On 1 May, NHSEI wrote a letter to primary and community care services to bring forward elements of the enhanced health in care homes service specification from October to May. This included regular clinical check ins by either a GP or multidisciplinary community team (either virtually or face-to-face), personalised care, support plans and medication reviews. However, as our recent long-read blog shows, community service providers had reservations about the way this package was brought forward. COVID-19 has accelerated different system-wide models of support to care homes, which community providers want to see supported by the right funding and contractual mechanisms, rather than a default to the PCN delivery model. PCNs must build on the different forms of primary and community care collaboration that have flourished before and during COVID-19.

For example, during the COVID-19 outbreak, the care home support team at Hounslow and Richmond Community Healthcare NHS Trust increased their regular contact with the 17 residential and nursing care homes in their patch to daily telephone calls, including out of hours. The team also maintained their clinical visits, working in partnership with primary care colleagues, as they recognised that carers were anxious and facing great challenges to keep the vulnerable residents safe. This included ensuring that homes had sufficient PPE and arranging more mutual aid deliveries if required. The multidisciplinary nature of the care home support team ensured residents had access to expert advice, staff were supported to implement the latest national guidance and avoidable hospital admissions were prevented.

Leicestershire Partnership NHS Trust adapted their new model of integrated adult community health services (launched on 1 December 2019) for COVID-19 patient needs. The discharge hub and home first offer with enhanced step up and step down services supported patient flow throughout the pandemic. In one patient case study, the trust describes how an elderly gentleman was discharged into a care home and supported to recover:

A 71-year-old gentleman, Mr R, was referred to the community therapy service when he was discharged into a care home on a discharge to assess pathway. He had been in hospital due to a fall and fractured hip and would need support to progress his mobility. The initial assessment by the community therapist was completed via telephone consultation with a senior carer. Mr R was able to transfer with staff between the bed and chair and then self-propel around in a wheelchair. He required a walking frame to progress further and the therapist ordered this for delivery. Care home staff were advised about how to adjust the frame to the correct height when it arrived and how to support the patient to carry out his exercise programme. The therapist already had an established working relationship with the care home and was confident in the care staff there. Through the use of regular remote consultations and working closely with the care staff, the therapist was able to support Mr R to regain his mobility and is now working with social care colleagues to plan for Mr R's discharge back home where he lives with his wife. Good working relationships and a foundation of trust between the care team and the community therapist supported the effectiveness of the interventions. Digital technology enabled the therapy team to be responsive while reducing footfall into the care home, and ensured the desired outcome was achieved.

While trusts did everything they could at a local level to support care homes during a national pandemic, we recognise the care sector's view that the government did not focus sufficiently, or soon enough, on social care. Emergency social care funding has been slow to arrive and insufficient in some areas. It is more urgent than ever that the government meaningfully progresses social care reform and a long-term funding settlement. While some care homes have reported feeling pressured into admitting residents on discharge from hospital in late March, we need to learn the right lessons from COVID-19 and avoid a blame game between the NHS and social care.