



29 May 2020

Dear Ms Whately

### **Support for Care Homes - Chief Executive Officer response**

Thank you for your letter dated 14 May. I am responding on behalf of Lambeth Council and our local health and care partnership, Lambeth Together. Set out below is a short overview of the current activity and forward plan in the London Borough of Lambeth to support our local care providers. I can confirm we are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them. I am also attaching the completed template provided and a summary provided by London region and will be publishing these documents alongside details of the measures we've taken to address pressures experienced by the sector.

### **Regional London overview**

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

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

**Items by post should be sent to:**

Lambeth Council, Executive Support Hub, PO Box 734, Winchester SO23 5DG



INVESTOR IN PEOPLE

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 23 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.

### **London Borough of Lambeth overview**

Through our strong relationships with local care providers and the work of Lambeth Together, our borough-based integration partnership, health and social care have been able to respond jointly and effectively to help those services most in need of support. The Lambeth COVID Borough Resource Group is a twice-weekly meeting of system partners and has a care home task and finish group reporting into it. Lambeth is represented on all key SE London and regional ADASS fora including on care homes, discharge planning, demand and capacity planning, managing PPE and testing. We have in place single borough leads, working across the Council and the NHS, to ensure an effective and coordinated response to our Lambeth providers.

Since the start of the pandemic, commissioners have been in daily contact with all registered care homes in the Borough and

- regularly communicated guidance from NHSE and PHE
- regularly communicated local public health and medicines management team customised guidance, including visual guides and webinars
- regularly communicated ADASS and other best practice links and webinars on effective infection control and use of PPE for example.

Public health professionals in Lambeth had designed and developed guidance for the appropriate use of PPE now in use on a London-wide basis. In Borough providers have reported they have had continued access to sufficient PPE.

### **Use of data and intelligence**

Our response during the COVID pandemic has been underpinned by effective use of data and intelligence. In Lambeth, support to the provider market and situation reporting into the London Resilience Forum was enabled by utilisation of the existing London-wide Market Information Tool (MIT). The tool was developed by London ADASS 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

In Lambeth, we used this baseline information alongside our existing quality and safety risk report to determine the likelihood a provider may experience difficulties or start to fail to allow early preventative intervention. The RAG system determines if a care home is a hot spot based on number of COVID positive residents, numbers of COVID positive staff or staff absent. Our data base also includes key operational details such as:

- Care home type
- Number of beds and occupancy rate
- Number of staffing
- Level of self-funders and other public sector placements
- Financial checks
- CQC Rating
- Number of COVID deaths in care homes and ethnicity
- Dates of COVID tests
- Any use of temporary staff

Actions to support care homes are in line with our Provider Concerns Policy which is informed by the Care and Support Statutory Guidance and safeguarding principles set out in the Care Act 2014.

Concerns are escalated and addressed based on the level of risk and the impact on people using the service.

### **Measures taken to address financial pressures on care providers**

Details of support we have taken in Lambeth are detailed below however we have taken steps across the three broad approaches to assisting providers:

- unconditional payments by increasing fee rates and by offering one-off payments, commitments to cover excess costs
- other additional funding, in return for a service or to be reclaimed later following the pandemic by paying home care providers in advance
- non-financial benefits through support by Council and NHS staff and through provision of PPE such as
  - free parking on evidence of key worker need
  - support to manage shopping for clients e.g. letters for key staff
  - early and rapid access to testing for care staff self-isolating

In line with government funding, financial support has been delivered in separate tranches across the whole provider sector. Our first offer was communicated to providers in 27 March 2020, and the second offer on the 30 April 2020. Below is a summary overview of these two offers as well as a third proposal that's currently under consideration.

**Tranche 1 support:** we reviewed and improved our own processes to make sure we were able to rapidly make all payments and made a commitment of:

Supporting cashflow by:

- Immediately adjusted payments up to 30-minute periods for home care, and then moved to payment on plan
- Have paid in advance with supplement for home care providers. This has been to ensure that any increases in care delivery that may occur are provided for in the advance payment with reconciliation at a later date
- Maintained position that contracts will be paid on plan, which will ensure prompt payment in care homes for example
- Pay for homecare call if service user or family cancels
- Continued to fund day care and used spare capacity elsewhere to provide support for a minimum three-month period

- Continued to fund transport services and used spare capacity elsewhere to provide support for a minimum three-month period
- Encouraged providers to put through any outstanding invoices straightaway for early payment
- Proportionate reconciliation processes

We also told providers to let us know straightaway if they had any particular issues or pressures they were experiencing.

**Tranche 2 support:** we agreed to a 2% fee increase of current commissioned costs, as a flat rate, for a three-month period for all providers, with the exclusion of day care and transport which have already been proportionately supported.

We agreed to further support to be used in a targeted manner, equating up to an additional 2% of care costs to ensure that those areas under the greatest stress receive appropriate assistance. Since 30 April, we have received 12 applications for this additional funding, and we have approved funding to providers ranging from home care providers, care home providers and supported living providers.

**Tranche 3 support:** following further feedback from providers about the longer-term impact of COVID on their financial viability, additional funding from government, and the recognition that the impact will be felt for a longer period we are once again reviewing our position on financial support. We will look to progress this with the passporting of Infection Control monies, now we have just received the grant determination details.

#### **Provision of alternative accommodation where required and quarantining**

In Lambeth we've maintained 3 separate block contracts in different OP care home units which has allowed us to work effectively with our partner provider to manage utilisation and flexibility of bed availability as it was needed. In April, we extended capacity to a small fourth block which further expand options if alternative accommodation was ever needed.

We have engaged closely with our care home providers, alongside public health and community health colleagues, to best develop models of managing individual resident cohorts within different care environments. We have offered and continue to have access to additional staffing mutual aid through the SEL workforce initiative to assist providers to enable their carers to appropriately self-isolate.

## **Clinical support**

Each registered care home in Lambeth has a named primary care clinical lead and additional clinical support has been put in place.

Building on well embedded relationships with local NHS Foundation Trusts (Guy's and St Thomas', Kings College and South London and Maudsley) we have enhanced at speed extra assistance to care homes with a particular focus on nursing and residential homes for older people. Additional multidisciplinary team support was rapidly made available including geriatrician and palliative care team input working closely with the named GPs for the homes. Care home support services from the medicines, tissue viability and admission avoidance teams continue to work with homes, many moving to virtual working to reduce risk of transmission.

Other areas of help include:

- GSTT Learning Disabilities team working with homes to risk assess and support individual residents
- Local guidance on palliative care support including delivery of palliative care medicines to care homes 24 hours a day
- Health Improvement Network (HIN) pilot with Marie Curie to increase the number of care home residents with Advanced Care Plans (ACPs) on the Coordinate My Care (CMC) register.
- St Christopher's hospice continues to provide telephone support and video conferencing with care homes regarding end of life care and provide a counselling service for staff
- Development of a single point of access for medicines queries for all care homes

## **Co-ordination of clinical staff or volunteers into care homes**

We have had access to and received offers of additional staffing supply from SEL workforce support for nurses and allied health professionals. We have utilised the London Workforce Hub (NHSE/HEE) to provide specialist and fully trained support to help undertake testing residents and staff in residential units.

We have initiated a Health Improvement Network (HIN) pilot with Marie Curie to increase the number of care home residents with Advanced Care Plans (ACPs) on the Co-ordinate My Care (CMC) register. As part of a COVID-19 response team, GPs and geriatricians are supporting care homes with ACPs and Do Not Resuscitate (DNR) arrangements, working with residents and their families. Both ACP and DNR

plans enable conversations about end of life, representing the resident's wishes where there is capacity and consent. Where the resident lacks capacity, the designated individual that has lasting power of attorney for health and care decisions will be enabled to act on their behalf. The COVID-19 response team includes a collaborative response to end of life care arrangements, including delivery of palliative care medication, telephone support out-of-hours and visits as required. This response involves the care home as a pivotal partner. Our St Christopher's hospice continues to provide telephone support and video conferencing with care homes regarding end of life care and provide a counselling service for staff.

We are piloting a Lambeth branch of Proud to Care with an OP care home provider in Borough.

We have promoted offers from volunteers for example to help residents maintain contact with family members to our local care homes through our routine communication routes.

### **Local engagement**

We have had ongoing and regular contact with our local providers through individual calls, email contact, training sessions and publication of FAQs. We have had long-standing care home provider fora held jointly with our neighbouring Borough, Southwark. Whilst these routine meetings have been suspended in the last 3 months, we are organising another joint strategic meeting with senior care home managers to review key issues from the initial COVID experience.

We have well developed relationships with Lambeth Healthwatch who are familiar with our care home market through their 'Enter and View' programme. As part of their COVID work they are going to carry out a survey of people's experience of care during pandemic and will include views of people living in care homes and their families. Lambeth Healthwatch, working with other local organisations including our disability advocacy services, will be hosting a public webinar to provide information on the wrap around support provided to care homes

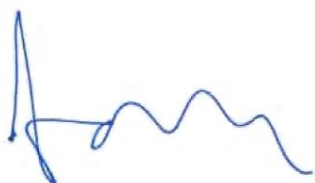
We have agreed to include our return onto the agenda of the next Health and Wellbeing Board meeting after submission.

### **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, 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.

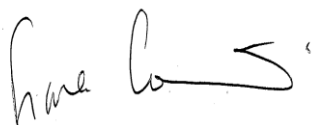
We continue to be committed to focusing our joint health and social care support to the care sector in a way that recognises that the care and support we provide to our residents is to help them to live their lives in their homes and in their communities, whatever setting that might be. With this we have a reasonable level of confidence that appropriate actions are taking place to support the operation of our care provider partners.



Signed: Andrew Travers, Chief Executive, London Borough of Lambeth



Andrew Eyres Strategic Director, Integrated Health and Care, London Borough of Lambeth and NHS South East London CCG



Fiona Connolly, Executive Director Adults and Health (DASS), London Borough of Lambeth



Ruth Hutt, Director Public Health (DPH), London Borough of Lambeth



Andrew Bland, Accountable Officer, NHS South East London CCG



## Appendix 2 - London Region 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, local authorities responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as London ADASS and Chief Executives, alongside NHS partners to identify issues, galvanise responses and lead several pan-London initiatives. We brought our 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 an outline of just some of the actions taken pan-London:

We worked with PHE London in March and 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 inconsistent 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 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 a third 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 London ADASS, 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 9 April to co-ordinate action. A weekly regional Care Homes Oversight group was established 7 May co-led by the Chief Nurse and London ADASS 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 London ADASS 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
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- 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 March for Borough commissioners to a detailed suite of reports allowing them to prioritise the local operational response, such as 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 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 4 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 for example 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