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Dear Minister of State for Care

### **Support for care homes**

I am writing in response to your letter of 14 May 2020 requesting a short overview of our current activity and forward plan in respect of support to care homes in Merton. The completed care home support template is appended to this letter. To enable review against your expectations I have structured this letter in line with the bullet points in the Minister's letter.

The content of this response has been agreed by James Blythe, Locality Executive Director: Merton and Wandsworth and by Julie Hesketh, Director of Quality and Governance: Merton and Wandsworth (Chief Nurse), both of NHS South West London CCG.

### **Our regional response**

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 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 23 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 ***Appendix A***.

### **Joint work to ensure care market resilience and infection control**

In Merton there are strong relationships between commissioners in the council, Merton CCG and our providers, with an established programme of work to integrate the local health and care system led by the Merton Health and Care Together Board (MHCT). As a formal sub-group of the MHCT Age-Well theme, a multi-agency Enhanced Support to Care Homes (ESCH) group was established in 2018 which included senior care home representatives. This has enabled Merton to implement early the national requirements for enhanced support to care homes announced on 1 May 2020.

At the early stages of COVID-19, Merton's Enhanced Support to Care Home Group scaled up our response and capacity led by the GP clinical lead and a consultant in Public Health. The group have overseen the development of an action plan, which integrates the response of all partners across the system including care home representatives. This plan is kept under continuing review by the group to ensure that it remains fit for purpose in the context of the evolving nature of the challenges faced by our care homes as the pandemic progresses.

We are now delivering the nationally mandated IPC training across all care homes in Merton. The first phase delivered an opportunity to senior care home representatives to participate in training webinars, with most sessions already completed. Phase two will deliver safe face-to-face training sessions for all care home staff that covers key IPC areas including safe use of PPE. In South West London, we have added content on swabbing to support testing into the training programme as a direct response to feedback from care home managers. Where appropriate, these training sessions are being personalised to the needs of residents in each home.

We use data collection and intelligence through the Market Insight Tool (MIT), the daily Market Intelligence Reports populated from the MIT and a local public health dashboard to proactively monitor and anticipate care home support needs. This data is supplemented by soft intelligence captured through regular direct contact with care home managers.

In Merton, to enable us to respond to suspected outbreaks of infection across care homes, we have set up a 7-day single point of contact. The response team consists of a senior community nurse, a social worker and a Public Health specialist. We hold same-day incident management meetings with senior managers when a new outbreak occurs and share lessons learnt as part of the process. A national strategy for the implementation of test, track, trace and isolate will enhance the local work already undertaken.

At the beginning of the testing programme, we and our local providers found the approach to testing difficult to understand and access. We worked closely with our care homes to find our way through the national testing approach. Although the testing programme has moved forward for care homes for older people and their staff with the implementation of the national portal system, challenges remain both in the length of time from requesting to delivery of tests to care homes and the timeliness of results being reported back to the care home. A national strategy on testing and re-testing for all care homes to include our learning disability and mental health care providers is critical and must include accurate and timely data on the level of testing in care homes.

At the time of writing this letter, we are pleased to report that a very high proportion of our care home providers have adequate supplies of PPE. Since the beginning of the pandemic, London Borough of Merton have provided over 154,000 items of PPE at nil cost to providers. We recently placed an order for 2.6 million items of PPE via a London-wide commissioning approach to support our staff and local providers. Notwithstanding the proactive local work to ensure adequate supply to our providers from the beginning and throughout the pandemic, the rapid roll out of the new national supply arrangements remains critical for social care and to provide assurance to care homes that reliable and affordable supply lines can be re-established.

We continue to monitor stock levels in each home through both the MIT and our regular contact with care homes. Where there is an urgent need, supplies are ordinarily delivered to homes within 24 hours of the request being made and often on the same day.

We commend our local care workforce for their resilience and dedication in continuing to deliver good quality care despite the challenges. As part of the daily review of the 'state of the market', we review workforce capacity. We have contingency plans in place through our enhanced in-house Reablement team and a register of our registered managers in case of a sudden depletion of staff in a specific home.

We have an established set of arrangements for GP and clinical support for older people care homes, which has been enhanced during this period to include learning disability and mental health.

### **System's collective level of confidence**

There is a high degree of confidence among partners across the local system in delivering a programme of enhanced support to care homes. As outlined previously in this letter, a national approach to developing strategies for both maintaining PPE supply and ongoing testing in care homes would further enhance local system confidence.

We are also fully engaged with those aspects of care home support which are co-ordinated at the Integrated Care System level (South West London). An agreement has been reached for mutual aid with the NHS across SWL for testing should the national care homes portal not be operational. Arrangements to ensure safe hospital discharge for Merton are also being co-ordinated at this level as the Merton population is served by a number of local acute hospitals. Arrangements to offer volunteers and clinical returnees to care homes also operate on this level as described below.

Senior council officers hold weekly meetings with the lead Cabinet Member for Adult Social Care, Health & Environment and Chair of the Merton Health and Wellbeing Board. At the June meeting of the Health and Wellbeing Board the care home support plan will be presented. The Chair of the Adults Safeguarding Board has been kept informed of this work. On 28 May an extraordinary meeting of the Safeguarding Adults Board was held and the plan was discussed and endorsed. Healthwatch partners are members of both the Health and Wellbeing Board and the Safeguarding Adults Board. Further community engagement on our plan will take place through the CCG Patient Engagement Group and the Local Care Home Forum organised by Dignity in Care. In due course, the plan will be considered by the Healthier Communities and Older People Overview and Scrutiny Panel.

### **Approach to short-term financial pressures**

London Borough of Merton agreed an uplift in its fees for adult social care prior to the start of the financial year that addresses the uplift in the national minimum wage. The home care rate was increased by 5.78% and care home and other care provider fees by 3.7%. The 3.7% offered to care homes and other care providers was calculated with reference to what we would expect payroll costs to be as a proportion of overall costs in order to ensure that the increase in National Living Wage was covered.

We have worked closely with SWL NHS colleagues to ensure that the backdated Funded Nursing Care award for 2019/20 is paid to nursing care homes as quickly as possible, to further support cash flow for those homes.

We maintain oversight of the sustainability of the local care market and again use the ADASS Market Insight Tool, close liaison with CQC and local intelligence to facilitate this.

We welcome the two tranches of funding provided to local authorities to support us during the COVID-19 crisis to help maintain all of our services including social care. However, it would be helpful if it were made consistently clear this funding was to support all council services not solely adult social care.

We agreed an approach, in line with LGA/ADASS guidance to support the local market financially. To date we have committed in excess of £1m support to providers, including having made £210k in cash payments to date, in response to requests received from providers. We have sourced and procured in excess of £800k of PPE for distribution directly to providers at nil cost. Moving forward, we will not be in a position to afford to repeat this exercise without further funding. In the absence of further funding, it is essential, as noted above, that all social care providers have direct access to the national supply and distribution line.

We have invested £335k in additional reablement capacity to support the system, and to provide assurance that we can deploy staffing resources rapidly were a care home to experience an unexpected drop in staffing capacity.

Our allocation of the national infection control fund is £1.3m. £986k in payments to care homes from the infection control funding, at a rate of £1,067 per registered care bed in Merton, is already committed. This is in line with the guidance to commit a minimum of 75% directly to care homes. Having only just received the grant

conditions, further consideration is required on the most effective use of the remaining 25% to support infection control across the wider local care system.

Moving forward as a health and care system, we will need to work together to review the care market, post COVID-19, in Merton, to ensure sustainability and our shared ability to meet the changing needs of our population. A long-term solution to the future funding of adult social care is urgently required.

### **Alternative accommodation**

In response to demand and capacity modelling, undertaken by Carnell Farrar with the NHS, at the outset of COVID-19, we secured additional community bed capacity to manage expected demand and to support the system. We have an integrated approach to coordination of discharges to community beds and this has worked very well throughout the period of the pandemic thus far. To date, we have continued to have capacity in the borough throughout the crisis.

In our next phase of surge planning, having undertaken further demand and capacity modelling with the NHS, we will continue to work with health colleagues and providers at both local and system level to ensure continued access to community bed based care both to meet any future surges in activity and to ensure that suitable isolation arrangements can be put in place for all individuals being discharged from hospital.

### **Local co-ordination for returning clinical staff and volunteers**

Thus far, staff absences in Merton care homes have been of a manageable level. Merton has engaged proactively with the Proud to Care initiative for the social care workforce. We have an extensive cohort of local volunteers that have been supporting those who are currently shielding and residents accessing our Community Response Hub. In addition various workforce schemes for care homes have been coordinated at a SWL system level. These include:

- **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, and physiotherapists/rehabilitation staff) into care homes where required.

For all schemes, staff are available for permanent, short term or bank roles.

To conclude, we are very proud of the overall response of our local care home providers, their workforce, our partners and our staff in responding to and managing this crisis. The health and wellbeing of our residents is of paramount importance to us as we continue to respond to the ongoing crisis.

Yours sincerely

Ged Curran  
Chief Executive

## **Appendix A**

### **London Region response**

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 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 10<sup>th</sup> April we launched Proud to Care London to support recruitment, DBS checking and basic training of care staff. To date we have had over 1800 registrations and of these 180 have passed to councils and providers, with excellent feedback about the calibre of the candidates being connected with work settings. It is also worth noting that we are reaching a new profile of carers – with 1/3 of applicants under the age of 30. We are now in the process of transitioning the Proud to Care initiative from an SCG sponsored workstream to LondonADASS, in order to further develop the model with the ultimate ambition of creating a Social Care Academy for London.

The risk of inconsistent **clinical support to care homes** across the Capital and the need for the NHS to step up was identified and led to a joint letter to ICSs and local systems from the Chief Nurse and lead Chief Executive 09<sup>th</sup> April to galvanise action. A weekly regional Care Homes Oversight group was established 07<sup>th</sup> May co-led by the Chief Nurse and LondonADASS Vice Chair.

The objectives of the Oversight Group are to:

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

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

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

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

We have worked in strong collaboration with NHS London and Carnall Farrar to build a demand and capacity model that is intended to support joint planning of health and social care at local authority, STP/ICS and regional levels into the future, populated by our market intelligence with shared understanding of assumptions driving the model. This included capturing additional social care capacity during 'Surge', so that any need for further accommodation could be met on a pan-London and sub-regional (STP/ICS) basis. Happily, as with the Nightingale beds, most of this was not required. However, the model will support tactical planning requirements over an 18 month period to support NHS London to return to its pre COVID-19 position.

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

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

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

The daily survey includes information on:

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

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

The MIT tool has produced:

- **At borough level:** Continuous, live access since 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.

Paul Najsarek and Sarah McClinton  
On behalf of London Chief Executives and London ADASS