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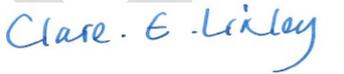
North Lincolnshire Care Home Support Plan

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1. Executive summary

North Lincolnshire Council (NLC) and the NHS North Lincolnshire Clinical Commissioning Group (NLCCG) are committed to working with all care home providers, to ensure that people living in care homes are well supported. This is especially important as services now transition from responding to the unprecedented challenges of the COVID-19 crisis into a position of stability, restoration and recovery.

We recognise that the care home sector plays a vital role in keeping people safe and well in North Lincolnshire and we are extremely grateful for the way in which the sector has responded to the pandemic. We therefore wish to record our appreciation for the commitment shown to keep people safe. We cannot underestimate the impact on residents, families, staff and managers and recognise the personal, emotional and financial impact the pandemic has had and continues to have.

This second phase of our care homes support plan outlines the partnership work that has taken place across the health and social care system to support the sector - and details our ongoing commitments for the future to ensure people continue to be well supported and that the care home sector is resilient.

North Lincolnshire is proud of a long history of working together with the care sector and we have built on existing partnership arrangements to design our care home support plan.

As a health and care system, we have been responsive to support the whole sector and facilitate solutions to the challenges of the COVID-19 pandemic.

This care home support plan is set in the context of our shared ambitions, strategic principles and operating model as set out in the North Lincolnshire Health and Care Integration Plan.

The purpose of this refreshed version of the care home support plan is to detail the next phase of the North Lincolnshire partnership approach to supporting care homes during the COVID-19 pandemic and beyond.

2. The sector

As of April 2021, there are 60 registered care homes in North Lincolnshire with 1972 placements registered with the Care Quality Commission (CQC), employing on average 2450 people. The independent sector provides 59 of these care homes with 7 being registered to provide nursing care. The council own and run a facility for short term rehabilitation and re-ablement on behalf of the health and care system.

Currently there are 1514 people residing in the care homes with approximately 50% funded by the council and/or CCG and a further 50% are people who fund their own care/other council/CCG placements. The care home sector is a mix of small/medium enterprises and larger national organisations.

3. Summary of the plan

The care home support plan was initially developed and published in May 2020 to support sector resilience through an enhanced offer of support to enable the delivery of quality care and the safety of both residents and staff. The care home support plan included how support would be offered across the following key elements:

- Oversight and governance
- Leadership
- Infection prevention and control
- Testing
- Covid Vaccination
- PPE
- Workforce Support
- Clinical Support
- Financial Support

It was intended as an agile document, able to respond to national and regional guidance as it emerged, as well as aligning to our statutory duties and requirements, as these were also updated and shared, in response to the learning of the prevalence, impact and course of the pandemic.

4. Key documents, publications and milestones

National guidance issued by the Department of Health and Social Care (DHSC), Care Quality Commission (CQC), NHS England and Improvement (NHS E/I) and Public Health England (PHE) was shared with the sector and advice and support offered with regards to interpretation and implementation.

[Coronavirus \(COVID-19\): Admission and care of residents during COVID-19 incident in a care home](#)

(Published on the 2 April 2020, last updated 1 April 2021)

[Covid-19: Our action plan for adult social care](#)

(Published on the 15 April, updated on 14 December 2020)

[Urgent CCG assistance to supporting care homes; training the trainers on infection, prevention and control](#)

(Published on 1 May 2020)

This was supported by information issued by NHS E/I on 5 May 2020 confirming principles to deliver an enhanced universal support offer to care homes in the North East and Yorkshire Region

[New care home support package issued by Minister of State for Care](#)

(Published on 14 May 2020).

This set out a letter from the Minister of State for Care to Councils and care providers outlining the details of the support package providing additional advice and resources to help stop the spread of infection and keep people safe.

[How to work safely in care homes](#)

(Published 17 April 2020, updated 16 April 2021)

Advice to those working in care homes on how to work safely during this period of sustained transmission.

[Communication regarding testing](#)

(Published on 3 July 2020)

This outlined the next stage of the testing strategy for adult social care including the arrangements for both testing in the event of a suspected or actual outbreak and regular whole home testing in care homes without an outbreak.

[Visiting in care homes](#)

(Published on 22 July, last update 4 May 2021)

These introduced the new local COVID-19 alert level system, local approach to visiting arrangements and dynamic risk assessment for visiting, led by the DPH, as well as more recently increasing inside visiting.

[Covid-19 Winter Plan](#)

(Published on 18 September 2020, updated on 14 December 2020).

The plan set out the Government's ambitions for the sector and the national support available through the winter.

[COVID-19: Infection, prevention and control guidance](#)

(Published 20 August 2020, updated 15 April 2021)

5. Support made available since the beginning of the pandemic

Support available to all care homes (**universal**) included:

- Regular contact by the Provider Development Team (Local Authority team) to review local data and undertake care home resilience checks - against the national capacity tracker returns and other advice and guidance including access to PPE, testing and vaccinations.
- Frequent telephone contact from the Community Nursing Service (CNS) focusing on the clinical concerns of residents and establishing if they have had any hospital discharges. All residents discharged from hospital are reviewed within 24 hours by the Community Response Team (CRT). If appropriate, visits to the care homes from the community nursing team take place.
- Training in infection, prevention and control, end of life and clinical observations.
- Weekly email communication promoting relevant guidance and information on behalf of the DASS and DPH.
- The CRT and primary care review residents/patients and ensure advanced care planning is in place.
- Provision of infection, prevention, and control advice.

Support made available for care homes where there were known or suspected cases in either the resident or staff population (**targeted**) included:

- Contact from the CCG nursing team or a public health IPC nurse to provide specialist advice and support for managing a suspected or confirmed outbreak.
- Clinical support via primary care teams and the community nursing service as required for any home with a confirmed outbreak and those with a suspected outbreak. The level of support depending on the number of residents and staff involved.
- Public Health England (PHE) telephone advice and support when an outbreak is first declared.

Rapid intensive support made available where there were significant safety or quality concerns reported (**specialist**) included:

- Multi-agency Incident Management meeting called by PHE or the local Public Health team depending on the scale and nature of the incident.
- Clinical review of residents via primary care and the community response team to ensure all appropriate actions and oversight is in place.
- Specialist infection, prevention and control (IPC) input and care home site visits may be undertaken in these circumstances.
- Support with workforce needs across a graduated approach including access to NHS staffing if needed.
- Alternative accommodation if required for any situation became unsafe.

6. System oversight and governance

The strategic oversight of the care home support plan is undertaken by the Director of Adults and Community Wellbeing (DASS), Director of Public Health (DPH) and the Director of Nursing and Quality (NLCCG) through the North Lincolnshire Health and Wellbeing Board which provides oversight and governance of the prevention and management of outbreaks. The DASS is the responsible decision maker for oversight of sector resilience and compliance with safeguarding duties. The DPH is the responsible decision maker for specialist advice on matters of testing and IPC and the Director of Nursing and Quality is the responsible decision maker for ensuring adequate access to IPC training and clinical advice and support for care homes.

North Lincolnshire has a well-established Health and Care Standards Board with representation from public health, community and acute providers, care home and home care agencies and Healthwatch. Partners provide mutual support to continue to improve care quality and ensure a culture of high support high challenge across the care sector. The board has been successful in developing a shared approach and consistency for the sector and has been a vehicle for engagement in the development of this care home support plan.

The Local Resilience Forum spans the four unitary authorities, North Lincolnshire, North East Lincolnshire, Hull and East Riding of Yorkshire, and there is a direct information flow to this forum for sharing support and or escalating issues for wider consideration. The forum also ensure best practise is shared and encourages collaboration.

A Strategic Care Home Partnership has been established with proprietors attended by the Director of Public Health, the Director of Nursing and Quality and the Director of Adult and Community Wellbeing (DASS).

Delivery is supported by an operational Care Home Oversight Group (CHOG) designing and delivering on the support plan, the purpose of this group was to take a tactical role to ensure all operational requirements were met and any barriers or new developments could be managed. Any issues that cannot be managed by this group or those where senior approval is required are escalated to the Health and Wellbeing Board. CHOG also reports into Integrated Commissioning and Quality Executive (ICQE) meeting by exception when required.

The CHOG has representation from:

- North Lincolnshire Clinical Commissioning Group (NLCCG)
- North Lincolnshire Council (NLC)
- Northern Lincolnshire and Goole NHS Foundation Trust (NLG)
- Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDASH)
- Care home providers

The CHOG has met frequently with responsibility for delivering against the training requirements, oversight, and prioritisation of care home testing, facilitating mutual staffing support as required, and sharing and considering data and intelligence from several sources

to ensure resources are effectively distributed to the area(s) of greatest need. The group also has oversight for the identification and support for any clusters and outbreaks within the care sector, implementing an Incident Management Team approach with representation from Public Health England as required. Following the management of an outbreak and the review of IPC visits and actions taken to reduce transmission by CHOG and following a decline in the number of positive cases of COVID-19 among residents and staff in a care home, the oversight of IPC actions then reverts to normal channels and governance.

Information from several sources is fed into this group, which includes feedback from:

- Provider Development Team calls
- Community nursing daily huddles
- Infection, Prevention and Control Generalist/Specialist Nurse visits
- Wider nursing visits for example CHC nurses or generalist nurses
- Test and Trace data

See Appendix C for details of the governance and oversight arrangements.

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7. Key Achievements of the Care Home Support Plan

<p>Data and intelligence</p>	<p>A single accurate and contemporaneous dataset was established for oversight of sector resilience and to aid the facilitation of support. This care home dashboard was created to include information from the national capacity tracker, oversight of testing and test results for staff and residents with regards to outbreak management and reduction of risk.</p> <p>This invaluable information continues to enable CHOG to review data and intelligence to aid the prioritisation of support required across the system to care homes and allowed for sometimes daily contact with homes reporting issues and problems on the capacity tracker.</p>
<p>Leadership support</p>	<p>Partners worked with care home providers to build on their leadership, capability, and communication strategies.</p> <p>The offer of support included:</p> <p>Information - dissemination of relevant guidance co-ordinated through the Provider Development Team.</p> <p>Communication support - the provision of a tablet to all care homes for video conferencing to support communication, and support to set up NHS email accounts to support communication and the secure exchange of sensitive information.</p> <p>Advice and professional support - named contacts within Primary Care Networks (PCNs) and social care to provide advice, direction and / or clinical support including access to a community nurse and pharmacy support. This has allowed for signposting and facilitating advice and guidance around concerns such as staffing, personal protective equipment (PPE) and IPC concerns.</p> <p>Resilience and continuity - providers have been provided with a business continuity toolkit to support business continuity planning considering the EU transition and winter preparedness and support to develop outbreak plans.</p> <p>Learning by experience - care homes have been supported to carry out learning reviews after each outbreak and share any lessons learnt at a local, regional, and national level, utilising the Skills for Care online training package.</p>
<p>Infection, prevention and control</p>	<p>Partners took a proactive approach to work with care homes to apply national guidance on preventing and controlling infections, including use of PPE, isolation practices, decontamination and cleaning processes, and the safe reintroduction of visiting for family members/friends.</p> <p>The offer of support continues to include:</p> <p>Access to expertise – access to IPC advice and visits (or telephone contact!) from an IPC nurse/specialist.</p> <p>Training support – provision of a full range of IPC training including Train the Trainer and face to face training.</p> <p>Safe services - health and social care partners made appropriate individual arrangements for residents where a care home did not have capacity and capability to isolate their residents returning from hospital in line with national guidance. Additional alternative accommodation was available to support the isolation of people leaving hospital who have</p>

	<p>tested positive or are awaiting test results or are positive/awaiting test results and are stepping up from the community, on a short-term basis through the provision of designated settings.</p>
<p>Visiting arrangements</p>	<p>North Lincolnshire partners supported care homes to facilitate safe visiting of family and friends in line with the national guidance. Our priority remains to prevent infections in care homes and protect staff and residents, whilst fully appreciating how important it is for people living in care homes to safely meet loved ones.</p> <p>The offer of support continues to include:</p> <p>Dynamic and local risk assessment - Public Health lead role to monitor the local COVID-19 epidemiology and inform care homes of the level of visiting that can safely be allowed in line with risk assessment, local information and national guidance. CHOG was able to regularly review several indicators that might trigger a change in visiting advice either for the area as a whole or for a hotspot within North Lincolnshire. These include the rate of increase in the case detection rate in the local population, the pattern of outbreaks in local care homes and hospitals, and the pattern of admissions to hospitals.</p> <p>Professional support - social workers and other involved professionals were able to support the care home provider in helping consider the risk assessment for visits for individual residents and advise on decision-making where the person lacks capacity to make the decision themselves.</p> <p>The latest position (as from 12 April 2021) permits 2 nominated visitors per resident inside and unlimited contact via pods and outside spaces for other family and friends.</p>
<p>Personal protective equipment</p>	<p>North Lincolnshire has worked with the Local Resilience Forum to maximise supply locally. The partners will work with care home providers to support their access to the correct PPE and having the skills to use appropriately.</p> <p>The support offer has included:</p> <p>Access to PPE - providing details of approved stockists and local warehousing and distribution capabilities and promoting and supporting providers to register and use the PPE Portal to obtain the free government provided COVID-19 PPE.</p> <p>Escalation – a local process for care providers to request emergency PPE through the Provider Development Team was established and close monitoring of the situation was in place to include an escalation mechanism to the LRF if needed.</p>
<p>Testing</p>	<p>The approach to testing has been to compliment the national arrangements to ensure timely access to testing and follow up for staff and residents.</p> <p>This included support with suspected or actual outbreaks for symptomatic residents and staff; the whole home testing arrangements using PCR and LFD tests; the testing of new or returning residents and the arrangements for family visitors, contractors and visiting professionals.</p> <p>To provide the best support in terms of outbreak management, care homes continued with their regular communication with the Provider Development Team to assist with a co-ordinated approach.</p>

	<p>Participation has been monitored at CHOG and support offered where required.</p> <p>Training and support to undertake the swab testing has been provided by the IPC specialist nurses and the community nursing team from NLaG with RDaSH Community Mental Health and Learning Disability teams advising on supporting a person with a learning disability or mental health need with testing.</p>
<p>Vaccinations</p>	<p>The launch of the national vaccination programme in December 2020 identified residents and staff in care homes for older adults as a priority in the first phase of the vaccination programme, delivered by PCNs, in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance.</p> <p>The coordination and delivery of the programme is being closely supported by all partners across the system with regular review of uptake is undertaken by CHOG.</p> <p>North Lincolnshire has ensured all eligible care home residents were offered the first vaccine prior to the 24 January 2021, and the second is still being administered.</p> <p>Information and advice has been made available to increase the take up of the vaccine amongst staff.</p>
<p>Workforce support</p>	<p>Support to maintain the safety and wellbeing of staff, restricting all but essential staff movement between care homes, maintain safe staffing levels and support recruitment to the sector has been key.</p> <p>The offer of support has included:</p> <p>Access to educational support - including IPC specialist nurse advice and end of life specialist advice, use of technology and virtual training programmes, and induction materials for new recruits.</p> <p>Capacity and contingency arrangements – a system of support to maintain safe staffing levels was established in the event of staff shortages which included a range of graduated options and mutual aid; support offered as part of the return to practice ‘bring back staff’ campaign and a volunteer befriending offer was extended to people living in care homes. A localised Proud to Care North Lincolnshire media and recruitment campaign continues.</p> <p>Safety and wellbeing – an information pack promoting staff wellbeing and providing details of psychological, emotional and wellbeing support has been provided.</p>
<p>Clinical support</p>	<p>NHS partners have worked collaboratively with care providers to meet the clinical needs of residents; ensuring care homes have clinical support when they need it.</p> <p>The offer of support includes:</p> <p>Supported discharge - everyone discharged from a hospital to a care home has been followed up by a face to face or virtual visit by a nurse or allied health professional involved in the discharge, a community nurse or, where there is one, the named nurse attached to the care home.</p> <p>Multi-disciplinary support (MDT) – all care homes have had access to the Community Response Team (CRT) and Unscheduled Care Team including a GP via the Single Point of</p>

	<p>Access service – 24 hours a day; care homes are aligned to a PCN in line with the enhanced health in care homes offer and ongoing support has been available via weekly ‘rounds’ (virtual if appropriate) including GPs, community nurses, allied health professionals (AHPs) and social workers.</p> <p>Equipment – care homes have been provided with additional clinical equipment and the necessary training to support remote assessments.</p>
<p>Financial support</p>	<p>The Council and CCG recognise the financial challenges being experienced during this period by the care sector to manage and stop the spread of COVID-19.</p> <p>The financial support offer includes:</p> <p>Fee rate uplift – the fee rate agreed by the council and CCG for 2020/21 is a 5.49% increase to the base fee rate, paid from April 2020.</p> <p>Allocation of grant payments – distribution of the national Infection Control Fund and Rapid Testing Fund directly to care homes on a per bed basis and via discretionary payments. This has required grant agreements and reporting processes to ensure timely returns and audit arrangements to evidence utilisation of funds.</p> <p>Information - including access to possible additional financial support, including Business Rate Relief, Small Business Grants and Supplier Relief on an open book basis.</p> <p>NHS Funding – the CCG continues to review financial support to care homes on an individual basis and NHS funding has been utilised to support discharge from hospital and prevent admissions.</p>
<p>Education and training</p>	<p>There were three key work streams aligned to training and education:</p> <p>IPC training - this project was led by Nursing and Quality Team within NL CCG and provided a programme of training in relation to hand hygiene, PPE guidance and correct donning and doffing of PPE.</p> <p>Ongoing IPC training in relation to the adherence of PPE and donning and doffing alongside general IPC elements such as hand hygiene continues as ongoing training. Additionally, bespoke sessions will continue in terms of training and support, during any care home site visits.</p> <p>Clinical observations training – this virtual training was provided via a partnership between NLaG community services, PDT and project ECHO to support ongoing clinical assessments via video conferencing. The training was completed for all care homes and will be delivered ongoing as and when required.</p> <p>End of life training - this project was led by community and therapy services within NLaG to support and enable the homes to support residents with dignity at the end of their lives. Virtual training was offered to all care homes via a partnership approach across NLaG community services and project ECHO.</p>

8. Our Future Commitments

We pledge to continue to support the care home sector in the following ways:

Safe, high quality personalised care

Workforce resilience

Care home clinical support

Preventing the spread of infection

Financial resilience and sustainability

Effective engagement

We will ensure that the care provided is of a high standard and is able to meet needs safely through:

- Ensuring the best quality of care and safety of people is our highest priority
- Continuing system wide safeguarding, quality, and safety activities in line with Care Act 2014 duties, supporting those providers where improvements in the standards of care are needed
- Setting out simple contract arrangements with clear expectations
- Seeking feedback and engagement from people that receive support and responding effectively to continuously improve including working in partnership with bodies such as Healthwatch

We will support care providers to secure a viable sector workforce now and beyond the COVID-19 pandemic through:

- Ensuring that care homes can be supported to maintain safe levels of staffing to minimise the risk of spreading infection
- Continuing with the system wide reporting tools to review workforce risks and challenges
- Continuing with media and other campaigns to publicise the value of working in social care

We will ensure that care providers receive the specialist clinical advice to support the health of residents through:

- Working closely with services to ensure appropriate access to adequate clinical support
- Utilising digital technology and equipment to support the effective and safe delivery of care
- Focus on the development and delivery of personalised health care and support plans for all care home residents

We will ensure the appropriate provision of testing, availability of PPE and excellence in IPC practice through:

- Supporting the national care home testing plan and local COVID-19 outbreak control plan
- Providing clarity and support related to access to PPE
- Support with any supply interruptions or challenges
- Offer the sector skills training and advice
- Sharing best practice

We will ensure continuation of the vaccination programme and respond to any new requirements through:

- Ensure the availability of vaccinations for residents and staff relating to the prevention of infection and diseases including continuing to offer routine vaccinations (such as flu)
- Supporting with any national directives and initiatives related to residents and staff in care homes

We will allocate funds in a fair and transparent way and continue to review our financial support through:

- Ensure financial support provided centrally is given to the care home sector in a timely and transparent way
- Consider the financial future of care homes now and beyond recovery
- Provide market support to ensure consistent and fair access, pricing and supply of PPE

We will provide access to the most up to date information in easily accessible formats through:

- System partners continuing to work together to ensure consistent communications
- Maintaining a process for responding to and monitoring trends of care providers
- Ensure access to information in one place for providers

Appendix A – Key Teams – Areas of Responsibility



Continuing Health Care Team (NLCCG)
<ul style="list-style-type: none"> • All team members are assigned to a cohort of care homes • Regular contact made with each care home to undertake case management support for CHC and interim funded patients • Calls used as an opportunity to gather soft intelligence and signpost as needed regarding any concerns or issues to either Local Authority or the CCG Nursing team • To ensure a consistent approach a standard set of questions is used.
Public Health (NLC)
<ul style="list-style-type: none"> • Specialist Public Health advice and leadership in relation to outbreak management, testing and IPC • Support to the programme of IPC training • Liaison with PHE Health Protection Team • Whole home testing – logistical and process support to providers.
Public Health England
<ul style="list-style-type: none"> • PHE undertake risk assessments once informed of any suspected outbreaks by the care homes, to understand the position and level of outbreak • PHE can provide IPC advice and support on cohorting and isolation • High numbers of staff sickness, resident confirmed cases or an increase in deaths trigger increased input from PHE • If significant concerns are raised, then PHE contact Local Authority and / or the CCG to establish the local position and decide whether an IMT is required

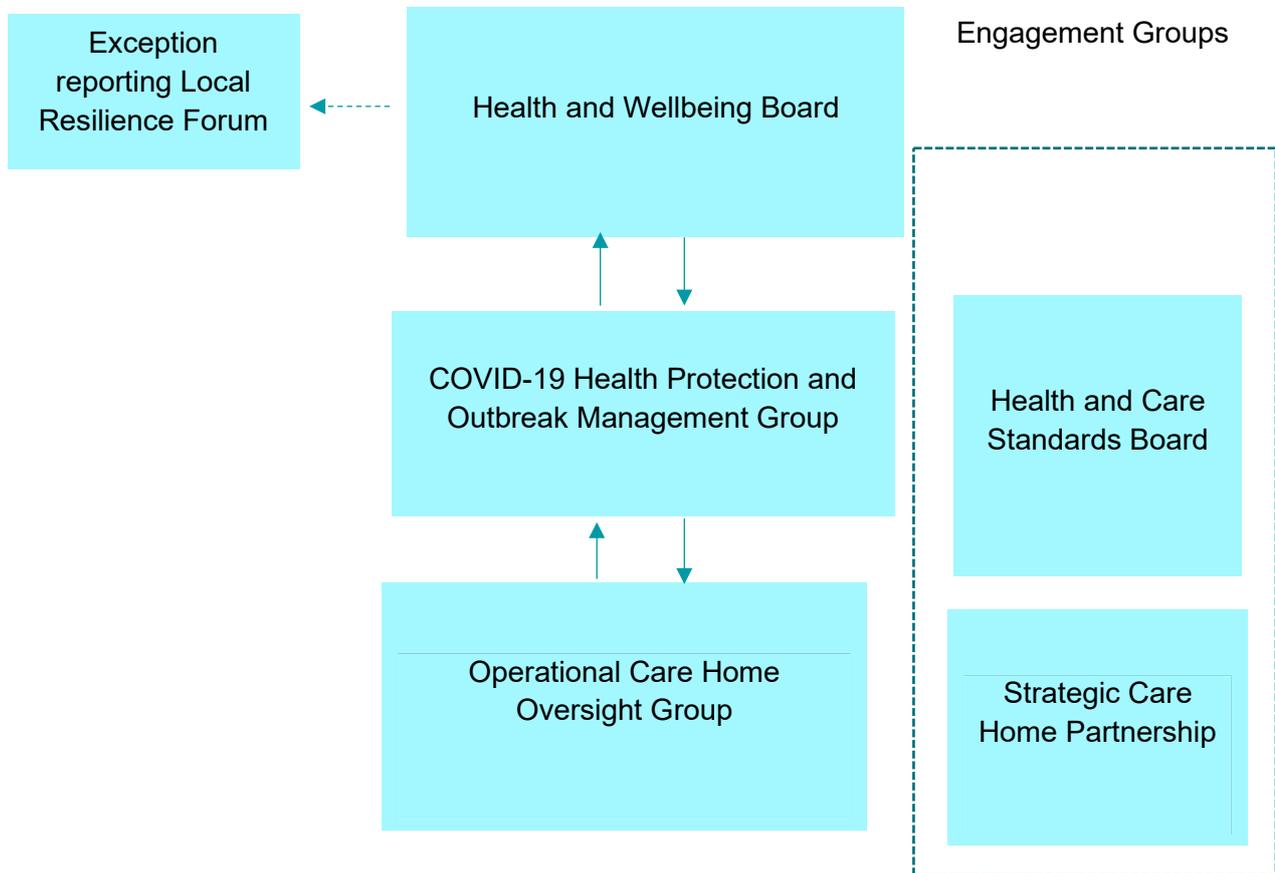
<ul style="list-style-type: none"> • PHE are responsible for coordinating resident testing for COVID-19 at the beginning of a new suspected outbreak.
<p>Community Response Team (CRT)</p>
<ul style="list-style-type: none"> • Utilisation of the GP within CRT to assist with the clinical management of residents • Support to care homes where there are any clinical concerns regarding the management of residents with suspected or confirmed cases of COVID-19 symptoms following visits and supporting the care home • Support and review of advanced care planning alongside primary care enabling the management of the resident in line with their wishes and appropriate management of their health needs.
<p>CCG Nursing and Quality Team (NLCCG)</p>
<ul style="list-style-type: none"> • Direct contact with any identified care homes where there is a suspected or confirmed outbreak • Specialist advice and support to manage the COVID-19 outbreak • Site visits to assess and advise on isolation and cohorting options, assessment of the environment, facilities and the appropriate use of PPE • Generalist/Specialist IPC advice and training is available as and when required.
<p>Mental Health & Learning Disability Teams (RDaSH)</p>
<ul style="list-style-type: none"> • Clinical supervision to support the leadership structure in smaller/independent homes • Will extend virtual mandatory training resources to include care home staff • Will ensure that clear details of post discharge from mental health inpatient care, 72 hours follow up arrangements are agreed with care homes and included in care plans • All 72 hour follow up and crisis assessments will be completed face to face with the patient • Virtual MDT meetings arranged to support care home routines • Clinic appointments held virtually where possible to reduce the impact on care homes of staff attending the homes • Continue to offer specialist advice regarding management of mental health issues, challenging behaviour and physical health issues associated with a learning disability and specialist memory services advice for the care of people with a diagnosed dementia.
<p>Provider Development Team (NLC)</p>
<ul style="list-style-type: none"> • Nominated single point of contact for signposting to the most appropriate service if required • Daily calls with all care homes as part of the commissioning responsibilities • Daily calls will review the information submitted in the capacity tracker • The advice and support is focused on PPE, testing, staffing concerns and any intelligence in terms of suspected or confirmed COVID-19 residents or staff.
<p>Social Work Teams (NLC)</p>
<ul style="list-style-type: none"> • Assessments and reviews of care and support needs and plans for residents • Social Workers from the Locality Social Work Team assigned to each care home who will participate in weekly MDTs • Response to safeguarding concerns and safeguarding enquiries.

Community Nursing Team (NLaG)

- Clinical assessment and treatment plans for any patient within a care home who requires nursing input
- This team will also provide non specialist IPC advice and guidance whilst in care homes, alongside education and training to care homes that might be required
- Daily contact to offer clinical support and advice in relation to all residents ensuring there is a daily visit offered and undertaken as appropriate
- All discharges from hospital to be clinically assessed following admission to the care home within 24 hours by the most appropriate clinician
- Support and review of the residence advanced care planning alongside Primary Care enabling the management of the resident in line with their wishes and appropriate management of their health needs.

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Appendix B – Oversight and governance



Appendix C – Summary of financial support April 2020 – March 2021

Grant	Amount	Number of providers
Covid Grant payments – care providers	£594,100	133 (including care homes and domiciliary care, including out of area)
Adult Social Care Infection Control Fund	£2,531,190	239 (including care homes, domiciliary care and personal assistants)
Adult Social Care Infection Control Fund (round 2)	£1,934,074	88 (including care homes, domiciliary care and day care)
Adult Social Care Rapid Testing Fund	£630,833	60 (care homes)
Workforce Capacity Fund for Adult Social Care	3380,460	17 (care homes and domiciliary care)
Total	£6,070,657	

The above funds were distributed to:

- 61 care homes, 2 of which the local authority do not have contracts with
- 24 domiciliary care providers, 17 of which the local authority do not have contracts with
- 6 day care providers
- 155 personal assistants
- 49 out of area care providers

Appendix D – Reporting template, September 2020 to May 2021

[Link to Adult Social Care Infection Control Fund return as submitted September 2020](#)

[Link to Adult Social Care Infection Control Fund return as submitted December 2020](#)

[Link to Adult Social Care Infection Control Fund return as submitted May 2021](#)

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