

# NW London Support to care homes programme

26/05/20

## The North West London Health and Care Partnership is made up of 30 NHS and Local Authority organisations, working together to improve health and social care across North West London

Local Authorities	CCGs	Trusts	System partners
Brent Council	Brent CCG	Central London Community Healthcare NHS Trust	London Ambulance Service
City of Westminster	Central London CCG	Central & North West London NHS Foundation Trust	NHS England/Improvement
Ealing Council	Ealing CCG	Chelsea and Westminster Hospital NHS Foundation Trust	NHS Health Education England NW London
London Borough of Hammersmith and Fulham	Hammersmith and Fulham CCG	Hounslow and Richmond Community Healthcare NHS Trust	Imperial College Health Partners
Harrow Council	Harrow CCG	Imperial College Healthcare NHS Trust	National Institute for Health Research Clinical Research Network NW London
Hillingdon Council	Hillingdon CCG	The Hillingdon Hospitals NHS Trust	
London Borough of Hounslow	Hounslow CCG	London North West University Hospital NHS Trust	
Royal Borough of Kensington and Chelsea	West London CCG	Royal Brompton & Harefield NHS Foundation Trust	
West London Alliance		West London Healthcare NHS Trust	

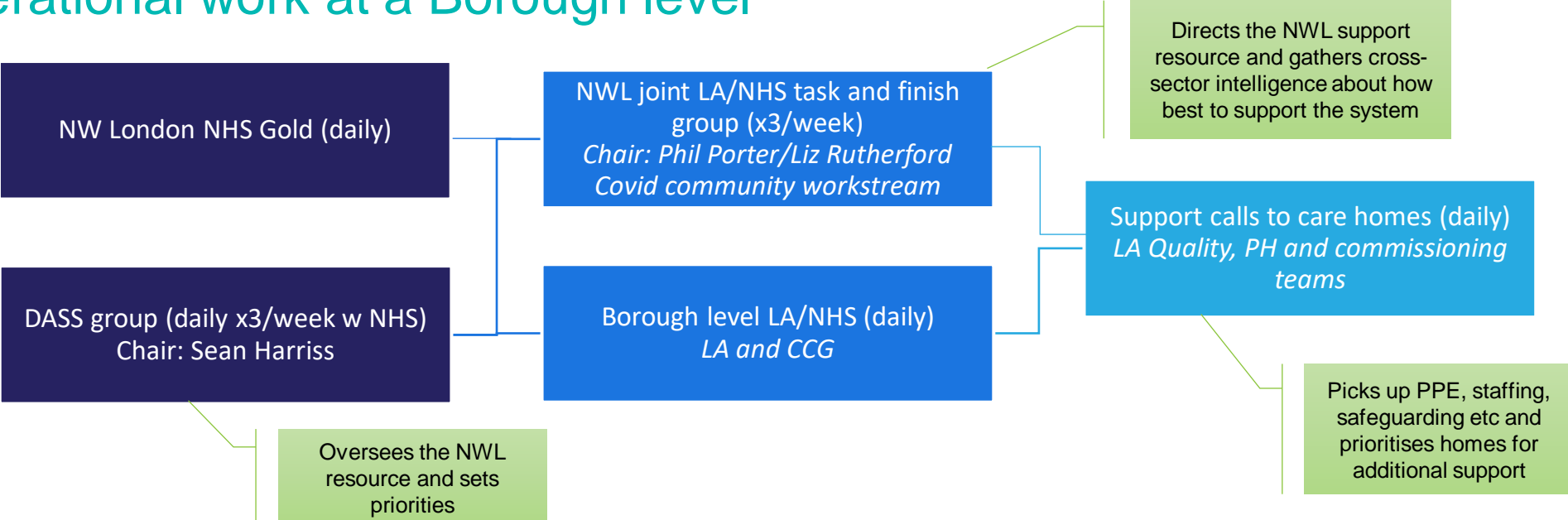
# Oversight & Compliance

- Leading local resilience forums: Trying to protect and preserve life for those individuals supported by adult social care, in care homes and other settings.
- Under the Care Act 2014, we continue to discharge our duties to shape local provision of care and ensure services remain sustainable and continuity of care is maintained.
- LRF is working alongside the Care Quality Commission's (CQC) ensuring the stability and sustainability of the marketplace to enable the safety of residents and the quality of service provision.

## Support to care homes

- Local authority Chief Executives Officers (CEOs) with social care responsibilities should work with system partners to agree a return consisting of:
  - A letter that sets out a short overview of current activity and forward plan;
  - A short template that should confirm the current level of access to the support offer. This template asks for confirmation of the number of care homes in your area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
  - Confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.

# A joint LA and NHS strategic group oversee the care home programme; linked both to the NWL Gold calls and into the operational work at a Borough level



NWL has developed a package of care home support endorsed and supported by the CEOs across the system. This also provides the framework and support for the new reporting requirements live from week beginning 11/05/20

Sector-wide sitrep performance against COVID-19 care home support clinical service model  
Due 13/05/20: completed

Sector-wide sitrep on IPC training and trainers for care homes  
Due 12/05/20 then x2 week: completed

Care home level primary care sitrep on COVID-19 care home support model and clinical leadership  
Due 13/05/20: completed

Sector-wide sitrep: Medicines optimisation COVID-19 care home support  
Due 18/05/20: completed



## NWL care home support



### 1. Adult social care

Ensuring the stability and sustainability of the market place to ensure the safe and quality care of residents.



### 2. Primary care support

Ensuring timely access to GP advice in hours and out of hours



### 3. Pharmacy support

Ensuring Care Homes have access to advice on medicines management and access to medicines promptly 24/7



### 4. Community & specialist support

Ensuring Care Homes access to clinical support on infection control, safeguarding patients, nursing care via local support



### 5. NWL Care Home Support team

Ensuring Care Homes have access to support on best practice processes, procedures and workforce development via NWL team



### 6. Community transition beds

Ensuring Care Home residents have access to transition beds after discharge from hospital whilst awaiting recovery from COVID symptoms



### 7. Testing

Ensuring Care Home staff and residents have access to testing to support staffing resilience and resident safety



### 8. 111\*6

Ensuring timely access to GP advice in hours and out of hours



### 9. Training and education

Ensuring timely access to appropriate and adequate PPE and ensuring staff are enabled to use it correctly

## Enablers



Care planning : Identifying gaps in care planning records and using data to ensure individuals have their own care plan. Ensuring that these are shared on CMC to allow accessibility to all healthcare sectors



Technology: Ensuring Care Homes have access to technology including IT software and NHS emails to enable remote advice and consultations



1. Adult social care

Ensuring the stability and sustainability of the market place to ensure the safe and quality care of residents

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

LA CEO x8  
LA DASS x8  
LA commissioning leads x8

**Current service provided to care homes**

- Daily calls with providers to provide support.
- Public Health guidance on infection control including use of PPE and cohorting.
- Support with sourcing and supply of PPE.
- Help with recruitment and staffing to support through crisis
- Help with technology to connect residents to families
- Financial support to stabilise the market place



**Additional planned support**

- Support to access testing.
- Assistance with staffing issues that arise from lower staff levels as a result of testing
- Utilisation of supplier resilience forum to support providers in financial risk.
- Working in partnership with NWL and CCG's to support care homes.
- Establishment of interim roles that provide the requisite support and monitoring as we move into the next phase.
- Monitor void bed state and market sustainability

**Planned actions**

Consolidate close working with CCG, primary care, community providers and voluntary sector to ensure joined up support of care homes

Build on partnership working with Care Homes

Review arrangements with spot providers and support their sustainability

Ensure robust delivery of Care Home Support plan across partnership

**Key Risks**

- Provider failure due to volatility in the market.
- Staffing shortages brought about by an increase in testing.
- Building reliance on tactical support that should be time limited, eg support with PPE.



## 2. Primary care support

Ensuring timely access to GP advice in hours and out of hours

**NWL senior lead:**  
**NWL operational lead:**

Diane Jones/Caroline Morison  
Jennifer Roye/Sue Jeffers/  
Richard Ellis  
Primary care leads x 8

**Local leads:**

### Current service provided to care homes

#### In- Hours

- Daily contact to high priority homes (defined by LA and CCG by ADASS sitrep and local intelligence)
- Twice weekly minimum contact for low priority homes
- Clinical response within two hours where required (prescription issued, visit confirmed, remote advice provided)
- Full coverage and updating of care plans on CMC and GP record

#### Out of Hours

- Daily service provided to high priority homes on Saturday and Sunday, resourced from capacity within extended access hubs

### Additional planned support

- Ensure all residents have an advance care plan
- Ensure all plans are recorded on CMC
- Proactive work around shielded people – i.e. risk stratification; links with community etc
- Additional services to be considered and commissioned in boroughs to fill gaps
- Multidisciplinary Review for
  - Care home residents
  - Medication reviews
  - Support with referrals to secondary care when appropriate

### Planned actions

Review of progress of the implementation of the Primary Care in each CCG

Confirm the MDT arrangements and processes for each CCG

Ensure consistent service across boroughs in line with NHSE/I expectation

Deploy and implement virtual consultation to all older people's care homes

### Key Risks

- Not able to fill gaps in GP cover for Care Homes
- PCNs not able to uplift the primary care provision to meet the agreed primary care offer.
- Virtual consultation adoption not being successful.





### 3. Pharmacy support

Ensuring Care Homes have access to advice on medicines management and access to medicines promptly 24/7

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Diane Jones  
Shamim Jivraj  
Meds management leads x 8

#### Current service provided to care homes

- Currently variety of arrangements to provide medicines management support to Care Homes in boroughs
- Some boroughs have dedicated pharmacists to support Care Homes to improve the coordination of prescription issues and supply of meds to homes



#### Additional planned support

- Roll out of four components of medicines optimisation in care homes model:
  1. Online ordering repeat prescriptions
  2. Medication review, reconciliation and advice
  3. Access to anticipatory medicines
  4. Medicines dispensed in compliance aids (blister pack, Dosette box)
- Roll out protocol for re use of medication
- Ensure medication is prescribed clearly on charts, and included in the advance care plan

#### Planned actions

Full roll out of four components of MOCH model

Communicate new arrangements to primary care and care homes

Ensure pharmacies know how to access NHS volunteer services to assist with the delivery of drugs

#### Key Risks

- Not rolling out the pharmacy model in all 8 boroughs
- Care Homes/Primary Care unaware of new pharmacy arrangements
- Unable to source volunteers to support delivery of medication



4. Community & specialist support

Ensuring Care Homes access to clinical support on infection control, safeguarding patients, nursing care via local support

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Borough leads  
Community provider leads  
CCG care home and integrated care leads

**Current service provided to care homes**

- Different models currently in place in each borough to support Care Homes proactively e.g. Hillingdon Care Home Matrons, Imperial out reach team, Harrow frailty pathway, Imperial Trust frailty team
- On line training provided to care home and home care providers on PPE



**Additional planned support**

- Ambition to provide proactive support for residents, e.g. regular health checks, podiatry, dental, continence advice etc
- Provide an extended service, particularly to residential homes
- Support to people to stay at home longer

**Planned actions**

Confirm flow of information between the different teams

Agree how team will interface with existing and planned borough Care Home support teams

Agree SOP for team and how their time will be prioritised

Communicate to Care Homes, Local Authorities and Primary Care

**Key Risks**

- PCNs not able to uplift the primary care provision to meet the agreed primary care offer.
- Virtual consultation adoption not being successful. Unable to redeploy nursing staff to the team
- Duplication of work with Borough Care Home Support teams
- Care Homes unaware of support available



Ensuring Care Homes have access to support on best practice processes, procedures and workforce development via NWL team

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Diane Jones  
 Yvonne Leese  
 LA commissioning/CCG care home leads

**Current service provided to care homes**

- New team developed to meet an identified gap, providing face to face support and advice in IPC, PPE usage, safeguarding and COVID 19 specific issues
- Targeted support to Care Homes in particularly challenged positions
- Closely linked to LA daily calls to care homes and CQC



**Additional planned support**

- Develop localised support (MDT) inclusive of all local partners to ensure Care Homes are proactively supported. This could include care planning support, proactive clinical advice, identification of significant IPC issues and signposting to other support
- Establish a team that is able to meet the demands for this service, which is sustainable beyond the pandemic

**Planned actions**

- Complete forward plan for support visit to all care homes
- Agree how team will interface with existing and planned borough Care Home support teams
- Review capacity required for rolling care home visits through crisis and recovery
- Explore routes to deliver sustainable support outside of a pandemic

**Key Risks**

- Workload and demand for team exceeds capacity to deliver 100% coverage at pace
- Limited supply of additional staff to deploy to the team, especially as recovery commences
- Duplication of work with Borough Care Home support teams
- Care Homes unaware of support available suspicious of support offer as inspection
- Potential funding issue to resource team post Covid 19



Ensuring Care Home residents have access to transition beds after discharge from hospital whilst awaiting recovery from COVID symptoms

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Diane Jones  
Ian Robinson  
Discharge leads

### Current service provided to care homes

### Additional planned support

### Planned actions

- 45 community based beds to support residents prior to long term placement in a care home.
- Confirm beds for C19 positive on separate sites to C19 negative residents
- The transition beds offer a reassurance that on transfer to a care home the patients will be clear of Covid 19 following a period of 14 days isolation.
- Residents have a placement plan agreed



- Ensure all residents are tested on discharge from hospital.
- Discharge audit, to include Covid 19 status of residents
- Support visits to confirm IPC measures are optimum
- Modelling of demand for transitional beds
- Monitor void beds in the system

Audit C19 status as recorded at discharge

Monitor transitional bed usage

Communicate audit and bed usage /activity to partners

Agree post pandemic funding arrangements prior to resuming BAU

### Key Risks

- Demand for transitional beds greater than in the system
- Extended LoS if inappropriate patients with high needs are admitted into the transition beds.



**7. Testing:  
Track, Trace  
and Isolate**

Ensuring Care Home staff and residents have access to testing to support staffing resilience and resident safety

**NWL senior lead:**

**NWL operational lead:**

**Local leads:**

Diane Jones (residents), Javina Seagal (staff)  
Beke Tshuma  
LA commissioning leads

**Current service provided to care homes**

- There are several parallel offers and routes for both residents and staff in care homes from PHE, CQC, NWL Enhanced team working with and local arrangements.
- Care homes supported to use the national portal system
- Staff testing - parallel routes, from drive through for with access to a car and local hubs and home testing for staff without access to a car
- Resident testing: PHE is first response to outbreaks, now covering all residents and staff.
- CHST capacity to test residents and staff with support from partners e.g. Imperial & Chel West
- CHST supporting staff to cohort /creating green & red zones, and barrier care (appropriate PPE usage)

**Additional planned support**

- Streamline access to testing
- Streamline advice based on test results, particularly asymptomatic staff and residents that test positive
- Agree process for care homes to access enhanced PPE (FFP3/2 masks & gowns)
- Full implementation of DHSC online portal for testing

**Planned actions**

- Daily report of number of tests
- Review results with partners to inform workforce and placement plans
- Risk assessment for all staff to be implemented
- Director PH to coordinate online option (DHSC letter 7 May)
- To roll out national proposal for track, trace and isolate

**Key Risks**

- Level of confusion for both staff and residents leading to underutilisation of existing capacity and under-testing of staff and residents



Ensuring timely access to GP advice in hours and out of hours

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Liz Rutherford  
Beke Tshuma/LCW and WLH  
CCG care home leads

### Current service provided to care homes

### Additional planned support

### Planned actions

- Direct access to clinician with specialist end of life
- Access to \*6 support from 111, both in and out of hours, to direct clinical advice



- Additional capacity planned to manage increased demand to \*6
- Reviewing the extent to which 111\*6 can act as a single point of access and triage for care homes to obtain

Confirm capacity required to ensure sustainability

Confirm \*6 can access GP support when needed

Audit usage and effectiveness of service

Agree post pandemic funding arrangements prior to resuming BAU

### Key Risks

- Provider unable to increase capacity in \*6
- Lack of GP support available when needed



## 9. Education & Training

Ensuring timely access to appropriate and adequate PPE and ensuring staff are enabled to use it correctly

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Diane Jones/Bernie Flaherty  
Laura Harris  
LA commissioning leads

### Current service provided to care homes

- Working together through the Commissioning Alliance, boroughs created a new supply chain for NWL to provide emergency PPE stock to all care home (& home care) providers in the geography, 9.6m units delivered to date over the past 5 weeks. This supply chain has been supplemented by LRF/CCG supplies where PPE through this route has been unavailable.
- Joint support to care homes with PPE guidance, updates and links to health fit testing suppliers for enhanced PPE.

### Additional planned support

- Specific training for staff carrying out AGP
- Roll out of train the trainer
- 3 months of PPE supply to continue to support providers in emergencies
- Reducing direct PPE supply whilst supporting providers to resume/expand existing supply chains

### Planned actions

Agree joint long term principles of PPE support to care homes

Communicate updates in PPE guidance to care homes from PHE.

Reinforce a move to build up existing supply chains through provider communications

Review options to support expansion/resilience of provider supply chain including opening Commissioning Alliance supply chain directly to providers

### Key Risks

- Risk that the PPE supply chain doesn't meet the demand – both borough emergency supplies and long term provider supply chains.
- Issues with supply chain impacting on boroughs ability to source quality and value PPE.
- Lack of agreed principles leading to duplication / gaps in support to care home clients.



Enabler:  
Care planning  
support

Identifying gaps in care planning records and using data to ensure individuals have their own care plan. Ensuring that these are shared on CMC to allow accessibility to all healthcare sectors

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Liz Rutherford  
Beke Tshuma/Michelle Scaife  
CCG care home leads

### Current service provided to care homes

- Advance Care Planning (ACP) conversations are undertaken but there is not a consistent approach to who undertakes these and where they are recorded
- Care homes do not have access to Coordinate My Care (CMC) to view resident's care plans held on this digital platform
- Some of the care homes in NWL (Ealing) have access to Marie Curie nurse supporting ACP and CMC

### Additional planned support

- Ensure that all the care homes have NHSmail, which will further support them to achieve DSPT requirements to facilitate access to CMC
- Support care homes to gain access to CMC
- Ensure that all care home residents have an appropriate care plan in place which has been transcribed to CMC.
- Prioritisation of residents at high risk without a care plan to have ACP conversation
- Develop WSIC dashboards to support targeted identification for GPs

### Planned actions

Pan London CMC steering group setting up a working group to support care homes' access to CMC– Timeline TBC. NWL STP CMC lead involved in this working group

NWL ACP training and champions project in development with Marie Curie and community EOL stakeholders. NHSE funding will be used to roll out training across NWL

CMC have a programme of work to address user issues.

### Key Risks

- Residents do not have their wishes recorded and adhered to, and cannot always receive care in their preferred place in times of crisis or last phase of life.
- Continuation of avoidable hospital admissions that could be reduced with appropriate ACP, recorded on an accessible system
- Where residents wishes are known and recorded, due to inconsistency of care planning platforms and LAS only viewing CMC, these are not shared





Enabler:  
Technology  
support

Technology: Ensuring Care Homes have access to technology including IT software and NHS emails to enable remote advice and consultations

**NWL senior lead:**  
**NWL operational lead:**  
**Local leads:**

Liz Rutherford  
Beke Tshuma/LCW and WLH  
CCG care home leads

### Current service provided to care homes

Some technology already deployed to Care Homes (e.g. mobile devices) to support remote consults

Some Care Homes have NHS email addresses to facilitate exchange of patient information with NHS

### Additional planned support

- NHS net email addresses to be set up for all Care Homes in NWL
- Mobile devices to be purchased for all Care Homes to enable remote consultations/support
- Training to be provided to Care Homes on support

### Planned actions

HLP required to set up email addresses for Care Homes

Procure additional devices for Care Homes and confirm how these will be set up/locked down etc

Potential training requirements identified for Care Homes to go alongside device deployment

Simple guide to be produced for Care Homes on setting up NHS emails accounts

### Key Risks

- HLP not able to get email addresses set up
- Logistics of getting mobile devices delivered to Care Homes
- Time to procure mobile devices
- Capacity to support training for devices/email set up

# Top risks and mitigations

Risk	Owner	Current controls	Mitigated score	Future actions
There is a risk of unexpected deaths of care home residents due to covid19	DJ	<ul style="list-style-type: none"> <li>Consistent offer across NWL for 140 care homes (residential and nursing) commissioned.</li> <li>Resident testing and cohorting rolling out through care home support team</li> <li>Additional 111*6 capacity secured</li> </ul>	15	<ul style="list-style-type: none"> <li>Develop plan for hot homes for known covid residents</li> <li>Commission consistent MDT support for care homes</li> <li>Expand care home support team, coverage and resident testing offer</li> </ul>
There is a risk of transmission of covid19 in care homes due to poor IPC practices	DJ	<ul style="list-style-type: none"> <li>Care home support team visits reviewing and supporting improvements in practice</li> <li>Care home support team undertaking resident testing to support cohorting of residents</li> </ul>	12	<ul style="list-style-type: none"> <li>Expand care home support team, coverage and resident testing offer</li> </ul>
There is a risk of transmission of covid19 in care homes due to lack of access to enhanced PPE, demand outstripping supply	LA, CCG	<ul style="list-style-type: none"> <li>Daily calls to all care homes from local cells led by LAs reviewing PPE position</li> <li>WLA securing regular additional supply of PPE in addition to care homes' regular supply routes</li> <li>Mutual aid provided by NHS with Steve Bloomer liaising daily with WLA</li> </ul>	12	<ul style="list-style-type: none"> <li>Maintain daily calls with care homes and 3xweekly system level reviews</li> <li>Supply of enhanced PPE is an issue – daily escalation in place via Steve Bloomer – issue recognised nationally</li> </ul>
There is a risk of transmission of covid19 in care homes due to inappropriate use of PPE	DJ	<ul style="list-style-type: none"> <li>Fit test capacity for FFP3 masks secured and open to care homes</li> </ul>	12	
There is a risk that care home residents will be admitted to hospital due to staff shortages associated with covid-related absence	JS	<ul style="list-style-type: none"> <li>Staff testing offer at Wembley extended to all care home staff</li> <li>Staff testing offer at local hubs extended to symptomatic care home staff</li> </ul>	9	<ul style="list-style-type: none"> <li>Continue to press for home testing capacity and prioritised access for care home staff</li> </ul>
There is a risk that care home residents will bring covid into care homes on discharge from hospital	DJ	<ul style="list-style-type: none"> <li>All acute trusts testing all care home residents on discharge</li> <li>Transitional bed capacity on line to provide isolation facilities for residents returning where the care home cannot cohort or where results are not yet known</li> </ul>	9	<ul style="list-style-type: none"> <li>Develop plan for hot homes for known covid residents</li> </ul>