Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

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Anita Vukomanovic  020 8359 7034  anita.vukomanovic@barnet.gov.uk
Please note that this will be held as a virtual meeting. An audio and video live stream of the meeting can be accessed using the link below
Briefing on Public Health England’s study on disproportionality and Barnet Council’s response

Context

Recent studies looking at the impact of COVID-19 on disproportionality, suggested that there was a disproportionate impact on specific factors such as age, gender, occupation and ethnicity. This is in addition to a presence of underlying conditions that remain to be the single, highest factor associated with severity of COVID-19 illness.

Several international and national studies have published similar findings that describe how COVID-19 shone light on existing health inequalities and, in some cases, exacerbated them. Below is a summary of key findings from Public Health England’s study on disproportionality and how are we locally trying to address significant findings in a most pragmatic way.¹ Local data suggest the main disproportionality to be age and gender.

Key points

- The review was a descriptive look at surveillance data on the impact of COVID-19 on risk and outcomes.
- The review confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, exacerbated them further, particularly for Black, Asian and Minority ethnic (BAME) groups.
- The study highlighted importance of understanding the difference between BAME groups, especially those at higher risk of severe illness and death (e.g. Bangladeshi, Pakistani and Indian were at 10-50% higher risk of dying from COVID-19 than their White counterparts);
- The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were 70 times more likely to die than those under 40.
- Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in BAME groups than in white ethnic groups.
- These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in white ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.
- When compared to previous years, the review also found a particularly high increase in all causes of deaths among those born outside the UK and Ireland; those in a range of caring occupations, including social care and nursing auxiliaries and assistants; those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs; those working as security guards and related occupations; and those in care homes. This finding is more likely to be due to these occupational groups being unable to work from home and therefore had increased exposure to people with possible COVID-19 infection.

¹ PHE, June 2020: Disparities in the risk and outcomes of COVID-19
These analyses did not consider the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and could explain some of these differences.

Other studies that looked at BAME and co-morbidities (such as study of 1200 patients from King’s College Hospital) found no association between BAME and COVID-19 severe illness, when controlled for co-morbidities, age and gender.

The terms of reference for the report indicated that there will be recommendations as part of the review. However, this has not been published yet, due to the inconclusive nature of the findings. Further analyses and publication of qualitative part of this study is due out shortly.

In the meantime, it is important to focus locally on actions that can be taken, based on emerging findings and in light of the Black Lives Matter movement.

What are we doing in Barnet to reduce health inequalities and promote equality agenda, more generally?

Health inequalities

- An Individual risk assessment tool has been developed. It will look at the cumulative risk factors of age, gender, ethnicity and occupation and will suggest a conversation and individual risk mitigation actions for our staff, if the risk of infected or of having a severe COVID-19 infection for an individual was found to be high. Managers will be encouraged and trained to have those conversations with their staff, on an individual level, in addition to team risk assessments already in place. Once finalised, risk assessment tool can be shared with partners;

- Given that one of the main risk factors for severe COVID-19 illness is a presence of underlying conditions, often more prevalent in some BAME groups, we will focus our further public health initiatives on specific population groups. Barnet’s Health and Wellbeing Strategy that will be reviewed in autumn (review was delayed due to the pandemic) will focus on lessons learnt from COVID-19 pandemic and reducing health inequalities aspects throughout;

- For example, we know that the risk of developing diabetes is six times higher in some BAME groups. Before COVID-19 we had planned a large (100+) event at the Sangam Centre (Asian Women’s Association) which was going to have a Gujarati translator. The event was going to include point of care testing and blood pressure check for attendees, a talk from Diabetes Specialists on the causes, types and risks of diabetes, preventative measures and additional complications and a talk on nutrition with a culturally tailored cookery demonstration. This can be re-established after the pandemic social distancing restrictions are removed;

- In the past we also done communication engagement and public events highlighting risk factors of type 2 diabetes and directing those at high risk to get a blood test from their GP and to consider referral to the National Diabetes Prevention Programme (NDPP), which is available to any adult identified to be pre-diabetic. The programme offers information leaflets in a variety of languages and delivers the group sessions in a variety of locations, including local places of worship if sufficient numbers in the area;

According to NDPP programme 2018 data:
- 49% of people on the National Diabetes Audit were from an ethnic minority group.
- 21% of people who were referred to the NDPP were from an ethnic minority group
- 40% of people who attended the NDPP were from an ethnic minority group.
Barnet is part of Track and Trace Best Practice Group and for London (Camden, Barnet, Hackney and Newham) we will be focusing on BAME engagement and diverse communities and vulnerable groups (places of worship, care settings with a focus on people with mental ill health, LD);

**Wider equality agenda**

- In terms of wider equality agenda, Council-wide Equality and Diversity Steering Group has recently reviewed Equalities and Inclusion Policy, that will be published shortly. It will be accompanied by an action plan that is already overseen by the Group. We are accelerating work plan implementation to focus on areas such as training on anti-bias and inclusive recruitment, across the whole organisation, including elected members;

- Elected members could suggest a representative/champion that can be included in the work of Equality and Diversity Steering Group and wider Equality Agenda.

15th June 2020
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To W

To Whom it may concern

In response to the letter from the Minister of State for Care to Council Leaders on the 14th May, I am writing to outline the support that partners in Barnet are offering to care homes. I am also enclosing our spreadsheet return, along with detail of the collective work by all London councils to support health and care during the Covid-19 pandemic, at appendix 1.

Please note that the numerical responses on the attached spreadsheet were taken from Capacity Tracker on 28th May, with responses from 64 homes including mental health and learning disability homes for all survey questions; plus an additional 3 responses to the first survey question only. The council and CCG are following up with providers that have indicated they can't meet any of the requirements or have not been accessing the support available.

I am pleased to confirm that system partners, working with the care sector have put in place support in line with the requirements set out in HM Government's Covid-19 care home support framework.

There are a large number of care homes, supported living and extra-care schemes in Barnet. CQC information shows that Barnet has the highest number of care home beds for the over-65s in London, with 2445 beds. Total beds including those for the under 65s are 2505. Given the significance of the care market locally, Barnet council has provided support for care homes for many years through its dedicated Care Quality Team.

In addition:

- The council and NHS Barnet CCG (now merged into the North Central London CCG) have been working together for a number of years to enhance clinical skills and support in care homes
- The five councils in the north central London STP footprint have been working collectively to support care providers
- The North Central London STP has been supporting councils in their work to support the care market throughout the pandemic, notably through extensive support with access to testing for staff
- Councils across London has been working collectively to monitor the state of the care market on a daily basis, using their shared intelligence system

Throughout the pandemic, the Barnet Resilience Forum (BRF) has monitored the situation in Barnet care settings. The BRF have reviewed this plan prior to submission and our shared level of confidence in the support in place for care homes in Barnet is high. We recognise that some elements of the plan have been put in place more recently, i.e. the national primary care clinical support model for care homes. As such, we recognise that some of these services are in the process of being ‘bedded in’ at the time of writing.
This plan has also been reviewed by the Leader of Barnet Council, the lead member for adult social care, the Chair of the Barnet Health and Wellbeing Board, HealthWatch Barnet and Inclusion Barnet (our local user led organisation).

**Permanent support in place**

The Care Quality Team is a dedicated team of 14 staff which works with care providers throughout the year providing: training, support, information sharing, networking for providers and targeted support where providers need additional help. The team provides training and a support network for registered managers, and a wide range of training for providers, such as safeguarding, mental capacity training and a range of staff development workshops. The team conducts regular check-ins, quality review visits, monitors provider quality and support providers to develop their own bespoke improvement plans. The team works closely with CQC and the CCG to enhance clinical skills and support in care homes. For example, there is a long-standing training programme for providers on the ‘Significant Seven’ and we have implemented the ‘Red Bag’ scheme.

The five councils in north London – Barnet, Enfield, Haringey, Camden and Islington – formed a programme of work to support adult social care providers, chaired by Barnet’s DASS, at the time the north central London sustainability and transformation partnership (NCL STP) was formed. We have collectively provided training and development for the social care provider workforce to a value of over £600,000 and have levered in support for providers from a range of partners, for example, Capital Nurse has supported over 70 nurses working in nursing homes to achieve its ‘passport to leadership’ qualification and supported overseas nurses working in care homes to achieve UK registration.

The 5 councils also developed and launched the ‘Proud to Care North London’ recruitment portal in June 2019. The portal is a free to use on line recruitment portal for care providers and showcases jobs in north London, the wide range of career pathways available and case studies, to increase recruitment and retention into the sector. The portal also offers care providers access to training and career development support for their staff. As part of the London Resilience Forum’s response to Covid-19, our North London Proud to Care portal has been rolled out across London, to increase recruitment into the care sector in all London boroughs. The link to the portal can be found here: [https://www.proudtocarenorthlondon.org.uk/](https://www.proudtocarenorthlondon.org.uk/)

**Support to providers during Covid-19**

Our pre-existing arrangements meant that the council and partners were in a good position to provide the additional support required by providers from the start of the epidemic in London. In summary we have:

- Established a system of daily data and information monitoring of the care market and providing rapid support and intervention where needed. This system uses personal contact between the Care Quality Team and providers, plus data from the London ADASS Market Insight Tool, Public Health England and the national Capacity Tracker. This produces a daily dashboard including summary on Covid-19 positive and possible cases in residents and staff, deaths in care settings, issues log covering the whole care market in Barnet, which forms the basis of the work programme for the Care Quality Team, Public Health and Infection Control Team
- Increased council financial support for care providers through providing a 5% cash uplift on placements in the form of a grant to residential and nursing homes, along with adopting payment ‘on plan’ for homecare providers
- Established a system of procurement and delivery of Personal Protective Equipment at no cost to providers, which provides regular deliveries & emergency supplies if needed
• Reimbursed care providers for any other Covid-19 related PPE that they have sourced themselves
• Established a dedicated 7-day Public Health support and advice line for care providers, staffed by the Director of Public Health and Public Health Consultants, which advises care homes on supporting residents with Covid-19 and managing outbreaks
• Establishing ‘virtual’ GP and Pharmacy appointments for care and nursing home residents, led by the North London Clinical Commissioning Group
• Established the national model of enhanced clinical support to care homes in Barnet, led by the North London Clinical Commissioning Group
• Delivered webinars on incidents and outbreaks management, infection control advice and appropriate use of PPE
• Created early access to staff testing through local NHS testing sites, in addition to the national testing programme
• Weekly support calls to each provider
• Weekly communications to providers summarising, and with links to, key guidance and information.
• Dissemination of training and advice
• Organised deliveries of basic supplies (toilet rolls etc) where homes report they are having supply issues
• Coordinated information and responses to care providers from a range of organisations including North Central London Clinical Commissioning Group, Public Health England and the London Resilience Forum

The following sections outline the support available in more detail.

**Daily monitoring of the care market**

The Care Quality Team has daily contact with providers across Barnet, making regular calls to all care providers to understand current issues and offer support. This includes collecting information on Covid-19 cases, hospital admissions, PPE levels, issues with supplies and any other support needs from either social care, public health and clinical colleagues.

All care homes in Barnet have a link officer to contact to raise and talk through issues or access support from the council or our partners.

This information, combined with that collected through NHS Capacity Tracker, is used to prioritise our support to care homes and monitor any quality concerns with providers.

**Financial support**

The council has put in place a range of financial measures to support care providers during the pandemic.

Barnet council has given Care Homes a 5% increase in care fees for council placements (calculated based on the gross care home fee, not just the council contribution), in the form of a grant, from the 1st April.

The council has made 522 deliveries of PPE, supplying circa 630,000 items of PPE at no cost to care providers since March. The council has also reimbursed the costs of additional PPE needs of providers during the pandemic. The value of this support to date is c.£1m.
The council welcomes the additional funding for care providers through the national Infection Control Fund. As set out in the national guidance, 75% of this funding is being given directly to all care homes in Barnet on a per bed basis, to support the workforce. The remainder of the funding will be used to support the home care workforce.

The NCL CCG has changed its provider payment process to improve provider cashflow, prioritising payments based on commissioned care for care homes (with retrospective reconciliation where required).

In line with national requirements, all care and support following hospital discharge has been funded by NHSE/I, channelled through the NCL CCG. As part of this, NCL CCG has offered increased rates for placements made during the pandemic (above AQP rates). In addition, alternative accommodation following discharge will be paid for using these funds.

The CCG has funded vital signs monitoring equipment for care homes, along with iPads to support virtual consultation.

The CCG has also funded a new Care Home Locally Commissioned Service to ensure additional GP care is provided to care homes ahead of the implementation of the Primary Care Network DES in October 2020.

In kind support from the CCG and STP has included roll out of NHS Mail, infection prevention & control (IPC) training and support, 10 IPC super-trainers, testing and PPE.

**Alternative accommodation**

The council, the 4 other north London councils, the CCG and community health providers worked collaboratively to secure additional accommodation in care and nursing homes to: facilitate isolation if needed; achieve faster hospital discharge and provide surge capacity for the peak of the pandemic. 61 additional nursing and residential care beds were secured, along with extra community health beds being put in place. Throughout the period, we have had a continuous supply of vacant beds, meaning that Barnet has had the capacity to provide alternative accommodation if needed.

The Care Quality Team has also worked with all care homes in Barnet to assess and support their ability to provide isolation for residents if needed. We can confirm that all Care Homes who have had Covid-19 cases have been able to self-isolate individuals safely. As part of a recent survey to accompany this document, we have had confirmation from 65 care homes (of 67 homes who have responded to this question on the survey at the time of writing) that they are able to isolate residents within their care home. Only 2 providers, which have not had Covid-19 cases to date, said this would be difficult and we are already working with these homes on their business continuity plans to ensure if anyone within the homes (both small residential homes for working age adults) contracts Covid-19, people can self-isolate.

**Placing clinical and other volunteers into care homes**

Barnet has a strong tradition of volunteering, with thousands of volunteers active in our communities every week. As part of our wider Covid-19 response, we created a volunteer role for residents who would like support and for care providers when capacity is stretched. Volunteers can offer care homes support with the following:

- Cooking and food preparation
- Support with IT and digital skills so people can keep in touch
- General support for residents in shared areas, for example overseeing shared areas during meal times
Placement of volunteers is arranged by the Council’s Covid-19 Community Help Hub and Care Quality Team, and in line with safeguarding requirements. In addition, arrangements have been put in place for support with meals and food from the council’s school meals provider should this be needed.

**Infection Prevention and Control**

The CCG and council have worked together to put in place training, support and advice on infection prevention and control (IPC) for care homes in Barnet. A robust system is in place to ensure homes have access to up to date guidance. The following training and support is in place:

**Public Health Helpline**

The dedicated Barnet Public Health Helpline is open 8am to 8pm, 7 days a week, to provide Public Health advice and support for providers managing outbreaks or supporting residents with Covid-19. The Director of Public Health and Public Health Consultants are also proactively contacting care settings managers to offer advice and support, in conjunction with the care quality team.

**CCG Infection Prevention and Control Helpline**

The CCG has established a helpline, which operates Monday – Friday, 0900 – 1700. The helpline offers advice and guidance regarding Infection Prevention and Control (IPC). The IPC team also has a website with all up to date resources in one place:


**CCG Infection prevention and control, PPE and Testing virtual drop in sessions**

A weekly virtual drop-in session is held every Wednesday at 2.00pm via Microsoft teams by the CCG IPC team, with Public Health, Health Protection Team, GPs and Care Quality also in attendance. The sessions give an opportunity for staff in care homes to have their questions or queries on testing, self-isolation, infection control or PPE answered. The CCG also provided two IPC/PPE webinars that were offered to all care providers in March.

**CCG Train the trainers**

NCLCCG has put in place ten ‘Super trainers’ who provide face to face or virtual ‘training for trainers’ in IPC for Care Homes in Barnet. All care homes in Barnet have either had training, are booked onto training or have declined, mostly because they have already received training. The CCG has also provided, and will continue to provide, this training to home care providers.

**Webinars**

The council and CCG ensures that details of regular Webinars from Public Health England, Health Colleagues or any partners are shared with Care Providers when they occur. Details of these are advertised on the NCL IPC website.
Informal support for Registered Managers

Skills for Care Registered Managers have set up an informal WhatsApp group across North Central London for peer support for Registered Managers across the region. The Care Quality Team is promoting this support opportunity to managers in Barnet.

Testing

The council, CCG and north London STP have been working together to ensure testing is available for residents and staff in care homes. The North Central London STP made their testing sites available to care home staff from 4 April, followed shortly after by the national testing programme becoming available to care staff. Within the first few weeks of staff testing, LBB worked with providers to get 200+ care staff tested and are now helping to co-ordinate local support to access testing within care settings.

The key teams working with care homes in Barnet (Care Quality, Public Health and IPC) have issued regular information to care homes on how to access testing and offer advice and follow up to providers. Testing is available for symptomatic and asymptomatic residents and staff.

Testing is available to care home staff via the:
- National testing programme (drive through at Wembley; mobile sites in Barnet, home testing)
- STP testing programme (4 walk in sites across the STP including Barnet General Hospital)
- New whole care home testing programme via dedicated national booking portal
- Prior to the commencement of the national whole care home testing programme, the STP and council had launched a local pilot of whole care home testing, covering 6 care settings in Barnet.

Testing for residents is available via:
- PHE (for initial outbreak)
- Hospitals (prior to discharge)
- The whole care home testing programme.

The London Coronavirus Response Service has reported that testing has been carried out with 50 Care Settings in Barnet between 13 March and 12 May 2020.

Since the expansion of the testing offer through the National Portal and through NCL, there have been 10 Care Homes where all residents and staff have been tested, with plans for testing at 10 further care settings over the next week.

PPE and equipment

The council has ensured that all care settings in Barnet have access to the latest guidance on Personal Protective Equipment (PPE) from Public Health England as well as access to training and webinars to support proper use of PPE.

The council has been procuring PPE and distributing for all care providers since early March 2020 at no cost to providers, as well as reimbursing providers for PPE they have purchased themselves.

The care quality team contacts care providers twice weekly to collect information on PPE to help inform procurement and organise deliveries of PPE to care providers. There is also a clear route for emergency requests for PPE with deliveries available at evenings and weekends when required. The council has supplied 629,235 items of PPE to care providers in Barnet. Total costs of PPE supplied and reimbursed to date are c. £1m.
Covid 19 medical equipment

The Barnet Directorate of the NCL CCG has sent out a medical equipment pack to all CQC registered care homes which consists of the following equipment:

- O2 saturation monitor
- Thermometers (in ear) together with single use ear covers
- Blood pressure monitor
- Pen Torch

Where a care home has more than 20 beds, 2 packs have been distributed to them.

Each home has also been sent an iPad at no costs to them so that they are able to conduct virtual check ins/consultation for their residents with their registered GP. Training guides for the iPad have also been shared as well as webinars to support use and a named contact should they have any queries with how to use.

Workforce support

Barnet system partners, the north London councils and the STP have been providing support to the care home workforce since before the Covid-19 epidemic, through our workforce development programme, Significant 7 training across all care homes in the borough and Proud to Care.

Between mid-March and 26 May 2020 Barnet council has received 265 expressions of interest to work for local care providers through the NCL Proud to care Portal.

In addition to the Proud to Care recruitment approach across NCL we have built on our quality offer by designing a workforce development framework for care providers in light of Covid-19. This includes developing support and training in increased areas of need (e.g. IPC as covered above; digital maturity) and also a wellbeing section, including a peer support group, the WhatsApp group for registered managers (with clinical input as required) and access to the NCL STP developed Together in Mind resources.

During the pandemic, we have focused on supporting the workforce through securing PPE, training, and supporting accessing testing.

We have issued guidance to care providers on the safe management of staffing rotas during Covid-19 and entitlements if staff are sick or self-isolating. We have confirmed with care home providers that they have the ability to ensure staff do not work across different homes. 95% of care homes in Barnet are individually owned. Our larger providers which have more than 1 home have confirmed that staff are only working in single homes to reduce infection risk.

Through our Care Quality Team and use of the Market Insight Tool, we monitor staffing levels in care homes and the number of staff sick or self-isolating by care setting, so are able to respond if necessary.

In line with national guidance, the Infection Control Fund is being passported to care homes to cover relevant staffing costs.
Clinical support

Virtual GP and Pharmacy appointments

The CCG and council have provided each care home in the borough with a cellular iPad at no cost, so that homes can have ‘virtual ward rounds’ with primary care GPs and pharmacists. This enables allows GPs and Pharmacists to conduct consultations and ward rounds for residents who require primary care input or a medication review through a video link. This has been in place since late March.

Locally Commissioned Service

From the 15th May, the NCL CCG has put in place the national clinical support offer for care homes, with a named clinical lead for each care home, weekly check-ins and a multi-disciplinary team to provide personalised care and support plans for care home residents.

A Locally Commissioned Service (LCS) has been launched with our GP Practices which will help support general practice to deliver the national clinical support requirements for nursing and residential care home patients as detailed in Dr. Kanani’s letter dated 1 May 2020, as well as the ability to respond to the additional pressure Covid-19 has placed on the care of patients in this cohort. All practices who have patients registered at a CQC care home are signed up to offer this service and a letter has been sent out to care homes advising them of this LCS and their named GP practice.

Barnet One Care Home Team

Barnet has implemented a One Care Home team, led by Central London Community Healthcare NHS Trust (CLCH) with local partners. The team is led by a clinical lead nurse and four community matrons who will support all care homes across Barnet. They will be part of a wider Multi-Disciplinary Team (MDT), including social care, physiotherapists, pharmacists, assistant practitioners and rehabilitation support workers who will work directly within the team.

The service aims to:

- support the review of patients classified as a clinical priority for MDT assessment and care, identified through the general practice weekly ‘check in’ with care homes
- help with the delivery of personalised care and support plans for care home residents
- provide pharmacy and medication reviews support to care homes.

The team will help to improve the direct management of individual patients in homes and improve the knowledge and skill base of staff, particularly for nursing and care home staff in these homes in relation to the Covid-19 response.

There is a weekly meeting between all professionals supporting care homes to share information, highlight areas of concerns and to plan support to homes including testing, clinical input, PPE and social care support.

We are very proud of the Barnet care sector and the work it does to support and empower our residents, and are pleased to have been able to support them during the Covid-19 pandemic. We welcome the opportunity to set out the work we have been doing and look forward to your feedback.

Yours sincerely

John Hooton
Chief Executive
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