Trafford Local Care Organisation

Leading local care, improving lives in Trafford with you

Winter Plan 2020-21

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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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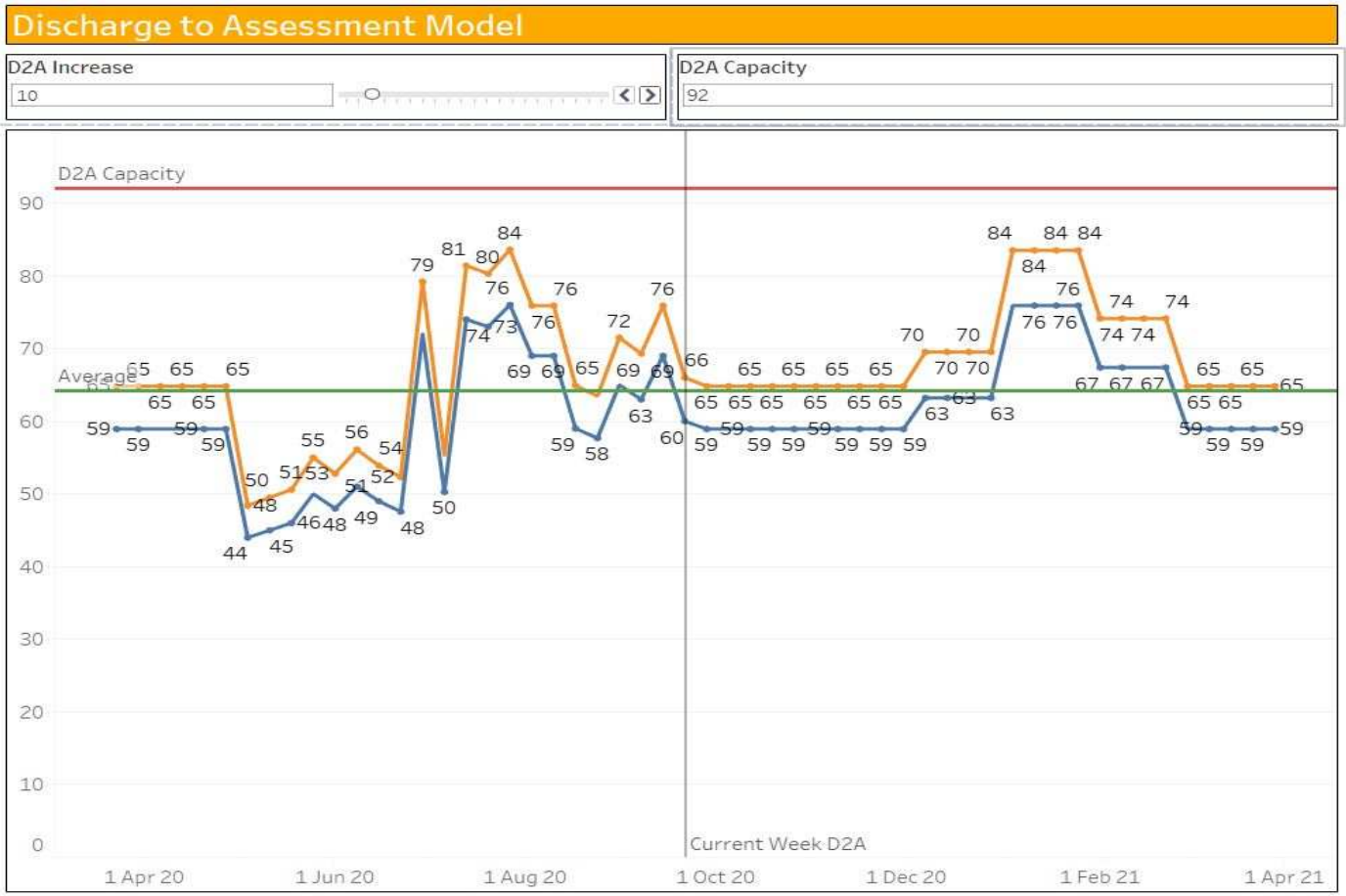
Demand Modelling

- 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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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.

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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.

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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.

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