

Helen Whately MP  
Minister of State for Care  
39 Victoria Street  
London SW1H 0EU

Dear Helen Whately

I am writing in response to the letter from Helen Whatley MP, Minister for Care, in order to update you on our support for care homes across the borough, and our plans for continuing and increasing that support going forward as part of our local response to the COVID-19 Pandemic. Our template response has also been completed and is attached to this correspondence.

Whilst this is being sent to you from the London Borough of Waltham Forest Council, and has a strong adult social care focus, I must also stress that the work to date, this response, and our future plans, are a joint effort with our health colleagues in Waltham Forest and East London (WEL) CCGs and our primary care networks. I have confidence in the ongoing impact and effectiveness of the support provided to our care homes by all involved.

Waltham Forest has 48 care homes, one of which has been specifically commissioned for additional older person's residential capacity for COVID-19; that care home will return to the original intention as a facility for supported living for learning disabilities once the need for residential beds is no longer evident. Altogether we have three nursing homes and twelve residential homes for older people. In addition, our support offer extends to our nineteen care homes for learning disabilities and 14 care homes for mental health. For the vast majority of our residents living in one of these homes, it is their long term home and Waltham Forest Council and our local partners hold at the heart of our partnership our responsibility to ensure these residents are supported to be healthy, safe and as independent as they can be in their home.



In terms of the impact of our support to date, there is one area on which we are all focused and continue to monitor closely. Waltham Forest is showing as one of the lowest boroughs in London for COVID-19 deaths in care homes. This figure is far lower than where we fall on the spectrum of number of beds in the borough. According to the most recent LondonADASS daily market report, we are 23<sup>rd</sup> out of 32 boroughs in terms of number of beds, and 29<sup>th</sup> out of 32 in terms of deaths in care homes. I am certain that all our efforts including providers, families, health and the work of our own local authority teams, has resulted in us sustaining a comparatively low mortality rate in our care homes and saving the lives of many of our most vulnerable residents.

When asked as part of this exercise, all but one of our care homes identified sufficient access to Personal Protective Equipment (PPE), and the one home that did not have sufficient access has now been sent our request form, and a supply of PPE has been delivered. To date, the Council has procured and redistributed nearly a quarter of a million items of PPE to all our care homes, our home care providers, supported living services and our extra care facilities. The Council has successfully recruited over 4000 volunteers to assist in our COVID-19 response, and drivers from across this volunteer workforce ensure that requests for PPE are delivered either the same day or the next day in nearly all cases.

Every care home has been invited to submit a request for additional financial support. I am aware that many organisations and lobby groups across the UK have been suggesting percentages that funding should be increased by, however in Waltham Forest we have not set a ceiling on these amounts by applying a percentage. Providers are being supported with additional funding to meet the cost of the COVID-19 pandemic, whether those costs are less or more than the percentage figures that have been promoted.

The integrated commissioning team that operates as a joint team across the Council and the WEL CCGs has been providing weekly teleconferences with all care homes in the borough. Issues are identified quickly and resolved quickly, with any effective practice then disseminated out through weekly provider briefings.

Whilst many care homes have experienced stresses, we have not seen significant or critical issues relating to staffing in any of our care homes. All care homes have been offered access to the Council's Matrix staff agency portal in order to broaden the number of agencies that care homes have access to. The feedback we have received from providers is that they have been able to manage the levels of staff absences through sickness and self-isolation since the start of the outbreak. Information on



testing programmes has been communicated to all providers as soon as it is available to ensure that they are able to facilitate a safe return to work for staff who are self-isolating.

Our colleagues in health have provided dedicated infection control nurses and a recent expansion of the enhanced primary care service to now include all older people's care homes which will ensure that all residents have up to date care plans in place. The WEL CCGs are also committed to developing a comprehensive service over and above the minimum requirement for care homes supporting those with Mental Health needs or Learning Disabilities. Our relationship with health has also enabled us to now implement national guidance around the provision of separate accommodation and facilities for individuals who are discharged from hospital as COVID-19 Positive. The WEL CCGs have commissioned dedicated facilities that are able to provide care and support to these individuals until it is safe for them to return to their care home, and these facilities can be accessed by all three boroughs within the WEL CCGs.

The WEL CCGs have also led on the production of a comprehensive resource pack for all care homes across the three boroughs that includes information on local support, access to PPE, current guidance on all issues relating to COVID-19 and information on testing. I cannot overemphasise the importance of our relationship with the WEL CCGs throughout this time – the opportunities for sharing effective practice and learning have been critical to the effectiveness of all our responses.

I also want to reflect on the significant efforts of our NHS providers across the borough. Barts NHS Trust and the North East London Foundation Trust (NELFT) have worked closely with us to ensure that national guidance on rapid hospital discharge is implemented, and access to Rapid Comprehensive Geriatric Assessment is delivered by Barts to prevent hospital admission. NELFT have become joint partners in the delivery of an integrated discharge hub, and they are providing direct support to care homes with advanced care planning and support for residents on an end-of-life pathway.

Further health interventions that support our care homes include weekly calls that are made to discuss management of mental health issues of patients. Care home staff are encouraged to call the mental health team proactively when there are concerns. Care homes also have access to a Learning Disabilities liaison nurse. The Learning Disabilities health team have developed online sessions (open forums and structured sessions) for care home staff to support them to:



- work with residents who are struggling with social isolation / distancing, including a range of activities to provide support during these times;
- support in understanding what government guidance means for them;
- developing easy read guidance from questions that care home staff raise with the team.

Finally, a weekly Webinar and live YouTube video stream is open to all care homes across North East London to update on the latest developments and offer information, advice and guidance.

Our forward plans for how we intend to continue to deliver and grow our support offer to our care homes is provided for your reference in **Appendix 1** to this letter. In addition, we have identified specific areas of our support offer that some care homes have indicated they were not fully aware of. This will be addressed through inclusion of this information in the letter that will go to care homes advising them of the financial allocation we will be passing onto them from the additional government resources. A template for this cover letter is also included for reference at **Appendix 2**.

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 LondonADASS 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 England, London Region.

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 dedicated Public Health infection control training, 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 in the attached London Region **Appendix 3**.

I am sure that you find the detail of our local support response to our care homes is in line with best practice and meets your expectations from Council's across England. Please do not hesitate to get in touch if further information is required.

Yours sincerely



Martin Esom  
Chief Executive



## 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
<b>1. PPE</b>	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
<b>2. Infection Control:</b> a) <b>Training and Guidance</b>	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
<b>3. Testing</b>	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



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<p><b>4. Workforce</b>  <b>a) Supporting care homes to limit use of agency staff in more than one home to reduce cross infection between homes</b></p>	<p>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.</p> <p>Care homes advised that additional costs relating to this would be an appropriate use of the funding allocated to them.</p> <p>Care homes advised that they can seek support from the Council around funding for accommodation for staff where it reduces risk of infections being brought into the care home (e.g. staff staying at nearby hotel rather than using public transport or travelling to another care home).</p>	<p>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).</p> <p>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.</p>
<p><b>5. Clinical Support</b></p>	<p>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.</p> <p>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.</p>	<p>Funding care home equipment/training that could improve Covid-19 outcomes for care residents where required. For example, <a href="#">BGS guidance</a> mentions:</p> <ul style="list-style-type: none"> <li>• Ear thermometers to check for signs of Covid (infection control measures required to prevent spread)</li> <li>• Training to measure vital signs such as Blood Pressure and Oxygen Levels</li> </ul> <p>Consider funding dedicated community nurse roles to support care homes – fixed term.</p> <p>Consider expansion of the frailty team to provide enhanced support to all 48 care homes.</p>



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### Draft Action Plan to Implement Care Home Support Offer

Support Area	Action	Draft Lead (for discussion)	Timescale	For consideration/discussion
<b>Cross Cutting</b>	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	6 <sup>th</sup> June	
	Establish a joint strategic oversight group for care homes for the borough including Council, CCG and Primary Care representation	Public Health / Integrated Commissioning	1 <sup>st</sup> 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	
<b>1. PPE</b>	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	29 <sup>th</sup> 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	1 <sup>st</sup> June	<ul style="list-style-type: none"> <li>• Done through daily reports from care homes to integrated commissioning.</li> <li>• Range of PPE to be expanded using new supply routes</li> </ul>
<b>2. Infection Control: Training and Guidance</b>	Assess current level of take up in care homes of “train the trainer” infection control offer	Integrated Commissioning	29 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• Targets to be set for percentages of staff to have completed refresher IPC training</li> <li>• CCG IPC training has been rolled out and all homes are required to have one member of staff complete this by May 29<sup>th</sup></li> </ul>
	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	8 <sup>th</sup> June	
	Implement support to care homes with infection control/wandering guidance.	CCG	8 <sup>th</sup> 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	1 <sup>st</sup> June	In some areas this is a CCG role as part of quality and safety
<b>3. Testing</b>	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 contact the health protection team for advice/testing at this point.	Public Health / Integrated Commissioning	End May	
	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	



<b>4. Workforce</b>	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
<b>5. Clinical support</b>	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 difficulties accessing primary care. Disseminate information and contact details to care homes.	Integrated Commissioning	TBC	



	<p>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.</p> <p>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.</p>	Integrated Commissioning / CCG Infection Control	5 <sup>th</sup> June	
	<p>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</p>	Integrated Commissioning	8 <sup>th</sup> June	<p>Assessment of medical equipment needs to be prioritised and completed by the end of May.</p> <p>Commissioning options to be agreed based on the nature of equipment required.</p>
	<p>Plan for the implementation of video conferencing in all care homes to enable resident consultations remotely, and reduce the risk of hospital admission</p>	CCG / Integrated Commissioning	14 <sup>th</sup> June	<p>Assessment of videoconferencing equipment needs to be prioritised and completed by the 5<sup>th</sup> June.</p> <p>Purchasing options to be agreed based on the nature of equipment required, and the capacity of the clinical teams to support use.</p>





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## **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 10<sup>th</sup> 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 09<sup>th</sup> April to galvanise action. A weekly regional Care Homes Oversight group was established 07<sup>th</sup> 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 23<sup>rd</sup> 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 1<sup>st</sup> 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 health 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



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## **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 Mieirol – 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

