

**REF: CE1413601**  
**Althea Loderick**  
**Chief Executive**

London Borough of Newham  
Newham Dockside  
1000 Dockside Road  
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Date: 29<sup>th</sup> May 2020

Dear Ms Whately,

**SUPPORT TO NEWHAM BASED CARE HOMES**

Thank you for your letter dated the 14.05.2020.

Please find below a summary of the London and Newham care home context; confirmation of the Council's daily oversight and governance arrangements to review our local Home data and information; an overview of the joint support that has been provided to our homes in relation to C-19; and the completed C-19 Care Home Support Implementation Status template (Appendix A).

**London Context**

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 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

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has supported local operational responses: prioritising active delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control advice and support.

Being alert to emerging issues in system which led to care home challenges and our early response (we started reporting care home deaths and COVID cases from 23rd March) allowed action to be taken to respond in London and provided early warning nationally via the SCG of issues that would develop across the country.

A summary of the work across London and issues for the future are captured in the attached Appendix B: London Region Appendix.

### Newham Context

Newham has a diverse provider market, of which there are 25 care homes, details of which are provided in Appendix C. The Newham older people care home market has a number of marked differences from the profile of the national market:

- Dominance of large national providers - of the seven homes, four are owned by one of the large national Providers - accounting for 70% of the bed capacity. This compares with the top 10 national providers accounting for 24% of all beds nationally.
- High levels of large homes - of the seven older people homes, four have 50+ beds, which is the CQC definition of a 'large Home'.
- Low levels of self-funders - Newham has very few self-funders - 5% compared to the national average of 41%.
- High levels of Council funded Residents - over 75% of beds are purchased by the Council - compared to the national average of 49%.
- A significant number of beds (approximately 20%) are funded by out of borough statutory organisations.

Whilst, in contrast, our other homes are generally owned by small organisations delivered from converted houses with communal bathing and kitchen facilities.

### Governance and Oversight

Since lockdown began, the Council has implemented a daily sitrep (across the seven days) for each of its service cohorts. The care home sitrep covers capacity, resident status in relation to C-19 and staffing. This was adapted to include the questions in the ADASS tracker.

The sitrep is reviewed daily by Senior Managers, enabling a swift response as and when any issues occur with sharing of issues as part of a multidisciplinary group across both the council and health partners.

Furthermore, the Council's Adult Social Care Contracts Team is in daily communication (across the seven days) with all our homes providing guidance and support, as required. This has led to our homes introducing dedicated slots for relative communication: supporting residents and relatives to stay in touch and reducing the number of daily calls from relatives wanting to speak to their loved ones - enabling the homes to focus on care delivery. The team has also worked with each home to agree an End of Life Care protocol, which not only covers relatives visiting loved ones approaching the end of their life, but also the arrangements for collecting belongings and advising of the Council's commissioned Bereavement Service.

In addition, the Council's Adults' Safeguarding Governance Team is in regular contact with our Older People homes offering advice and support and undertaking virtual walk-arounds with staff members, and a wave and hello to any residents that come into view. This is being expanded to all other homes and care settings (such as those in Supported Living).

### Integrated Discharge Hub

Following the publication of the C-19 Hospital Discharge Guidance on the 19.03.2020, the Council in partnership with WEL CCGs, the acute hospital, our local Community Health provider, our commissioned Community Equipment Service and Home and Settle Service - established a seven-day a week, 8am to 8pm Integrated Discharge Hub at Newham University Hospital. This has enabled the efficient and effective discharge of all patients on pathways one to three.

In discussion with our homes and partners, in April we changed our discharge pathway to enable alternative accommodation for patients on Pathway 3: discharging C-19 positive patients to a venue run by our Community Health provider; and for Older C-19 negative patients (and those whose C-19 status was unknown from a community-setting) to a Home placed out-of-borough, commissioned by WEL CCGs. This pathway (in line with the Adults Social Care Action Plan) has significantly supported our homes to reduce risk to their staff and existing residents, with no deaths reported since the 13.05.2020.

### Infection Prevention and Control

On the 16.03.2020, the Council and our homes limited the number of individuals visiting to critical professionals' visits (that couldn't be completed virtually) and relatives saying goodbye to residents approaching the end of their life.

Throughout April, the Council delivered 12 interactive IPC webinars over ten days for our staff and commissioned providers, with dedicated sessions for care homes. These not only covered the PHE guidance, but also provided advice on how to don and doff PPE items, PPE disposal, safe staff laundry practices; and how to isolate and care for those who are shielding or displaying symptoms. Copies of the slides supporting those webinars are included at Appendix D.

At the same time, the Council funded a series of deep cleans across the homes using electrostatic disinfection techniques.

Representatives from our Commissioning Team, Public Health, Safeguarding Governance and WEL CCGs have worked together to develop and implement an IPC preparedness assessment tool - enabling the Council and the homes to identify in partnership when it is safe for them to receive residents being directly discharged from hospital (including those returning home).

The tool considers the size and layout of the Home; the number of residents, including the number who have a high level of need (e.g. those who require 1:1 support with hydration and nutrition, those with multiple or a significant pressure care need, those at risk of falls; and those who display behaviours that challenge); IPC practice (including ability to zone by cohort, PPE protocols, cleaning regime, laundry protocols, etc.); and staffing capacity.

This tool is being used to assess all homes and ensure the right arrangements are in place for hospital discharge (including the safe return of existing residents) and referrals from the community. Each Home will be reviewed on a regular basis using the tool to ensure their preparedness status is up-to-date, and

that action is taken where necessary to increase safety. The work to develop and implement the tool has enabled the Council, Public Health and WEL CCGs to work together to identify best practice for IPC in homes and to share that practice across the homes.

The IPC status of each Home is communicated to the Integrated Discharge Hub and Brokerage Team, enabling them to safely and quickly discharge patients on Pathway 3; and admit individuals from the community (including respite).

Each Home is provided with an overview of their status; and where improvements are required, a detailed action plan is developed, along with practical support and training provided by WEL CCGs and Public Health.

In addition to the above, WEL CCGs provide two trained IPC Nurses who have and will continue to undertake an assessment of a Home’s IPC arrangements and deliver tailored advice, training and ongoing support in order to enhance IPC standards. They have also cascaded and delivered the DHSC IPC training via webinar with our local health and care training partner as part of the ‘train the trainer’ initiative set out for the CCG Chief Nurse.

PPE and Equipment Supply

On the 16.03.2020, the Council re-deployed staff to lead the sourcing and distribution of PPE to staff within the directorate and to our commissioned providers. Toward the end of April, due to demand, this grew to a team within the directorate responsible for collating staff and provider (including Direct Payment residents) requests and a corporate team for procurement and distribution.

All our providers, including our care homes, have struggled to obtain PPE from both their usual supply chain and from the national supplies. The Council has successfully stepped into this space providing weekly PPE packages to our providers. Providers are contacted at the beginning of each week for their order, which is then dispatched at the end of the week.

From the 16.03.2020 to the 20.05.2020, the Council has supplied the following across our 25 homes:

Aprons	16,136
Gloves	53,830
Fluid Resistant Surgical Masks	13,136

Fluid Resistant Full Face Shields	80
Goggles	110
Overshoes	7,120
Forehead Strip Thermometers	204
Hand Sanitiser	197 litres
Alcohol Hand Wash / Soap	175 litres

In addition, WEL CCGs have provided all homes with thermometers and pulse oximeters.

#### Further clinical Support

The WEL CCGs and Health partners have:

- Implemented the Primary Care Enhanced Support offer for homes which supports a range of needs and includes a dedicated GP providing timely clinical advice and assessment, support with advanced care planning, clinical review and collaborative decision making as part of Multi-disciplinary team (MDT) working. Remote monitoring of residents for C-19 is also in place and is being enabled and enhanced by further investment into digital and medical equipment.
- Mobilised a number of pharmacy specialists to provide advice to homes on medicine optimisation, end of life medication; and the storage, use and re-use of medicines and their administration when provided in different packaging formats. These specialists work in a co-ordinated way with other pharmacy colleagues working in each part of the system.
- Provided enhanced end of life support and advice for homes, seven-days a week with the ability to provide an overnight rapid response. This provision is provided in conjunction with the local Hospice.
- Implemented enhanced telephone support for the management of residents' mental health needs, provided by a clinical Psychologist. Similarly, enhanced and prioritised access to psychological therapies is available for care home staff.
- Produced a Care Home Support Offer handbook (summarising all health and care related support offers) which is regularly updated and circulated to reflect the latest enhanced offers of support.

Regular discussions take place with the homes to capture their feedback on the handbook and help ensure it reflects what they need (Appendix E).

### Testing

Testing residents and staff is a key part of C-19 outbreak prevention. Homes will be supported with a summary testing toolkit (by end of May) outlining all the testing options for both residents and staff, including a local North East London offer being piloted in the borough and a recommended protocol for both residents and staff which balances IPC with the distress of both testing and isolation. Testing is linked to the Council's development of a local contact tracing capability (linked to London and national strategy on track and trace service due in June) to quickly respond to and prevent outbreaks and hotspots.

To date two homes have requested whole home testing via the portal (one is waiting for kits to be delivered) - and three homes have been tested in full by the local pilot. One asymptomatic case was detected, in the first wave of CQC Day 1 testing and we can confirm from the local whole home pilot that this has not led to an outbreak in that home.

### Workforce Support

The Council has encouraged care homes, via the financial support offer, to continue to pay their staff for their usual hours regardless of if they have to shield - or self-isolate due to displaying symptoms - ensuring that staff are not under pressure to work - putting either themselves or residents at unnecessary risk.

The Council has provided care and nursing staff, via Reed, to two of our older people homes.

The Council has partnered with Proud to Care London to deliver a fast-paced response to local workforce needs in response to C-19, ensuring providers have access to a sufficient workforce to enable service continuity. Proud to Care London offers rapid and safe recruitment of local people into the care sector for the following job roles: Care Managers, Care Workers, Occupational Therapists, Social Workers, chefs and cleaners. Proud to Care London completes the pre-employment checks (e.g. DBS, references) and connects the applicant with training so that there is a pool of individuals who can rapidly move into employment. Proud to Care London provides this pool to the Council, which our care providers can then access. Care providers are responsible for on-boarding and any additional training required, but most individuals will be fairly job-ready.

### Direct Financial Support

The Council has made a comprehensive financial support package available to care homes located within the borough to enable them to meet the increased costs incurred as a result of the crisis and to ensure their continued viability which includes:

- Payment of a non-repayable monthly payment based on the size of the home as shown below. This has been irrespective of whether the Council has any funded residents within the home and can be used at the Home's discretion to meet staffing and non-staffing costs:
  - CQC Large Home           £25,000
  - CQC Medium Home       £10,000
  - CQC Small Home          £5,000
- Permanently increasing weekly placement fees by 6% backdated to 1<sup>st</sup> April 2020.
- Moving from payment in arrears to payment in advance.
- Block-booking large numbers of beds to ensure payment for unoccupied beds to create capacity in the market.
- Consideration of payment up to 90% bed occupancy to compensate for vacancy levels not covered by a block booking arrangement.
- Introduction of a hardship fund accessible via open book claims to cover any additional costs incurred that have not been met from any of the above funding streams.

### Additional Support

In addition to the above, the Council:

- Has established a C-19 Adults and Health Provider webpage, where providers can find the latest Government information and guidance in relation to Health and Social Care, as well as local Newham information to support the day-to-day running of their business.



- Is completing the ADASS tracker for our homes, based on the information in the daily sitrep, to reduce this burden.
- Has secured accommodation for staff (including our providers) who do not feel safe to return to their home for fear of infecting their loved ones (i.e. older relatives or those who are shielding).
- Has provided each older people's care home with a number of iPads per Home enabled with Facebook Messenger, Google Duo, Skype and Zoom. Each of the Managers were provided with a guide to using the apps and details of who to contact for support if required. We are in the process of obtaining additional iPads for our other homes.

### Forward Plan

In terms of next steps, the Council in partnership with all partners intends to:

- Continue to support our care homes 7 days per week.
- Review the Integrated Discharge Hub, with a view to making it permanent.
- Working with WEL CCGs, continue to operate its alternative discharge and community pathways for the foreseeable future - developing them to take account of the IPC risk tool.
- Review its Integrated Quality Assurance Framework (iQAF), part of our care home Contract-monitoring programme, incorporating the IPC risk tool.
- Run a series of webinars based on the areas which homes have told us they would find beneficial (e.g. supporting those with Dementia, supporting End of Life Care, etc). The first of these, Supporting Residents During the Coronavirus Pandemic: Holding on to Principles (Care Act, MCA and Best Interests, DoLS and Safeguarding) has been arranged for next week.
- Work in partnership with our Community Health provider to build upon the existing offer and provide a programme of psychological support for care home staff.
- Work in partnership with our homes and their residents and relatives to safely reintroduce relatives and friends visits.

- Ensure that we support providers with practical financial support (1:1 hours etc.) and advice and guidance around difficulties being experienced in isolating customers and maintaining social distancing for those who are unable to understand the necessity for the measures.
- Work with smaller homes set up with shared facilities that are very person centred/homely environments to understand how they can achieve good levels of infection control and maintain social distancing and enable isolation where necessary.
- Refocus our demand projections for PPE based on the overall usage of the homes so that we can maintain sufficient stock and react effectively to sporadic unplanned requests.
- Undertake a comprehensive needs and capacity assessment (taking into account C-19 demand modelling over the next 12mths). From this will likely come a number of commissioning intentions around introducing capacity in specific areas, further reviewing our benchmark rate to include payment of London Living Wage, etc.
- Ensure all providers are fully aware of the financial support available and that they are utilising it effectively to address areas where they have raised concerns.
- Fully review our financial support package to ensure it is sufficient to enable our suppliers to remain viable through the COVID period and beyond.
- Continue to work in partnership with WEL CCGs and homes to implement a Trusted Assessor model across the WEL acute sites.
- Explore the provision of more face to face support from clinical leads in response to care home requests.
- Work closely with all partners and our Safeguarding Adults Board to ensure that any long-standing safeguarding concerns about particular care homes are being addressed and that safeguarding concerns that have emerged as a result of the Covid-19 pandemic are adequately addressed in our action plans.
- Undertake a full review for learning lessons from the Covid-19 pandemic's impact on care homes, in order to drive improvement in and support for care homes in response to the Covid-19 pandemic and any potential second 'wave'.

I hope this overview, together with the detail in the enclosed template, provides you with full assurance that the Council, CCG and our health providers have and are continuing to work together to promptly and effectively implement the Government guidance in relation to C-19 and to care homes; and furthermore, demonstrates that through discussion with our homes, they have the support they require to continue to provide safe, quality care and support to their residents.

This has been a highly complex and challenging time for Adult Social Care, Health Services, providers and the residents and families of those who are very vulnerable. As a collective health and care system we have come together to overcome challenges. We will continue to work in the spirit of collaboration and partnership (as we have done for many years) dealing with the ongoing challenges of this unprecedented situation.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Althea Loderick", with a long horizontal line extending to the right.

**Althea Loderick**  
**Chief Executive**

Cc: Colin Ansell, Corporate Director of Adults and Health  
Jason Strelitz, Director of Public Health  
Jane Milligan, Accountable Officer across NHS Barking and Dagenham, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets, City and Hackney CCGs