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Helen Whately MP
Minister of State for Care
39 Victoria Street
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Dear Minister,

We have been working across Trafford and more specifically across health and social care in Trafford for the last 18 months to develop a blueprint for an integrated plan to improve the experience of our population's health and wellbeing. The relationships developed have enabled us to set out clear aspirations for the locality in our blueprint for the transformation of health and social care over the next 5 years. We saw this as part of a wider Trafford partnership reform, which included many areas of change that health and social care was a fundamental part of. We based our plan around 4 main principles these are:

- Our population.
- The people we serve.
- The place where we live and work;
- and the partnerships we create.

In doing so we set out three main aspirations within the plan:

- Improving the lives of our most vulnerable people.
- Enhanced wellbeing for all our population.
- Stronger connections across our communities.

We have built our plan around our place and in Trafford this is our four neighbourhoods, our locality and working with other localities in Greater Manchester.

Our foundation for health and social care integration in the future has four areas:

- Our Local Care Alliance made up of our health and social care providers and commissioners working together.
- Our Local Care Organisation which is delivering community health and social care in our four neighbourhoods.
- Our GP primary care networks that together will collectively be developing care and.
- An integrated strategic commissioning function that will commission for the person.

In response to the global pandemic Trafford's health and social care services have continued to come together collaboratively, this time to meet the challenges of a unique situation, building on the relationships already established and, demonstrating not only our ability, but also our determination to do this. We are keen to harness that approach, and to quote Sir Simons Stevens 'take the opportunity to 'lock in' the beneficial changes that we've

collectively brought about in recent weeks' into both our recovery and the reset of health and social care in Trafford.

As part of our pandemic coordination response, Trafford established a systematic coordination response, with the Clinical Commissioning Group (CCG) and wider partners including a front line Bronze incident room, a Silver multiagency coordination call daily, and strategic oversight via a Gold command structure. We also aligned (where appropriate) with Manchester to enhance a robust approach to wider issues such as Personal Protective Equipment (PPE), mutual aid and testing and swabbing arrangements. Building on a solid foundation of working in partnership across the health and social care sector in Trafford, and a well-established partnership approach to working with commissioned services, a series of COVID care pathways were designed, including extensive support to care homes throughout the pandemic.

As the COVID pandemic emerged, Trafford immediately established a dedicated daily messaging service to all Trafford providers across the health and social care sector and forms part of the OPEL reporting into the Greater Manchester resilience arrangements as well as in to the Councils/CCGs strategic Resilience Coordination (GOLD), meetings daily.

As part of the support, from the mid-March 2020, an agreed approach was communicated and discussed with care market providers through a conference call. The use of the Local Care Organisation Bronze control room and the Trafford Urgent Care Control Room were noted as the single point of access for escalation for any issues related to medical or community health input, access to medicine management support, or equipment including syringe drivers for pain relief and end of life support.

To support this, a dedicated team from Trafford commissioning and quality team (Council and CCG) completed daily calls to all providers (care homes, domiciliary care providers, supported housing etc.) in order to develop situation reports which not only monitored the resilience of the market but also enabled us to respond to any issues that the providers were facing. As the providers' confidence has grown in the responsiveness of the Council/CCG to support and resolve issues, and at the request of the providers, this is now completed twice a week and providers can escalate anything in the interim.

Details covered in the call include bed occupancy and vacancy levels, symptomatic/ill residents and staff, access to testing and changes to staffing levels, staffing issues, including any newly self-isolating, use of agency staff and access to PPE. Weekend and emergency requests for PPE are managed through contact with the team and co-ordinated through the PPE Hub established by Trafford and Manchester Public Health teams. Access to testing is also managed through commissioning. Additionally a daily briefing is circulated which gives details of all local issues and updates and any national updates.

This has enabled the provision of an integrated programme of support across four key areas:

- Infection control.
- Clinical support.
- Comprehensive Testing.
- Financial support.

1. Infection Control

1.1 As expected infection control is a critical element of support to care homes. The Infection Prevention and Control Team from the Trafford Local Care Organisation, alongside

the Public Health Team have been working closely with the care homes in a number of ways. Training and information relating to preventing and managing infections, training and information relating to the correct use of PPE and working with individual care homes to manage outbreaks as appropriate. This support is offered in a variety of ways including webinars, subject specific emails from the Director of Adult Social Services, Director of Public Health, Director of Commissioning, Primary Care and Nursing leads; system briefings and information added to daily briefings. The coordination of all communications has ensured the providers receive consistent messages and are kept up to date and briefed when national guidance changes or additional support has been put in place.

1.2 The CCG Acting Chief Nurse has identified a 'super trainer' within the infection and control service who has completed the approved training; they have now trained an additional six trainers from the CCG clinical teams who will support existing infection prevention services. The focus is on providing the extra support care providers require and provide training webinars to the care and residential homes infection control champions and will include 'signing off the competencies' for staff. This offer is part of the Chief Nursing Officer support out to our care homes and we are keen to receive feedback from the homes around any other training support they feel they need. The focus is initially on care homes but all aspects of care are being weaved into the 'enhanced training offer'.

1.3 Dedicated clinical support has been in place via the Medical Director, through the pandemic, commencing with the initial briefing and a commitment to ensure medical care was available to all regardless of their COVID status. The services were advised to escalate through the incident room any concerns re medical care. We were fortunate to have a new care home opening in Trafford and the medical Director and Director of Commissioning worked together to ensure the appropriate medical cover was in place for the home, as the council block purchased care home capacity within the home, liaised with medicines management to wrap support around the home, as people were discharged with post COVID level needs.

1.4 All the providers are regularly reminded to continue to source their PPE stock from their usual providers. Where this has not been possible the use of the National Disruption service has been encouraged. Additionally the Local Authority (LA) and the CCG are receiving weekly PPE deliveries via Greater Manchester Local Resilience Forum (LRF). This includes typically, IIR masks, single use gloves, single use aprons, single use goggles/eye protection, FFP3 masks, face visors, single use gowns and hand sanitiser. This is then distributed to the care sector via the LA. To supplement both of these supply routes the LA and CCG are also procuring additional PPE for onward distribution to the care sector when their supply is unavailable or the cost has become prohibitive. This mutual aid hub has distributed over a million items of stock, and has also taken the lead on developing guidance and training for staff on the use of PPE, including in planning the fit testing for masks for staff undertaking aerosol generating procedures.

1.5 All care providers were supported to check their business continuity plans and especially the care home sector were advised that staff should not work across multiple locations. In Trafford, we have a small number of homes owned by the same company; many are independent single site businesses, which reduce the risk of cross contamination caused by staff moving sites. However there is an acknowledgment that use of agency staff at this time is crucial for business continuity and the training re infection control is extended to this group if regularly in use. Many businesses report they have regular bank staff or agency staff.

1.6 Additionally the LA has over recruited staff to its in house services, in order to free up staff to move into other care homes if needed. This has not been required to date. The LA is also sourcing a standby team in collaboration with a key workforce supplier and a number of care settings. The CCG /Council has also procured a standby nursing resource on call, to deploy into any nursing homes who are not able to source nursing lead for their homes. This has been in place throughout May and not been accessed to date.

1.7 Right from the very beginning, in Trafford we have sought to prevent the spread of infection both to, and within care homes; through an insistence on all patients being tested before discharge from hospital and through the extensive training, advice and supply of infection control information and resources. This was in advance of national changes to discharge protocol as described in the COVID hospital discharge requirements (19 March 2020). This suggested people leaving hospital should not be tested but should be isolated when returning to a care home. However because in Trafford, we have had in place an agreement to test prior to discharge since early March, we have therefore provided additional assurance that residents have a negative swab, before returning to a care home setting. This enables all patients/residents to be appropriately and safely managed.

1.8 Trafford have agreed lead commissioning arrangements, and the Council has developed an extensive discharge to assess resource comprising a combination of residential and nursing beds and supported living flats in order to support safe discharge to an environment where they could be safely supported before returning home. The majority of this provision is of a design where the provider is able to safely quarantine and isolate key sections of their homes. We have audited all homes and identified those that would benefit from minor adaptations in order to expand the number of homes where residents can be isolated if required in the future. In addition we have redesigned our pathways out of hospital and refocused our reablement service to discharge from care homes to ensure that there is no impediment to people returning home as soon as they are well enough.

2. Clinical Support

2.1 Clinical Offer

The Trafford system has been working hard to implement the Covid-19 response through primary care and community health support to care home residents and facilitating the enhanced care home model including clinical leadership, consistent check-ins for patients, and delivery of personalised care and provision of medication support. Trafford has longstanding arrangements providing primary care support into care homes. This has been developed further during this period, with the alignment of care homes to Primary Care Networks to support the proactive management of residents through their Registered GP and local pharmacy support.

The LA, CCG and Local Care Organisation (LCO) have developed a support package that offers an enhanced clinical support package to every care home 24/7. This builds on the existing Alternative to Transfer (ATT) support offered via Mastercall and the primary care support provided through the primary care networks and the community enhanced care service where providers care can discuss concerns they may have regarding any residents. During this time we have enhanced the model to ensure there is additional medical cover to offer further support over the 24-hour period. In addition, in partnership with the care homes, are engaged in a new digital Covid-19 tracker to support the oversight of the care management of their residents. The alignment of care homes to Primary Care Networks

supports the proactive management of residents through their Registered GP and local pharmacy support.

In addition, the AVS service carries palliative care packs to ensure that there is no delay in the commencement of End Of Life (EO) medication and pain management for those patients who rapidly deteriorate whilst under the care of the AVS service.

To further support the proactive management of patients, end of life documentation has been made electronically accessible on GP clinical systems, through the utilisation of the EMIS One Template for Palliative Care. This has included summary of NICE guidance for management of COVID symptomatic patients being added, to support clinicians in the timely prescribing of these medicines. To support the timely delivery of EOL medication, a further 5 pharmacies have been commissioned to hold end of life medicines stock.

Clinical pharmacy support to care homes is provided by Trafford's Care Homes Medicines Optimisation Team. This is long established team is dedicated team who have continued to provide support remotely to care homes with medication queries, medication reviews, medicines reconciliation following transfer of care, ordering of medication for patients and are a key part of the multidisciplinary team for review of patients.

Trafford's Home Oxygen Assessment and Review service (HOSAR) has also continued to provide support and care during this period. The service has linked in with the palliative care and community team, to support a coordinated response. This service will, via a referral, clinically review a patient and order oxygen via a Home Oxygen Order Form (HOOF), if clinically appropriate.

Access to specialist support has been implemented during this period, with EOL advice and guidance support now available to care homes via Trafford's Supportive Palliative Care Team and St Ann's Hospice. An advisory clinical equipment stocklist for end of life for care homes has also been developed and communicated to support homes to respond to a potential increase in the number of residents dying whilst in their care. Training in recognising death, anticipatory care planning and delivery of end of life care has been provided to care homes by the Palliative Care Team and a panel of experts across Medicines Optimisation, Safeguarding and Primary Care and a wider programme of education and training is in development.

3. Comprehensive Testing

A programme of testing symptomatic residents and staff across all the care homes has been developed following the initial outbreak testing through Public Health England NW. Results are collated and monitored to ensure that alongside support to individual care homes a Trafford wide view is fully understood. We are able to offer to testing to care home residents who become symptomatic during an outbreak, as well as to those who were initially affected. This enables us to understand the situation in the home.

Additionally the Care Home Testing team comprising LA, CCG and Infection Prevention are supporting each care home in the use of the national portal for whole home testing of asymptomatic staff with support for those care homes who request it. Training and advice has been provided on undertaking safe and effective swabbing with testers available when Care Homes feel unable to undertake themselves. Follow up support is in place to help care homes manage residents and staffing levels when positive results are returned.

- Swabbing – the local swabbing team provided by Trafford’s Local Care Organisation have visited homes to test residents with suspected COVID. As of 15/5/20, the swabbing team had swabbed 230 individuals across 25 locations.
- Early access to testing for care homes staff began on 16th March 2020 using our local portal. 126 care home staff have gone through our local testing route. Now the majority of Trafford care homes use the national portal and book direct.

Symptomatic staff will continue to be encouraged to utilise local and national routes for testing. The testing service and results management is a vital part of our contact tracing response, which we are currently developing. While at a locality level we are expecting to be focussing on outbreak management in high consequence setting and on complex cases, we will be working with our local communities to ensure that people are able to access testing quickly and that people are supported to any self-isolation following contact tracing.

4. Financial Support

The LA recognised the financial pressures the care home sector were facing as COVID pandemic started to emerge and recognises the need to refresh its existing Trafford care market plan to protect the market whilst the Covid-19 remains a risk for this part of our community, as well as supporting the market to move to a more sustainable platform that delivers the model of care we want for our residents in the future which focuses on Living well at home.

Therefore, we took stock with our care home providers to understand their additional financial burdens (notably PPE and additional staffing costs) before developing our 4 stage financial package. The Council currently buys care home placements on a spot purchase arrangement but had commenced some small block purchases for long term care and blocks for its Discharge to Assess market. Stage one of the financial packages moved the payments into a 4 week in advance process and agreed payment on planned care instead of invoice based retrospective payments.

Stage 2 provided a COVID support payment of an additional £1 an hour for home care and an additional £50 week residential care and £60 a week for nursing care, plus the payment for all PPE costs over the normal costs homes would have had within a month.

The third stage paid backdated to 1st April, was the Trafford bed rates for any homes falling below 90% occupancy. Also, as stated earlier the LA is purchasing additional PPE for onward distribution with no charge to the care homes.

Stage 4 – following the announcement of additional funding for care homes and receipt of the guidance on 26th May, the Local Authorities will ensure that 75% of the grant is allocated to support the following measures in respect of care homes.

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. This includes staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test.
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff - the principle being that the fewer locations that members of staff work in, the better.

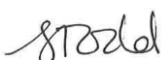
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents.
- To support active recruitment of additional staff if they are needed, to enable staff to work in only one care home, or to work only with an assigned group of residents, or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19.
- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

The ability of the statutory sector to flex and increase the support available to the residential and nursing sector is evidential from the strategy and the pace with which the statutory sector and the care homes responded to the challenges posed by COVID and the needs identified by the care homes in Trafford. Some of this has been due to the dedication of staff working outside of their normal hours of work and their normal roles and other support has been as a result of additional funding from the Government. But none of this would have been possible without building on the relationships that already existed between the Council, as lead commissioner, the key clinical leads within the CCG and the care homes.

There are a number of immediate issues to address as we move slowly towards the end of the pandemic. One is preparation for the next wave of Coronavirus, or indeed any other pandemic, and the other is supporting the residential and nursing sector, to recover from the impact. The national recognition of the care sector as the need for a long term sustainable funding solution is welcomed and will support local government to work together with partners to support the implementation of our recovery plans which incorporates our refresh of the locality plan, following the fast tracking of many aspects of change which have been implemented during the last 10 weeks at pace.

As Chief Executive of the Local Authority and Accountable officer of the Clinical Commissioning group we are committed to supporting the residents of Trafford through the next phase of the pandemic response and enable continued improvements in health and wellbeing of our population.

Yours sincerely



Sara Todd
Chief Executive



Sara Radcliffe
Acting Accountable Officer, Trafford CCG