ROYAL borough of GREENWICH

Helen Whately,
Minister of State for Care
via e-mail : helen.whately.mp@parliament.uk

29th May 2020

Royal Greenwich response to Helen Whately, 29 May 2020

Dear Helen Whately,

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

Across the Capital, London local authorities responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as London ADASS and Chief Executives, alongside NHS partners to identify issues, galvanise responses and lead several pan-London initiatives. We brought our co-ordinated response together through the Strategic Co-ordination Group and joint governance with NHS London.

Using data and evidence we developed a comprehensive understanding of the London adult social care markets (home care and care homes) during the spread of COVID-19. Our commissioners used this as a key part of their daily interaction to support providers. It has underpinned and strengthened relationships with providers locally and provided information on care homes across borough boundaries, which has streamlined the work and reduced the burden on providers. Since mid-March this has supported local operational responses: prioritising active delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control advice and support.

Being alert to emerging issues in system which led to care home challenges and our early response (we started reporting care home deaths and COVID cases from 23rd March) allowed action to be taken to respond in London and provided early warning nationally via the SCG of issues that would develop across the country.

A summary of the work across London and issues for the future are captured and attached as *Appendix 1.*

Our approach in Royal Greenwich

Strong partnership between health and social care is core to the Royal Borough of Greenwich response to the care and support needs of residents during the coronavirus pandemic. The partnership arrangements that were part of the Health and Well-Being Board architecture, have been adapted to provide confidence across the health and social care system in new structures that represent senior command level, management and delivery. Oversight of our support to care homes is a key part of this structure.

Our plan is underpinned by participation from providers in co-producing the areas of priority focus. Healthwatch Greenwich is fully engaged and undertaking virtual meetings with families of care home residents, providing valuable insights from people's lived experience to both health and social care partners.

Our joint work to support the care market

The Royal Borough has 38 CQC-registered care homes providing care for over 900 residents. Eleven of these homes provide residential, nursing and dementia care for older people. Since the start of the coronavirus pandemic, managers and staff from our commissioning team have been speaking regularly to care homes to find out how they are managing the support and welfare of their staff and residents. Through our conversations with home managers and daily scrutiny of ADASS Market Insight Tool (MIT) daily returns, officers keep track of staffing to resident ratios, staff vacancies, stocks of personal protection equipment (PPE) and confirmed or suspected cases of COVID-19 in each home. We formed a capacity and supply hub to respond to issues raised by the data, which has recently stepped down from daily meetings to three times a week.

The impacts of coronavirus have been felt across the sector but particularly in care homes for older people, where the number of Covid-19 infections increased daily during April, as sadly did the number of excess deaths for the month. Following the measures we have taken, the rate of deaths for May appears to be returning to the level recorded in March.

The Council and the CCG share daily intelligence on older adult care homes and formed a weekly joint action group, including commissioning, social care, community health, safeguarding and primary care. Issues raised by data from the MIT and other intelligence are escalated the following morning to the Director of Health and Adults Services and discussed at meetings of the senior leadership team. Picking up the growing issues in care homes, the department undertook a deep dive analysis of the data and impact on market resilience.

We shared this analysis in an anonymised form with regional managers and directors of Greenwich care homes and organised a conference call with providers, Council officers, the CCG and community NHS trust to discuss the priority areas for support. The providers' issues included staff anxiety about taking new admissions to the home from hospital and some of the challenges in obtaining clear discharge information about care needs and Covid-19 status. In response, we have developed specific joint actions with health partners to address these points as a priority and these are reflected in the attached plan.

The Council retains responsibility for safeguarding and quality assurance in care homes at all times. During the pandemic, essential clinical staff are the only external visitors to care homes, so the Council has adjusted our quality monitoring processes to provide assurance about the basic safety, safeguarding, dignity and human rights of care home residents. Even though we are unable to undertake monitoring visits of homes, our quality assurance team has maintained regular contact with homes and public health colleagues have been undertaking site visits.

We have a high level of confidence from the processes described above that targeted and responsive support to care homes is being implemented and monitored. Progress on our plan is reported to senior health and care leaders and forms part of ongoing discussions with Greenwich Healthwatch who are undertaking regular meetings with the families of care home residents and with care staff to capture people's experiences.

Royal Greenwich has led the way in its public health response on infection control support to care homes. Despite a number of difficulties with securing testing kits for care homes, we have ensured that all care home residents and staff have now been tested and have secured an agreement with our local acute provider to support regular weekly screening for our care homes, both antigen and antibody testing.

Our commissioning approaches

Quality and safeguarding in care homes is central to our commissioning approach. During the pandemic, essential clinical staff are the only external visitors to care homes, so the Council has adjusted our quality monitoring processes to provide assurance about the basic safety, safeguarding, dignity and human rights of care home residents. Even though we are unable to undertake monitoring visits of homes, our quality assurance team has maintained regular contact with homes and public health colleagues have been visiting.

The nature and level of safeguarding enquiries is rigorously monitored, and intelligence is shared between the safeguarding and quality assurance teams. Insights and concerns from third parties such as primary care, the health protection team and district nurses are investigated and provide another channel for early warning of any emerging concerns. Recently, Greenwich Healthwatch produced an insight report into the perspective from families of care homes residents and shared this with the Council and CCG. Healthwatch continue to gather insights through video conferences with families and with managers and staff in care homes.

To address short term Covid-19 financial pressures experienced by providers we have tailored our approach based on what we know of the impacts of Covid-19 on each care group and care setting. Emerging evidence from the initial regional analysis suggests it is smaller providers who face the biggest challenges.

For older peoples care homes, we have offered additional funding from 1st April calculated as 10% of the Council's placement commitment in the months pre-Covid-19. This arrangement is currently in place until the end of June 2020, and we are reviewing our financial support to ensure it is commensurate with the impacts on older people's care homes. Where the Council has block contracts with providers, we are in discussion about additional costs incurred, such as PPE and staffing costs. We anticipate that some level of financial support will be in place for older people's homes until the end of September.

For mental health and learning disability homes, providers are required to spend increasing amounts of money on PPE, staffing and measures to support staff and residents. We are considering each spot purchased placement or commissioned service on a case by case, or service by service basis, based on evidence of additional cost pressures. These arrangements are in place from April to the end of June.

The Council is currently reviewing the fees paid to all care homes through the lens of what we have learned about their resilience during the coronavirus pandemic. This will become part of our reset planning and providers will be notified of our findings and invited to participate in the outcome of this piece of work before the temporary funding ends.

Further, substantial support in kind has been provided by the Council. Since March 2020, we have supplied 36,100 aprons, 84,850 gloves 38,725 masks, 3,065 eye protectors to front line providers without charge. We have purchased iPads for care homes and are exploring the option of funding upgraded broadband connections where required. Health protection specialists in the Council's public health team, provided virtual training and face to face guidance sessions in infection control and correct use of PPE in every older people's care home, with a further round of visits underway to support infection control and testing. We have also provided free car parking for frontline care staff and access to local bereavement and mental health support.

A copy of the financial support template is attached as *Appendix 2*.

Hospital discharge to care homes

Since 9th April, acute hospitals are required to test patients for Covid-19 before discharge to a care home so that the homes' staff are clear on their status. We know that the risk from new admissions to a home is a significant concern to care home managers, staff and families, so this is an essential element of the information that is provided to care homes by hospital discharge teams. The national discharge guidance at the beginning of the pandemic, unfortunately led to a position in Greenwich where people who were positive for Covid-19, were discharged to care homes and back to extra care housing without testing and with insufficient information about their status and consequent infection risk.

To ensure safer discharge pathways, the Council and CCG have developed specific local capacity in two settings, including a new supported living environment, to provide short term care for older people who are Covid-19 positive. Our health protection specialists continue to work intensively with care home providers and commissioners to establish clear principles for maintaining separation of Covid-19 residents in care settings and provide on-site advice and guidance to providers.

The borough has a number of group homes for people with a learning disability, including Council-run residential homes. We have been equally concerned about the impact of the virus on people with learning disabilities and mental health needs. To manage the protection of shielded residents in their homes and provide support to residents with a learning disability who are positive for Covid-19, we have made available a 4-bedroom house which has bathroom and kitchen facilities on each floor, where residents with a learning disability who are Covid-19 positive can be supported before they return home. This gives capacity to support two residents at any one time and has been used once, so far. Happily, this individual has now returned to their own home.

Our care workforce

The valuable role played by a skilled and compassionate work force in care homes has been highlighted by the current crisis. Staff recruitment and retention, particularly recruitment of nurses has been an ongoing challenge for care homes providers and was a particular concern with regard to impact of the self-isolation guidance. Providers have mobilised staff across their organisations to protect the front-line delivery of care to residents and we know from monitoring data, that this has served us well in Greenwich. It is vital however that social care roles and particularly those in care homes are given the same esteem as a career in the NHS, and that health and social care organisations join forces with care homes providers to promote this message.

Greenwich Local Labour and Business (GLLaB), has supported the social care workforce during the pandemic through recruitment campaigns targeting the hospitality and tourism sector and via the Proud to Care Portal. Our shared ambition across social care and health partners is to create a rewarding career path for care staff and clinical lead nurses and build on the raised profile of this important work.

The Council has established a community hub, with over 1200 local volunteers some of whom we have specifically worked with to explore support to care homes. We believe there will be valuable opportunities for local people to be actively involved with care homes in their neighbourhood, however volunteer recruitment for care homes has been paused due to concerns about infection control and will be resumed as soon as appropriate.

We plan to continue our integrated work across the system in Royal Greenwich with NHS colleagues, care providers and residents and relatives, to ensure tailored support is provided to meet local needs. We are focussed on learning from our experiences over the last several

months and supporting a sustainable local market with the right balance of high-quality care homes, supported living, home care and direct payment provision for our local residents. This is in the context of the continuing challenges presented by Covid-19 and of the significant financial challenge that the Council is facing.

Yours sincerely,

Debbie Warren
Chief Executive
Royal Borough of Greenwich

ROYAL borough of GREENWICH

Appendix 1

London Region Appendix

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

Across the Capital, local authorities responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as LondonADASS and Chief Executives, alongside NHS partners to identify issues, galvanise responses and lead several pan-London initiatives. We brought our response co-ordinated together through the Strategic Co-ordination Group (SCG) and joint governance with NHS London.

Given the high rate of infections in the Capital, the fact we were ahead of the national curve and the difficult issues created by early national guidance, we believe that without collective action the impact on residents we support to live with support from the care sector and the number of care home deaths would have been significantly higher.

We are now focussed on continued monitoring of the adult social care market to respond to possible further peaks of COVID-19, as isolation rules are relaxed, and to suppressed non-COVID NHS demand. This includes support for older people, those with a learning disability, mental health needs and direct payment users. We will remain vigilant to potential future outbreaks and provider financial viability, ensure sustainable access to PPE and testing and continue to use data to support decision making.

Pan-London initiatives
The following gives a flavour of just some of the actions taken pan-London:

We worked with PHE London in March / April to develop consistent and up-to-date on-line training in **infection control** and rolled this out to care homes, supported by local follow up advice and guidance.

There was escalation from early April to advocate for **regular testing** of both care home staff and care home residents and for testing of people being discharged from hospital into care settings. We have contributed to London work on testing approach for care homes, alongside PHE. This was identified as a significant strategic risk.

Early escalations on the need for a sustainable **supply of PPE** led to the PPE task group, reporting into SCG on our response and highlighting this a strategic issue for both our own local authority staff and that of the provider market. This supported joined up NHS/Local Authorities systems for accessing PPE and, in addition, a London-wide Local Authority PPE procurement through the West London Alliance in response to unreliable national supply

chains. At the local level, where PPE was available, commissioning teams distributed this directly to local providers based on detailed intelligence about infection and PPE supply levels for each care home.

Early identification of the risks to workforce were identified and on 10th April we launched Proud to Care London to support recruitment, DBS checking and basic training of care staff. To date we have had over 1800 registrations and of these 180 have passed to councils and providers, with excellent feedback about the calibre of the candidates being connected with work settings. It is also worth noting that we are reaching a new profile of carers – with 1/3 of applicants under the age of 30. We are now in the process of transitioning the Proud to Care initiative from an SCG sponsored workstream to LondonADASS, to further develop the model with the ultimate ambition of creating a Social Care Academy for London.

The risk of inconsistent **clinical support to care homes** across the Capital and the need for the NHS to step up was identified and led to a joint letter to ICSs and local systems from the Chief Nurse and lead Chief Executive 09th April to galvanise action. A weekly regional Care Homes Oversight group was established 07th May co-led by the Chief Nurse and LondonADASS Vice Chair.

The objectives of the Oversight Group are to:

- Oversee roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes programme including, but not limited to, access to weekly clinical reviews, medicines optimisation and advanced care planning
- Identify opportunities to support staffing in the care home sector and coordinate any regional response, which may draw upon initiatives across the NHS and local government (Your NHS Needs You / Proud to Care)
- Continue to ensure that all residents are being safely and appropriately discharged from hospital to care homes
- Have oversight and assurance of care home resilience plans, responding to emergent challenges and supporting the care home community
- Have oversight of Regional improvement support, public health and operational challenges using system wide data sources including, but not limited to, outbreaks, mortality, workforce and access to training and clinical in-reach
- Have oversight of the Regional Test, Track and Trace (TTT) across care home workforce and residents, ensuring that 'hot spots' are identified and targeted in a timely manner
- Implement a 'super' trainer programme in care homes based on PHE's recommended approach to infection prevention and control, PPE and testing

Engagement with residents and user voice is central and Healthwatch are part of the London Oversight Group to reflect people's experiences. However, engagement largely takes place at local system level where the most meaningful relationships are in place.

We worked collaboratively with NHS colleagues on discharge planning safe pathways and co-ordinated work in STP/ICS sub regions to support development of discharge beds for COVID positive patients to prevent spread of infection.

DASSs in London have been able to assure themselves that core safety, human rights and safeguarding duties are being delivered when Care Homes are in lock-down without the usual footfall and community access to residents' homes. Local mechanisms for safeguarding processes, provider concerns and quality assurance mechanisms have continued to inform work with providers in the sector. Regionally we have specifically worked with the Coroner and PMART teams to understand safeguarding concerns and quality alerts and respond appropriately.

We have worked in strong collaboration with NHS London and Carnall Farrar to build a demand and capacity model that is intended to support joint planning of health and social care at local authority, STP/ICS and regional levels into the future, populated by our market intelligence with shared understanding of assumptions driving the model. This included capturing additional social care capacity during 'Surge', so that any need for further accommodation could be met on a pan-London and sub-regional (STP/ICS) basis. Happily, as with the Nightingale beds, most of this was not required. However, the model will support tactical planning requirements over an 18-month period to support NHS London to return to its pre COVID-19 position.

Use of both the 18-month tactical planning tool and the suite of near term operational planning tools covering acute, community, social care and primary care will support both London region and each ICS to understand projected demand (non COVID-19 and COVID-19) over the next 18 months and the potential impact. Creating an overview of the whole system, we aim to ensure this tool supports planning together in equal partnership and safer discharge pathways.

Use of data and intelligence

Our response has been underpinned by data and intelligence. Support to the provider market and situation reporting into the London Resilience Forum was enabled by our existing London wide Market Information Tool (MIT). The tool was developed by LondonADASS to support the delivery of our Care Act duties and was quickly adapted to establish a comprehensive and up-to-date understanding of London adult social care markets (home care and care homes) during the spread of COVID-19 at local, STP/ICS and regional levels.

The daily survey includes information on:

- Prevalence of COVID-19 and associated mortality
- Actual and true availability of supply
- Discharges from and admissions to acute care
- Staff availability
- Details of PPE stock
- Access to testing

We prioritised older people's care homes because we understood this was where the greatest impact and safety issues would be and because 30% of all older people care home placements are across borough boundaries, so collaborative work is essential. We started the care homes data collation mid-March and have a consistently high daily response rate. This reflects the leadership of borough commissioners working intensely with their providers and building these relationships through direct and often daily contact. These local relationships are realising ongoing benefits in relation to our statutory market management responsibilities and support to providers.

The MIT tool has produced:

- ***At borough level***: Continuous, live access since 23rd March for borough commissioners to a detailed suite of reports allowing them to prioritise the local operational response, such as the delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control support.
- ***At regional level:*** Daily information cell SITREP indicators (including evidence based 7-day projection figures) for the London Strategic Coordination Group. Daily Market Intelligence Reports, produced jointly with the LSE, and circulated since 1st April to each DASS, and DPH across London. These reports have mapped trends at London, sub-regional and borough levels in key risks for care homes for older people, people with learning disabilities, those with mental health needs and home care providers.
- ***At ICS level:*** The detailed suite of reports and London analysis has been shared with NHS colleagues to co-ordinate and prioritise health and local authority support and interventions.

The data collected has been used to develop models identifying care home and local characteristics correlated with the spread of COVID-19, associated mortality, impact on care capacity and supply sustainability, access to PPE and care staff availability. These models have informed the targeting of support to care providers and, in partnership with LSE, emerging international evidence has been regularly shared with London DASSs since 04 April.

Overall, this evidence and analysis has underpinned our London-wide strategic and operational decisions and meant key issues were escalated to the highest level as early as possible.

Now that national data collections are established on a temporary basis and the London Strategic Coordination Risk relating to social care is stepped down, we are working with national colleagues to ensure a smooth transition to Capacity Tracker. We plan to do so in a way that does not compromise our responsibilities under the Care Act or the systems set up to support the critical incident response and continues to use the rich longitudinal evidence produced by the MIT to inform strategic social care decision-making across London boroughs.

Moving forward

We have reflected on the lessons learned about resilience and support to both care homes, and the care sector more broadly, over this period of intense activity. Much of this is reflected

above in terms of the need for sustainable PPE and testing; streamlined and safer discharge processes; the need for consistent and integrated wrap-around clinical support in the community and the opportunities for joined up demand and capacity modelling to support whole systems planning.

Local Government has played a critical role in managing the UK's response to Covid-19. Its wide range of responsibilities, from public health and social care through to bin collection and data analysis have all been key to ensuring that the UK has been able to manage the epidemic, and to sustain vital services.

Social care has played a particular role in supporting those in our communities who are most vulnerable and, as a nation, we have seen a renewed understanding of the importance of care and support to the development of a sustainable and safe society, alongside the critical treatment services that colleagues within the NHS provide.

In the first phase of the pandemic, due to its emergency nature, social care was asked to play a role in the national effort to protect the NHS from becoming overwhelmed in the event of a surge of demand. The policy of protection was successful, and the NHS was able to respond effectively to Covid without at any point becoming overwhelmed. Patients suffering from Covid 19 were all able to receive the treatment they required within a hospital setting.

Although the policy of protecting hospitals was necessary and successful, we were concerned that it was not broad enough and protecting the system of social care and health is a crucial priority as we move forward.

Now that we understand much more about the nature of the disease, those most likely to be affected and the appropriate protection and treatment options available, the social care community can be very specific about how best we can work collectively with colleagues across health and care to support and sustain the whole system through the next phase of Covid-19.

We recognise the risks to financial sustainability for some care homes and are already beginning to use our market insight to get a differentiated picture of levels of financial risk across the market. This, alongside a deep understanding of the quality of care homes in London, will inform local decision-making that drives value for money and the best possible outcomes and quality of life for residents.

We welcome the additional funding that Government has so far provided to support councils' overall response to Covid-19, including adult social care, however we recognise that there still needs to be a sustainable funding solution for adult care services.

We need to expand and protect our workforce, so that they can continue their vital work maintaining people's health and independence outside hospitals supported by their local communities.

We have demonstrated the value of local strengths and asset-based responses to support shielded and vulnerable groups in our communities and the case for joint investment as a critical part of our heath and care system to support and sustain this to ensure that residents are protected from the virus, and that their mental health and wellbeing is prioritised

We need to ensure that care homes and home care staff are able to provide safe, infection-free spaces for vulnerable people. This may mean zoning care homes in line with current clinical practice, and prioritising testing and PPE for homecare workers. This includes a clear national strategy on testing and re-testing for staff and residents.

We recognise that the response to the virus requires a system-wide approach. We will work with colleagues in health, the voluntary and community sector and our local communities to build effective system-wide, place-based responses. We recognise that we all work best where we plan and deliver together. We will participate fully in the development of effective response plans for the second phase of Covid-19, both regionally and in our local areas, and need to engage with partners from the outset of this process.

Our commitment in London is to ensure a smooth flow of our contribution from recent monies to our care home providers, alongside all the other support we offer, in a way that recognises that the care and support we provide to residents is to help them to live their lives safely and with high quality support, in their homes.

Paul Najsarek and Sarah McClinton
On behalf of London Chief Executives and LondonADASS