

## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 14 March 2022**

### **Subject: Impact of COVID-19 on Care Homes in Merton**

Lead officer: Dr Dagmar Zeuner, Director of Public Health and Mark Creelman, Locality Executive Director (Merton and Wandsworth)

Lead member: Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health.

Contact officers: Barry Causer, Public Health Lead for COVID-19 Resilience; Dr Anita Davies, Senior Public Health Principal; Keith Burns Interim Assistant Director and Annette Bunka, Assistant Head of Transformation – Integrated Care (Merton)

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#### **Recommendations:**

- A. The Panel are asked to discuss the challenges and multi-agency response taken to protect and support care homes in Merton during the COVID-19 pandemic to date.
  - B. The Panel are asked to note the lessons learnt and the approach taken to transition to living safely and fairly with COVID-19 in Merton, including preparation for the stepping-up of a full COVID-19 response if required.
  - C. The Panel are asked to offer their formal thanks to all staff working on the front-line in care homes who have worked incredibly hard in challenging circumstances throughout the pandemic.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1. This joint report between the London Borough of Merton (LBM) and the South West London Clinical Commissioning Group (SWLCCG), provides an overview of the partnership work that delivered actions, at pace and with urgency, to support Care Homes in Merton. It also sets out a number of challenges and the impact of COVID-19 on Care Homes in Merton, identifies lessons learnt and provides insights into actions that should be retained going forward as part of a legacy of the pandemic response.

1.2. This report will focus on the challenges, impact and actions delivered through the pandemic, however as the Merton Safeguarding Adults Board (MSAB) covered safeguarding in its Annual Report in 2020/21 then this is not duplicated in this report but is included as a link in the appendix.

1.3. This report is complemented by a short video that highlights the experiences of Care Home Managers. This will be shared on the evening of the Panel.

## **2 DETAILS**

### Introduction

2.1. There are 38 care homes in Merton which provide a wide range of services, including nursing care, residential care, and services for residents with mental health and learning disabilities. Most of the services are provided for elderly people with the remainder for younger people with disabilities.

2.2. Many care home residents have long term health conditions and are affected with physical disabilities and cognitive impairment. This partly explains the vulnerabilities of care home residents to COVID-19. Similar to the rest of London, care home provision in Merton includes large company owned chain homes to small family-owned homes. All care homes are required to have a Care Quality Commission (CQC) registered manager and relevant staff to deliver the services they provide.

2.3. The types, names and locations of Merton care homes can be found in the supporting information that can be found in appendix one.

2.4. Before the pandemic LBM's main relationship with care homes in Merton was focused on those homes that the Council had placed people in. However, during the first wave of the pandemic it became apparent that there was a need for LBM (Adult Social Care commissioners and Public Health) and SWLCCG to strengthen their relationship with all care homes in the borough and work pro-actively with care homes on surveillance, infection prevention and control (IPC) skills and knowledge and to provide training, support, advice and guidance in relation to all aspects of COVID-19 outbreak prevention and management.

2.5. A significant part of the response set out in this report e.g. the setting up of local surveillance systems and Infection Prevention and Control support was set up at pace and the parts of the system (see 3.2) worked together effectively at pace.

2.6. Care Homes have faced a significant number of challenges e.g. a national shortage of Personal Protective Equipment (PPE) and information and guidance changing frequently throughout the pandemic and the direct and indirect impact of COVID-19 has affected all staff, residents and their family members. It should be recognised that care home managers and staff, supported by staff across LBM and SWLCCG, have worked incredibly hard, through very difficult times, to protect and support care home residents throughout the pandemic and LBM and SWLCCG will continue to support them as we transition to living safely and fairly with COVID-19.

2.7. It should also be acknowledged that the care home managers and staff had to manage COVID-19 in addition to keeping all their residents safe, taking recurrent winter pressures and challenges into consideration.

### **3 COVID-19 RESPONSE AND ACTION**

#### **Partnerships and Enhanced Support to Care Homes**

3.1. It became apparent early in the pandemic that there was a need to move quickly in Merton and to take a multi-disciplinary approach to prevent and manage COVID-19 outbreaks and meet the health and social needs of care home residents and staff during the pandemic. Parts of the system came together and worked together quickly, with urgency and with a 'can-do' attitude to support care homes; sometimes filling a void and delay of support and guidance at a national level.

3.2. Functional multi-agency partnerships that were in place before the first wave of the pandemic were built upon and strengthened during the second wave of the COVID-19 pandemic. The key stakeholders who provided support to care homes during the pandemic reflect the complex nature of the pandemic, but also the good partnerships in place in Merton and include SWLCCG, LBM (Public Health and Adult Social Care), Primary Care and the GP Federation, Central London Community Healthcare NHS Trust (CLCH), the Care Quality Commission, London Ambulance Services and the Care Home registered managers and staff.

3.3. The Enhanced Support to Care Homes (ESCH) Steering Group was one of the partnerships established as part of the agreed governance architecture of the Merton Health and Care Together (MHCT) Programme and was in place prior to the pandemic. This group supports the development and delivery of identified work streams and priorities including:

- Enhanced primary care support,
- Multi-disciplinary team (MDT) support including coordinated health and social care,
- Falls prevention, reablement and rehabilitation including strength and balance,
- High quality palliative and end of life care, Mental health, and dementia care,
- Joined-up commissioning and collaboration between health and social care,
- Workforce development
- Data, IT and technology
- COVID support and resilience,
- Quality in Care homes,
- Streamlining discharge pathways

3.4. Early in the first phase of the pandemic the ESCH Steering Group took on a key co-ordinating role for LBM, SWLCCG and CLCH to ensure that our combined activities were responsive to the needs of the care homes in the borough. Again, this was done with urgency and staff across the system worked well together. This coordinating role for the ESCH steering group has been maintained through the subsequent phases of the pandemic and provides good foundations for living safely and fairly with COVID-19.

3.5. Although the CCG had agreed the development of an Enhanced Support to Care Homes (ESCH) team, as part of the broader local response to the national ESCH policy framework, shortly before the pandemic began there had not been the opportunity to operationalise that commitment. The Council, SWLCCG and our Community Services partner, CLCH, moved quickly, therefore, to redeploy specialist nurses and other staff into a virtual team to provide practical support and guidance to care homes. This team was stood up within a short period of time and provided valuable advice on infection prevention and control as well as support to care home managers on a range of clinical matters including end of life care. This virtual team was maintained through the initial phases of the pandemic and supplemented over time by additional Council employed Infection Prevention and Control specialists. CLCH are now in the process of recruiting to the substantive team, which will form an important element of our ongoing support to care homes in the borough as pandemic related resources are wound down.

3.6. The monitoring of the quality of care provided in the care homes continued through the sharing of a monthly situation report to a wider stakeholder partnership group; the Merton Joint Intelligence Group (JIG) led by LBM. This multi-agency intelligence group is constituted in line with the London Multi Agency Safeguarding Policy and Procedures and its remit covers all regulated social care activity in the borough, including care homes. The JIG was in place prior to the pandemic and its primary role is to identify issues of concern relating to individual care providers, or specific care sectors, and to co-ordinate necessary safeguarding and/or performance improvement planning with the relevant provider(s). During the pandemic, the monthly

COVID-19 situation report has formed a central element of our analysis of provider performance and safety.

3.7. A comprehensive resource pack for care homes was developed by a multi-disciplinary care home support group at London level, with a regular update to mirror the changing picture of the pandemic and emerging learning. This covered COVID-19 outbreak management as part of holistic quality of care guidance. LBM and NHS teams helped to widely distribute, used it as training material and supported its implementation.

3.8. As well as the support highlighted in 3.5, the CCG commission an end of life care team that work in addition to community nursing teams to support proactive care planning with patients, so their needs and wishes are documented. The plans are used across agencies to support people to die in their preferred place. These services support people in their own homes and in care homes and where required co-ordinate support at end of life. As well as working with care homes staff, the end of life care teams work with the rapid response service to enable support over weekends and bank holidays.

### Surveillance

3.9. To support the local surveillance of COVID-19 in care homes and to inform actions that need to be taken, a number of approaches were stepped-up quickly in Merton and used throughout the pandemic. This enabled action to be taken promptly and including

3.9.1 Originally set up as a means of providing vacancy data and staffing levels to NHS commissioners, the Capacity Trackers remit was significantly expanded in the early stages of the pandemic as it provided a good opportunity to build data sets that supported the management of COVID-19 impacts at a local and national level. The data is now routinely used to understand the impact COVID-19 has had on residents or staff working in care homes and to ensure that resources are targeted most effectively where they are needed. LBM use data from capacity tracker for weekly monitoring of various situations related to staffing, bed capacity, PPE supplies, vaccinations information and business continuity planning in care homes.

3.9.2 Daily COVID-19 Care Home Dashboard. Daily pro-active calls by LBM (ASC and Public Health) and SWLCCG staff to every care home to gain an understanding of the situation in each care home were set up in 2020 at the beginning of the pandemic. Information stored on the dashboard was then used for daily situation report meetings, chaired by a Senior Public Health Officer, where individual homes were discussed, and actions were identified to support care homes to prevent and manage outbreak situations. These daily meetings were complemented by the multiagency Merton Care Home Stakeholder SIT-Rep meetings, where partners' action was co-ordinated. The daily calls were scaled back in 2021 and partly replaced by pro-active work by a team of Infection Prevention Control Co-ordinators who have regular contact with the care homes and who conduct face to face visits where required.

### COVID-19 testing

3.10. The delay in the establishment of an adequate test, trace and isolation system is seen to have hampered efforts to contain outbreaks and this also affected Merton and its care homes.

3.11. Once in place, COVID-19 testing for staff residents and visitors to care homes was a critical part of keeping care homes residents and staff safe. Throughout the pandemic there have been changes to the testing regimes in-line with increased understanding of the pandemic and depending on the situation of the care home e.g. were they in an outbreak situation. Testing regimes includes routine lateral flow device (LFD) testing of asymptomatic staff and residents and visitors to PCR tests for symptomatic individuals and as a confirmatory test for a positive LFD. The guidance on testing constantly changed and this was confusing to all persons coming into the care home and so ongoing support was provided to the Care Home staff (see 3.9.2).

3.12. There have been times where access to testing was challenging e.g. at the start of the pandemic and at the peak of the Omicron peak (December 2021) there were challenges with supplies of both LFD and PCR test kits to care homes. LBM maintained good provision of LFDs for the community during this time and so were also able to provide test kits to support care homes, as well as the community.

3.13. Care home managers had the responsibility of ensuring that all visitors had a negative COVID-19 test result before allowing entry, including staff providing services and also visitors. There were a small number of occasions where some staff refused to show evidence of a negative test result, which had an impact on the continuity of health care services provided to residents in care homes, but this was resolved quickly locally.

#### Vaccinations.

3.14. The COVID-19 vaccination programme started in December 2020 with the Joint Committee for Vaccination and Immunisation (JCVI) identifying residents in a care home for older adults as their first priority for roll out of vaccination. Individual practices worked together and in partnership with SWLCCG and established two vaccination centres at the Wilson Hospital and the Nelson Hospital for other priority groups. Vaccination teams worked evenings, weekends and with urgency to attend Care Homes to provide vaccines to residents and front-line health and social care staff.

3.15. The COVID-19 vaccination roll out to care home residents and staff in Merton has been successful, but there is still more to do to ensure that eligible staff and residents receive their vaccinations and boosters; critically important to provide protection against the Omicron variant. Additional detail can be found in the supporting information, to be found in appendix one, however a high-level overview can be found below.

3.15.1 Uptake of dose 1, 2, and the booster dose among older and younger adult care home residents is steadily increasing

3.15.2 Among older adult care home residents, Merton is middle ranking (3 out of 6) compared to SWL boroughs but slightly higher compared to London for all three doses

3.15.3 Among older adult care home staff in Merton, dose 1 and 2 uptake is comparable to SWL boroughs and London but booster dose uptake is slightly higher than London

3.16. A spring booster to support those people at higher risk of serious disease, including care home residents, was announced on 21<sup>st</sup> February 2022 as part of the Governments Living with COVID-19 Plan.

#### Infection Prevention and Control.

3.17. Priority 2 in the Local Outbreak Management Plan (LOMP) is Infection Prevention and Control (IPC). This theme aims to embed IPC as an integral part of service quality,

with a focus on high-risk settings including care homes. As part of this plan, several activities to strengthen IPC in care homes were implemented by SWLCCG and the LBM IPC leads.

3.17.1 All Merton Care Homes received IPC training by local IPC Specialists early in the pandemic and also receive updates on a regular basis. Training has been delivered through a number of channels to facilitate engage with the care home staff including a WhatsApp group to send out small bite size messages to all participants who can then access information in their own time. Open training sessions covering a wide range of topics were held at times that best suited the work schedules of staff.

3.17.2 Weekly webinars are held to provide a forum for on-going dialogue and provide opportunities to update Care Home staff on the changing IPC guidance, issues identified by Capacity Tracker, continuity of resident care when moving from care home to hospital and back, testing, vaccinations and staff wellbeing. SWLCCG and local authority staff and care homes staff and registered managers participate in this forum, which gives an opportunity to answer any questions that may arise. Following this meeting a weekly FAQ is document is shared with the care homes with key information and updated guidance.

3.17.3 During the second wave of the COVID-19 Pandemic LBM appointed an IPC coordinator dedicated to working with the care home managers and staff to strengthen the capacity of care homes to manage IPC. The engagement of a dedicated person to assist managers complemented the IPC training for care home staff provided by the SWLCCG, and in house training provided by some of the bigger corporate owned care homes.

3.17.4 Care homes were encouraged to identify at least one IPC champion for each home. Care home staff now have a named IPC contact that they can call or email for support. The importance of IPC must be kept high up on the agenda as it is noted that IPC complacency and fatigue has crept into daily practices. The IPC coordinator encourages care homes to embed infection prevention and control measures for infectious diseases other than COVID-19. All levels of care home staff, residents, and visitors participate in infection prevention and control measures that have been put in place.

#### Personal Protective Equipment (PPE)

3.18. Regular supply and effective use of Personal Protective Equipment (PPE) is of utmost importance in the management of COVID-19 in care homes. There was a national and worldwide shortage of the necessary equipment to keep staff and residents safe, this meant that demand was high and as a result the prices for equipment was significantly increased.

3.19. Early in the first wave, the ASC Commissioning Team worked closely with the Council's Commercial Services team to source and order large quantities of a range of items of PPE. Provided at no charge PPE to the care homes, this had a positive impact on infection prevention and control and has been regularly cited by care home managers as having been a very highly valued element of our overall support. From the outset of the pandemic over 1 million items of PPE have been delivered, free of charge, to care homes across Merton.

### Temporary Alternative Discharge Destination Facilities (TADD)

3.20. Temporary Alternative Discharge Destination Facilities (TADD) were set up to offer COVID-19 patients an alternative discharge destination at the point of discharge from hospital to complete the isolation period required when patients had a COVID-19 positive status. Advocated strongly by LBM, SWLCCG commissioned Link House as the first TADD facility in SWL (operating between November 2020 and February 2021) and a second TADD, Sutton Court, was commissioned in February 2021 and will be in place until 31<sup>st</sup> March 2022, with the two homes offering 13 and 11 beds, respectively.

3.21. The aim of the TADD was to:

- support safe and timely discharge and protect care home residents and staff from COVID-19 and minimise the risks of spread and transmission of COVID-19 in care homes
- deliver personalised and individualised care in a safe, effective environment, in line with the person's care preferences wherever possible.
- ensure compliance with the statutory and regulatory frameworks, applicable guidance and policies and procedures.
- ensure a safe transition period to support the return to the individual's long-term place of residence and care.
- ensure that patients have access to primary medical care, rehabilitation, and support services during their stay in the TADD.
- enable and optimise quality of life through engagement with the family and/or carer

3.22. Between November 2020 and present day there have been 46 Merton residents who were placed temporarily in the TADD beds for a period of between 2 to 3 weeks and then went back to their care home or to their home.

### Financial Support

3.23. Over the course of the Pandemic, the Government provided a number of tranches of funding, the first of which was available in June 2020, to support the adult social care sector, including providers that the Local Authority does not have a contract with to reduce the rate of COVID-19 transmission in and between care settings and to support wider workforce resilience. LBM has ensured that this funding has been passed through to care homes and other care settings in line with national expectations. To date over £3.2m has been provided directly to the Merton Care Homes, with another £1.4m in place to be distributed to care providers, including care homes, before the end of March 2022. The total grants made directly to care homes by 31 March 2022 will be in the region of £4m.

3.24. As noted above, this funding was provided via a series of Government of grants some of which were paid in more than one tranche. A summary of each of the grants and the funding passed on to the care homes is set out below.

<b>Funding Name</b>	<b>Amount paid to Care Homes</b>
Infection Control Funding (ICF) (Jun 2020 – Sept 2020)	£986,111.25

ICF 2 (Oct 2020 – Mar 21)	£680,135.75
Rapid Testing Funding (RTF) (Jan 21- Mar 21)	£271,500.00
IPC and RTF2 (Apr 21-Jun21)	£460,315.00
IPC2 and TF (Jul 21- Sept 21)	£326,598.00
IPC3, TF2 and VF (Oct 21 – Mar 22)	£534,344.00
<b>Sub total</b>	<b>£3,259,004.00</b>
Workforce Capacity Fund (Jan21 – Mar 21)	£111,447.00
Workforce Recruitment and Retention Fund 1st bid (Nov 21 – Mar 22)	£95,829.00
WRRF Supplementary bid (Nov 21 – Mar 22)	£100,079.00 (not all fully paid out yet)
WRRF2 (Dec 21 – Mar 22)	Allocation £934,887 (split not yet confirmed)
Omicron Support fund (Jan 22 – Mar 22)	Allocation £186,977 (split not yet confirmed)
<b>Sub total</b>	<b>£1,429,219.00</b>
<b>Total</b>	<b>£4,688,223.00</b>

Table One - Infection Control funding paid to Care Homes June 2020 to March 2022

#### 4 IMPACT

4.1. The COVID-19 pandemic has lasted just over two years so far, with three waves of very high COVID-19 infections (noting that there was limited community testing in wave 1) and three national lockdowns (March 2020, November 2020 and January 2021). Each wave of infections and their control measures, which include the three national lockdowns, has had a significant effect on communities across Merton; including our care homes.

4.2. The impact of the pandemic has been felt on all parts of Merton, affecting all communities but the pandemic had and continues to have a disproportionate impact on some groups more than others e.g. older people, those living in more deprived areas and Black, Asian, and Minority Ethnic Communities. These impacts were significant, and some were direct e.g. mortality and morbidity and others indirect e.g. lack of access to education for young people. It has had an impact on all care home staff, residents, and their friends and families.

4.3. Due to the individual nature of their age and underlying health conditions, some care home residents were more at risk of COVID-19 infection, serious disease and death. In some situations, residents need help with daily living activities such as eating, washing, and dressing and it is challenging for staff to perform these duties and maintain infection control and isolation. The close physical interaction between staff when performing their duties and residents increased the risk of COVID-19 transmission and for outbreaks in care homes.



4.4. Managing the outbreak of any infectious disease in a care home is a challenging and stressful situation and additional expert support is provided by London Coronavirus Response Cell (LCRC) and increasingly as we moved through the pandemic the LBM Public Health team, due the on-going relationship and on-going dialogue (see 3.9.2) that was put in place with Care Homes.

4.5. A summary of the high level, direct and indirect, impact of COVID-19 cases and outbreaks in Care Homes is as follows

4.5.1 Situations. Between 1<sup>st</sup> February 2020 and 21<sup>st</sup> February 2022, there have been 124 'situations' reported by care homes in Merton.

4.5.2 Mortality. There have been 502 deaths (all causes) in Merton Care Homes since 29<sup>th</sup> February 2020; a similar number when compared to other SWL boroughs. Of these 502 deaths, there have been 53 COVID-19 related deaths (defined as deaths where COVID-19 was mentioned on the death certificate); this is the fewest COVID-19 deaths in care home settings over the pandemic so far compared to other SWL boroughs. It should be noted that there may be some deaths that are categorised as non-COVID deaths that occurred in wave one, that could be attributed to undiagnosed COVID-19 cases due to a lack of testing. Additional supporting information can be found in appendix one.

4.5.3 Mental Wellbeing of residents. The social isolation of residents due to control measures that were implemented to control COVID-19 during the pandemic caused significant distress and had negative effects on resident's mental health and that of their friends and families. National guidance was followed and Care Home Managers worked with the LBM Public Health team and the resident's family members to conduct risk assessments and develop a visiting strategy that took into consideration:

- The benefits and risk of the individual residents
- The potential risks to other care home residents
- The current outbreak situation in the care home
- The current prevalence of COVID-19 in the community
- Current visiting guidance and the use of appropriate IPC measures by all visitors

It should be noted that visiting of relatives in end-of-life situations were always facilitated.

4.5.4 There was also an impact of resident's physical health impact and a reduced access to health and care services. Once the pandemic pressures reduce, a service recovery process will commence.

4.5.5 Impact on Care Home staff. Care home staff have been challenged mentally and physically, sometimes putting themselves at risk, throughout the pandemic, with daily practices that had to change as they managed COVID-19 outbreaks. Staffing challenges were also linked with pay rates and conditions of employment. The increase in infected care home staff meant that there were absences and shortages and there was a difficulty in recruiting and retaining care home staff during the second wave. Due to this, there was an increased need to use bank or agency staff and individuals who worked across different sectors and settings. Discouraging staff from working across

several care homes had a positive impact on the spread of COVID-19 but the impact on staff wellbeing cannot be underestimated.

4.5.6 Long COVID. The Office for National Statistics (ONS) reported that as of 6 January 2022 1.9% of the population were experiencing self-reported Long COVID. The rates of self-reported rates were greatest in people aged 35 to 69, those living in the most deprived areas, those working in health or social care (including care homes) and these with a pre-existing health condition. The wider impact of Long COVID is uncertain at this stage but may have an impact on staff and care home residents going forward.

4.5.7 Impact on other infections. There have been lower than expected reporting of other infectious diseases e.g., norovirus and a limited number of influenza outbreaks. This can be partly explained by the stepping up of infection prevention and control measures such as hand hygiene, respiratory etiquette, use of face coverings, social distancing and self-isolation and an increase in the uptake of the influenza vaccination. During this time there was increased promotion for care home residents and staff to receive the influenza vaccine.

## **5 LESSONS LEARNT**

5.1. This report does not seek to set out the lessons learnt at a national level, there has already been a number of reports that do this e.g., the House of Commons Health and Social Care and Science and Technology Committee's Coronavirus: lessons learned to date report, published in September 2021 and there is also a formal COVID-19 Inquiry planned by the Government.

5.2. The local response mobilised quickly and delivered with urgency, using existing structures and partnerships, however the slow national response in providing funding, securing PPE, developing appropriate testing regimes for vulnerable settings and slow, complex and inconsistent guidance hampered Merton's approach.

5.3. The pandemic has been incredibly hard for all involved. A range of control measures such as social distancing, isolation periods and regular testing have been difficult for residents and their families. Extended isolation from family and loved ones, and the regular intrusion of the testing regime are very likely to have had a debilitating effect and in particular some residents with learning disabilities and mental health difficulties have found this period extremely distressing. While a degree of restriction on visiting, and some isolation arrangements, were not unknown in care homes prior to the pandemic, for example in response to Norovirus outbreaks, these tended to be unusual and relatively short lived. The sustained length of the pandemic restrictions, and their application across all care homes is without precedent.

5.4. IPC, visiting and other guidance for safe working and living in care homes were constantly changing and/or being updated. This made it incredibly difficult for care home managers and staff to keep up to date. Occasionally the guidance was confusing and contradictory. Care home managers benefited from having the support of the LBM and SWLCCG Care Home leads, which helped in relation to interpretation and assistance with implementing the changes. The IPC team has been welcomed as being a key part of Merton's outbreak response and plans are underway to identify options to maintain this provision going forward. Wider work to maintain regular communication with, and support to, care home managers and staff has also been noted by care home managers as being of significant value.

5.5. From the outset of the pandemic, the Council and health partners have worked at pace and closely together to provide support to care homes and wider care settings across the borough. This partnership based and multi-disciplinary approach to managing the pandemic in care homes has been well received across the sector for its holistic response to the needs of residents and staff. There have also been good examples of collaboration at a South West London level, which provide a model of how the relationship between the Integrated Care System at a SW London level, and individual boroughs, can work together for the benefit of local residents.

5.6. However, it is also important to recognise that at different points during the pandemic national policy imperatives have created tensions within the health and social care system. Perhaps the most striking example of this was the focus, in the early weeks of the pandemic, on discharging people from hospital into care homes before a proper testing regime was in place. This was recognised quickly in Merton, hence the focus on delivering the TADD (see 3.20). While this policy was designed to help ensure that hospital bed provision did not become overwhelmed it had serious and well documented implications for care home residents in terms of the spread of infection. There are, therefore, key lessons to be learned about the importance of understanding the impact across the whole system of policy designed to protect one part of that system. This continues to be highly relevant in the context of the ongoing pressure on hospital capacity.

5.7. It is also worth noting that prior to the pandemic the Council had a very limited relationship with a number of care homes in the borough that do not ordinarily accept publicly funded residents. The imperative to provide support to all care homes across the borough over the course of the pandemic has meant that relationships with those homes have been significantly strengthened. This has positive benefits in the context of the Council's broader Care Act responsibilities to support a sustainable care market.

## **6 WHAT DOES THE FUTURE LOOK LIKE?**

6.1. The Government's approach to Living with COVID-19 was published on 21<sup>st</sup> February 2022 and made commitments to support the most vulnerable to COVID-19 including Care Home residents and other care settings. The plan includes free PPE to the end of March 2023, supporting and encouraging the take up of vaccines by staff and residents and additional guidance on precautions for visitors and workers in adult social care.

6.2. There is a future risk of vaccination fatigue as the spring booster is launched for residents of care homes. Signs of staff burn out should be identified early and dealt with. Staff and resident mental health and wellbeing strategies will need to deal with the aftereffects of the stresses of the last two years, as we now transition to living safely and fairly with COVID-19. People who have isolated and been affected for so long are anxious about COVID-19 and will need support as we transition out of the response phase of the pandemic.

6.3. Enhancing the national plan, we are now planning Merton's approach to 'Living safely and fairly with covid-19' which will be formed across three main themes

- 'transition' from COVID-19 response to 'living safely and fairly with COVID-19' e.g. utilising the remaining funding that is available from the Contain Outbreak Management Fund (COMF) to prevent a cliff edge in staffing and support for the community and vulnerable settings including care homes; including the extension of the LBM IPC Team for the next 6 months.

- preparation for ‘surge’ in case of a new variant requiring a full COVID-19 response – retaining expertise and some staffing, so that Merton can mobilise quickly if required
- ‘legacy’, retaining and building on these, and other, lessons learnt to retain the best practice and activities that have helped keep Merton safe e.g. Infection Prevention and Control skills and knowledge and LBM and SWLCCGs joint approach to community engagement and working with our communities.

6.4. Specifically for care homes, we will continue to focus on maintaining measures to prevent COVID-19 infections, recover from COVID-19 outbreaks, engage with residents and their families and support staff and residents in care homes.

## **7 ALTERNATIVE OPTIONS**

NA

## **8 CONSULTATION UNDERTAKEN OR PROPOSED**

NA

## **9 TIMETABLE**

NA

## **10 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

As set out in the report, around £4m will have been provided directly to care homes in Merton by the end of March 2022. Other COVID-19 related funding e.g. COMF has been used to provide support to Care homes throughout the pandemic and will support the transition to living safely and fairly with COVID-19. Lana Hamilton. Service Financial Advisor (C&H), London Borough of Merton.

## **11 LEGAL AND STATUTORY IMPLICATIONS**

There are no specific legal implications or risk arising out of this report. Meera Leavey. Principal lawyer, Adult Social Care and Education, South London Legal Partnership.

## **12 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

COVID-19 has increased inequalities. Planning for living safely and fairly with COVID-19 and recovery must have a particular focus on reducing the disproportionate impact of COVID-19 and wider inequalities.

## **13 CRIME AND DISORDER IMPLICATIONS**

NA

## **14 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

The main body of the report sets out the partnership approach taken to protect and support Care homes across Merton throughout the COVID-19 pandemic and how we will transition to living safely and fairly with COVID-19 in Merton.

## **15 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- Appendix one – Supporting Information.

## **16 BACKGROUND PAPERS**

- Merton Safeguarding Adults Board, Annual Report. [MSAB\\_Annual\\_Report\\_2021-spreads-web.pdf \(merton.gov.uk\)](#)
- Merton Local Outbreak Control Plan - [Local Outbreak management plan LBM \(merton.gov.uk\)](#)
- The House of Commons Health and Social Care and Science and Technology Committee's Coronavirus: lessons learned to date report, published in September 2021. - [Coronavirus: lessons learnt \(parliament.uk\)](#)

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