Your Ref:
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Sent by email only to:

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Date: 29 May 2020

Dear Minister,

Care Home Support – LB Southwark

Attached, please find the Department of Health and Social Care template completed for our borough.

Southwark's Response
We have 17 care homes registered with the Care Quality Commission in the borough, one of which is currently closed due to refurbishment, supporting older people, people with learning disabilities, people with physical disabilities and people with mental health needs. Southwark Council take our social care duties very seriously in regard to safety, safeguarding, dignity and respect. We work collaboratively with our local providers and NHS to ensure a whole system approach that supports our shared values and objectives. We have a current and published Market Position Statement, which discusses increasing our local nursing care home provision as well as a Council Plan commitment that turns this ambition into a target which we are actively pursuing.

Southwark Council implemented emergency arrangements in response to the Covid-19 pandemic in March 2020. Business continuity arrangements for our social care providers were activated. We made daily calls to providers which included all care homes and our contracted homecare providers. A single point of contact for Personal Protective Equipment (PPE) was established with support from across the council to distribute this to all providers of care or support in the borough and when community testing became available, we worked with our local CCG to support care staff to access that testing from the outset. On PPE we have been the host borough for our sub-region and on testing we volunteered for the two pilots of care home testing and we accommodated the first of the military pop-up testing centres in our borough.

As guidance was developed and published the council reviewed and shared the information with providers speedily, usually as part of our Covid-19 newsletter, or otherwise as targeted comms via email. Virtual forums, using MS Teams were established for care homes, homecare and supported living providers. Providers have valued these meetings for staying connected and being well supported, to the extent that

as we move into the recovery phase, they have asked for the frequency of the respective meetings to stay the same. Our local providers tell us that the forums have been a helpful source of mutual support and practical advice, guidance and help. We are now beginning to use the forums to discuss lessons learned, which supports sharing best practice, and could be applied if future waves arise.

In addition to daily contact, Social Care, Public Health and NHS within Southwark formally met on a twice weekly basis during this emergency. The meeting was chaired by Public Health and covered the key issues relating to safety, capacity and capability. The co-location of Social Care and Public Health within the council has been extremely beneficial for the social care sector, who have had unfettered access to expert clinical support, advice and guidance. Additionally, we worked with other boroughs to leverage our intelligence, expertise and resources to navigate this most challenging time.

The London Response

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 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 in Appendix A - London Region.

Southwark's Resilience Plan

Southwark's resilience plan for care homes is focused on three areas: Capacity, Capability and Sustainability. This letter sets out these themes in relation to the completed template and the input from local care home providers, public health, NHS partners and importantly feedback from residents and their families. The council monitors these areas on a daily basis with providers and through the helpful ADASS Market Insight Tracker which includes care homes, domiciliary care and supported living combined with

NHS key indicators for a whole system view. In striving for best practice we have identified areas for additional support that is about ensuring our readiness for a second wave or any future pandemics or significant emergencies.

Capacity
Local care homes have been supported to access testing, when available, throughout the emergency. The recent availability of whole care home testing is being led by Southwark Public Health who are creating stratification for rolling out whole care home testing and are currently working with older people care homes to navigate the routes available. Care homes that do not provide nursing care are appreciative of this support due to the invasive nature of swabbing.

Social Care Commissioning colleagues have worked closely with Public Health to assist in understanding the range and nature of provision across care groups. This included the organisational and financial structures that may impact on provider and/or staff behaviours, for example, understanding the terms and conditions (T&Cs) of the care workforce and how these T&Cs might influence the willingness of a staff member to undertake testing if they do not have symptoms. As part of our 'offer' for testing we have underwritten the pay of those who would otherwise be paid statutory sick pay so that they receive their full salary. Issues such as this, give us cause to re-commit to our Council Plan commitment to extend our Southwark Ethical Care Charter for homecare to the care home sector.

We had sufficient capacity in care homes to meet need throughout the emergency and the option to increase capacity (an additional unit at a care home owned by the council) if needed. That option remains available to us if needed in future.

In ensuring that care staff were available to support residents in the care homes, the council ensured that care homes knew how to receive mutual aid in relation to PPE. The mutual aid stock that the council holds was initially created from purchasing stock, donations from individuals and local businesses and then from the London Resilience Forum. The Council then took part in a pan-London procurement exercise to ensure that we had sufficient stock to support social care providers, schools, social workers and any other key workers in the borough that supported vulnerable children, adults or families.

Capability
The council has promoted numerous webinar opportunities in our newsletter, as well as speakers from local public health and NHS at our forum meetings. Recent training and development opportunities have included PPE, testing and infection control – these are being led by Public Health and NHS colleagues.

All PPE mutual aid has been provided, free of charge, to providers and this support has been funded from the Covid19 payment in April. Ensuring that there is sufficient PPE has enabled the continuity of service delivery such that safe care was provided for the benefit of the residents, the staff and their families.

Prior to lockdown an Enhanced GP service supported the older people care homes. The lockdown led to this service not going into these care homes. The emergency has highlighted that some of the care homes in the borough need this service and this is something that the CCG will consider as part of any recommissioning of this service.

Sustainability
Care homes have confirmed that they have services in place to support their workforce in relation to their emotional and mental wellbeing. Through our newsletter, we have promoted the DHSC initiatives relating to mental wellbeing.

Contract monitoring, in the form of visits to care homes, is resuming. The monitoring of care homes during this period has been through video and telephone calls and review of the daily key indicator reports. We have had some (safe) contact in delivering PPE and the council is keen to (safely) visit care homes to assess how residents and staff are recovering from the shielding, cocooning and lockdown measures that were implemented, and to identify any need for additional support from the council or NHS partners.

The council has actively promoted the financial support available for providers through our newsletter. Some care homes have already had payments subject to open-book accounting. One provider, who has four care homes in the borough, has a block contracting arrangement with the council (and we own and maintain the four care home buildings), has a number of voids which we are funding through the block contracting arrangement. We are mindful of the financial pressures and working with our local providers to ensure sustainability, safety and high quality care.

We are happy to discuss any aspect of this letter with you or your officials. Please do not hesitate to contact us. Thank you.

Yours sincerely,

Eleanor Kelly
Chief Executive

David Quirke-Thornton
Strategic Director (DASS & DCS)

Appendix A - 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