

Mary Nergaard

Subject: FW: North Tyneside - COVID19 - Council Mail

From: Scott Woodhouse

Sent: 22 March 2020 22:44

Subject: RE: North Tyneside - COVID19 - Council Mail

Dear Keith

Thank you for your email. As you will appreciate this is an evolving situation and not all of this is within either my control, Jacqui's control or even the Local Authority's control.

Our first priority has been to talk with the whole market, approx 130 providers delivering a whole range of services across North Tyneside to get a baseline position of issues and challenges they are facing. In fact with care homes we have spoken to the Managers on two occasions last week.

I am aware of the LGA / ADASS guidance on financial sustainability of providers and have forwarded a decision report through the Council's emergency response forum (Silver and Gold commands) on this very issue with a number of proposed initiatives of support. Once I have this signed off and agreed I will write to ALL providers across ALL sectors of care delivery about this. I am aware that other areas are doing the same.

As I have said some issues are being dealt with on a national basis, PPE being one of them. I am aware that supplies of face masks are being delivered to all registered care providers, most of which should have received them. I do not have an update on other items of PPE but we have escalated concerns about PPE on conference calls last week with ADASS and LGA. Our information generally across care homes is that there is currently a sufficient supply of PPE though I accept this will change quickly if new supplies are not being made available. I have also asked our procurement team to see if providers can use our supply chain and this is being checked out.

I have sent around the most recent Government guidance on COVID-19 in care homes and this includes a section on what to do if a resident has symptoms of COVID-19. Any information on swab testing etc for staff will come from the NHS, I am not aware of anything more on this.

We are updating the website to have a specific place for social care providers and this will include up to date information, frequently asked questions etc.

One of the big pieces of work we have started thinking about last week is the provider workforce and how care services can continue to be delivered with a depleted number of staff. We do not have the answers on this as yet but will be in contact with care providers about this over coming days. We have developed a tool to understand better about the staff team in Adult Social Care (nearly 900 staff) and am seeing colleagues early this week to think about this for external provision, though this is complicated by the fact that there are nearly 130 providers all with their own set ups and issues. We can only get through this if we all pull together as a wider social care sector.

Insurance, I think initially this is a conversation with your respective insurance companies to see what the response is there. I am hopeful there may be some latitude because of the current circumstances.

Am not sure this responds to all of the questions you have raised. Also not sure if you have sent a similar email to other LA Commissioning leads, it may be helpful on some of the areas raised for there to be a regional position / response, particularly in areas that link in with others, ie NHS, CQC, PHE.

Scott

Scott Woodhouse

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From: Keith Gray
Sent: 19 March 2020 18:05
To: Scott Woodhouse
Subject: North Tyneside - COVID19 - Council Mail

EXTRNL

Dear Scott

It is with great concern that I feel it necessary to draft this email in light of the unprecedented recent situation surrounding COVID19.

The membership of NTCHOA continue to raise concerns that they have heard little with regards to urgent support that is needed to help alleviate the pressures they will be or already facing. Many other Councils have put in place measures such as:

- Communication systems
- Business continuity plans
- Cashflow Assistance
- Workforce availability measures

I would refer to a document issued on behalf of the LGA, ADASS, and Care Providers Association dated 13th March 2020. The document clearly sets out how many of these issues should be approached including the use of local resilience forums.

I understand that the Council may have held one meeting with Care Home Managers and have recently sent out an email requesting a lot of data. This will clearly not cover the above issues and I would insist that the Council, without delay, inform providers of the plans they have already put in place to ensure providers remain open. Meetings without stakeholders, including NTCHOA, is meaningless. Here are some of the specific issues and concerns from our members:

- Provision and availability of supplies of PPE and other consumables (Gloves, Apron, Face Mask of high standard)
- Are NHS Discharges to have full results available of COVID19 Swab Testing of ALL placements
- Confirmation that any person that is COVID19 positive will be moved from Care Home into NHS
- Swab Testing for all care home staff and management.
- Availability of staffing due to absence levels being significantly higher than normal. Safe staffing level guidance needs to be reviewed or disregarded so we can reduce staff levels in response to crisis periods. Mutual aid between homes almost impossible as all suffering similar levels of crisis, where are the external workers to fill the gaps and what are regs round them? Agency workers not able to fill all gaps.
- Requests of Care Fee Payments Paid Upfront to match COVID19 impacts
- Commercial insurance - if we fall below current safe staffing guidance, are we insured? If we take on other duties normally nursing duties, are we insured? If we use volunteers to help with care, are they insured? Likely all three answers are 'no'.

- Care Act/regulation - we need official guidance (ideally CQC or HMG) that the requirements under law are now void and we are to deliver basic care only, advanced care planning, activities, social contact, family involvement, to an extent human rights etc to be secondary after safety. DoLS and mandatory training to be disregarded for duration.
- Outbreak - what is current policy around a case in a care home? Are we isolating here, would they be removed, if so, will that policy be changing according to whole community impact? Who would be tested to check spread?
- Financial Viability due to the above. Staffing costs and material costs are increasing rapidly. Sickness, incentives and agency will considerably impact staffing costs. If we are to take on other duties, then this will become more intensive and take more staff resource for a resident at already stretched times. We are seeing rises in cost of food and chemicals already. For care homes not to fail they need income assurances. Other areas have adopted assurance of payment of "Aggregated Occupancy Levels".

These aren't comprehensive but should help with themes. If the above are addressed, then we would be willing to look at drastically adapted ways of working and how to help the wider system. If there are no suitable answers, then our moral duty is to safeguard our residents and our businesses first and foremost.

I would ask that the Council give an appropriate response to assure concerned providers (copied) no later than 5pm tomorrow.

I think we would all agree that the alternative to having these plans and measures in place is unthinkable. Sending out an email to request to "be kept updated on issues" is far beyond adequate.

We look forward to hearing from you.

Kind regards

Keith Gray