are supporting people who receive adult social care, both at home and in other settings, so we can control the spread of COVID-19 in care settings, maintain care for people who need it, and save lives.

But this pandemic does not allow us to stand still. Since the publication of the Adult Social Care Action Plan, we have been working on the next step of interventions to support the sector.

We know that many care providers are facing challenges; however, care homes have been particularly susceptible to outbreaks of COVID-19. Therefore, this plan focuses on how to prevent and control COVID-19 in all registered care homes.

This is the next phase of our response for care homes, using the latest domestic and international evidence brought together by Public Health England, and drawing on the insights of care providers.

This document sets out the steps that must now be taken to keep people in care homes safe, and the support that will be brought together across national and local government to help care providers put this into practice. **To support this, yesterday we announced an additional £600 million to support providers through a new Adult Social Care Infection Control Fund.**

## **1. Infection prevention and control**

The scientific evidence shows significant asymptomatic transmission of COVID-19 in care homes via both residents and staff, similar to the transmission seen in the wider community. By the time a single symptomatic case is identified in a home, the virus is likely already to be circulating amongst residents and staff.

It is critical that care home providers continue to observe [guidance](#) set out by Public Health England on preventing and controlling infections, including use of [PPE](#), [isolation practices](#) and [decontamination and cleaning processes](#). Many care homes are already managing this well.

### **1.1 Training in infection control**

The NHS is offering support on training to care homes. Under the direction of Local Resilience Forums, local authority public health departments and Clinical Commissioning Groups (CCGs), CCG infection control nurses are “training the trainers” in care homes on the recommended approach to Infection Prevention Control, Personal Protection Equipment (PPE) usage and testing advice. This programme commenced at the beginning of May with the offer available to every area in England.

### **1.2 PPE**

PPE is a key part of infection prevention and control. Under the leadership of Lord Deighton, the Government is working round the clock with industry, the NHS, social care providers and the armed forces to improve the supply of PPE. We are expanding supply from overseas; improving domestic manufacturing capability; and expanding and improving the logistics network for delivering to the front line in order to increase our stock levels of critical PPE.

Recognising that some care providers are struggling to source all the PPE they need from their usual suppliers, we are currently distributing additional PPE to Local Resilience Forums. Care Homes should continue to draw on this PPE source if they have urgent shortages, and in turn contact the National Supply Disruption Response service, if their LRF cannot meet their urgent needs.

In parallel, we are now testing and rolling out a PPE distribution portal to supplement normal supply chains to the care sector. Over 2,300 social care providers will be invited to join the pilot by the end of this week.

We will also continue to work with the main PPE suppliers to the sector, to support them in sourcing and supplying PPE for social care. This includes ongoing work to improve the scale

and reliability of deliveries from overseas, as well as supporting UK manufacture of materials and PPE items.

We have worked with sector stakeholders to coproduce dedicated [guidance](#) for using personal protective equipment in social care settings, as well as a training [video](#) on how to safely put on and remove PPE. Training being offered to the sector on use of PPE will help to ensure that PPE is being used safely and efficiently.

### **1.3 Reducing workforce movement between care homes and minimising risk for care workers**

Based on the latest evidence of significant asymptomatic transmission in care homes, providers should take all possible steps to minimise staff movement between care homes, to stop infection spreading between locations. Subject to maintaining safe staffing levels, providers should employ staff to work at a single location.

Recognising the risks of infection in the community, providers should also support the care workers they employ in taking steps to minimise their risk of picking up Covid-19 outside of work.

We expect care homes to take additional steps to reduce the spread of infection, such as but not limited to, those set out in the Annex. The Infection Control Fund is intended to help providers pay for additional staff and /or maintain the normal wages of staff who, in order to reduce the spread of infection need to reduce the number of establishments in which they work, reduce the number of hours they work, or self-isolate.

### **1.4 Quarantining**

We are mindful that some care providers are concerned about being able to effectively isolate COVID-positive residents, and we are determined to make sure discharges into nursing or social care do not put residents currently in those settings at risk. The safety of residents and staff is our priority. All patients being discharged to care homes will be tested prior to discharge.

Local authorities should ensure that there is sufficient alternative accommodation as required to quarantine and isolate residents, if needed, before returning to their care home from hospital, in line with the [Adult Social Care Action Plan](#).

**Costs of providing this accommodation are covered by the £1.3 billion COVID-19 discharge funding via the NHS.**

### **1.5 Building our scientific understanding and sharing good practice across the sector**

SAGE have established a sub-group focusing specifically on the scientific issues affecting care homes and residents in care homes.

We are undertaking rapid work with the Social Care Institute for Excellence to create a hub of best practice and develop practical tools for care home staff.

## **2. Stepping up NHS Clinical Support**

Primary care and community health services are key to ensuring care homes have the clinical support they need. The NHS has committed that all care homes will be supported via primary and community support, by 15 May.

This will provide:

- timely access to clinical advice for care home staff and residents, including a named clinical lead for every care home and weekly check-ins;
- proactive support for people living in care homes, including through personalised care and support planning as appropriate;
- support for care home residents with suspected or confirmed COVID-19 through remote monitoring (and face-to-face assessment where clinically appropriate) by a multidisciplinary team where practically possible (including those for whom monitoring is needed following discharge from either an acute or step-down bed); and;
- sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit.

The NHS will also support the introduction and use of key medical equipment such as pulse oximeters to enable remote monitoring of COVID-19 patients within care homes. Community health improvement teams are also working with primary care and NHSX to roll out video consultations within care homes.

We are asking nurses and occupational therapists who are returning to professional practice to support our COVID-19 response to step forward to work in social care, particularly those who have past experience in the sector.

## **3. Comprehensive testing**

Care homes can now access testing for all their residents and staff. Tests are available for booking via a new digital portal for care home testing. The portal will make it as easy as possible for care homes to arrange tests, enabling them to register directly for delivery and collection of test kits.

Directors of Public Health will contribute to the prioritisation of tests and support the local coordination of testing, so that the sequence of testing meets local needs. The following prioritisation criteria will be followed, as agreed in consultation with Public Health England:

- Care homes with a new outbreak (declared after the Health Protection Team have arranged for the initial testing of any symptomatic residents).
- COVID free care homes with over 50 beds.
- Care homes referred by local authorities based on size (over 50 beds) and local knowledge. We ask that local authorities refer care homes in priority order so that deliveries can be scheduled accordingly.

Further details are available [here](#).

We continue to review the evidence for more frequent testing, as capacity increases.

#### **4. Oversight and compliance – local government and national**

We are asking all local authorities to review or put in place a care home support plan, drawing on local resilience and business continuity plans. A planning return should be submitted by 29 May. This will consist of a completed template and covering letter. In the spirit of transparency, these planning returns should be made public.

We are asking all local authority Chief Executives (CEOs) with social care responsibilities to work with system partners to agree an update consisting of:

- a letter that sets out a short overview of their current activity and forward plan;
- a short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
- confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

The local authority CEO will be responsible overall for the planning return, supported by the Director of Adult Social Services and the Director of Public Health. The planning returns will also need to be developed with the Clinical Commissioning Group Accountable Officer, taking into consideration the views of health and care providers.

Planning returns will be reviewed at a regional and national level. We will identify good practice and consider further steps needed to ensure every care home is receiving the right support and implementing the appropriate measures.

We are separately considering how we can support the sector over the medium term, in light of the consequences of COVID-19, and will involve partners in the discussion.

There have been great strides in improving data flows from providers in the past three months, and we appreciate the reports that providers are now completing. Though we recognise this places extra demands on care providers, this information is essential to controlling the spread of COVID-19 in care settings and to enable extra support to be given to the care sector. We are therefore looking to increase compliance with the daily provider reporting requirements. For care homes, this is the Capacity Tracker. We expect the Adult Social Care Infection Control Fund, announced yesterday, to be conditional on provision of regular information.

We also need to know where issues with outbreaks have been resolved, or where extra support is needed. We will consider ways to improve information flows including how we supplement current reporting and provide more consistent effective data. We will put proposals to the sector shortly. These are important and necessary measures to ensure that we have immediate national and local visibility of where there are problems during this critical period, and together can ensure the support is in place for providers.

## **5. Building the workforce**

Expanding and retaining the social care workforce is key to enabling care providers to continue to provide care and support to their residents.

To support this, the Government has launched a new national recruitment campaign. Our ambition is to attract an additional 20,000 people into social care over the next three months. [Campaign materials](#) are available to support local recruitment efforts. This is on top of measures to fast track DBS checks for new recruits and volunteers, and making available up to £3 million to support free rapid online training for new recruits, existing staff and volunteers.

We have also launched a new dedicated app for the adult social care workforce in England to support staff on-the-go. Under the new CARE brand, the Care Workforce app provides a single digital hub for social care workers to access relevant updates, guidance, support and discounts from their phone.

## 6. Funding

We have provided two tranches of extra funding to local authorities - £1.6 billion on 19 March and a further £1.6 billion on 18 April – to support them in meeting pressures across the range of public services, along with £1.3 billion via the NHS specifically to support safe and timely discharge from hospitals into care. Given councils' existing role in sustaining the local market for social care provision, it is vital that councils use funding where necessary to provide immediate support to providers who need help with COVID-related costs. This could include funding for those providers with whom the council does not currently have contracts, or to cover the self-funder market, if their finances are under strain.

**Yesterday we announced an additional £600 million to support providers through a new Adult Social Care Infection Control Fund.** The fund will support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. This will be allocated to local authorities and is in addition to the funding already provided to support the Adult Social Care sector during the COVID-19 pandemic.

To help us understand what councils have done to support care providers financially, including types of support and pace of allocation, ADASS is surveying its members. It is important that DASSs respond to this by 15 May.

Local authorities should also publish on their websites their rate uplifts and other extra funding they are making available to care providers e.g. cash flow support etc. We recognise a range of models are being used by local authorities and greater transparency is needed. These should be published by 29 May.

## Conclusion

We appreciate the incredible work being done up and down the country to support those who need care and those who provide care. The Government will continue to review and update our guidance, in response to what the social care sector needs and in line with emerging evidence so that we are giving the support that we can give in this time of crisis.

## **Annex: Restricting workforce movement and minimising workforce transmission**

Since the beginning of the pandemic we know that most care home providers have been taking steps that minimise the movement of workforce in order to reduce the risk of asymptomatic transmission of the virus between members of staff and between staff and residents. These steps have been taken on top of, not instead of, appropriate use of personal protective equipment.

Given the evidence of the prevalence of asymptomatic transmission, Public Health England strongly recommends that care homes do all they can to restrict staff movement wherever feasible. The check list below sets out the actions that providers from care homes should consider taking if they have not already done so. Not all these actions will be possible or appropriate for every provider, but when taken in combination will help reduce the risk of outbreaks in homes and slow the spread of the virus.

- Ensure that members of staff work in only one care home wherever possible. This includes staff who work for one employer across several homes, or members of staff that work on a part time basis for multiple employers.
- Extend these restrictions to agency staff, under the general principle that the fewer settings members of staff work in, the better.
- Whilst the safety of residents and staff is paramount, providers should consider limiting or “cohorting” staff to individual groups of patients or floors/wings, including segregation of COVID-positive and COVID-negative patients. This needs careful management and explicit agreement with staff, adherence to the latest guidance and relevant PPE.
- Where additional staff are needed to restrict movement between or within care homes, look to actively increase recruitment of staff. Advertise vacancies on [Find a Job](#), and use [materials from the National Recruitment Campaign](#) in order to support recruitment activities.
- Take steps to limit use of public transport by members of staff. Where they do not have their own private vehicle, this could include encouraging walking or cycling to and from work and supporting this with changing facilities or rooms. In some instances, local taxi firms may be willing to provide fares to and from a care home at discounted rates.
- Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels.