

Health and Wellbeing Overview and Scrutiny Report
Health and Adult Social Care System COVID-19 Response
System responses – Adult Social Care

4.3 Adult Social Care

COVID-19 Outbreak Prevention and Management in Care Homes

- 4.3.1 In early May 2020, central government devolved responsibility for arrangements relating to testing staff and residents in care home down to Local Directors of Public Health. Around the same time, the Essex Public Health England Health Protection Team also requested the help of local authority Public Teams in the clinical management of outbreaks in care homes.
- 4.3.2 Thurrock Public Health, Adult Social Care Staff and CCG clinical staff responded by rapidly producing a Thurrock Care Home Outbreak Prevention and Management Protocol linked to a multi-agency Thurrock Care Home Hub meeting to manage its implementation.
- 4.3.3 The protocol, provided in full at Annex E, sets out clear roles and responsibilities across four domains:
- Preventing Outbreaks from occurring
 - Rapidly identify and provide a coordinated response to care homes where outbreaks occur to prevent their spread
 - Supporting care homes to provide the best possible care to COVID-19 positive residents to facilitate their recovery
 - Provide high quality integrated on-going clinical support to care homes to support them during the COVID-19 crisis.
- 4.3.4 The Thurrock COVID-19 care home hub and wider NHS clinical in-reach services have delivered a range of high quality interventions to support care homes including:
- A three weekly call to every care home to ascertain and respond to individual support needs with daily direct support provided by qualified public health staff during outbreak situations
 - Provision of regular testing of all staff to check their COVID-19 negative status and ensure that any asymptomatic COVID-19 positive staff are identified quickly and asked to self-isolate
 - An offer of infection control training for staff working within care homes
 - Regular testing of all staff and residents where outbreaks occur as part of on-going outbreak management support
 - The option to 'step up' positive COVID-19 residents to specialist provision at Oak House to reduce the risk of outbreak spread and provide the best possible care
 - Specialist integrated clinical support through a GP Locally Enhanced Service and Enhanced Community Health Team including

individualised care planning, medicines management support, regular clinical review of all residents, specialist community geriatrician support and vital signs monitoring.

Support provided to Care Homes

- 4.3.5 Thurrock's Adult Social Care department (ASC) responded quickly to provide additional finance, utilising the money provided by central government to pay all care homes a 10% resilience payment for sixteen weeks. This payment was designed to protect care homes from the impact of additional financial pressures, such as increased requirements for Personal Protective Equipment (PPE) and staff absence caused by Covid 19. In addition, our Finance Department agreed to payment up front for care homes to ease cash flow.
- 4.3.6 Adult Social Care's Contracting Team have a long-established close working relationship with all providers. This proved invaluable in enabling a support function to be put in place without delay. The support function entailed regular contact with all care homes, at least three times per week, to gauge their status with regard to cases of Covid 19, PPE stocks, staffing and other issues. This enabled an accurate situation report to be produced three times per week and meant that ASC Management were able to respond quickly to offset emerging pressures.
- 4.3.7 Support has been constant, initially through the supply from our stocks of PPE as this proved very difficult for Care Homes to source. An extensive support package to control care home outbreaks has also been put in place by our Public Health team which includes a programme of training, testing and infection control support to ensure any outbreak is managed and contained. Care Homes were also able to provide isolation areas to support containment where necessary.
- 4.3.8 Within Collins House, the local authority-managed care home, a separate isolation unit was put in place immediately to assist with outbreak control and enable Covid-positive hospital discharges to be facilitated. This had a significant impact on Thurrock's ability to minimise any delayed discharges. The unit was supported by a "Covid Team" of carers, working with enhanced PPE and provided with specialist training to ensure effective management of residents.
- 4.3.9 The Department also took over a home that had recently closed. Oak House was opened as a step up/down facility for Covid 19 positive patients to ensure capacity for hospital discharge or relocation from other care homes could be arranged, thereby further containing spread of the virus. This Home was also supported by the Covid team from Collins House. It was a remarkable collective effort to get this home open in a few weeks – including health and safety checks, QC registration staffing in post etc. Thanks should be given to the whole team that oversaw this and this service has been invaluable and continues to operate as a step down facility from hospital for COVID positive patients

4.3.10 To date these initiatives have proved remarkably effective in containing the virus within our homes. As at the 27th May the total number of deaths with care homes in Thurrock stood at 35. Of course, every death is very regrettable and especially upsetting for family and friends, even more so at this time as it has been necessary to severely restrict visiting in to the homes. The number of deaths is, however, relatively low given the level of frailty that exists within our homes. No care home has had a significant outbreak which become unmanageable and where there have been a number of Covid positive residents identified the homes have done a remarkable job ensuring spread has not occurred.

Hospital Discharge

4.3.11 There have been no delays in discharge in Thurrock throughout the entire Covid period - despite the accelerated target put in place to protect critical care beds within hospitals. An early decision to maintain a hospital social work team presence within the hospital and the swift mobilisation of the hospital and placement teams to move to a 7 days a week extended hours service, have been the main cause of this success. In support of these decisions the creation of step down facilities already highlighted above, along with the close working relationship we have with our providers, enhanced our ability to discharge effectively. These decisions have not been replicated by other local authorities, who have produced poorer discharge performances.

Personal Protective Equipment (PPE)

4.3.12 Despite early concerns around the supply of PPE we have managed to maintain supplies locally. Deliveries from central sources have been sporadic but of a level that has enabled us to support the local care market. We have ensured supplies have been maintained at safe levels by putting in place a central management structure within our own provider service function and through significant support from the Council's Emergency Planning team. Some external providers have struggled to source PPE within their own supply chains and our ability to provide them with stock has ensured that we have maintained safe working practices for staff.