29th May 2020

Dear Minister

**Re: Support for care homes letter, 14th May 2020**

Further to requirements laid out in your correspondence dated 14th May 2020 please find enclosed the planning return completed by Brighton and Hove City Council with close involvement from our health and social care system partners and a continuing commitment to engage and coproduce arrangements moving forward with system stakeholders.

This return consists of:

* this cover letter;
* the completed template using the Care Home Capacity Tracker (Appendix 1);
* Our Brighton and Hove Care Homes Resilience Plan (Appendix 2) which sets out the full range of activity being taken forward by our system to ensure care homes are supported to provide safe and effective care for our population.

You will be aware that Brighton and Hove experienced the first impacts of Covid-19 back in February before the pandemic began to fully impact nationally in March. We therefore started collaborating as a local system from an earlier stage and this has shaped our response, including the valuable insights and guidance from the:

* Brighton and Hove Clinical Commissioning Group
* Sussex Community Foundation Trust
* Brighton and Sussex University Hospital Trust, and
* Sussex Partnership Foundation Trust

Additionally, its preparation has been informed by briefings with a range of care home providers in the city and our Health and Wellbeing Board including our local HealthWatch. I can confirm the content has been shared with the Chief Executives of our NHS system partners and the Chair of the Sussex Resilience Forum. Hence I am submitting this return on behalf of Brighton and Hove City Council, Brighton and Hove CCG and the other system partners listed above.

1. **Local Care Market Resilience & Financial Stability**

The residential and nursing home sector in Brighton and Hove is made up of over 90 resdiential and nursing homes, which range from very small independent businesses to larger medium size homes meeting the needs not just of older people but also those of adults with a learning disability or autism, physical disability or sensory impairment. Whilst CQC ratings for our care homes, and equally our domiciliary care market are significantlly higher than the national average, the market, as elsewhere in the country is fragile. I urge a sustainalble resolution to the funding of the adult social care sector and that sufficient additional resource be made available this financial year to meet actual costs that have been incurred.

1. **Joint work to support care market resilience**

To ensure resilience in the care market during this crisis, the loca lhealth and social care system has worked closely to together. This extends beyond the focus upon the residential and nursing care home market. For example, above the uplifts payable to the care sector approved in the 2020/2021 budget, from the beginning of April we have increased our financial support to domiciliary care providers in the city by paying on planned hours rather than actual equating to an approximate 15% uplift and paid increased prices on spot purchased placements in care homes since late March recognising additional costs being incurred. In addition, we are providing daily communications on all relevant policy and practice to care providers as set out in the governance framework embedded in appendix 2, including bespoke advice on all areas listed such as testing, PPE, IP&C and workforce/clinical support in response to individual care homes requests.

Finally I would, in providing my assurance to you on our collective support to the care market, also bring to your attention the work established and evolving with the wider registered care market and also the support we are providing bespoke to our thousands of informal carers in the city whose challenges and contribution must not be forgotten as we progress through this crisis. Our Carers Hub in the city continues to provide invaluable support and guidance on a daily basis to our many informal carers who play such an important role.

The attached Plan forms part of our wider system response to Covid-19 and builds on previous plans focussed on securing additional capacity and hospital discharge pathways and responding to the DHSC Action Plan for Adult Social Care. It draws on practical experience including, for example, the work of our local Incident Management Team where specific outbreaks in care home settings are individually addressed with providers.

**3. Daily monitoring arrangements during Covid**

The Council’s Executive Leadership team chaired by myself has a daily Covid meeting attended by the Leader and Deputy Leader of the Council and the Chair of the Health & Wellbeing Board. This meeting receives a daily dashboard developed by my public health team to ensure accurate and timely information across the system including information on Covid cases outside of hospital settings. My colleagues within the Health and Adult Social Care directorate (which includes Public Health) have daily operational meetings and an embedded process of daily communications with all care providers including an agreed escalation process to the Executive Director of Health and Adult Social Care and the Director of Public Health. Key issues include:

* PPE supply
* Infection control strategy and guidance
* Managing the response to outbreaks in care homes
* Supporting care homes closed to admission
* Targeted approaches to delivering information and support to staff and trade unions, clients, families and the wider public

To ensure we are consistent with government guidance and best practice across our region, we are an active partner in the Sussex Integrated Care System Care Homes workstream working alongside East Sussex and West Sussex County Council’s.

**4. Addressing short-term financial pressures experienced by care providers**

Responding to assurance from government on future funding, the Council acted swiftly to support financial pressures experienced by care providers. From early April we moved to paying our domiciliary care providers on planned hours and across the care market we have co-ordinated the city-wide supply of PPE provision where providers normal supply chains have failed. In the future, we will need to support the Local Resilience Forum to reduce the reliance upon the emergency supplies. Since March 19th we have worked with NHS colleagues to compensate providers for the increased costs of new care home admissions and care packages.

The Council’s Special Policy and Resources Committee agreed at its meeting on 27th May 2020 additional support to be paid to the provider market locally. The expectation is that providers use these 'resilience' payments to retain staff whose roles may be at risk during the Covid situation. We are anticipating this financial support to be in the region of £400,000 - £500,000 covering the 3-month period from April 2020 and will continue with additional financial support subject to further review of the market as hopefully the Covid crisis subsides and await further guidance from central government of future financial support to mitigate all additional costs incurred.

As part of a Sussex-wide approach the city council and Brighton and Hove CCG have worked closely with providers to understand the vital role they are playing in response to Covid-19 and the support they require through 2020/21 contractual arrangements:

**5. Alternative accommodation and use of the £1.3 billion COVID-19 discharge funding**

To date we have supported more than 75 additional placements into care settings from hospital, working closely with our providers to facilitate this. The amount spent to date on successfully supporting hospital discharge, including placements and domiciliary care suggests the financial commitment for the 3-month period to the end of June will be in the region of £3m with as I understand it no guarantee of funding beyond this time. At present we anticipate these placements and packages will continue as a financial commitment upon the council for the rest of the financial year. This single element is a projected additional cost to the Council up to £9m in 2020/2021 to expedite hospital discharges and release bed capacity in the acute hospital for potential Covid 19 cases. The cost arose from having to place clients at very high spot purchase rates and generally once a placement is made it is unlikely it will be stepped down at a later date.

Further details of our approach to supporting hospital discharge are explained within the Plan in appendix 2.

**6. Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.**

A central hub has been created for Sussex Health and Care Partnership to help match returning staff with the NHS Trust they were originally allocated to.  The hub also has information about staff that may be available to work in social care.

A process is being designed to assess the need in each area and liaise with the returners hub as to how local opportunities can be identified for returners to work in social care in each place.

Additionally, there is a second wave of returners, which is due to include health care support workers that could be deployed to social care.

I hope our return provides you with an overview and satisfactory assurance of the system support to care homes at this time.

I am grateful to all our partners and all our combined staff in pulling together in dealing with a complex and fast-moving situation having such a dramatic impact on the most vulnerable in our community.

We are grateful for the support from the government to date and trust that this will continue in meeting the financial burden on our local health and social care system. We are preparing our Local Outbreak Management Plan and look forward to continuing to work closely with your department.

Yours Sincerely

Geoff Raw

Chief Executive

Brighton and Hove City Council