AGENDA PAPERS MARKED 'TO FOLLOW' FOR

HEALTH AND WELLBEING BOARD

Date: Friday, 16 October 2020

Time: 10.00 a.m.

Place: Virtual
The meeting will be streamed live at
https://www.youtube.com/channel/UCjwbIOW5x0NSe38sgFU8bKg

	A G E N D A	**PART I**	**Pages**
2.	**MINUTES**		1 - 8

To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 14 August 2020.

6.	**COVID 19 OUTBREAK PLAN**		9 - 46

To receive a report and presentation from the director of Public Health.

SARA TODD
Chief Executive

Membership of the Committee

Councillors S. Johnston (Vice-Chair), J. E. Brophy, Miss L. Blackburn, J. Harding, C. Hynes, J. Slater (Chair), M. Bailey, C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, Rooney, Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne, J. McGregor, M. Gallagher and Coulton.

Further Information
For help, advice and information about this meeting please contact:

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This agenda was issued on **Thursday, 8 October 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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HEALTH AND WELLBEING BOARD

14 AUGUST 2020

PRESENT

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Councillor J. Brophy, Councillor Miss L. Blackburn, Councillor J. Harding, Councillor J. Holden, Councillor J. Slater (in the Chair), D. Eaton, H. Fairfield, Dr. M. Jarvis, Dr S. Johnston (Vice Chair), E. Roaf, D. Evans, and M. Pritchard.

In attendance

Tom Maloney	Health and Social Care Programme Director
Louise Wright	Sport Relationship Manager
Scott Noble	Assistant Director of Strategy, MFT
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillor C. Hynes, M. Bailey, P. Duggan, C. Hemingway, M. Hill, J. McGregor, and J. Wareing.

6. MINUTES

RESOLVED: That the minutes of the meeting held on the 20 February 2020 and 22 May 2020 be agreed as an accurate record.

7. DECLARATIONS OF INTEREST

The following declarations were made;

- Councillor Harding in relation to her work for Cancer Research.
- Councillor Brophy in relation to her employment in the NHS.

8. QUESTIONS FROM THE PUBLIC

No questions were received.

9. OUTBREAK MANAGEMENT PLAN

The Director of Public Health gave a brief overview of the Outbreak Management Plan. At the beginning of June the Council had to produce outbreak management plans for each area which were completed and available online from the beginning of July. The Outbreak Management Plan was a working document that covered how Trafford were responding to COVID 19. The plan was split into two sections which were preventative and reactive measures. The preventative section focused upon infection control and covered equipment, rules, and public engagement. There was a section on testing in Trafford which covered the five testing options available in the area. A large part of the plan concerned how to make people aware of testing options available and when they needed to get a test.

The plan also covered contact tracing when someone tested positive including how a person's contacts were traced, how they were contacted, and what those people had to do once they had been contacted. Within the contact tracing Trafford were trying to identify high risk settings within the area. High risk areas were those where there was likely to be outbreaks, for example workplaces or schools, or those where if an outbreak occurred it would have a large impact, for example care homes. The other section of the plan looked at the response that was taken when there was an outbreak within the area.

Following the overview the Board were given the opportunity to ask questions. Councillor Brophy asked what had been learnt from the outbreaks that had been seen in the area. The Director of Public Health responded that the outbreaks in Trafford had taken them by surprise as it did not match the outbreaks seen elsewhere in the country. The lessons learned were that there was still community level transmission in Trafford and that the level of infections increased as people interacted more. The original outbreak seemed to be a group of young people where one had tested positive and then informed their friends who all went and had tests. By the time the pattern had been recognised they had stopped going for tests. Some spread had been seen to their parents but not at a high level so far.

Councillor Brophy asked whether the situation with the young people was now under control or if this was still an area of increased transmission. The Director of Public Health responded that there had been a change in the demographic of cases with infection levels no longer highest among young people. While there had been a reduction in the overall level of cases the Board were informed that there had been a spike in cases on Monday the 10th August and Trafford still had the 22nd highest rate of infection in the Country. The Director of Public Health then gave a breakdown of the demographics of the spread across the area. The Board were informed that there had not yet been any spread into care homes and were assured that was something that the Council were working extremely hard to prevent.

The Executive Member for Adult Social Care spoke about the importance of getting the right messages out to the public and ensuring that those messages did not demonise parts of the population such as young people. The Executive Member for Adults Social Care noted that exam results were due to be given out in the next few weeks and asked whether any specific messaging had been aimed at those young people as to how they could celebrate safely. The Executive Member also asked about the data being captured and whether it was accurate, as it did not capture someone's work place and other information that could aid in contact tracing. The Director of Public Health responded that the messages that Trafford were sending out to young people was when celebrating it was best to do so outside. The other key message was that if they had been out in an environment with lots of people then do not go and visit grandparents for at least a week. The public health team were working with Trafford College and schools around messaging including creating videos with children and young people providing advice. The Executive Member for Health, Wellbeing, and Equalities responded to the question regarding data captured through track and trace. They informed the Board that they had met with the COVID 19 task Force during the week and had fed back to them that employment information was a key element

that should be captured within Track and Trace. The Director of Public Health added that ethnicity was self-recorded. The Accountable Officer for Trafford CCG added the Government could aid in the reporting of employment if they provided a more robust offer to support those who tested positive.

Councillor Blackburn asked how many people had been hospitalised and discharged. The Director of Public Health stated that there had not been a rise in the number of hospitalisations but that this could be due to the age of those being affected or due to the delay between infection and the more severe symptoms of COVID 19. The Corporate Director of Adult Services added that since the 19th of March Trafford had supported 960 discharges from hospital which was double the number that would normally be done in the same period.

Councillor Blackburn followed up her question asking whether more vulnerable people were keeping themselves safe by isolating themselves. The Director of Public Health responded that they did not have sufficient information to answer the Councillors question but it was likely that there were mixed levels of caution across the population with some being extremely cautious and others far less so.

RESOLVED: That the plan be noted by the Board.

10. HEALTH PROTECTION BOARD ACTION PLANS

The Director of Public Health took item 7 and 8 of the agenda together and introduced the plans for the Health Protection and Public Engagement Boards that had been created as part of the Outbreak management plan. The Health Protection Board reported into the Gold Command structure and was and internal facing Board that looked at what the organisations needed to do to reduce the risks of COVID 19. The Public Engagement Board was an external facing Board looking at the communication and engagement needed to keep the population safe and reported directly to the Health and Wellbeing Board.

Councillor Brophy asked whether the structures were new structures that had been set up in response to COVID 19 or whether they had already been planned to be created. The Director of Public Health responded that these were two new boards set up in response to COVID 19 but fitted into existing structures. Trafford had been looking to increase public engagement prior to the COVID 19 pandemic and a lot of the learning around public engagement that had come from the pandemic would help to shape Trafford's approach going forward.

A 10 point action plan had been developed for August and September to ensure that all involved were focused on the 10 key priorities during that time. The plan covered a wide range of actions and under each one of the points were a set of actions that needed to be completed. The director of Public Health went through the 10 point plan and added additional detail to each point for the Board.

Following the overview of the Board and the 10 point plan Board Members were given the opportunity to ask questions. Councillor Brophy noted that the national government had stated that to open schools and colleges there may have to be additional restrictions elsewhere. Councillor Brophy asked the Director of Public

Health where those additional restrictions might be. The Director of Public Health stated that Trafford were still working to keep schools open during the pandemic. So far it seemed as though the levels of transmission between children attending school appeared to be quite low and the impact of the virus among that age group was also low. Work was ongoing around how adults interacted to control the spread of COVID 19 and while workplaces had been set up to reduce the risk of infection it was the social interactions around work, for example car sharing to and from work or going for a drink after work, where there were concerns about possible spread. It was hoped that through the measures that were in place and by people acting in accordance with the guidance that infection rates would remain low. However, if the levels of infection started to increase to unmanageable levels then decisions would need to be taken as to which parts of society were essential and needed to stay open and which would be closed.

The Executive Member for Adult Social Care raised concern around people who were in poverty and could not afford to take time off work due to illness and the importance of getting the message out to people around support that was available to them. Trafford also had to consider what steps could be taken to provide further support to people in poverty at this time. The Director of Public Health responded that the pandemic had highlighted the impact that poverty and inequalities had on people's health and wellbeing. The Board were informed that parents in the more affluent areas of Trafford had been more willing to send their children back to school than those in the deprived areas, which had the potential to increase the inequality gap, and it was important to spread the message that schools were safe.

The Chair of HealthWatch Trafford raised the issue about welfare rights and the fact that so many people were not claiming the benefits that they were entitled to. They asked whether the Council could hold sessions for people to come and find out about what they were entitled to and aid them in claiming it. The second point the Chair of HealthWatch Trafford raised was around gaining feedback from the public. HealthWatch Trafford had sent out a survey to the public and had received a lot of feedback which would be fed into the Public Engagement Board and they asked Board Members to complete the survey and to inform others about it. The Corporate Director for Adult Services responded that the points made regarding accessibility and opening times were noted and would be added to the poverty strategy and another piece of work which looked at how to support people across all services.

RESOLVED:

1) That the action plans for the Health Protection Board, Public Engagement Board and the Trafford 10 point plan be noted.
2) That Board Members are to take part in the HealthWatch Trafford Survey and inform Trafford residents of it.
3) That the points raised about accessibility and opening times be fed back into the Council's Poverty Strategy and work around supporting residents.

11. PUBLIC ENGAGEMENT BOARD PLANS

This item was covered under agenda item 7.

12. LCA SYSTEM BOARD

The Corporate Director for Adult Services informed the Board that the update set out the prioritise of the work programme, bringing forward all of the locality plan work, reflecting on the COVID activity, Winter planning, and all of the partnership work that was ongoing. The work was about ensuring that the longer term planning reflected the needs of all Trafford residents.

The Health and Social Care Programme Director then went through the presentation that had been circulated as part of the supplementary agenda. The key components of the Locality plan remained although COVID 19 had changed the way those components were to be delivered. The plan had always taken a holistic approach which looked at the wider determinants of health and that approach was to continue. The programme had been built around six pillars which were understood as the key aspects of delivering health and social care. It was now understood that a more fluid approach was needed to understand how the different programmes of work were interconnected and how everyone had to work together to achieve the aspirations. COVID 19 had shown how interrelated all of the work was and the importance of being open and inclusive in the designing of services. It had also shown the importance of taking an asset based approach to empower communities and the value of involving partners from the earliest stages of design. The system level thinking which had been so important in coping with the pandemic was something that would be taken forward and developed further as a core part of the work. The Health and Social Care Programme Director informed the Board that the LCA needed a more formal route into the Health and Wellbeing Board and the Trafford Partnership to be able to influence the wider determinants of Health and that was one of the key asks of the Board.

Four strategic design groups had been set up which involved key partners from the outset. There was a programme team who provided wrap around support for the four groups and aided in understanding how their work linked together. By involving partners involved at the right time it was hoped that the strategic design groups would reduce duplication, encourage coproduction, and remove barriers. The presentation contained an overview of each of the four strategic design groups which detailed the senior responsible officer, the senior lead officers or Chair, the priorities of the group, and a group description. The group descriptions were to be shared with wider partners so they could identify which group they needed to interact with.

For communications the aim was to have a single communications and engagement strategy which would cover the work of the locality plan as well as the response and recovery for COVID 19. The strategy would look to build on the excellent work done in the last few months, for example the progress made around behaviour change. The presentation included a number of key asks which had been put forward by the steering group and Trafford’s five principles for

communications and engagement. The Board were informed that there was a draft of the written strategy which would be brought to the next meeting of the Board.

The presentation briefly covered the phase three letter, what was required in response to the letter, and the timeline for response. The requirements laid out by NHS England linked into the locality plan work of having a system wide approach to Health and Social Care. The Accountable Officer for Trafford CCG added that the letter outlined a number of tasks that were to be done but did not outline a budget for completing those tasks.

Following the presentation Board Member were given the opportunity to ask questions. The Executive Member for Adult Social Services asked how the work streams were going to be coproduced, how the public would be involved, and how the work would be cascaded down to other Boards. The Health and Social Care Programme Director responded that there were pockets of good coproduction and the aim was to expand that practice. There was always a balancing act between the desire to coproduce and the demand to complete a piece of work quickly. The Health and Social Care Programme Director spoke about the need for more structured asset based approach to commissioning that looked years in advance to allow for true coproduction in the redesigning of services going forward. Public engagement was a key priority of the Communications and engagement steering group. The group had agreed to look at ways to use group members existing links with the public to increase their levels of engagement, which would then be utilised by the four strategic development groups. The Health and Social Care Programme Director recognised that this work was ongoing and asked for Board Members to share any examples of good or best practice that they were aware of.

Councillor Brophy noted that the plan was very ambitious and raised concern about the people who might fall through the gaps, such as those who were isolating themselves due to the pandemic. The Health and Social Care Programme Director responded that this was a constant problem as the Council only knew of people they have had contact with. Work was ongoing at the GM and local levels to try and identify people who had not contacted services before. A key element of this work was the interaction with VCSE providers as they often had far better knowledge of their community than the Council or other organisations. The Corporate Director of Adult Services added that at the start of the outbreak there were thousands of people who were being shielded who the Council were in contact with. As the shielding ended the Council had maintained contact with those people and the CAB hotline was still open for people to use to seek support and the Council were using the primary care messaging system so residents were aware of access points.

The Chair of HealthWatch Trafford noted that the communications for the longer term strategy for Health and Social Care reform had been listed under the COVID 19 Public Engagement Board. The Chair of HealthWatch Trafford felt that piece of work was too broad to be covered by that board and that it should be held somewhere else within the programme of work. The Chair of HealthWatch Trafford requested that a number of strategies listed on page 13 of the document pack, including the mental health strategy and the learning disability strategy, be fed into the Health and Wellbeing Board. The Chair of HealthWatch Trafford also stated

that the role of public consultation in the plans and where equality impact assessments were to be conducted needed to be made clear. The Chair of HealthWatch Trafford also requested to see the phase three priorities before the response was provided to NHS England. The Health and Social Care Programme Director responded that the mental health strategy was going to the LCA in October and then would come to the Board. Public consultation was part of the planning for the changes to services and the Board were assured that Communications and engagement, including public consultation, had been embedded into the strategic design groups and the way they approached service change. The Health and Social Care Programme Director agreed to circulate the Phase three letter to all Board Members following the meeting.

The Chair of HealthWatch Trafford responded that they were concerned about their lack of involvement up to this point in the development of the strategies. The Health and Social Care Programme Director responded that the strategies were in the very earliest stage and HealthWatch would be involved in due course. The Executive Member for Adult Services assured the Chair of HealthWatch Trafford that they would be involved in this work going forward.

The VCSE representative welcomed the way that organisations had responded and services had been delivered during the pandemic, as the response had been far quicker than previously. It was hoped that the new ways of working with the community would continue beyond the pandemic. The VCSE representative then drew the Boards attention to the difficulties that the VCSE sector was facing with regards to funding due to the impact of COVID 19. The VCSE representative warned the Board that if adequate support was not provided to the VCSE sector then many of the organisations who delivered services across the borough would be forced to close. The Health and Social Care Programme Director responded that support for the VCSE sector during this time was a high priority for the whole system and they were looking at how to build a sustainable VCSE model which worked in the new environment.

The Director of Public Health stated that it was important that the Board recognised their role in ensuring that the plans of the LCA were delivered. Want the 10 point plan and the LCA plan to come back to the Board's next meeting to look at progress.

RESOLVED:

1) That the presentation be noted.
2) That the request for formal route to the Health and Wellbeing Board and the Trafford Partnership for the LCA System Board be noted.
3) That the draft Communications and Engagement Strategy be brought to the next Board meeting.
4) That Board Members share examples of best practice in communication and engagement with the public with the Health and Social Care Programme Director.
5) That the strategies listed on page 13 of the document pack be fed into the Board.

6) That the Phase Three letter be shared with Board Members following the meeting.

13. INFECTION CONTROL ANNUAL REPORT

The Director of Public Health introduced the report and informed the Board that Community Infection Control Team was a small team 3 nurses and admin support. The report summarised the work the team had done over the year. During the outbreak the team had supported teams across the Council in reducing spread and outbreaks of COVID 19. The Director of Public Health highlighted the work the team did throughout the year, especially with care homes and GPs, in combatting all infectious diseases across the borough. Following the Director of Public Health's Introduction Board Member were given the opportunity to ask questions but none were raised.

RESOLVED: That the report be noted.

14. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 10.00 am and finished at 11.45 am

Trafford Local Care Organisation

Leading local care, improving lives in Trafford with you

Winter Plan 2020-21

Powered by:

NHS Manchester University NHS Foundation Trust

TRAFFORD COUNCIL

Purpose of our Winter Plan

- It is expected that winter 20/21 will be exceptionally challenging for community health and social care services during usual seasonal winter pressures such as flu, exacerbation of long term conditions, falls and the added risks of further waves of COVID19.
- Winter planning remains an important priority to ensure that we are able to cope with known and potential unknown demand.
- Trafford Local Care Organization's (TLCO) and System Winter Plan provides assurance with regards to community health and social care preparedness to be able to deliver services.
- The document describes TLCO's and Trafford system arrangements for monitoring and responding to 2020-21 COVID 19 and seasonal winter pressures, and its contribution to managing health and social care demand within Trafford and the wider economy.

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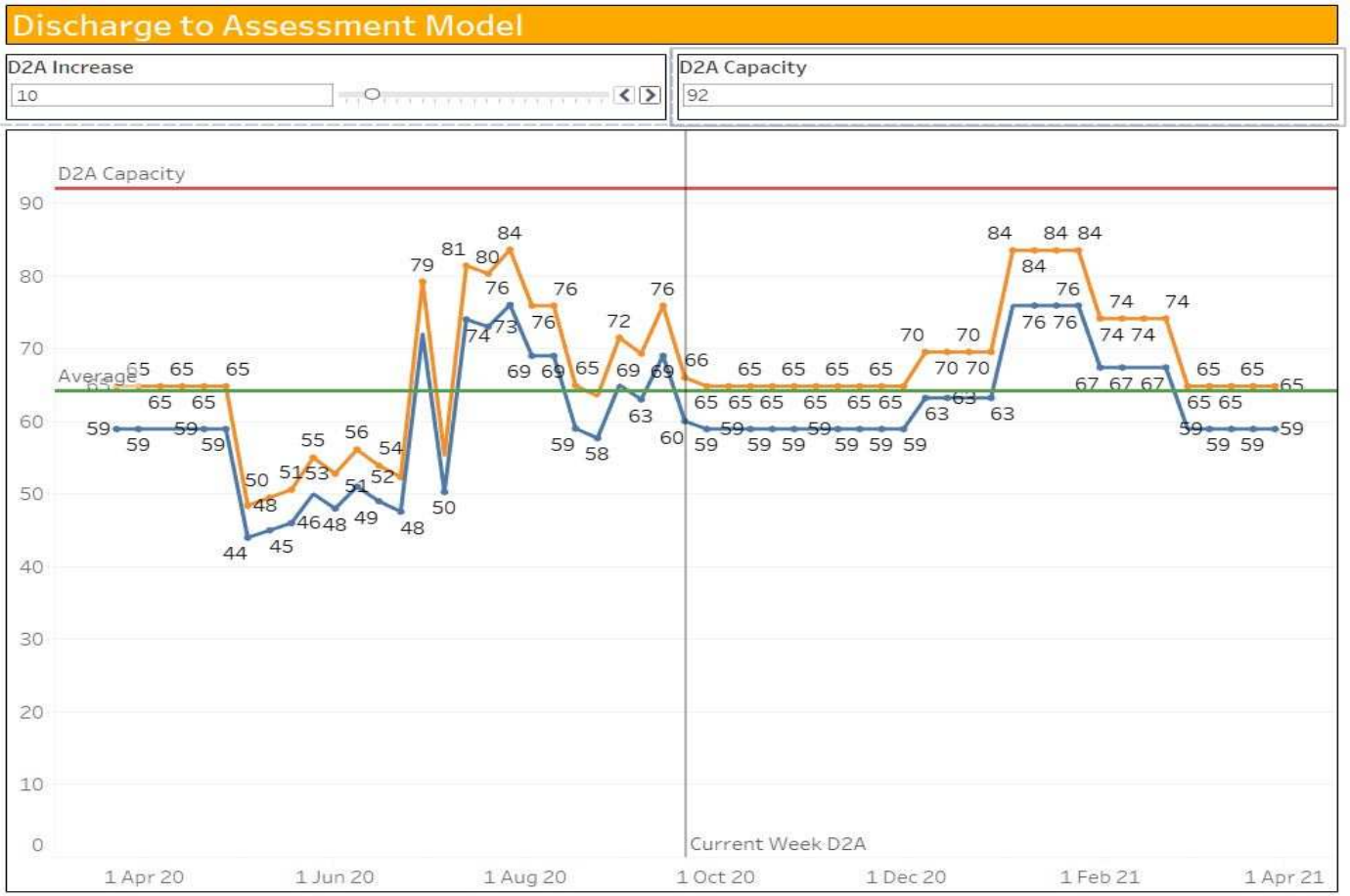
Demand Modelling

- The baseline in blue, is based on actual data and projected forward using averages and the average change during the winter over the last 3 years.
- The Increase control allows us to see what demand may look like when it is increases by a certain percentage and controls the orange line.
- The Capacity input control allows us to see how different levels of capacity allow us to meet potential demand.



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Relevant National Guidance

- Preparing for a challenging winter 2020/21, Academy of Medical Sciences, 14 July 2020;
- https://acmedsci.ac.uk/file-download/51353957

- Phase 3 Covid-19 letter, NHSE, 31 July 2020;
- https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf

- Hospital Discharge: Policy & Operating Procedure, DHSC, 21 August 2020; https://www.gov.uk/government/collections/hospital-discharge-service-guidance

- Adult Social Care: our Covid 19 Winter Plan for 2020-21, DHSC, 18 September 2020; https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021

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Preparing for a Challenging Winter – Key Points

- The report identified 4 additional challenges that winter 2020/21 could bring with it in a 'reasonable worst-case scenario', by increasing demand on usual care as well as limiting surge capacity:
- 1. A large resurgence of COVID-19 nationally, with local or regional epidemics.
- 2. Disruption of the health and social care systems.
- 3. A backlog of non-COVID-19 care.
- 4. A possible influenza epidemic.

It also identified four key priorities:

- Minimising Covid 19 transmission & impact,
- Organising health and social care settings to maximise infection control and ensure that covid-19 and routine care can take place in parallel.
- Improving public health surveillance for Covid 19, influenza and other winter diseases.
- Minimise influenza transmission and impact.

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Phase 3 letter – key points EA1

In July 2020 the NHS set out its key priorities for organisations in the Phase 3 letter.

- The letter outlined expectations for NHS services to:-
- Return to 'Business as Usual' as much as practicably possible.
- Prepare for winter which for community services includes delivery of a flu vaccine programme, supporting care homes, and work alongside local authorities to ensure patients are able to leave hospital as soon a medically fit to do so.
- Learn from the first COVID peak at the start of 2020, focus on the benefits and support and take care of our workforce.

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EA1 Brown, Emma 01/10/2020
Does this not need to be Phase 3 guidance? In which case, it's much larger than this?
Egerton, Andrew, 05/10/2020

Adult Social Care: Winter Plan – key points

In September 2020 the DHSC published the Winter Plan for ASC. It sets out:

- Ambitions for the sector and the challenges facing adult social care this winter.
- Key actions for national bodies (Department of Health and Social Care), local systems (local authorities and NHS England) and Adult Social Care providers.

- It covers 4 themes:

- Preventing and controlling the spread of infection in care settings.
- Collaboration across health and care services.
- Supporting people who receive social care, the workforce, and carers.
- Supporting the system.

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TLCO Response to Phase 3 and ASC winter plan priorities

- Reviewed the phase 3 response to the COVID-19 guidance letter and compiled key actions /restart rates into an action plan.
- Pathways refreshed.
- Capacity modelling refreshed.
- Monitoring of actual capacity cross checked weekly by recovery and reform group.

- TLCO Programme Board held weekly Recovery meetings from June-September 2020 to agree safe stand up of services that had been paused or partially paused.
- The Board is ready to reallocate if further infection waves over winter impact on delivery of care to the most vulnerable.

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Trafford COVID Response Pathway Directory V 6.1

Trafford COVID Response Pathway's

- Discharge to Assess.
- Respiratory.
- Safe at Home.
- Care Homes.
- End of Life.
- Adult and Children COVID Services.
- COVID Service – F2F Management.
- COVID Follow Up.

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Hospital Discharge

Policy & Operating Procedure - key points

- Social care needs assessments and NHS Continuing Healthcare (NHS CHC) assessments will be made in a community setting and not take place during the acute hospital inpatient stay in line with Coronavirus Care Act guidance issued in March 2020 and hospital discharge guidance refreshed in sept 2020.
- A single point of contact for escalation –Trafford Urgent Care Control Room (UCCR) is in place.
- A single coordinator is appointed on behalf of all system partners to secure timely discharge on the appropriate pathway, escalating any relevant issues to the Executive Lead. The model should operate 8am-8pm, 7 days a week.
- Case managers will ensure all people (irrespective of their address) are discharged safely on time (from all NHS community and acute beds).
- No one will be discharged without their Covid test result results , the person will be discharged to alternative accommodation if a positive test result is returned (as per commissioning arrangements) provided by the local authority, funded by the discharge funding.
- Updated patient choice letters provided to make clear that discharge will be organized as soon as clinically appropriate and people will not be able to stay in a hospital bed. Are distributed on arrival in a hospital.
- A lead professional or multidisciplinary team, as is suitable for the level of care is assigned for m D2A tam to follow up and complete the necessary assessments visit following discharge in the home environment.
- Acute therapy staff are expected do the majority of their functional assessments in non-acute settings, mainly in people's home.

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TLCO Response to Hospital Discharge guidance

Director of health and social care , Chief Nurse and Principal Social Worker overseeing implementation of guidance

- Guidance review completed.
- Debbie Walsh is the single point of contact for Trafford.
- Current COVID-19 funded cases to transfer to long term funding on 13th October (with the exception of identified cases deemed to have a Primary Health Care Need (CHC NHS Framework).
- New patient choice letters updated with local information.
- Options for community D2A assessment beds under retender.
- Urgent Care Control Room (UCCR) fully operational for Trafford.
- D2A referral form reviewed and clarified across GM (inclusive of Trafford system).
- Digital solutions – Reason to Reside at MFT and Liquid Logic data portal will assist identification and referral of patients requiring discharge support.

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TLCO Response to ASC Winter Plan

- Recovery and reform group remains in place and will continue to ensure responses and the future plans are aligned to the Trafford locality plan.
- PPE Hub remains in place and being aligned to the national Free PPE offer.
- Community hubs still in place and places underway for the reintroduction for shielding (if needed).
- Tracking in place twice weekly across all commissioned providers including in house.
- Urgent care control Room manages all discharges.
- Testing in place prior to discharge and agreed process to check requirements meet.
- D2A contracts being re-commissioned to meet all needs.
- Pathways refreshed.
- Capacity /demand models being refreshed.
- Infection control grant (phase 1) allocated.

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Risks for TLCO for Winter 2020-21

The main risks to Trafford delivery during winter 2020-21 will be:

- The ability of community services to cope should there be a 2nd wave with added challenge of seasonal flu and the impact this will have on the Manchester population.
- The capacity within the hospital settings.
- Further national lockdown to contain the spread of COVID 19 restricting movement.
- Depleted staffing due to illness and availability, severe weather, travel disruption, recruitment and budget challenges.
- Maintaining flow by having the resources to ensure patients are discharged within 3 hours of medically optimisation, to their own home or to a discharge to assess (D2A) facility.
- Increased demand on specific services arising from pressures on other partners within the local health & social care economy, particularly Acute Hospitals, TLCO, Primary Care, Domestic abuse services, GMP and NWAS.

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Additional services in place to mitigate risks

- The Trafford Control Room is well established to manage surges in demand and be a point of escalation (including Mental Health discharges).
- The lead and deputy include senior social care and health experience the Control Room to be responsible for review, design and continuous improvement of an integrated discharge pathway function across hospital and community services.
- Daily Capacity and Demand dashboard used in the Control Room extended to include all block placements for long term placements.
- Enhanced Primary care model for all care homes in place and to be rolled out further to supported living supporting people with LD/MH needs.
- Working with Home care and care homes providers to support early warning identifiers around deterioration using oximeters and Ipads to enhance connections with primary care and professional /clinical staff.
- Completing review of New Models of Care (Crisis response/control room/discharge teams/D2A/reablement) to maximise effective use of available resources ahead of winter.
- Supporting roll out of inpatient data tool ‘Reason to Reside’ at MRI and Wythenshawe to improve MOAT reporting , length of stay and discharge delays.

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Additional services in place to mitigate risks

- Discharge 2 Assess beds within IMC unit and contracts for D2A being refreshed across the Borough ; review in conjunction with the control room and Phase 3 guidance to scope a best practice model for community bed provision.
- community engagement plan in place to support social distancing and COVID measure in outbreak areas and community with our communities.
- Communication plan in place to amplify key messages over Winter.
- Supporting local CAS (Clinical Assessment Service), 111 First, Talk before you Walk initiatives and focusing on attendance avoidance.
- Identification and management of workforce gaps, using methods trialed during Covid peak, including short term redeployment and recruitment of interim support staff; also maximizing flu vaccination uptake amongst staff.
- Continue to support flow through a robust programme of work with partner organisations to implement in full D2A processes.
- Option to commission bed based Covid +ve beds at Moston Grange (Manchester) in discussion or other venue for patients leaving hospital on discharge pathways.
- Enhanced End of Life support protocol in place, supporting effective access to pain relief and oxygen provision.

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Additional services in place to mitigate risks

- Test & Trace service established to deal with Covid outbreaks in care homes/factories/schools and similar settings [waiting further details].
- Funding agreed for Liquid Logic digital portal to streamline D2A referrals and improve flow—Links to GM initiative.
- There are a range of care at home interventions available to support admissions avoidance and hospital discharge over the winter months:
- Prevention and admissions avoidance.
- Support to attend medical appointments. British Red Cross will be provide additional resource through their crisis intervention team, to transport and accompany vulnerable individuals to planned medical appointments and to have their annual flu vaccination.
- Preventative telecare. We will make available telecare and technology enabled care solutions (TEC) to people who refuse a package of care due to fears around Covid. This will provide 24/7 community response in the event of an emergency and will also include up to 3 x weekly welfare calls to ensure that isolation vulnerable people have access to support if required.
- Telecare to support virtual health appointments. We will also make available a limited number of wifi enabled tablets, with remote support to get online, for vulnerable households (such as people with long term conditions) to be able to attend virtual GP appointments.
- Support to manage long term conditions through telehealth A number of telehealth devices along with telecare support will be available for people with long term conditions to be able to monitor their own health, so that they can access support before they reach a crisis and can avoid a hospital admission.
- Short term interventions to prevent an admission to hospital. Rapid homecare will be available on the same day, for up to 48 hours, to support people who are in crisis to prevent an admission to hospital. This will include situations where an urgent package of care is required due to safeguarding concerns, carer breakdown or illness or another temporary requirement for care at home. Stabilise and Make Safe (SAMS) and long term homecare will be available for people who require support to prevent a hospital admission beyond the 48 hour rapid period.

Trafford Local Care Organisation

Additional services in place to mitigate risks

Hospital Discharge

- **Rapid homecare** will be available to support same day discharge form hospital and for a period of up to 3 weeks. We are in the process of retendering and expanding our homecare Rapid Discharge service. The intention is to commission up to 6 providers to meet the expected demand.
- **Reablement at home and long term homecare**. SAMS and long term homecare are also available to support hospital discharge but this usually requires at least 24 hours' notice for the care provider.
- **British Red Cross Assisted Discharge Service**. British Red Cross are available, subject to being permitted to work on hospital sites, to provide informal support for people to leave hospital and remain at home safely. This includes, subject to capacity and suitability, the provision of transport home, practical support to ensure the home environment is safe and warm and up to 6 weeks support thereafter to reduce social isolation and ensure links to community services.
- **Telecare and TEC to support hospital discharge**. A range of rapid telecare is available to support hospital discharge. This can be brokered as a standalone service or in conjunction with other types of care and includes wearable devices which can be activated on the hospital site and which do not require the installation of TEC in the home.

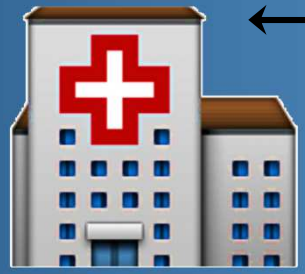
Trafford Local Care Organisation

TRAFFORD COVID RESPONSE PATHWAY DIRECTORY V 6.1

Trafford COVID Response Pathway's

1. **Discharge to Assess**
2. **Respiratory**
3. **Safe at Home**
4. **Care Homes**
5. **End of Life**
6. **Adult and Children COVID Services**
7. **COVID Service – F2F Management**
8. **COVID Follow Up**

TRAFFORD COVID RESPONSE PATHWAY



HOSPITAL

COVID
CLINIC

ESCAL
PO

CONSULTANT ADVICE

CEC

DISTRICT NURSE

SAFE AT
HOME

G.P's

COVID +

REMOTE
ASSESSMENT

A.V.S

COVID
RESPIRATORY
STEP UP/DOWN

COVID +

COVID ? /
UNWELL

CARE
HOME

1 PRACTICE:1 HOME

MASTERCALL

CONSULTANT ADVICE

PALLIATIVE CARE
PATHWAY

F2F

REMOTE
MGT

PRACTICE/NETWORK
(OUTDOOR)

ACUTE

PRIMARY CARE

COMMUNITY

TRAFFORD PATHWAY 1

DISCHARGE TO ASSESS

If patient is clinically well and suitable for discharge from hospital

Discharge to Assess referral form completed by hospital staff. Indicative of identified pathway destination. Any pathway marked (b) is a CHC fast track referral:

Pathway 0	Pathway 1a /1b	Pathway 2/2a & 3/3b	Pathway 2/2a & 3/3b (COVID +)
Home without support	Home with home care support	24 hour care (residential /nursing/EMI nursing)	COVID + Patients to Moston Grange

Completed referral form emailed to the Urgent Care Control Room (UCCR);
trafforddischargereferral@trafford.gov.uk or Liquid Logic direct referral
Tel: 0161 975 4714

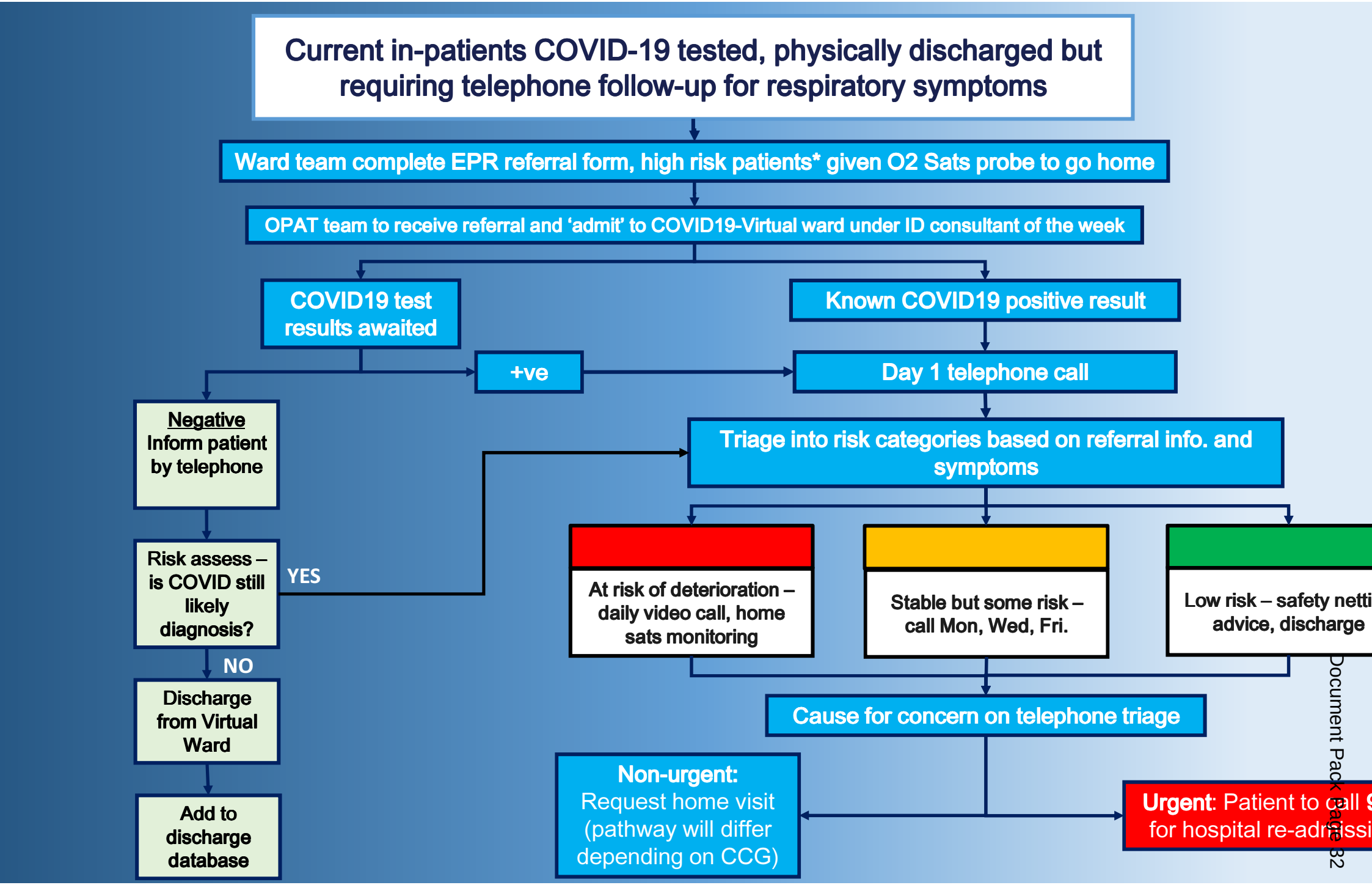
Triaged by the UCCR within 30 minutes. Referrer altered of outcome

Patient transferred to the discharge lounge with: 2 weeks medication & arranged transport

Once patient has physically left the hospital, on site Social Work Senior Practitioner to be notified

TRAFFORD PATHWAY 2

RESPIRATORY


Current in-patients COVID-19 tested, physically discharged but requiring telephone follow-up for respiratory symptoms
Ward team complete EPR referral form, high risk patients* given O2 Sats probe to go home
OPAT team to receive referral and 'admit' to COVID19-Virtual ward under ID consultant of the week
COVID19 test results awaited
Known COVID19 positive result
+ve
Day 1 telephone call
Negative
Inform patient by telephone
Triage into risk categories based on referral info. and symptoms
Risk assess – is COVID still likely diagnosis?
YES
NO
At risk of deterioration – daily video call, home sats monitoring
Stable but some risk – call Mon, Wed, Fri.
Low risk – safety netti advice, discharge
Discharge from Virtual Ward
Add to discharge database
Cause for concern on telephone triage
Non-urgent:
Request home visit (pathway will differ depending on CCG)
Urgent: Patient to call 9 for hospital re-admissi

TRAFFORD PATHWAY 3

SAFE AT HOME

COVID-19 Symptoms in Community – Patient at home

New continuous cough

Temperature ≥ 37.8

Remote assessment GP/GPOOH/CEC

Moderate Symptoms

Remote assessment 111 online / 111

Moderate Symptoms

Breathless walking between rooms
Dizzy/faint on walking
Severe headache
Not passing urine
Mod/severe tight chest/wheezy

Severe Symptoms

Drowsy/Unconscious
New confusion
Cannot stand due to dizziness/faint
Cannot complete sentence due to SOB
Cardiac chest pain
New onset confusion

Mild Symptoms

No moderate or severe symptoms

Housebound or in 'Very High Risk Category'

No

Yes

Advance Care Plan or refusal of admissions or Frailty score 6+

No advance Care Plan in place

Remote assessment by GP. Visit by District Nurse or CEC

Home Visit by AVS, District nurse or CEC

999 Hospital admission

Stay at home advice & Safety netting

TRAFFORD PATHWAY 4

CARE HOME

Covid symptomatic patients in residential and nursing care

GM CAS Care Homes Referral

CARE HOME Direct Referral

ATT+

CDA Verbal/Video Triage from Mastercall remote hub

External Referral:
- Admission/ED
- Signposting (self-care)
- Refer to UCCR, CEC, T/MLCO, Crisis, etc.
- Post Event Message sent to GP

Physical F2F required

NO

YES

Telehealth monitoring required

CMS referral – dedicated pt line

Mastercall AVS response

athway: Community or Care Home

ll contact every patient referred for Telehealth
o:

ver devices and equipment to patients/relatives
rs of first contact:

ver package to door, iPad devices/BYOD and
ns, links to videos,
eat a minimum of 2 metres, phone patient /
collect package
tercall will then contact patient at an agreed time
delivery, ideally via video consultation to talk them
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tercall will provide ongoing monitoring for 14 days
ssure, discharge and recover equipment, clear and
or next patient

Further Outcomes:
- Admission/ED
- Referred to CMS
- Prescribing
- Primary Care Follow Up
- Safety Net with Advice
- Signposting
- Telehealth Referral
- Refer to UCCR, CEC etc.
- Post Event Message sent to GP

Outcomes are ranked
Category:
- CAT 2 receive 14
daily call-backs
- CAT 3 may conta
service directly if
deteriorating
- Non-Category
patients are not
onboarded onto
remote monitori
CMS Service

Covid positive patient management in residential and nursing care

CCG Interim COVID + Test Process

Ps can request a Covid test for a care home patient ringing the Trafford Infection Control Team (ICT) on 0161 912 5176

LCO Infection Control Team receives results from the e-lab system or from PHE

CCG validate data

Covid test results for care home patients will then be forwarded by the CCG to the nominated test result recipients at each GP practice.

Practices will need to agree a process to ensure that:
d test results for care home patients are input on EMIS once received
to report notifiable disease to PHE in line with national guidance.

Outbreak Alerts

Infection Control Team are alerted by the care homes of positive test results

A general comms is emailed to stakeholders including Chief Nurse and On Call Manager

The CCG alerts the relevant GP practices by email to the nominated data receivers

TRAFFORD PATHWAY 5

END OF LIFE

COVID status

legative:
tive patients

ual place of esidence

t has a palliative dition but not ered to be in the eeks/days of life. requires support ain at home, with management, for carers, respite

unity support (as opriate): ACPs District Nurses; rtive Palliative eam; Hospice at Homecare; VSE

Negative: EOL

Community

Patient has a palliative condition and is considered to be in the last weeks/days of life. Patient must be support to die at home wherever possible. Access to pain management is vital

Access to step up bed based care; hospice
Community support (as appropriate): Step up to Hospice bed
- GP, District Nurses; Supportive Palliative Care team; Hospice at Home; Homecare; VSE; Consultant Advice and Guidance

Positive: Mild symptoms

Palliative

Patient has a palliative condition but not considered to be in the last weeks/days of life. Patient requires support to remain at home,

Remain in Care Home or At Home. managed inline with CH with protocol and support services. Community offer GP DN

EOL

Patient has a palliative condition and is considered in the last weeks/days of life. Patient requires support to die at home/CH,

Remain in Care Home or At Home. managed inline with CH with protocol and support services. Community offer GP/PCEOL/consultant advice and guidance–

Positive
Dying of COVID-19

Care Home

Current resident COVID related death expected in days/hours

Remain in Care Home managed inline with CH with protocol
AND
- GP;OOH GP; consultant Advice & Guidance; Medicines Management

Hosp

Curre inpati death ex in days/

Re hos ma i gu

TRAFFORD PATHWAY 6

COVID SERVICE

1. **Adults and Children over 12 years**
2. **Children under 12 years of age**

ford Primary Care Remote Assessment - Referral to COVID Service - ADULT COVID Symptomatic (≥

Assessment: Respiratory questions
Ask patient: how is your breathing today?
Ask patient: Is it better, worse, no change from yesterday? Are you breathing harder or faster than usual when doing nothing at all?
Ask: What could you do yesterday that you can't do today? What makes you breathless now that didn't make you breathless yesterday?
Ask: about cough and sputum; Then ask: Are there any other symptoms causing you concern?
Visual Cues (e.g. pallor, respiratory rate, increased work of breathing)
onal assessment: can the patient take their pulse rate (or via device e.g. smart watch)? Does patient have a pulse oximeter or blood pressure machine in the ho

Mild Symptoms

SOB
Able to do ADLs
Completing full sentences
Adult HR 60-100bpm
Adult RR 14-20
Adults oxygen sats >96%*
gen saturations could be less than 94% at rest at
ine in patients with underlying respiratory/cardiac
illness.

Stay at home

are advice: paracetamol, fluids, self-isolation as per guidance

ty-net advice: if deteriorates contact GP or NHS 111 online OR if rapid deterioration/very unwell 999

: patients can become unwell on day 6-8 and rapidly deteriorate)

Moderate Symptoms

Some (new) SOB +/- SOBOE
Mild chest tightness
Able to do ADLs but lethargic
Breathing worse than yesterday
Purulent sputum
Completing full sentences
Adult HR 100-120 bpm
Adult RR 21-24
Adults oxygen sats >94% *

Stay at home with follow-up

Consider treatment of community acquired pneumonia **(CAP):**
1st line: Doxycycline PO 200mg on day 1 then 100mg once a day to complete 5/7 course OR Clarithromycin 500mg bd for 5days
Pregnancy: consider Clarithromycin PO 500mg bd 5days (use when benefits considered to outweigh risk)
If asthma/COPD: Continue usual inhaled therapy. Short course of prednisolone if clinically indicated (symptoms and signs of bronchospasm/wheeze)
Arrange follow-up: telephone or video consultation in **24 hours**
Review in Hot Service: if functional deterioration in history OR if immunocompromised OR significant co-morbidities then consider f2f assessment in locality hot service or by hot acute visiting team.

Severe Symptoms

Worsening SOB
Chest pain
Unable to get out of bed
Not completing full sentences
New confusion
Adult HR >120 bpm
Adult RR >25
Adults oxygen sats <94%*
Reduced UO; cold extremities; mottled skin

Needs further assessment:

If further assessment required and patient is for ho
admission use respiratory step up clinic.
If less severe presentation, refer into COVID-19 HOT
via Mastercall AVS or ambulatory for f2f assessm
999 Admission if: Sats <92%; Severe breathless
Signs of sepsis; other emergency signs
Otherwise discuss case with community nursing te
with consultant hotline.
If advance care plan in place or escalation to hospit
appropriate:
Consider antibiotics or start end of life care via com
nursing service or refer to Mastercall AVS or ambu
HOT service

afford Primary Care Remote Assessment - Referral to COVID Service – Children COVID Symptomat (<12)

Assessment questions:

sessment of severity of illness questions Ask parent/carer: Does your child have any difficulty breathing? Ask parent/carer: Is your child better, worse, no change esterday? Ask parent/carer: Is your child playing normally? Ask parent/carer: Is your child eating and drinking? Is your child passing urine? Then ask: Are there other symptoms causing you concern? *Don't forget non-COVID cause of illness and red flags*

2. Think: are there any safeguarding concerns? (refer to Trafford safeguarding referral))

3. Visual cues and remote assessment: measure respiratory rate via video, ask the parent to take the pulse rate

4. Consider: is this child at higher risk severe illness?

. If face to face assessment: If a diagnosis of tonsillitis is suspected based on clinical history, do not examine the throat as high risk of virus transmission (or use appropriate PPE)

6. Be aware of any atypical inflammatory presentations and consider referral on

Mild Symptoms

culty breathing Normal activities A little off food till drinking fluids Passing urine/ wet nappies

Oxygen sats >96%
Child 6-12m RR <40, HR<160
Child 1-2y RR <35, HR <150
Child 2-5y RR <30, HR <140
Child 5-11y RR <20, HR <100

Stay at home

f-care advice: fluids and paracetamol f/Household isolation as per national nce Parental reassurance Discuss when orry: parents to watch out for difficulty thing, change in behaviour or mental sleepy child, not taking fluids, reduced output Safety-net advice: if deteriorates tact GP practice, NHS 111 OR if rapid deterioration/very unwell 999. er to 'When Should I Worry' resource

Moderate Symptoms

Completing full sentences Playing but not as much as usual Off food but drinking fluids Passing urine / wet nappies

Oxygen sats >94%
Child 6-12m RR <45, HR<165
Child 1-2y RR <40, HR <155
Child 2-5y RR <35, HR <145
Child 5-11y RR <25, HR <105

Use clinical judgement, if immunocompromised or clinical concern then refer for f2f assessment in symptomatic assessment clinic(SAC) or discussion with paediatrics team may be appropriate Self-care advice: fluids and paracetamol Consider treatment of community acquired pneumonia: Amoxicillin tds 5/7 OR Clarithromycin bd 5/7 Antibiotic dosing as per cBNF If suspected tonsillitis: treat as usual (GMMMG guidelines) If asthma: Continue usual inhaled therapy. Short course of prednisolone if clinically indicated (symptoms and signs of bronchospasm/wheeze). If considering the use of nebulisers, discuss with Paediatric team on-call at local hospital Arrange follow-up telephone or video consultation in 24-48hrs Discuss when to worry with parents.

Severe Symptoms

Think SEPSIS:
Parental concern about behaviour or sleepy ch
Reduced urine output; Cold extremities; mottled non-blanching rash
Fever without source or fever >38 in child <3m a fever >5days RR and HR above max parameter amber box
Known asthmatic and acutely wheezy or in ne nebulisers Oxygen sats <94%

Needs further assessment:

Urgent hospital admission – either via referral call paediatric team or 999 admission to A

Use clinical judgement: it may be appropriat arrange same day face to face assessment in C 19 hot clinic (Stretford) or AVS service f r Tra

Note: if child has significant comorbidities a complex needs, please follow any care plan th place and contact specialist tea

TRAFFORD PATHWAY 7

Covid symptomatic patients requiring F2F management – COVID SERVICE

Covid symptomatic patients requiring F2F management – COVID SERVICE

oderate COVID Symptoms

rimary Care: hony Referral on Health Care essional Bypass o Mastercall Hub.

Call Handler takes details and adds patient to Assessment Queue in Adastra

CDA Verbal/Video Triage from Mastercall remote hub

External Referral:
- Admission/ED
- Signposting (self-care)
- Refer to UCCR, CEC, T/MLCO, Crisis, etc.
- Post Event Message sent to GP

NO

Physical F2F required

YES

Telehealth monitoring required

CMS referral – dedicated pt line

athway: Community or Care Home

ll contact every patient referred for Telehealth o:

ver devices and equipment to patients/relatives rs of first contact:

ver package to door, iPad devices/BYOD and ns, links to videos,
reat a minimum of 2 metres, phone patient / o collect package
tercall will then contact patient at an agreed time delivery, ideally via video consultation to talk them setup

tercall will provide ongoing monitoring for 14 days ssure, discharge and recover equipment, clear and or next patient

COVID CLINIC

AMBULATORY

Mastercall AVS response

HOUSEBOUND

Further Outcomes:
- Admission/ED
- Referred to CMS
- Prescribing
- Primary Care Follow Up
- Safety Net with Advice
- Signposting
- Telehealth Referral
- Refer to UCCR, CEC etc.
- Post Event Message sent to GP

Outcomes are ranked
Category:
- CAT 2 receive 14 daily call-backs
- CAT 3 may conta service direc y i deteriorati
- Non-Categ y patients are ot onboarded nto remote mon ori CMS Service

TRAFFORD PATHWAY 8

COVID Follow up

Covid follow up Pathway (In Development)

ROUTE

SERVICE

PATIENT

TAL

IOME

ME

G.P's Screening tool and assessment

Virtual MDT with consultant oversight

Referral to most appropriate service with care plan

Patient information document

Access to peer support service