



TRAFFORD COUNCIL

AGENDA PAPERS FOR TRAFFORD PANDEMIC SCRUTINY COMMITTEE

Date: Thursday, 22 October 2020

Time: 4.00 p.m.

Place: Virtual

The meeting will be streamed live at

<https://www.youtube.com/channel/UCjwbIOW5x0NSe38sgFU8bKg>

AGENDA	PART I	Pages
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		To Follow
To receive and, if so determined, to approve as a correct record the Minutes of the meeting held on 22 September 2020.		
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. QUESTIONS FROM THE PUBLIC		
A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 pm on the working day prior to the meeting. Questions must be relevant to items appearing on the agenda and will be submitted in the order in which they were received.		
5. URGENT BUSINESS (IF ANY)		
Any other item or items which by reason of:-		
(a) Regulation 11 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the		

Chairman of the meeting, with the agreement of the relevant Overview and Scrutiny Committee Chairman, is of the opinion should be considered at this meeting as a matter of urgency as it relates to a key decision; or

- (b) special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

6. PUBLIC HEALTH AND ADULT SOCIAL CARE

- (a) **PUBLIC HEALTH** (Pages 1 - 8) 1 - 8
To receive an update from the Director of Public Health
- (b) **ADULT SOCIAL CARE** (Pages 9 - 46) 9 - 46
To receive an update on the winter plan from the Executive Member for Adults Services.
- (c) **HEALTH SERVICES** (To Follow) To Follow
To receive an update from the Accountable Officer for Trafford CCG.

7. OFSTED UPDATE

To Follow

To receive a report from the Executive Member for Children's Services.

8. ITEMS FOR FUTURE MEETINGS

To suggest and agree items, relating to the COVID 19 Pandemic, to be on the agenda for future meetings of the Committee.

9. EXCLUSION RESOLUTION

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

Councillors D. Acton (Chair), S.B. Anstee, Dr. K. Barclay, Miss L. Blackburn, B. Brotherton, Dr. S. Carr, G. Coggins, J. Holden, J. Lamb (Vice-Chair), J. Lloyd,

Trafford Pandemic Scrutiny Committee - Thursday, 22 October 2020

S. Longden, J.D. Newgrosh, B. Shaw, R. Thompson, D. Western, A.M. Whyte and B.G. Winstanley.

Further Information

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

Alexander Murray, Governance Officer

Tel: 0161 912 4250

Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Wednesday, 14 October 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

WEBCASTING

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TRAFFORD COUNCIL

Report to: Trafford Pandemic Scrutiny Committee
Date: 22 October 2020
Report for: Information/Discussion
Report of: Director of Public Health

Report Title

Update paper to Pandemic Scrutiny committee on COVID-19 Programme in Trafford

Summary

This report outlines the progress made in the recent period in the local response to the COVID-19 pandemic. The paper outlines key activities within each work programme including testing, track and trace, data and intelligence, community engagement and PPE/infection control.

The Committee are asked to note that the data provided are accurate as of 14th October, but are subject to rapid change. A verbal update will be made at the meeting.

Recommendation(s)

The Pandemic Scrutiny Committee are asked to:

1. Note the content of this report by way of an update on the COVID-19 situation in Trafford.
2. Consider ways in which members of the Committee can support the COVID-19 team in managing the local situation including engagement opportunities to reinforce messaging and good COVID-19 practice.

Contact person for access to background papers and further information:

Name: Laura Hobbs, Programme Lead for COVID-19
Tel: 07973 639238
Email: laura.hobbs@trafford.gov.uk

1.0 Headline Data

- 1.1 Rates of infection have been increasing significantly over the past weeks.
- 1.2 We are now seeing over 125 new cases every day in Trafford.
- 1.3 There were 894 confirmed cases during the week 4th - 10th October which is equivalent to 377 cases per 100,000 residents. There may be further cases to be added due to data delays with reporting of results. This is a sharp increase over the previous week (27th September – 3rd October), when we had 627 confirmed cases, and a rate of 264/100,000.
- 1.4 Our cases are spread across the borough, with rates over 200/100,000 in all wards bar one.
- 1.5 The highest incidence rate is in our 17-21 year olds, and within that the 18/19 year olds stand out. Overall rates are highest in the working age population but the incidence in people aged 65 and over is 131/100,000. This impact of Covid-19 is likely to be greatest in this age group. Our lowest rates are in our children aged under 16.
- 1.6 Performance monitoring against PHE intelligence exceedance data (network triggers) continues with ongoing exploration of demographics to understand patterns and causes to feed into our 10 point action plan.

2.0 Testing in Trafford

- 2.1 The availability of increased testing has demonstrated the prevalence of COVID-19 in the Trafford community which have risen significantly since the easing of lockdown restrictions. The known infection rate is higher now than at the time of the last lockdown decision in March 2020.
- 2.2 Over a 14 day period until Monday 05 October, the majority (83.3%) of COVID tests were conducted in our pillar 2 sites, consisting of all out-of-hospital testing sites.
- 2.3 The positivity rate for testing current stands at 11.5%.
- 2.4 The National Testing Programme is continuing to experience exceptionally high demand, although the situation is improving from previous weeks.
- 2.5 Home Testing Kits continue to be available and the closest Local Testing Site is usually provided as an option to individuals seeking a test. There still appear to be an issue with accessing drive-through sites, with the closest site rarely appearing as an option when booking a test.

- 2.6 Testing sites in Trafford Park and Partington have been operational for a number of weeks and are well used. The team are exploring mobilising a third local testing site due to the increase in cases in Trafford.
- 2.7 The Mobile Testing Site will be in place during October at Trafford House but has been redeployed for a number of dates to other areas in GM where rates are higher.
- 2.8 Redeployment of testing sites to other areas could act to skew infection rate data if fewer cases are being identified due to reduced testing capacity.
- 2.9 The recruitment of a business as usual swabbing team is ongoing. As well as outbreaks, work is ongoing to understand how the swabbing team can support in the testing of priority groups.
- 2.10 Supported Living & Extra Care Social Care Team are part of a GM testing pilot. Many settings have begun to order kits as part of this.

3.0 Personal protective equipment (PPE)

- 3.1 The stock position at New Smithfield Market (Manchester and Trafford PPE warehouse) for all PPE lines are within healthy parameters.
- 3.2 National supply lines for PPE are recovering and PPE is being manufactured in the UK reducing the risk of overseas freight, customs and imports issues we previously experienced and minimising the potential implications of Brexit.
- 3.3 The Department of Health & Social Care have now published their [PPE strategy: stabilise and build resilience](#). This report sets out the government's strategy for preparing for a second wave of COVID-19 or concurrent pandemic in England alongside seasonal winter pressures and covers the supply and logistics for distribution of PPE.
- 3.4 Central to the strategy is the mobilisation of the national PPE portal which can be used by all adult social care residential care homes, domiciliary care providers, children's social care settings, GPs, community pharmacies, dentists and optometrists in England.
- 3.5 The portal is intended to meet all COVID-19 needs for free.
- 3.6 Local Resilience Forum drops from the DHSC are received for 3rd sector organisations not supported by the portal – these are distributed through the mutual aid hub.

- 3.7 The portal product range is continually being expanded and weekly provider order limits increased based on modelled demand. The mobilisation of this portal forms a critical dependence of the scale and scope of the Trafford and Manchester Mutual Aid Hub.
- 3.8 A GM PPE strategy continues to evolve and shape in response to the national plans and provides a key foundation to support local transitional arrangements.
- 3.9 The online PPE order form is live for providers to submit PPE requests, simplifying the ordering process and reducing resource requirements. Feedback has been positive.
- 3.10 PPE for winter flu will be access via the national portal but the team have secured additional supplies via GM to ensure locality resilience.

4.0 Contact tracing

- 4.1 Local contact tracing was initiated on the 9th September 2020.
- 4.2 System issues are currently impacting the robustness of activity but are rapidly being addressed where possible:
- There are systemic problems with the timely release of National data to localities hampering local contact tracing efforts, resulting in the possible spread of the infection as contacts cannot be traced within the incubation period.
 - There are quality issues with the data being released, requiring dedicated capacity for data mining and prioritisation logic to be applied before it can be released to the contact tracing team
 - The volume of activity (caseloads) is increasing and processes for managing activity is being rapidly developed to cope with the pace and scope of work
- 4.3 Resource capacity for contact tracing is being increased (the Access Trafford team went live to support the core team on 07/10/2020)
- 4.4 There are opportunities for streamlining systems and processes to help build capacity and the team are working hard to identify efficiencies and intelligent solutions with colleagues.
- 4.5 A systemic model able to withstand the requirement for operational flexibility due to a second wave or national lockdown are actively being developed.

4.6 The Single Point Of Contact team continue to support schools, local businesses and partner organisations to manage positive cases and outbreaks.

5.0 Community Engagement

5.1 To support the Public Engagement Board in its duty to communicate simple and clear preventative measures to our staff, residents and local employers, an improved system governance structure has been mobilised to deliver our system Community Engagement response.

5.2 A weekly Covid-19 Co-ordination Engagement Group has been established to support the work of the Board and co-ordinate the COVID-19 engagement response across the locality. This group will use local data and intelligence to update and lead the intensive 10 point action plan for engagement using localised networks for disseminating information and engaging with residents.

5.3 A weekly COVID-19 Enforcement group has also been mobilised to drive enforcement activity and ensure national legislation and local lockdown guidance is implemented in licenced premises, neighbourhoods and open space.

5.4 A virtual network has been established to ensure we have good system reach for key messages in hard to reach and other groups and disseminate key information to communities for wider circulation.

5.5 Key updates from these groups:

- Officers from Licensing, GMP, Environmental Health and elected members have visited town centres to check current legislation is being adhered to and businesses, licensed premises, and residents understand what is required of them.
- Where outbreaks have occurred officers are engaging with the business owners and managers. Further operations will be held in town centres to include evenings and weekend to monitor compliance with the regulations.
- The Community Safety Team, Transport for Greater Manchester and GMP have undertaken a face covering compliance operations on public transport to ensure people are aware of the rules.
- Work is ongoing to ensure business owners are clear on COVID secure workplace practice.

- Reports of gatherings within residential premises have been attended by GMP and the Community Safety Team. A proportionate approach is taken but fixed penalties can and have been issued.
- A joined-up approach between the council, GMP and the UK Border Control for reports of individuals or families in breach of the quarantine rules returning from certain countries is being progressed.
- Officers of the council and GMP are working closely with event organisers to ensure regulations are adhered to and that any events can be delivered as safely as possible
- Localised networks developed to disseminate info to faith leaders, 'activists' and community organisations. Faith Leaders disseminate weekly stakeholder briefing to congregations.
- Urdu and Punjabi posters have been delivered around Old Trafford and Stretford
- 25,000 leaflets printed in Arabic, Gujarati and Urdu have been developed for distribution after afternoon prayers by Mosque Leaders.
- Stakeholder briefings are now being circulated weekly by Trafford Business, Community Safety and Partnerships and Communities.
- Targeted work has been undertaken with education partners around safe return to school and there is ongoing engagement with schools and head teachers to ensure up to date messaging on websites etc is available.
- Free posters are being developed by the cabinet office in different languages for distribution around high prevalence areas or areas with high spread rates within Trafford.
- Ongoing communications work for staff and partners to reinforce messaging around restriction measures, local and national rules and good COVID-19 practice to ensure clarity of messaging.

Recommendations

- 1 Note the content of this report by way of an update on the COVID-19 situation in Trafford

- 2 Consider ways in which members of the Committee can support the COVID-19 team in managing the local situation including engagement opportunities to reinforce messaging and good COVID-19 practice.

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**Trafford Local
Care Organisation**

Leading local care, improving
lives in Trafford with you

Winter Plan 2020-21



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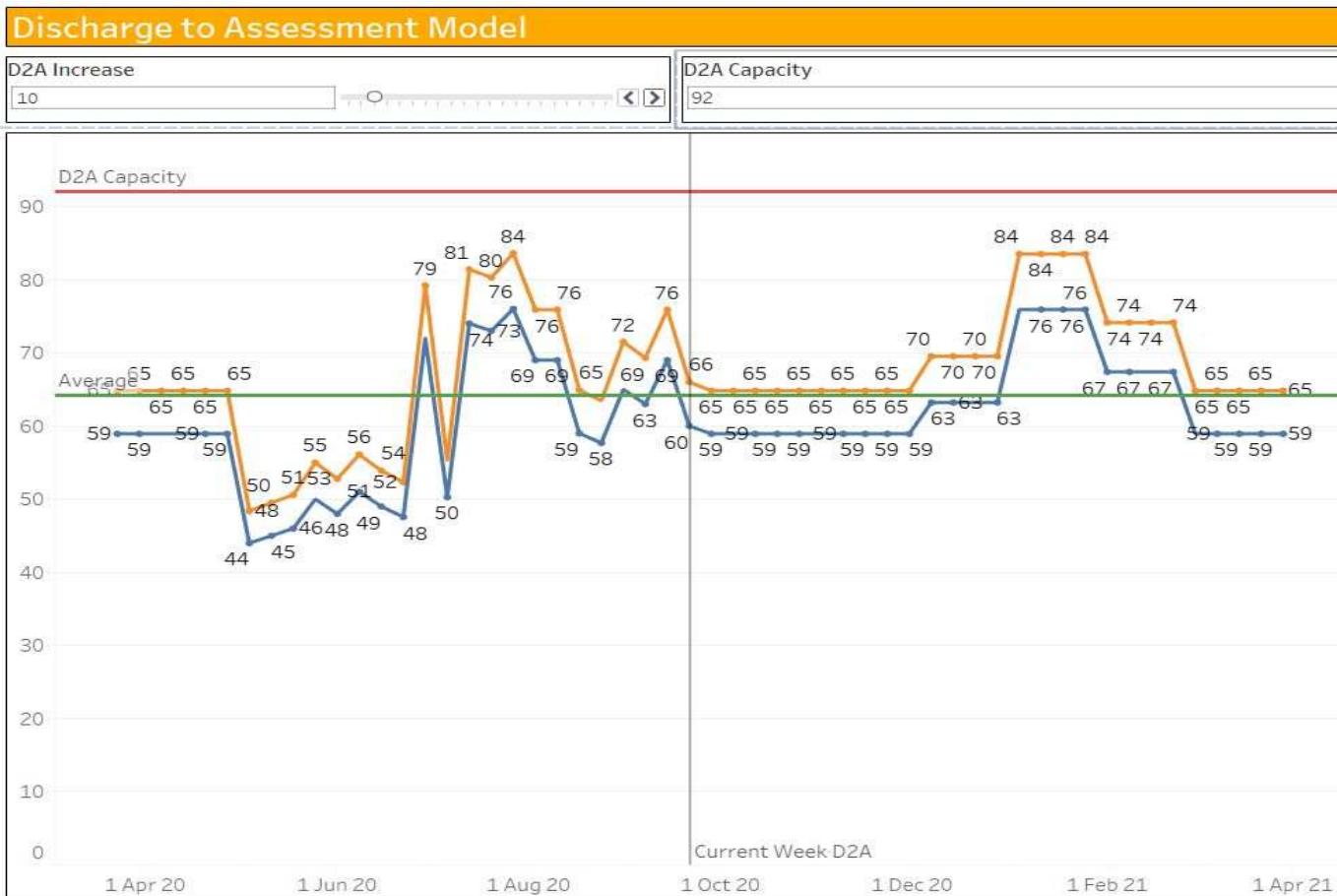


Purpose of our Winter Plan

- 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.

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.



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>

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.

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 as 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.

Slide 6

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.

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.

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.



Microsoft
PowerPoint Presentat

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.

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.

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.

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.

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.

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.

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.

Additional services in place to mitigate risks

Hospital Discharge

- **Rapid homecare** will be available to support same day discharge from 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 COVID RESPONSE PATHWAY

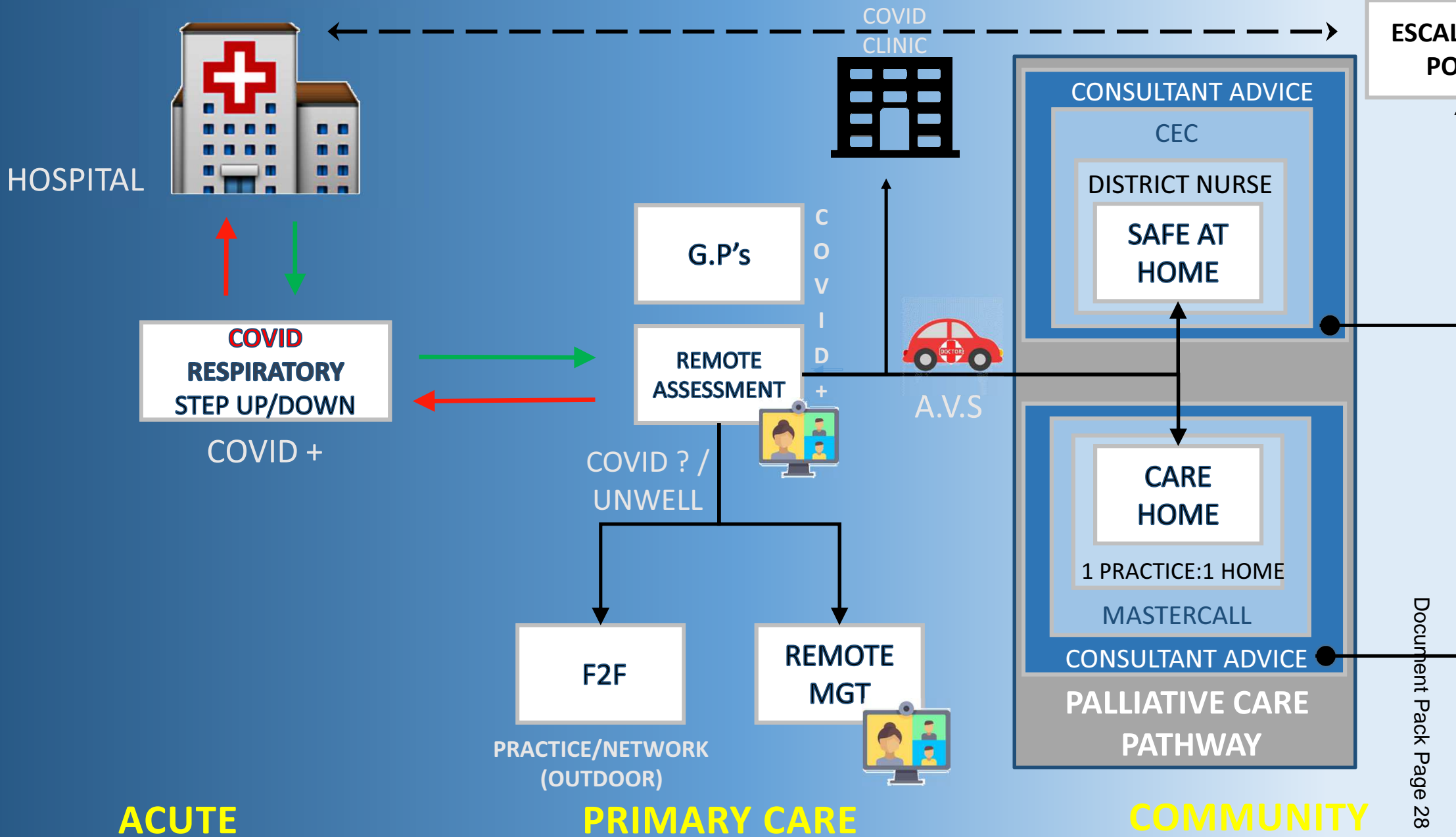
DIRECTORY

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



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

Home without support

Pathway 1a /1b

Home with home care support

Pathway 2/2a & 3/3b

24 hour care (residential /nursing/EMI nursing)

Pathway 2/2a & 3/3b (COVID +)

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

At risk of deterioration – daily video call, home sats monitoring

Stable but some risk – call Mon, Wed, Fri.

Low risk – safety netting advice, discharge

NO

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)

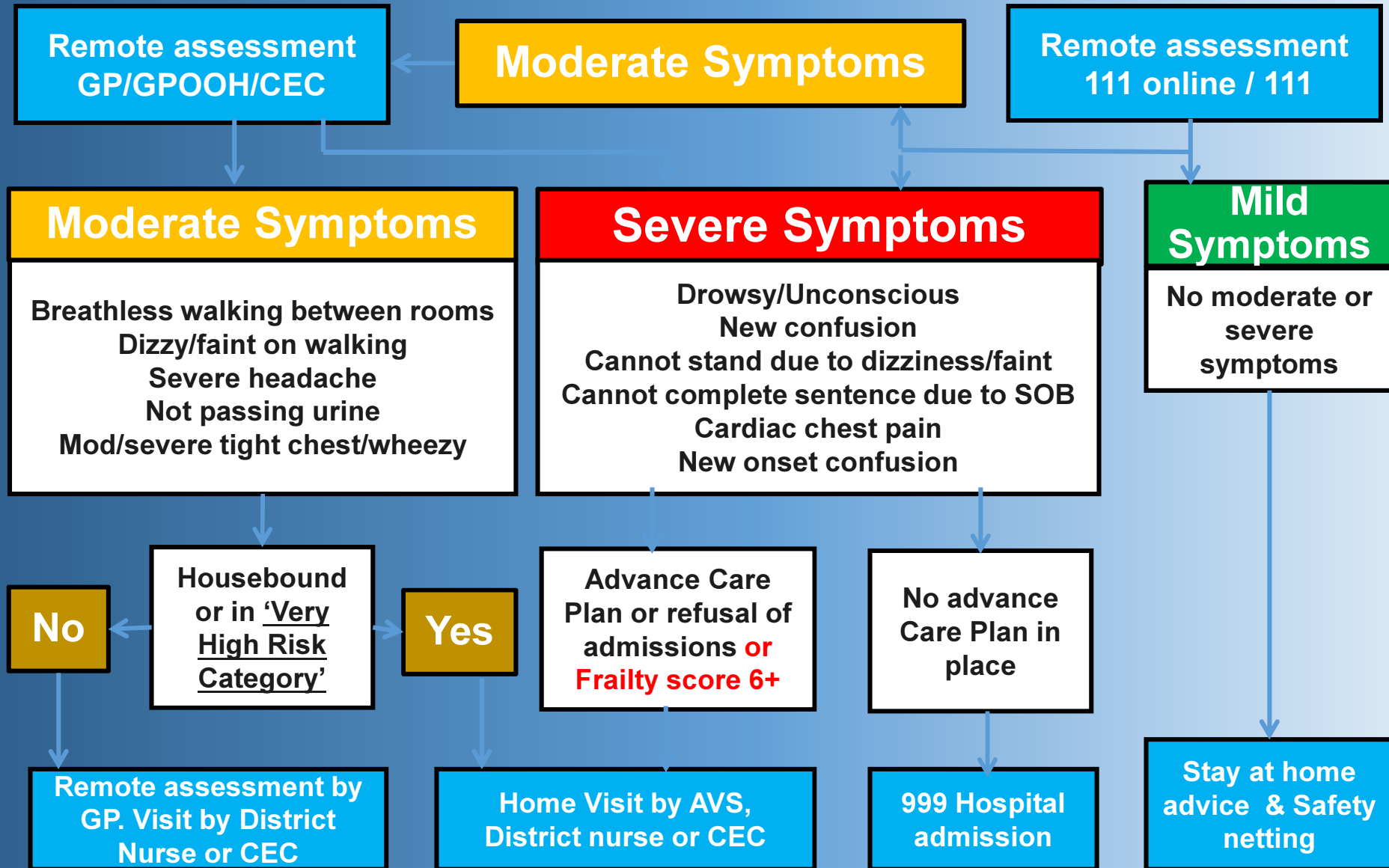
Urgent: Patient to call 999 for hospital re-admission

TRAFFORD PATHWAY 3

SAFE AT HOME

COVID-19 Symptoms in Community – Patient at home

New continuous cough
Temperature ≥ 37.8



TRAFFORD PATHWAY 4

CARE HOME

Covid symptomatic patients in residential and nursing care

Symptoms

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

NO
Physical F2F required

Telehealth monitoring required

CMS referral – dedicated pt line

YES



Mastercall AVS response

Further Outcomes:

- Admission/ED
- Referred to CMS
- Prescribing
- Primary Care Follow Up
- Safety Net with Advice
- Signposting
- Telehealth Referral
- Refer to UCCR, CEC etc.
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Outcomes are ranked Category:

- CAT 2 receive 14 daily call-backs
- CAT 3 may contact service directly if deteriorating
- Non-Category patients are not onboarded onto remote monitoring CMS Service

Pathway: Community or Care Home

All contact every patient referred for Telehealth

Over devices and equipment to patients/relatives

Over package to door, iPad devices/BYOD and

Meet a minimum of 2 metres, phone patient /

Mastercall will then contact patient at an agreed time

Delivery, ideally via video consultation to talk them

Mastercall will provide ongoing monitoring for 14 days

Assure, discharge and recover equipment, clear and

For next patient

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

CCG 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: Covid 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

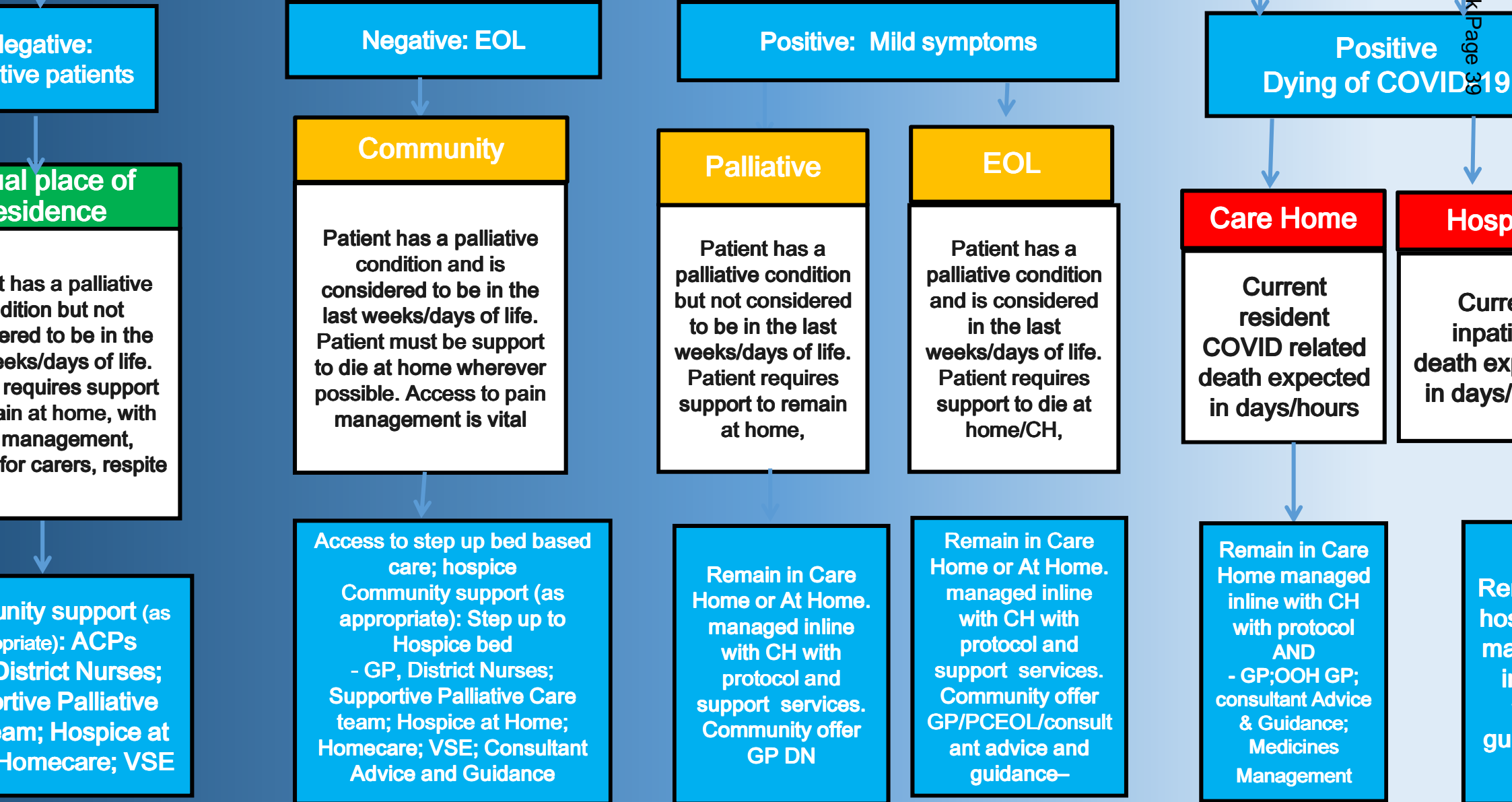
A general comms is emailed to stakeholders including Chief Nurse and On Call Manager

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

TRAFFORD PATHWAY 5

END OF LIFE

COVID status



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)
 Physical 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 home?

Mild Symptoms

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

Stay at home

Self-care advice: paracetamol, fluids, self-isolation as per guidance

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

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

Moderate Symptoms

- Some (new) SOB +/- SOB/EOE
- 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 hospital admission use respiratory step up clinic.

If less severe presentation, refer into COVID-19 HOT service via Mastercall AVS or ambulatory for f2f assessment

999 Admission if: Sats <92%; Severe breathlessness; Signs of sepsis; other emergency signs

Otherwise discuss case with community nursing team with consultant hotline.

If advance care plan in place or escalation to hospital appropriate:

Consider antibiotics or start end of life care via community nursing service or refer to Mastercall AVS or ambulatory HOT service

Trafford Primary Care Remote Assessment - Referral to COVID Service – Children COVID Symptomatic (<12)

Assessment questions:

1. Assessment 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 yesterday? 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 any 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?
5. 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

Difficulty breathing Normal activities A little off food
Still 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

Self-care advice: fluids and paracetamol
Household isolation as per national guidance
Parental reassurance Discuss when to worry: parents to watch out for difficulty breathing, change in behaviour or mental health
Sleepy child, not taking fluids, reduced urine output
Safety-net advice: if deteriorates contact GP practice, NHS 111 OR if rapid deterioration/very unwell 999.
Refer 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 face to face 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 child
Reduced urine output; Cold extremities; mottled non-blanching rash

Fever without source or fever >38 in child <3m or fever >5days
RR and HR above max parameters
amber box

Known asthmatic and acutely wheezy or in need of nebulisers
Oxygen sats <94%

Needs further assessment:

Urgent hospital admission – either via referral to paediatric team or 999 admission to Accident and Emergency

Use clinical judgement: it may be appropriate to arrange same day face to face assessment in COVID-19 hot clinic (Stretford) or AVS service for Trafford

Note: if child has significant comorbidities and complex needs, please follow any care plan in place and contact specialist team

TRAFFORD PATHWAY 7

Covid symptomatic patients requiring F2F
management – COVID SERVICE

Covid symptomatic patients requiring F2F management – COVID SERVICE

Moderate COVID Symptoms

Primary Care: Primary Referral on Health Care Professional Bypass to 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

Physical F2F required

NO

YES

Telehealth monitoring required

CMS referral – dedicated pt line

Pathway: Community or Care Home

All contact every patient referred for Telehealth

Deliver devices and equipment to patients/relatives

Deliver package to door, iPad devices/BYOD and

Meet a minimum of 2 metres, phone patient /

Mastercall will then contact patient at an agreed time

Mastercall will provide ongoing monitoring for 14 days



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 contact service directly if deteriorating
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TRAFFORD PATHWAY 8

COVID Follow up

Covid follow up Pathway (In Development)

