

Appendix 3: Barking and Dagenham's support for care homes during COVID-19



Chief Executive's Office
Barking Town Hall
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29 May 2020

Dear Colleagues

Barking and Dagenham's support for care homes during COVID-19

Barking and Dagenham Council is committed to ensuring no one is left behind and a key part of that means ensuring our most vulnerable residents get the best support to meet their needs. This has never been more important than during the COVID-19 pandemic, which has been a very challenging time for vulnerable residents and their families, and for the staff and providers that care for them. The pandemic has seen the local authority and partners across health, social care and the voluntary sector pull together to provide the services residents need – from residential care home settings to care at home and sadly end of life care. This collective effort can be seen at all levels from the front line to senior leaders and elected members, who all want the best for our residents.

The resilience and excellence displayed by our care and support providers and Personal Assistants during the pandemic has been outstanding. During what has been an extremely difficult time, we have been buoyed by their response and the collective work of the sector. We also recognise that as challenging as this has been for professionals, for residents, their relatives, friends and their wider circle of support, this has also been a hugely worrying time as we try to control the spread of COVID-19. I would like to take this opportunity to thank everyone for their efforts and support during this difficult time.

The Government has asked all local authorities to publish what we are doing to support care home settings, particularly those for older adults, and people living with dementia. This letter and accompanying resilience plan set out what these arrangements look like in Barking and Dagenham, and any steps needed to fill the gaps in our local offer. It is collectively signed up to by the local health and social care system, including the Director of Adult Social Services, Director of Public Health, and the Clinical Commissioning Group's Accountable Officer. We are confident that the support being offered meets and, in some cases, exceeds, the national requirements. We are in daily contact with those providing care to our residents in care homes, including monitoring data and intelligence to inform our support to them so we can take immediate action to where necessary.

London 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 London, local authorities 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 co-ordinated response together through the Strategic Co-ordination Group (SCG) 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 Personal Protective Equipment (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 the attached ***London Region Approach*** (See Appendix).

Barking and Dagenham response

Care Home Task Force and service user voice

In Barking and Dagenham, we have set up a Care Home Task Force to focus on the challenges faced by our care homes and to progress our care home support plan.

This Task Force is chaired by our DASS (Elaine Allegretti, Director of People and Resilience) and is attended by health partners. Our care homes will be nominating a representative to attend the next Task Force on behalf of all homes in the Borough to shape our ongoing work.

We are also working with Healthwatch to undertake an exercise around service user and family voice in care homes and our wider provider market. Healthwatch will attend our Care Home Task Force to ensure that this is fed back to the local authority, health partners and our providers.

Market resilience and capacity tracking

Our care homes have access to support seven days a week through our Provider Quality and Improvement team who have been supporting all providers in the

Borough throughout the pandemic. They have been speaking to care homes daily and answering questions and queries, circulating available training and up to date advice and guidance. Additionally, they have supported homes around outbreaks, hospital discharges and accepting clients who have tested positive or are recovering. Importantly, the team have provided care home managers with moral support during this very difficult time. All care home managers have provided very positive feedback on the support provided by the team and commissioners throughout the COVID-19 period.

There is a long-established Care Home Provider Forum in Barking and Dagenham and this has been another source of support and networking for Registered Managers who have been contacting each other regularly. The next forum will meet virtually in June 2020 and will be focused on the impact of COVID-19. The forum is chaired jointly between the Lead Commissioner for Older People from the local authority and a GP.

Each care home provides us with a daily update and fills out the daily Capacity Tracker and Market Intelligence Tool (MIT) returns stating the numbers of residents and staff with suspected or confirmed COVID-19, their capacity and the number of days of PPE stock that they have. We have access to all these returns and use it to inform our PPE aid.

This information supports us in making informed decisions about support and guidance to our residential settings. Through the Care Home Task Force and our Care Home Provider Forum we will continue to work closely with the care market to ensure resilience, robustness, and our ongoing focus on safeguarding to protect our most vulnerable residents.

Financial support to deal with ongoing COVID-19 financial pressures

All in-borough older people care homes were given an uplift on 1 April of 4.4% to cover their inflationary costs and the increase in the National Living Wage.

Additionally, we have given all older people care providers a 10% additional 'COVID-19 rate' to support them during this period. The additional monies have been given until the end of June and will be reviewed from this point monthly dependent on the ongoing crisis. We have specified that the majority of this additional money should be passed on to care staff in their wages, although some will be needed for sourcing replacement staff and securing PPE which is more expensive during this period. As for all providers, we have also increased the frequency of invoicing arrangements to help support any cash flow issues.

In line with national guidance, the CCG has uplifted the Funded Nursing Care (FNC) Rate for 2020/21 backdated to 1 April 2020. The CCG is currently reviewing payments made for 2019/20 to make backdated payments to reflect the increase in the 2019/20 rate (announced on 30 April 2020). The FNC rates in 2020 represent an uplift of 11% on the 2019/20 rate published a year ago.

Support with alternative accommodation

We recognise that patients who are either COVID-19 positive or have suspected COVID-19 but are awaiting a test result are being discharged to care homes settings under the discharge to assess model. Across Barking and Dagenham, Havering and Redbridge local authorities and health partners are working towards a collective

position for COVID-19 patients discharged from hospital with a positive diagnosis to protect transmission to care homes.

In the interim, Barking and Dagenham has established a 'hot-homes' pathway for new residents, using two of our care homes who have established isolation units. Additionally, NELFT have an admissions and segregation pathway into 'hot' intermediate care beds which can be utilised where required. A safe transport service is in place to transport residents who are discharged from hospital to a care home or intermediate care bed.

We recognise that when a resident contracts COVID-19 within a care home it is vital that they are quarantined as much as possible to reduce the spread of the virus.

Whilst most of our care settings can self-isolate patients within their settings, our 'hot-homes' can be utilised if required to provide alternative accommodation and care. After an isolation period, residents will return to their permanent care home.

Clinical Support

All care homes in Barking and Dagenham have a named clinical lead for support and guidance. The CCG currently commissions an enhanced primary care service for all nursing homes in Barking and Dagenham and is working to deliver the Enhanced Health in Care Homes Primary Care Network, Direct Enhanced Service (EHCH DES) that will provide the following support to all care homes in the borough:

- Enhanced primary care support including aligning each care home to a named Primary Care Network (PCN) and clinical lead, which leads a weekly multidisciplinary 'home round', enabling medicine reviews and hydration/nutrition support.
- Multi-disciplinary team (MDT) support.
- Falls prevention, reablement, and rehabilitation.
- High quality palliative and end-of-life care, mental health, and dementia care.
- Workforce development.

GP sessions, mental health and geriatrician support is already available across the patch however delivering the EHCH DES will enable a more consistent approach.

All care homes have 24 hour access to a GP within the North East London 111 Clinical Assessment Service (NEL 111 CAS) services via the Star 6 route, which allows care providers to access primary care and urgent care within the out of hours period - or when they are unable to get access to their usual GP. The NELFT Community Treatment Team provide a rapid response service to residential homes and will visit nursing homes if required.

Primary care is also working to deliver advanced care planning for residents with care providers. This will be developed further over the coming weeks.

All care homes are being supported by the CCG and local authority to access NHS.mail e-mail accounts to facilitate the secure sending of resident information across clinical staff. This has enabled homes to:

- Send patient identifiable information to health care professionals remotely to support residents within a care service and to access care quickly.
- Contact GP practices securely and directly, as well as consultants who

- provide care to residents.
- Email local pharmacists using NHS mail for medication queries.
- Access Microsoft Teams to allow for work related video calls.

Currently 11 homes in Barking and Dagenham have access to NHS mail and we are working with the others to ensure sign up.

Areas within BHR have begun piloting video consultation trialling services that can remotely take resident blood pressure and other observations. The aim will be to support this further across the system as soon as is practical.

As part of the National Call to Action, the pharmacy and medicines support to care homes delivery operational model has been published. This describes the medicines and pharmacy contribution to care home support describing how teams should collaborate across the NHS system. There are four key areas where clinical pharmacy and medicines optimisation support is being focused:

1. Facilitating medication supply to care homes, including end of life medications.
2. Delivering structured medication reviews via video or telephone consultation where appropriate to care home residents.
3. Supporting reviews of new residents or those recently discharged from hospital.
4. Supporting care homes with medication queries, and facilitating their medicines needs with the wider healthcare system (e.g. through medicines ordering).

The work is being co-ordinated across North East London with leadership from the BHR CCGs Medicines Management Team focussing on each borough within BHR to look at current pharmacy workforce in primary, community and secondary care to deliver each of these areas to all CQC registered care homes.

Infection Prevention and Control, including PPE supply

A BHR Infection Prevention and Control (IPC) team has been set up by NELFT to provide support to all care and support providers around infection control and PPE.

All care homes have received a visit from the team who have helped answer practical questions and queries and have proved a valuable resource for care home management. The Council has regular communication with the IPC team and refers over all providers who require additional advice and support. It is felt that the IPC team would benefit from further investment as the team provides support across BHR and this is part of ongoing discussions with health partners.

The IPC Team are rolling out a 'train the trainer' model to care homes to ensure that they have an identified member of staff who will be the COVID-19 specialist in the home.

Public Health and Commissioning have produced short IPC and PPE advice sheets for all providers, including care homes. Additionally, specific IPC webinar training has been developed across Barking and Dagenham, Havering, and Redbridge for care

homes across the three Boroughs to attend.

To mitigate the challenges and risks generated as a result of the shortage of Personal Protective Equipment (PPE), we have established a robust support mechanism with our care homes to ensure that they are supported in both sourcing and appropriately using PPE in accordance with Public Health England Guidance. Care home providers are advised to access PPE from their usual supply chains first and report any disruption to the National Supply Disruption Line who can provide a limited quantity of stock in urgent cases.

In the event where neither of these steps provide an adequate supply of PPE, the Council have helped ensure that all care homes in the Borough have an appropriate supply of PPE. To date, this has exceeded 150,000 items of PPE in care homes alone, which has enabled the continued provision of high-quality care and support to residents in these settings.

Warren School, a Secondary School has also made and provided free face visors to one of the Borough's care homes.

Additionally, Barking and Dagenham have worked closely with neighbouring boroughs to provide mutual aid, as well as access emergency stock from the Local Resilience Forum for London. BHRUT have also supplied a small stock of PPE (7 days worth) for those individuals who are being discharged from hospital into care homes.

The Clinical Commissioning Groups in North East London have established an emergency supply hub based at Whipps Cross Hospital. This service is available to all providers including community, primary care, hospices, and care providers who have less than 36 hours supply of PPE supply and are unable to access supplies through their normal route and local mutual aid processes.

An information sheet has been produced for care homes advising them of what they can do when they have an outbreak, including links to guidance, contact details for support agencies, who they should be informing and templates for use by the home eg letter to service user families. This has been updated following learning from care homes who have been through an outbreak. As part of this care homes are offered a teleconference with Public Health, Commissioning and Provider Improvement on the advent of an outbreak for discussion and reassurance.

Reducing or stopping staff movement across settings is important in reducing the risk of the spread of COVID-19. We know that where staff are employed by the setting, we have little to no multiple site workers. However, we will continue to work with providers to understand the impact of agency workers who are more likely to work across settings and how we can help reduce the likelihood of this happening.

Workforce support

We have been monitoring workforce capacity throughout the duration of the pandemic with all our care and support providers, including care homes. There have to date, been minimal issues which have required support in terms of recruitment and where issues have arisen, we have worked with homes to access additional staffing. There have been no care homes that have used returning clinical or volunteering support, but we will continue to work through this with care homes and monitor this through the Care Home Task Force.

Alongside the support measures that providers are implementing with their own staff, we have increased the offer of wellbeing and mental health support for our care staff as we recognise that many of the impacts of COVID-19 on this workforce remain unseen. This has included sending out the government's emotional, psychological, and practical support pack, Skills for Care resources and support to access free counselling sessions. NELFT have also enhanced their mental health offer to care homes.

We have also identified as many opportunities as possible to connect our care providers with donations and benefits, particularly from the hospitality sector. Care homes have received deliveries of tablet computers, cakes, chocolates, pizza, and chef-cooked meals, including 368 meals delivered from The Ivy in central London. We have also worked with local supermarkets and wholesalers to ensure that care workers have priority access.

Our local foster children have also made pictures for residents which have been proudly displayed in several our homes.

NELFT have been supporting the training of care home staff. There is a rolling programme of training through the Significant 7 programme which trains staff in identifying the signs of health deterioration and its management. Benefits have included:

- Increased levels of confidence in care home staff, which has positively improved caring outcomes for residents.
- Signposting on social care related issues e.g. safeguarding, since training was carried out in care home premises.
- Improved reporting and communications between care homes and Boroughs.

To date 319 staff in local care homes have been trained.

Training has recently been offered on the Verification of Expected Deaths. Local guidance on end of life care has been circulated to all homes.

The East London Health and Care Partnership hosts a weekly secure webinar for care providers with the latest information and guidance and this is followed by a weekly e-briefing with links to the recorded webinar. Information and guidance for care providers is also available on the ELHCP website www.eastlondonhcp.nhs.uk/care-homes-2.htm.

Testing

Our approach to testing in care homes has been integrated into our governance for the roll out of the NHS Track and Trace programme across the London System. Our Director of Public Health is the identified Barking and Dagenham lead and we have established a Testing & Contact Tracing Working Group which reports and oversees our local response. This will require a whole-council and whole-area approach to responding to local issues that will emerge in relation to testing and our local care home outbreak management plan.

The roll out of blood antibody tests to social care staff and care home residents over the coming weeks will be implemented, managed and monitored through the same governance.

We are committed to supporting all our care and support providers so they can control the spread of the virus to the best of their abilities and can provide the best service possible to our vulnerable residents. We will continue to regularly review our offers of support and to respond swiftly to any gaps or areas of need. We will continue to work with all of our partners to support the challenges being experienced by the provider market and importantly, we will ensure that the resident and families voice is central to everything we do over the coming months – by listening to feedback from care home residents and their families.

Signed



Claire Symonds, Chief Executive, London Borough of Barking and Dagenham



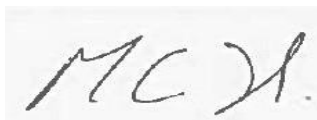
Councillor Maureen Worby, Chair of the Health and Wellbeing Board



Elaine Allegretti, Director of People and Resilience, London Borough of Barking and Dagenham



Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham



Ceri Jacobs, MD Barking and Dagenham, Havering, and Redbridge CCGs

Appendix : London Region Approach

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 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 caliber 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, 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 9 April to galvanise action. A weekly regional Care Homes Oversight group was established on 7 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 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 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 4 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-19 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 prioritized.

We need to ensure that care homes and home care staff can 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