Healthier Communities and Older People Overview and Scrutiny Panel

Date: 02 September 2020

Wards: ALL

Health Scrutiny briefing: Preparation for the next phase of COIVD 19

Recommendations:
The Panel are asked comment and discuss the briefing from the Director of Community and Housing on preparation for the next phase of COVID 19

Briefing Summary:

The Community and Housing Department has been fully engaged in supporting the community and services through the first wave of COVID 19. Our Public Health team have, of course, been at the centre of that response, but all services have played a key role particularly in protecting those that might be most vulnerable. This has included ensuring that services that support the most vulnerable continue to operate in a COVID safe mode and supporting rough sleepers off of the streets, but also redirecting staff to new services such as the shielding, community and food hubs.

Although we have taken some steps to re-open services that were temporarily closed, we remain operating is an emergency response mode. The expectation is that there will be further surges in COVID 19 infections and that this will coincide with other health demands such as dealing with backlogs in non-COVID healthcare and winter flu. We have been advised to prepare for a steady increase in workload, peaking in January 2021.

Demand & Capacity Planning

The department is currently scenario planning for future hospital discharge activity as we approach the seasonal pressures of autumn and winter, with the added complexity of the potential for a second surge in Covid-19 specific activity.

National discharge Guidance, Issued in March, sets out 4 distinct discharge pathways and expected distribution across those pathways of patients leaving hospital settings. Those pathways remain in place through the winter and the local authority remains a key partner in facilitation and maintaining flow out of hospital. Those pathways are:

- Pathway 0 – return home with not further health or social care
- Pathway 1 – return home with community health or re-ablement support
- Pathway 2 – placement into intermediate care
- Pathway 3 – placement into temporary residential or nursing bed

Our response to the pandemic with health partners has forged an even closer relationship with a clear focus on responding to the needs of our community. This has provided fresh impetus for the next stages on integration of health and social care.

We are working closely with colleagues across health, with our provider markets and as part of the SWL Integrated Care System. This work is underpinned by demand and capacity modelling, commissioned jointly by London ADASS and NHSE, and developed by consultancy Carnell Farrar. It also takes account of the Government's own 'Reasonable Worst Case Scenario' planning assumptions, which sets out projected statistical analysis of a second 'wave' of Covid-19 over the next 6 months.

Our scenario planning takes account of this modelled demand and along with retrospective data of actual activity through the first Covid-19 surge in April, and historic trends of winter activity. Planning for a range of demand scenarios allows us to understand better the service capacity expectancy to support each pathway.

The model was only received recently and we are currently working through it and developing the options to meet expected demand. Much of the required capacity remains in place from the first wave, such as re-ablement capacity and block booked nursing beds. However, learning from the first wave, we are exploring with health partners and care providers the potential for a 'hot site' to receive COVID positive cases from hospital or other settings.

Care Homes

The impact of COVID 19 on care homes residents has rightly been an issue of national concern. Overall infection rates in care homes, for both residents and staff, have reduced significantly since the peak in mid-April 2020. There have been 38 deaths attributed to CVOID 19 in Merton care homes. However, there are only a very small number of new infections now being identified each week and no deaths in recent weeks. A significant majority of the individuals testing positive are asymptomatic and are being identified via more routine testing.

The Council responded by putting in additional support from its public Health and Adult Social Care Team. We have also supplied in excess of 2 million items of PPE to the care sector in Merton to ensure that care staff and service users are properly protected. Of this, over 900,000 items of PPE went to local care homes.

There remains, however, significant problems with the national Whole Home Testing programme, which means that the Government aspiration to routinely test care home residents monthly, and staff weekly, is not being achieved and remains unlikely to be achieved for a significant period of time. Local (South West London) alternatives to support care homes with routine testing are being actively explored with CCG colleagues.

A significant programme of face to face training on Infection Prevention and Control practice has been undertaken across Merton, with all 38 homes in the borough either completing the training or demonstrating that they are delivering equivalent alternative training. This training programme, allied with ongoing support from

Primary Care, Community Health Care, Public Health and Adult Social Care locally, is having a positive impact on the standards of practice in this critical area.

Some limited visiting by relatives is now being allowed by a number of the care homes in Merton, but visiting remains restricted and subject to infection control limitations.

The Council has ensured that the required 75% of the first tranche of Infection Control Fund monies was distributed promptly to all care homes in the borough, and is now distributing the second tranche on the same basis. Officers continue to liaise closely with care home managers and proprietors to understand any financial viability concerns at the earliest possible opportunity. To date we have not identified any major concerns from a viability perspective.

Our planning to support care homes during the winter period is now well developed, and includes exploration of options for minimising infection risk by providing safe accommodation for people who need care home accommodation and who test positive for Covid19 prior to admission (a hot site). This provision may also be used for other vulnerable individuals for whom a place of safety while infectious is appropriate.

Shielding

One of the new challenges that COVID 19 threw up was the need to shield those most vulnerable to the virus. In Merton, 7,237 residents were been classified as 'extremely clinically vulnerable' and were required to 'shield' for a minimum of 12 weeks as part of the emergency measures put in place to control the Covid-19 pandemic. In order to respond to the emergency situation and support this client group,

Our shielding service was staffed by redeployed staff from other services such as libraries. The service contacted and supported all residents who have received a letter either, from the NHS, their GP or clinician requesting to not leave their homes and 'shield'. This service establishes if further support is required in particular around food, medicines and social contact.

The team included Adult Social Social Workers who were responsible for reviewing any resident who required additional support identified by the Merton shielding service. This team has the appropriate skill set to triage clients in relation to risk and legislation to ensure needs are supported. This then determines what course of action or referral is required, for example, safeguarding, Care Act assessment or referral to the Community Response Hub

From early in the pandemic, we worked with MVSC to establish a Community Hub. The hub is a call centre for residents to contact should they need support during the pandemic. The hub is a collaborative project with the voluntary sector. Support requests are triaged into the voluntary sector and requests are generally around food, medicines and social contact. They also receive referral from the Merton Triage team as well as the adult social care.

During the time of shielding over 7,000 residents were contacted by the Merton shielding service either by phone or letter. 3,300 were identified as requiring additional support and were contacted by Social workers in the triage team. These residents were either given information and advice, referred for a care act assessment or passed onto the community response hub. 1811 received food parcels from the government, which was supplanted by support from the local food hub and volunteer shoppers.

Shielding paused on the 31st July in line with government guidance. However, there is still a requirement for the local authority to maintain the shielding list. Updated data continues to be received by the council. We continue to contact, monitor and support those residents most vulnerable identified on the shielding list.
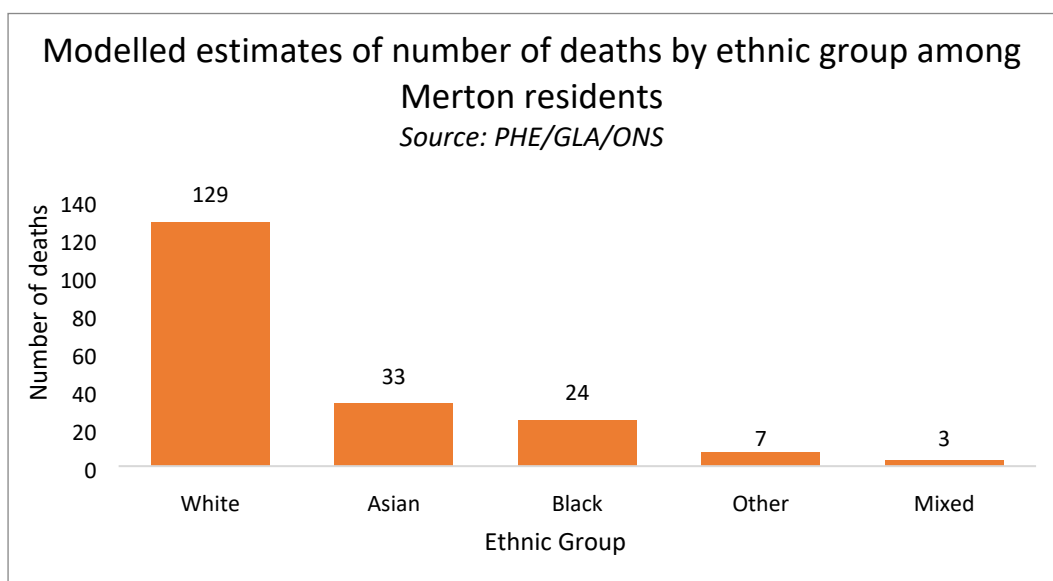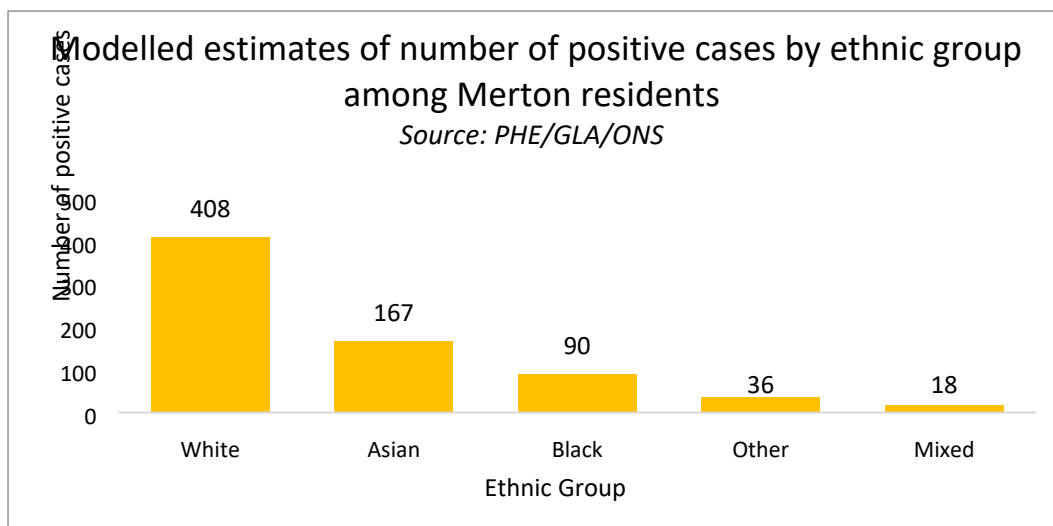
We have plans in place to re-establish the shielding service if a local or national lockdown is imposed, or the government advises those on the list to shield once again. The government has retained the power to reinstate shielding locally or nationally for itself.

Equalities impact of COVID 19

The differential impact on communities has been a stark factor in the pandemic. Understanding which groups are most at risk is a key factor in planning for future spikes in the virus. It is also vital that we understand the impact for recovery planning. Our community has not been affected to the same extent and the long terms consequences and responses may therefore be different. it is the nature of pandemics that such learning happens over a period of years, but the work start now.

Our Public Health Team is leading the work to better understand the disproportionate Covid-19 impact on our community: combining data analysis (refresh of joint strategic needs assessment) with 'lived experience' through qualitative action research commissioned from our voluntary sector, focussing initially on BAME, followed by older age / dementia, and learning disability/autism.

The graphs below set out the modelled data for Merton, ie the reflection of national trends locally. Actual Merton data on ethnicity is only starring to emerge.

Modelled estimates of number of positive cases by ethnic group among Merton residents
Source: PHE/GLA/ONS

Number of positive cases

- White: 408
- Asian: 167
- Black: 90
- Other: 36
- Mixed: 18

Ethnic Group

Modelled estimates of number of deaths by ethnic group among Merton residents
Source: PHE/GLA/ONS

Number of deaths

- White: 129
- Asian: 33
- Black: 24
- Other: 7
- Mixed: 3

Ethnic Group

As well as developing our understanding, the immediate protection of the most vulnerable communities from Covid-19 in case of local outbreaks and or a second wave is a priority. It includes bespoke and trusted communication and engagement with vulnerable groups about the importance of testing and self-isolation for protection; and bespoke prevention programmes (Covid-fit; rehabilitation, flu immunisation) to improve people's general health and management of long term conditions such as diabetes so they are better protected from suffering severe Covid-19 disease. The above priorities are aligned with our local Primary Care Networks, Merton Health and Care Together Board priorities and SWL recovery proposal so we are all bundling our efforts to make a real difference in a short time.

The work also includes support for our staff. This includes individual risk assessments for safe working practice (remote and face to face) and for LBM the establishment of a BAME staff forum to explicitly challenge racism and increase diversity in recruitment (especially for senior managers).

Our medium to longer-term plan is to shape a safe, fair, and green recovery for Merton people and Merton as a healthy place, focussing on the wider determinants of health and social value, hand-in-hand with holistic integrated health and care services (in line with priorities of the Community Plan, Health and Wellbeing Strategy and Local Health and Care Plan).

Adult Learning

The economic impact of COVID 19 is apparent and will exacerbate the health impacts though the mental and physical health consequences of unemployment, poverty and stress. Adult Learning will therefore play a key role in our community's recovery.

During lockdown Merton Adult Learning's providers have delivered learning in creative new ways for learners via online tutorials and catch up calls. They have ensured that the vast majority of learners completed their courses and are equipped with the skills required for their next career steps.

Merton Adult Learning has also been successful in applying to the GLA's Covid-19 Emergency Support Fund and an additional £360,000 will be invested in adult learning over the next two years. The additional funding will support the service to deliver additional courses for residents to meet the needs of a changing job market and to support residents to improve their digital skills. Part of the funding will also be used to loan ICT equipment to residents who have limited or no access to ICT and to get them trained up to make more effective use of the technology.

Results for the majority of adult learning courses are still being moderated and subject to change but headline predicted grades are:

• GCSE English results have increased by 12% and GCSE Maths results are be up by 18%.

• ESOL results will have increased by 0.5% on what was a high achieving figure last year.

• ICT results up 2.5%, which was already high the previous year.

Providers are working closely with the Adult Learning team to ensure that they have the necessary procedures in place to start running courses physically again from September. The procedures being put in place will follow DfE guidance and are likely to include a blended mix of online and classroom based learning. The enhanced focus on skills will be important in supporting our residents to prosper.

Recovery and Reset Planning

The work set out above are just some key elements of the department's Recovery & Reset Programme. As well as planning the next phases of the pandemic, we are looking to what we need to do beyond it. It is recognised that there will be no going

back to how things were. Our community will be changed by it, and so therefore must our services.

We have commenced a limited re-opening of services that closed in the first wave. All libraries are now open with a COVID-safe click and collect model. We keep this under constant review alongside our understanding in trends in the virus. The Civic Centre has re-opened for appointment only face to face work for support with housing needs. Two of our days centres for people with learning disabilities are operating a limited model to provide respite for family carers.

However, we are not able to go back to the way we operated before because of the ongoing risks. This has taught us that there are other ways of operating effectively as well as safely. For example, our housing needs team has continued to support people via telephone and online contact which has worked well. Whilst some face to face contact will be necessary, this has taught us that we can use other methods well and that it suits some customers. We are therefore in the process of enhancing our systems in housing to be able to support people without them necessarily having to come into the civic centre. This is just one example of how learning from CVOID 19 is helping to reshape services.

Another example is our work with the voluntary sector. The Community Hub was set up in partnership very quickly at the start of the pandemic. It continues to operate and has since taken over the emergency food service previously operated by the Council. We are in discussions with MVSC in how we can take this model forward as an early intervention and prevention service, to ensure that residents have one place to go to seek assistance in the future.

The key lessons from the first wave are that we have to work hard to protect those most at risk, that communities are not impacted equally, that the pandemic is changing people's lives, that therefore our services have to change, and that we can work differently with partners in health and the voluntary sector to respond. This learning is informing out planning for winter, but is also informing out planning for the future shape of services.

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