MDA No.	1	1	9	0

Title: The Care Sector and Infection Control Fund

Executive Summary

On 25 June 2020, the Health Committee resolved:

That authority be delegated to the Chair, in consultation with the Deputy Chair, to agree any output from the discussion.

Following consultation with the Deputy Chair, the Chair of the Health Committee submitted an article to the Municipal Journal, *The pandemic: a tragic catalyst for systemic change in the care sector?* The article was published on 17 September 2020 and is attached at **Appendix 1**. It will be formally noted at the Committee's next appropriate meeting.

Decision

That the Chair, in consultation with the Deputy Chair, agree the submission to the Municipal Journal.

Assembly Member
I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature  **Date** 18/09/20

Printed Name Dr Onkar Sahota AM, Chair of the Health Committee

Decision by an Assembly Member under Delegated Authority

Notes:

1. *The Lead Officer should prepare this form for signature by relevant Members of the Assembly to record any instance where the Member proposes to take action under a specific delegated authority. The purpose of the form is to record the advice received from officers, and the decision made.*

2. **The 'background' section (below) should be used to include an indication as to whether the information contained in / referred to in this Form should be considered as exempt under the Freedom of Information Act 2000 (FoIA), or the Environmental Information Regulations 2004 (EIR). If so, the specimen Annexe (attached below) should be used. If this form does deal with exempt information, you must submit both parts of this form for approval together.**

Background and proposed next steps:

On 25 June 2020, the Health Committee resolved:

That authority be delegated to the Chair, in consultation with the Deputy Chair, to agree any output from the discussion.

Following consultation with the Deputy Chair, the Chair of the Health Committee submitted an article to the Municipal Journal, *The pandemic: a tragic catalyst for systemic change in the care sector?* The article was published on 17 September 2020 and is attached at **Appendix 1**. It will be formally noted at the Committee's next appropriate meeting.

Confirmation that appropriate delegated authority exists for this decision			
Signed by Committee Services	Lauren Harvey	Date	09/09/20
Print Name: Lauren Harvey		Tel:	x4383

Financial implications **NOT REQUIRED**			
Signed by Finance	N/A	Date	.....
Print Name	N/A	Tel:	.....

Legal implications The Chair of the Economy Committee has the power to make the decision set out in this report.			
Signed by Legal		Date	09/09/20
Print Name	Emma Strain, Monitoring Officer	Tel:	X 4399

Additional information should be provided supported by background papers. These could include for example the business case, a project report or the results of procurement evaluation.

Supporting detail/List of Consultees:

Andrew Boff AM (Deputy Chair of the Health Committee)

Public Access to Information

Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 – Deferral
Is the publication of Part 1 of this approval to be deferred? No

Until what date: (a date is required if deferring)

Part 2 – Sensitive information

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form - No

Lead Officer/Author

Signed	Dan Tattersall	Date: 09/09/20
Print Name	**Dan Tattersall**	Tel: x1328
Job Title	**Senior Policy Adviser**	
Countersigned by Director	E. Williams	Date 10/09/2020
	.....	
Print Name	**Ed Williams**	Tel: x4399

Is COVID

London has the highest COVID-19 care home death rate of any UK region. **Dr Onkar Sahota** says it is crucial the £600m Infection Control Fund reaches the frontline

COVID-19 has had a devastating effect in care homes across the country. There have been 30,000 'excess' deaths in England's care homes, and the risk of death from coronavirus was higher in UK care homes than almost any other European country.

Nowhere has this been more pronounced than in London, which has the highest care home death rate of any region in the UK.

And it isn't just care home residents that have lost their lives. More than 540 care and social workers in England and Wales have tragically died, which is among the highest number in the world.

This has not affected everyone equally. As with the general

A perfect storm for care homes

Councils must now strategically invest in services to help people stay in their own homes and negotiate jointly with their NHS partners to play a bigger role in modern nursing homes, says **Iain MacBeath**

Every adult social care strategy from the past 20 years is centred on 'helping people to stay at home' – events that I attend with people involved in adult social care all lead to the same conclusion. But registered residential and nursing care home beds in England have increased year on year throughout that period.

Before austerity, a huge return on investment was possible from care homes – one of the highest yields of any investment sector. Directors of adult social services have long been calling for reform of the social care sector and especially the powers of the Care Quality Commission to regulate the ownership and financial stability and behaviour of the companies who own the country's care homes. And we need a comparable 'decent homes standard' for care home buildings.

Despite all of our best efforts in local government and the care sector, COVID-19 has had a tragic impact in care homes. Around 10% of residents have died in England and there will be lessons to learn on personal protective equipment (PPE), testing and policies with our NHS.

I don't believe we could have asked for more from care home staff and registered managers who worked in unimaginably difficult situations, particularly in homes where an outbreak occurred. We must take the time to listen to their stories to inform our resilience plans of the future. And we need to be mindful that 'quality of life' will inevitably have fallen during the period when we've demanded 'preservation of life'. We need to be supportive

There is a small window for us now to make that step-change we've planned for 20 years

of care homes managers to get back to the quality they aspire to for their residents.

But people and families are voting with their feet. They are genuinely worried about the risk of future outbreaks in care homes, of separation because of visiting restrictions and that the NHS will not prioritise them.

The combination of higher death numbers and lower placement numbers, particularly of those who fund their own care, combined with the risks of managing

the staffing and infection control is a perfect storm for care homes. In my own council of Bradford, occupancy in care homes has fallen by 12.4% so far and 26 care

a catalyst for systemic change within care?

population, black, Asian and minority ethnic care workers appear to have died at a significantly greater rate than their white counterparts.

So what did we get so wrong? And what can we do to ensure our care homes and care workers receive the protection they need, both immediately in the event of a second wave and local spikes in infection, and in the longer term to make the sector more resilient? These are the questions the London Assembly Health Committee asked in our public meeting earlier this summer, where we heard from Professor Kevin Fenton (Public Health England's regional director for London), Dr Vin Diwakar (NHS regional medical director for London), Dr Chaand Nagpaul (chair of the Council of the British Medical Association), Lisa Elliott (London regional director, Royal College of Nursing) and Gavin Edwards (senior national officer for social care, UNISON).

Professor Fenton told us that the role of care homes in spreading infection was underestimated during the first phase of the pandemic, referring to care homes as the 'epicentre' of infection. Dr Nagpaul and Gavin Edwards agreed that the care sector was a long way behind the NHS in the level of planning received from the Government.

The unsafe discharge of care home residents from hospitals, the lack of personal protective equipment and insufficient access to testing have all been widely reported. But less publicised is the role played by fundamental systemic issues within the care system. Care workers were disincentivised to self-isolate due to poor pay and condition, and in many cases, they could not afford to self-isolate. This had terrible consequences for care home residents and workers.

The protection of care homes is a key piece in the puzzle of controlling future outbreaks

The Government has provided a £600m Infection Control Fund, which is allocated to care providers through local authorities. It is designed to limit staff movement by providing finance to protect wages and allow care workers to self-isolate.

This fund is clearly required. However, UNISON has raised doubts over the extent to which this money is being used for intended purposes by care providers, and over the ability of local authorities to monitor this, given their own resource constraints. While the fund is explicitly designed to ensure staff receive their normal wages when isolating, recent polling by UNISON of its members across July and August found that more than half (56%) of care home workers had only received statutory sick pay of £95.85 per week. In addition, the Association of Directors of Adult Social Services has stated that the fund is both confusing in its purpose, insufficient in amount, and overly bureaucratic in terms of required reporting.

It is vital this money reaches the frontline, that the spending of these funds is transparently reported, and the reporting process is simplified. If local authorities require assistance or further resource to report, then it should be provided.

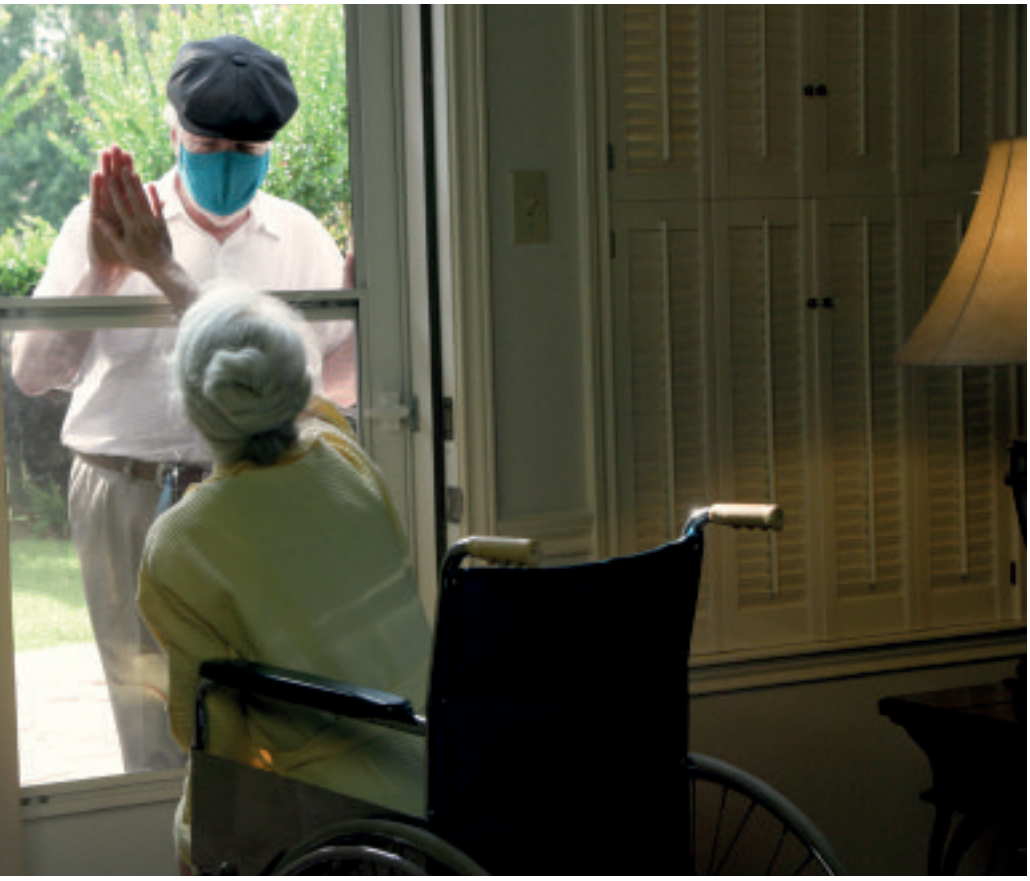
To protect care home residents and care workers, it is absolutely crucial local authorities and care providers receive assurance that further funding will be made available for the same purposes in the event of a second wave or localised spikes in infection, like those we have seen in Leicestershire and Greater Manchester. The protection of care homes is a key piece in the puzzle of controlling future outbreaks.

More fundamentally, while this emergency money is clearly welcome, the model of social care in our country leaves care workers on such a financial knife edge, and with such poor employment conditions, that they are often moved to risk their own lives – and the lives of the people they care for – to put food on the table.

Greater oversight of and trust in private care home providers is needed, especially when assurances are required that life-saving emergency money is being used effectively and appropriately.

The coronavirus pandemic must act as a tragic catalyst for us to look, as a country, at how we treat and value our care sector, and make the deep systemic changes necessary to ensure it never gets left behind in this devastating way again.

Dr Onkar Sahota is chair of the London Assembly Health Committee



homes now have an occupancy level of below 70% – unsustainable.

While £3.2bn has been provided to local government, only just under half has been spent on adult social care. A further £600m for an Infection Control Fund had multiple grant conditions which made this difficult for care homes to spend. The cost of PPE alone this year is likely to dwarf both sums and more money is needed immediately to prevent an unmanageable situation of care home closures into winter. It is a testament to commissioners that more homes have not already closed.

But every strategy is still centred on helping people to stay in their own home. As part of renewal and recovery planning, councils must take this opportunity to strategically invest in services to achieve this. This could include a better pay differential for homecare workers, investment in our voluntary sector, acceleration of new models of care like Shared Lives or Burtzoorg – and capital investment in more extra care housing. We need to allow some residential care homes to close safely and in a managed way in favour of better housing models with wraparound care and the local community activities people want. There is learning from pioneering councils who have embraced the latest assistive technology to respond to any decline in health or social interaction.

And there is a new deal to negotiate jointly with our NHS partners to play a bigger role in modern nursing homes. Some councils are borrowing and building new facilities to respond to the highest levels of need in their area. These need to become places where people who are able rehabilitate and regain their independence alongside NHS therapists, where we nurse the sickest people and manage their health conditions or where people are provided with a peaceful and dignified place at the end of the life, rather than being in hospital. But funded nursing care is not sufficient and reform of continuing healthcare is required.

There is a small window for us now to make that step-change we've planned for 20 years, build on the better working relationships with the NHS and persuade government that now is the time to invest in modern adult social care services that meet people's expectations in a post-COVID world.

Iain MacBeath is strategic director, health and wellbeing at Bradford City Council