

Non-Executive Report of the:  <b>Health and Adults Scrutiny Sub-Committee</b>  8 <sup>th</sup> February 2021	
<b>Report of:</b> Denise Radley, Corporate Director, Health, Adults & Community	<b>Classification:</b> Unrestricted
<b>Issue Title:</b> Older People's Care Homes – Support During the Covid-19 Pandemic	

<b>Originating Officer(s)</b>	Rahima Miah, Deputy Director, Integrated Commissioning and Transformation
<b>Wards affected</b>	All

### Summary

The purpose of this report is to provide a summary of the support that has been provided to older people's care homes in Tower Hamlets, throughout the duration of the Covid-19 pandemic.

### Recommendations

The Health and Adults Scrutiny Sub-committee is recommended to:

1. Note the contents of the report
2. Provide any feedback on actions that have been taken to date and priority areas for the future

#### 1. REASONS FOR THE DECISIONS

N/A

#### 2. ALTERNATIVE OPTIONS

N/A

#### 3. DETAILS OF THE REPORT

### 3 Context

3.1 Covid-19 was declared a global pandemic in mid-March 2020 and has resulted in a high level of infections and mortality across the globe. One of the key trends that emerged both in the UK and internationally was the number of deaths occurring in care homes, particularly at the onset of the pandemic.

3.2 London Borough of Tower Hamlets (LBTH) has led the support efforts to the five older people's care homes commissioned in the borough during this challenging time:

Care Home	Location	Bed Numbers	CQC Rating
Aspen Court	Poplar	26 Nursing 46 Residential	Requires Improvement
Beaumont Court	Stepney Green	48 Residential	Good
Hawthorn Green	Stepney Green	90 Nursing	Requires Improvement
Silk Court	Bethnal Green	51 Residential	Good
Westport Care Centre	Poplar	41 Residential	Good

3.3 As of 11<sup>th</sup> January 2021, there were 215 residents in these settings:

Care Home	Current Number of Residents
Aspen Court	45 (31 are from Tower Hamlets)
Beaumont Court	46 (39 are from Tower Hamlets)
Hawthorn Green	45 (41 are from Tower Hamlets)
Silk Court	38 (14 are from Tower Hamlets)
Westport Care Centre	41 (16 are from Tower Hamlets)

3.4 Alongside essential support by all other health and care agencies in the system - Waltham Forest and East London (WEL) Clinical Commissioning Group (CCG), Barts Health NHS Trust, East London NHS Foundation Trust and GP Care Group, the Tower Hamlets Together (THT) partnership have worked jointly and rapidly to respond to the changing demands and pressures presented by Covid-19 over the last 10 months.

3.5 The purpose of this report is to provide a summary of these efforts, which have all been in conjunction with the commitment, engagement and proactivity of the care homes in the borough.

## 4 Covid -19 – Support

4.1 The THT response to Covid-19 has included the following:

### a. Co-ordination of advice, guidance and support

- Tower Hamlets has an Integrated Commissioning team across the Local Authority and the CCG. With effect from 24<sup>th</sup> March 2020, a member of this team has contacted the care homes each working day to compile a "situation report". This report is a comprehensive tool which covers a range of information such as staffing levels, number of suspected and confirmed cases of Covid-19, flu and Covid-19 vaccination rates and availability of Personal Protective Equipment (PPE). This information is monitored daily by senior managers, alongside returns made by care

home providers to the national Capacity Tracker<sup>1</sup>, with urgent issues both identified and acted upon.

- There is a Care Homes Bronze Group in place, which forms part of the borough's pandemic governance structure. The Group has been meeting on a weekly or fortnightly basis since 27<sup>th</sup> April 2020 and acts as the main forum to co-ordinate support efforts. It is comprised of all members of the THT partnership:
  - Integrated Commissioning Team, LBTH & WEL CCG
  - Public Health Team, LBTH
  - Primary Care Team, WEL CCG
  - Medicines Management Team, WEL CCG
  - Infection Prevention and Control Team, WEL CCG
  - Quality Team, WEL CCG
  - Community Geriatrician Team, Barts Health NHS Trust
  - Community Health Team, East London NHS Foundation Trust
  - Community Mental Health Team, East London NHS Foundation Trust
  - Quality Team, GP Care Group
- The Care Homes Bronze Group have developed a service operating plan (see appendix one) for care homes in Tower Hamlets, advising them of the actions to take to both prevent and manage outbreaks. This is updated on a regular basis and is a key resource for care homes staff.
- The Care Homes Bronze Group is supplemented by a weekly virtual meeting with all of the older people's care homes. In addition to the providers themselves, the meeting is attended by members of the THT partnership. Collectively, all have worked together to share their experiences and knowledge to address concerns and questions as they arise, particularly around topics such as testing, hospital discharges and visitor arrangements. Routinely, all providers take part and there is generally a high level of attendance.

## **b. Clinical input**

- All older people's care homes in the borough have access to an enhanced GP service. Key facets of this include a weekly "check in" to review patients identified as a clinical priority for assessment and care, in-hours urgent response where GP support is available within 2 hours of a request being made and the ongoing review and updating of personalised care plans.
- Weekly virtual multidisciplinary team (MDT) meetings have been in place across the care homes from early June 2020. These MDTs include practitioners from multiple settings including, but not limited to, GPs,

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<sup>1</sup> The Capacity Tracker is a national mandated tool for collecting Covid-19 information across health and care providers and was announced in the government's [action plan for social care](#) (15th April 2020), followed by a [joint letter](#) (17th April) from Department of Health and Social Care and NHS England & NHS Improvement, together with the Care Quality Commissioning and the Care Provider Alliance.

community health services staff, community geriatricians, mental health and medicines management specialists.

- Each care home has a designated community health services clinical lead, which complements the primary care offer detailed above. As part of this, the community health services teams have delivered 15 virtual training sessions in the care homes on a number of issues, such as identifying and managing pressure ulcers and continence care. As a direct result, care home staff have started to undertake these tasks themselves, in place of District Nurses, thus reducing foot fall and the risk of infection.

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

- At the onset of the pandemic, there were reports of a range of difficulties in accessing PPE. In order to bring some stability to the sector, LBTH developed its own mutual aid PPE scheme, with effect from 27<sup>th</sup> March 2020. The scheme aims to support providers where they have been unable to obtain PPE through usual supply chains and where stock levels are such that care and support services will be affected i.e. they have less than three days' supply of any item of PPE.
- All mutual aid requests received from the care homes were accepted, with the required PPE provided. Mutual aid requests from the older people's care homes were generally lower than for other sectors (e.g. homecare) as there were less issues in terms of accessing supplies through their normal routes.
- The mutual aid offer is staffed by a dedicated team and is primarily available during the working week. However, emergency supplies are available 24 hours a day seven days per week if needed.
- During the pandemic, providers have been submitting regular "situation reports" to ensure they have adequate PPE stock. In addition, regional data is reviewed weekly as providers also report their PPE stock to London Directors of Adult Social Services (ADASS). Where issues are identified, providers are contacted to establish if support is needed.
- Since October 2020, social care providers have been able to access PPE via the Department of Health and Social Care (DHSC), in addition to accessing the council's mutual aid scheme. PPE staff have attended the weekly care home forum to remind providers about this new process and have tracked the registration of providers to ensure they are accessing PPE through this route.
- In November 2020, all social care providers were approached to attend training to "fit test" their staff who need to use a respirator mask (enhanced PPE for specific procedures). This offer remains available to the older people's care homes.
- The Council, along with Public Health, have been continuously reviewing the guidance around PPE and have amended local guidance to reflect the rapidly evolving approach. All changes are routinely communicated to providers to ensure that PPE is being used as appropriate.

#### **d. Infection Prevention and Control (IPC)**

- All providers have access to a dedicated IPC Nurse, appointed by the CCG. The Nurse has delivered a series of training sessions to care homes staff as well as providing regular and ongoing bespoke advice and support.
- The IPC Nurse is a critical member of the weekly Outbreak Management meeting that has been established, together with Public Health and Integrated Commissioning. The role of the group is to monitor any outbreaks within the care homes and to ensure they are implementing all relevant actions to contain and minimise impact. This includes reviewing their infection control measures, testing procedures, PPE usage, visitation policies and staffing arrangements. Where it is felt that a provider would benefit from additional support, the Outbreak Management group take the lead in arranging an Incident Management Team (IMT) meeting with the care home and the Public Health England London Coronavirus Response Cell (LCRC), so that all efforts can be harnessed via this route.
- In May 2020, DHSC announced the Adult Social Care Infection Control Fund (ICF). Worth £600 million across the country, the primary purpose of the fund was to support adult social care providers to reduce the rate of Covid-19 transmission in and between care homes. On 1<sup>st</sup> October 2020, the ICF was extended until March 2021, with an extra £546 million of funding. The Integrated Commissioning team have worked with the five older people's care homes to support them to access the local ICF allocation. To date, they have received approximately £477,355 funding and this is expected to be £599,585 by the end of March 2021 and this has been utilised for a number of purposes:
  - Full pay for staff that are isolating
  - Incentive payments to ensure that staff work in only one care home
  - Cohorting staff to individual groups of residents or floors/wings
  - Limiting the use of public transport by members of staff
  - Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work
- In addition to the ICF, in line with recommendations from the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), LBTH also provided the care homes with a temporary 10% uplift, with effect from 1st April 2020 until 31<sup>st</sup> July 2020. This equated to approximately £203,219 and supported them to pay for additional costs they incurred related to Covid-19, such as the purchasing of PPE.

#### **e. Testing**

- On 28<sup>th</sup> April 2020, the Secretary of State for Health and Social Care committed to offering a coronavirus test to every staff member and resident in all care homes in England. In line with this goal, on 11<sup>th</sup> May 2020, a new online portal was set up, where any CQC registered care

home was able to order a batch of PCR testing kits, for all of its residents and staff.

- In the early stages of the national offer, care homes reported a number of challenges, the most notable being delays in the delivery and collection of testing kits, as well as the sharing of results.
- As a response to this, on 18<sup>th</sup> May 2020, Tower Hamlets introduced a local testing pathway, delivered by the GP Care Group. The scheme involved:
  - A small team of Advanced Nurse Practitioners (through the GP Care Group) visiting all of the care homes on a fortnightly basis
  - The processing of tests at the Royal London Hospital, Barts Health NHS Trust, where capacity was freed up to support with the delivery of the pathway
- The scheme came to an end in October 2020, once issues with the national offer had been resolved and staff within the care homes had received training from the GP Care Group, to enable them to confidently and competently undertake the testing without their input. Arrangements are now working well and care homes are implementing testing in line with national guidance i.e:
  - Weekly PCR tests for staff
  - Twice weekly lateral flow device (LFD) tests for staff (one on the same day as the weekly PCR test and one mid-week, between the weekly PCR tests)
  - Monthly PCR tests for residents

#### **f. Visitors**

- The Care Homes Bronze Group have worked with the older people's care homes to develop, agree and implement processes to enable:
  - Outdoor visiting and 'screened' visits, unless there is a Covid-19 outbreak within the care home
  - Visits in exceptional circumstances, including end of life
- This has involved the completion of risk assessments, which have been reviewed by Public Health and the IPC Nurse to help determine:
  - Where visiting will happen and how visitors might be received on arrival at the home to avoid mingling with other visitors, staff or residents etc.
  - The precautions that will be taken to prevent infection during visits (including PPE use and hand washing)
- During the Christmas period, where new national guidance was released around visits outside of care homes, the Public Health Team also issued formal communication to the providers, clarifying the approach and measures that needed to be put in place:
  - Visits out of care homes should only be considered for care home residents of working age (under 65s). Care homes should, however, support visits out for older people in exceptional circumstances, such as to visit a friend or relative at the end of their life
  - If an outward visit happens, the resident should only mix with people from one household (or a bubble that includes that household plus another that is already connected in a support bubble or childcare bubble). The resident should not become part of a 3-household Christmas bubble

- The decision to allow outward visits should be considered on an individual basis and must involve a thorough risk assessment including ensuring pre-visit negative Covid-19 tests for both the resident and the household to be visited and ensuring that the visit is taking place in a safe environment for the resident with a robust plan to address the resident's clinical and mental health needs
- When the resident returns to the care home following the visit, additional measures will need to be taken in order to protect other residents and care home staff from the risk of Covid-19 transmission. Specifically, the resident will need to isolate for 14 days. Following this isolation period, assuming the resident shows no symptoms, the resident may return to the general community in the care home

#### **g. Hospital discharges and admissions**

- In early April 2020, LBTH issued communication to the care homes advising them to remain closed to both admissions and readmissions (i.e. accepting their own residents back from a hospital stay), in order to prevent and minimise the risk and spread of Covid-19 infection.
- This was revisited by the Care Homes Bronze Group in August 2020, as Covid-19 numbers within the community began to stabilise and it was deemed opportune to consider what measures needed to be put in place to support the care homes to re-open as safely as possible.
- In line with national guidance, the requirement continues that care homes only accept admissions after a period of 28 days or more since the last laboratory confirmed or clinically suspected Covid-19 case is identified in a resident or member of staff in the care home.
- Alongside this, locally, LBTH has stipulated a number of other components that we would expect to be in place, as a pre-cursor to accepting admissions/readmissions:
  - Testing: 100% of residents are tested, if this does not cause them distress and 100% of staff are tested; where this is not possible, no untested staff are placed on work rota's
  - Workforce management: 100% of all staff (both agency and permanent) do not work in any other care home
  - Risk assessments: All care homes complete a locally developed risk assessment checklist and act upon any recommendations made by the checklist review team, comprised of Integrated Commissioning, Public Health and the IPC Nurse
- Where outbreaks are preventing discharges into a local care home setting, in order to support the hospital discharge pathway, WEL CCG have also commissioned a number of additional beds in the community and these have been made available to Newham, Tower Hamlets and Waltham Forest patients as both a step down from acute and step up from the community. These beds include:
  - East Ham Care Centre: 23 beds for Covid-19 positive patients
  - Mildmay Hospital: 14 beds for Covid-19 positive patients who are homeless
  - St Joseph's Hospice: 23 beds for both Covid-19 positive and negative patients

- Jubilee Lodge: 26 beds for Covid-19 negative patients

## h. Vaccinations

- Over the last few weeks, significant work has been undertaken to rapidly administer the first dose of vaccinations in each of the older people's care homes.
- As of 21<sup>st</sup> January 2021, the position is as follows:

Care Home	Number and Percentage of Residents Vaccinated (First Dose)	Number and Percentage of Staff Vaccinated (First Dose)
Aspen Court	41 – 91%	23 – 26%
Beaumont Court	44 – 98%	30 – 83%
Hawthorn Green	39 – 87%	40 – 37%
Silk Court	35 - 92%	29 – 48%
Westport Care Centre	31 – 76%	17 – 49%
<b>Total</b>	<b>190 – 89%</b>	<b>139 – 43%</b>

- This compares to resident vaccinations of 64% in Newham and 83% in Waltham Forest and staff vaccinations of 32% in Newham and 21% in Waltham Forest<sup>2</sup>.
- Work continues to increase vaccination uptake amongst residents and staff in the upcoming weeks. For residents, where consent has been refused, meetings are being planned with their GPs (and families/carers) to discuss any concerns they may have and undertake a best interest assessment, if needed. For staff, a series of virtual Q&A sessions are being scheduled with a range of clinicians including GPs, hospital consultants and infection control nurses to address any potential misconceptions about the vaccine.
- Discussions have also commenced with the GP Care Group to agree a timeline for the administration of the second dose across each of the care home sites.

## 5 Covid-19 - Impact

5.1 Throughout the duration of the pandemic, the borough has experienced infection outbreaks (classed as two or more cases reported within a 14 day period), at various points in time, in all five of the older people's care homes.

5.2 As of 31<sup>st</sup> December 2021, the care homes have reported 38 deaths related to Covid-19. Of the total, 30 of the residents died in their care home and 8 in hospital.

Care Home	Number of Covid-19 Deaths	Date of First Covid-19 Death	Date of Last Covid-19 Death
Aspen Court	21	28 March	24 April

<sup>2</sup> Figures are valid as of 15<sup>th</sup> January 2021.

Beaumont Court	2	4 April	14 May
Hawthorn Green	7	24 March	26 November
Silk Court	6	9 April	29 April
Westport Care Centre	2	9 April	16 April

5.3 Whilst the number of deaths are higher in nursing care homes, it should be noted that they have a higher percentage of bed spaces than that of residential care. In addition, the residents tend to be older and frailer in the nursing homes, with several residents receiving end of life care.

5.4 The latest report from the Office for National Statistics (ONS) indicates that there have been a total of 25 Covid-19 related deaths in care homes in Newham, 26 in Tower Hamlets and 18 in Waltham Forest. It is important to note that the ONS dataset differs to the Tower Hamlets figures above for the following reasons:

- The ONS dataset commences from 10<sup>th</sup> April 2020, whereas the Tower Hamlets dataset begins from 28<sup>th</sup> March 2020
- The ONS dataset outlines the number of deaths in care homes only, but does not capture the numbers of care home residents that died in hospital, both of which are reflected in the Tower Hamlets dataset

## 6 Lessons learned

6.1 Following the early deaths from Covid-19, LBTH initiated and completed a learning review.

6.2 The review covered the period 13<sup>th</sup> March – 30<sup>th</sup> June 2020 and involved qualitative interviews with a total of 25 people, which included staff working in partner health and care organisations, care home providers and care home residents and family members.

6.3 The review identified the following areas of good practice:

- The Council led a proactive response, frequently going beyond national guidance and anticipating future guidance bulletins
- Positive partnership working at both the strategic and operational levels
- A strong commitment to multi-disciplinary and multi-agency learning; the lead GPs and Infection Control Nurse in particular were highlighted as key resources by the care home providers
- Embracing of digital and online technology as a new way of working

6.4 The review also made the following recommendations:

- To build on good partnership working to develop a multi-agency and multi-disciplinary Covid-19 or pandemic pathway with detailed and clearly defined roles for different agencies to address any future wave of the virus or new pandemic as part of the Tower Hamlets Outbreak Control Plan
- To develop a formal communication strategy to promote the pathway to a range of agencies and to families and carers, identifying a clear role for the voluntary sector in engaging with and hearing the voices of service users and their families who are necessarily powerfully impacted by the situation

6.5 These recommendations have started to be implemented by the Care Homes Bronze Group through:

- Ongoing review and refinement of the service operating plan (see appendix one)
- Development and dissemination of a friends and relatives leaflet in November 2020 (see appendix two)

## **7 Next steps**

7.1 The key priority over the coming month will be the implementation of vaccinations; the focus being on increasing uptake amongst staff and agreeing timelines and logistics for the administration of second doses.

7.2 In addition to this, the support outlined above will all be maintained, with outbreak prevention and management continuing to be the primary goal.

## **4. EQUALITIES IMPLICATIONS**

N/A

## **5. OTHER STATUTORY IMPLICATIONS**

N/A

## **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

6.1 The recommendation in this report is for noting and there are no further financial implications arising from this report, which is provided for information.

6.2 A set of funding measures have been introduced to support Care Homes, primarily to fund additional covid costs being incurred and to mitigate against possible financial viability issues.

6.3 Funding made available to Local Authorities includes covid-19 emergency funds (Government funding made available at the early stages of the pandemic), was used to provide Care Homes with an additional 10% payment between the period April 2020 to July 2020, to support with the initial pressures being faced.

6.4 With the roll-out of the Infection Control Fund by central government, a total of £1.982m has been allocated to Tower Hamlets, for use on infection control purposes as per the grant conditions. As at January 2021, a total of £1.457m has already been paid to the 10 registered care homes in the borough, and domiciliary care providers (based on the number of community care users). The remaining Infection Control Grant payments will be fully allocated by the end of this financial year.

6.5 Furthermore; additional ring-fenced grant funding has been announced in January 2021, ASC Rapid Testing Fund, in the amount of £136k. This will be passported to care homes, as per the Infection Control Fund.

## **7. COMMENTS OF LEGAL SERVICES**

7.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. This can include providing information or advice and providing services or facilities for the prevention, diagnosis and treatment of illness

7.2 The matters set out in this report comply with the above legislation

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- Appendix One – Service Operating Plan, Care Homes and Covid-19



SOP - Care Homes  
Final V2 11 Dec 2020

- Appendix Two – Friends and Relatives Leaflet



555.41 Friends and  
Relatives A5 V3.pdf

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE

### **Officer contact details for documents:**

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