

## London Borough of Hammersmith & Fulham

**Report to:** Health and Social Care Policy & Accountability Committee

**Date:** 08/07/2020

**Subject:** Summary of Adult Social Care's response to Covid-19

**Report of:** Lisa Redfern

**Responsible Director:** Strategic Director of Social Care

### Summary

This report provides a summary of the key actions that Adult Social Care services undertook during Covid 19 pandemic.

### Recommendations

That the Committee consider and note the report.

**Wards Affected:** All

### H&F Priorities

Please state how the subject of the report relates to our priorities

<b>Our Priorities</b>	<b>Summary of how this report aligns to the H&amp;F Priorities</b>
<ul style="list-style-type: none"><li>Creating a compassionate council</li></ul>	Compassion has been at the centre of all of the work the Council, social care and public health has been involved in, during Covid 19.
<ul style="list-style-type: none"><li>Doing things with local residents, not to them</li></ul>	Our establishment of the H&F CAN is just one example of our Covid 19 response and working with residents. Mutual Aid Groups is another.
<ul style="list-style-type: none"><li>Taking pride in H&amp;F</li></ul>	Our innovative testing work working with Imperial Trust and College has saved lives and is significant reputationally for H&F. the case study is receiving a lot of attention outside of H&F.

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## **1. Introduction**

- 1.1 This report provides a summary of the work undertaken by Adult Social Care and Public Health services and includes our joint work with health colleagues.
- 1.2 It's been a tremendously challenging time for all. However, Adult Social Care and Public Health, alongside health and key provider colleagues have worked extremely hard to save lives and protect those H&F residents in need of support. We've also demonstrated that we've been able to innovate and resolve key issues such as testing and provide Protective Personal Equipment (PPE) locally. We've also learned a lot and forged stronger collaborative relationships.

## **2. Whole Council approach**

We have been helping those supported by social care and those who are shielded or in need of practical support and who may be socially isolated. The Council set up a freephone helpline, H&F CAN, and recruited 2,300 volunteers to help with, for example, food or a chat. The Council is also working very closely with the many resident-led Mutual Aid Groups (MAGs) which have sprung up to support neighbours with shopping and such like.

## **3. Messaging**

Banners across the borough have promoted handwashing, staying at home and social distancing. Ones promoting mask-wearing will be going up shortly. Regular newsletters from the Leader and social media activity have reinforced our messaging and shared good news stories.

## **4. Key social care and NHS workers**

We issued all key workers with ID cards at the beginning of the pandemic, enabling freedom of movement and access to the most vulnerable residents. The Council also put in place key workers' free parking. We arranged a 25% discount for care staff with Uber via its Medics system.

## **5. Home care**

Since the start of the crisis, senior Adult Social Care managers have been chairing daily provider calls to understand and address any problems. As a result, the attendance rate by our workforce has continued to be above 90%. Providers have told us that we are the only borough taking this approach and they greatly appreciate it and feel very well supported.

## **6. PPE**

We have worked hard to provide all our domiciliary care workers and care home staff successfully with ample PPE (and related training), on which the council has spent over £2 million, mainly on adult social care. We have distributed over four and a half million items of equipment in 15 weeks.

## **7. Care homes**

- 7.1 These have been a very high priority for the council. The lack of testing for patients being discharged from hospital has been woefully inadequate and the systems hard to navigate. For weeks, until we stepped in in early April and closed our care homes to admissions, hospitals were discharging patients both to care homes and to their own homes without testing.
- 7.2 We've now been assured this practice has stopped and that testing is in place upon discharge from hospital.
- 7.3 With thanks to round-the-clock work by Public Health and social care teams and Imperial College medics, with support from primary health clinicians and others, that potential reinfection in the care homes, (which are privately managed), has been controlled. There was no "protective ring" around care homes before we became involved.
- 7.4 Four rounds of testing for all H&F care home residents and staff (both symptomatic and asymptomatic) for Covid-19 have been carried out.
- 7.5 To ensure compliance with testing, we assured staff that if they had to isolate, we would pay them up to £200 a week (nationally, pay is £95/week for permanent staff and nothing for agency workers, which can make staff anxious about being tested).
- 7.6 Details of our dynamic work with Imperial are on the LBHF website here:  
<https://www.lbhf.gov.uk/articles/news/2020/05/how-hf-helped-local-care-homes-control-covid-19-outbreaks-and-save-lives>. A case study has also been published in the Journal of Infection here:

[https://www.journalofinfection.com/article/S0163-4453\(20\)30348-0/fulltext](https://www.journalofinfection.com/article/S0163-4453(20)30348-0/fulltext).

As a social services director group in NWL, we lobbied successfully for the development of 'hot hubs' across West London – transitional beds for quarantine purposes. Units such as Pembridge were re-opened. People are being nursed in isolation until they test negative and can return to their own home or care home.

- 7.7 After two months of temporary closure to new admissions and re-admissions, we have now opened three care homes, based on robust reopening criteria developed with Imperial specialists. Public Health England (PHE) have requested our criteria to use nationally as good practice.

## **8. Testing and tracing**

Antibody testing started over four weeks ago and the Council is working on its contact tracing. We are worried by the woeful lack of clear national policy and systems. Again, we're working with Imperial and being innovative in devising the best possible solution for our residents.

## **9. Relationships with the NHS**

### *H&F Clinical Commissioning Group*

- 9.1 Much-improved relationships and ways of working through our daily NHS Gold meetings. We've all become more agile at discussing and resolving problems and there has been a greater willingness by the CCG to share relevant information.

### *Clinicians, including GPs*

- 9.2 Excellent cooperation, for example in quickly and thoroughly addressing concerns about one of our care homes. We are aiming to keep this up, recognising that together we're stronger and can do more for residents. We have jointly put in place a care home resilience plan and are planning to draft other key protocols together.

### *Imperial College NHS Foundation Trust*

- 9.3 Excellent cooperation. The above example of care home testing illustrates the difference and impact that local collaboration can make. This has all been bottom up and clinically led and driven.

### *North West Collaboration of CCGs London (NWL)*

- 9.4 If in H&F we had relied on the NW London Collaboration of CCGs, we would not have been able to protect our care home residents as fully and swiftly as we did. Cooperation between West London social care directors has been very good: pressure from them led to the NHS opening the West London 'hot hubs' mentioned above.

## **10. Recovery**

- 10.1 Recovery work commenced several weeks ago. Linda Jackson, Covid director, leads on recovery for the Council. This programme board meets weekly and covers all aspects of Council recovery work. In terms of social care and health the focus of our daily NHS Gold meetings-have now become Recovery Board.

- 10.2 The recovery strategy has four main pillars of imperatives:

1. The Council is able to maintain a C-19 response mode for those services that are front line critical (Adult Social, Care, some Children's Services and Housing);
2. Financial Resilience & Innovation, reframing services and budgets at pace through service innovation and learning;
3. Rebuilding our economy, business resilience, rebooting the economy. Meeting the new challenge for employment and jobs; and
4. Co-production & collaboration. Working with partners and stakeholders, bigger role in co-production and delivery with key collaborators in community and voluntary organisations.