

# London Borough of Sutton

Supporting our Care Homes to  
remain safe

29/05/2020

# 1 - Forward

For over 5 years the Sutton Health and Care system has built a strong partnership to provide oversight and support to care homes within Sutton. The system is overseen by the Sutton Health and Care Executive, which includes, the London Borough of Sutton (LBS), NHS Sutton Borough Team (NHSS), Sutton Health & Care Alliance (health and care providers) and the community and voluntary sector\*.

Our partnership has given us a strong foundation to quickly respond and provide effective, joined up support to care homes before and during the COVID-19 pandemic.

*\*See full list of Sutton Health and Care Executive members in the Glossary - Page 32*

## 1.1 Our System Confidence

As part of our preparations for this submission, we have consulted with our Care Homes, Healthwatch, Advocacy Provider, Clinical Leaders, the Sutton Health & Care Executive and staff providing services directly to Care Homes. Locally we are confident that the measures set out in the letter of 14th May 2020 are substantively in place.

We have in place a new Care Market Oversight & Support Group, which consists of key representatives from across the system. The group ensures confidence in our approach remains high and we are able to quickly take a

coordinated approach with homes to required actions.

The Chair of our Safeguarding Adults Board (SAB) has been kept updated on our work and any adjustments that may have been made in relation to safeguarding. Our SAB has continued to meet virtually during this time.

We have also implemented twice weekly System Leaders meetings to oversee and ensure a coordinated approach to our COVID-19 response.

## 1.2 Our COVID-19 response

The *Supporting our Care Homes to remain safe* document sets out our system journey to date and the mechanisms we use to work in partnership with and support our care homes through this pandemic.

Speaking to our care home providers, they commented:

***“We were given an optimal level of support from LBS, Care Home Support Team and GP”***

***“The coordinated response saved lives and helped us enormously”***

As a partnership we are continually working with care homes to plan, review, respond and improve our ways of working to ensure residents and staff have everything they need to be safe and provide and experience high quality services.

## 1.3 A regional approach

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 London ADASS, London ADPH and Chief Executives, alongside NHS partners, to identify issues, galvanise responses and lead several pan-London initiatives. We brought our coordinated response together through the Strategic Coordination 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 prevention and 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-19 cases from 23rd March) allowed action to be taken to respond in London and provided early warning nationally via the Strategic Coordination Group (SCG) of issues that would develop across the country.

A summary of the work across London and issues for the future are captured in section 11 - A London Approach.

## 2 - Our system journey to date

In Sutton, health and care organisations have been working closely together in a partnership for five years.

We are committed to supporting our homes to be safe places. This is because we recognise that these are people's homes. We have therefore organised services around what these residents need, not by organisational boundaries. Working together makes sense as we can build strong and supportive teams with different skills and roles, all focussed on better and

more efficient health and care for the people of Sutton.

## 2.1 Ambitious for Sutton

In October 2018 Sutton Council launched our Ambitious for Sutton programme. This sets out the Council's ambitions for Sutton to be a great place to live, work and raise a family, and describes a plan to achieve this through focusing resources on priority outcome areas:

- Being Active Citizens
- Making Informed Choices
- Living Well Independently
- Keeping People Safe

Keeping people safe is a key priority and includes a focus on maintaining high-quality residential and nursing care provision for the residents of Sutton.

## 2.2 Sutton Health and Care Plan

In September 2019, LBS, Sutton Clinical Commissioning Group (SCCG), the community and voluntary sector and Healthwatch Sutton worked together to launch the *Sutton Health and Care Plan*.

The partnership looked at what is important for health and care in

Sutton over the next five years, and how different organisations could work more closely together to make a difference for residents.

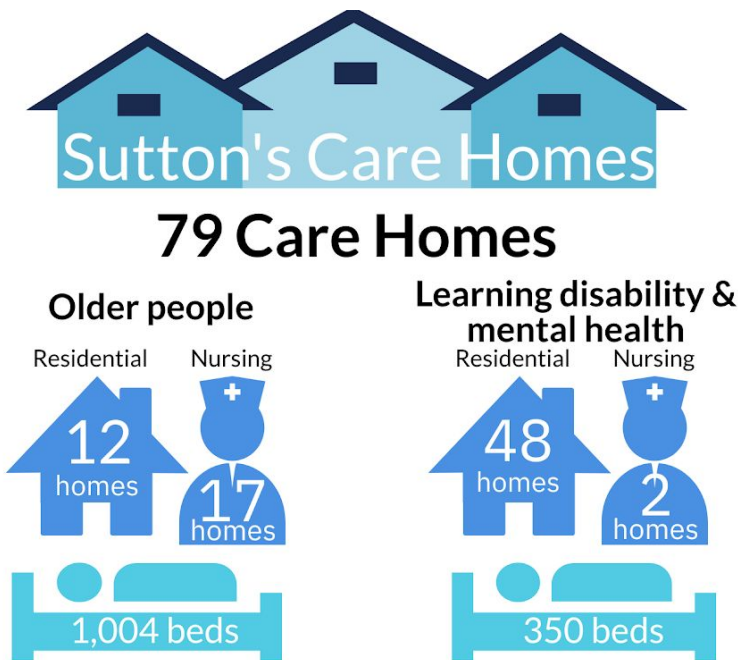
## 2.3 Vanguard

In 2015, Sutton was awarded Vanguard status - one of only six enhanced health in care home Vanguards. The programme was comprehensive and included older and younger people homes.

Our programme improved the health and quality of life for all care home residents by delivering a new care model that offered improved and integrated health care and rehabilitation services. The programme resulted in the implementation of a new Sutton care model with three elements: (1) Integrated Care, (2) Care staff, education and training and (3) Quality assurance and safety.

The Sutton Vanguard Programme informed the national enhanced care support framework and its seven priorities, e.g. the Red Bag initiative trialled in Sutton has now been rolled out to 80% of the CCGs in England.

# 3 - Sutton's Care Home Market



## CQC ratings...



## Reporting...



of care homes are engaged in daily reporting and information sharing with the Council and CCG

Within Sutton we have always worked in partnership with Care Homes to:

- Ensure they have appropriate guidance and advice.
- Provide practical on the ground support.
- Support their developments and improvements.
- Provide a route of escalation, where necessary.

We utilise a range of mechanisms to support our homes to ensure safety, quality of care and provide our residents the best experience possible.

The following sets out the system's collective mechanisms that were in place before the outbreak of COVID-19 and which were adapted in response to the pandemic.

### **3.1 Well-established partnership working**

There are strong relationships across the whole care home sector in Sutton. This includes those homes where the Council or NHS Sutton do not currently have placements.

The Joint Intelligence Group (JIG) meets on a monthly basis and engages a broad range of health and social care stakeholders from:

- LBS
- NHS Sutton
- Care Quality Commission (CQC)
- Sutton Health & Care (Care Home Support Team)
- Epsom & St Helier NHS Trust

- SW London & St George's NHS Trust
- London Fire Brigade
- London Ambulance Service NHS Trust and Metropolitan Police

The group's aim is to work in partnership with and provide tailored support to our care homes, maintaining a strong focus on quality, performance and safety.

### **3.2 Shared communication and training**

We have built strong, sustainable relationships with our care home providers and therefore are able to give and receive accurate, up to date information in a consistent, effective manner.

We provide sector-wide communication of service developments and clinical information, advice and guidance.

Sutton's provider network has a consistent and longstanding membership of key stakeholders. We work with providers to offer joint learning and development programmes.

### **3.3 Contract Management**

Effective market and contract management in partnership with care homes and other health and social care stakeholders has driven service quality enhancements in recent years. For example over the past 24 months the number of homes rated as good or

better has risen from 78% to 84%, with five homes achieving outstanding ratings for specific domains and two with an overall outstanding rating.

level quality concerns with commissioners.

### **3.4 Enhanced quality improvement function**

Sutton's continued investment in dedicated Quality Improvement Officers that work in partnership with care homes and other health and social care stakeholders enables:

- Robust assessment of service quality of both borough funded and resident self-funded care home provision;
- Rapid response and investigation of any quality issues or service deficits with shared protocols in place to ensure these result in performance improvement plans, as required.

Working with Healthwatch Sutton we have created a new Care Home project to review service provision in our Older People's Homes and provide learning for the homes and council.

### **3.5 Data collection**

We have been robust in capturing key information from care homes to inform service improvements, performance management and the identification of best practice.

To ensure all levels of areas for quality improvement can be captured we have in place a Quality of Care Concern form to allow stakeholders to raise lower

# **Our response to COVID-19 in Care Home**



## 4 - What our homes think

# What our homes think

*66% of homes filled out a survey on their experience of support provided since the outbreak of COVID-19.*

89% of homes were given sufficient and clear information to understand how to keep their residents and staff safe



92% of homes received up to date and relevant information from health and social care



91% of homes know how to access an appropriate level of support to address PPE shortages



93% of homes received an appropriate response in a timely manner from relevant health and social care professionals where they have asked for support or guidance

90% of homes say local services are working in collaboration with homes to help minimise the risk of coronavirus infections amongst staff and residents



84% of homes have and are given enough support to deal with a coronavirus outbreak in their home



Comments from providers....



"We were given **optimal level of support** from Borough London of Sutton, Care Home Support Team and GP"

"CCG and Social Services working together has taken the stress and the frustration out of being told it's not social services, go to Health or vice versa. I believe the **coordinated response saved lives** and help us enormously."



"The ADASS and Capacity Tracker works well to **identify concerns which can be addressed appropriately in a timely manner.**"

"**Continuous support from Care Home Support Team** and availability of other LA and CCG staff for telephone advice."



"The seamless coordination and the **collaboration between health and social care** was the biggest positive to come out of this thus far"

"Regular contact, weekly newsletters and general sharing of information is very useful and appreciated."



**26**  
homes

rated their overall experience of the support health and social care services have provided during the COVID-19 outbreak **8/10 or above.**

**9**  
homes

rated their overall experience of the support health and social care services have provided during the COVID-19 outbreak **10/10.**

## 5 - Oversight and compliance

Working in partnership with care homes, we have adapted our current processes to provide additional support to homes to remain safe.

### 5.1 Oversight

Our successful JIG format has been adapted to re-focus on the COVID-19 response. The scope has been broadened, membership reviewed and frequency of meeting increased from monthly to daily operational dialogue and a weekly situational analysis.

The daily oversight meetings are utilised to create, monitor and agree support plans to work with each home to target interventions where needed. This process ensures appropriate actions are agreed, implemented, when required urgently, and ultimately homes are supported to remain safe.

### 5.2 Daily data review

In partnership with other London boroughs and ADASS, Sutton has revised the information requested from its providers to ensure a shared and up-to-date view of COVID-19 in Sutton's care home sector. The daily questions cover topics such as:

- Prevalence of COVID-19 amongst residents
- Occupancy
- Available staffing

- PPE stock adequacy
- Testing

A new reporting function has been established to ensure high daily response rates and reports that deliver operational and strategic reporting of key service data for the care home market. 100% of homes are engaged in reporting.

Public health intelligence advice has been provided on the data sets to enable the appropriate interpretation and validation to help inform decision making. This includes advice on the use of appropriate RAG ratings for COVID-19 risk prioritisation.

The RAG rating of metrics has provided LBS and the homes a clear understanding of their situation and therefore advance notice of what additional support and measures are required.

### 5.3 Quality Assurance

Commissioners and Quality Improvement Officers (QIOs) are in regular, approximately weekly, contact with all providers to discuss how services are operating; any concerns and how the Sutton Health and Care system can support them to ensure their home remains safe.

Fortnightly meetings with our lead CQC inspector also take place to discuss issues and support being provided.

### 5.4 Safeguarding

LBS adult safeguarding teams are continuing to manage safeguardings in the usual way. Safeguarding concerns in relation to Care Homes are reviewed in the daily oversight meetings and additional monitoring meetings have been arranged three times a week with Team Managers and Heads of Service to ensure the ongoing timely management of Care Home safeguarding concerns.

As part of our COVID-19 response a Nurse from NHS Sutton is working alongside council social workers to support any safeguarding enquiries. Our Care Home Support Team continues to visit care homes escalating concerns as needed.

Where care homes are not adhering to Government guidance, in particular appropriate use of PPE, adult safeguarding will, in conjunction with colleagues from our Care Home Support Team, visit homes to ensure ongoing compliance through regular monitoring.

The Local Authority Deprivation of Liberty Safeguards (DoLS) lead contributes to the daily oversight meetings to discuss restrictions placed upon residents as a result of COVID-19. Where there are concerns the DoLS lead links in with staff from the Care Home (visiting where needed), looking at restrictions and providing advice to staff and linking to safeguarding where necessary.

In addition the DoLS lead is working with commissioning regarding business continuity plans, looking

specifically at DoLS and visiting to undertake assessments.

Guidance for DoLS specifically discussing restrictions in times of COVID-19 has been compiled for Best Interest Assessors (BIA) completing DoLS assessments.

## **6 - Infection prevention and control**

We adopted appropriate Infection Prevention Control (IPC) guidance and rapid change in practice through training and communicating with our Care Homes. We are supporting homes to continuously apply evidence based Public Health principles of outbreak management as required by the emerging evidence, to reduce the risk of transmission of infection.

The South West London (SWL) CCG have recruited an additional Infection Prevention and Control Specialist Nurse.

### **6.1 Training**

We have provided a number of virtual and face to face learning sessions and tools to homes. We have held:

- Weekly Infection and Prevention Control seminar webinars delivered by the SWL IPC nurses.

- We have provided weekly IPC FAQs (based on the webinar) shared via email.
- Local Sutton Care Home webinars including IPC.
- All homes for older people offered face to face training for care staff on IPC procedures and correct use of Personal Protective Equipment (PPE).

We continually communicate with our homes on the latest IPC and PPE guidance in the LBS weekly newsletter and collate any issues for specialist input via local Public Health advice. This level of support was provided to mitigate the risks from rapid changes to guidance and offer assurance for specific or specialist areas.

We are currently engaging with our providers to understand the training they are receiving elsewhere and what other training and support would be most beneficial for us to provide in the future.

## 6.2 PPE

We are constantly working with care homes to ensure they have access to the PPE required; feel confident in the process to obtain emergency supplies and have the latest information and guidance about use of PPE.

We have provided details of suppliers with stock to all Homes and local processes have been established and

communicated with homes for urgent supply of 2 days or less.

We developed mutual aid arrangements for homes across SWL.

We use our daily oversight meeting to identify homes with limited PPE (less than 14 days), and proactively contact homes and support them to resolve any supply issues.

We have utilised the London Resilience Forums emergency PPE stock providing homes with emergency PPE when they need it.

We have delivered goggles and face shields to all providers.

To date we have procured over 3 million items of PPE costing approx £1 million to support local Care Markets access to sustainable, cost efficient supplies via the Pan London PPE Procurement.

## 6.3 Reducing workforce movement between care homes and minimising risk for care workers

We are clear that reducing workforce movement between providers helps to stem the transmission of the virus across settings.

We have provided additional funding to providers to support Infection Prevention Control and minimise workforce movements.

We have provided advice and information about this potential risk to

Care Homes and are continually raising awareness for the issue via the newsletter. Care homes are advised to ensure all staff including agency/bank staff are able to access testing in order to minimise the risk of transmission.

## **6.4 Quarantining**

In our early planning stages, we identified additional capacity in the Borough and purchased 47 care home beds. This capacity was there to support speedy discharge and act as additional capacity should isolation not be possible at certain homes.

We are reviewing vacancy data on a daily basis and discussing with homes their requirements. Currently Sutton's older people homes have approximately 27% vacancies and younger adult (age 18-65) care homes have approximately 15% vacancies. The additional capacity identified is deemed enough for isolation purposes, however we are continually monitoring the situation in order to keep the homes safe.

Homes, where needed, have zoned properties by floors or wings of their building. This has ensured residents are safe and zoned according to need. Staff have also been allocated to work in particular zones in order to reduce the transmission of the virus.

Dedicated advice has and continues to be made available to Homes to support those who look after

residents with Learning Disabilities or Dementia.

## **6.5 Building our scientific understanding and sharing good practice across the sector**

We work closely and meet regularly with partners from health, social care and wider stakeholder groups across the SWL Local Authorities, CCGs, and local Public Health networks (such as the London Association of Directors of Public) to review evidence/soft intelligence, discuss guidance and share good practice.

Our plan is to be informed by the latest evidence, including local, regional, national and global, to ensure the safety of the population particularly those most at risk from COVID-19.

## **6.6 Managing potential outbreaks**

Public Health England (PHE) Health Protection Teams (HPTs) within a dedicated London Coronavirus Response Cell (LCRC) are the first point of contact, when the care home suspects for the first time that a resident has symptoms.

The care home manager knows to contact the PHE LCRC, who will arrange for surveillance testing of all symptomatic residents at this point, and will provide tailored infection control advice.

Care homes also provide daily updates to commissioners via our daily reporting. If there is a potential outbreak, a multidisciplinary team (MDT) assesses the situation, during the daily oversight meeting, and decides on the relevant lead to have a discussion with the manager, using an assessment checklist. Subsequently, the MDT team reviews the situation using evidence from multiple sources including the discussion with the manager, local data and PHE HPT. The MDT team agrees the most appropriate support such as IPC/PPE, enhanced cleaning and isolation/cohorting of residents and staff, for managing the outbreak. Information is shared as required.

The care home manager is supported in developing a plan to manage the outbreak. Plans may include further training, review of supplies and any other relevant support or advice including clinical advice regarding monitoring residents health; provided by the Care Home Support Team in liaison with primary care. The DoLS team will advise regarding isolation measures where there are mental capacity concerns.

Regular updates on guidance are shared with the MDT team and we are looking to develop training sessions to support the role of the MDT team.

To ensure comprehensive local risk assessment and appropriate advice can be promptly provided to care homes with new outbreaks, we have developed further processes to

standardise the local outbreak response and plan appropriate support using the assessment checklist, contingency plans and assessment flowchart. This forms part of building a new COVID-19 quality assurance framework for all Sutton care homes.

## **7 - Clinical Support**

Before COVID-19, there was already a significant amount of clinical support provided to care homes through the established primary care and community services including a dedicated Care Home Support Team.

Primary care and community response have been stepped up during the COVID-19 pandemic to include timely access to clinical advice for care home staff and residents, and proactive support through personalised care and support planning.

Clinical Directors from the Primary Care Networks are active members of our Care Market Oversight and Support Group and each take a lead on support to Care Homes, from End of Life to Learning Disabilities.

### **7.1 Discharge Planning**

We have merged a range of services into the St Helier Hospital 'Hub' base to join forces and work collaboratively as a single point of referral for all hospital discharges.

The Hub has developed a COVID-19 discharge checklist to ensure care homes are provided with the relevant information for discharge including the person's COVID-19 status.

An assessment of the individual health and social care needs, home environment and living arrangements, social circumstance and existing care arrangements prior to admission are risk assessed against COVID-19 status to determine the best option for the discharge destination.

Intermediate care bed-based rehab settings are used where appropriate; step-down placements are used in line with the person's COVID-19 status.

Through agreement with Care Providers, Sutton Continuing Health Care assessors (SWL CCG) are the leads in liaison to make contact with the care home and transfer clinical information regarding care needs and ensure the COVID-19 checklist is completed and sent to the care home before discharge. This provides additional support to our homes as part of the discharge process.

Ongoing tracking, monitoring and reviews are completed to follow up and review all discharges to care homes including bed-based rehab.

## 7.2 NHSMail

Sutton now has all but 1 home (currently in progress) with NHS mail coverage. All care homes have been supported to access and set up

generic NHS Email accounts to enable the secure and fast flow of clinical information.

NHSmail address will not only give care homes access to Microsoft Teams for running secure virtual clinical consultations and virtual connections between residents with their family and friends, but also a feeling of being part of the health and care system.

## 7.3 Sutton Care Home Team

Sutton Care Home Support Team is a multi-agency team. The team comprises nurses and therapists, working closely with GPs and pharmacists to offer proactive personalised care to residents.

The team has increased from 5 to 7 days service provision during the pandemic. A weekly check in is now provided to all care homes to offer support, understand their issues and provide valuable context to the daily data submitted.

Out-of-hours support from 111, community services and end of life teams has been expanded to include:

- Care home and community nurses now trained in death verification.
- End of Life Care support to Learning Disability homes through Sutton Care Home Support Team
- Clarification of contact details for both normal working hours



and out of hours advice and support.

- Recognition of the increased work by primary and community care to deliver services to vulnerable groups, especially residential homes

## 7.4 Clinical support

All our Older People Care Homes have a designated Clinical Lead(s) who offer continuity of care, weekly contact and timely access to clinical advice.

We have joined up the working arrangements between GP practices, pharmacy and community nurses in the Care Home Support Team and learning disability teams to provide virtual rounds, linking into other therapies as needed such as Physio, Occupational Therapist, Speech and Language Therapy (SALT), dietetics and Challenging Behaviour teams

We have enhanced the working arrangements between our Care Home Support Team and our Learning Disability Health Team to complement skill sets and enable equitable access to clinical support for all care homes.

We have provided access to End of Life Care medication 24/7 including review of medication supply policies (particularly end of life) in care homes to reduce wastage.

We have worked with care homes to increase the uptake of Advance Care Plans and Coordinate My Care (CMC),

urgent care plans for people approaching the last phase of their life.

## 8 - Testing

We have provided consistent communication and guidance on what is available around testing. However, testing is provided and managed through central government and not by the local Sutton System.

### 8.1 Testing and prioritisation

Care homes with older residents or those with dementia can now access testing for all their residents and staff regardless of their symptoms. Tests are available for booking via a new digital portal for care home testing.

We have developed a testing position paper led by the Director of Public Health (DPH) with input across the system. We have also provided a framework for risk rating, prioritisation and escalation of Sutton homes for testing via the Department for Health and Social Care (DHSC) whole home testing route launched on 11 May 2020. This information has been provided to DHSC weekly and as of the 26 May 2020, 11 out of the 29 Sutton residential and nursing older people homes had received testing kits.

Care homes reporting a new suspected outbreak have been advised to continue to contact the PHE health protection team (London Coronavirus Cell) who lead

surveillance testing and initial public health advice to support care homes reporting a new outbreak.

We initially worked with other councils across SWL to coordinate access to the Chessington testing centre during the early phase of key worker testing. Those homes not eligible for whole home testing have been reminded of the other routes available for resident and staff testing.

## **8.2 Advice and guidance**

We provide regular evidence-based Public health advice, communications, support and guidance about testing, linking to outbreak management within care homes.

Public Health Sutton, provide advice and support to the wider system to ensure a joined up approach on testing strategy.

Public health advice and content is provided via training webinars on swabbing.

We are continuing the further dissemination of testing information to homes through newsletters, emails and phone as it develops.

We continue to remind homes that testing is only one element of Infection Prevention and Control and the actions they can take to minimise transmission. This is important to minimise the risk from asymptomatic transmission of COVID-19 in care homes amongst both residents and

staff. Testing helps to support early detection of infection within the home.

We have advised all care home managers to ensure that all staff including agency and bank staff (unless symptomatic and self-isolating) are included in all testing requests.

## **8.3 Escalation**

The Directors of Public Health working with Directors of Adult Social Services (DASS) have referred local care homes for the Department of Health and Social Care (DHSC) whole home testing, in line with local testing prioritisation of need.

We have bridged the gap and provided regular escalation and communication between Sutton system and PHE health protection team (London Coronavirus Cell) who lead surveillance testing and initial public health advice to support care homes reporting a new outbreak.

Information gathering has intensified to help develop an accurate picture about testing needs, gaps and support available within the Sutton system's control.

We have and continue to escalate concerns and issues identified by homes in relation to accessing testing with PHE and DHSC.

# **9 - Building the workforce**

## 9.1 Staffing capacity

Some of our homes may experience staffing capacity issues due to staff isolating, shielding, being unable to work at multiple homes and becoming sick. We have a number of processes in place to support homes to mitigate these risks.

In the daily oversight meeting we review each home's staffing capacity compared with their occupancy rate and proactively contact providers rated 'Amber' or 'Red'. The risk based action plans enable us to provide support to homes, where needed, to ensure safe levels of staffing which may include redirecting staffing resources from other parts of the health & social care system.

Where required we have assisted homes by organising staff to cover for the shifts which cannot be covered by regular agency workers.

Care homes have updated their business continuity plans to include contingency planning to address staffing deficits.

Plans are in place to redeploy our Sutton Health & Care@Home team to Care Homes as a last resort.

Sutton is a part of a number of South West London and regional workforce projects, including:

- Prince's Trust workforce project: A project which provides care homes a pool of ready candidates for virtual

interviews, for positions including Health Care Assistant roles, Volunteer Roles, Manager Roles, Administrative Roles, Kitchen staff and Cleaning staff.

- London Workforce Hub: A scheme which can fast-track healthcare professional roles, (for example nurses) into care homes where required
- Allied Health Professionals (AHP) Hub: A scheme which can fast-track AHP roles (for example psychologists, occupational therapists, physios/rehab staff) into care homes where required
- Proud to Care: Pan London Recruitment programme for social care professionals

We have also provided information on free job listings, including Job Centre Plus advertising and Twitter Campaign to recruit local people into social care.

## 9.2 Health & Wellbeing Support

The health and wellbeing of our registered managers and care staff has been a top priority for us. We recognise that this situation will be new for our homes, we therefore:

- Contact our homes weekly to provide a listening ear, offer advice and support.
- Offer access to the LBS's Employee Assistance Programme.

- Ensure Homes were aware of the Skills for Care Registered Managers Helpline.
- Provide access to the Marie Curie Bereavement Advice Service for all homes.
- Signpost Homes to free wellbeing Apps for staff
- Actively advertise the new CARE workforce App.
- Have sent posters to Homes for displaying to highlight the range of psychological support available for staff.

## 10 - Financial Support

So far, as a system we have provided over £1m of additional cash flow into the Care Home Market. Through the administration of the Infection Prevention Control Fund, this will increase total additional cash flow to over £3m.

Providers have been informed that they will be receiving an allocation from the £2.1m of funding allocated to Sutton via the Infection Prevention Control Fund to allow them to start implementing any additional IPC measures now.

Work has started working with providers on plans to administer the passporting of 75% and the discretionary 25% of the Sutton allocation. This includes an online survey and focus group.

### 10.1 Direct Funding

Prior to the start of the financial year LBS undertook its annual fee review process for all Care Home Placements. This ensured that a sustainable price of care is paid to our providers and increases in National Living Wage are accounted for. This has resulted in an average 2.4% increase in fees.

Early on we recognised that providers may need additional support during the main period of the pandemic. We therefore provided care homes with a one-off payment, paid in a single sum. Over £200k in cash payments have been made so far.

Following the conclusion of national discussions on Funded Nursing Care rates, NHS Sutton will pay a backdated amount of £193k for 2019/20 and £60k for quarter 1 of 2020/21 to our nursing homes. This will add an additional £253k in cash flow to Care Homes.

A 4% uplift was also agreed for placements procured through the London Any Qualified Provider route for 2020/21.

As a system we block purchased 47 care home beds, injecting an additional £634k into the Care Home market from April - June 2020.

Care Home Payments continue to be paid on an automatic pay run basis, removing the need for Care Home Invoicing.

We continue to engage with homes on their individual situation and risks in a proactive way utilising the London ADASS Market Insight Tool to facilitate this.

## 10.2 Indirect Funding

We have provided 7 day a week Commissioner and operational support for Care Homes.

We have launched through the Proud to Care system a local recruitment campaign for our Care Markets, facilitating initial candidate clearance checks.

We have provided access to emergency PPE free of charge. We secured via the Pan London PPE Procurement competitive pricing for PPE and this will be made available to the local Care Market at cost price to enable them to return to a normal state in PPE pricing.

Made available a range of additional expertise to care homes to support them to remain safe.

## 11 - A London Approach

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 Coordination 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 and the number of care home deaths would have been significantly higher.

We continue to monitor the adult social care market to enable us to effectively respond to possible further peaks of COVID-19, as isolation rules are relaxed, and to suppress non-COVID-19 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. We will ensure sustainable access to PPE and testing and continue to use data to support decision making.

## 11.1 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 online 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 residents and for testing of people being discharged from hospital into care settings. We have contributed to London work on testing approaches 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 the 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 1,800 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 Integrated Care System's (ICS) and local systems from the Chief Nurse and lead Chief Executive on the 9th April to galvanise action. A weekly regional Care Homes Oversight group was established on the 7th May co-led by the Chief Nurse and LondonADASS Vice Chair.

The objectives of the Oversight Group are to:

- Oversee the 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 the 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 Sustainability Transformation Partnerships (STP)/ICS sub regions to support development of discharge beds for COVID-19 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.

## 11.2 Use of data and intelligence

Our response has been underpinned by data and intelligence. Support to the provider market and situation reporting into the London Resilience Forum was enabled by our existing London wide Market Information Tool (MIT). The tool was developed by LondonADASS to support the delivery of our Care Act duties and was quickly adapted to establish a comprehensive and up-to-date understanding of London adult social care markets (home care and care homes) during

the spread of COVID-19 at local, STP/ICS and regional levels.

The daily survey includes information on:

- Prevalence of COVID-19 and associated mortality
- Actual and true availability of supply
- Discharges from and admissions to acute care
- Staff availability
- Details of PPE stock
- Access to testing

We prioritised older people’s care homes because we understood this was where the greatest impact and safety issues would be and because 30% of all older people care home placements are across borough boundaries, so collaborative work is essential. We started the care homes data collation mid-March and have a consistently high daily response rate. This reflects the leadership of borough commissioners working intensely with their providers and building these relationships through direct and often daily contact. These local relationships are realising ongoing benefits in relation to our statutory market management responsibilities and support to providers.

The MIT tool has produced:

- *At borough level:* Continuous, live access since 23<sup>rd</sup> March for borough commissioners to a detailed suite of reports allowing them to prioritise



the local operational response, such as the delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control support.

- *At regional level:* Daily information cell SITREP indicators (including evidence based 7 day projection figures) for the London Strategic Coordination Group. Daily Market Intelligence Reports, produced jointly with the London School of Economics (LSE), and circulated since 1<sup>st</sup> April to each DASS, and DPH across London. These reports have mapped trends at London, sub-regional and borough levels in key risks for care homes for older people, people with learning disabilities, those with mental health needs and home care providers.
- *At ICS level:* The detailed suite of reports and London analysis has been shared with NHS colleagues to co-ordinate and prioritise health and local authority support and interventions.

The data collected has been used to develop models identifying care home and local characteristics correlated with the spread of COVID-19, associated mortality, impact on care capacity and supply sustainability, access to PPE and care staff availability. These models have

informed the targeting of support to care providers and, in partnership with LSE, emerging international evidence has been regularly shared with London DASSs since the 4th 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.

## 11.3 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-19 without at any point becoming overwhelmed. Patients suffering from COVID-19 were all able to receive the treatment they required within a hospital setting.

Although the policy of protecting hospitals was necessary and successful, we were concerned that it was not broad enough and protecting

the system of social care and health is a crucial priority as we move forward.

Now that we understand much more about the nature of the disease, those most likely to be affected and the appropriate protection and treatment options available, the social care community is able to be very specific about how best we can work collectively with colleagues across health and care to support and sustain the whole system through the next phase of COVID-19.

We recognise the risks to financial sustainability for some care homes and are already beginning to use our market insight to get a differentiated picture of levels of financial risk across the market. This, alongside a deep understanding of the quality of care homes in London, will inform local decision-making that drives value for money and the best possible outcomes and quality of life for residents.

We welcome the additional funding that Government has so far provided to support councils' overall response to COVID-19, including adult social care, however we recognise that there still needs to be a sustainable funding solution for adult care services.

We need to expand and protect our workforce, so that they can continue their vital work maintaining people's health and independence outside hospitals supported by their local communities.

We have demonstrated the value of local strengths and asset-based responses to support shielded and vulnerable groups in our communities and the case for joint investment as a critical part of our health and care system to support and sustain this to ensure that residents are protected from the virus, and that their mental health and wellbeing is prioritised

We need to ensure that care homes and home care staff are able to provide safe, infection-free spaces for vulnerable people. This may mean zoning care homes in line with current clinical practice, and prioritising testing and PPE for homecare workers. This includes a clear national strategy on testing and re-testing for staff and residents.

We recognise that the response to the virus requires a system-wide approach. We will work with

colleagues in health, the voluntary and community sector and our local communities to build effective system-wide, place-based responses. We recognise that we all work best where we plan and deliver together. We will participate fully in the development of effective response plans for the second phase of COVID-19, both regionally and in our local areas, and need to engage with partners from the outset of this process.

Our commitment in London is to ensure a smooth flow of our contribution from recent monies to our care home providers, alongside all the other support we offer, in a way that recognises that the care and support we provide to residents is to help them to live their lives safely and with high quality support, in their homes.

**How we will  
continue to  
support and work  
with our Care  
Homes**

## 12 - Plans

Our plans to support Care Homes in Sutton are based on a continuation of the work that is already in place or underway. The areas identified below will ensure that our homes continue to remain safe, transmission is reduced, infection prevention control is at the forefront of all care staff's mind and high quality homes are provided to and available for Sutton residents.

Workstreams	Future plan actions
Oversight and compliance	Continue to provide easy to read briefings for care homes, building on guidance already issued around: <ul style="list-style-type: none"> <li>● Infection Prevention Control</li> <li>● Restrictions</li> <li>● Access to exercise &amp; fresh air and families etc.</li> <li>● Physical distancing in homes</li> </ul>
	Adapt our data collection processes, in line with the pandemic journey to support targeted pro-active response where needed.
	Access to support remains for all homes to activate and utilise NHS Mail and use for clinical advice and guidance.
	Implementing regular evaluation of the approach to ensure shared learning across the system and care homes.
	Expand our work with Healthwatch to undertake a Resident Family and Friends survey on Care Homes.
Infection prevention and control (IPC)	Building on our local IPC training, facilitate and deliver additional IPC/PPE training to all care home staff in Sutton via a Train The Trainer model.
	This will cover approximately 1200 staff. Phase 1 training is complete and Phase 2 completed by Friday 26th June 2020.
	Care Home IPC Champions will have access to ongoing support from 'Super Trainers' for IPC advice by end of June.

	Continue to provide advice and work with homes to Implement a robust strategy to support reducing workforce movement between care homes.
	Revised our systems overall assessment of care homes to determine the level of risk and targeted support required.
	Continue to procure additional items of PPE (on top of the 3m we have already purchased) to support local Care Markets access to supplies.
	Distribution of Free Hand Sanitiser to all Care Homes.
<b>Clinical Support</b>	Work with homes to build on their Information Technology Infrastructure where needed to support virtual health rounds and enable residents to see their family members.
	Work with homes to ensure appropriate logistics and safe delivery of flu immunisation this autumn for all care home residents.
	Ensure staff at Older People's Homes are aware of their Clinical Lead
	Finalise the implementation of Clinical Leads for LD/MH Homes
<b>Comprehensive testing</b>	Continue to support through advice, information sharing, identifying problems and escalation.
	Focus on how we can affect factors within Sutton system's control. We are creating a summary on testing in care homes and issues for escalation by the DPH for the 2 testing routes.
	Continue to ensure Homes report positive COVID-19 results to PHE and Local Authority.
	Revise our quality assurance framework (utilising a combination of data sets) to ensure homes can be identified early (ALERT), prioritised using RAG ratings (RESPONSE) and offered full outbreak support (PLAN) tailored to need.

	Following feedback from care homes and the latest scientific advice, amend our reactive and proactive support to build resilience and assurance on effective control of COVID-19 transmission within Sutton care homes.
	Clarify access to COVID-19 tests including antibody testing for care homes and organising logistics for this.
	Utilise test and trace work in care homes.
<b>Building the workforce</b>	Continue to work with providers to ensure sufficient workforce capacity to meet risk of a significantly reduced care home workforce due to un-manageable levels of staff sickness or inability to meet contractual/regulatory responsibilities.
	Continue to support borough-wide recruitment campaigns for social care - Proud to Care.
	Understand the impact of COVID-19 testing on the workforce, in relation to a potential second and third wave of the pandemic. Staff contingency escalation plans to be developed with care homes.
	Continue to work with our Volunteering Hub to support Care Homes where required.
	Continue to signpost the workforce to appropriate health and wellbeing support - such as the CARE App and Sutton Employee Assistance Programme
<b>Funding</b>	Provide additional funding to Providers via the Infection Prevention Control Fund Allocation
	Continue to monitor the ongoing financial viable of homes locally and take appropriate action to support.
	Continue the ongoing dialogue with homes on payment processes to ensure they are optimised to ensure appropriate cash flow for providers.
	Procure additional PPE at favorable prices as supplies for the local care market.

## 13 - Engagement and contributors for this document

Role	Organisation
Chief Executive Officer	London Borough of Sutton Council
Accountable Officer	NHS South West London Clinical Commissioning Group
Chief Executive Officer	Healthwatch Sutton
Chief Executive Officer	Epsom and St Helier University Hospitals NHS Trust
Director of Transformation, Sutton Borough Team	NHS South West London Clinical Commissioning Group
Strategic Director of People Services	London Borough of Sutton Council
Director of Public Health	London Borough of Sutton Council
Clinical Chair, Sutton Borough Team	NHS South West London Clinical Commissioning Group
Vice Clinical Chair, Sutton Borough Team	NHS South West London Clinical Commissioning Group
Head of Commissioning & Health Integration	London Borough of Sutton Council
Commissioning Lead (Keeping People Safe)	London Borough of Sutton Council
Care Home Commissioning Manager	London Borough of Sutton Council
Care Homes Senior Quality Manager, Sutton Borough Team	NHS South West London Clinical Commissioning Group
Acting Service Lead Adult Safeguarding & Principal Social Worker	London Borough of Sutton Council
Acting Head of Service: Carshalton	London Borough of Sutton Council



Locality, Hospitals and Reablement.	
Acting Consultant in Public Health	London Borough of Sutton Council
Programme Manager Integrated Care	London Borough of Sutton Council
Care Home Digital Integration Consultant, Sutton Borough Team	South West London Clinical Commissioning Group
Chair	Sutton Health and Care Provider Alliance
Managing Director (Sutton Borough Team) SRO Ageing Well	NHS South West London Clinical Commissioning Group
Chief Executive	Community Action Sutton
Director of Strategy,	SWL & St Georges Mental Health Trust
Joint Clinical Director	NHS South West London Clinical Commissioning Group
PCN Clinical Director	Cheam & South Sutton Primary Care Network
PCN Clinical Director	Central Sutton Primary Care Network
PCN Clinical Director	Carlshalton Primary Care Network
PCN Clinical Director	Wallington Primary Care Network
GP Federation	Sutton GP Services Limited
Executive Director of Integrated Care	Epsom and St Helier University Hospitals NHS Trust
Director	Sutton Health & Care Provider Alliance
Chief Executive	SWL & St Georges Mental Health Trust
Director of Quality Improvement	NHS South West London Clinical Commissioning Group
Chief Executive officer	Advocacy For All
Sutton Health & Care Alliance	Various
Provider focus group	Various

## 14 - Glossary

Term	Definition
LBS	London Borough of Sutton Council
NHSS	NHS Sutton
The Sutton Health and Care Executive	<p>Health and care commissioners, providers, the community and voluntary sector, including:</p> <ul style="list-style-type: none"> <li>• London Borough of Sutton Council (LBS)</li> <li>• NHS Sutton, South West London Clinical Commissioning Group</li> <li>• Community Action Sutton</li> <li>• Epsom and St Helier University Hospitals NHS Trust</li> <li>• Healthwatch Sutton</li> <li>• South West London and St George's NHS Trust</li> <li>• South West London Health and Care Partnership</li> <li>• Sutton GP Services Limited</li> <li>• Sutton (London Borough) Public Health</li> <li>• The Royal Marsden NHS Foundation Trust</li> </ul>
SAB	Safeguarding Adult Board
CQC	Care Quality Commission. The CQC is the independent regulator of health and adult social care in England. Their role is to ensure health and social care services provide people with safe, effective, compassionate, high-quality care and advise care services on how to improve.
QIOs	Quality Improvement Organisations
JIG	Joint intelligence group.
PPE	Personal Protective Equipment
IPC	Infection Prevention Control
SWL	South West London
DoLS	Deprivation of Liberty Safeguards

BIA	Best Interest Assessors
ONS	Office for National Statistics
PHE	Public Health England
HPTs	Health Protection Teams
LCRC	London Coronavirus Response Cell
MDT	Multidisciplinary Team
CMC	Coordinate My Care
DPH	Department of Public Health
DHSC	Department of Health and Social Care
AHP	Allied Health Professionals
SCG	Strategic Coordination Group
ICP	Integrated Care System
TTT	Test, Track and Trace
STP	Sustainability Transformation Partnerships
MIT	Market Information Tool
DASS	Directors of Adult Social Services
LSE	London School of Economics