Havering
LONDON BOROUGH

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Dear Minister,

COVID-19 has presented unprecedented challenges to adult social care. That challenge was and remains exacerbated within the borough of Havering by local demographics and the nature of the care market in the borough: we have the oldest population in London and 5% of all care home beds in the capital.

Similarly, like many councils across the country, the direct cost borne by the Council so far in implementing measures, either because of evidenced local need or via direct mandate from government, is significantly higher than the funding provided to local authorities.

If this gap is not closed, the ramifications for both the ongoing provision of high quality council services and the residents who use those services (both discretionary and statutory) is significant.

The care market provides a wide range of services to a variety of vulnerable people in residential settings of different sorts as well as in people's homes. Support to the system has to be considered as a whole. For this reason we have linked up the support measures to ensure an holistic approach and the pandemic response has been wide ranging and systemic.

We have consequently used £1m of the government pandemic funding to support the whole care market including care homes, home care and supported living. An additional £280k per month, paid from March, is sustaining Day centre and Voluntary sector providers. It is important to note that Havering has a much larger provider market than many other boroughs.

The funding Havering received to respond to the pandemic was less than other boroughs with significantly smaller care markets. Havering was quick to respond with a payment and has followed that up with consideration of the wider market, however funding should have reflected the scale of the market we have to support. This could well store undeserved financial problems for the wider council because of our integrity in focusing on the care market in this unprecedented crisis. The Council is already predicting that it will be in a very difficult financial position by the end of 2020/21. Pressures have included block booking of social care services and the purchase of extensive PPE for council services but also to support social care providers.

The letter from the Minister of State, received on the 14th May, focusing on infection prevention and control, has prompted LBH to respond and to gather responses from our Care Homes as to the current situation. From March LBH, and our partners, have been putting in place systems to ensure that such measures are effective and mitigate the impact of the virus.

At a wider level 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 the 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.***

In the system which LBH operates within relationships with partners are good and this has contributed to joint work to ensure local care market resilience.

Clinical support

The CCG currently commissions an enhanced primary care service for all nursing homes in Havering and some residential care homes. All homes have a named clinical lead and have out in place a series of support initiatives:

- Enhanced primary care support including aligning each care home to a named Primary Care Network (PCN) and clinical lead, which leads a weekly multidisciplinary ‘home round’, enabling medicine reviews and hydration/nutrition support
- Multi-disciplinary team (MDT) support
- Falls prevention, reablement, and rehabilitation
- High quality palliative and end-of-life care, mental health and dementia care
- Workforce development
- GP sessions, mental health and geriatrician support is already available across the patch however delivering the EHCH DES will enable a more consistent approach.
- All care homes have 24 hour access to a GP within the NEL 111 CAS services via the Star 6 route, which allows care providers to access primary care and urgent

care within the out of hour period - or when they are unable to get access to their usual GP. The NELFT Community Treatment Team provide a rapid response service to residential homes and will visit nursing homes if required.

Primary care are also working to deliver advanced care planning for residents within care settings.

NELFT have been supporting training of care home staff. There is a rolling programme of training through the Significant 7 programme which trains staff in identifying the signs of health deterioration and its management. Benefits have included:

- Increased levels of confidence in care home staff, which has positively improved caring outcomes for residents
- Signposting on social care related issues e.g. safeguarding , since training was carried out in care home premises
- Improved reporting and communications between care homes and Boroughs
- To date 692 staff across 32 homes in Havering have been trained.
- Training has recently been offered on the Verification of Expected Deaths. Local guidance on end of life care has been circulated to all homes.

North East London Foundation Trust are also linking Improving Access to Psychological Therapies (IAPT) to care homes to support the residents and staff and aligning IAPT and Older Adults mental health service to the care home MDT.

All care homes are being supported by the CCG and Local Authority to access NHS.mail e-mail accounts to facilitate the secure sending of resident information across clinical staff. This has enabled homes to send patient identifiable information to health care professionals remotely to support residents within a care service and to access care quickly, contact GP practices securely and directly, as well as consultants who provide care to residents, email local pharmacists using NHS Mail for medication queries and access Microsoft Teams to allow for work related video calls. Currently 41 homes in Havering have access to NHS mail.

Areas within BHR have begun piloting video consultation, trialling services that can remotely take resident blood pressure and other observations. The aim will be to support this further across the system as soon as is practical.

As part of the National Call to Action, the pharmacy and medicines support to care homes delivery operational model has been published. This describes the medicines and pharmacy contribution to care home support describing how teams should collaborate across the NHS system. There are four key areas where clinical pharmacy and medicines optimisation support is being focused:

- facilitating medication supply to care homes, including end of life medications;
- delivering structured medication reviews via – video or telephone consultation where appropriate to care home residents;
- supporting reviews of new residents or those recently discharged from hospital;
- supporting care homes with medication queries, and facilitating their medicines needs with the wider healthcare system (e.g. through medicines ordering).

The work is being co-ordinated across North East London with leadership from the BHR CCGs Medicines Management Team focussing on each borough within BHR to look at current pharmacy workforce in primary, community and secondary care to deliver each of these areas to all CQC registered care homes.

The East London Health and Care Partnership hosts a weekly secure webinar for care providers with the latest information and guidance and this is followed by a weekly e-briefing with links to the recorded webinar. Information and guidance for care providers is also available on the ELHCP website https://www.eastlondonhcp.nhs.uk/care-homes-2.htm.

Care homes get access to the whole range of community health provision but we are looking to better coordinate this via the care home MDT (see above).

Infection control and testing

In addition to direct communication with providers, LBH Public Health and ASC Commissioners have monitored data from PHE and ADASS to identify and respond promptly to new or prolonged outbreaks. Whenever a suspected outbreak is identified, a call is made to the home to ensure the PHE London Coronavirus Response Centre has been informed, testing arranged for symptomatic residents and IPC advice received and understood.

Additional IPC advice is available 7 days a week from the Council's Public Health and Environmental Health (EH) Teams. When more specialised inspection and training is needed, a referral is made to the local IPC Nurse Team at NELFT.

In early March, LBH identified the need to provide refresher training to care home and domiciliary care staff covering the principles of infection prevention and control, respiratory and hand hygiene, the safe use of Personal Protective Equipment, isolation, environmental cleaning and waste disposal. 143 staff attended in person and the training was also live streamed. Subsequently, the LBH training was used as the starting point for webinar training developed under the auspices of PHE London and ADPH and offered repeatedly through April and May London wide. Follow up support is available if required in the form of a daily IPC clinic.

The NELFT Infection Prevention and Control (IPC) team is working with colleagues in BHRUT and the Local Authorities to support consistent communications on IPC to care home staff and the implementation of national guidance. Working with the Public Health team, they act as a point of contact for queries from partners, providers, the voluntary sector and others on COVID-19 guidance and are providing training and support to care homes on IPC in relation to COVID-19.

The CCG is working closely with the Local Authority to roll out the "train the trainer" programme, which will support delivering PHE's recommended approach to infection prevention and control. Members of the NEL Commissioning Support Unit Infection Prevention and Control (IPC) team along with NELFT Infection Prevention Control leads will act as super trainers for care providers in line with the national request.

LBH PH has supported all eligible homes to register for Whole Home Testing and this is progressing although individual homes continue to report a variety of problems from initial ordering through to the timely return of results.

Our approach to testing in the future will dovetail with the Councils' overall outbreak management plan, which is now in development. The plan will include an effective tracing element to minimise the likelihood that asymptomatic or pre-symptomatic staff and residents unwittingly introduce or spread coronavirus within care homes and domiciliary care. The LBH Director of Public Health is the lead for the outbreak management plan reporting into the gold / silver / bronze command structure.

Local care market resilience and communication

Care homes are being asked to complete two capacity tools that do not connect to each other. One tool is a national requirement, and the other is required regionally. The regional tool has provided more functionality, responsiveness and information meaning it was not a simple choice between the two.

Unfortunately this has created additional pressure for care home staff expected to complete tools within a limited time and a highly challenging environment. We have raised this issue with regional colleagues and are currently working with the Association of Directors of Adults Social Services (ADASS) to understand differences in information collected in each tool. We are reviewing national processes to understand if tools can be completed on behalf of care homes to support capacity.

We have used a variety of communication routes to understand the issues affecting the market. The ADASS daily sit reps have been used to identify issues and develop proactive responses. We have, however, needed to supplement what was available with our own set of communications.

Our relationship with the provider market is a positive one and this has enabled us to communicate effectively from the start of the crisis. The Director for Adult Services conducted meetings with the wider market and this has been followed by regular communications with all providers through a variety of mechanisms, recognising the market is not necessarily homogenous and does not necessarily face the same issues in all cases. Some examples of communications include a weekly newsletter and FAQS containing information and advice and establishing dedicated e-mail addresses for providers to raise issues; daily telephone call arounds, sometimes for general updates to all and in other cases for specific issues that have arisen, that may be targeted at certain providers. Information sharing at group events enabled by technology have been a feature. The Care Network, our online web based communications platform has also been useful.

We also recognise the importance of the local Havering Care Association, which whilst not representing the wider market, is a useful sounding board and information source for discussions on specific topics.

A list of actual communications with the market is contained as a second appendix to this letter.

Feedback from the care market has led to particular initiatives. One example is the identification of the mental health pressures put on staff in the care market dealing with potentially traumatic day to day events through the pandemic. This was raised by a care provider and has led to a package of mental health support for care staff developed in partnership between the Council and care providers.

Support to the market has been holistic, not focusing at one area at the expense of others. So, for example, personal assistants have been recognised as a key element of support in the community. A range of initiatives to support them, both financial and through communication and support in other ways has been implemented. This includes a new text service where communications can be quickly and widely disseminated and the recognition of the need for PPE and supportive training in the current situation. This may well cross over into support for the care home market, where we have identified the possibility of skilled PAs being drafted into the care home market to support in a staffing crisis.

The Council has developed a system for ordering, tracking and monitoring PPE for providers. It was based on the principle that providers should continue to source PPE where possible but that if they were reaching a point of concern they could contact the Council and we would deliver required stocks, received as emergency provision from the London Resilience Forum (LRF) as a stop gap. The service has included weekend availability including access to public health advice. This has been effective but we have recognised that as time has gone by providers are finding the costs and availability of PPE a growing issue.

In addition to the Local Authority response the Clinical Commissioning Groups in North East London have established an emergency supply hub based at Whipps Cross Hospital. This service is available to all providers including community, primary care, hospices and care providers who have less than 36 hours supply of PPE supply and are unable to access supplies through the following routes:

- Business as usual routes
- Access supplies through the national route
- Informal mutual aid processes

Implementation

The actions and initiatives laid out here have largely been implemented. Plans are still being developed to improve and build upon what we have already established. For example we are exploring the possibility of developing a cohort of Personal Assistants (PAs) to support care homes in crisis; developing options through Proud to Care London; making available PPE at cost to the market is also a plan that we are exploring but is not yet in place.

Overall then we believe that there is collective confidence in implementation and plans to develop resilience.

As stated the demands of supporting a large care market with a disproportionately low level of financial support from the government is problematic. In comparison to other local authorities, carrying a smaller burden in terms of the care market in their borough, LBH has received less support. This could well store undeserved financial problems for the wider council because of our integrity in focusing on the care market in this unprecedented crisis.

It would therefore be welcome if this were looked at again and Havering were able to receive further funding to recognise its particular situation.

Financial pressures and response

Havering increased rates to providers on the 6th April for the financial year 20/21. The increases varied across provider markets and were balanced with the financial pressures faced by the authority. A table, as the third appendix to this document, outlines the financial commitments we have made.

The Council has made two payments to care providers to support with COVID related cost pressures, totalling £1.m. An additional £280k per month is sustaining Day Centre and voluntary sector providers. In the first instance payments from the £1m addressed the commissioned services and responded to the suggested need for a 10% increase on normal costs. However there is a wider market that is not part of Havering's commissioned offer and we also made a subsequent payment based on size of organisation rather than how much is commissioned by the local authority.

Havering has also recognised that placements to providers outside Havering warrant support and the recent uplifts to rates have been increased to 10% for 2 months to our 'out of borough' providers.

These payments have covered the whole care market including care homes, home care and supported living. As stated above the comparatively low level of funding received by Havering is not in proportion to the comparative size of care markets.

The Council has sourced PPE made available from the LRF but also invested £2m in obtaining PPE supplies from the market. This is available not solely for the care market, but as an important contingency where supplies are compromised. In addition othr free PPE we are providing when emergencies occur, discussions with the market have led to us trying to develop an option to supply some of this purchased PPE, at cost, to the care market. This creates some logistical problems in establishing the process but the option has been welcomed as supportive by our wide range of care providers.

The Council has also recognised the need to support the Voluntary Sector and Day Centre services that we commission. They have either had to close or significantly re-shape the services they provide. The Council has maintained their usual payments even if they have been fully suspended to ensure that they will be sustainable when we start to come out from the lock down situation. Staff from the services have been used imaginatively to support service users in their homes and to ensure their well-being when potentially isolated.

The Council consulted with the market over offering payment in advance. The majority of providers said this was not required but we have made arrangements to offer advance payment for any providers that do request this support.

In line with national guidance, the CCG has uplifted the Funded Nursing Care (FNC) Rate for 20/21 backdated to 1st April 2020. The CCG is currently reviewing payments made for 2019/20 in order to make backdated payments to reflect the increase in the 2019/20 rate (announced on 30 April 2020). The FNC rates in 2020 represents an uplift of 11% in the 2019/20 rate published a year ago.

Alternative Accommodation

The national requirement for testing prior to hospital discharge was introduced on 15 April 2020 - COVID-19: Our Action Plan for Adult Social Care. Since this date, BHRUT continues to ensure that all patients who are discharged to a care home are tested for COVID-19. Care homes are provided with advice on IPC management on discharge.

The Council has commissioned 43 residential care beds across five Care Homes for patients being discharged from hospitals serving Havering residents. The block booked beds ensured that the possible scenario of significantly increased discharges from hospital would not lead to inability to place and blocking of hospital beds. The beds are available to support both COVID positive and COVID negative cases at very short notice (as little as two hours) for patients suitable for discharge.

A step down facility in a converted sheltered scheme consisting of 18 self-contained one bedroom flats has been commissioned. There is a care provider on site 24hours a day to support those discharged from hospital to recover from COVID 19 and get to a position where they can go back to their own home with or without an ongoing package of support.

To avoid the need for patients having to step down into residential care where they could go home, a specific homecare service has been commissioned. It is designed to provide care for those recovering from COVID 19 that have been discharged from hospital. After

14 days, or earlier, if hospital tests at point of discharge indicate no COVID 19, the service user can be placed into the 'normal' home care market with the assurance that they are now COVID free.

Whilst establishing this service further homecare capacity was commissioned to support both non-COVID cases and confirmed or suspected COVID cases. The provider has two separate teams to reduce the likelihood of cross infection. The two teams are in place to ensure no delays from hospital and to support COVID cases until they are no longer infectious.

At a wider system level a neighbouring borough commissioned a hotel, again to mitigate against the risk of significant numbers of people requiring placement from hospital. The LBH has an option to use these beds in the event that the arrangement above proved to be insufficient to meet demand. Something which has happily proven not to be the case so far.

Placing returning clinical staff or volunteers where care homes request this support.

We are developing processes to support providers with staffing issues by promoting awareness of employment opportunities through 'Proud to Care London'. To achieve this we are working closely with providers, internal communications teams, and our employment skills team. This has taken time to establish but we are now able to offer potential recruits for short term and long term placements into the care market. The typical recruits are returning clinical staff or experienced ex care workers who are able to step into roles.

We have a strong and active PA market and have started to explore whether those with appropriate skills could provide additional support in care homes. This has been developed with the chair of the local Care Association, and it is seen as a positive option in the local context, although there remain issues to overcome.

Discussions with lead providers in the borough have indicated that in the event of crisis in residential provision, home care staff could be diverted into the market.

As yet there have been no specific requests for support but capacity is being built to mitigate the risks faced

The funding package

The £600m overall funding package is welcome, as is the way it has been allocated to the borough on the basis of size of care provider market. In Havering it will mean each care home will receive a significant amount of money. Our concern is that the constraints put on the use of the first tranche of money will result in surplus funds being left after the money is used. Early feedback from our market endorses this view. The grant conditions should be extended for providers to use on other equally important infection control measures, and it is disappointing that the current conditions are so restrictive. As it stands, it is likely we will get involved in a lengthy and unproductive period of time scrutinising the use of funds and clawing back money across a wide range of providers, disrupting relationships and diverting us, and providers, from the primary cause of eliminating COVID from our care homes. We would respectfully request a response to this concern.

Contributions and engagement:

The letter has been jointly developed and written by the Director of Adult Social Services; Director of Public Health; and the CCG, who included community trust senior leads. The

final version has been shared with the AO. It has also been shared with our local Healthwatch and the Chair of the Health and Wellbeing Board, whose responses have been taken into account in the letter. The local care association and wider market representatives have been engaged with and the letter has been shared. Wider engagement will follow and include older people and disability advocacy groups. The short time frame for developing the response has precluded some of the engagement we would have liked and will be undertaking in coming weeks.

Yours sincerely

Andrew Blake-Herbert
Chief Executive

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 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 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

Market Communications Appendix

Date	Cohort	Action
11/03/20	All ASC Providers	Issues re: COVID-19 Provider Phone in conference calls with Barbara Nicholls and Ben Campbell Sent out – 6 conference calls took place from 12/03/20 – 13/03/20, with around 35 providers participating
13/03/20	Residential, Supported Living and Home Care	Circulated latest Gov COVID-19 guidance - via email
13/03/20 & 16/03/20	ASC providers who dialled in for COVID-19 Provider Phone ins (35 providers)	Barbara Nicholls provided updates on issues/queries raised during the calls – also circulated latest government advice for hostel providers and day centres via email
18/03/20	Havering Outlook Provision Managers	Email re: 74/76 Neave and general update. Provider given JCU contact details
18/03/20	Havering Outlook Provision Managers	Initial Provider Questionnaire
19/03/20	Care Providers	COVID-19 e-learning video links sent to Care providers via email and posted on the Care Network
20/03/20	All Providers	Update re: PPE, Infection control and key workers. Requested providers to send in PPE supply information – via email
24/03/20	Nicky Banks	General update on Provider needs and LBH provider support information given
24/03/20	Care Providers	COVID-19 Care Home Training provided by PHE – link circulated via email and posted on Care Network
24/03/20	Complex Needs (137 providers)	Complex Needs provider survey conducted to understand current capacity in this market for the coming weeks and months – link for Consultation sent via email
25/03/20	All Providers	Guidance on control of COVID-19 – sent via email
25/03/20	Care Providers	Update on access to for the Care Sector – shared via Care Network
26/03/20	Care Providers	Care Home COVID-19 IPC webinars carried out by PHE – circulated via email and Care Network
27/03/20	All ASC and CSC providers	COVID-19 FAQs for social care providers published online (on LB Havering website)
01/04/20	All providers	Pharmacy Opening Hours – uploaded onto Care Network
02/04/20	Providers who had a PPE Query (17 providers)	Circulated PPE FAQ document- via email
02/04/20	Children's Providers	Weekly Children's SITREP link sent out – currently still being sent out weekly
03/04/20	All ASC and CSC providers	COVID-19 Newsletter for social care providers published online (on LB Havering website)
03/04/20	Homecare Providers	Free webinar training sessions for domiciliary care staff delivered by PHE – sent via email and Care Network
03/04/20	All Providers	Update re: PPE – face masks and guards – document uploaded onto Care Network

03/04/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
06/04/20	PA- Text	Key worker text – Capacity request
06/04/20	PA- Text	FAQs link
06/04/20	DP Service users – Text	FAQs Link
06/04/20	ECL reablement service, Active Homecare Framework and Homecare Providers	Daily morning calls rounds to request capacity for the day which is then uploaded into a dashboard. Also incorporates whether they can accept COVID positive cases, if they require PPE, postcode availability and if they are accepting single or double handed packages.
07/04/20	Havering Outlook Provision Managers	General update and PPE provided
08/04/20	Homecare Providers	Guidance for Homecare Providers on Infection Control and PPE – document circulated via email
10/04/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
14/04/20	Havering Outlook Provision Managers	PPE provided
14/04/20	Havering Outlook Provision Managers	Email offering support with staffing if required and to discuss respite
16/04/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
16/04/20	Care Homes and Domiciliary Care	More infection control webinars for care homes and domiciliary care settings with updated advice – uploaded onto the Care Network
17/04/20	Havering Outlook Provision Managers	General update; sent Provider FAQ link
20/04/20	LD/MH Providers	Hospital Discharge Survey – Via email
22/04/20	Care Homes	PHE guidance on how to work safely in Care Homes – circulated via email
23-24/04/20	LD/MH Providers	Hospital Discharge Survey – Completion alert call
23/04/20	PA- Text	Capacity survey
24/04/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
24/04/20	LD/MH Providers	Havering mobile testing information
24/04/20, 27/04/20 28/04/20 01/05/20	Care Homes, Reablement, PA's to DP users, Homecare, Extra care and Outreach workers	COVID-19 testing information – circulated via email
27/04/20	Care Providers	SCIE Webinar for Care Providers – link circulated via email
29/04/20	PA- Text	Havering mobile testing information

30/04/20	Care Providers	Webinar held by Essex Chambers re: COVID-19 issues for care homes/care providers – circulated via email
01/05/20	All Providers	Update from Gov – Treasury cut taxes to reduce PPE costs – circulated via email
01/05/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
04/05/20	Care Providers	Care Home training on infection prevention and control – circulated via email
07/05/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
07/05/20	Active Homecare Framework Providers	Carers Trusr COVID-19 Homecare Service - email
07/05/20	PA- Text	PPE training information – awaiting confirmation from Telsolutions manager
07/05/20	Care Homes	EOLC Scheme pharmacies – bank holiday opening hours – circulated via email
07/05/20	All providers	Information regarding the launch of a dedicated app for social care workers - email
07/05/20	ASC & CSC	Mobile Testing Units information - email
11/05/20	LD/MH Provider	Survey Update / Positive Behaviour Support: Online Offer / COVID-19
11/05/20	All Providers	Tiger eye protector product, removal from the supply chain – circulated via email
15/05/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
18/05/20	Residential and Nursing	Information re: letter from Minister of State for Care, homecare support packages and allocation table for England – email
18/05/20	PA- Text	Capacity survey – to be sent
19/05/20	Homecare and Supported Living	Summary five – Guidance for Home Care and Supported Living Provision from ADASS and LGA
19/05/20	Care Homes	Zoom meeting invite to discuss provider market resilience planning and the Government infection control fund – reminder email sent 21.05.20
21/05/20	All ASC and CSC providers	COVID-19 Newsletter and updated FAQs circulated by email to ASC and CSC providers, and updated on LB Havering website
22/05/20 26 & 27/05/20 (follow up)	Care Home providers across OP, LD/MH and PD	Asking providers to complete both the ADASS/MIT return and the NHS Capacity Tracker return
22/05/20	All Providers	DHSC Request for Information on COVID-19 Impact on Insurance
22/05/20	Care homes	Care home providers chaired by Havering Care Association to discuss market resilience and infection control fund
26/05/20	Care Homes	IPC support offer to care homes – invitation to online webinar
27/05/20	Residential Care Homes and Homecare agencies	ADASS bulletin – Infection Control Grant Determination

PROVIDER SUPPORT APPENDIX

Date: Friday, 29 May 2020

COVID-19 HAVERING COUNCIL SUPPORT OFFER TO SOCIAL CARE PROVIDERS

About this update

The details below provide a summary of the range of support that has been offered to social care providers during the COVID-19 pandemic. The details below are not exhaustive.

Uplifts 2020/2021

Schedule of uplifts made to adult social care providers 2020/2021

Older People- Residential	4.40%
Older People – Dementia Residential	4.40%
Older People – Nursing Care	4.40%
Older People – Dementia Nursing Care	4.40%
Physical Disabilities - Residential	2.00%
Learning Disabilities - Residential	2.00%
Older People – Home Care	4.00%
Physical Disabilities - Home Care	4.00%
Learning Disabilities - Home Care	4.00%

Provider Emergency Command Centre (PECC)

The Joint Commissioning Unit has been designated at the PECC and as such has set up a number of systems, projects and support mechanisms to provide the additional support required during the COVID-19 pandemic.

The main aims of the PECC include;

- To establish and maintain proactive communications with all care providers in Havering (and beyond where Havering residents are cared for out of borough) throughout the COVID crisis, to ensure that they are able to continue to provide care as required to their service users. To ensure links are available 7 days per week.
- To ensure that the flow from the hospital into the care market pays due regard to the COVID 19 hospital discharge process – but primarily ensures safe, swift and effective transfers of care.
- Work with partners to maximise our capacity and ensure the wider system works effectively.
- Developing the care market to try and ensure that there is capacity for cases coming into the market. To build capacity within the existing market.
- Ensuring that the Personal Assistant (PA) market remains safe, has access to PPE, and that PA capacity and capability is used to the full extent.
- To ensure the flow of payments to all service providers is maintained in a timely way and to reduce the time between receipt of invoice and payment wherever possible.
- To try and ensure financial stability in the care markets in Havering.

Support to providers that the local authority has contracts with

	Domiciliary care	**Residential care**	**Other provision**
Support being offered	Block booking of additional homecare capacity	Block booking of beds Facilitated engagement with primary care and	Facilitated engagement with primary care and community services

	Facilitated engagement with primary care and community services Facilitated training and guidance Public Health infection control advice and support Facilitated mutual aid (recruitment, volunteers, staff, PPE, food) Provided emergency PPE supplies Provided funding to tackle additional workforce costs (backfill, sick pay, etc...) Paying immediately upon invoice	community services Facilitated training and guidance Public Health infection control advice and support Facilitated mutual aid (recruitment, volunteers, staff, PPE, food) Provided emergency PPE supplies Provided funding to tackle additional workforce costs (backfill, sick pay, etc...) Paying immediately upon invoice	Facilitated training and guidance Public Health infection control advice and support Facilitated mutual aid (recruitment, volunteers, staff, PPE, food) Provided emergency PPE supplies Provided funding to tackle additional workforce costs (backfill, sick pay, etc...) Paying immediately upon invoice

Total spent to date since on supporting providers the local authority has contracts with* in response to COVID-19	Committed to date £548,250* Spent to date £418,500

**This is based on commissioned spend, services directly funded by the Council. Payments to be distributed w/c 01/06/20*

The Council has also recognised the need to support the Voluntary Sector and Day Centre services that we commission who have either had to close or significantly re-shape the services they provide. The Council has maintained their usual payments even if they have been fully suspended to ensure that they will be sustainable when we start to come out from the lock down situation. Staff from the services have been used imaginatively to support service users in their homes and to ensure their well-being when potentially isolated.

Support to providers that the local authority does not have contracts with

	Domiciliary care	**Residential care**	**Other provision**
Support being offered	Agreed to fund temporary costs as reported by providers Support for providers whose care is commissioned directly by Direct Payment recipients Facilitated collaboration across providers Facilitated training and guidance Public Health infection control advice and support Provided emergency PPE supplies Provided funding to tackle additional workforce costs (backfill, sick pay,	Agreed to fund temporary costs as reported by providers Facilitated collaboration across providers Facilitated training and guidance Public Health infection control advice and support Provided emergency PPE supplies Provided funding to tackle additional workforce costs (backfill, sick pay, etc...) Paying immediately upon invoice	Agreed to fund temporary costs as reported by providers Support for providers whose care is commissioned directly by Direct Payment recipients Facilitated collaboration across providers Facilitated training and guidance Public Health infection control advice and support Provided emergency PPE supplies Provided funding to tackle additional workforce costs (backfill, sick pay,

	etc...) Paying immediately upon invoice		
Total spent[2] to date since on supporting providers the local authority does not have contracts with in response to COVID-19		Committed £460,246** – payments to be distributed w/c 01/06/20	
***This payment supports a wider group of providers and those supporting non-Council funded placements. The payment is based on the size of the provision rather than the number of Council funded placements and includes out of borough providers.* *Payments to be distributed w/c 01/06/20*			