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29<sup>th</sup> May 2020

Dear Minister of State for Care

## **WANDSWORTH CARE HOME SUPPORT PLAN**

I am writing in reply to your letter dated 14 May 2020 requiring a local authority response on our care home support plan. This covering letter, which sets out an overview of our current activity including work to support care homes going forward, accompanies the completed template with care home information.

COVID-19 has provided an unprecedented challenge to adult social care. This challenge has been significant in London due to the 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.

As a region, we have 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 and joint governance with NHS London. Locally we have overseen and co-ordinated this through our 'Gold' group at a Corporate Council level and at an Adult Social Care level through a 'Silver' Group, including the specific responses required for our social care market, including care homes, home care and interventions to support vulnerable people on the 'shielded list'.

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 across the local authority and the NHS have used this, along with their own specific local intelligence as a key part of their daily interaction to support providers. It has underpinned the work we have done with providers supporting local operational responses: prioritising the delivery of PPE, supporting appropriate staffing levels and providing NHS and Public Health infection control advice and support. Given the high rate of infections in the capital, the fact we were ahead of the national curve and the issues created by early national guidance, we believe that without collective action the impact on residents we support in the care sector and the number of care home deaths would have been significantly higher.

A summary of the work across London, to which Wandsworth Borough Council has contributed, where relevant and appropriate to our communities, and issues for the future are captured in the attached ***London Regional Summary at Appendix 1.***

## **PROVIDER SUPPORT IN WANDSWORTH**

### **Wandsworth context**

Wandsworth has 34 care homes across the borough providing support to a whole range of service user groups. Older person's care homes range in size from 25 beds to 215 beds; three services alone account for over 500 beds. There are also a number of homes for people with a learning disability in a variety of support arrangements including care homes and supported living within the borough. Our communities are exceptionally diverse and our care home population and the staff teams that support residents reflect this. Similarly, the borough has key areas of deprivation which all our care services support.

### **General provider and capacity oversight**

Our collaborative work with our local Clinical Commissioning Group (CCG), NHS partners and Public Health to support the provider market in Wandsworth is built on positive proactive relationships with care providers. Our health and social care partnerships have also strengthened throughout this period, leading to improved interventions at all levels. A Market Oversight Group was set up very early in anticipation of the crisis developing and has ensured timely intervention and support on a variety of the challenges faced, including up to date advice and guidance to providers via a dedicated web page, with 'real time' updates to our extensive Frequently Asked Questions; and links to published advice and guidance. The Council's dedicated page can be accessed [here](#).

A 'demand and capacity' model to appropriately arrange the right capacity for people being discharged from hospital has ensured stable and supportive interventions to vulnerable people and protected the NHS at this critical time, not only from supporting social work teams but by having planned and responsive capacity in place. The Council jointly explored alternatives for accommodating residents discharged from hospitals in readiness for any surge including the use of unoccupied student accommodation at Roehampton University and 9 new flats recently commissioned as part of a new service development. Feasibility plans were developed but these options were not pursued as sufficient capacity was projected and remains the case to date. This will remain under review in case of future need or any surge in demand. However, twenty-eight additional care home beds were block purchased for a period of up to six-months to support the local system across Wandsworth (and Richmond) at the start of this crisis.

We have contacted care homes daily and ensured diligent completion of the ADASS Market Insight Tool, which has provided the basis for good local intelligence. Going forward we have now written to all homes regarding the Infection Control Grant which requires them to complete the National Capacity Tracker.

### **Training and clinical support to care homes**

A new specific Care Home Oversight Group including the local authority, Public Health, GPs and CCG personnel is now having strategic oversight of care home support including overseeing the approach to infection prevention and control, training and targeting where it is most needed. This South West London training offer is being delivered by six training leads ('super trainers') who will also train trainers to cascade training to 380 care homes across South West London region (Richmond Upon Thames, Wandsworth, Croydon, Kingston Upon Thames, Merton and Sutton) and specifically to all 34 homes in Wandsworth. A letter signed by Directors from the CCG, Adult Social Care and Public Health was sent to all homes, detailing the training offer.

All care homes have been identified as requiring access to infection prevention and control training in the borough and are in the process of being risk stratified to prioritise each home's needs matched to service requirements and their prevailing experience. 3.5 full time equivalent trainers have been identified to provide this.

Joint work on infection control has both proactive and reactive components. Proactively, with our local NHS community provider we have co-ordinated the dissemination of regional and national guidance through weekly local infection control webinars and encouraged participation in learning events led by Public Health England, complementing information provided by the Council. We are working on a two-phase approach in delivering the IPC training to care homes, requested by the Chief Nurse. This will offer senior care home staff in care homes a training webinar by the 29<sup>th</sup> May 2020 and then the roll out of face to face training to all staff in care homes by late June 2020. This training led by IPC specialists will cover the appropriate use of PPE, hand hygiene and swabbing training, to support the testing of care home residents and staff. Straddling both reactive and proactive responses, CCG colleagues have commissioned a clinically led In-Reach Team which has built relationships with care homes offering support with end of life care, basic nursing care to cover in the event of care home staff becoming unwell, providing infection control advice and carrying out wound care, as well as advanced assessment and preventing unnecessary hospital transfers. During the Covid-19 period this has also expanded to offer direct 'hand holding' support to care homes with the testing, tracing and isolation of patients in the event of an outbreak via a single point of contact where homes may telephone for immediate support.

Clinical leads have been assigned to all care homes, with this generally being a GP at the practice at which all or the majority of residents are registered (apart from one care home where the majority of residents are registered at a GP practice that is part of Central London CCG). Weekly 'check-ins' coordinated by GP practices also draw upon the multidisciplinary expertise from within the system including consultant geriatric support, dietician, dementia specialist and physiotherapists to ensure personalised, holistic and appropriate care for all our patients. For smaller homes, individual 'check-in' arrangements have been made in consultation with the care home manager and clinical lead based upon the need of the residents. This is particularly applicable to our mental health and learning disability homes in which bespoke arrangements are made based upon a resident's physical and mental health needs. The ongoing work with care homes has identified three key priorities;

- The development of 'Coordinate My Care' (CMC) records to ensure each resident in a Wandsworth care home has a personalised care plan based around the individuals needs and preferences.
- Working with the GP federation to introduce observational tools (e.g. thermometers, pulse oximeters and blood pressure machines) to all OP care homes in order to prevent unnecessary hospital attendances; mental health and learning disability care homes will be provided with thermometers and pulse oximeters when advised by the relevant clinical lead.
- Working with the SWL team to increase workforce resilience, some of the initiatives are highlighted below, supplementing our support on social care recruitment (described later):
  - **Prince's Trust Workforce Project:** 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, Cleaning staff and potentially any other vacancies care homes have.
  - **London Workforce Hub:** A scheme which can fast-track healthcare professional roles (e.g. nurses) into care homes where required.
  - **Allied Health Professionals (AHP) Hub:** A scheme which can fast-track AHP roles (e.g. psychologists, occupational therapists, physios/rehab staff) into care homes where required.

To enable the delivery of the priorities identified, all care homes now have a shared NHS mail mailbox and are registered with the Capacity Tracker from which key information is obtained and responded to accordingly. As part of the Covid-19 response, care homes are being supported to implement video consultations with GPs and community services. The CCG Borough Medicines Team is currently mapping the prescribing workforce in order to establish pharmacy support arrangements using existing capacity and capability. Where there are any gaps in provision, relevant support will be provided via GP practice pharmacists or CCG Pharmacists.

### **Personal Protective Equipment (PPE)**

We are all acutely aware of the importance of the provision and use of the correct PPE in reducing the transmission of COVID-19 in care homes and community settings. There have been significant challenges for some care home (and home care) providers in procuring enough, sustainable and timely supplies of PPE. This did result in concerns and a developing supply issue at the outset of the crisis. Wandsworth Borough Council took the lead role in ensuring a sufficiency of provision in supplies to all its care market, by providing PPE from Council procured supplies (given to care providers free of charge) as well as by accessing emergency supplies from the London Resilience Forum and through mutual aid from NHS partners. We have also worked with other London Boroughs on an initiative with the West London Alliance, led by the London Borough of Ealing to secure a pan-London supply chain for our provider market, with our first delivery due imminently.

The Council's Commissioning Team and Quality Assurance Team have good oversight of the PPE issues maintaining regular contact with all care providers operating in the borough. Intelligence on PPE supply in care homes is gathered through 'welfare check' calls to providers; direct contacts from providers to the Council; PPE requests from the London Resilience Forum and through data collected from the London ADASS Market Insight Tool, as well as through dialogue with local partners. Where a provider identifies less than seven days' stock and no confirmed local supply, emergency provision is made by the Council. With national demand remaining high, supply and demand is operating on approximately a five-day cycle. Pressure to source and deliver suitable PPE is unlikely to abate in the foreseeable future and will remain a critical issue.

### **Testing**

Working with Richmond and Kingston Council, Wandsworth care providers were invited to make use of the Chessington Testing site (and later the Twickenham Rugby Stadium) from mid-April as a testing option for care home and home care staff. A joint team of Council staff were assembled to support this up until the point the care home testing portal went live. In addition, on multiple dates throughout May (commencing on 1<sup>st</sup> May through to 29<sup>th</sup> May) mobile testing sites have been set up at Wandsworth Town Hall in Wandsworth and at Pools on the Park in Richmond providing opportunities for keyworkers, care home staff and home care staff amongst others to be tested at a location most convenient to a person's place of residence or work.

On the 11th May 2020, the care home testing portal became operational with clarification on the process available from the 13th May 2020. Care homes continue to be supported through daily engagement around required support, with local sharing of information and guidance on how to access testing and personal protective equipment (PPE). The position of support to care homes for people with a learning disability is different, with access via the London Covid-19 Resilience Cell (LCRC). We remain very concerned that there is this differential approach to supporting people with a learning disability in care homes compared to older people. We see that this inconsistency in the testing regime weakens our collective ability to identify issues at the earliest juncture and inhibits the speed with which intervention can be put in place to reduce the spread of infection. It also leads to unnecessary confusion and frustration from providers enabling support. Additionally, large numbers of people with a learning disability

reside in supported living services which are not care homes as such but are communal living arrangements presenting many of the risks that exist in care home settings. We will be doing all we can locally to support people with a learning disability, in all living environments to ensure fair, equitable and expedient preventative intervention and treatment when needed, but we urgently appeal to the government not to overlook this group of vulnerable people and ensure that the testing arrangements for people with a learning disability in care homes (and supported living settings) are urgently reviewed, simplified and standardised.

Three homes have been initially identified for priority testing and further work is underway to identify care homes that require priority testing access based on nationally defined criteria. Local needs analysis will inform referrals made based on local knowledge. The Care Home Oversight Group referred to earlier will oversee the delivery of further support required to local care homes with testing access comprising a key area of this support.

We welcome the new 'Track and Trace' initiative and await formal guidance for the role local Councils will play in supporting this initiative, building on our success in establishing systems to speedily mobilise support to vulnerable people, including those on the 'shielded list'. Clearly this will be an important step in managing the spread of the virus in care homes especially where staff will be aware of their possible exposure outside of their working environment. It will be imperative that precise, expedient and timely information from 'Track and Trace' is made available to the Council and health and social care partnership especially the Director of Public Health, so we can address identified local issues at the earliest juncture and minimise the spread of the infection.

### **Mental health and wellbeing support for care homes**

Throughout the pandemic the Council and partners have supported providers and especially care home staff by sharing resources on how to maintain their mental health and wellbeing. This has included

- Skills for Care support for registered care home managers. Link [here](#)
- Sharing free counselling sessions for frontline staff (including those self-isolating) offered from [Southern Association for Psychotherapy and Counselling](#)
- Sharing Government guidance on ways health and wellbeing of the adult social care workforce can be supported through the pandemic. Link [here](#)
- Promoting the dedicated app for adult social care called "CARE" which supports staff with advice on a number of subjects including wellbeing through [SilverCloud](#)
- Through referring care homes to borough specific initiatives offered by NHS (i.e. the Behaviour and Communication Support Service for Older People in Wandsworth has been supporting both staff and residents emotionally to get through bereavements in care homes due to Covid-19)

### **Transport offer**

In keeping with best national practice, Wandsworth Borough Council has provided free car parking to all social care staff (and NHS workers) during the Covid-19 outbreak. The Council also extended the offer of car parking permits where this had been requested from care providers.

### **Building up the social care workforce**

The Council has joined the London-wide 'Proud to Care' initiative as an enhancement of the sector's own recruitment programmes, to complement the initiatives of health partners to support recruitment of clinical staff (set out above). 'Proud to Care' has strengthened its staffing (for example with furloughed staff from Ofsted's HR department) and offers an enhanced service that will check the references and DBS of candidates, so offering 'ready to go' care staff who

can be matched to providers identified with workforce gaps.

### Financial support to care providers

A comprehensive support package has been put in place to ensure continuity of care and market stability during the pandemic. Balancing the need for expediency in the support offered with a requirement to have due regard for our collective accountabilities of both public funds and our Care Act duties to manage the provider market, the following measures are in place:

- In order to protect care providers' cashflow, payment terms were changed on 1 April 2020 to provide payments one month in advance to care homes and on the basis of "planned" care for home care providers. In addition, the Council has changed its payment terms for all suppliers and care providers from 30 days to "immediate payment" to ensure prompt payment to support cashflow.
- An offer has been made to support care providers by funding temporary cost pressures associated with Covid-19, to ensure continuity of provision. This includes funding of additional costs of staffing and sickness absence cover, PPE and infection control costs. Information has been published on the Council's website and can be found [here](#). Providers have been notified about the financial support available and awareness of this offer is raised during daily support phone calls to providers from the Quality Assurance Team.
- Additional funding support for care homes (and Extra Care Housing Schemes) is being made through the Infection Control Fund, whereby 100% of the Council's grant allocation will be paid directly to care providers in two instalments in line with grant conditions.
- Recognising cost pressures faced by the sector, particularly in relation to the National Living Wage, the Council has increased care home fees by 3%, to be paid to providers on 1 June 2020, backdated from 1 April 2020.
- Rates for home care providers are being increased by 3.44% in 2020/2021, in line with contractual terms. Time allocated for individual home care visits has been increased, to allow additional infection control measures to be put in place. Providers have also been given flexibility to increase the level of care provided to respond to need, in these exceptional circumstances, with a light touch approval process in place where care needs to be increased.
- Working with providers, the Council has commissioned additional services to increase capacity and meet additional need and demand in relation to hospital discharge. Additional care home beds have been purchased on a block basis to support provider cashflow and sustainability through guaranteed income. Where required, funding has been agreed for a guaranteed level of home care hours, to help boost service capacity.
- The Council continues to assist providers by sourcing additional stocks of PPE, sourced through the London Resilience Forum, local supply routes and through mutual aid. Emergency PPE supplies are being made available free of charge to the Borough's care providers, as well as service users employing their own care staff through a Direct Payment. To date, 200,000 items of PPE have been provided, with regular orders being scheduled at no cost to providers.
- Where some care services (e.g. day care services) have been temporarily closed during the Pandemic, funding has been guaranteed to providers and support has been provided flexibly to service users whilst at home.
- Additional funding support has also been provided to the voluntary sector towards their support to shielded and vulnerable residents.
- A summary of our offer is set out here:

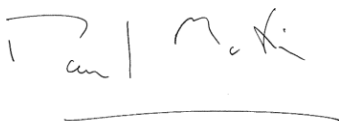


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Support to Care Pro

Our template also captures key comments from care providers relating to their experience over this period. Care homes do report the significant array of advice that has been sent to them over this period as daunting and at times confusing. For many, especially smaller homes, dealing with containment of infection and exceptionally unwell people has been a new, if unpleasant and stressful experience. However, care homes have shown a great strength of resolve to respond to the challenges they have faced, and care home staff have shown dedication, commitment, tenacity and compassion to ensure people are cared for and their relatives supported.

Our collective actions to support vulnerable people in Wandsworth have been put together at incredibly short notice; have been quick and decisive at a time when there has been no established template as to how to respond in such a crisis as this. We have acted with best intentions, integrity and diligence and the strength of our working relationships with various partners, especially our health and social care partnership, have served us well and given us a strong platform upon which to undertake the many responsibilities and challenges that have come our way, including support to our social care market and our care homes.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Paul Martin', with a horizontal line underneath.

**Paul Martin**  
**Chief Executive – Wandsworth Borough Council**

A handwritten signature in black ink, appearing to read 'James Blythe'.

**James Blythe**  
**Locality Executive Director – Merton and**  
**Wandsworth NHS South West London CCG**



## Appendix - 1 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 London ADASS, in order to further develop the model with the ultimate ambition of creating a Social Care Academy for London.

The risk of inconsistent **clinical support to care homes** across the Capital and the need for the NHS to step up was identified and led to a joint letter to ICSs and local systems from the Chief Nurse and lead Chief Executive on 9th April to galvanise action. A weekly regional Care Homes Oversight group was established 7th May co-led by the Chief Nurse and London ADASS Vice Chair. The objectives of the Oversight Group are to:

- Oversee roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes programme including, but not limited to, access to weekly clinical reviews, medicines optimisation and advanced care planning
- Identify opportunities to support staffing in the care home sector and coordinate any regional response, which may draw upon initiatives across the NHS and local government (Your NHS Needs You / Proud to Care)
- Continue to ensure that all residents are being safely and appropriately discharged from hospital to care homes
- Have oversight and assurance of care home resilience plans, responding to emergent challenges and supporting the care home community
- Have oversight of Regional improvement support, public health and operational challenges using system wide data sources including, but not limited to, outbreaks, mortality, workforce and access to training and clinical in-reach
- Have oversight of the Regional Test, Track and Trace (TTT) across care home workforce and residents, ensuring that 'hot spots' are identified and targeted in a timely manner
- Implement a 'super' trainer programme in care homes based on PHE's recommended approach to infection prevention and control, PPE and testing

Engagement with residents and user voice is central and Healthwatch are part of the London Oversight Group to reflect people's experiences. However, engagement largely takes place at local system level where the most meaningful relationships are in place.

We worked collaboratively with NHS colleagues on discharge planning safe pathways and co-ordinated work in STP/ICS sub regions to support development of discharge beds for COVID positive patients to prevent spread of infection.

Directors of Adult Social Services (DASSs) in London have been able to assure themselves that core safety, human rights and safeguarding duties are being delivered when Care Homes are in lock-down without the usual footfall and community access to residents' homes. Local mechanisms for safeguarding processes, provider concerns and quality assurance mechanisms have continued to inform work with providers in the sector. Regionally we have specifically worked with the Coroner and PMART teams to understand safeguarding concerns and quality alerts and respond appropriately.

We have worked in strong collaboration with NHS London and Carnall Farrar to build a demand and capacity model that is intended to support joint planning of health and social care at local authority, STP/ICS and regional levels into the future, populated by our market intelligence with shared understanding of assumptions driving the model. This included capturing additional social care capacity during 'Surge', so that any need for further accommodation could be met on a pan-London and sub-regional (STP/ICS) basis. Happily, as with the Nightingale beds, most of this was not required. However, the model will support

tactical planning requirements over an 18-month period to support NHS London to return to its pre COVID-19 position.

Use of both the 18-month tactical planning tool and the suite of near term operational planning tools covering acute, community, social care and primary care will support both London region and each ICS to understand projected demand (non COVID-19 and COVID-19) over the next 18 months and the potential impact. Creating an overview of the whole system, we aim to ensure this tool supports planning together in equal partnership and safer discharge pathways.

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

Our response has been underpinned by data and intelligence. Support to the provider market and situation reporting into the London Resilience Forum was enabled by our existing London wide Market Information Tool (MIT). The tool was developed by London ADASS to support the delivery of our Care Act duties and was quickly adapted to establish a comprehensive and up-to-date understanding of London adult social care markets (home care and care homes) during the spread of COVID-19 at local, STP/ICS and regional levels.

The daily survey includes information on:

- Prevalence of COVID-19 and associated mortality
- 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 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 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 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.