

Central and North West London NHS Foundation Trust (CNWL) has set up a COVID-19 First Responder programme. This scheme enables staff to volunteer to join the response to any future spikes in COVID-19 demand. During the first peak of COVID-19, staff were redeployed into key services responding directly to the outbreak including rapid response, palliative care and district nursing. The feedback CNWL received from redeployed staff was positive; they learnt new skills and knowledge quickly, as their COVID-19 roles provided opportunities for professional development. This led CNWL to establish a team of staff who, if there was a second wave, are prepared to be redeployed at short notice. This provides a chance for the trust to have more time to reform its other services and then deploy additional staff. Applicants can express a preference for a service where they might be redeployed at short notice if there was a second spike. They are trained and upskilled, with regular 'touch-base' days to maintain their skillset and familiarity with the team. The scheme has already identified 140 people to support those critical COVID-19 teams. The vision for First Responders is to become a community of colleagues who can share best practice and latest research and developments of managing people with COVID-19.

Community service providers are clear that the next phase of recovery from COVID-19 must not exacerbate existing health inequalities or race inequalities and instead accelerate work in earnest to reduce them. The NHS must act now to protect and improve the treatment of patients from BME groups, as well as tackle racism, deliver race equality and support the resilience of their communities. It was fitting that the People Plan placed emphasis on supporting BME staff and tackling discrimination, which are key priorities for community providers.

Supporting the social care sector

The tragic impact of COVID-19 on care homes manifested in high numbers of excess deaths, with 42 per cent of care homes reporting a confirmed or suspected outbreak in the week commencing 8 June.⁵ The experience of the social care sector, and of care homes specifically, raises a number of critical lessons to be learned from the pandemic. However, it is clear that years of underfunding and undelivered promises to find a sustainable funding and provision model for social care left care homes particularly vulnerable. Recent [survey data](#) from the Association of Directors of Adult Social Services (ADASS) highlights the financial fragility of the provider market and pressures on local authority finances (ADASS, June 2020). Workforce shortages and high turnover rates are also a key challenge in the social care sector, as staff are undervalued and low paid.

Community service providers support care homes on a regular basis, particularly with flu outbreaks and winter pressures. It quickly became apparent that care home residents would be particularly vulnerable to COVID-19, given their age and prevalence of comorbidities. We have heard from many community service providers that increased their regular support to care homes by providing training on IPC, mutual aid of PPE and temporary staffing when vacancies threatened closure or agency use.

Some community service providers set up care home cells to support the clinical management of residents, respond to issues with staffing and resilience, and develop good monitoring and identification of deterioration. Some acute trusts also provided outreach therapy, nursing and medical support, which helped prevent admissions from care homes. For example, the integrated care homes team at Sandwell and West Birmingham NHS Trust proactively called all care homes that registered concerns on the daily updates to the CCG tracker, rather than waiting for care home staff to call the GP who would then refer on to the community services.^{***}

^{***} As presented at the NHSEI COVID-19 webinar for NHS community health services on 29 May 2020.