



HILLINGDON

LONDON

Helen Whately
Minister of State for Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

Ref: RP/JE

28th May 2020

Dear Ms Whately

SUPPORT FOR CARE HOMES

Thank you for your letter dated 14th May 2020, concerning the above.

This letter sets out the approach of the Council and its partners to supporting care homes in Hillingdon during the current emergency period. Prior to the need for stepping up support arrangements due to the Covid outbreak, Hillingdon Council had a strong history of collaboration and partnership working with all social care providers, across all sectors. Please find illustrated below details of how Hillingdon Council, building on the arrangements it already had in place for robust oversight and support of the local care economy, has taken a place-based leadership role in working with partners to enhance that support in order to have confidence in sustaining local care services through and beyond the current crisis.

The longstanding partnership arrangements with Hillingdon CCG (Clinical Commissioning Group) is in the process of changing, due to the reconfiguration of North West London (NWL) CCGs into a single body for strategic commissioning and planning purposes. The slide deck appended sets out how the new CCG arrangements are supporting the work with care homes. It highlights the strong strategic planning and delivery framework across the STP (Sustainability and Transformation Partnership) area. The framework illustrates how the NWL CCG has designed its range of services and resources at an STP level in

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order to meet the demands and priorities in the local authority areas; with each local authority then having a lead in coordinating the arrangements and responses to the care homes in its area, utilising the relevant aspects of the framework.

In order to provide you with assurance, this letter provides details of how the London Borough of Hillingdon works with its wider partnership to support care homes, both before and during the period in question. The wider partnership is the Hillingdon Health and Care Partnership (HHCP), the emerging local Integrated Care Partnership i.e. the GP Confederation, our community health and community mental health provider CNWL, Hillingdon Hospitals and a third sector collaboration called H4All (Hillingdon for All), and Healthwatch Hillingdon.

Joint work to ensure local market resilience

Overview

There are currently 48 care homes in Hillingdon consisting of 1,486 beds, 1,337 of which are supporting older people and 149 beds for people with learning disabilities and/or people living with mental illness.

It is important to recognise, whilst the Covid period has required a coordinated escalation of effort with care homes, these efforts build on the strong market oversight and management at a sub-regional level through the West London Alliance (a partnership between West London local authorities) and at a local level in Hillingdon. Hillingdon Council has a Care Governance Board which is accountable to a Director of Provider and Commissioned Care and the Corporate Director with the statutory responsibility for Adult Social Services (DASS). In order to provide support, development and if required, intervention, on a monthly basis, the board triangulates detail from safeguarding cases, the Council's Quality Assurance Team's quality & safety audits, the CCG quality team and the CQC (Care Quality Commission).

As the importance of supporting the resilience of the care market generally and the care home market specifically has a long standing focus in Hillingdon, it remains an established priority in the Better Care Fund for the Council and health partners. Its importance can be seen in the *Improving care market management and development* scheme within our 2019/20 BCF plan that will roll forward into 2020/21.

The BCF plan gives effect to those aspects of the 2018-21 Joint Health and Wellbeing Strategy that require integration between health and social care for delivery or closer working between the Council and NHS partners. The strategy recognises the importance of a stable care market to meeting the needs of Hillingdon's more vulnerable residents and this is reflected within the delivery area priorities that can be seen in the document. The Joint Health and Wellbeing Strategy constitutes the Hillingdon chapter of the North West London (NWL) Sustainability and Transformation Partnership (STP) Plan. Further illustrating the link, which predated the current crisis, between the local borough level and the wider NWL sector.

Daily Review Arrangements

Hillingdon's ability to respond to the current crisis has been greatly assisted by investment in the Council's Quality Assurance Team (QAT), which continues to be funded through the Protecting Adult Social Care funding stream of the Better Care Fund. Prior to the current emergency QAT staff had a portfolio of providers to support through a combination of regular contact and spot monitoring visits with the objective of supporting providers to deliver and maintain quality care services to Hillingdon's residents.

The QAT has an established track record of working very closely with the CCG, primary care and community healthcare colleagues to ensure a multidisciplinary approach to supporting the local care home market. In fact, in response to the developing Covid situation SITREPs and weekly conference calls with providers and partners had already been established prior to the publication of the guidance on the 19th March.

The weekly conference calls provide an essential mechanism for communicating with providers and it also enables them to learn from each other. The Care Home Matrons, Community Matrons and CCG commissioners participate in calls. The calls also provide a means for CQC to speak directly to a range of providers about key issues. For example, at a recent meeting they talked providers through the Emergency Support Framework that was updated on 1st May 2020.

Members of the QAT contact each care home on a daily basis in order to identify directly from the home manager if there are any particular issues. Care homes are asked to supply SITREPs Monday to Friday each week using the Market Insight Tool developed by London ADASS. This includes information such as:

- Number tested positive for Covid-19.
- Number showing symptoms but not tested.
- Number of Covid-related deaths, both within the home and in hospital.
- Number of staff tested, including results.
- Number of hospital admissions.
- Staffing position, e.g. sickness and vacancies.
- PPE position, i.e. any shortages and supply issues.
- Number of voids.
- Admission status, i.e. whether new referrals are accepted.

The ADASS tool provides the local system with more detailed information than that currently available via Capacity Tracker, to which Council staff now have access and named champions identified. Nearly 98% of Hillingdon's 48 care homes are returning the daily ADASS SITREPs, including 100% of the care homes supporting people of working age with learning disabilities and/or mental health needs.

The QAT produces a daily summary of the key issues arising from the ADASS SITREPs and this is shared with the Council's Director of Provider Services and Commissioned Care and the Adult Social Care Heads of Service. This information is used to identify

whether a particular intervention is required from the QAT and/or from NHS partners. This can and does entail spot monitoring visits by members of QAT to provide support where it is identified that this may be of benefit. Examples of areas addressed on these visits include:

- Homes have good infection control procedures in place and training for their staff on infection control is up to date.
- Staff are aware of the potential signs and symptoms of COVID and undertaking appropriate observations for them. In addition, they are also getting support and advice when a resident is not presenting as they usually would.
- COVID risk assessments for residents and staff are in place.
- Staff use of PPE is appropriate and understanding of the latest guidance is understood and being followed by the Manager and staff.
- Confirmation that the home managers have put the latest guidance in place and are supporting their teams to ensure they follow and understand what is needed.
- Visiting protocols are in place.
- Managers and staff are receiving adequate support from their organisation.
- Confirmation of the accuracy of ADASS Sit-rep reporting.
- Confirmation that a best interest decision has been made where residents do not have capacity prior to a test for Covid-19 being carried out and a record to evidence this is in place.

The work of QAT is complemented by the local Care Home and Extra Care Support Team, which consists of staff from HHCP referred to above. Where appropriate, Care Home Matrons will accompany QAT officers on the spot monitoring visits to care homes referred to above.

Apart from four Care Home Matrons, the Care Home and Extra Care Support Team also includes a dedicated Care Home Pharmacist. Each of the care homes for older people receive daily check calls from their allocated Care Home Matron and this serves to identify where there is a need for additional clinical support, including medication reviews. It also helps to identify where residents need to be prioritised for a review. A key role of the Care Home Matron is the development of care and support plans for residents using the CoordinateMyCare (CMC) tool and there is 96% uptake in usage of this tool within homes for older people.

The local Care Home Support Service also has access to a Care of the Elderly Team (COTE) consultant at Hillingdon Hospital, a dietician, speech and language therapist and mental health nurse to provide more specialist advice and support. In addition to this is the GP Acute Visiting Service that operates 7 days a week and has included virtual ward rounds and skype discussions with Care Home managers to support them and residents.

The identified clinical lead for care homes for people with learning disabilities and/or mental health needs is the Primary Care Network (PCN) clinical pharmacist allocated to each individual home. They will be responsible for weekly check-in calls with the relevant homes and for liaising with practices and the Council's QAT. Each resident of these care homes will have personalised care and support plans.

Workforce: Managing the Movement of Staff between Care Homes

The Council has supported care homes to ensure that staff do not work in more than one care home. This has included financial support, access to PPE, referrals to appropriate recruitment agencies where they have particular staffing issues and access to psycho-social support to maintain the mental wellbeing of their staff during a particularly challenging time.

The availability of funding through the ICF will assist care home providers with the financial implications of preventing the movement of staff between care homes.

Testing: Staff and Residents

There are plans in place to ensure that staff and residents in all of the Borough's older people homes will have been tested by 6th June. Older people's care homes have access to the online testing portal and testing kits ordered via this route for staff and residents. Access to the portal will be extended to care homes for people with learning disabilities and/or mental health needs is expected and needed to be available shortly. In addition, arrangements have been put in place for a pop-up testing centre to be established on a car park site in Ruislip for Council key workers and also adult social care provider staff. With a capacity for 500 tests per week, this has been in operation for the last three weeks and will continue for at least the next three weeks. This has enabled staff of Council delivered care services access to testing as well as other social care employees, giving a good baseline position locally.

The Council has worked with the CCG to define priority care provision locally for testing and this has commenced with a LD Care Home and 2 extra care schemes being completed this week. We will continue with this to include all domiciliary care provision and supported living until the portal is up and running.

Homes continue to be supported both by Community Matrons and the QAT to train care home staff to complete swabbing of both residents and staff. This is building internal capacity within the homes to manage the testing process. The work of the Community Matrons is also being supported by the NWL Care Home Support Team, which is providing clinical support to care homes identified by the Council as priorities. Two homes have so far been visited and a further five visits have been arranged within the next two weeks. Swabbing is being undertaken during these visits.

Recent experience is that test results are being returned within 48 hours.

PPE

Daily calls and SITREPs mean that it is possible for the QAT to have and maintain a clear understanding of the need that our care homes have for PPE, such as masks, aprons, gloves, hand sanitiser and eye protection. The Council has undertaken a coordinating role and has distributed PPE obtained using suppliers secured through the West London Alliance (WLA) of London borough. Providers are being advised to continue approaching

their established suppliers, but the Council will continue to maintain a three weekly distribution cycle for as long as the nature of the current emergency requires this.

System confidence in local plan

The Council and its partners have systems in place to support Hillingdon's care homes to develop and maintain effective infection control measures. However, information provided by the 34 care homes that completed the support needs survey through Capacity Tracker shows that there is more work to be done, primarily around communication. The key actions identified are:

	Action	Completion Date	Methodology
1.	Contact the 14 care homes that did not respond to ascertain reasons and identify any additional support required.	June 20	QAT contact
2.	Inform all care homes of the results of the survey and issues arising from them.	June 20	Provider Forum
3.	Directly contact those homes not participating (or not engaging) in the Provider Forum conference calls.	June 20	QAT contact & Clinical Lead Contact
4.	Confirm provider arrangements for managing movement of staff between care homes	June 20	QAT contact
5.	Reiterate information about step-down/step-up beds to support isolation.	June 20	Provider Forum
6.	Deliver ' <i>train the trainer</i> ' training in infection control, including promotion of infection champions	June 20	HHCP
7.	People with dementia and challenging behaviours: Target specific support through HHCP after identification of main issues.	June 20	QAT contact & Clinical Lead Contact
8.	People with learning disabilities and challenging behaviours: provide 'train the training' in how to manage social distancing.	June 20	Positive Behaviour Support Team
9.	Access to national testing portal for LD/MH homes: ensure that homes are aware when this is available.	June 20	QAT contact
10.	Confirm named clinical lead arrangements for four care homes supported by Harrow CCG.	June 20	LBH/CCG liaison

11.	Promote potential availability of NHS Volunteer support to care homes.	June 20	Provider Forum
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It should be noted that some of the homes within the 14 non-responders are known to have some specific challenges and have been prioritised for targeted support from partners, including the NWL Care Home Support Team. These homes are being supported within the pre-existing care governance arrangements mentioned earlier.

NHS Mail

All of Hillingdon's care homes now have access to NHS Mail, which greatly improves communication between the homes and NHS partners. This removes unnecessary processes that can divert care home workforce capacity from their primary function of delivering care.

Approach to addressing short-term financial pressures experienced by care providers

The Local Authority has in place a regular programme board which amongst other things, has insight into the financial viability and sustainability of local care providers, this has provided a strong starting position of assessing the Covid impact. In recognition of the financial pressures faced by care providers the Council took very early steps to put in place a package of support, including a grant to care providers for Quarter 1 2020/21 that is the equivalent of a 10% fee increase this period, a commitment to paying a month in advance against existing plans and a further commitment of sourcing and supplying PPE for an initial 12 week period. This funding has come from the Council's allocation from the £3.2bn made available by the Chancellor to relieve some of the Covid-related pressures on local authorities and the local care sector.

Whilst our priority has always been outcomes focussed commissioning of care provision, going forward the current crisis has demonstrated a need to review our model to ensure an integrated approach with health that delivers a fair price for care to the provider and a much clearer link to the quality of service provision by retaining strong governance procedures.

Locally agreed approach to providing alternative accommodation.

18 flats in a Council owned extra care sheltered housing scheme have been made available for use as step-down for both people with and without a Covid-19 diagnosis. This has recently been reduced to 12 twelve flats. A 9-bed Council-owned residential respite scheme has been temporarily repurposed for use as step-down for Covid+ve people. Both facilities are to support people for whom it may not be appropriate for them to return to the care home setting they were in prior to a hospital admission. They are funded from the CCG's allocation from the £1.3b made available to CCGs to support hospital discharge arrangements. These facilities can also be used as step-up to prevent unnecessary hospital admissions and as points of isolation.

In addition, the CCG has a contract with a provider for 9 step-down beds at Franklin House Nursing Home and additional provision has been made through NWL to access beds at Coniston Lodge in Hounslow.

Local Coordination for placing returning clinical staff or volunteers into care homes

Returning Clinical Staff

There is no pool of Allied Healthcare Professionals returning to professional practice in NWL that can be called upon to directly support care homes.

Volunteers

The Council is supporting a NWL initiative to raise awareness amongst care homes and other care providers of the support that NHS Volunteers can offer. The extent to which NHS Volunteers can assist providers by releasing capacity to support direct care will be monitored over the coming weeks. Care home providers have and are using the Goodsam app and this will be useful with volunteers supporting the service in its recovery phase with a range of 'back of house' and resident facing tasks.

Involvement of Partners

The CCG and HHCP have been engaged in the development of this submission. The submission timescale has not permitted engagement with a broader range of stakeholders.

Conclusion

I hope that you will agree, from a very strong position of having arrangements in place which have an oversight and scrutiny of all the care provision in the Borough, Hillingdon Council has been able to mobilise partnership arrangements and provide financial and practical support to the local care sector, in order that our most vulnerable residents are cared for and that our local care market is sufficiently resilient to manage through the Covid period.

Yours sincerely

A handwritten signature in black ink, reading "Ray Puddifoot". The signature is written in a cursive style with a long horizontal flourish at the end.

CLLR RAY PUDDIFOOT
LEADER OF THE COUNCIL