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By email to:  
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Friday, 29<sup>th</sup> May 2020

Dear Sirs

## **Care Homes Response to COVID-19 – London Borough of Bromley**

### **1. Introduction**

This letter starts with an overview of the regional response across London to COVID-19, details the local governance arrangements, summarises the data collected on care home return template and goes on to review the wider work of the response to COVID-19 in Bromley.

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 and the high proportion of ethnic minority populations in most London boroughs.

As a region, London has responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as London ADASS and Chief Executives, alongside NHS partners to identify issues, galvanise responses and lead several pan-London initiatives. We brought our response co-ordinated together through the Strategic Co-ordination Group and joint governance with NHS London.

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 the work we have done with providers and supported access to information on care homes across borough boundaries, which has streamlined the work and reduced the burden on providers. This supported local operational responses: prioritising the delivery of Personal Protective Equipment (PPE), ensuring appropriate staffing levels and providing Public Health infection control advice and support.

A summary of the work across London and issues for the future are captured in the attached London Region Appendix 1.

### **2. Local Governance of the COVID-19 Response in Bromley**

In Bromley, the Council's governance arrangements for the COVID-19 strategic response programme have been as follows:

- The Leader of the Council is the strategic sponsor and lead for the Council's response
- The Chief Executive maintains operational leadership on a daily basis
- The Executive Portfolio Holder for Care and Health maintains leadership at the political level with the Deputy Leader and the Executive acting as critical friends.
- Bromley has adopted WebEx as its virtual meeting platform. Working with the IT Division, Democratic Services has set up a series of virtual meetings to include the Health and Wellbeing Board held in private which have helped both Members and officers to become familiar with the system. Weekly engagement by a Councillor and the volunteer hub coordinator takes place with Healthwatch and range of Public service and VCS partners.
- Adult services have held strategic COVID-19 calls three times a week since 20 March. Heads of Service have put in place directions for staff and extraordinary communication forums to support colleagues and pass on relevant information about changing processes and guidance. The recently established Adult Services Practice Advisory Group, chaired by the Principal Social Worker, is currently holding extra check in meetings to maintain dialogue with representatives of frontline staff across the Directorate.
- The ONE Bromley Executive brings together key health and social care partners and a System Operational call held twice weekly supports all Bromley providers at an operational level to coordinate action and mutual aid.

Formal governance is supported by a willingness from partners, individual members of staff and Bromley residents to help each other, work outside of organisational and role boundaries to respond to the challenges presented by the pandemic. These new relationships and the associated learning inform our recovery plans.

Bromleag Care Practice, which is a single general practice commissioned solely for the care homes and dedicated to the care of this population is also in place in Bromley. Health and social care partners last year recognised that we needed to better meet the health needs of residents, and the practice works with all health and social care partners to manage these needs in a coordinated way, including surveillance and intervention. It was established in May 2019 and has been doing detailed health reviews on each resident, including an assessment of individual medications.

### **3. Summary of Results from Care Home Return Focus Areas.**

#### **3.1. Infection Prevention and Control Measures.**

90% of care homes reported their ability to isolate residents if necessary and restrict movement of staff between homes. Issues arising were complexities relating to mental capacity and the need for extra funding to support isolation and restrict movement between homes.

Just under 30% of the care homes reported paying full wages to those staff isolating following a positive test. The most common issue raised by providers was the need for funding to implement this measure.

#### **3.2. Testing.**

54% of homes reported registration on the government testing portal and access to testing kits for all residents and asymptomatic staff. A number of providers referred to the testing support from Bromleag Care Practice (NHS GP Surgery which provides support to most of the local care homes in Bromley).

78% of homes reported that all residents were tested on discharge from hospital. This has improved recently. There were some comments from providers in relation to pressures from hospital settings to take people into placements and also the need to re test following treatment.

See section 4.6 below for further detail of the local testing arrangements.

### **3.3. PPE and Clinical Equipment.**

88% of homes reported access to sufficient PPE to meet needs. Care homes noted they could do with more support and, in particular this related to funding for PPE costs and supply issues.

Just under 52% reported access to medical equipment relating to COVID-19. Problems with access to thermometers and specialist equipment were noted along with records of support from GPs providing specialist equipment.

See Section 4.3. below for detail of joint work with NHS partners.

### **3.4. Workforce Support.**

77% of care homes reported access to training in the use of PPE. Issues were raised by homes in relation to changing guidance requiring refresher training.

56% of care homes reported access to training on use of key medical equipment.

IPC training will have been delivered to all care homes and six Extra Care Homes by 29 May 2020.

40% of care homes reported access to extra staffing and volunteer resources but many noted the issues associated with introducing new people into their settings in current circumstances.

See section 4.3. below for further information on training provided in Bromley by health and social care partners and section 4.2 on joint work to support providers.

### **3.5. Clinical Support.**

61% reported a named clinical lead in place for support and guidance. There were some issues relating to clarity about what this question was about with some providers noting support from public health and the Quality Liaison Nurse.

96% of homes reported access to primary and community health resources. There were requests for access to particular specialist support such as SALT, physio and tissue viability support.

See Section 4.3. below for detail of joint work with NHS partners.

## **4. London Borough of Bromley Response to the COVID-19 Pandemic.**

### **4.1. Practice Development in Response to COVID-19**

The Directorate's social care teams have been reorganised in order to respond to COVID-19. The Coronavirus Act 2020 included Care Act Easement guidance, which recognises that adult social care and the care provider market are facing unprecedented pressure and supports local authorities to streamline assessment arrangements and prioritise care. These

have not been implemented in Bromley where the existing higher standards have been retained throughout the current crisis.

Safeguarding adults remains a priority for adult services. All safeguarding referrals are being responded to, however face-to-face visits are minimised unless they are essential. The volume of referrals remains steady with a similar number of referrals reported in April 2020 to those received in April 2019.

The Deprivation of Liberty Safeguard requirements remain in force during COVID-19. As far as possible, direct visits are avoided and the work is undertaken remotely. The demand remains steady and the response from the service remains effective. The DoLS team are working in line with updated guidance published on 9 April 2020.

All staff, wherever their role allows, are working remotely. Following some initial challenges most staff are now able to work effectively from home.

London Borough of Bromley adult services provider services in the form of Carelink, Reablement and Shared Lives remain operational and local managers have been able to maintain these services in very challenging circumstances.

Colleagues from Adult Social Care were asked early on in the pandemic to join a Webinar hosted by SCIE (The Social Care Institute for Excellence) in which we shared our early learning in Bromley. The Webinar was joined by 400 people from a range of service areas across the country and the team fielded questions alongside the Chair of SCIE Paul Burstow. The questions were wide ranging and gave Bromley a high profile nationally for the excellent work we are doing.

#### **4.2. Joint work to support care and support providers.**

A range of provider support arrangements have been put in place since mid-March. Providers have a dedicated support e-mail address; received access to provider forums held remotely and received communications about how to request support to maintain business viability and in relation to contract price uplifts.

Colleagues in the Safeguarding and Quality team have been re-deployed to play a key role in communicating with and gathering data that records the capacity in and challenges faced by local care providers.

The Council has started paying providers a gross fee four weeks in advance pending the conclusion of the COVID-19 crisis. Bromley conducts a financial assessment in the usual way and then invoices the clients/ family directly for their package. This supports providers with cash flow and removes the administrative burden of collecting client contributions which is now undertaken by the Council.

To support cash flow and financial resilience the Council is acting quickly to resolve any outstanding 2020/21 uplift settlements with providers

Providers have been awarded an additional temporary 5% uplift funded by a Government grant for the period mid-April to mid-July in recognition of additional costs in support of COVID-19.

To manage demand, we have been working with social care providers in Bromley to understand their capacity. Working collaboratively with London ADASS we have utilised the Market Insight Provider Portal to monitor on a daily based indicative demand pressures in residential and nursing beds, home care, learning disability and mental health capacity. This has enabled us to identify vacancies that can be used for hospital discharge purposes.

We have also been able to monitor how each home care provider and care home provider have been able to respond to demand. This has included a daily report on numbers of residents with symptoms, residents with confirmed cases, deaths of residents, numbers of staff unable to work and PPE provision.

Some care homes have been understandably cautious about admitting and/ or re-admitting residents following the testing of care home staff and residents. This could inhibit the local response to a surge in demand if it happened.

Some care home providers, have registered concerns that the additional funds made available to them for COVID-19 related costs are insufficient.

#### **4.3. Joint work with partners in the NHS to support and offer training to providers.**

On 19 March 2020, the Government published new Hospital Discharge Service requirements<sup>1</sup> for the COVID-19 period. The guidance set out requirements for the NHS and Local Authorities and introduced a standardised discharge model.

Bromley Adult Services has been working closely with NHS colleagues (acute, community and the CCG) to implement the new requirements relating to hospital discharge. A Bromley 'single point of access' (SPA), hosted by Bromley Healthcare, acts as a single referral route to receive all health and social care referrals for people leaving hospital. This infrastructure is supported by social workers, therapists and nursing professionals acting together as key partners in the service.

The established discharge to assess (D2A) model has been built upon in order to provide the required pathways for safe and rapid hospital discharges.

The SPA provides support to CHC and LBB brokerage for hospital discharge work.

A 'welfare call' is made by a Bromley Healthcare therapist within 24 hours of discharge to establish further information about the health and social care needs of the adult and ensure interim arrangements are meeting the needs of the individual once home.

Where required a social care assessment is completed following hospital discharge and recovery. Once completed, the individual's needs are addressed and relevant care and support or sign posting is completed. The individual is then discharged from the D2A pathway and the funding stream is transferred from the CCG to social care or self-funded where appropriate.

Ongoing health and social care needs are provided for using business as usual processes from the point of discharge from the D2A pathway. In most cases the adult will be discharged within two weeks but if the person is recovering from COVID-19 and remains unable to manage their care and support needs they may remain on the pathway with health funding for their support and care.

Those patients, who are deemed eligible for Continuing Healthcare on discharge, will remain on that pathway until after the pandemic is over. All individuals are subject to monitoring and review to ensure they are appropriately supported.

Care for people discharged from hospital is being fully funded by the NHS, so is not subject to means-tested charges until social care assessment is conducted following discharge and recovery.

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/publication/covid-19-hospital-discharge-service-requirements/>

Bromleag Care Practice have offered an enhanced primary care offer including regular ward rounds, access to virtual consultation and to specialist 24/7 virtual support in 10 homes with the highest London Ambulance Service call out rates as a pilot.

St Christopher's Hospice have been providing specialist end of life support in care homes in the Borough.

Training and development has been provided by Medicines Management, St Christopher's, Quality Nurse and Public Health.

Rehabilitation and therapy is being offered in homes for people leaving hospital in line with the Enhanced Health in Care Homes Framework.

Additional equipment is being provided to homes by South East London CCG. Bromleag Care Practice, the Visiting Medical Officer for older people has offered settings pulse oximeters, thermometers and blood pressure machines. All providers have been sent video links relating to using basic medical equipment via regular joint communications to providers and a weekly e-newsletter that is sent to Care Homes and ECH settings every Friday

The identity of clinical leads has been confirmed with homes via the CCG and work is underway to follow up to ensure all homes are aware of who their named clinical lead is.

#### **4.4. Managing Finance**

It is expected that the NHS will fund additional costs incurred which relate to new or extended health and social care services, to support safe discharges from hospital or to prevent hospital admissions, in line with the guidance. Systems have been put in place to track expenditure and ensure appropriate costs are reimbursed by the CCG.

The Head of Finance for Adult Social Care, Health and Housing, is liaising with colleagues in the Directorate and in the CCG to monitor spend and seek agreement on reimbursement in line with NHS and NHS Improvement guidance issued on 8th April. A range of staffing costs relating to establishing 7 day working and costs related to PPE (see below) are also being recorded in line with guidance issue for recording COVID-19 related expenditure.

#### **4.5. Access to PPE**

Access to the correct Personal Protective Equipment (PPE) is vital in reducing the transmission of COVID-19. The Council began offering PPE to providers in the Borough on 25 March. All providers of care homes, domiciliary care, extra care housing and learning disability and mental health services are offered access to emergency supplies if their own supplies are running low. LBB provider services, social work and housing staff have also received supplies to support them to provide their services safely. As at 26<sup>th</sup> May, over 400,000 items of PPE equipment have been issued to providers who have visited The Bromley Central Depot to pick up supplies or received deliveries on over 400 occasions.

The procurement and distribution of PPE across the Council is managed by Adult Services with support from colleagues in emergency planning, children's services, procurement and the Transport Operations Team at the Central Depot. These LBB resources are augmented by community volunteers, the London Fire Brigade and Care Quality Commission Inspectors.

The Council works closely with colleagues in the CCG to co-ordinate supplies and the CCG also use our Central Depot as a delivery location for supplies for community health and primary care services.

PPE arrangements are delivered in partnership with Public Health who lead on practice advice.

#### **4.6. Coronavirus Testing in Bromley**

The Bromley COVID-19 Testing programme began on the 15<sup>th</sup> April 2020. It is available for all frontline Bromley Council staff as well as Essential Workers working within our Social Care sector (Adults and Children).

We have priority access to testing centres via the employer-led pathway. In addition, the Council accesses 'Step Up Testing' for residents stepping up to care via local Trust pathology labs. This has been set up by the NHS South East London (SEL) Clinical Commissioning Group (CCG).

This pathway is for: -

- New residents going into a home where the Care Home Manager does not have access to a coronavirus test result – this includes residents transferring between homes.
- Urgent testing kits required for use in exceptional circumstances.

NHS SEL CCG in partnership with the Council has completed a Care Home Testing Pilot in Bromley, which provided 'whole home testing' for both residents and staff in care homes for older people. This pilot is now complete. Bromley Council and partners will support our Learning Disability and Mental Health Care Homes to request whole home testing for residents under 65 via the recently launched Care Home Portal, when access is extended.

The Council will continue to support our Care Providers (for both Adults and Children) to register any new symptomatic cases of coronavirus (residents and staff) to Public Health England's London Coronavirus Response Cell (LCRC).

NHS SEL CCG in partnership with the Council is in the process of finalising plans for antibody testing in Bromley.

As of the 27<sup>th</sup> May 2020:

- Bromley Council and partners have ordered 100 Home Testing Kits for essential workers
- 138 essential workers were nominated for COVID tests at a test centre. Of which 121 workers were approved and invited for a test.
- Supported 6 residents stepping up to care and arranged 3 urgent home testing kits for a teenager and her household accessing a new placement.

#### **4.7. Public Health Response in Bromley**

The Public Health team has reorganised and refocused their work to concentrate on the Covid 19 management. All clinical staff are now solely working on Covid-19 related work.

Both the Director of Public Health and the Health Protection Lead are participating in strategic and operational groups providing clinical advice and expertise as required. The Director of Public Health chairs the group leading the council's response to the infectious disease emergency via the Covid-19 Tactical Group. The Director of Public Health is also the key link with Public Health England, NHSE and the Department of Health and Social Care since Covid-19 was declared a pandemic.

Health protection advice and relevant support in line with national and clinical guidelines are provided to Local Authority teams, key partners and community care providers including care homes.

There are three main areas of clinical/infection prevention support:

- a) Infection prevention advice including support for individual cases, advice on PPE and testing. A team of Public Health nurses is providing regular support to all care homes in Bromley. This includes regular phone calls, response to questions and advice on infection prevention and control.
- b) Following the testing of all staff and residents in care homes, nurses are providing help and advice on management of residents and staff who have tested positive.
- c) Additionally, Public Health nurses have been delivering an intensive training programme on the use of PPE and IPC to all care homes over two week period as a part of the national initiative.

Public Health has worked to support discharge of complex patients to care homes and provide infection prevention advice to homes. This is a particularly important and complex area of Public Health work where nurses and doctors facilitate complex discharges from hospital and ensure that care homes take back their residents. They provide help, advice and support to care homes so that they feel confident to manage their residents. This work has been particularly commended by care homes.

Public Health have offered support with communication and support to LBB managers and staff. A COVID-19 Questions Mailbox has been set up to respond to questions from professionals and residents. All clinical staff (both doctors and nurses) are being deployed to field the questions and to support the Health Protection Lead. A summary of the number and categories of queries that are coming into the Covid-19 Questions mailbox show that since setting up the mailbox it has received over 500 new lines of enquiry (175 in March and 350 in April) .

The most common enquiries relate to the use of Personal Protective Equipment (PPE), care homes and discharges from hospital but it also receives enquiries from the CCG, the Princess Royal University Hospital, schools, pre-schools, domiciliary carers and Bromley residents.

## **5. Summary.**

The Council and key partners in the NHS and VCS are proud of the amazing response of colleagues and of residents in response to the challenges of COVID-19.

The Council also recognises and appreciates the continuing work of care and support providers in extraordinarily challenging circumstances.

Providers have appreciated support where it has been offered but also asked for extra and on-going support to sustain their services and it will be important to ensure that current support for health and social care is sustained and built upon.

Although the Government have indicated that the grants received to date are down payments, it remains unclear whether the balance of net costs will be met by further Government funding – it is not clear whether the government will fully compensate councils for any income losses or non-delivery of planned budget savings.

The Council's recovery plans will seek to harness the outpouring of support, compassion and creativity from partners, providers and individuals and understands that the current work needs to continue for the foreseeable future.

As Bromley Council continues to deliver current support work is also being undertaken to restore those services that have ceased, retain positive learning from recent times and reinvent relationships with residents and partners going forward.

Yours sincerely



**Ade Adetosoye OBE**  
**Chief Executive**  
**LB Bromley**



**Angela Bhan**  
**Bromley Borough Director**  
**SEL CCG**



**Kim Carey**  
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**COVID19 Care Home Support > Implementation Status**

Local Authority: London Borough of Bromley \*

Contact name: Nick Fripp \*  
E-mail: [nick.fripp@bromley.gov.uk](mailto:nick.fripp@bromley.gov.uk) \*

Total number of CQC registered care homes in your area: 52 \*

Please submit local plans (covering letter and this template) to [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk) by 29 May

**This sheet is currently incomplete. Please complete all fields in yellow and marked with an asterisk (\*) before submitting.**

\*Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) If Yes, please offer a brief description of the type of support that would be helpful	Please indicate any issues that you would like to highlight (optional)
<b>Focus 1: Infection prevention and control measures</b>			
1. Ability to isolate residents within their own care homes 1)	47 *	17yes/ 33 no * Support around decision making in the context of MCA. Extra accommodation/ alternative to communal area use. Extra PPE and staffing (including funding for)	Issues raised relating to wellbeing of people with dementia who choose not to be isolated. Restrictions relating to use of communal areas and to consequent need for new ways of supporting people to live full lives/ participate in meaningful activity. One home reported an isolation unit was useful.
1. Actions to restrict staff movement between care homes 2)	49 *	14 yes/36 no * Extra staffing/ help with staffing costs. Continued advise from PHE. Provision of transport for staff. Consider staff living in the home.	Ensuring agency only work in a single setting was useful.
1. Paying staff full wages while isolating following a positive test 3)	16 *	28 yes/21 no * Funding for the staffing costs/ support from government to make up wages in addition to SSP.	Additional agency staff has been a cost pressure on homes.
<b>Focus 2: Testing</b>			
2. Registration on the government's testing portal 1)	28 *	27 yes/22no * A number of providers referred to the testing support from Bromleag Care Practice (NHS GP Surgery) and GPs. Staff have been advised to register.	Re testing highlighted as crucial to on going safe working.
2. Access to COVID 19 test kits for all residents and asymptomatic staff 2)	28 *	32 yes/16no * Increased access to home testing kits and the importance of re testing was emphasised. Weekly testing would be useful.	Desire for availability of re testing is the key issue.
2. Testing of all residents discharged from hospital to care homes 3)	41 *	19yes/30 no * This has improved recently - problems reported at the beginning of the Covid-19 period. Re testing would be useful to check post treatment following initial positive test. Some reports of pressure from hospital to take placements.	Most common issue is the desire for regular testing and re testing. Some concerns relating to people testing positive post discharge. Issues noted about lack of tests for people transferring from other homes
<b>Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment</b>			
3. Access to sufficient PPE to meet needs 1)	46 *	37yes/12 no * Providers ask for financial & delivery support. Some have received support from LBB when their suppliers have not been able to supply. Funding for increased cost of PPE is required.	Supplies fluctuate so useful to have access to emergency supplies from the local authority.
3. Access to medical equipment needed for Covid19 2)	27 *	27 yes/22 no * Difficulties reported accessing thermometers through pharmacies. Equipment supplied to the homes would be helpful. Funding required for extra equipment.	Some providers reported support from GP in relation to thermometers and oxygen saturation monitors.
<b>Focus 4: Workforce support</b>			
4. Access to training in the use of PPE from clinical or Public Health teams 1)	40 *	20 yes/28 no * Changing guidance requires refresher training. Providers value and request further training.	Training from public health and CCG valued.
4. Access to training on use of key medical equipment needed for COVID19 2)	29 *	26 yes/22 no * Number of request for extra access to training for new equipment. Equipment available to train on would be helpful.	On line training has proved useful, training noted as very welcome with general sense that more would be helpful.
4. Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers 3)	21 *	16 yes/32 no * Providers are keen to access extra resources but conscious of the need to restrict access for new people to the homes they run to minimise risk of infection.	Risk of infection a key issue.
<b>Focus 5: Clinical support</b>			
5. Named Clinical Lead in place for support and guidance 1)	32 *	21 yes/25 no * Some homes stated they had not been informed who the clinical lead was. Independent clinical advice would be helpful	Some confusion about what this question referred to. Several providers referred to the support they received from LBB public health lead or CCG Quality Liaison Nurse
5. Access to mutual aid offer (primary and community health support) 2)	50 *	12 yes/ 34no * Specific requests for SALT, physio support, tissue viability support.	General welcoming of the value of MDT support and some notes on the difficulty of accessing it.

**L B Bromley – Covid 19 Financial Support to Providers – Domcare & Care Homes as at 29<sup>th</sup> May 2020**

Appendix : Funding spent on support for ASC Care Providers to date

Support to providers that Bromley has contracts with\*\*

	<b>Domiciliary care (£s)</b>	<b>Residential care (£s)</b>	<b>Other provisions (£s)</b>	<b>Total spent* so far on supporting providers that Bromley has contracts with in response to COVID-19 (£s)</b>
<b>Support Provided</b>	12,763.00	494,564.00	227,089.00	734,416.00

\*Total spent means funding or support has already reached providers.

\*\* Interpretation of "with contracts" to include "spot purchase" contracts for individual packages of care and/or placements.

Support to providers that Bromley does not have contracts with

	<b>Domiciliary care (£s)</b>	<b>Residential care (£s)</b>	<b>Other provisions (£s)</b>	<b>Total spent* so far on supporting providers that Bromley does not have contracts with in response to COVID-19 (£s)</b>
<b>Support Provided</b>		5666.00	0	5666.00

\*Total spent means funding or support has already reached providers.