

Manchester City Council Report for Information

Report to: Health Scrutiny Committee - 23 June 2020

Subject: Covid-19 Care Homes Update

Report of: Director and Deputy Director Adult Social Services

Summary

In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March set out the seriousness of the situation and the expectations of all residents, businesses and public services. Reports to the Executive on 6 May and 3 June 2020 set out in detail the Council's response to this crisis. Over recent days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

This note is intended to provide Scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas within the remit of this committee. Further detail on specific issues will be available as required.

Recommendation

The Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to
A highly skilled city: world class	

and home grown talent sustaining the city's economic success	continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 Across Manchester there are 91 care homes. These homes provide a mixture of short and long term support for residents in residential, nursing, and residential / nursing specialist dementia care environments. From the commissioned care homes, the majority provide support solely for older people or citizens with physical disabilities, with the remaining homes offering mixed provision across learning disabilities, mental health and complex older people.
- 1.2 Early in the emergency we were concerned that care homes in the city would face unique challenges caused by the pandemic, and wanted to ensure first and foremost that Manchester residents were supported. Due to the way the care sector is structured, care provision is delivered by a range of charities, small, medium and large companies, and social enterprises. From 16th March 2020 we established at the centre of our support and response to care homes (and all other sectors of Adult Social Care services across Manchester), three core objectives:
 - **Maintaining capacity** - to maintain capacity of care to meet the needs of people and as far as possible to ensure we met the needs of people in the right place, with the right care and within a timely manner
 - **Supporting care homes through direct contact and responses to meet their needs** - we diverted resources in to a weekday daily contact with care homes to understand their ability to cope and provide services and to respond to concerns they reported
 - **Generating sufficient capacity to meet needs** - from the intelligence gathered in direct contact the Manchester health and social care system, identified ways in which additional or dedicated capacity could meet the fast changing needs of the Manchester population and worked closely with secondary care to ensure we had sufficient capacity within acute NHS services to meet the anticipated demand for the most vulnerable people who needed hospital care services
- 1.3 To deliver these objectives Manchester has worked across Manchester City Council (MCC), Manchester Health and Care Commissioning (MHCC), supported by our pooled budget arrangements; our secondary care/acute colleagues at Manchester Foundation Trust (MFT) and with the MLCO.
- 1.4 These integrated arrangements have enabled us to effectively manage a co-ordinated system wide response to ensure that care homes in Manchester have been supported from the outset of the COVID-19 emergency. As a result we continue to have capacity in our care homes and are able to continue to respond to support needs as they arise. We have quickly built trust with our provider network and continue to work with, through and alongside them to ensure that our people whose home is a care home are supported in the best possible way through this crisis.
- 1.5 The foundation of our approach has been ensuring that our support is part of

our overall response across adult social care, working in partnership through Manchester Local Care Organisation (MLCO), our integrated community health and social care organisation. In particular, we have ensured that from the outset we have made personal phone contact with each and every care home since 25 March 2020 on a daily basis which has enabled us to understand in detail their situation, provide bespoke and targeted support as required and ensure that we are responding across the market to wider challenges.

- 1.6 Furthermore, as part of Greater Manchester we have been able to model our collaborative approach and distributed leadership model which we have developed over the past three years in relation to the transformation of adult social care. In practice, this has involved working together across the ten local authorities and the GM Health and Social Care Partnership to bring together our data and provide mutual aid in areas including personal protective equipment (PPE) to ensure that we are maximising the benefits of devolution and the close geographical proximity (and often homes that are co-commissioned). We have also benefited from the north-west call to arms for additional care workers. The work with GM has been critical and we continue to ensure that we as Manchester City Council (MCC) and the wider Manchester system are playing our part alongside our partners.
- 1.7 In summary, we have worked effectively together over the last three months to put strategies in place that have:
 - Directly supported care homes with access to **PPE** as a safety net
 - Understood **capacity within care homes** and ability to accept referrals
 - Provided support to each care home as required to manage safety, containment and **reduce the risk of spread of infection**
 - Supported care homes to access **testing of residents and staff**
 - Reorganised and strengthened **primary care support** to care homes
 - Established a combined health and social care approach to **financial support**
 - Developed and implemented **bespoke operational and financial models of support**, tailored to the needs identified from the daily calls
 - Provided data and intelligence on infections, outbreaks and deaths and helpful comparisons with other localities
 - Continued to admit people into care homes where a clinical need was identified
- 1.8 To deliver these strategies, especially supporting care homes to access testing of residents there have been significant challenges, including a fragmented national testing system, frequently changing guidance and lack of specialist guidance for residents living with dementia. As statistically people aged over 80 are 70 times more likely to die from coronavirus than those aged under 40 and death rates considerably higher amongst residents living with alzheimers and dementia these external challenges have caused considerable additional anxiety and concern to residents and their families.

2.0 Support measures

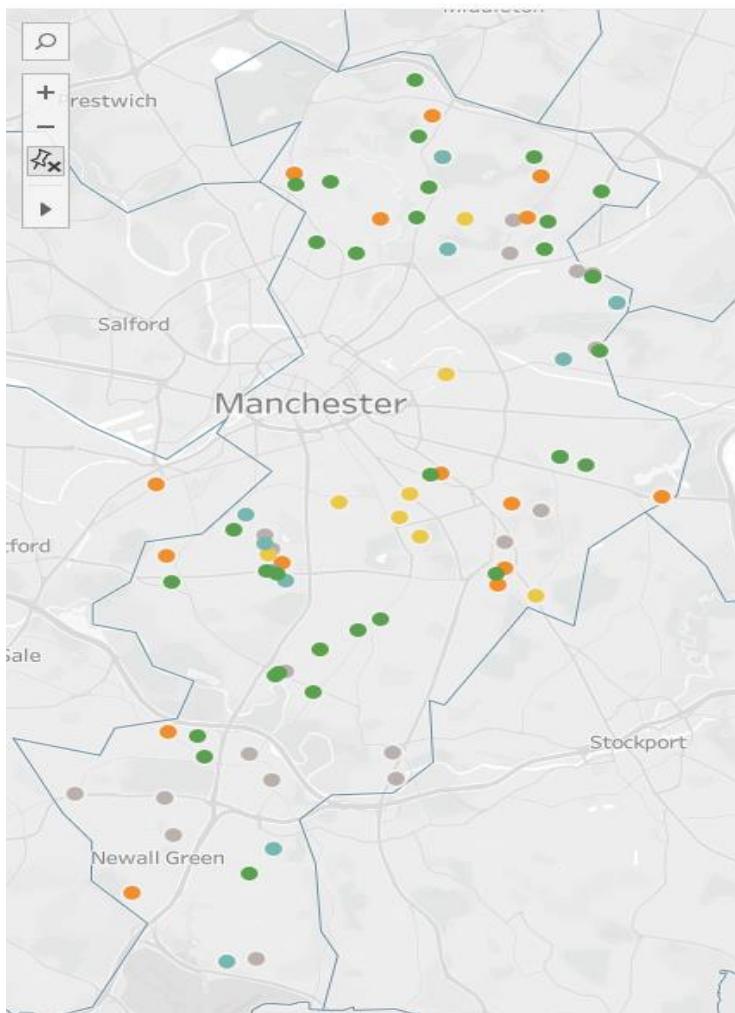
- 2.1 As described, with the outbreak of COVID-19, the council and partners swiftly instituted a system-wide range of supportive measures to care homes which have developed and increased as the understanding and guidance on COVID-19 and its impact have evolved. These supportive measures are as follows:
- 2.1.1 A weekday daily ring-around to 81 of the 91 care homes (with the remaining 10 a combination of empty homes, MFT or MLCO/MCC direct provision and a children's service with CQC registration) is conducted to identify pressures and provide the support required to maintain continuity of care and, where possible, self-manage any outbreaks. This includes the reporting on available capacity and whether any service users or staff have symptoms of COVID-19 and are being isolated and/or have been tested positive for the virus
- 2.1.2 Bespoke arrangements and support from the Community Infection Control Team (CICT) to:
- Manage outbreaks, including arranging the testing of residents and implementing COVID-19 resource packs and national guidance
 - Undertake risk assessments on a case-by-case basis to enable the safe transfer of residents from hospitals to care homes
 - Ensure basic infection control measures, such as a high standard of cleaning provision and access to cleaning equipment and products suitable for cleaning and decontamination of the environment and equipment
 - Provide easy access to hand wash facilities, liquid soap, paper towels, hand gel and correct waste disposal procedures
- 2.1.3 Establishment of a Mutual Aid Hub to oversee PPE provision with requirements identified by the aforementioned daily ring-around and next day delivery on weekdays and a collection service at weekends with over 275,000 items of PPE had been delivered to care homes. Regular communications are circulated to providers updating them on any changes to guidance and procedures, for example, the requirement for staff to have specialist PPE when undertaking Aerosol Generational Procedures (AGPs). PPE stock levels and demand intelligence are reviewed daily to assess levels of stock remaining. Stock levels are currently satisfactory in relation to priority items and in addition the hub has also taken on the role distributing other equipment, including nationally procured pulse oximeters, to help monitor rapid deterioration (silent hypoxia) in community settings
- 2.1.4 Adaptation of Moston Grange Care Home service offer to provide a temporary setting for the discharge of COVID-19 positive residents, where they can remain until they return a negative test and their symptoms have subsided sufficiently for them to return to their original care provision.
- 2.1.5 In enacting the National Discharge Guidance issued on 19th March 2020, MFT took the decision to test all residents prior to discharge from hospital to residential and nursing homes, well in advance of the national policy directive.

MCC & Trafford Metropolitan Borough Council (TMBC) established the Testing Coordination Hub (TCH) to coordinate testing pathways for residents and staff at care homes. We have an excellent working relationship MFT who have allocated laboratory capacity to support our work with care homes, however the availability of reagents has been a concern in recent weeks. The responsibility for care home testing is now being led by the Director of Public Health in partnership with the Executive Director of Adult Social Services.

2.1.6 All care homes can access testing by contacting the Manchester Testing Hub. Testing is delivered by one of three routes: courier of swabs from the local PHE lab for staff to swab residents themselves, co-ordinated by the Community Infection Control Team; by the local Community Swabbing Teams where staff are not confident or able to swab residents; or through the national Department of Health and Social Care (DHSC) care home testing portal, whereby swabs are delivered to the care home and staff swab the residents themselves. As of 14th June 2020:

- 55 locations have been visited at least once by the Community Swabbing Teams and 101 visits in total have been undertaken. A total of 32 care/nursing homes and 23 other care provider types or domiciliary care locations have also been visited. As at that same date, 297 swabbing team tests have been requested for care home residents, of which 278 (94%) have been completed. The care home testing teams have made 101 visits to care home or domiciliary care providers in Manchester.
- Data from DHSC shows that, as at 3rd June, 38 out of 91 care homes in the city (41%) had applied for whole care home testing via the national care home testing portal. It is important to note that prior to 7th June only care homes that were exclusively for people aged over 65 or for those with dementia could apply for whole home testing. After applying these criteria, 84% of care homes eligible for whole home testing had applied as at the 3rd June 2020.
- Just over two-fifths (41%) of care homes in Manchester report that they have received delivery of tests through the national system, used the tests and have had the tests picked up. Around 15% have confirmed that they have received the tests but have not used them yet (or have not had them picked up) and 13.8% have applied via the portal for whole home testing but have not yet received the tests. Over a fifth (22.5%) of care homes have not yet applied for testing.

The map below shows the status of DHSC whole home testing for care homes in Manchester



Whole Home Testing Status

- Received and used tests
- Received tests but not yet used
- Applied for testing but not yet received tests
- Not Yet Applied for Testing
- Not eligible for Whole home testing/Did not take part in Survey

- 2.1.7 Adaptation and expansion of the function and form of the Integrated Control Room to support the care sector. A key function of the Control Room is to ensure the safe discharge of patients via pathways from hospitals to the most appropriate community setting, with pathway 3 relating to patients who need temporary admission to residential or nursing care during the COVID-19 period
- 2.1.8 Where workforce levels begin to make service delivery unsustainable and additional capacity is required MLCO, through the City Council, is supporting care homes to secure this. The recruitment of additional capacity is supported through either managing a recruitment process on behalf of providers, through links to the Council's agency provider, or, through directly recruiting and operating a 'bank' of support workers (where demand levels require)
- 2.1.9 The financial support measures to support providers are summarised as follows.

- (i) Agreement of a 4-5% annual fee increase applied to all externally commissioned care providers;
- (ii) A series of measures targeted to support the market through the COVID-19 emergency period:
 - Temporary change to pay framework homecare providers on commissioned hours during the period to the end of July 2020
 - One-off financial support for 12 weeks to residential care providers of £50 per week per package and nursing care providers £100 per week per person
 - Block-book residential care providers bed capacity, up to 41 beds, until 31st July 2020
 - Block-book nursing care providers bed capacity, up to 50 beds, until 31st July 2020
 - 10% uplift to homecare providers effective from 1st April 2020 for a period of 8 weeks based on commissioned hours
 - Additional payments for each learning disability and mental health placement for a 12 week period:
 - £50 for residential and £100 for nursing home placements
 - £50 for 24/7 supported accommodation placements
 - £100 for other health provision based on number of placements

2.1.10 On 14 May 2020, MCC was allocated £3.4m of the government's £600m infection control fund. This grant is to provide support to providers to deliver infection control to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. As stipulated by the terms of the grant, MCC are passporting 75% of the funding straight to care homes on a 'per bed' basis. A decision upon the allocation and distribution of the remaining 25% of the funding will be made in due course

2.1.11 Primary Care Support for care homes has been enhanced. There are three locality based Enhanced Health in Care Homes (EHiCH) services commissioned by repurposing or expanding existing provision. The three services offer a dedicated phone number and 1 hour virtual response for any unwell patient in an older persons residential or nursing care home

Outside of the EHiCH service hours care homes are asked to call a healthcare professional bypass number for GTD Healthcare for Primary Medical Care which avoids the care home using the NHS 111 service. All EHiCH services have access to Manchester Community Response (MCR) for patients in crisis and access to community specialist palliative care services which are just two of a wide range of community services supporting care homes

The care homes now have a named clinical lead GP and we are moving quickly towards a pro-active enhanced service with weekly multi-disciplinary teams and medicines optimisation reviews over the next few months. We are redeploying MLCO community staff to support this transition whilst we move into a phase of recruitment

In addition to additional deployed community staff we have secured dedicated care of the elderly support from MFT and used telemedicine approaches to maximise the efficiency of health care provision between primary, community and secondary care. We will look to further embed this with digital technologies both locally and in partnership with Greater Manchester colleagues. In summary we will look to provide health care support above and beyond the requirements of the EHiCH schedule

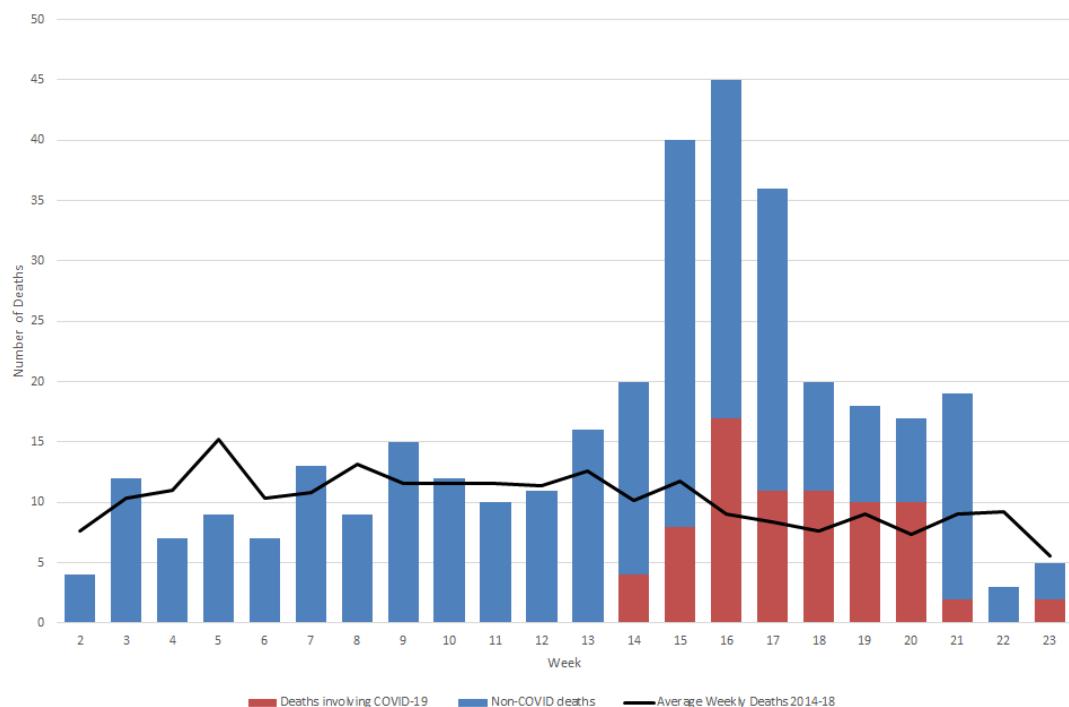
3.0 Outbreaks, infections and deaths involving COVID-19 in care homes

- 3.1 We have been closely monitoring the situation in care homes using a number of different sources of data, including information collected from care homes themselves via the Manchester Care Capacity Tracker and the Community Infection Control Team (CICT), alongside data from Public Health England (PHE), the Office for National Statistics (ONS) and the Care Quality Commission (CQC). We have also initiated a daily flow of information on deaths taking place in the city from the local registrar. This is used to produce a weekly report on outbreaks, infections and deaths involving COVID-19. As of 16 June 2020, there were:
- 17 care homes with a current active situation (one confirmed case) or outbreak (more than one confirmed case) and no additional care homes with suspected cases. In total, there are currently 55 confirmed cases of COVID-19 in care homes.
 - 371 registered deaths involving COVID-19 since the start of the pandemic with 75 deaths recorded as having occurred in a care home. This represents 20.2% of all deaths involving COVID-19 and is the 7th lowest percentage of the 10 local authorities in Greater Manchester

- 3.2 Public Health England (PHE) report that, as at 1 June 2020, 47.8% of care homes in Manchester were reporting an outbreak (2 or more cases) of COVID-19 or had done so at some point in the past. Manchester ranks 11 out of 23 upper tier local authorities in the North West and 5 out of the 10 local authorities in Greater Manchester on this measure.

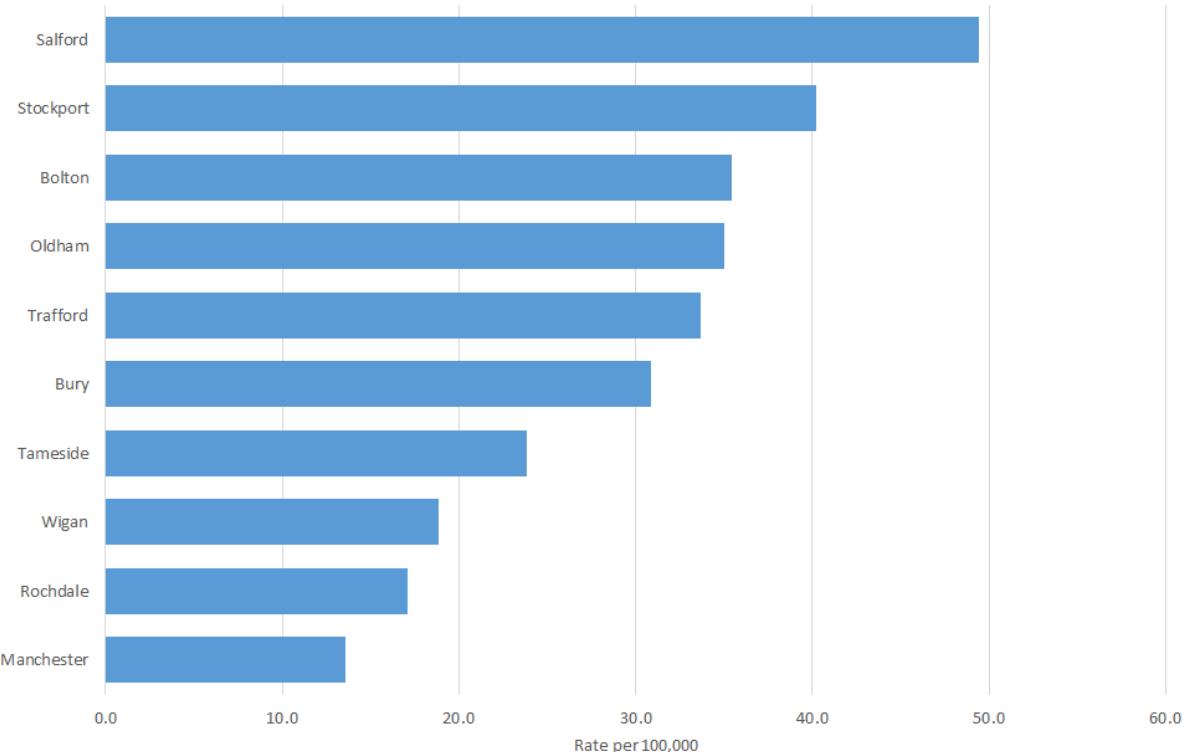
Deaths and excess deaths in care homes

- 3.3 In the period up to and including the week ending 5 May 2020, there have been a total of 361 deaths occurring in care homes in Manchester - 20.3% of all deaths occurring in the city. This figure excludes deaths among care home residents where the person died in hospital or some other setting. Just over a fifth (20.7%) of these deaths involved COVID-19. In this context, a death involving COVID-19 is one where COVID-19 was mentioned anywhere on the death certificate.
- 3.4 The chart below shows the weekly number of COVID and non-COVID related deaths occurring in Care Homes in Manchester in 2020, alongside the average weekly number of deaths in the 5 year period 2014-2018. This provides a means of counting the additional ('excess') number of deaths in care homes over the course of the current year.

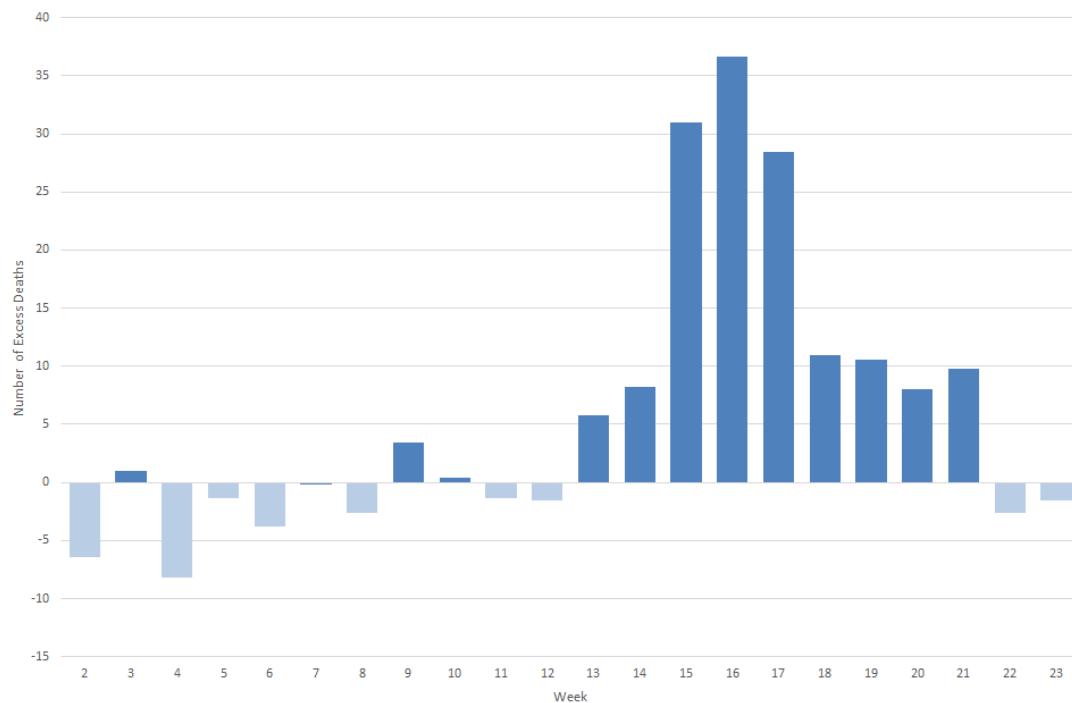


Note: Data for Week 1 (week ending 3 January 2020) is not currently being displayed. The figures for this week are currently being investigated by PHE because the average counts for this week were lower than expected. Due to the delay between the date a death occurred and the date that death was registered, the data for the most recent weeks are still subject to change.

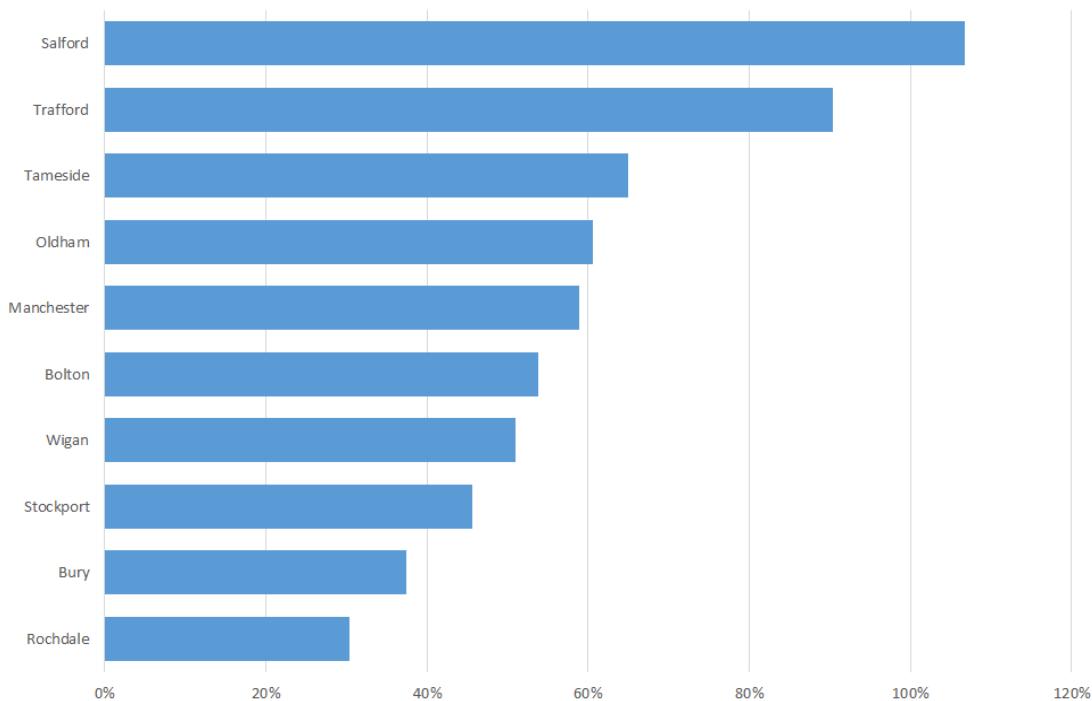
- 3.5 The rate of deaths involving COVID-19 in care homes in Manchester is low compared with other parts of Greater Manchester (see chart below). Based on deaths occurring up to and including 5th June 2020, the rate of deaths involving COVID in Manchester was 13.6% per 100,000 compared with a rate of 49.5 per 1000,000 in Salford and Greater Manchester average of 28.2 per 100,000.



- 3.6 It is important to note that the increase in the number of deaths in care homes is not purely COVID related and that a substantial proportion of deaths in care homes do not involve COVID. In the year to date, just over a fifth (20.8%) of all deaths in care homes in Manchester have involved COVID-19 i.e. COVID was mentioned somewhere on the death certificate. At the peak of the pandemic (week ending 17 April), the proportion of deaths in care homes that involved COVID-19 rose to 37.7%, which is still less than half of all deaths in this setting.
- 3.7 The chart below shows the number of excess deaths in care homes in Manchester i.e. the difference between the number of deaths occurring in care homes each week during 2020 and the average number of deaths in that week in the 5 year period 2014 to 2018. In this chart, bars above the horizontal axis represent the weeks where the total number of deaths is higher (i.e. in excess of) the historic average number of deaths seen in that week in the 5 year period 2014-2018. Bars below the horizontal axis represent the weeks where the total number of deaths is lower than the 5 year average for 2014-2018.



- 3.8 In the year to date, there have been 130 excess deaths in care homes in Manchester compared with the 5 year average for 2014-2018. Prior to the outbreak of the COVID-19 pandemic, the numbers of deaths occurring each week in care homes in Manchester was mostly lower than the historic average. However, between Week 13 and Week 21, there was a sustained period of time during which the number of deaths in care homes was in excess of the ‘norm’ for that time of the year. The number of excess deaths in care homes peaked between Weeks 15 to 17 (4th April to 24th April). Over that 3 week period, there were 121 deaths in care homes - 96 more than the historic average for that period. At this point in time, the number of deaths occurring in care homes in Manchester was 3.8 times (384%) higher than the ‘norm’ for that point in the year.
- 3.9 The chart below compares the percentage of excess deaths in care homes since the beginning of 2020 for each local authority in Greater Manchester. In Manchester, the number of deaths in care homes over the course of 2020 is 59% higher than the ‘norm’ based on the average for 2014-2018. In comparison, the number of excess deaths in Salford over this same period was 107% higher than the ‘norm’ i.e. more than double.



- 3.10 On 5 June, ONS published some analysis looking at death registrations not involving coronavirus (COVID-19) in order to understand the apparent increase in deaths compared to the previous five-year average. The report explores a number of explanations for why there has been an increase in the number of deaths not involving COVID-19. These explanations include:

- An increase in deaths due to dementia and Alzheimer Disease
- Under-diagnosis of COVID-19 leading to an increase in non-COVID-19 deaths being recorded
- Delays in access to, or receipt of, health care
- Increased pressure on the healthcare system because of COVID-19
- Increase in stress-related diseases and/or external stress-related factors
- Changes to the death registration process

Of particular relevance to care home residents is the increase in deaths due to dementia and Alzheimer Disease noted by ONS. In someone with advanced dementia and Alzheimer Disease, the symptoms of COVID-19 can be difficult to distinguish from their underlying illness, especially with the possibility of communication difficulties, and this may have led to deaths involving COVID-19 being undercounted in this segment of the care home population.

- 3.11 The ONS report also notes that care home residents have experienced changes to their usual routine as a result of measures to tackle the coronavirus pandemic and that the adverse effects of such changes cannot be discounted as another possible explanation of the increase in the number of deaths in care homes compared with the historic norm. Further analysis of the ONS report to understand the impact of routine change upon care home residents will support the development of MHCC's ongoing work on excess deaths.

4.0 Our Next Steps - Planning Ahead

- 4.1 A system wide Manchester Care Homes Strategic Board covering health and social care has been established to provide strategic direction for support to the sector going forward and ensure that there is sufficient capacity to manage demand in the short, medium and long term including a potential second surge or the impact of any possible extended testing programme in care homes.
- 4.2 The board is chaired by the Executive Director of Adult Social Services and the Deputy Chair is the Chief Medical Officer of the MLCO. The Board will oversee the strategic programmes of work to deliver system priorities centred on capacity, quality, sustainability and maintenance of public health in Manchester's care homes.
- 4.3 The programmes of work are tracked for progress against agreed deliverables and risk, and considered mitigating actions are agreed and reported through the appropriate governance processes. The four core work streams aim to:
 - Improve clinical support and practice
 - Support the workforce
 - Maintain capacity and improve care outcomes
 - Manage and control the infection
- 4.4 These workstreams cover the principles of commissioning bed-based care, offering system wide support which includes Primary Care input; Medicines; Nursing; Finance and Contracting; Data and Reporting; Quality Improvement; Assessment; Infection Control practices; Strategic commissioning plans (including flows between demand and capacity), integration into locality working and Risk Management (including stratification).
- 4.5 Our priority always remains to support the people of Manchester. The data and information from the measures outlined above introduced to support and maintain care home provision in Manchester during the COVID-19 outbreak have provided a vast repository of knowledge. Learning outcomes extracted from the knowledge combined with the focused strategic direction of the aforementioned, newly created, Care Homes Strategic Board would support a system wide response to any potential second wave. Furthermore analysis of this data and the outcomes