

Health and Social Care Scrutiny Commission

Thursday 16 July 2020
7.00 pm

Online/Virtual. Members of the public are welcome to attend the meeting.
Please contact FitzroyAntonio.williams@southwark.gov.uk or
Julie.timbrell@southwark.gov.uk for a link.

Supplemental Agenda

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Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Date: 14 July 2020

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HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 22 June 2020 at 7.00 pm at Online/Virtual. Members of the public are welcome to attend the meeting. Please contact FitzroyAntonio.williams@southwark.gov.uk or Julie.timbrell@southwark.gov.uk for a link.

PRESENT: Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Maria Linforth-Hall
Councillor Darren Merrill
Councillor Charlie Smith
Councillor Helen Dennis

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** David Quirke-Thornton, Strategic Director, Children's & Adults Services
Genette Laws, Director of Commissioning , Southwark Council
Sam Hepplewhite , Director of Integrated Commissioning
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

Councillor Helen Dennis gave apologies for lateness.

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR
DEEMS URGENT**

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The Minutes of the meeting held on 27 February 2020 were agreed as a correct record.

5. IMPACT OF COVID 19 ON RESIDENTS AND STAFF IN CARE HOMES AND THE HOME CARE SERVICE

The chair invited officers and NHS colleagues to update the commission on PPE, testing, how residents are staying in touch with family, friends and with the wider world, and lessons learnt in protecting vulnerable people.

An overview was provided by:

- David Quirke-Thornton, Strategic Director, Children's & Adults Services
- Genette Laws, Director of Commissioning , Southwark Council
- Sam Hepplewhite, Director of Integrated Commissioning, NHS CCG

PPE

Officers explained that in the early days of the pandemic assistance to care homes had concentrated on provision of PPE, including supporting homes with the financial costs. Communication had been vital and this was provided via a newsletter– first daily, then weekly. This contained information on changes to guidelines, provision of free parking to care workers in order to avoid public transport, how to get PPE when suppliers fail, and how to use PPE.

Officers emphasised the scale of PPE requirement with 800,000 items needed locally across the sector, which included masks, goggles, gloves, aprons, depending on infection. PPE provisions ordered by homes were on occasions diverted to the NHS. London Boroughs came together to procure PPE with Ealing taking the lead procuring 2.5 million items. Southwark led distribution for South East London. Officers explained that the council is not the routine supplier of PPE, only emergencies. Initially facemasks were in short supply; now the gloves are scarcer.

Media images of PPE showed about full coverings in hospital settings, whereas the guidelines for PPE provision in care homes was different, and that is what the council was focused on delivering to enable people to receive the care that they needed, which they did receive.

Communication between care home residents and family and friends

Communication between care home residents and friends and family had been facilitated with the use of iPads, and also on occasion by standing outside the home to see people, as well as provision of PPE to relatives and friends so they could visit, in the case of accidents or end of life care.

Testing

Government testing stopped and then restarted. The local CCG/ NHS has been helpful in facilitating access and working closely with Public Health, who have led on testing in care homes, which has now been done for 12 of the 15. There has been a portal to register, targeting older people's homes first and now moving on to working age care homes.

Lesson learnt

There are strong relationships with providers of care and shared values. The Ethical Home Care Charter has proved its value; our staff absence was lower than other boroughs. Officers will be prioritizing rolling out the Ethical Care Homes Charter.

There was a lack of understanding in the Department and Health and Social Care about the range of home care provision and remit, for example Care Homes are not for getting people out of hospital, but rather residents homes and there is a right for people in those homes to choose who comes in. There are 17 CQC registered providers in the borough, not only older people's residential homes. Care Homes have for too long been a Cinderella service, and there needs to be a focus on that changing.

The close working with neighbours has been good and supportive, with boroughs providing mutual aid and effective joint commissioning.

April Ashley, Unison Branch Secretary.

Unison and other trade unions have campaigned on testing and PPE and liaising directly with care home and home care employees. Issues have included:

- The PPE guidance constantly changed and Unison considered this changed based on what was available rather than what was needed.
- Some Unison members working in Care Homes did not know what PPE was required as managers did not always convey this to frontline workers clearly.
- Unison challenged care home providers and on occasions said care home workers cannot provide care without adequate PPE; people have a right under the HSE legislation to refuse to work in unsafe conditions.
- Many care home staff are BAME so face a higher risk from Covid 19 infection.
- The clap for care was good, but the emphasis must be on providing PPE.
- Full sick pay is vital otherwise people will come into work when sick as employees need to pay rent and mortgages.

- Unison supports the Ethical Care Home Charter.
- Unison wants to see homes brought back in house; the NHS got prioritised for PPE as a public service.
- Unison are continuing to campaign for testing and contact tracing.

The chair invited questions and the following points were made in response:

- Commission members and officers all commended and thanked the home care, care home workers and social workers for all their work during the Covid 19.
- The Unison Branch Secretary assured members that care homes do now have adequate PPE. At the beginning they did not have enough masks, nor was there enough information from local managers, but this has changed. Testing can be obtained at either drive through centres or at home and Southwark Unison members have not raised any complaints at the moment.
- Officers said that previous figures indicated 55 deaths from Covid 19 in care homes; however this has increased with more out of borough. The most recent figures will be supplied.
- The council encouraged all homes to lockdown as the government advice came in; some homes locked down earlier.
- Homes with a higher proportion of end of life care have been hit harder, whereas other homes with working age residents have had far fewer fatalities, as would be expected.
- Mutual Aid and construction companies have donated voluntary PPE contributions, which has been welcomed and helpful.
- The council provided additional finance to care homes. The council is expecting passporting grants from central government with conditions attached.
- A legal briefing on the Coronavirus Act 2020 Care Act easements will go to the next meeting.

6. SCRUTINY REVIEW: CARE HOME AND EXTRA CARE QUALITY ASSURANCE - DRAFT HEADLINE REPORT

The chair invited comments on the draft headline report and the following points were made:

- Officers clarified that the Older Peoples Hub is now due to go fully

live on the 1 July, however services which are part of the hub have been continuing, including providing advice, which is particularly important with Covid 19 and cocooning. The Hospital Discharge services are also continuing. Members considered the report ought to contain a specific recommendation on the Older Peoples Hub.

- A member commented that the Commission had not spoken with the Independent Lay Advocacy service and therefore could not be sure that they would have the capacity to deliver the recommendation which said: 'Ensure systems are put in place to ensure that people in homes (in and out of Southwark) who are unbefriended, have support by the Independent Lay Advocacy service, or similar'.
- Members highlighted the importance of the complaints and benchmarking information request, which officers are due to provide more information on.
- A member thought the recommendation on complaints could be tightened up. Officers confirmed there is a requirement for a complaints process in the commissioning contract.
- Officers indicated support for recommendation for an Annual Care Home report, and for this to mirror the present Annual Home Care report that goes to cabinet annually, and which could also come to scrutiny annually.
- Officers highlighted that the CCQ regulate and inspect care homes, and said that it might be advisable to invite them to a meeting when reviewing the recommended Annual Care Homes report. Officers reminded the Commission that while the council commissions a number of placements at care homes, a significant amount of people are self funded, where the CQC would have a role in their complaints. Previously the council received funding to oversee care homes, but that has moved to the CQC. The CQC are therefore in a very good position to provide an overview of complaints and benchmark with other care homes, and to give their insight and intelligence.
- Nancy Kuchemann, GP contributed to the discussion and said that there is a borough based piece of work on looking at the quality of GP provision to Care Homes and offered to contribute to the scrutiny review.
- Officer and the Commission members supported the developments with the Lay Inspectors and ensuring their visits dovetail with the commissioning visits and CQC.

7. COVID 19 IMPACT ON THE NHS

Sam Hepplewhite, Director of Integrated Commissioning, CCG NHS provided an overview of the impact of Covid 19 and the following issues were covered :

- Testing and mortality
- Extensive advice provided to people shielding
- On going review of cancer services
- Continuity of community work
- GP delivery – all practices have received a delivery of laptops to change the way people access services. Virtually all practices have remained open.

The following issues were discussed:

- Care homes deaths, including location.
- The impact of the following on mortality: age, ethnicity, housing tenure, households (e.g. multi generational, over crowding), occupation
- The impact on Covid 19 on the use of other urgent NHS service such as strokes and cancer, and the recent campaign to encourage people to come back safely: 'Helping us to help you' which encourages people to ring first for triage and an appointment time.

A number of action points were agreed, which are collated and captured under item 9.

8. SCRUTINY REVIEW: MENTAL HEALTH CHILDREN AND YOUNG PEOPLE - SUICIDE BRIEFING

The briefing was noted.

9. COVID 19 EQUALITIES IMPACT

Commission members raised the following issues to investigate further:

- How can our hubs reach out to people particularly impacted by Covid 19
- Children are showing increased mental health problems, including self harm, and there is evidence of increasing Domestic Abuse.
- The adverse impact of Covid 19 on people with underlying conditions, frontline workers, BAME, and less investigated

potential vulnerabilities including sickle cell disease and Jewish heritage.

- Equalities impact of lockdown on people e.g. poor housing, working practices (having to go out to work), childcare responsibilities.

RESOLVED

Officers will provide briefings and presentations on the below for the following meeting:

Current numbers of confirmed Covid 19 cases and death rate for:

- a) Southwark resident population
- b) Southwark care home residents, placed in and out of borough

Below equalities data for mortality and severe morbidity (e.g. very ill)

- a) Ethnicity (including Jewish)
- b) Age
- c) Occupation
- d) Tenure
- e) Size of household
- f) Sickle cell anaemia and other underlying health conditions

Impact of lockdown on people, particularly considering equalities: e.g. people in poor housing, with childcare responsibilities, different occupations etc.

Impact on health service of Covid 19 and particularly:

- a) To what extent are people returning to use services e.g. stroke and cancer
- b) How will GP services accommodate different delivery now and in future provision

Impact of lock down on children's mental health and wellbeing, including Domestic Abuse.

10. WORK PROGRAMME

Commission members requested briefing papers on:

- the merger of the South East London CCGs and the impact on people and service delivery;
- the impact of Covid 19 on GP practices and future provision.

COVID-19: Scrutiny Report

Southwark's Joint Strategic Needs Assessment

Knowledge & Intelligence Team
Southwark Public Health Division

10 July 2020

 @lb_southwark  facebook.com/southwarkcouncil

GATEWAY INFORMATION

Report title:	COVID-19 : Scrutiny Report
Status:	Public
Prepared by:	C Williamson & S Garry
Contributors:	L Colledge
Approved by:	J Lim
Suggested citation:	COVID-19: Scrutiny Report. Southwark Council: London. 2020.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	10 July 2020

This report provides a local update on the latest COVID-19 trends in Southwark

INTRODUCTION

This report provides an overview of the COVID-19 pandemic at a local level and considers the impact on different population groups. The report is structured around three key sections:

- Overview of COVID-19
- Inequalities
- Health, social and economic impacts
- Summary

Please note that the evidence regarding COVID-19 continues to evolve rapidly. This document presents our best understanding at time of publication. Further information will be added as it becomes available.

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Section 1: Overview of COVID-19

Section 2: Inequalities

Section 3: Health, social and economic impacts

Section 4: Summary

The number of daily confirmed cases of COVID-19 infections has fallen since early April

CASES

As at 30 June there have been 1,434 confirmed cases of COVID-19 in Southwark, with the pattern of infection broadly comparable to neighbouring Lambeth.

- Daily figures show a fall in the number of new diagnoses in Southwark from early April to late May, then a levelling off in our cumulative cases.

Figure 1: Confirmed cases (daily) in Southwark

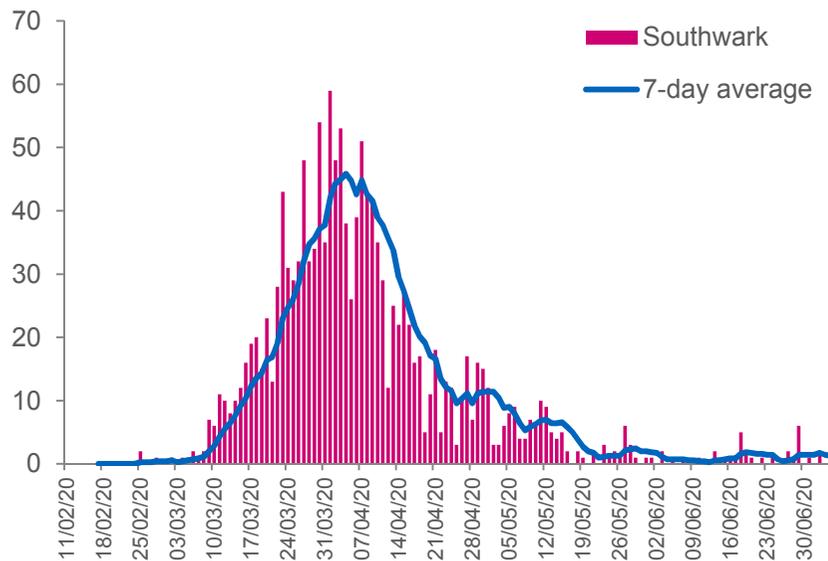
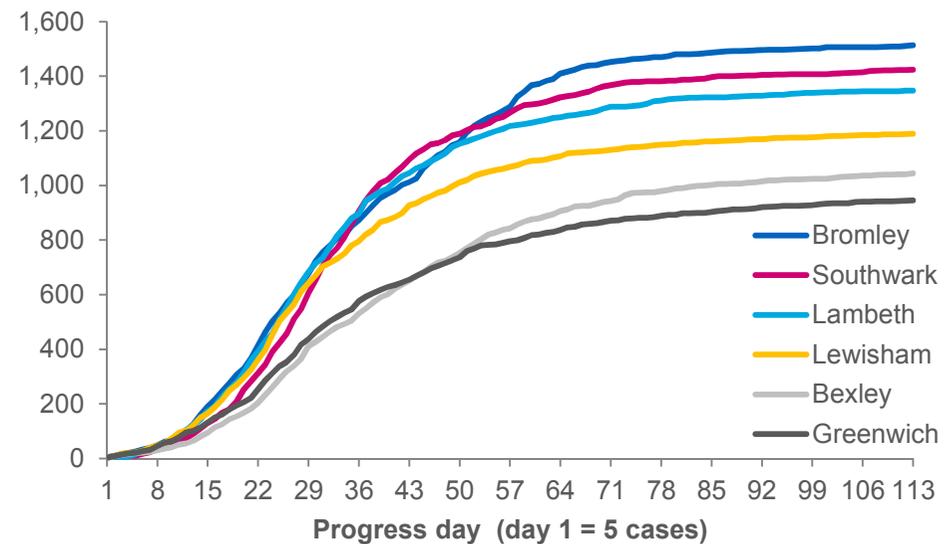


Figure 2: Confirmed cases (cumulative) across South East London



Reference

1. PHE (2020) Coronavirus (COVID-19) cases in the UK. Pillar 1 + Pillar 2 positive cases. <https://coronavirus.data.gov.uk>

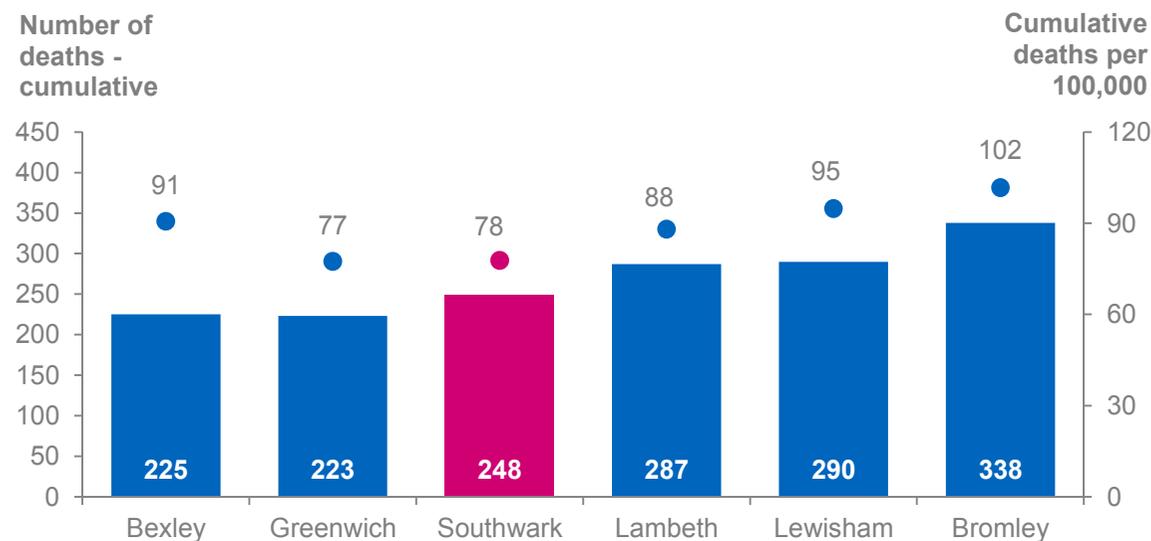
ONS data show there have been 248 COVID-19 related deaths among Southwark residents as at 26 June

MORTALITY

Although less up to date, figures from ONS give a more accurate picture of COVID-19 mortality than daily NHS reports as they include both hospital and non-hospital deaths, as well as medically suspected cases.

- The first COVID-19 deaths in Southwark were registered in late March, with 248 registered cases (78 per 100,000 residents) since then.
- Numbers of COVID-19 deaths in Southwark are broadly comparable to those in neighbouring Lambeth.

Figure 3: Cumulative COVID-19 related deaths across South East London



References

1. User Guide to Mortality Statistics. ONS, 2019.
2. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020. ONS, 2020.

Slide 6

Almost two-thirds of COVID-19 deaths have occurred in hospital, and over one-quarter in care homes

MORTALITY

Weekly data from ONS also allow us to monitor all COVID-19 registered deaths among Southwark residents based on place of death.

- As at 26 June there had been 248 COVID-19 related deaths in Southwark, representing over 1 in 4 deaths since the beginning of the year.
- The majority of COVID-19 deaths among Southwark residents have occurred within hospital (67%), reflecting the national and regional pattern.

Table 1: Cumulative COVID-19 related deaths registered between 1 Jan 2020 to 26 June 2020

Area	Hospital	Care home	Home	Hospice	Elsewhere	Other communal establishment	Total
Southwark	165	59	20	2	2	0	248
South East London	1,237	234	100	30	7	3	1,611
England	29,822	14,118	2,123	666	178	204	47,111

Reference

1. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.

Between the start of 2020 and 26 June, there have been 183 more deaths in Southwark than we would normally expect

MORTALITY

Excess deaths measure the additional deaths within the population compared to what we would normally expect. It is generally considered the best indication of the pandemic impact on mortality.

- The number of deaths among Southwark residents exceeded what we would normally expect between weeks 12 and 19 (14 March to 8 May) (see Figure 6).
- This was mainly associated with the increase in COVID-19 related deaths over the same period, as shown in Figure 7.

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Figure 4: Weekly excess deaths in Southwark

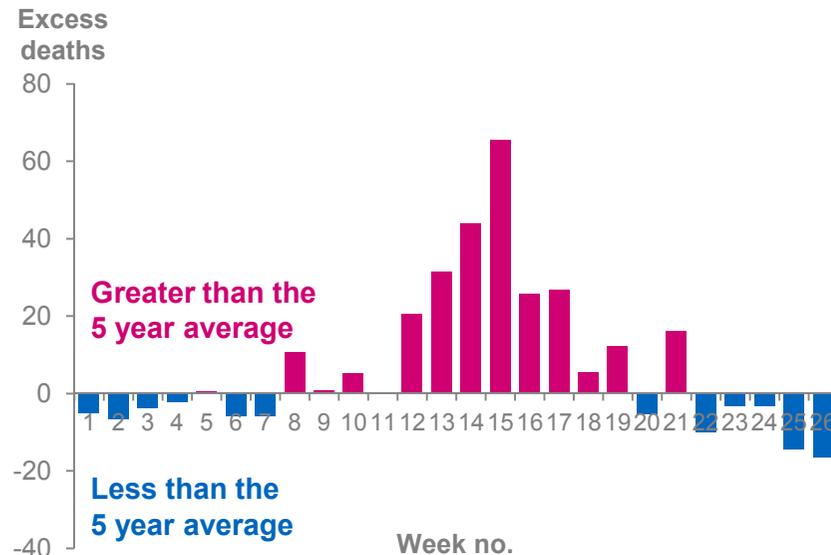
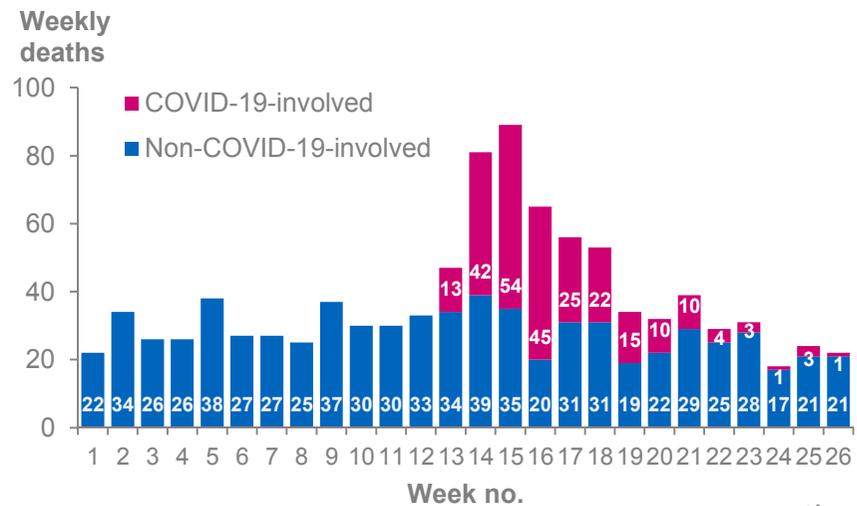


Figure 5: Weekly registered deaths in Southwark



Reference

1. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.

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Section 1: Overview of COVID-19

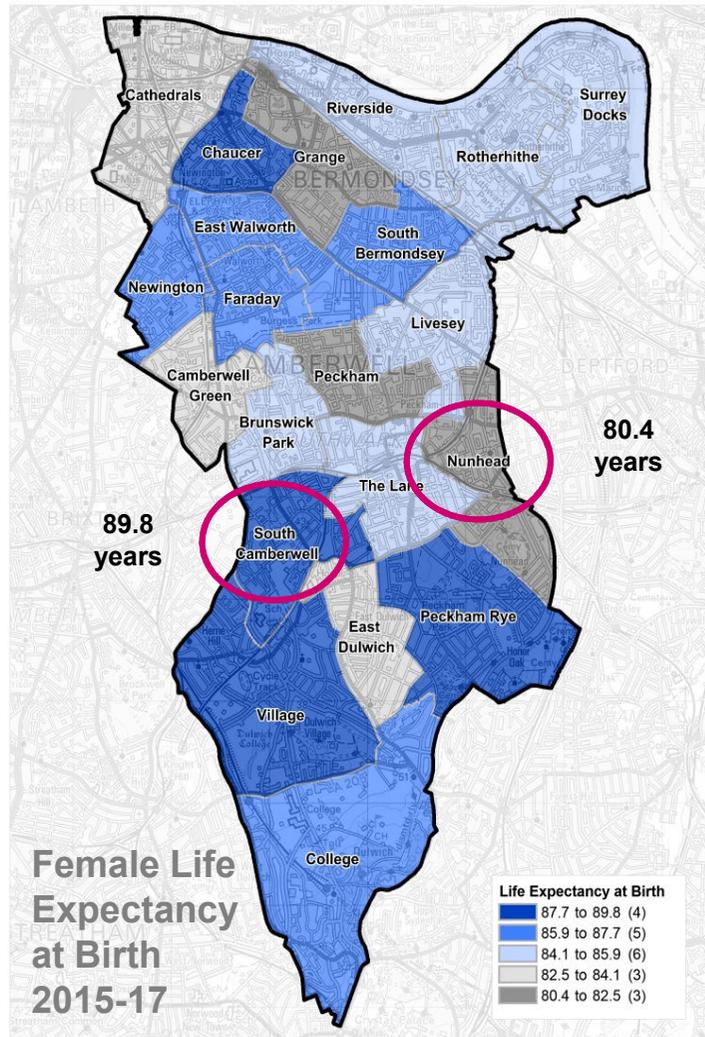
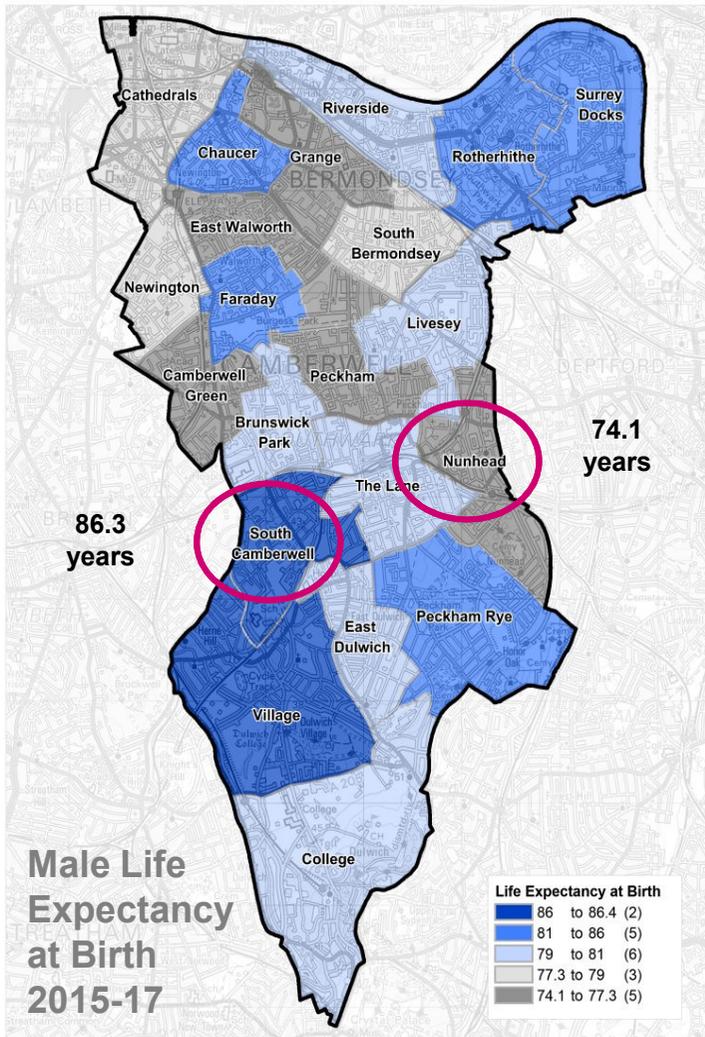
Section 2: Inequalities

Section 3: Health, social and economic impacts

Section 4: Summary

Prior to COVID-19 there were health, social and economic inequalities within the borough

INEQUALITIES PRIOR TO COVID-19



Reference

1. © OS Crown copyright & database rights 2018. Ordnance Survey (0)100019252.

Analysis from PHE and ONS highlight a number of groups that are most affected by COVID-19

WHO IS MOST AFFECTED?

Age & sex

Age is the largest driver of disparity, with the majority of those dying from COVID-19 being aged over 65 years, with almost half aged over 85.

Mortality among working age men is more than twice that of their female counterparts.

Ethnicity

Significantly higher mortality rates have been found among certain ethnic groups, most notably those of black and Asian ethnic backgrounds.

Health

The majority of those dying from COVID-19 have had multiple underlying health conditions, including diabetes, hypertension, COPD and dementia.

Several studies, also report an increased risk of adverse outcomes in obese or morbidly obese people.

Deprivation

People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas are more than double the least deprived areas.

Geography

Local authorities with the highest diagnoses and death rates are mostly urban. Death rates in London from COVID-19 are more than three times higher than in the South West of England.

Occupation

Those in public facing roles such as care workers, security guards, and transport workers have higher COVID-19 mortality.

For many occupations, however, the number of deaths is too small to draw meaningful conclusions.

Care homes

PHE analysis indicates there were 2.3 times the number of deaths in care homes than expected between 20 March and 7 May when compared to previous years.

Other groups

When compared to previous years, there has been a larger increase in deaths among people born outside the UK.

Higher diagnosis and mortality rates are also expected among rough sleepers and those with no fixed abode.

References

1. ONS, 2020. Coronavirus (COVID-19) Round-up – 13 May 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

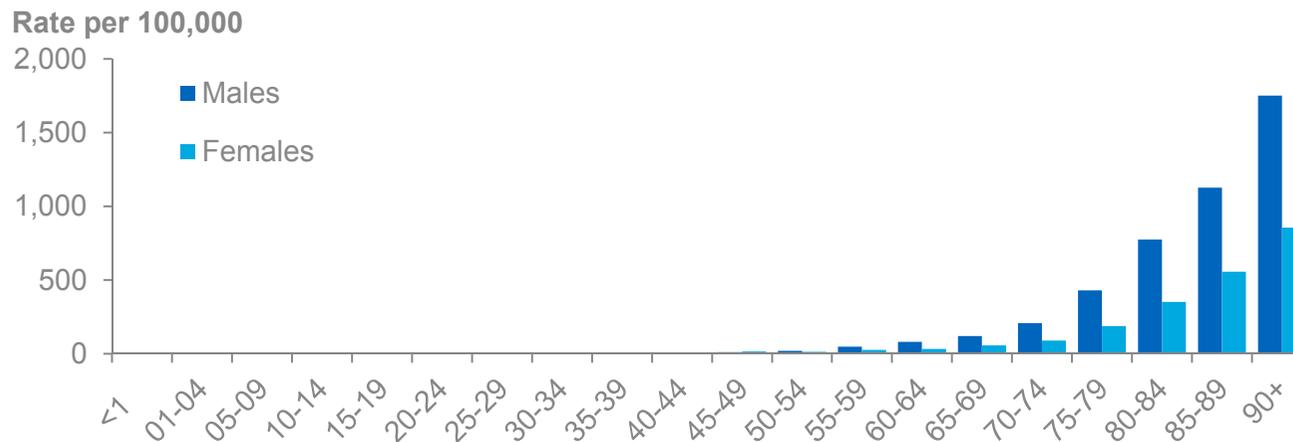
People who were 80 or older are seventy times more likely to die from COVID-19 than those under 40

AGE & SEX

Older age and being male are both associated with significantly higher levels of COVID-19 mortality.

- Over two-thirds of all COVID-19 related deaths have been in those aged 80+. Survival analysis for those with confirmed COVID-19 indicates those aged 80 and over are seventy times more likely to die than those aged under 40.
- Mortality rates among working age men are more than double their female counterparts. It is not clear what is driving the difference between sexes, whether this is related to exposure, access to care or underlying biological differences.

Figure 6: Age-standardised mortality rate for COVID-19 in England (March 2020)



References

- English deaths in March and April. ONS, 2020. Deaths involving COVID-19, England and Wales: deaths occurring in April 2020.
- PHE, 2020. Disparities in the risk and outcomes of COVID-19.

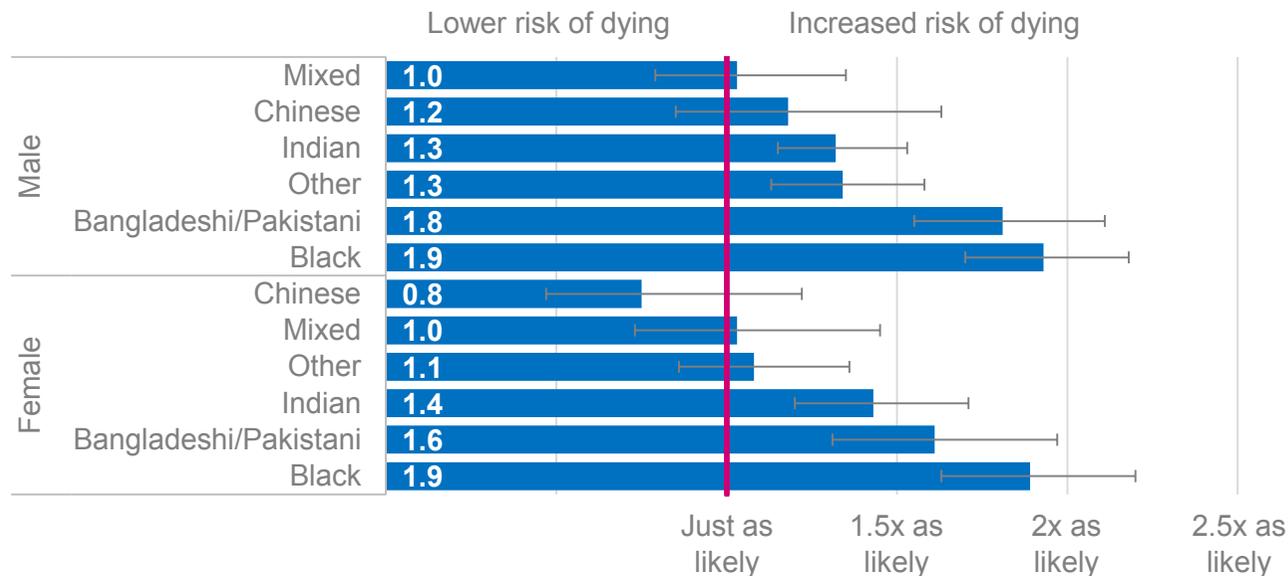
When comparing COVID-19 related death by ethnicity, risk is highest among Black ethnic groups

ETHNICITY

The Office for National Statistics has undertaken analysis of COVID-19 deaths across England & Wales by broad ethnic group.

- Their results show differences in risk between ethnic groups that are not currently explained by age, deprivation, housing composition, education, region, rural / urban setting, or health status at the time of the 2011 Census.
- When taking account of these factors, the risk of COVID-19 related death among Black ethnic groups is almost twice than among those of white ethnicity.

Figure 7: Risk of COVID-19 related death by ethnic group, compared to white population



Reference

1. ONS, 2020. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020

Community engagement has identified key factors influencing COVID-19 impact on BAME communities

ETHNICITY

Public Health England conducted extensive community engagement as part of their national review into the impacts of COVID-19 on black, Asian and minority ethnic groups. The engagement identified a number of themes, including:

Long-standing health inequalities

COVID-19 has exacerbated long-standing inequalities affecting BAME groups, including poorer socio-economic circumstances. Associated poor health outcomes (e.g. asthma, obesity, diabetes, cardiovascular disease and mental health problems) raise the risk of severe COVID-19 illness.

COVID-19 exposure

BAME people are more likely to work in occupations which increase their chances of COVID-19 exposure, via (i) greater general social contact, and (ii) greater contact with people likely to be COVID-19-positive.

Healthcare and disease prevention

Existing health promotion and clinical healthcare programmes are not accessible and effective enough to reduce chronic disease levels. Chronic physical and mental health problems raise the risk of severe COVID-19 illness and death.

Racism, stigma and fear

Stress due to chronic racism depletes physical and mental health. Previously experienced stigma and discrimination, plus fear and lack of information, reduce health-seeking and delay COVID-19 diagnosis and treatment. Workplace bullying erodes self-advocacy and compounds occupational risks.

Reference

1. Public Health England, 2020. Beyond the data: Understanding the impact of COVID-19 on BAME groups.

Underlying health conditions have been observed in 90% of all COVID-19 related deaths

HEALTH

Those with underlying health conditions are at higher risk of poor COVID-19 outcomes than those without.

- Underlying health conditions have been observed in 90% of all COVID-19 related deaths, with the average case having more than two pre-existing conditions.
- COVID-19 deaths are more likely to include reference to conditions such as cardiovascular diseases, diabetes and chronic respiratory conditions (COPD).

Condition	% all deaths where condition is mentioned	% of COVID19 deaths where condition is mentioned
Cardiovascular disease	44.1%	44.5%
Diabetes	14.6%	21.1%
Hypertension	14.5%	19.6%
COPD	10.6%	11.5%
Chronic kidney disease	8.5%	10.8%
Dementia	23.8%	25.7%

Several studies also suggest an increased risk of adverse outcomes in obese and morbidly obese people.

References

- English deaths in March and April. ONS, 2020. Deaths involving COVID-19, England and Wales: deaths occurring in April 2020.
- PHE, 2020. Disparities in the risk and outcomes of COVID-19.

People in more deprived and urban areas are more likely to be diagnosed with COVID-19 and have poor outcomes

DEPRIVATION & GEOGRAPHY

A number of studies have shown an association between area-based deprivation and both COVID-19 incidence and mortality.

- Trends in diagnosed cases of COVID-19 show that cases in the least deprived quintile peaked earlier and at a lower level than those in other groups.
- Between 1 March and 17 April 2020 the most deprived areas in England had more than double the mortality rate from COVID-19 than the least deprived areas.
- PHE analysis suggests that inequalities in COVID-19 deaths are greater than those in all-cause mortality.

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As at 26 June 2020, London had the highest number of COVID-19 related deaths, with North East England having the lowest.

- Diagnosis rates by local authority are highly clustered; as at 7 July the highest levels were in the North, the Midlands and London. Between March and May, age-standardised death rates were highest in London, the North and the West Midlands.
- Deaths in London as at 26 June were over one-quarter higher than expected.
- At the local authority level a range of underlying factors influence mortality rates, including population density, deprivation and ethnicity.

References

1. PHE, 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.
3. PHE, 2020. Coronavirus (COVID-19) in the UK.
4. ONS, 2020. Deaths involving COVID-19 by local area and socio-economic deprivation: deaths occurring between 1 March and 31 May.
5. ONS, 2020. Five year average weekly deaths by local authority and place of occurrence, England and Wales, deaths registered 2015 to 2019

Those working in a number of public facing roles have been found to have higher levels of COVID-19 mortality

OCCUPATION

There is increasing evidence that a range of public facing occupations may have higher death rates relating to COVID-19.

- ONS identified roles such as transport workers, security guards and some care worker roles as having significantly higher levels of mortality from COVID-19.
- PHE have expanded this analysis and identified nursing auxiliaries and assistants as also having higher mortality levels.

Occupation	All Cause Deaths 2014-2018 average	All Cause Deaths 2020	Relative Increase
Nursing auxiliaries & assistants	52	128	2.5
Security guards & related roles	80	209	2.6
Taxi drivers & chauffeurs	87	217	2.5
All people 20-64	9,440	14,409	1.5

- It is worth noting that analysis by occupational group is complex and should be interpreted with caution.
- Staff within broad occupational groups may have differing levels of exposure due to the nature of their specific roles, particularly during a pandemic.

References

1. ONS, 2020. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

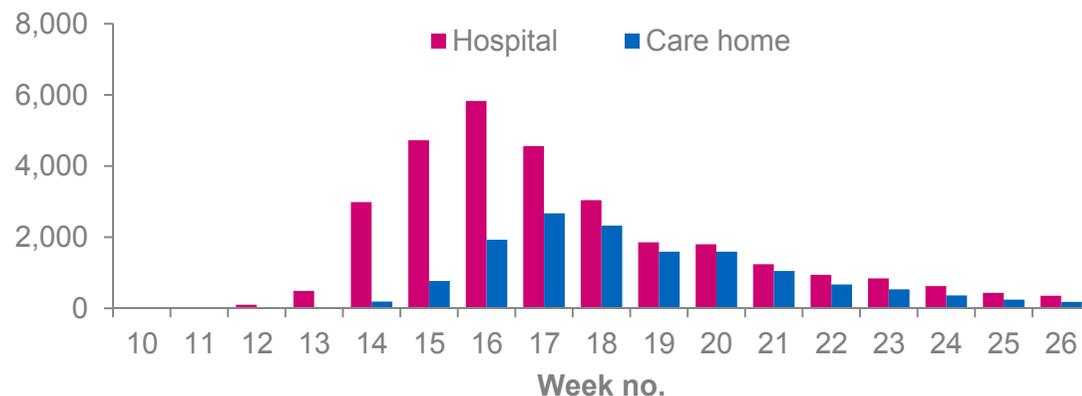
Nationally, deaths within care homes between 20 March and 7 May were 2.3 times what we would normally expect

CARE HOMES

Data from ONS shows there have been 14,118 COVID-19 related deaths within English care homes as at 26 June 2020.

- By early May over 1 in 4 COVID-19 related deaths had occurred within care homes. This excludes care home residents who may have died whilst elsewhere.
- PHE analysis indicates that nationally there were 20,457 excess deaths in care homes between 20 March and 7 May 2020, and 16,016 in hospitals.

Figure 8: Weekly COVID-19 deaths in England by place of occurrence



- Almost half of excess deaths occurring in English care homes up to early May were reported as not related to COVID-19, suggesting there had been an increase in other causes of death, or an under-reporting of COVID-19.

References

1. PHE, 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS, 2020. Deaths registered in England and Wales, provisional: week ending 26 June 2020.

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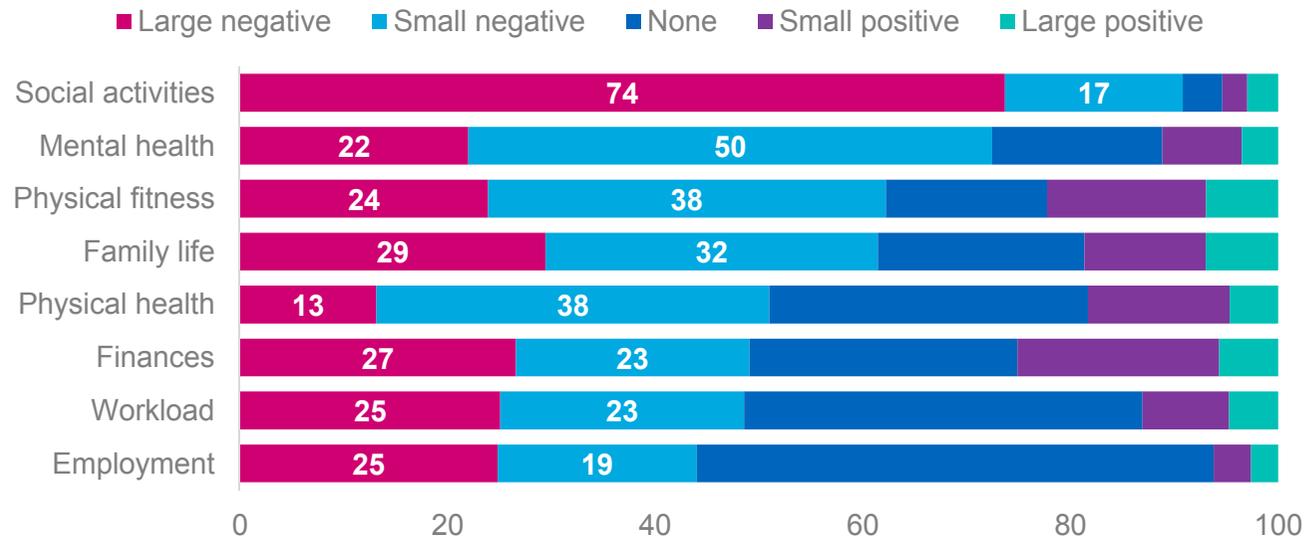
A survey of local residents has highlighted the negative impacts of COVID-19 and lockdown on our communities

HEALTH, SOCIAL & ECONOMIC IMPACTS

Southwark undertook a short survey of local residents to understand the impact of COVID-19 on residents. A total of 1,383 responses were received.

- The largest negative effect of the COVID-19 outbreak and lockdown was on the social activities of respondents (91%), followed by their mental health (72%) and physical fitness (62%).
- By comparison, the smallest negative effect was for respondents employment (44% negative), workload and finances (48% and 50% negative)

Figure 9: The positive and negative effect of COVID-19 and lockdown on respondents.



References

1. COVID-19 Impact Survey 2020. Southwark Council.

COVID-19 will have significant medium and long term health, social and economic impact on our communities.

HEALTH, SOCIAL & ECONOMIC IMPACTS

COVID-19 will have significant medium and long term health, social and economic impact on our communities. These impacts are often inter-related and affect a number of population groups disproportionately.

Examples of COVID-19 impacts on our population and services

Health Impacts	Social Impacts	Economic Impacts
<ul style="list-style-type: none">▪ Chronic and long-term health conditions▪ Acute healthcare▪ Immunisation & Screening▪ Children and young people▪ Sexual health	<ul style="list-style-type: none">▪ Mental health, wellbeing, isolation▪ Safeguarding▪ Behaviours – smoking, alcohol, drugs▪ Healthy behaviours – exercise, healthy eating▪ Outdoor spaces, transport	<ul style="list-style-type: none">▪ Housing, homelessness▪ Food security▪ Job losses▪ Educational impacts

The knock-on effects of COVID-19 will have long-term impacts on population health

Health Impacts		
Area of Focus	Impacts	Vulnerable Groups
Chronic health conditions	<ul style="list-style-type: none"> Economic impacts may lead to an increase in prevalence of chronic conditions. Those with underlying chronic health conditions e.g. cardiovascular disease, cancer, hypertension, respiratory conditions and diabetes, are at a higher risk of complications from COVID-19 and increased risk of death. Across England there was a 30% reduction in GP appointments in March compared to last year. However this may be somewhat offset by telephone and online appointments. 	<ul style="list-style-type: none"> Elderly and shielded
Acute healthcare	<ul style="list-style-type: none"> There have been reports of reduction in number of people attending emergency care, which may impact many aspects of healthcare delivery. Across England use of A&E in April was almost 60% below levels seen last year. 	<ul style="list-style-type: none"> Elderly and shielded CYP
Immunisation & Screening	<ul style="list-style-type: none"> Cancer screening has been paused so there will be a drop in early stage cancer detection and a possible increase in number of cancer deaths. School immunisations have paused. Childhood and essential immunisations in pregnancy (e.g. pertussis) are continuing although anecdotal evidence suggests these may have dropped locally. A drop in coverage could lead to increased vaccine preventable diseases. 	<ul style="list-style-type: none"> Children Adults Elderly

References

1. Janke et al, The impact of COVID-19 on chronic health in the UK, 2020
2. Institute of Fiscal Studies, the wider impact of the coronavirus pandemic on the NHS, 2020

COVID-19 will exacerbate social isolation, loneliness, mental illness and may increase harmful behaviours

Social Impacts		
Area of Focus	Impacts	Vulnerable Groups
Mental health	<ul style="list-style-type: none"> Pre-COVID19 approximately 1,500 CYP and 23,000 adults in Southwark were thought to have depression or anxiety. Stress will likely lead to increase in anxiety and depression, and risks of PTSD in health and care workers. In extreme cases, this could cause an increase in death by suicide. Social distancing will increase loneliness, particularly for those who are shielding and vulnerable – almost 7,700 shielding residents in Southwark. 	<ul style="list-style-type: none"> Elderly Families with young children NRPF
Safeguarding	<ul style="list-style-type: none"> Social distancing increases the risk of domestic abuse and safeguarding difficulties, with long-term negative psychological impacts on families and individuals, and increased risk of harm. Lockdown is also likely to have made reporting abuse more difficult due to a reduction in privacy and alone time. Some victims may be unwilling or unable to disclose abuse during virtual consultations. 	<ul style="list-style-type: none"> Families in need Domestic abuse
Behaviours & risk factors	<ul style="list-style-type: none"> Residents may be less physically active and / or have difficulty accessing healthy food. This is likely to widen inequalities. Alcohol sales in the UK have increased since lockdown. Immediate impacts include risk-taking behaviours, mental health issues and violence, and long-term impacts include risk of liver disease and cancer. 	<ul style="list-style-type: none"> Young adults

References

- IPPR, Care fit for carers: Ensuring the safety and welfare of NHS and care workers during and after Covid-19, 2020 Slide 23
- WHO, Alcohol and COVID-19, 2020

An economic downturn resulting from COVID-19 will have long-term impacts on health and wellbeing

Economic Impacts		
Area of Focus	Impacts	Vulnerable Groups
Housing	<ul style="list-style-type: none"> Those living in overcrowded or multi-generational homes may be at higher risk of contracting and falling ill from COVID-19. There are over 5,000 HMOs in the borough. Increased time spent at home could exacerbate the health impacts of poor housing conditions. Increased risk of people becoming homeless or falling into debt due to an inability to pay rent. 	<ul style="list-style-type: none"> Homeless NRPF Low-income
Food security	<ul style="list-style-type: none"> Food insecurity will likely increase due to the economic impacts. Food banks in the borough have reported an increased in demand from families and a decrease in supply coming in from shops. People who are shielding or extremely vulnerable may have issues accessing food. People experiencing food insecurity are likely to have poor diets and stress which can adversely affect wellbeing and long-term health. 	<ul style="list-style-type: none"> Elderly and shielded NRPF
Economic instability	<ul style="list-style-type: none"> 25% of businesses have temporarily closed, with a rise of almost 500% in Universal Credit claimants. As at the end of May there were 39,200 furloughed jobs in Southwark. Low earners are seven times more likely as high earners to have worked in a sector that is now shut down. 	<ul style="list-style-type: none"> Low income

References

1. ONS, Coronavirus and the economic impacts on the UK, 2020 (23 April 2020)
2. Institute of Fiscal Studies, 2020. Sector shutdowns during the coronavirus crisis: which workers are most exposed?

CONTENTS

Section 1: Overview of COVID-19

Section 2: Inequalities

Section 3: Health, social and economic impacts

Section 4: Summary

COVID-19 is disproportionately affecting a number of population groups and exacerbating inequalities

SUMMARY

COVID-19 is having a significant impact on our communities. The immediate and longer term impacts will not be felt equally and may exacerbate existing health, social and economic inequalities.

- National analysis indicates a number of groups have higher levels of mortality related to COVID-19, including:
 - Older people
 - Males
 - Those with underlying health conditions
 - Certain ethnic minorities, particularly those from a black ethnic background
 - Those in public facing occupational roles e.g. transport

- In addition to COVID-19 itself, measures put in place to reduce transmission have hugely impacted the wider determinants of health.

For many residents the health, social and economic impacts coincide, magnifying the challenges they face.

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

 @lb_southwark  facebook.com/southwarkcouncil

Arrangements during the Covid Pandemic

- Southwark Borough Based Board met for the first time on the 9th July. This was a virtual meeting through MS Teams. Residents can view the meeting and were invited to submit questions both before and during the meeting. All questions and answers will be published.
- South East London CCG Governing Body has virtually met once on the 21st May 2020 and plans to meet again on the 16th July. SEL residents are able view the meeting and submit questions both during and before the meeting. All questions and answers will be or have been published.
- South East London CCG and the borough teams have worked during this time to the guidance that has been issued by NHS England and the CCG governance framework.

Arrangements during the Covid Pandemic

Cancer

- Cancer services have remained open during the covid crisis
- There was a very large reduction in 2 week wait cancer referrals received by secondary care across SEL during the crisis.
- 2 week wait activity has now begun to increase but recent reports are still showing a reduction in the region of 45% compared to the previous year.

Elective Care

- Significant proportions of outpatient appointments have been done by phone or by video, and all upcoming appointments (and new referrals) are being clinically triaged to ensure that only patients that need to attend hospital do so.
- Face to face appointments for urgent cases continued throughout, and providers have increased numbers of face to face appointments in recent weeks, whilst ensuring that this is in line with social distancing and red/green pathways
- All referrals are being clinically triaged to ensure that patients are only being brought to hospital as needed, and that wherever appropriate patients can have diagnostics and outpatient appointments on the same day to avoid patients having to come more than once
- We have continued to use sites in the independent sector (e.g. London Bridge Hospital, BMI Blackheath) to ensure there is sufficient capacity, and that we can split covid/non-covid activity

Arrangements during the Covid Pandemic

Urgent Care

- Urgent and Emergency Care Services have remained open during the covid crisis
- Attendances to Emergency Departments significantly reduced during March and early April but have been steadily increasing. This time last year GSTT ED would see around 640 patients a day. They are currently seeing c360 patients a day, but in April numbers were as low as 150 a day.
- A national programme Help Us Help You has been launch which aims to
 - Promote NHS 111 becoming the front door for urgent and emergency care needs
 - Develop new ways of working at the Front Door of EDs / UTCs to enable social distancing and to minimise waiting room numbers (to reduce overcrowding in EDs or UTCs and prevent queues forming outside).
 - Develop new pathways from primary care and 111 in to Same Day Emergency Care services to ensure to reduce the number of patients being directed to ED when other services are more appropriate
 - Lower the risk of infection to hospital sites (to protect patients and staff from infection)
 - Prepare for a potential new COVID-19 peak and winter pressures
- All Emergency Department outcomes from 111 are being revalidated by a clinician to ensure this is the most appropriate place for the patient to be seen

Other Information

Prior to a planned hospital visit, patients are contacted to explain what precautions hospitals have put in place, and also to clarify what is expected of patients (ie need for self-isolation, need to wear a mask on hospital sites etc)

Trusts have also produced a range of materials including leaflets and videos (<https://www.guysandstthomas.nhs.uk/patients-and-visitors/coronavirus/staying-safe.aspx>) to show patients how hospitals are prioritising safety, and to encourage patients to attend appointments

All local organisations continue to put out social media messages to encourage patients to attend appointments, call 111 or seek help when they need it.

Southwark Health Overview and Scrutiny Committee

The impact of the merger on NHS services, the community and local people.

From April 2018, the six CCGs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) continued to build on existing collaboration to form a single South East London CCG.

The CCGs received confirmation that NHS England has approved our merger application to become South East London CCG on 1 April 2020. All of the six CCG Governing Bodies supported this move and our GP memberships have voted in favour of the proposal.

The merger of the CCGs is part of our [response to the Long-Term Plan](#) and will ensure that we can:

- respond to the different needs of our local populations at neighbourhood level;
- work in even greater partnership with our local authorities in each borough;
- commission services for patient pathways that go across the entire south east London system.

Governance Arrangements

A single CCG allows us to commission more effectively and consistently for south east Londoners where it is in the best interest of patients.

However, much of what we do will continue to be at a borough level and our relationships with local authorities, voluntary sector organisations, Healthwatch and other partners will be as important as ever.

We have established borough based boards that take formal responsibility for decision making, planning and commissioning of local community-based care. These boards bring together health and local authority commissioners to plan local services with delegated responsibility for budgets in each borough.

All of our boroughs are equally represented through their practices as members of the CCG and through Governing Body membership at South East London level.

Draft

Care Home and Extra Care quality
assurance
scrutiny review

Health & Adult Social Care Scrutiny
Commission
July 2020

Purpose

- Review the quality of care of Southwark providers and out of borough placements used by Southwark adults
- Ensure people in and out of borough placements are safe, well and in suitable accommodation
- Examine the assurance and inspection processes in place to see if they are performing well

Review objectives

- Look at the Lay inspectors work
- Review the officer quality assurance process and monitoring of placements in and out of borough
- Consider the Ofsted and CQC reports
- Seek input from staff on quality via unions, whistleblowing
- Invite Healthwatch, carers, older and disabled residents to contribute

Two part report

- This is part one of a two part report
- The report concentrates on provision used by older people, in and out of Southwark
- The second report will look at provision by for working age adults, commonly with a disability or requiring rehabilitation

Background

- Southwark is well placed to deliver Extra Care to local people but has a shortage of local residential and nursing care provision
- Currently 70% of Southwark people requiring nursing beds are placed out borough. In 2017/18, 80% of people that we placed out of borough would prefer to be in Southwark.

	Adult/OP residential		Adult/OP nursing		Extra Care	
	No. schemes	No. SUs	No. schemes	No. SUs	No. schemes	No. SUs
Southwark	5	143	2	89	3	84
Other London	14	32	31	112	0	0
Outside London	39	50	47	56	0	0

Background – nursing homes 1

- In 2015 Southwark decided to provide extra nursing homes in the borough because of insufficient provision and because local care homes Camberwell Green, Burgess Park and Tower Bridge had all received poor CQC reports for a number of years.
- Since then Camberwell Green and Burgess Park care homes closed, in 2016 and 2017 respectively
- Tower Bridge Care Home has, however, improved. The homes current CQC rating is 'Good' and has been rated as either 'Good' or 'Requires Improvement' since November 2015.
- Nationally the CQC states that nursing care faces the most significant challenges in relation to financial sustainability and the maintenance of good quality care across the entire health and social care system. These national issues are compounded in Southwark which has seen a 46% reduction in nursing care beds since 2011 (Five homes with a loss of 252 beds). This is comparable to several inner north London boroughs– e.g. Tower Hamlets and Islington, although none of our immediate south London neighbours have experienced such a sharp decline.
- The reasons cited by providers for this decline are the higher land prices that deter the development in inner London, workforce challenges, a younger population and relatively few self-funders compared to outer London areas . This means that Southwark homes are far more reliant upon state funded placements; where the costs have been tightly managed as a result of ongoing austerity measures.*

Background – nursing homes 2

- In 2017 a cabinet set out its plans to increase nursing provision, stating that by 2020 there will be a total of 361 nursing home beds available, compared to the 115 beds in the borough currently in use.
- Following this a cabinet report in April 2019 set out plans to deliver this through a negotiated procurement process with providers either currently operating or planning to operate nursing care homes, within the borough.
- The report outlined separate property deals to provide the physical buildings. Planning permission had been granted for development of a care home that will include 48 nursing beds, on the former site of Burgess Park (Picton Street), and a second nursing home that has outline planning permission for 80 nursing care beds .
- The cabinet report stated that the total projected increase of beds was now set to be 260 by 2020, and if the second home comes online this would increase provision to 340 by 2022. **However It is unclear how the number of beds will increase from 115 to 260 in 2020.**
- The further deterioration in local capacity with the closure of Burgess Park may explain the reduced capacity projected in 2019 over that planned in 2017.

Commissioning of Nursing Homes for older people needing nursing care

Officers told us :

- Following the April 2019 Cabinet agreement to Commission through a negotiated approach the intention is to tender with three bidders to award contracts for high quality care.
- An Engagement Group is coordinating the programme. This consists of council and CCG staff, Healthwatch and Age UK.
- Wider engagement has taken place with the community sector, residents, older people in care homes and families.
- A Co-design group has been established of volunteers and this has conducted interviews with providers. These are now being evaluated.
- Presently the specification and price is being decided, with a decision pending May 2020.
- Two providers are definitely offering to build new homes. Other provision might come from utilising existing buildings.
- There is a now a commitment to open two new nursing homes by 2022

Residential care for older adults

Officers told us:

- The council has termed contracts with four residential care homes, all run by Anchor Hanover. The contract is due to expire in 2025
- Anchor Hanover Care residential homes in Southwark are consistently rated good by the CQC

Monitoring and quality assurance of older peoples residential and nursery care homes in Southwark

- Contract Management oversight, visits and reports by council officers and CCG NHS and GPs.
- Quality Alerts and complaints
- Family, friends and advocacy
- CQC inspections
- Lay Inspections
- Healthwatch
- Providers Forum
- Strategic and member oversight

Providers Forum

- There is an Adult Social Care Provider Forum in Southwark . The agenda has included topics that support care homes such as:
 - Safeguarding representatives for the Southwark's Safeguarding Adults Board
 - Council's skills strategy
 - CQC regulations
 - Recruitment and retention
 - Good work standard
 - Liberty Protection Safeguards
 - Herbert Protocol

Council contract management 1 (local homes)

Officers told us:

- Visits are done to local homes at least 6 monthly and a risk based approach is taken . If more visits are needed, because of concerns or other intelligence, then officers visit more frequently.
- Officers are on a journey with contract management to improve performance
- The Commission received 6 months worth of detailed contract management reports

Council contract management 2 (out of borough homes)

Officers told us:

- A breakdown of placements of older people placed out of borough, detailing home name, location and CQC rating (latter to follow) was provided.
- Social workers visit service users placed out of borough at least once a year and the monitoring team liaise with host authorities who have the majority of placements in these homes.

NHS CCG contract management 3

NHS CCG officers told us:

- All Southwark care homes are supported by the CCG funded enhanced primary care service which is provided by Quay Health Solutions, a membership of GP Practices in north Southwark.
- The service enables care homes residents to benefit from a wider multi-disciplinary team (MDT) to enable high quality of care for patients within the homes and avoid unnecessary hospital admissions.
- This includes, but is not limited to: secondary care; the Care Homes Support Team; Community Pharmacists; Social Care; District Nursing; Palliative Care; Dieticians and other services contributing to resident's care.
- There are four main elements to the service: i. Multi-disciplinary Team (MDT) ii. General Practice services iii. Scheduled visits by provider iv. Medication Reviews.
- The MDT has had closer working during the pandemic and the services are working towards a 'one team approach' which will further integrate the MDT offer to care homes.
- The service is monitored at least quarterly and during the COVID pandemic the CCG have been in frequent contact with the services.

Contract management 3

Carers and Lay Inspectors told us

- Council contract management is crucial to managing performance, particularly as the CQC only visit occasionally
- Visits to homes are vital and monitoring cannot just be a desktop exercise

Quality alerts and Complaints 1

Officers told us:

- A council Quality Alerts system is in place which monitors any quality concerns in provider services and can act as an early warning system indicating the need for further monitoring of providers
- A council Complaints system is in place that enables accurate capturing and tracking of complaints received by the team, and includes fortnightly meetings with the Complaints Team
- Council officers reported Southwark receives less complaints than other boroughs in more affluent areas. This could be because these Local Authorities have more self funders and so there could be more confidence and a greater sense of entitlement.
- A council benchmarking exercise with a comparative borough to compare levels of complaints and Quality Alerts will be provided, however it is challenging to find a similar borough .
- A similar exercise has been requested from the CCG, and will be asked of the CQC for the second part of the report .
- Improving the complaints process and uptake could be addressed through the CCG NHS nursing contract, the commissioning of the GP service by NHS CCG and via the council commissioning and monitoring process.

Quality alerts and Complaints 2

A carer of a service user told us :

- She raised concerns about a care home a relative was in, and these were at least in part treated as a Quality Alert by the council.
- One concern was raised about the GP service, which is monitored by the NHS CCG, not the council. The Commission do not know if the CCG NHS were involved in any part of the investigation.
- Her complaints were investigated by the care home internally. When she was dissatisfied with the initial investigation, and she persisted, the complaints were then escalated to the regional care home, where there was a better outcome.
- She reported she found it difficult to get adequate resolution, even as a very involved family member.
- Care homes need a clear complaints systems.
- Relatives ought to be given independent access to council officers to raise concerns (rather than this being funnelled via the care home manager).
- A dedicated line to raise safeguarding concerns / abuse ought to be provided.

Quality alerts and Complaints 3

Council officers told us:

- The council investigates all complaints at all stages when received
- The council also have a separate complaints procedure for Adults Social Care <https://www.southwark.gov.uk/social-care-and-support/adult-social-care/adult-social-care-complaints-and-compliments/complaints-about-adult-social-care>
- The Council is not responsible for complaints from residents who pay privately (fully funded) . In that case the CQC is responsible for complaints . The council used to be funded to monitor homes, now this is the CQC
- The CQC are well placed to provide a summary of complaints and benchmarking

NHS CCG officers told us

- The CCG's website provides details on how to complain about NHS services, the information is available here: <http://www.selondonccg.nhs.uk/contact-us/how-to-make-complaints/>

Recommendation

- All homes , the Council and CCG ought to have a clear and well publicised Complaints , Quality Alert and Safeguarding processes which details how to raise concerns with the homes, Council, CCG, CQC and who to go to, and at which point. This ought to include a mechanism to appeal to the council and NHS CCG if a resident or advocate is unhappy with the outcome of an internal resolution process. This ought to be managed through the contract monitoring and commissioning process.
- A record and summary of the number of Complaints and Quality Alerts made to the council, CCG and CQC ought to be provided in an annual report to Cabinet , with benchmarking against comparator boroughs.

Family , friends and advocacy 1

A carer told us :

- Developing and maintaining good relationships with carers, family and friends is crucial to the good care of residents.
- Her perception was that the care home her relative was placed in did not particularly welcome her close monitoring of her husband's care. She also found it difficult to get adequate resolution of concerns and even as a very involved family member.
- Homes ought to be asked if residents without family advocacy are having regular visits from the Independent Lay Advocacy service.
- Relatives meetings are very important and ought to happen regularly , and at least quarterly with notice in advance .

Family , friends and advocacy 2

Lay Inspectors told us :

- When they visit they ask if there are times set aside for relatives and carers to visit and speak meet and speak with care home staff.

Healthwatch told us:

- monitoring officers ought to regularly go to some relative meetings

Officers told us:

The Older People's Hub could give more information to prospective older people and friends and family on how to choose a care home. For example encouraging people to visit prospective care homes, and looking out for how welcoming a home is.

Family , friends and advocacy 3

Recommendation:

- Ensure systems are put in place to ensure that people in homes (in and out of Southwark) who are unbefriended have support by the Independent Lay Advocacy service, or similar
- Ensure that care homes hold regular meeting for families and carers. These ought to happen at least quarterly, and there ought to be a schedule of attendance by monitoring officers, commiserate with the number of Southwark residents and contract management resources.

CQC

Officers told us:

- The CQC visit homes regularly depending on risk . A home rated Good will not usually be visited no more than once every three years.
- The council will send intelligence to the CQC, although that may not necessarily trigger a visit.
- Lay Inspectors can also contact the CQC , however it is unclear if this happens
- Previous nursing homes that were rated as inadequate /in special measures for a number of years by the CQC have closed down.

Carers and Healthwatch told us :

- The commission heard that even homes rated as Good may not always have comprehensive activity programme in place that enable all residents to go out for walks , for example.

Healthwatch

- Healthwatch have 'enter and view' powers and do occasional visits to care homes
- A report detailing a visit to Tower Bridge care home was shared with scrutiny.

Lay inspectors 1

Lay inspector background:

- The Lay Inspectors is a scheme using volunteer older people to visit local care homes in Southwark
- The scheme was initiated by older people from Southwark Pensioners Forum and council officers in partnership with Age Concern (who later merged with another organisation to become Age UK) around 2006. It was an initiative of the then Older People Partnership Board.
- Age UK Lewisham and Southwark (a merger of Age Concern) are now commissioned to coordinate the scheme
- When fully functional the Lay Inspectors undertake at least one visit per year (3 in one) but would repeat if there were concerns.
- Six homes visited are by a team of two to three older people. The homes visited are those most used by older people in the borough and include the commissioned Anchor Hanover care homes and the nursing homes with most Southwark residents.

Lay inspectors 2

Current Lay Inspectors and the former Lay Inspector coordinator told us:

- The coordinator employed by Age UK Lewisham and Southwark to coordinate the scheme recently retired in the Summer of 2019
- The schemes capacity has reduced with her departure .
- In December the Lay Inspectors told the Commission that the absence of a coordinator meant the volunteers in place are not able to sustain the number of visits, which previously would sometimes be as many as 10 over a period of 4 or 5 months. At that point there was one inspection in the pipeline and they were finishing off one more.
- The Lay Inspectors value the scheme and were concerned about the continuity of the Lay Inspector scheme and the organisational commitments to its continuation
- Staff changes at both an operational and senior level at both Age UK Lewisham and Southwark , and the Council, risk a loss of organisational memory, knowledge and relationships
- Dementia and Safeguarding training is required for peer Lay Inspectors
- When visiting it is important the right questions are asked and that the Lay Inspectors know what good quality looks like, for example the ability to de-escalate conflict and calm things down
- Good quality questions are vital and the ones used on the form supplied to the Commission have developed over time
- The quality of the relationship with the councils commissioning team is crucial to the schemes success

Lay inspectors 3

Senior officers and the Age UK Southwark and Lewisham CEO told us :

- The Lay Inspector pilot project was last reviewed by the council in 2009 , while it was still a pilot, and found mixed performance against the key objectives
- The Council and Age UK L&S conducted a mini review in February 2020 in order to strengthen the Lay Inspectors programme with a view to restarting the scheme and resuming the funding.
- The review established that the scheme would benefit from complementary and stronger working relationships between contract management and the Age UK L&S , which need to be reestablished following changes at various levels.
- New senior staff are now in place in the council and Age UK.
- There is a joint commitment to restart the work using the existing Lay Inspectors and train more in due course
- The new Lay Inspectors scheme will focus on seeking the views of service users, family and staff to obtain feedback, rather than formal inspections.
- The Council and Age UK L & S also plan to start another initiative 'Care at Home' where older volunteers would ring people receiving care at home

Lay Inspectors 4

Recommendation

The commission endorse the organisational commitment shown by the council and Age UK I &S restart the Lay inspectors programme and establish complimentary and strong working relationships. A summary of the Lay Inspectors work and how this has influenced the council ought to be included in an Annual Report on Care Homes.

Strategic and member oversight

Officers told us:

- There is a commitment to establish a residential Ethical care homes charter which officers originally said they intended to take to Cabinet in the spring of 2020. This charter will focus on supporting homes to focus on the drivers related to delivering high quality care.
- Improving the quality of care homes is a priority of Partnership Southwark
- A scrutiny report was produced in response to Francis Report on the Mid Staffordshire NHS Foundation Trust Public Inquiry. This examined the Frances Report's recommendations on the importance of information sharing across organisations with a formal and informal role in monitoring standards in hospitals and care homes , and the use of complaints information to monitor standards.
- Presently cabinet receive an Annual report on Home Care; an additional one on Care Homes could be a useful addition

Strategic and member oversight

Recommendation

An annual Cabinet report on Care Homes would be a useful addition. This ought to summarise contract monitoring, CQC, Lay Inspector, Healthwatch, and CCG reports, and include a summary of complaints and Quality Alerts, with benchmarking with comparative Local Authorities.

Conclusions 1

Quality issues

- There is not enough local capacity if older people get more unwell, and need more specialized dementia and nursing care
- Activities are not always comprehensive enough even in homes rated Good
- Staffing can be spread too thinly
- Disrepair can be an issue, even in Good homes
- Good quality dementia care training is important , and this ought to consist of a face to face element
- ~~GP services need to be well monitored~~

Conclusions 2

- There are comprehensive and committed local monitoring plans in place for residential and nursing home provision for older people based in Southwark, and the welcome restarting of the Lay Inspectors scheme.
- Even with good monitoring in place quality remains a challenge given the resource challenges, and Southwark ought to investigate avenues to increase this and tackle the staffing challenges.
- Most people want to be placed in local homes. The Nursing home strategy for frail older people will make a significant difference, however the plans in the cabinet report in April 2019 ought to be reviewed to ensure that Southwark will still have enough capacity and can deliver the target number of additional homes placements locally.
- Nursing homes provision plans are thoughtful and engaging, however more haste is needed to expedite the provision. The council first identified the need for more nursing homes in 2015, however these are now not due to be ready for residents until 2022.
- A more detailed programmed ought to be put in place to monitor and support people placed out in out of borough placements.

Recommendations

- Expedite the current plans for expansion of provision of Nursing Homes and review future plans to ensure that there will be enough local capacity, particularly for local people with more challenging dementia.
- Lobby government to bring forward the expected White Paper on social care funding to ensure the service is sufficiently well funded.

Addendum: Covid 19 - 1

The OSC report to cabinet has recommended that cabinet :

- take proactive steps to co-ordinate weekly testing of all care staff and residents in Southwark care homes as a matter of urgency, in order to ascertain the level of Covid-19 infection.
- liaise with each Southwark care home provider to ensure that the relevant PPE and levels of PPE are being used in each local care home, to protect care staff as much as possible.
- monitor the pay of care staff at this time, to ensure that none of these low paid workers are being disadvantaged at this time, especially if they have to self-isolate themselves or shield themselves due to their medical conditions, as there is some evidence in the care industry, that some care workers are receiving less than their usual OSP during this crisis.
- remind all care providers to adhere to the key principles of the Ethical Care Charter that exists across the borough, especially at this difficult time.

Addendum: Covid 19 -2

The council and CCG NHS told us:

- Visitation by families and friends to residents in care homes is being facilitated through video calls, social distancing and on occasions PPE.
- PPE provision for staff has been challenging, but requirements are being met through local collaboration.
- The Ethical Home Care charter is a priority.
- Testing for homes is being rolled out, prioritised by need.
- Central government assumed homes could house patients leaving hospital , however residential and nursing homes are not there for this purpose.
- 60 residents of Southwark care homes have lost their lives to Covid 19.
- The Older Peoples Hub is assisting with advice for people shielding and hospital discharge, and will be fully open by the beginning of July.

Unison told us:

- At the start of the pandemic there was not always sufficient PPE for staff to work safely, however the situation has improved.
- The national PPE guidelines kept changing and managers ' guidance to frontline workers not always clear.
- Concerns that changes to PPE guidance has been driven by availability , rather than clinical need.
- Sick pay is important to look after staff and prevent infection.
- Testing and contact tracing is key to managing the pandemic. Local staff and homes are now accessing testing.

Addendum: Covid 19 -3

National organisations* for older people have said

- There has been a 52% increase in deaths amongst people with dementia during lockdown outside of the coronavirus figures – showing starkly that the restrictions put in place have taken a grave toll, alongside that of the virus.
- The government ought to grant designated family carer access to care homes, in line with that afforded to ‘Key Workers’ – the care home staff. That means access to testing and PPE.

Recommendations

- Complete the Ethical Home Care Charter by September, and ensure this includes a requirement for sick pay.
- Plans must be put place to manage a second wave and the risk of further fatalities by ensuring adequate PPE, testing , and that care homes are not treated as a step down facility.
- Roll out keyworker status to family and friends of older people in care homes, starting with people with dementia and moving to other isolated older people. Everybody has a human right to family life, which includes regular contact **.

*Dementia UK, John’s Campaign, Innovations in Dementia, TIDE (Together in Dementia Everyday), Young Dementia UK, Alzheimer’s Society and Alzheimer’s Research UK letter dated 9 July 2020 to the Secretary of State.

** See Article 8 Respect for your private and family life..

