APPENDIX 1

PLANS FOR HOW FUNDING ALLOCATION CAN BE USED TO ENHANCE THE LOCAL CARE HOME SUPPORT OFFER:

Support Area	How can support be offered through allocated budget given to care home (75% funding)	How can support be offered through 25% budget for Borough wide care home support
1. PPE	Care homes advised that one of the appropriate uses for the funding would be to ensure they have sufficient supplies of PPE from their usual suppliers to deal with an outbreak situation where cases may increase significantly in a short space of time and PPE needed rapidly.	Funding used to procure a stockpile of PPE, specifically for use in care homes, to safeguard against future supply issues. Dedicated Enhanced PPE reservoir established (E.G. gowns, visors and FFP3 masks) for homes reporting Covid positive diagnosis among residents
2. Infection Control: a) ***Training and Guidance***	Care homes advised that a recommendation of the funding provided is that they provide evidence (through the capability tracker) that they have had staff trained in infection prevention and control (IPC) using free NHS infection control train the trainer offer, or that they provide evidence of other recent IC training in the home.	Additional IPC nurse time procured to proactively contact all care homes and confirm they have in place the below guidance, and provide personalised support to develop/implement or quality assure these: a) standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents. b) standard operating procedures for isolating residents who 'walk with purpose (wandering)' re: infection control c)expand infection control training to be available to domiciliary care staff and staff in additional health and social care settings
3. Testing	Care homes advised that funding can be used to meet the travel costs of staff preferring to opt for a drive-through test	N/A
4. Workforce ***a) Supporting care homes to limit use of agency staff in more than one home to reduce***	Care homes advised that employing workers on fixed term contracts is recommended versus use of agency workers in more than one home, due to risk of cross-infection between homes.	Pot of funding available for care homes to apply for to support staff only working at one care home e.g. could pay for accommodation for the worker or other costs (Criteria to be developed).

cross infection between homes	Care homes advised that additional costs relating to this would be an appropriate use of the funding allocated to them. Care homes advised that they can seek support from the Council around funding for accommodation for staff where it reduces risk of infections being bought into the care home (e.g. staff staying at nearby hotel rather than using public transport or travelling to another care home).	Consider replication of the funding to Care Homes to all Extra Care services and Supported Living Services given the similarities in levels of infection risk.
5. Clinical Support	Make care homes aware of the enhanced primary care offer and how to access it when they are sent information about the care home support offer/funding. Consider implementation of videoconferencing equipment for resident consultations. Videoconference can easily be supported by care home staff for remote consultations. This would particularly be beneficial for patients referred with behavioural and psychological symptoms of dementia/delirium, to ensure there are no new neurological deficits requiring hospital admission, often difficult to ascertain on a phone call.	Funding care home equipment/training that could improve Covid-19 outcomes for care residents where required. For example, BGS guidance mentions: • Ear thermometers to check for signs of Covid (infection control measures required to prevent spread) • Training to measure vital signs such as Blood Pressure and Oxygen Levels Consider funding dedicated community nurse roles to support care homes – fixed term. Consider expansion of the frailty team to provide enhanced support to all 48 care homes.

Draft Action Plan to Implement Care Home Support Offer

Support Area	Action	Draft Lead (for discussion)	Timescale	For consideration/discussion
Cross Cutting	Develop and disseminate a "care home preparedness checklist" covering all 5 support areas to assess current status including infection control skills. Analyse results to identify areas care homes need support with.	Public Health / Integrated Commissioning	6th June	
	Establish a joint strategic oversight group for care homes for the borough including Council, CCG and Primary Care representation	Public Health / Integrated Commissioning	1st June	Terms of reference will be developed based on similar models in neighbouring boroughs
	Communication: Weekly telecon for care homes providing support from WEL CCGs infection prevention and control nurses and opportunity to highlight issues.	Integrated Commissioning / CCG	In place	
1. PPE	Care homes supported to access PPE from Council general supplies where required and can't access via own suppliers.	Integrated Commissioning	In place	
	Order PPE stock specific for care homes to safeguard against future supply issues, and dedicated enhanced PPE stock to cover homes reporting an outbreak.	Integrated Commissioning	29th May	New suppliers have been onboarded that will enable council stock to be enhanced to include Gowns, Visors and FFP3 masks to supplement the NHS supply routes.
	Process for quickly distributing PPE from care home stockpile to be developed and how this could be requested.	Integrated Commissioning	In place	PPE to be distributed same day in event of outbreak. System in place for weekend collection of PPE enabling a 7-day a week service
	Check care homes have sufficient access to PPE of the correct type.	CCG Infection Control Team	1st June	• Done through daily reports from care homes to integrated commissioning. • Range of PPE to be expanded using new supply routes
2. Infection Control:	Assess current level of take up in care homes of "train the trainer" infection control offer	Integrated Commissioning	29th May	• Targets to be set for percentages of staff to have completed refresher IPC training

Training and Guidance				• CCG IPC training has been rolled out and all homes are required to have one member of staff complete this by May 29th
	Secure additional IPC staff time to audit care homes guidance around Covid-19 infection control and wandering, and support care homes to develop guidance/quality assure.	CCG	8th June	
	Implement support to care homes with infection control/wandering guidance.	CCG	8th June	
	Assess need for additional infection control training in domiciliary care and procure infection control team time to deliver this training via webinars if required.	CCG / Integrated Commissioning	End of May	
	Confirm that NHS "train the trainer" infection prevention and control training for staff includes training on zoning by cohort and allocation of staffing as part of training.	CCG	End of May	
	Clarify roles around care home support on zoning and cohort staffing and what additional support care homes may need.	CCG Quality & Safety	1st June	In some areas this is a CCG role as part of quality and safety
3. Testing	Ongoing testing for symptomatic staff available via self-referral on online portal (drive in/home testing). Information on how to access this testing circulated to care homes.	Integrated commissioning	Complete.	Provider briefings from the commissioning team will continue to promote testing opportunities
	One off testing for care home residents available via Public Health England Health Protection Team when there is 1 or more cases in the home. Disseminate information reminding care homes that an "outbreak" is now one case (not two or more as usual) and to contract the health	Public Health / Integrated Commissioning	End May	

	protection team for advice/testing at this point.			
	Testing for asymptomatic care home staff/residents to be submitted weekly by the local Director of Public Health (DPH) via prioritisation system. Escalate to national team where care homes do not receive testing.	Public Health with input from Integrated Commissioning	Ongoing from May	
4. Workforce	Assess how many care homes are using staff who work in more than one care home (current situation).	Integrated commissioning	End of May	Via preparedness checklist
	Develop financial support offer to care homes to support them to ensure staff are only working at one care home (e.g. can apply for hotel costs for staff to be covered)	Integrated commissioning	In place	Care homes to be advised that these are legitimate costs to submit for financial support
	Raise awareness among care homes of infection control risks of staff working at more than one home and promote opportunities for them to use their funding to employ fixed term staff working at their home only rather than agency staff.	Public Health / Integrated Commissioning	June 1st	
	Promote mental wellbeing support available to care home staff and consider any further support for care homes around wellbeing/recognition.	Public Health.	End of May	The North East London Foundation Trust Learning Disability Psychology team have developed an open forum for care home staff to talk to the psychology team with regards to their wellbeing and how they are managing during these challenging times
5. **Clinical support**	NHS enhanced primary care support to care homes has been developed.	CCG	Complete	Roll-out
	Follow up with NHS to ensure named clinical lead for each care home in place, specific details of how care homes can access the enhanced offer and flag up any areas where care homes are reporting	Integrated Commissioning	TBC	

	difficulties accessing primary care. Disseminate information and contact details to care homes.			
	Additional work to be carried out on the current implementation of hospital discharge pathways to care homes specifically in relation to infection prevention and control, ensuring those discharged have been tested in line with government guidance, and access to testing for staff and all residents. Survey to be carried out on care home compliance with the hospital discharge to care homes guidance and additional support packages put in place for home not able to achieve compliance.	Integrated Commissioning / CCG Infection Control	5th June	
	Review of medical equipment access and training to be completed. Determine what equipment is required, and implement solutions to include Council procured items such as thermometers, and access to the Community Equipment Contract for larger items such as profile beds and riser recliners	Integrated Commissioning	8th June	Assessment of medical equipment needs to be prioritised and completed by the end of May. Commissioning options to be agreed based on the nature of equipment required.
	Plan for the implementation of video conferencing in all care homes to enable resident consultations remotely, and reduce the risk of hospital admission	CCG / Integrated Commissioning	14th June	Assessment of videoconferencing equipment needs to be prioritised and completed by the 5th June. Purchasing options to be agreed based on the nature of equipment required, and the capacity of the clinical teams to support use.

APPENDIX 2 – draft cover letter for providers

TO: [*Insert name of home manager*]

You may be aware that the Government is seeking to provide additional funding to support care homes across England with measures to enhance infection prevention and control, and to mitigate some of the risks associated with COVID-19 transmission within residential environments for social care.

The London Borough of Waltham Forest has been notified of our allocation, 75% of which is being passed directly to our care homes. The amount of funding provided has been calculated based on the number of beds; we have passed on this methodology and calculated that our care homes in the borough will each receive funding that equals £1030 per bed.

Funding is being released by the Government in two tranches, the first of which will result in you receiving an amount that equals £XX per bed. Attached to this letter are details of the funding terms and conditions, and information on how this can be drawn down.

These resources are specifically aimed at supporting your individual response to the current Covid-19 Pandemic. A list of the areas that are eligible appropriate for use of the funding are as follows:

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. This includes staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test.

- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;

- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;

- To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19.

- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles, this could include encouraging walking and cycling

to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.

- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

As the grant receiving authority, we must ensure that funding is passed onto our care homes on condition that the recipient care provider:

- uses it for these measures only

- will provide the local authority with a statement certifying that that they have spent the funding on those measures by 23 September.

- if requested to do so will provide the local authority or DHSC with receipts or such other information as they request to evidence that the funding has been so spent,

- provide DHSC or the local authority with an explanation of any matter relating to funding and its use by the recipient as they think necessary or expedient for the purposes of being assured that the money has been used in an appropriate way in respect of those measures.

- will return any amounts which are not spent on those measures.

It is also a condition of the funding that all care homes will be required to have completed the Capacity Tracker at least once and remain committed to completing the Tracker on a consistent basis to be eligible to receive funding. You should also be aware that the payment of the second instalment of funding is contingent on the first being used for infection control measures and being used in its entirety, and evidence that the capacity tracker has been completed consistently each day.

Funding may only be used for costs going forward, and not costs already incurred. For costs already incurred please notify your request to the Council via your contract manager using the additional funding request template previously distributed.

You will also be aware that the WEL CCGs are expanding the enhanced primary care offer in the borough to include all care homes at this time. You will therefore also find attached to this letter a list of all the care homes in the borough with their respective named clinical lead, and details on how and when they should be contacted.

If you have any questions on this, or any other related matters, please contact your London Borough of Waltham Forest contract manager in the first instance.

Your sincerely

APPENDIX 3 - ***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, in order 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 is able to 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

Appendix 4

WALTHAM FOREST CARE HOMES STRATEGIC OVERSIGHT GROUP

TERMS OF REFERENCE

AIMS AND OBJECTIVES

To provide strategic oversight and direction to support the care home markets across the London Borough of Waltham Forest

FUNCTIONS, ROLES AND RESPONSIBILITIES

- To oversee quality, safety and effectiveness of service delivery across care home markets
- To monitor and support the response of care homes and the delivery of services during the COVID-19 pandemic
- To account for the use of resources distributed to care homes in support of their COVID-19 response
- To deliver consistency and coordination across all agencies and their respective interaction with care homes
- To translate the needs of care homes into action plans that support those needs being met

MEMBERSHIP

Mark Lobban (Chair) – LBWF & WEL CCGs - Director of Integrated Commissioning

Conrad Eydmann – LBWF & WEL CCGs - Head of Integrated Commissioning (Older People and Wellbeing)

Janice Richards - LBWF & WEL CCGs - Integrated Commissioning Manager (Older People)

Darren McAughtrie – LBWF - Director of Adults, Quality and Safety

Maureen McEleney – LBWF - Assistant Director Adult Services

Joe McDonnell – LBWF - Director of Public Health

Clare Ebberson – LBWF - Consultant in Public Health

Justin Roper – WEL CCGs - Head of Quality and Safety (Mental Health and Community Health)

Jeanette Weismann – WEL CCGs – Quality and Safety Lead

Aysha Patel – WEL CCGS – Head of Primary Care (Waltham Forest)

Olga Buck – WEL CCGs – Senior Transformation Manager for Unplanned Care

Dr Luis Mieiro – BARTs NHS Trust – Consultant in Geriatric Medicine

Dr Janzeb Khan – BARTs NHS Trust – Consultant in Geriatric Medicine

Pat Smith – NELFT – Assistant Director for Community Health Services (Waltham Forest)

Ingrid Lampey – NELFT – Clinical Lead for Rapid Response

MEETING ARRANGEMENTS

- The group will meet on a scheduled basis every two weeks
- Additional meetings may take place as subgroups with specific members and wider representation in order to progress key issues
- Meetings will be quorate with at least 50% attendance and representation from all four organisations – LBWF, WEL CCGs, NELFT and BARTs NHS Trust

GOVERNANCE

- The group is responsible for compiling and quality assuring activity and expenditure reports against all Government support offered to care homes during the COVID-19 pandemic and beyond
- The group is accountable to the Local Authority Chief Executive as the accountable officer, via the Strategic Director for Families.
- The group will report progress to all partnership organisations via the Integrated Partnership Board.
- Decisions will be made by the group for quality assurance by the Integrated Partnership Board, and ratification by the Strategic Director for Families on behalf of the Local Authority Chief Executive as the accountable officer.
- Progress reports that include key achievements, key challenges and a risk log will be produced at least monthly
- The group will provide oversight to ensure that all terms and conditions attached to national resources to support care homes are adhered to