

LONDON BOROUGH OF BROMLEY ADULT SERVICES WINTER PLAN

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1. Introduction

On 18th September the DHSC produced the Adult Social Care Winter Plan¹. The Document states:

‘The aim of this winter plan is to set out our approach to supporting the adult social care sector by:

- *detailing what the government’s national support will be*
- *establishing expectations of other parts of the system, including local authorities, NHS organisations, and care providers*
- *putting into practice the recommendations of the [Social Care Sector COVID-19 Support Taskforce](#)*
- *providing a stimulus for further local winter planning and preparedness’*

In Bromley work is underway on the Bromley Whole System Winter Plan. The Adult Social Care Winter Plan (the Plan) in Bromley aligns with and is recorded as part of the system wide plan. The Plan is informed by a gap analysis prepared by the LGA² which outlines the responsibilities for Local Authorities arising from the DHSC Winter Plan and related work of the COVID 19 Taskforce.

A related Service Continuity and Care Market Review self-assessment questionnaire³ was submitted on 21st October. This collated market intelligence from colleagues in the Directorate informs this plan.

The plan starts with an executive summary in Section 2 and then proceeds to audit action in relation to the gap analysis in section 3.

¹ <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

² <https://www.local.gov.uk/parliament/briefings-and-responses/adult-social-care-coronavirus-winter-plan-2020-21-briefing-and>

³ <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/commissioning-and-market-shaping/review>

2. Executive Summary⁴

2.1. Preventing and controlling the spread of infection in care settings.

Robust arrangements are in place for support in this area in relation to testing, PPE, and (in partnership with public health) infection control. Plans are in place to roll out flu vaccine programmes. Action is planned to enhance communications with unpaid carers and those in receipt of direct payments to support their access to infection control advice and guidance. New arrangements are in place for the Local Authority to distribute PPE to those not eligible for the National Portal. Barriers to access to testing have been identified and local action is in place to complement the national offer with hyper local testing, support for those in isolation and engagement regarding test and trace with voluntary and community groups.

2.2. Collaboration across health and care services

The Single Point of Access (SPA) arrangements are functioning well to support the maintenance of capacity in acute hospitals. This support also addresses the planning for self funders who are being discharged from hospital. Joint arrangements are in place to broker placements in care homes and domiciliary care packages to support timely discharge. Joint leadership is in place to manage joint health and social care action in Bromley. Good support for enhanced support in care homes is in place for those services for older people and action has been taken to enhance this support to services for people with learning disabilities and mental health support requirements. There is active involvement of VCS partners in the SPA led by Bromley Well. Data is being collected to review the potential impact of these processes on services funded and commissioned by social care and a suite of measures has been devised to monitor the impact of winter pressures on social care services and resources. Action is in place to manage the backlog of CHC assessments arising from COVID-19 and to monitor Discharge to Assess performance over the winter and incentivise timely response from D2A providers to service requests.

2.3. Supporting people who receive social care, the workforce, and carers

Public health in Bromley have been providing enhanced advice and guidance to support and care providers and this has been complemented by information and support from commissioning and quality and compliance colleagues in the directorate.

For people in receipt of direct payments the local provider of direct payment and payroll support have been active in providing advice and guidance in relation to COVID – 19 regarding both infection control and employment rights during the pandemic.

⁴ For inclusion in the system wide plan and the basis for communications about the Adult Services Winter Plan.

VCS partners are providing a range of enhanced support to unpaid carers in the light of COVID 19 which will continue during winter months. Action is planned improve care management oversight of support for unpaid carers.

The Council has not used Care Act Easements which means it continues to act on the full range of Care Act duties.

A range of supports are in place to help support and care providers manage workforce challenges during the pandemic including the distribution of Infection Control Grant monies, uplifts, testing arrangements and public health advice. There is excellent capacity tracking in place led by the quality and compliance team which provides live intelligence from providers.

Despite the enhanced support internally and for the market it is clear that all involved are feeling the pressure of the demands of the extended pandemic. Action is in place to distribute second tranche of infection control grant, continued enhanced support for the workforce and use of COVID-19 grants to help maintain wellbeing and capacity. The Council has a comprehensive range of wellbeing advice and guidance in place for all staff. The Directorate is working to enhance this through maintaining a local focus of staff support during the pandemic.

2.4. Supporting the System

The Council has appropriate information systems, communication and processes in place to support local regional and national market oversight, work with the CQC and the management of the Infection Control Grant. Enhanced financial support and a range of related measures that were developed to support providers in the early stages of the pandemic remain in place in coming winter months..

2.5. Data, Resources and Measures

This plan identifies a suite of measures that will support the Directorate to monitor the impact of both winter pressures and the pandemic on social care services and resources. These measures will enable evaluation of the impact of continuing single point of access arrangement for hospital discharge, will compare the data for winter 20/21 to previous years and also monitor issues of productivity and cost across services resulting from hospital discharge, in on-going support and care and in relation to changing working patterns for Council staff.

The plan draws from existing data to identify issues and action. In short data has shown a shift in demand and patterns of support since the beginning of the pandemic.

Initial data analysis from wave 1 of the pandemic has identified lines of enquiry relating to the impact of new hospital discharge arrangements and has highlighted shifts in demand relating to COVID-19.

All measures will involve comparison of data from winter 19 20 v winter 20 21 to highlight strategic issues for adult social care. The measures will be reported at the December, February and May Transformation Boards and will inform action to meet the dual challenges of winter pressures and COVID 19.

A SMART action plan will be linked to the system wide plan and will enable monitoring of the actions noted in this plan.

3. Preventing and controlling the spread of infection in care settings

3.1. Managing and Maintaining Staffing Resources.

In partnership with Public Health, Adult Services continues to implement advice and developing guidance and to share this with partners including care and support providers. The Local Outbreak Plan⁵ is published and is in line with the COVID – 19 contain framework⁶.

The first round of infection control grants were distributed in line with the guidance with some discretionary support being given to Extra Care Home provision in the Borough to support step down provision which supports hospital discharge. Arrangements are being made for the distribution of the second round of Infection Control Grant monies. This will include support for domiciliary care agencies which helps to address some concerns expressed locally by this sector about their lack of access to the first round of funding. In both rounds the infection control grant also support providers who provide to self-funders who purchase an above average proportion of care and support in the Borough.

Public Health have been active across the Borough to support providers to manage the risks of staff movement in line with guidance⁷. Further support to provider to manage the challenges of maintaining staff capacity has come through the Borough's refreshed approach to Wake up to Care which has recently been extended to the domiciliary care sector as well as the original target audience of care homes. There are three pathways for people who are interested to either return to the sector, start working in the sector or to offer voluntary support.⁸

Enhanced communications arrangements are in place led by quality and compliance team colleagues that include advice and guidance for care and support providers on line, virtual provider forums and newsletters. Bespoke advice and guidance from public health to support providers to manage staffing infection control risks and capacity issues has been highly valued by providers⁹.

⁵ https://www.bromley.gov.uk/downloads/download/1071/bromley_covid-19_outbreak_control_plan

⁶ <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#local-outbreak>

⁷ <https://www.skillsforcare.org.uk/Documents/About/20200811-Guidance-for-redeployment-of-staff-and-volunteers-13.08-update-21.pdf>

⁸

https://www.bromley.gov.uk/info/100008/jobs_and_careers/1330/wake_up_2_care_recruitment_initiative

⁹ Care Home Support Return May 2020.

This work has been underpinned by an on-going effort to track capacity in the social care market in the Borough. Providers are supported through regular (at least 3 times a week) calls to monitor capacity and related issues. This not only enables us to report into the national monitoring of capacity but also provides live intelligence from providers about the challenges they are facing and a regular opportunity to develop and maintain supportive relationships. The comprehensive nature of capacity tracker returns from Bromley have been valued and recognised regionally as excellent.

Learning reviews involve multi agency incident management teams (IMT)¹⁰ are co-ordinated by Public Health as part of the London Coronavirus Response Cell (LCRC) processes and following Standard Operating Procedures for different settings.

Areas to work on.

A plan for sustaining training for both Council employees and partners and providers in the Borough.

3.2. 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. By the end of September 2020 over 1,400,000 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

¹⁰ Membership of IMT

1. PHE – Member of the LCRC
2. PH - DPH or representative
3. Health Protection Infection Prevention Lead or representative
4. ASC – Director or representatives
5. Head of Safeguarding Adults or representatives
6. Setting based representative
7. Environmental Health or representative
8. Communications Lead or representative
9. Data Lead – Data/Intelligence Analyst
10. Primary Care Lead/CCG representative – Relevant member of the CCG
11. Testing lead – Member of the Testing sub-group

resources have been 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 and PPE arrangements are delivered in partnership with Public Health who lead on practice advice.

Revised arrangements are being developed to support non-registered providers of support and care in line with new guidance the creation of a National Portal for PPE support for registered providers.

Areas to work on

Revised arrangements for PPE acquisition and distribution in line with refreshed guidance¹¹

3.3. COVID-19 Testing

Bromley Adult Services in partnership with Public Health and colleagues in the NHS have produced a Testing Workplan for Bromley. The following is an extract from the latest (9th October 2020) version of the plan.

Rationale

- Testing is a key pillar of our strategy to enhance the prevention and control of COVID-19 infections in Bromley. The national programme has aimed to ensure that all residents have access to 'swab tests' for people with symptoms to see if they have coronavirus; and
- For staff, 'antibody tests', which test for the presence of antibodies that will demonstrate whether you have had the disease¹².
- London has been severely impacted by the first phase of the global COVID-19 pandemic experiencing the highest number of cases and deaths than any other region in England. Consequently, we have a significant number of Londoners who have been exposed to the virus (13-17%) however the majority of Londoners remain vulnerable to this infection.

Our key priorities for testing in Bromley are:

- ensure that this remains the cornerstone of our outbreak management efforts to support outbreak prevention and control;
- Identify populations most affected to understand potential inequalities as a result;
- Ensure equity of access; and support resumption of healthcare;

Testing rates in Bromley are currently 130 per 100,000 (8th October 2020).

¹¹ <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>

¹² Currently limited to clinician request only.

Testing rates are likely to reflect a combination of factors including understanding of how and why to test, motivation to obtain a test, ability to access testing (car access, internet usage), and willingness to self isolate following a positive test (risk of loss of income, caring responsibilities).

- Our focus is on symptomatic testing in line with government policy but we recognise this runs the risk of missing asymptomatic cases.

Purpose

- We are committed to keeping Bromley safe by keeping infection levels to a minimum, rapidly responding to and controlling incidents, clusters and outbreaks; and working with our diverse communities to ensure they have the knowledge and tools to help reduce transmission.
- Testing is one of our most important tools in the fight to slow and reduce the spread and impact of the virus.
- Tests allow us to identify infected individuals and enables the isolation of those infected and the tracing and quarantining of their contacts. It also informs our understanding of the pandemic and the risks it poses in different populations.
- This Bromley Testing Workplan is intended to sit alongside the Bromley Outbreak Control Plan and London Testing Strategy. It also aligns with current government testing guidance.

Covid 19 testing in Bromley – the National Testing Programme

Aims and Purpose of testing

- DIAGNOSIS: Confirmation of diagnosis in clinical management
- DETECTION: Identification of cases of COVID-19 for purposes of specific action to prevent viral spread
- SURVEILLANCE: to determine circulating disease levels and inform policy decisions for population health measures

Pillar 1

NHS swab testing for those with a medical need and critical key workers

Symptomatic patients that arrive in a hospital setting; All patients admitted to hospital; Repeat testing of patients who are in hospital for more than 5 days; Staff testing of symptomatic staff and testing of asymptomatic staff in an outbreak situation; Intermittent testing of asymptomatic NHS staff as part of the PHE SIREN study; Testing patients 72 hours before they come in to hospital for planned procedures; Helping test in local communities and care homes where there is an outbreak.

Pillar 2

Mass-swab testing. Anyone with symptoms can get a test whatever their age

5 Drive-thru Regional Test Sites; max capacity approx 10,000 swab tests per day
15 MTUs available across London for routine testing and surge capacity deployment, plus reserve national capacity. Max capacity of 500 swab tests per day per MTU. Processes in place for prioritisation and deployment.
Local test sites in Cotmandene and Crystal Palace.
Home test kits available via online portal. London consistently has higher rates of home test kits ordered per million than England average (3,719 per million for London vs 2,870 for England 3rd-9th Aug)

Pillar 3

Mass-antibody testing to help determine if people have immunity to coronavirus

- Antibody blood test use to be decided
- Prioritisation framework yet to be developed (await national strategy)

Pillar 4

Surveillance testing to inform epidemiology and help develop new tests and treatments

- PHE serological collections
- ONS Covid-19 infection survey
- PHE paediatric surveillance studies including in school children (sKIDs)
- DHSC asymptomatic point prevalence study in high contact workers

Pillar 5

Spearheading a Diagnostics National Effort to build a mass-testing capacity at a completely new scale

Care Homes

Pillar 1

- New Care Home Outbreaks reported to PHE, all residents & asymptomatic staff are tested.
- Testing of all patients prior to discharge into residential settings
- Regular whole home asymptomatic testing; weekly for staff, every 4 weeks for residents
- Symptomatic staff can access testing via the self-referral portal.

Pillar 2

Considerations

- As demand for testing increases capacity may be limited by availability of reactants and lab capacity. Spreading demand across the week helps.
- Validity of PCR tests – when infection rates are very low the numbers of false positives and negatives relative to true results increases.
- Analytical validity – self- swabbing increases risk of inadequate specimens leading to void/inconclusive results
- The value of antibody tests is currently limited to answering the question of whether someone has had the virus or not, and providing data and a greater understanding on the spread of the virus.

Opportunities

New diagnostic technologies – rapid point of care antigen tests

UK Government commitment to significantly increase daily swab test capacity

CHALLENGES WITH COVID-19 TESTING IN LONDON

Although great progress has been made with ensuring good levels of access to COVID-19 testing for all Bromley residents, there are unique factors that place London at risk of being disproportionately affected in future waves that must be mitigated. Below we describe the 5 main challenges facing COVID-19 testing in the capital.

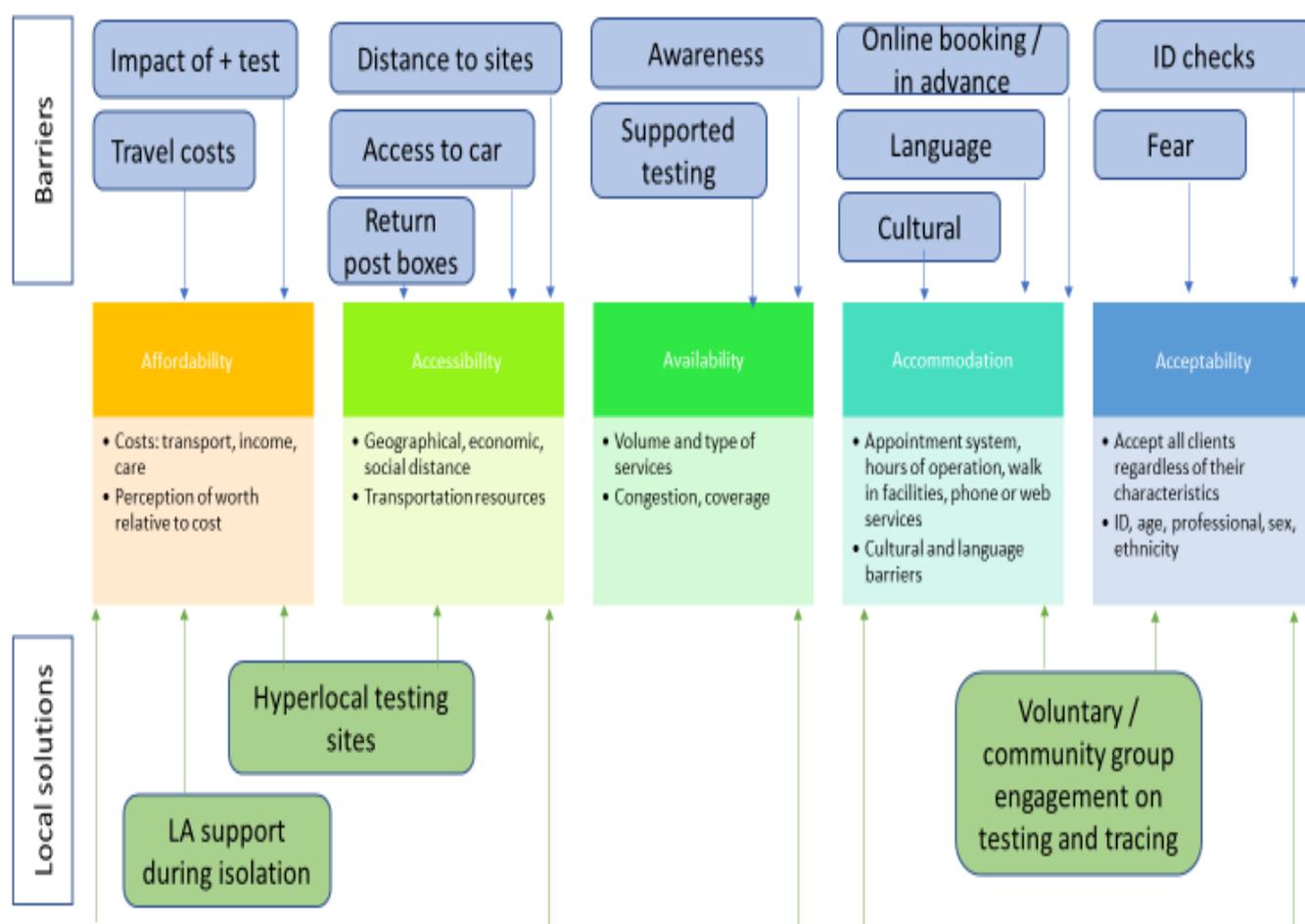
Unacceptable geographic variation in testing activity	<ul style="list-style-type: none"> • Testing rates vary across London and may not reflect underlying need. • On average London boroughs have a 7 day testing rate of 100 per 100,000 population • In preparation for an autumn resurgence of infection, rates across London should increase to 150 per 100,000
Barriers to ready access to testing for Londoners	<ul style="list-style-type: none"> • Many Londoners do not own cars so will find accessing regional test sites difficult • Polling show that just under half of Londoners do not know how to obtain a coronavirus test • For many residents the use of the online testing portal, not yet available in multiple languages is problematic • Concerns have also been raised about the type of information being requested to receive a home test which may put some Londoners, especially those with unsettled status, off from requesting a test
Delays in receiving timely test results	<ul style="list-style-type: none"> • Turnabout times for test results vary by testing channel • Results may take up to and beyond 48 hours with longer median turnaround times for home testing kits, which are popular in London. This delay could risk community transmission and also limits the effectiveness of contact tracing efforts
Inconsistent testing in high risk settings	<ul style="list-style-type: none"> • Our experience with the first phase of the pandemic confirm that certain sites can amplify community transmission of the virus including care homes, hospitals, hostels. • While plans have been proposed for asymptomatic testing of care home residents and staff and NHS staff, there are currently no plans for more widespread asymptomatic screening in potentially high risk settings which limits our ability to get ahead of disease transmission
Building a diversity of testing options for Londoners	<ul style="list-style-type: none"> • Numbers and types of testing channels available to Londoners are increasing but the challenge is to keep up with demand • A rapid scale up of innovative, easy to access, quick turnaround testing sites in all boroughs is needed to meet demand • In addition new more acceptable diagnostic methodologies will increase return rates and reduce voids • London is building culturally competent testing promotional assets as these are not produced nationally
Testing capacity and ability to scale	<ul style="list-style-type: none"> • Covid-19 has demonstrated the ability to take off quickly when introduced into communities and so our testing infrastructure must be agile, scalable, deployable and able to manage multiple concurrent outbreaks across the city • There is an urgent need to ramp up existing and surge capacity of testing in all London boroughs to ensure preparedness and speed of response.

Where are we now in Bromley?

- Pillar1 and Pillar 2 testing have been available in Bromley since March 2020
- Currently tests are carried out on over 130 per 100,000 population every week in Bromley and there continues to be a gradual increase in testing
- The current testing positivity levels in Bromley are above 4%
- There is increasing diversity of testing options available to Bromley residents through the national testing programme, including home testing, two local testing sites, testing at the PRUH under Pillar 1, a mobile testing unit in the borough every three days, as well as the regional testing hubs and walk in centres. If cases surged or there was an outbreak, then further mobile testing units would potentially be made available. In addition, there is a South East London mechanism whereby NHS labs provide additional capacity on an ad hoc basis, depending on priority, need and lab capacity (which remains limited).
- There is a good 'integrated COVID testing pathway' in place for our health and care providers and staff
- We currently have some capacity issues regarding the IPC training offer and PH advice
- Communications about testing need further coordination between testing leads.
- Home testing is particularly popular with Londoners with more than 30,000 tests being requested weekly
- Nevertheless, insight data from the GLA suggests that a significant proportion of Londoners still do not know how to get a coronavirus test

Areas To Work On

- As cases increase we need a plan for who, when and why to test supported by evidence and data and informed by Bromley's specific needs. This plan is to help us target those whose needs are above those of the general population. **Barriers to accessing testing and local solutions**



Urgent priorities for testing in London Borough of Bromley

- Remove barriers to testing in Bromley to achieve baseline of 150 per 100,000 during September 2020.
- Increase timely access to diverse types of testing facilities suitable for Bromley residents and staff
- Support Pillar 2 testing across social care provision in Bromley to minimise risks to vulnerable service users and essential workers (adults and children).
- Maintain levels of essential service provision in Bromley by ensuring health and care workers are able to access tests in a timely way via local arrangements.
- Support to schools/ children's educational settings.
- Ensure priority access to Pillar 2 testing for LBB staff who are listed as an essential worker on the government website via the Employer Portal

3.4. Seasonal Flu Vaccines

Flu Vaccine Programmes are in place in the Borough and the Local Authority and CCG are promoting this¹³.

4. Collaboration across health and care services

4.1. Safe Discharge from NHS Settings and avoidable admissions.

Adult services assessment and care management, reablement, rehabilitation and Central Placement teams all play roles in supporting the Single Point of Access (SPA) arrangements that operate in line with guidance¹⁴ to support timely discharge and prevent avoidable admissions.

One Bromley partners were able to maintain capacity for the provision of support to those in discharge from hospital during wave 1.

The Central Placement Team work to arrange domiciliary care services for people being discharged from hospital and the SPA make the arrangements for care and nursing home placements.

Discharge to Assess (D2A) arrangements were re commissioned early in the 2020 calendar year to apply learning from the 19/ 20 winter period.

There is a strong voluntary and community sector contribution to the support of people being discharged from hospital delivered through the Bromley Well/ Bromley Third Sector Enterprise consortium.

Areas to work on

There is limited social care assessment and care management presence in the SPA. This needs to be addressed to ensure that the skills and knowledge of social care

¹³ <https://selondonccg.nhs.uk/what-we-do/winter-health/> and https://www.bromley.gov.uk/info/200048/health_and_wellbeing/1288/immunisation

¹⁴ <https://www.gov.uk/government/collections/hospital-discharge-service-guidance>

and associated focus on promoting independence complements the existing arrangements in the SPA.

Analysis of wave 1 figures produced lines of enquiry relating to the outcomes for individuals and impact on social care resources. This data is being developed alongside modelling of the potential impact of a second wave of the pandemic (see below in the measures and data section of this plan.

Maintaining a focus on preventative, early intervention and proactive care and frailty pathways will support the avoidance of un-necessary admissions.

D2A arrangements require monitoring in relation on going quality concerns and outcomes for people discharged on this pathway. Work is underway to explore use of NHS funding to bring a more sustainable range of providers to this area of the market.

Plans have been agreed to manage Continuing Healthcare Assessments that are outstanding due to the pandemic.

4.2. Enhanced Health in Care Homes (EHCH)

The winter planning guidance for adult social care notes that this work is led by NHS partners but that Local Authorities need to be assured that these arrangements are in place. Colleagues from the CCG have shared a detailed action plan and review which audits action against 7 domains of action from the EHCH guidance.

Areas to Work On

Action is in place to enhance the support of care homes providing for people with learning disabilities and those with mental health support requirements.

4.3. Social Prescribing

Bromley Well play a key role in social prescribing in the Borough through their care navigator services. In addition there are NHS funded social prescribing resources embedded in primary care networks across the Borough. All NHS funded social prescribers have been provided with remote access and home working kit in response to the move to home working during the pandemic.

Areas to work on

A range of projects to promote targeted intervention across health and social care including mental health services have been paused during the pandemic. Work is planned to both support the development of joint work between Bromley Well and NHS funded social prescribers and to ensure a more proactive contribution from Adult Services.

5. Supporting people who receive social care, the workforce, and carers

5.1. Advice on visiting care homes.

Excellent advice and guidance has been and continues to be provided by Public Health Colleagues to providers of care and support in Bromley and this includes advice on visiting arrangements and restrictions. Letter sent to all care and support providers by the Director of Public Health advising on visiting arrangements.

Area to Work On

Guidance as appropriate as the pandemic develops.

5.2. Direct Payments.

The Direct Payments support and payroll service has recently been re tendered. The new specification has refreshed the expectations of potential providers in line with current guidance. New pre payment cards are available in Bromley to support increased ease of use of direct payments in the Borough.

Care Management colleagues have used flexibilities available to facilitate changes to support plans and the use of direct payments to respond to changing needs and access to services during the pandemic.

Vibrance who provide support and payroll services in Bromley have both supported access to PPE for direct payments users and PAs and also circulated regular fact sheets on employment during COVID – 19, keeping safe during COVID-19, Life after Lockdown and COVID-19 and Preparing for Winter in the context of COVID-19.

Area to work on

Adult services in partnership with Vibrance and Public Health will arrange on-line access to infection control guidance for those in receipt of direct payments and PAs

5.3. Support for Unpaid Carers.

Assessment and Care Management colleagues continue to conduct carers assessments.

A wide range of support delivered through Bromley Well is detailed below:

General Support

- On 26th November Bromley Well use its Facebook page to talk to carers about Carers Rights Day. The service will be sharing new materials provided by Carers UK and looking to promote the conversation about carer rights, benefits and wellbeing through that campaign.
- This will also see the Launch and distribution of the new Caring during COVID-19 information booklets, and the delivery of 2 online forums to discuss challenges noted in the booklet and build on it with more advice and support via our Facebook page on 30th Oct and 27th Nov.
- Bromley Well have also launched a new carers bulletin, with key updates and information for carers on how to support their wellbeing throughout winter and the year ahead.
- Carers are contacted by telephone and /or electronically on a regular basis to check on Physical Health

Mental Health Carers Support

- Bromley Well have launched a new virtual drop-in service for carers to provide a safe and confidential space to talk to their Mental Health Carers Support Advisor (poster attached). This support is to welcome new carers into the service, and to support existing carers. Clients that may benefit from more in-depth support are then referred.

- From 10th November, new workshop called “Caring Well During Winter 2020 will be delivered. This will be a 2.5-hour workshop delivered twice a week (Tuesday mornings, and Wednesday afternoons) with a volunteer who has lived experience of caring. The sessions will cover common challenges we know carers are facing during the present pandemic, thinking ahead for winter wellbeing and giving some strategies for the year ahead. The programme will run for weeks up to 2nd Dec.
- Bromley Well will continue to deliver Caring During COVID-19 CBT sessions. These involve a 4-week programme of support for carers, delivered by PWP (Psychological Welfare Practitioner) and the debriefing sessions are delivered by a volunteer with lived experience of caring.

Adult Carers

- Online Peer support groups and workshops continue during the pandemic.
- E-bulletins and social media information briefings and raising awareness of other organisations that can be accessed for support as well as promoting any new or additional support elements from the Adult Carers service
- Bromley Well are in the process of arranging mindfulness and financial workshops and provide support to apply for carers grants
- Bromley Well maintains contact with Adult Services in relation to individual client cases and areas of concern to mitigate risk and to safeguard clients and continues to provide specialist support to clients, ensuring their needs are met within the current restrictions, along with planning and prioritisation of those in greatest need.

Young Carers

- To deliver a broad range of services via a range of platforms, to ensure all young carers continue to be supported during this challenging time. Bromley well is planning to deliver young carer awareness sessions in local schools.

Area to Work on

Bromley Well will be promoting access to flu vaccinations for carers through its services and networks.

There has been a significant reduction in numbers of carers assessments recorded in the Borough during the pandemic and this will be addressed through an advice note to all assessing staff and partners which will support a renewed focus on delivery of carers assessments.

The Borough is exploring use some of discretionary funding from the infection control grant to support unpaid carers to stay safe during the pandemic and this will include access to PPE.

Work is underway to support the re-opening of some services that offer support and respite to unpaid carers that have ceased during the pandemic. Where this is not possible care management and assessment colleagues are working to provide alternative support.

5.4. End of Life Care

There is excellent support available through the One Bromley Partnership led by St Christopher's Hospice.

Area to Work On

An advice note will be issues for all assessing and care management staff to update on resources and advice and guidance available for Bromley Residents.

5.5. Addressing health inequalities through re launch of NHS health check programme.

Work supported by public health in the Council is underway to target NHS health checks for people considered at risk¹⁵ during winter months

Area to Work On

Adult Services will work with Public Health to use joint networks and information to support reaching those at risk who are difficult to identify from GP registers and existing lists.

6. Supporting the Workforce.

6.1. Care Act Easements

Bromley Adult Services have not taken the option to use Care Act Easements during the pandemic and therefore continue to work in line with Care Act Guidance and meet the full range of Care Act duties.

6.2. Staff Training and supporting wellbeing.

The Learning and Development Team in London Borough of Bromley have been working with all Council Directorates to provide a comprehensive range of advice and guidance, training and learning opportunities during the pandemic. The wellbeing strand of this work is growing as the pandemic extends. A return to the workplace handbook supports safe working in Council offices and there is a continuing focus on the Council's 'REAL' Values programme which seeks to build an empowering and respectful organisational culture.

As referenced throughout this plan Public Health Colleagues continue to offer general and bespoke support to support and care providers on infection control.

The Wake Up To Care¹⁶ programme is led by the London Borough of Bromley. The programme promotes careers and volunteering in social care and has recently been refreshed to encompass domiciliary care as well as care homes.

¹⁵ Those who were part of the shielding programme, those in the expanded flu vaccine list from DHSC and PHE, cross referenced with learning from PHE paper, COVID-19: review of disparities in risks and outcomes at <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

¹⁶

https://www.bromley.gov.uk/info/100008/jobs_and_careers/1330/wake_up_2_care_recruitment_initiative

Virtual provider forums, regular advice, access to support and weekly newsletters are examples of the range of enhanced communications with support and care providers in the Borough. Through this range of communication provider receive regular information on changing guidance, access to support and have the opportunity to voice their concerns and issues to inform action. Enhanced communications will remain in place throughout the winter months.

A corporate Council survey provided good data to inform work to support staff wellbeing during the pandemic and in the context of remote working.

A recent audit of training needs for domiciliary care providers has prompted a refreshed range of public health support and learning opportunities for staff in this sector.

Areas to work on

Wellbeing support and action during the winter months.

Plans to sustain training for Council, care and support provider and VCS partners over winter months to include wider access to advice and guidance for informal carers and the wider public.

Use domiciliary care response on training needs to inform public health action and learning and development opportunities.

6.3. Workforce Capacity

A range of support is in place to support providers with the completion of capacity tracker returns. This not only provides excellent intelligence on market capacity but also serves to build supportive relationships and provide a conduit for live intelligence about challenges faced by providers.

6.4. Social Work and Professional Leadership

Work is well advanced on the Bromley Strengths and Outcomes Based Framework which will be published at the end of November. This will be followed by a range of launch events tailored for different elements of the Adult Services Directorate from January 2021.

There is effective joint working with NHS partners which includes joint safeguarding arrangements and leadership and support in relation to Deprivation of Liberty Safeguards and Mental Capacity.

The Adult Services Practice Advisory Group ensures that the voice of frontline practitioners is heard through regular forums with the Director of Adult Services and associated task and finish groups that review practice issues and advise on strategic plans.

The Council has a comprehensive corporate programme around equalities and respect. This is led by the Equality, Inclusion and Diversity Corporate Board chaired by the Director of Human Resources. Products include a wide range of Learning and Development opportunities including unconscious bias training and a new mentoring programme for BAME colleagues.

Safeguarding systemic concerns were identified at the beginning of wave 1 in relation to access to PPE and an increase in the referrals for self-neglect and neglect by providers including concerns about some hospital discharges. These systemic concerns have been addressed by public health advice and the development of Local Authority PPE support and through multi agency meetings to act on individual concerns.

Areas to Work On

Use data from forthcoming Directorate survey to refine strengths and outcomes based practice and to improve staff support.

7. Supporting the System

7.1. Funding

Adult Services has distributed, reported on and published the results of the infection control grant in line with guidance.

7.2. Market and Provider Sustainability

Bromley has completed the service continuity and care market review self-assessment questionnaire (SAQ). The summary response which informs the development of the winter plan is as follows:

Section 1. Understanding risk.

The LBB return notes we are somewhat concerned about capacity in nursing care and notes slight concern relating to other service categories. This is based on the fact that capacity was maintained during wave 1 of COVID. The higher level of concern in nursing care relates to the fact we have yet to commission contingency beds as we have done in residential care for older people.

This section then assessed levels of risk associated with particular factors for example staffing, funding, quality and capacity. A '1' denotes high impact of these factors on the ability of the Authority to deliver on care act duties, a '2' moderate impact and a '3' a small impact. Four scores of 1 were given in relation to COVID-19 staffing in bed-based care and in relation to voids in Extra Care Housing.

Section 2. Contingency Planning.

This section looks at measures Bromley has in place to prepare for provider change or closure. Bromley notes that measures are in place to a great or moderate extent in relation to financial support across service categories (infection control grant and uplifts and bespoke access the range of measures e.g. those outlined in the letter from Ade 24th March to providers), contractual and other non-financial support areas such as enhanced communications and public health advice and guidance. Processes are in place to manage provider closure.

Section 3. Support.

This section asked us to identify three key risks and what support would be useful in response. The three risks related to a combination of sustained demand and decreased capacity, the need for the scope of re-testing to be widened and the need to find resources to pay over guide rates and enhanced oversight of providers who do not meet current quality criteria should they be needed to meet extraordinary levels of demand.

Bromley has commissioned both residential and nursing capacity which will provide options for people discharged from hospital in line with designated settings guidance¹⁷. This involves Working through designated status for 12 residential care beds at Burrows House (Goldcare Homes) and for nursing care in partnership with Lewisham local authority at Castlebar for nursing care (13-18 beds). A wide range of support was provided to the providers concerned to support with infection control measures and these have been reflected in contractual terms for the new services.

Areas to Work On

Formalise procedures in response to provider closure.

Take action to seek further capacity for designated settings.

7.3. CQC Support, Emergency Framework and Sharing Best Practice.

There is close and on going liaison between the Adult Services quality and safeguarding department and CQC partners.

7.4. Local, Regional and National Oversight and Support.

This plan will be summarised in a letter to DHSC on 30th October. Peer support forums are in place to bring together Directors of Adult Services and commissioners in South East London. The system wide Winter Plan has been reviewed by governance forums in the Council and CCG and by the Joint One Bromley Executive.

Regional and National support from ADASS is valued and the Council contributes actively to regional and sub regional forums.

7.5. Care Home Support Plans.

Bromley produced an initial Care Home Support Plan in May 2020 in line with the guidance. The summary of the survey response and action to support care homes is embedded here:



COVID%20letter%20
V9.KC.docx

Areas to Work On

Refresh and review of support plans

8. Data, Resources and Measures.

¹⁷ <https://www.gov.uk/government/publications/designated-premises-scheme-letter-to-directors-of-adult-social-services/winter-discharges-designated-settings>

This plan identifies a suite of measures that will support the Directorate to monitor the impact of both winter pressures and the pandemic on social care services and resources.

The plan also draws from existing data to identify issues and action. In short data has shown a shift in demand and patterns of support since the beginning of the pandemic.

Initial data analysis from wave 1 of the pandemic has identified lines of enquiry relating to the impact of new hospital discharge arrangements and has highlighted shifts in demand relating to COVID-19.

The following measures will enable evaluation of the impact of continuing single point of access arrangement for hospital discharge, seeks to compare the data for winter 20/21 to previous years and also looks at issues of productivity and cost across both services resulting from hospital discharge, in on-going support and care and in relation to changing working patterns for Council staff.

- Volume and cost of services per person both for those discharged from hospital and those in receipt of longer-term community packages.
- What happens for individuals following discharge at 6 weeks, 12 weeks, 26 weeks.
- Continuing focus on the existing Transformation KPIs
- Those still at home 90 days following discharge during winter months.
- Referrals into front door and subsequent assessments during winter months.
- On-going performance in relation to reviews referrals and assessment.
- Admission rates to nursing and residential in the Borough over winter months.
- New service starts in Domiciliary Care in winter months

All measures will involve comparison of data from winter 19 20 v winter 20 21 to highlight strategic issues for adult social care. The measures will be reported at the December, February and May Transformation Boards and will inform action to meet the dual challenges of winter pressures and COVID 19.