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29 May 2020

Dear Minister of State

Kent Local Care Homes Support Plan

I am writing to you on behalf of the health and social care system leaders to officially submit the Kent Local Care Home Plan. The development of this plan is in response to your letter of 14 May 2020, which required local systems to address the requirements outlined in your letter, including the necessity to publish the plan in the interest of transparency. As further information and guidance becomes available it may be necessary to update and re-publish plan.

We have worked closely with system partners to agree this plan and have, specifically involved, the Director of Adult Social Services, the Director of Public Health, the Accountable Officer of NHS Kent and Medway Clinical Commissioning Group. In addition, the support package plan has been informed by the useful contribution of the Strategic Co-ordinating Group, which is the partnership body with oversight responsibilities for the delivery of the Kent Resilience Forum (the Local Resilience Forum) multi-agency activities. The Health and Wellbeing Board, and the consortium of care providers were also engaged as part of the development of the submitted plan.

It is important to say from the outset that the COVID-19 pandemic has demonstrated the essential role being played by Kent County Council and its partners, in leaving no stone unturned to take all the necessary actions to support its residents in these most challenging of times. The 'Kent Together' initiative, is one example, of how the statutory and non-statutory organisations have combined to provide much needed assistance to vulnerable people across our communities. Since the initiative was launched, the service has received 3,920 referrals representing 5,570 requests for help, as at the time of writing.

Your letter is clear in setting out the matters which our cover letter must address. However, we think it is important to begin with an explanation of the wider local context which illuminates the fundamental issues that the council and its partners

have dealt with and continue to face during the COVID-19 pandemic period. The second part of this cover letter provides a detailed account of the local response actions which have been progressed. The third and final part of this letter explains the mechanisms that the system leadership have put in place which are consistent with the delivery requirements set out in your letter of 14 May 2020.

The local context

Kent County Council is the largest upper tier authority in England providing services for over 1.5m residents. It is the largest council with adult social care responsibilities in the country. The county is also one of the areas with a high number of older people and it is estimated there are 325,900 people in Kent aged 65 or over and this is projected to increase by 25.9% over the next 10 years. The geographical size, and diversity of Kent lead to significant locality differences, in terms of issues such as deprivation and accessibility, which is particularly stark between coastal areas and other parts of the county, and add to the complexity of the presenting needs of adults with care and support needs.

Kent also has the highest number of registered care home beds in England, with a total of 14,579 as at May 2020. There are 544 care homes registered with the Care Quality Commission in Kent, as at March 2020. The council currently supports 4,838 people in care homes on a permanent basis including out of county placements and, commissions through our framework contracts approximately 33% of care home beds. The number of people who fund their own care (self-funders) far outnumber people supported by the public purse. It is estimated that self-funders occupy around 40% of care home beds in the county. Also, a proportion of our bed capacity is occupied by other local authority placements in care homes in the county, specifically the adjacent London Boroughs and Medway Council. This shows that the council does not have business dealings with or does not have active contractual arrangements with a significant number of care homes in the county. The sheer size and varied nature of the care homes market in the county does pose significant issues relating to the Infection Control Fund which the council must overcome. The implications of widening our support to beyond those we have a contract with would be huge. The actions that we have and will continue to take will enable us to fulfil the requirements of this fund.

However, there are new issues associated with the Infection Control Fund requirements. Our assessment of the issues is based on our working assumptions which have informed our planning and intended actions. Our concerns are centred on several factors.

First, we are being asked to establish a payments system and process to deal with a substantial number of providers/SME's that we do not currently have dealings or engagement with. Whilst we are clear this will need to be done it is currently outside of our remit and is a significant additional burden, given the scale and complexity of the local market. The Local Authority Circular (22 May 2020) conditions further add to the burden on councils, including the stipulation to manage clawback provisions where a provider must repay any amounts not used for infection control measures. This presents major transactional and practical

challenges for us. This does not compare with the majority of councils that have far fewer providers.

Second, the associated challenges are likely to be compounded by incredibly the short timescale in which the council must establish a process to arrange the passporting of funds to providers. It is difficult in such a short time to assess the full extent of any potential fiduciary risks and any challenge to the council on the grounds of actions taken under these requirements. We are also concerned about the risk transfer to us in relation to state aid and the assumption that it is sufficient to rely on de minimis rules. We are taking legal advice on this matter, which risks delaying payment to some larger providers.

Third, although the allocation to councils with adult social care responsibilities is made under the Section 31(4) of the Local Government Act 2003, the required asks of councils could potentially extend the policy scope and responsibilities of councils. The council seeks assurance that the Infection Control Fund requirements would not result in the council's role unintentionally extending into a regulatory territory given that this currently falls outside the scope of the responsibilities of councils.

Similarly, without the necessary and clear expression of powers, it seems inevitable that there will be a number of unintended consequences. These will include considerable and unnecessary bureaucracy to make the requirements fit within existing rules. It will also be extremely difficult for the local authority to effectively enforce, recover and monitor in the absence of defined powers. The Council would welcome a detailed legal discussion around powers so that we can be clear on expectations and then ensure that we are enabled and lawfully permitted to deliver expeditiously against them.

Joint working arrangements

There is an excellent track record of partnership working between the council, the Kent and Medway Clinical Commissioning Group and the private and voluntary sector providers. The COVID-19 pandemic has reinforced the joint working arrangements, and this has clearly had a material impact on how well the local system has been handling the challenges presented by the current emergency.

It is important to emphasise that because of the council's foresight and decisive actions, it has been able to rely on its existing organised political leadership and well-run management approach, notwithstanding the evolving, developing and changing nature of the national guidance. This, combined with the sensible use of all the available capability and capacity, including the commercial know-how of its Teckal company, has meant that it has managed to achieve a great deal in terms of the council's delivery of timely support and meaningful engagement with the sector and partners.

The council has developed and uses a supply and demand tool (the number of clients in residential and nursing homes etc. versus numbers of staff available to work) which provides it with timely scorecard information and enables the council to monitor the state of the provider environment. This facilitates the ability to actively

track changes in activity, workforce and market pressure within a two-week window for residential, nursing and other services. Furthermore, the tool handles trends in hospital admissions, inflow to adult social care from hospitals and the latest COVID-19 epidemic modelling which acts as a temperature check. This provides detailed understanding of ongoing changes at different levels (Kent wide, acute hospital, COVID-19, NON-COVID-19, hospital discharges, ICP profile). The projections and trend information derived from the tool form the basis of partnership discussion in appropriate fora and this helps to inform system assurance about capacity in the county.

The council maintains regular dialogue with the local Trade Associations which is used as an arena for identifying and providing good support from the council. As a result, the council recognised very early on that it needed to leverage its resources to make mutual aid support happen. Therefore, the council mandated one of its arms-length companies, Kent Commercial Services (KCS) to source PPE (personal protective equipment) to help address urgent PPE needs of all providers in Kent. KCS provides all the PPE logistics to Medway Council and is now the main provider of logistics supports to the NHS CCG for non-acute acute and ambulance trust. Also, the council's Trading Standards team continues to support care providers that buy their own PPE so they can make sure that the products comply with the appropriate standards. The team was also called upon to assist providers who had been sold inferior quality PPE.

The meaningful engagement with the sector is aptly reflected in the following statement, *"the Kent Integrated Care Alliance (KICA) has welcomed the collaborative approach KCC has taken in supporting the social care providers across all parts of the sector in Kent. We have been able to work closely together to ensure that financial support was accessed swiftly at the outbreak of the COVID-19 virus to all contracted providers through the additional 2-week invoice payment which was received without undue process or unnecessary delay. Providers have also been supported with PPE supplies via the KCS portal, which has ensured almost immediate access to vital equipment when normal provider supply chains were struggling to source and deliver adequate supplies"*.

The Leader of the Council, Cabinet Member for Adult Social Care and Public Health and senior officers have held round table events with social care providers and with the voluntary, community and social enterprise sector. Additionally, senior commissioners hold strategic meetings with providers with a view to understanding organisational level issues.

The Leader of the Council, Cabinet Member for Adult Social Care and Public Health and the council's top management team take an active role in the work of Kent Joint Chiefs, which brings together council leaders and chief executive officers across Kent and Medway. The Kent Joint Chiefs is responsible for the effectiveness of the Kent Resilience Forum which is supported by the Recovery Co-ordinating Group. Both groups play a pivotal role in ensuring a sound pro-active multi-agency approach to the co-ordination of response and recovery work.

The Integrated Care System partnership architecture which the Leader of the Council and statutory officers such as the Director of Adult Social Services and the

Director of Public Health engage with, drives collaborative working for the benefit of our residents.

The council has well-developed processes in place which ensure that locality commissioners are available and keep regular contact with providers to support them and collect data on care homes' status. This includes an established process of capturing daily situation reports tracking capacity, outbreaks and deaths. Also, there are other mechanisms in place which enable the council to gather information and other intelligence data as part of its market oversight responsibilities, including a web-based business continuity alert facility, a dedicated email address used by providers facing financial and non-financial distress. These arrangements strike the right balance between supporting care homes and not placing undue burden on providers.

Kent Resilience Forum response to COVID-19

Health and Social Care Response Cell

The Kent Resilience Forum has established a Health and Social Care Response Cell. The Directors of Public Health for Kent County Council and Medway Council chair the response Cell, which has been instrumental in driving activities during the pandemic response phase, this has had the effect of bolstering the care homes and other care providers sector.

The Local Authority Public Health function, alongside partners from Adult Social Care and the NHS have been working together to address the recent issues faced by our care home providers in Kent due to the COVID-19 pandemic.

There is a weekly meeting (known as the 'Care Home Hub') which is attended by all partners and discusses infection control, outbreaks of COVID-19, workforce issues and any other COVID-related issues in care homes. Where issues are identified, the meeting discusses mitigating actions, which might include infection control support, support with testing and other measures.

The Care Home Hub also considers which care homes need to be prioritised for the current COVID-19 whole care home testing programme. A prioritisation list is submitted to the COVID-19 Health and Social Care Hub which ratifies the list and then a report is made to the Department of Health and Social Care weekly. This new way of working has strengthened the links between public health, social care and the NHS and has ensured that we work together to support our care homes at this difficult time.

Support to providers

PPE

At the outset of the COVID-19 outbreak, the council established an end-to-end procurement and logistics service for PPE to support those outside of the NHS

acute and ambulance services where their supply chains have failed and, who have close unavoidable contact with confirmed or suspected COVID-19 cases, including highly vulnerable “shielded” groups. Supplies worth over £3.2m have been sourced and underwritten by the council so far Working closely with the Kent Resilience Form, this service has now delivered over 4.4-million items of PPE, including 800,000 face masks, in over 2,300 separate deliveries. Over half of the care homes and homecare providers in Kent have been recipients. Every requirement referred to this service has been fulfilled in whole or part, with everybody getting enough to fulfil their urgent needs. On many occasions this service has delivered when national supply chains, including the National Supply Distribution line, have been unable to respond. It is worth noting that the service we have provided has given providers assurance that the products they are using comply with the appropriate standards and are properly certificated.

Testing

It has become clear that care home testing is not functioning locally, and this is an area of concern to us. The current situation is that care homes have been bounced around the system between CQC and local Public Health England Office, the new courier system is not being co-ordinated effectively with pick-ups being scheduled before testing kit delivery, and Local Authority Public Health prioritised testing on the portal appears to have no effect on which homes have actually been provided with testing kits. This has been escalated locally to DHSC but an assurance that homes can get responsive answers to their queries is needed urgently.

Infection control

As mentioned earlier, Kent has 544 care homes and in respect of care home outbreaks, in the last week there had been eight outbreaks recorded in Kent, on average just 2 care homes per day reporting cases to Public Health England local office and these are mostly single cases. Furthermore, over the length of the pandemic, just over a total of 27% all homes reported outbreaks.

Workforce issues

The council’s support to providers on workforce issues has been driven by a resolve to offer practical assistance on a range of issues such as infection control, financial help, PPE, and other steps which are aimed at boosting recruitment into social care. There is a process in place working with CCG colleagues for identifying and providing additional assistance with infection control support to care homes. This has meant that care homes which require additional assistance with infection control can be identified and support offered promptly. This approach forms part of the train the trainer programme. It is planned that every care home in Kent and Medway over the next few weeks will be offered the training, using a system of prioritisation which is aimed at improving infection control which we anticipate may contribute to reducing future outbreaks in the sector.

NHS Kent and Medway CCG has arranged for infection prevention and control and PPE training to be provided to care homes as part of the national project. So far, 156 establishments in Kent have received this training. This is addition to the

training delivered to care homes in the Medway Council area. The expectation is that this training will be delivered to more care homes by the end of the project. The most common reason for care homes declining this training offer is that they have accessed training in this area from other sources.

Training materials have been shared to the care homes if the offer is declined initially, along with the contact details of the teams in the CCG for them to contact if they wish to receive the training or have any queries that the CCG might be able to support. Where care homes have not yet responded to the contact that has been made the resources from training have been made available to them and training will remain available to them after the project officially concludes.

The council and the Kent and Medway CCG have developed and funded the Design and Learning Centre for Clinical and Social Innovation. The aim of the centre is to co-design better, safer, efficient and cost-effective solutions for delivery of health and social care, to improve the quality of health and care and outcomes for the Kent and Medway population.

The Design Centre has established a COVID-19 Hub in response to the pandemic and championed several actions including; a recruitment campaign which started in early April 2020; regular information to the care sector; future proofing nursing homes by promoting the sign up of the nursing associate programme; raising awareness of the levy to support providers with the cost of level five apprenticeships; promotion of a coaching offer to registered managers to provide peer support; help to launch the care-free app aimed at supporting care workers and unpaid carers and forming a partnership with the Academic Health Science Network Kent, Surrey, Sussex (AHSN) to develop a digital offer of support for care homes.

We recognise that care homes in general are concerned about the short, medium and long-term impact of COVID-19 on demand, frontline and managerial burnout and any potential second wave of the infection.

Key requirements delivery mechanisms

Financial support

Care providers in the county have come under financial pressures as elsewhere, and to help maintain the resilience of the local market, the council stepped in and responded with practical financial support by making two payments totalling £13.5 million, to all residential, nursing, homecare and supported living and supporting independence providers, (including providers outside Kent) looking after people placed by the council as at 19 March 2020. This additional funding was over and above the care fee rates. It is the equivalent of an additional two weeks of care and a 15% increase over a three-month period. This payment was made in recognition of the increased costs faced by providers in respect of staffing, transport costs and food purchases. It is worth pointing out that these payments were made not only to meet additional costs but also to ease immediate cashflow pressures experienced

by providers. The council had also agreed that providers who had incurred costs, in good faith, relating to cancelled or curtailed care visits would be paid the commissioned hours.

The council has also provided financial support to the VCSE (Voluntary, Community and Social Enterprise) sector through additional contracts totalling £3.4 million, with a further £3.4 million also agreed if needed. This will allow VCSE organisations to continue to provide essential community support for those who are vulnerable due to their age or health condition.

As well as the financial support the council has provided, in the absence of the national CLIPPER service and the wider supply chain challenges, we have authorised the procurement of PPE totalling £5 million with £2 million already incurred to date. We have arranged for supplies of PPE at no cost to those of our social care providers that have been unable to secure supplies elsewhere, including providers which do not have a contract with the council*.

The breakdown of the council’s financial support to providers to date is summarised in the table below.

Support to providers that the local authority has contracts with			
	Domiciliary care	Residential care	Other provision
Support being provided	£2,090,000	£7,540,500	£6,960,000
Total spent to date since on supporting providers the local authority has contracts with, in response to COVID-19	£16,590,500		
Support to providers that the local authority does not have contracts with			
	Domiciliary care	Residential care	Other provision
Support being provided	-	-	*See paragraph above
Total spent to date since on supporting providers the local authority does not contracts with in response to COVID-19	-		*See paragraph above

Kent and Medway Clinical Commissioning Group has also established a process to provide financial support to providers providing patients with continuing healthcare needs, either in a care home setting or through domiciliary care arrangements. The Council is also engaged with the Clinical Commissioning Group in supporting jointly funded mental health and neurological rehabilitation placements.

The Clinical Commissioning Group is continuing to fund healthcare patients in care homes at the contracted rates. Where care homes have capacity due to vacant beds, the Clinical Commissioning Group is working with the providers to ensure new patients can be placed as soon as possible.

Domiciliary care providers will continue to be paid at the contracted rates. However, where it is evident that there is an impact on normal income levels, providers may be offered locally determined discretionary funding based on an open book process. This approach ensures transparency and supports an aligned approach with the Council.

Alternative accommodation

The system has not had the need to procure alternative accommodation up to now. However, the health and social care system leaders have agreed a plan to secure alternative provision, should it be necessary to support people who need to be isolated or shielded, and for whom their care and support cannot continue to be provided in their normal care homes. In the meantime, the agreed approach will continue to consist of the use of existing capacity and, recommissioning which may include the use of hotels in extreme circumstances.

Clinical staff

We can confirm that the Kent and Medway CCG has a named clinical lead for all residential and nursing homes on the list supplied to us by NHSE/I.

Across Kent and Medway, Local Authorities, the CCG and community (health) providers are working closely together to identify and support care homes requiring additional support. These homes, once identified have targeted support in areas such as medicine management, safeguarding, end of life care, PPE, infection prevention and control and swabbing. Using mutual aid agreements staff from the community providers, hospices and the CCG have also provided staff to work alongside their own staff during periods of increased challenge as a result of staff self-isolating and illness.

Implementation status

Approximately 99% of care homes have registered to complete the tracker, with 89% currently updating their information on the system. The council has made it clear that the completion and regular updating of the tracker is a condition required by the Government which must be satisfied in order to receive a payment from the Infection Control Fund.

The review of the information from the tracker found that on average about 30% of providers did not respond to some questions. The council will continue to encourage these providers to respond and to update their status.

The analysis of the information from the tracker, combined with local intelligence and other data indicate that the council and the CCG would need to work together to support some providers, in respect of infection prevention control measures, testing, PPE, and workforce support. The support offered to care homes will be

based on the tracker information and the local commissioner intelligence data. This will inform the decision about prioritisation and targeted support to care homes. Further information about the nature and the extent of the support to be provided is found in the tracker.

The completed Kent template is published on the council's website alongside this letter.

Kent Resilience Forum has started its recovery work, and as part of our agreed approach we have tasked the Health and Social Care Recovery Cell, which reports to the Recovery Co-ordinating Group (which in turn reports to the Strategic Co-ordinating Group), to drive the multi-agency partnership effort. Alongside this, the close and regular local partnership working between health and social care at all levels will continue and feed into the respective governance of our organisations.

Areas of concern

The health and social care system leaders have identified several areas which they are concerned about, especially in the event of a further peak. Therefore, we draw attention to the following matters regarding which we conclude further support or input from the government will be needed:

Statutory powers – as mentioned above, some aspects of the requirements placed on councils under these arrangements are such that it risks breaching adult social care statutory responsibilities. This is because some of the associated tasks that the council has been required to undertake, such as the degree and level of monitoring, checking and compliance responsibilities that erstwhile would have been the role of other public bodies, for example, CQC.

PPE – We have found that support from MHCLG/DHSC has been erratic and unpredictable with the council having to cover significant gaps in supply. Communications about the CLIPPER service are unclear, change frequently, and present considerable planning difficulties to the Council. We are also concerned that the CLIPPER service will not be able to cope with the volume of orders and deliveries that the Council is currently handling to avoid those providing critical services from running out of stock.

Information sharing – we have expressed our concerns about this issue before, but our level of disquiet remains high because of inconsistent guidance. That is why we urge that, as the nation moves to implement the test and trace system, this calls for an effective information sharing system through the national planning of track and trace service for help with managing local outbreaks of the infection.

Adequate funding – the totality of the council's expenditure since the outbreak and what we expect to spend in the coming weeks and months is far in excess of the funding provided to the council thus far. As stated earlier a large proportion of the spend has been to support the care home sector and on providing and delivering PPE across the community including to care providers. If the council is

to be in a position to support the government's infection control objectives it is vital that the council is adequately funded.

System's collective level of confidence

We can confirm that, based on the low level of infection in care homes, the system's partners collective level of confidence is currently high. However, the assumptions on which we have made that judgement are highly sensitive to significant numbers of variable issues, including the matters that some providers have identified as areas they need support with, such as infection prevention and control measures, testing, and workforce. Whilst we are doing our best to manage these issues through proactive monitoring and system level scrutiny measures, they are outside the complete control of the council and the CCG and therefore we will be looking for the government to support us in dealing with these issues.



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