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Date: 29th May 2020

Helen Whately MP
Minister of State for Care
HM Government
39 Victoria Street
London SW1H 0EU

Dear Minister,

Southampton has a long standing committed integrated approach to supporting care homes, home care and the wider social care market. Alongside this there are robust linkages to the wider Hampshire and Isle of Wight Local Resilience Forum to enable wider planning and support. This has enabled Southampton to provide a high level of effective and responsive support to the whole sector during the current crisis. There has been oversight, leadership and scrutiny from key organisations in the city to help support the unprecedented challenges presented by COVID-19.

Market overview

Over recent years the care home market in Southampton, as outlined in Appendix 1, has been well supported, with a focus on the provision of high quality care, and is continuing to improve. 84% of residential care homes are rated as Good by CQC and all of the nursing homes. However most nursing homes are currently full or close to full capacity and under pressure dealing with the challenges of COVID-19. Where there are vacancies, these have followed periods of closure to new referrals following Covid-19 outbreaks. The home care market has largely been resilient in the face of the potential impacts of the virus. The number of home care hours provided within the system has increased (from 22,136.8 hours per week in April 2019 to 23,664.5 hours per week in April 2020), and recruitment of new staff has been positive within the city's integrated Urgent Response Service providing initial step-down support for people leaving hospital. Hours have continued to be added to other key home care provision. All providers have instigated their business continuity plans to manage staff shortfalls due to Covid-19 and have responded to new requirements and issues as required. In addition, live-in care capacity is vibrant. We have also developed access to emergency carer support to be available at short notice.



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Housing support services have responded positively during this period, and to aid the ability of individuals to self-isolate where required, additional bed spaces have been sourced from university accommodation in the city. The voluntary sector has provided support to vulnerable individuals in the city, including many receiving care. Where services have been unable to operate in their current form owing to Covid restrictions, e.g. day services, agencies have redeployed their staff to support individuals in other ways e.g. day service staff supporting some housing support services.

Joint work to ensure care market resilience locally

We have a comprehensive, multi organisational programme in place, as demonstrated by the system action plan in Appendix 6, and monitoring of key metrics by Public health and Infection Control teams, has shown a reduction in outbreaks.

To support all providers a City Hub is in place seven days a week to respond to urgent queries. This ensures they can request support or guidance where a provider is experiencing difficulties, distribute national guidance as it is published, provide regular updates on support available for social care providers and act as an access point for emergency PPE stocks. The City Hub, led by the council and CCG Integrated Commissioning Unit (ICU), is resourced according to the demand from providers in the system. Therefore, should this demand rise we have a process in place to increase the staffing resource allocated and vice versa.

There is a daily overview of the local care market from a quality and market resilience perspective by the ICU team with immediate action taken as appropriate. Intelligence gathered through regular contact with providers, including via our Placement Service is used to supplement information on the Capacity Tracker and the Home Care Tracker. This is also supported by local intelligence gained through regular contact with providers, Hampshire Care Association and feedback from others working with the sector. If there is an indication of issues developing then appropriate action will be taken, for example the actions taken to increase access to PPE and support required to manage workforce challenges or safeguarding actions if required. More details on the capacity tracker in Southampton can be found in Appendix 3.

Building on the work with Home Care providers in the early stages of the Covid-19 response, the Home Care tracker provides us with insight into workforce, PPE, demand challenges and availability of resource. The majority of providers are making use of the Home Care tracker which gives us the opportunity to focus our efforts where it is really needed. The system is the same as the Care Home response i.e. if issues are identified through this route, appropriate action is taken, an example being concerns regarding not only immediate and/or longer term PPE supply.

The joint Infection Prevention and Control (IPC) Specialist nurse, working with our Public Health Team has developed a RAG rating system for all care homes in the City that is updated daily. This allows us to target support to those most at risk. Homes that are rated Red receive a daily call from one of our IPC colleagues to provide advice and support. Amber rated homes receive a call 2 or 3 times a week. Outbreak management is well supported via this route. We have a good working relationship with the Health Protection Team at Public Health England and are in regular contact with them.

An Enhanced Health in Care Homes (EHCH) offer has been in place since March 2017 delivered by the city's primary care federation – Southampton Primary Care Ltd (SPCL) – to all residential

homes. Many of the nursing homes within the city have historical arrangements with local practices for similar support and the intention was to roll out the SPCL offer to all other nursing homes this year. In response to the Government's letter of 1st May 2020 regarding Primary care and community health support to care home residents, this offer has now been fast tracked and mobilised for all care homes across the city. The functions undertaken by SPCL include:-

- Undertaking a Comprehensive Geriatric Assessment (CGA) on all residents, and a review following an episode of concern e.g. ambulance callout, hospitalisation or a fall.
- Medication reviews
- Development of personalised care and support plans
- Weekly contact with homes including the facilitation of Multi-Disciplinary teams, care plan reviews and referral activity.
- Operate a care home telephone "hotline" as part of a citywide Acute Visiting Service
- Use of key medical equipment such as pulse oximeters to enable remote monitoring of patients within care homes

In the medium and longer term the CCG will work with Primary care Networks (PCNs) to maximise the benefits of the commissioned EHCH service. This will also ensure alignment with the EHCH elements of the nationally commissioned Primary Care Network Directly Enhanced Service from 1st October 2020.

All CQC registered homes in the city have a named clinical lead and all GP practices have arrangements in place, as per the Guidance letter of 12th May 2020. 79% homes have the three elements of COVID-19 care home support service in place, however some of our homes are respite homes used by people from across Hampshire and so support is slightly different. However the EHCH services in the city do provide check in and more acute support. There is clear out of hours provision in place for each care home.

There is also wider system support from community and hospital services including:

- The Urgent Response Service is an integrated intermediate care team that includes a rapid response to crisis function. This is a citywide service accessed by clinicians and also available to care and nursing homes. The purpose is to respond to need within 2 hours and where possible stabilise a situation avoiding unnecessary hospital conveyance or admission.
- A Same Day Emergency Care Service (SDEC) for people over 80 years old is operational within A&E department; this is staffed by a mixture of acute nursing staff, the community Urgent Response Service, and geriatricians who work in the acute sector and the community. All of the nursing homes have access to the clinicians in SDEC for advice and guidance either via a tablet or dedicated phone line.
- Access to geriatrician support for the city's 9 nursing homes via a telehealth solution using a tablet to support care and admission if needed
- A daily End of Life Virtual ward round provided jointly by the Solent NHS Trust community health team, SPCL and Countess Mountbatten hospice for patients in all sectors including Care Homes.
- In addition to the end of life work under way our community nursing service provide expert nursing support for our care homes, doing so in a coordinated manner and with the intention to support the clients and the care staff.
- Access, support and training from the Southern Health Community Learning Disability team for supported living and care home providers. Externally commissioned respite services have

continued to continue to operate throughout so they can respond to carer and clients emergencies or high risk situations.

In addition there has been a range of practical support to homes including:

Testing – however, this has been an area of challenge and there are concerns for many providers about lack of access to tests or delayed feedback on results. Despite this challenge, we have a plan and criteria agreed for whole home testing for care homes as per the guidance: in the case of new outbreaks, ongoing outbreaks, large (50+residents) care homes with no Covid-19, and where professional judgement or the local knowledge of the Infection Protection and Control (IPC) team would indicate that a home should be prioritised. There are weekly meetings now established between IPC and Public Health to agree the weekly prioritisation list using agreed criteria, the first of which was 22nd May 2020. The impact of this prioritisation process will be audited moving forward. Further details can be found in Appendix 2.

Work is also underway between the Council, CCG, IPC leads and the hospital to provide clarity and assurance to homes regarding testing pre-discharge. No home will be expected to take a patient without a test result within the last 48 hours. An easy read guide is being developed and will be co-produced with homes through the city's Care Home Oversight group.

Additionally a risk assessment process has been implemented as part of the discharge process to ensure appropriateness and safety of all placements in line with IPC guidance. Individual discussions are held with the home about their ability to manage returning residents and whether they can accommodate the isolation period and alternatives will be found if not.

Personal protective equipment - access to PPE has been challenging for some care providers, especially those with a Direct payment or Personal Health Budget. The sector has noted access to increased levels of PPE being difficult via their usual suppliers, and significant increases in the costs of some articles. This is in line with PPE supplies across other health and care sectors. The Council and CCG have helped with some supplies where stocks have run dangerously low. The situation is more stable, with some supplies still being provided centrally by the council. There are now clear processes in place, including local access to emergency PPE stocks which are provided from the Local Resilience Forum resource and other mutual aid provision and this has been active since March 30th 2020. Requests are responded to in a timely manner, often meaning that stocks are delivered the same or next day if a provider cannot access resources via their normal routes. Stocks have been supplied to 86 providers (primarily social care or direct payment clients) since its inception with in excess of 180,000 items of PPE distributed. 32 of the providers requesting have been care or nursing homes with approximately 30% of these requesting supplies on more than one occasion in the last 8 weeks. The Council has recently agreed to purchase additional PPE stock to act as a reserve for providers who are having difficulties in accessing it via their own supply routes.

Training and ongoing support – there has been a significant focus on strengthening the care market and this is outlined in Appendix 4. The CCG and Council integrated quality team will continue to support the sector as this is part of normal day to day business. This includes the home care sector and PHB/Direct Payment clients as well as care homes. That support includes any training required, either virtual or face to face, support in interpreting national guidance, weekly video conferencing, access to NHS.net, Teams and Capacity Tracker and access to local shared health and care records (CHIE - Care and Health Information Exchange). A support

programme had been in place pre Covid to support homes reach 'Entry Level' IG standards and access to NHS Mail and 67% of 105 eligible providers had achieved the standard. Since Covid, with the relaxation of the need to meet entry level standards, we have refocused our efforts on supporting providers to access NHS Mail and to date have submitted 74 Fast Track NHS mail applications. Of this figure 70 are for Southampton city based providers. Additionally the CCG has supported the roll out of NEWS2 and RESTORE2 in Southampton and where needed supplied the appropriate equipment to support this.

Our system's collective level of confidence that actions are being implemented, or plans are in place to urgently implement

Oversight of all the work to support care homes is via an Oversight Group with representatives from a wide range of health and care organisations, including care home representatives. Details can be found in Appendix 5. This is still evolving but brings together all aspects of the care home and wider care market work. An action plan is in place, and this is now being developed further with key metrics. The intention is for the plan to collate all actions from each of the different pieces of national guidance.

The Oversight Group has confidence that actions are underway and some, such as access to primary care, training and PPE, are well established. Some areas such as testing have plans in place and need to be fully established. However there are areas that need further work including:

- Establishment of additional step down provision – several options are currently being explored for a local step down unit with a view to getting something in place within the next 6-8 weeks
- An assessment of the long term sustainability of the market – work commenced pre COVID-19 now needs reviewing and strengthening.
- Determining the best option for providing a consistent offer of Telemedicine support to all Southampton homes as there are differing models in use
- Updating of the System Market Failure plan.
- Impact of increased testing and track and trace on workforce availability

The Oversight group links into the Local Resilience Forum (LRF). The system approach to support to care homes has been a key priority within the Health and Care Cell reporting through to the Strategic Command Group. Planning within the Health and Care cell for Southampton and South West Hampshire has included the inclusion of care homes and homecare in escalation planning. This is currently being reviewed and updated in line with modelling for potential Wave 2 demands, winter pressures and any impact of restoration of services.

Further assurance is provided through the COVID Cabinet and Executive Management Team within the Council which receives regular reports on the status of the care home and wider care market. The Councils paid executive Gold Command structure for major incidents also feeds into the LRF on matters. There are also regular updates to Health Overview and Scrutiny Panel and the CCG's Clinical Governance Group.

Approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures

SCC Payment terms have been revised to promote cash flow for residential and nursing homes and are being made in advance on an assumed occupancy basis. For home care, payments are now made as soon as possible following receipt of invoices from providers, foregoing the usual contractual timetable. The CCG has also revised its terms of payment to ensure provider's cash flow is sufficient.

Taking into account pressures providers within the local market are experiencing, including increased staff absences due to Covid or self-isolating and the additional time required for care, the CCG and LA have implemented a 10% uplift to residential and nursing homes for the period from mid-March until end of June. There is also a similar 10% uplift for home care packages and housing support services, recognising the additional pressures these sectors have faced. These are in addition to the uplifts awarded to placements made at the council's published rate levels for care homes from April 2020 – 5% for residential home placements; 6% for nursing home placements. For home care the 10% increase is in addition to changed rates following the re-opening of the local home care framework which enabled providers to re-set their rates from April 2020. 10% uplift was the amount agreed following analysis of extra costs being faced by providers at the time and projecting likely costs until 30th June.

Standard rates for new placements have been increased by 15% during this period. Some block booking of beds has been undertaken to provide further security. There is a separate process in place to further support homes, providers of home care and others in the care industry should the additional costs faced be above usual costs and mitigating measures have been exhausted. This process enables providers to request support by detailing the additional costs and impacts. The aim is to ensure that where cash-flow is compromised and costs are causing serious difficulties for providers, financial support with those costs can be provided on a case by case basis.

The above measures will be reviewed by the 30th June in order to determine whether uplifts will continue beyond this date. The review will consider whether the measures have been sufficient in the support provided; and any further actions including the possible return to normal contractual arrangements.

It is the intention to meet the allocation requirements of the Infection Control Fund announced on 14th May. 75% of the allocation (£1,518,953.25) is to be paid direct to care homes and the council based upon the total of CQC registered beds in each home. Payment will be made as a grant to provider organisations. The first payment will include a condition of use of the Capacity Tracker. The second payment will be made only if the provider has made use of the Capacity Tracker and has used the initial payment in full on infection control measures. The final 25% of the allocation (£505,507) will provide the council with greater discretion to direct resources where it, working with partners, considers it will have the greatest positive impact on infection prevention and control measures. The options for this are being considered.

Approach agreed locally to provide alternative accommodation

As part of the COVID-19 response an additional 12 Discharge to Assess beds have been commissioned from two of the city's nursing homes, in addition to the 5 beds already commissioned for this purpose. There have been issues in making full use of this capacity due to COVID-19 levels in the homes concerned. Demand for those with complex needs on Pathway 3 has also been much higher than anticipated, comprising 31% of the Medically Optimised for Discharge list. Many of these have not been able to be placed in either interim or long term care owing to the limited capacity in the nursing home sector.

To meet this additional demand we are in process of commissioning extra capacity. In the interim some use has been made of some of the additional Community Hospital capacity. Community health colleagues are establishing a robust multi-disciplinary team (cross- organisations and professions) to review complex cases individually to establish where the most suitable location would be for each patient.

As part of the wider community and social care support offer the city has agreed the ability to provide up to 400 rooms and appropriate care within hotels in the city. These have been able to provide a range of responses including moving people from their current community settings where it would be safer to provider care and support within the hotel settings. This has not been used significantly, and work is underway to reduce capacity. However, measures will remain in place to form part of the wider system resilience planning for any homecare failure including discharge processes. The service is operating on a home care style basis with live in carers, co-ordinated by an agency. The level of care that could be provided will be up-to four daily double-up care visits. Whilst in the interim placement, the patients are assessed for a longer term placement, with relevant Care Act requirements fulfilled.

Local co-ordination of staffing and workforce

In terms of support for staffing problems all homes have access to our City Hub as a central point of access where they can raise any issues they need assistance with (7 days a week). We have an agreement with Solent NHS Trust for the supply of registered nurses to support the sector if needed. In terms of care staff we have a number of home care agencies with staff located in the hotels in Southampton that we can deploy, we also have support from the in house temporary staffing service in SCC to provide additional staff if needed. In addition we have a number of senior staff within our Integrated Commissioning Unit who have experience in the sector who could provide support if needed, including previous registered managers.

Work is underway as part of the LRF resulting in shared workforce modelling, mutual aid agreements, recruitment campaigns, shared resources and education and best practice swiftly being adopted across the system. An agreement has been developed, via Community trusts, for NHS staff (permanent, bank and agency) to work within care homes including indemnity and risk sharing.

The LRF workforce team has brought in temporary social care workforce expertise and are also supporting the recruitment and protocol development so cabin crew staff can work within social care. There is also an initiative to start to develop this for IAPT services. This has not impacted Southampton as yet.

Support and engagement

The work, priorities and issues outlined in this letter are the combined output of local authority, health and other partners within the city and wider. The Director of Adult Services, Director of Public Health and CCG Director of Nursing have led the compilation of this response along with all organisations represented on the Care Oversight Group. Healthwatch have offered support and will be joining the Oversight group. An update on progress will be going to the Health and Wellbeing Board. Priorities and actions have been shared with the LRF Health and Care Cell.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sandy Hopkins', written in a cursive style.

Sandy Hopkins
Chief Executive Officer
Southampton City Council

Appendix 1: Care Market in Southampton

There are 63 care homes in Southampton - these are broken down into the following types:

- **Older people - Nursing Homes:** 9 (3 with less than 50 beds, 4 with 58-73 beds and 2 with 100+ beds (101 and 104). All are privately owned, and all bar two are owned and run by regional and national organisations. The nursing homes provide 566 places in total.
- **Older people - Care Homes:** 27 (1 with 3 beds, 14 with 11-20 beds, 11 with 21-40 beds and 1 with 72 beds)
- **Learning Disabilities:** 20 (3-10 beds)
- **Mental Health/Substance misuse:** 7 (3 with 4-7 beds and 4 with 10-16 beds).

The public sector commissions up to 40% of the total home places in the city. The market locally is not always well balanced. One such area is the over-supply of residential care for older people. Often this accommodation is small, within refurbished standard housing available on the open market, and is unsuitable to meet all needs.

There is an under-supply in adult nursing care provision, despite the city having developed two long term contracts to guarantee supply. Much of the provision in the city remains at too low a level to meet the more complex need requirements.

The home care market comprises of providers delivering care to approximately 1500 of the most vulnerable people living in the city; there are approximately 40 providers in total. The providers cover a range of environments from client's home homes, supported living clients for people with a Learning Disability and extra care courts where care is dedicated to that site.

Appendix 2: Care home Covid-19 testing

Southampton City Council and NHS Southampton CCG recognise the importance of Covid-19 testing of care home residents and staff with the aim of reducing the risk of transmission into, and within, these environments.

At present, the local PHE health protection team continue to organise initial testing of residents with new symptoms meeting the Covid-19 case definition in a home that until that point had no active Covid-19 cases, or after 28 days have passed (2 incubation periods) since the last case became symptomatic (a new outbreak). This is achieved through a community testing service run jointly by Partnering Health Limited (PHL) and Solent and Southern NHS trusts. The testing team arrange to visit the care home and take the swabs. Subsequently these same homes are automatically prioritised for whole care-home testing of residents and staff via the national care home testing service, as long as care homes have registered on the online testing portal. The national care home testing service organise delivery and collection of swabs for all residents (symptomatic and asymptomatic) and asymptomatic staff. Whole-home swabbing is carried out by the care staff. This service does not include symptomatic staff, who will be immediately self-isolating, and are encouraged to use the key worker online testing portal to organise their test in the usual manner.

Further automatic prioritisation for whole-home testing is made for larger care homes (50+ residents) with no apparent Covid-19 residents or staff to look for asymptomatic or pre-symptomatic infection and allow appropriate public health action at the earliest opportunity. For the remaining care homes in the locality, a whole-home testing prioritisation list is produced jointly each week following a discussion by representatives of both the infection, prevention and control (IPC) team, and Southampton City Council public health team, and approved by the Director of Public Health. Prioritisation for this list is currently based on care homes with on-going outbreaks as well as professional judgement/local knowledge acquired by the IPC team as part of their regular telephone calls offering support to care homes. Metrics are also collected during these calls which assist in risk assessing on-going situations in care homes and contributing towards testing prioritisation decisions such as the proportion of residents with symptoms, case-fatality, and staff sickness.

The IPC team is currently in communication with all care homes in the locality to make sure they register and request tests via the online care home portal, as well as following up with care homes to establish the results of this testing, and to provide the necessary support around isolation, use of PPE, staffing, cleaning and other infection control measures. This is especially important for those care homes that have not yet managed cases during the pandemic.

Appendix 3: Capacity tracker

As of 28/05/2020 of the 63 registered care homes in Southampton 56 are showing as registered on capacity tracker. We have established that the remaining 7 homes are on Capacity Tracker but there is a technical issue which the provider of Capacity Tracker is working to resolve. Of the visible homes on 28/05/2020, 21 have updated it in the last 24 hours, 28 in the last 48 hours, 34 in the last 72 hours and 36 in the last 7 days. We continue to actively promote care homes to record their activity on this system.

We still have some homes not using the Capacity Tracker as effectively as we would like and have continued to follow up with these homes to support them to use the system as this will enable more reliable and consistent information to be available. Use of the Tracker is a condition for homes to access Infection Prevention control monies recently announced.

Appendix 4: Training and Support for Care Homes

There has been a significant focus on strengthening the care market in the city via the Integrated Commissioning Unit Quality team. This has led to a significant increase in the number of homes registered as Good by CQC (85% residential homes and 100% of nursing homes) and means that the care homes are familiar with the nurses now offering support in the crisis. Training for the homes has been part of our standard offer for the last 6 years via a range of mechanisms including via the Council's in house learning and development team, via our Quality Team and securing other professionals to assist when needed. In addition we offer ongoing forums for all providers, educational sessions are included in those events.

We have been working closely with the sector since the start of the outbreak in the City; this has included getting as many of our care homes onto NHS.net to allow access to Teams. This has enabled a weekly video conference to take place on a Friday afternoon and each week we have around 40 care home and home care providers joining this call. During the sessions we have covered use of PPE, Isolation care, handwashing, testing and have a Q&A session as part of this event. The session is recorded and made available to all homes including those unable to attend. The most recent session has been viewed over 100 times.

The national NHS training has been offered to all 63 homes in the city, we have two super and nine local trainers. The 63 homes in the city we are anticipating that by the end of 29/05/2020 38 will have been trained and 25 have declined the offer. Those that have declined will still be able to request the training after 29/05/2020 and this will continue to be available for as long as needed. The homes that have declined have cited a range of reasons including training has been provided by their company. These homes continue to be supported and encouraged to take part in the training if they wish. This training is offered either in the home or virtually. There is an ongoing programme of support on offer, including support with NEWS2 implementation and other practical clinical skills support as needed. As part of the ongoing plan this training will be extended to home care providers, personal budget recipients staff members and other relevant social care staff.

Support around medicines and safe working processes continues to be provided by the CCG Medicines Management team, as part of the Quality team's city wide EHCH support. Provision of support to care home staff around the impact of the operating environment is being developed, such as spiritual care; bereavement; mindfulness and wellbeing.

Appendix 5: Care Home Oversight Group

Membership of the Oversight Group includes representation from:

- Primary Care Networks - 3 Directors
- Care Home representative
- Hampshire Care Home Association
- SCC Public Health Consultant and Registrar
- Solent NHS Trust - Director of Nursing, Operations Director and Head of Quality and Professions Primary Care Services
- Southern Health NHS Foundation Trust - Interim Director of Operations Southampton Division
- Southampton Primary Care Limited –
- CCG – Chair, Primary Care Lead, Medicines Management representative , CHC Lead
- University Hospital Southampton
- SCC and CCG Integrated Commissioning Unit

Appendix 6: Care Home Action Plan

	Requirement	RAG status	Actions	Progress	Lead	Start Date	Finish Date	Outcomes
1	Testing to be available in all homes for staff and residents							
1.1	Whole care home testing of staff and residents		All CQC registered care homes to register on national online care home portal - IPC team to actively encourage registration (currently only those for >65 year olds and dementia)	35 homes are currently registered	Carol Alstrom / Debbie Chase	May-20	Jun-20	All eligible homes have access to the national testing programme
			Agree plan and criteria for creation of weekly testing prioritisation list	Plan and criteria agreed - whole home testing for care homes with new outbreaks, on going outbreaks, large (50+residents) care homes with no Covid-19, and professional judgement/local knowledge of IPC team for other homes		May-20	May-20	Priority homes are identified for testing to reduce risks
			Hold weekly meetings between IPC and PH teams to agree weekly prioritisation list using agreed criteria	First meeting held 22nd May and first prioritisation list created		May-20	On going	Priority homes are identified for testing to reduce risks
			Director of Public Health or deputised member of public health team to submit prioritisation list via email each week	First submission completed 22nd May		May-20	On going	Priority homes are identified for testing to reduce risks
			To audit prioritisation list impact	Awaiting weekly list of homes from national testing service (DHSC) with scheduled testing kit deliveries		May-20	On going	Ongoing assurance that the priority homes are accessing testing to reduce risks
			Local testing service in place for care homes with residents aged 65<	HIOW wide service in place (CTS)		May-20	Ongoing	Will be stood down when nation al testing programme is extended to include this sector
2	Training							
2.1	National training programme		"super trainers" to have received national training. Training slots available week of 11 th May (2 sessions a day every day with 10 slots) Train the trainers approach. Homes have to demonstrate putting on/taking off PPE etc. National monitoring of uptake.	All homes emailed invite for training sessions. Direct contact made with all 63 care homes and offered training	Carol Alstrom	12/05/2020	15/05/2020	Completed
			All homes who declined offered access to resources and training can be provided at a later date	12/05/2020		29/05/2020	All homes who accept training offer receive training by 29/05/2020 (38 accepted, and 25 declined)	
			Further sessions being offered as needed, remaining homes being followed up	26/05/2020		28/06/2020	Offer in place via email (letter from CCG Chief Nurse)	
				01/06/2020		On going	Ongoing support to care homes	
2.2	Local training programme and ongoing support and advice		Develop processes that ensure that care and nursing homes have access to appropriate training and ongoing support in relation to infection control	Training has been provided to all nursing and care homes and ongoing support is provided. Weekly 'round table' sessions with homes to discuss issues and infection control with Infection Prevention & Control Nurse Specialist.	Antony Shannon/ Lindsay Rugman	May-20	Ongoing	Weekly Q&A session continues which has an online audience of up to 100 people. Webinar is recorded to allow participants to listen to webinar during the week. This is useful for those who were unable to participate during the actual broadcast.
			Ensure that the EHCH programme continues to operate including access to diagnostic processes and practical clinical tools and skills.	Support to care homes via Enhanced Health in Care Homes Team and Quality and Safeguarding Team including providing training sessions, support with NEWS2 implementation and other practical clinical skills support as needed.		May-20	Ongoing	8 x care home providers that are actively using NEWS2 after one year. Another 10 homes are still using NEWS2 between 6 weeks and 1 year. So a total of 18 trained. Programme of training with LD homes is underway. Virtual NEWS2 will be offered to a further 14 care homes and 1 nursing home over the next year.
			Dedicated line for homes to access advice, PPE on a daily basis	Dedicated line for homes to access advice, PPE on a daily basis		Mar-20	Ongoing	There is a dedicated Flextel number in operation operating 09:00 - 16:00 daily inc weekends. This is manned by a IPC specialist as part of the SCCCG's HIOW IPC commitment. PPE advice is usually referred to the on-line portal or to the LRF.

2.3	Access to training programmes		Free training negotiated from a Skills for Care Centre of Excellence endorsed provider on topics such as Infection Prevention and Control, End of Life Care and "Coronavirus (COVID-19) Essential".	In place	Lindsay Rugman	May-20	On going	Support for homes as needed
2.4	Collation of all support and advice to homes so consistent details shared		Pulling together the total "offer" to care and nursing homes in to a single document.	This piece of work is still in the early stages and needs further clarity in relation to aspects of "the offer" .	Jamie Schofield	May-20	Jun-20	Document in place
2.5	Introduction of access to telehealth for care homes and nursing homes.		To support homes to be able to utilise remote consultation, planning and support.	There are currently 3 offers of support to local homes - we are currently working with the wider system to determine the next steps, options paper being developed	Jamie Schofield	May-20	Jun-20	Links to 10.1
2.6	Local training programme and ongoing support for the care and management of patients with diabetes by care home staff		Task and Finish Group to be established to develop	Established	Carol Alstrom	May-20	May-02	
			Identify training programme, resources and ongoing support required			May-20	Jun-02	
			Deliver Training and ongoing support			Jun-20	Ongoing	
			Develop care pathway model in line with national guidance			Jun-20	Jun-20	
			Design blood glucose monitoring and decision making tool			May-20	Jun-20	
3 Outbreak management								
3.1	Identification of care homes in need of support		To follow up all care homes identified as experiencing one or more Covid-19 cases as identified by PHE health protection team at the point of notification (shared listing), via direct contact from GPs/care homes, or when other sources of intelligence received	System fully operational	Antony Shannon/ Sue Kingsbridge	Mar-20	On going	Links to keeping of records as in 3.2 and 3.3
3.2	Clinical advice and support		Infection Prevention and Control (IPC) team to support care homes that have actual or suspected Covid-19 cases/outbreaks providing telephone advice and support about PPE, isolation, staffing and other support to the management of the home. Frequency of calls guided by an IPC team RAG rating system and based on specific situation in each home (range from daily calls to weekly) and assisted by automatic RAG rating in data collection tool as in 3.3	System fully operational	Antony Shannon/ Sue Kingsbridge	Mar-20	On going	Metrics as in 3.3 and separate free text record of support calls made to care homes
3.3	Data collection		To collect care home data during calls in 3.2 using a newly developed local data collection tool (local public health) including metrics such as new symptomatic residents, tests taken and awaited, new positive tests, hospitalisations, deaths in hospital, deaths in care home, EOL care, staff sickness, staff tests take and awaited, new positives staff tests; Automatic RAG rating based on proportion of cases, case fatality, or staff sickness	Data collection System fully operational	Antony Shannon/Sue Kingsbridge	May-20	On going	Data collection tool shared with DPH/Public Health team/Quality team on a daily basis. This is now also shared on the Futures platform as well as on Teams.
3.4	Clinical advice and support		To hold weekly 2 hour teleconference session via Teams to provide updates on PPE, IPC practice and Q&A session for care homes	Webinars fully operational	Antony Shannon/Lindsay Rugman	Mar-20	On going	Recording of webinars; record of number of attendees. Agendas of topics covered are available

4 Staffing								
4.1	Contingency/business continuity plans for each home		Homes to have contingency plans in place and to have been implementing the actions including the awareness of needing to not share agency staff across settings.	Contingency plans in place and being utilised regularly by homes. Longevity and repeated nature of these plans placing considerable pressures on the homes. All managing to date, but pressure on managers and owners (where smaller homes) is considerable and has been difficult to plan for regardless of original quality of plans	Matthew Waters/ Moraig Forrest-Charde	May-20	May-20	Completed - Plans in place and being enacted by providers who are continuing to update plans in light of circumstances changing. Regular contact maintained to assess impacts and provide support.
4.2	Development of plan for support from Community health providers (Registered Nurse support)		Develop emergency plans for Registered Nurse support to Nursing Homes in crisis particularly potential market failure.	Plans in place utilising Solent NHS Trust Nurse Bank – induction training being provided to support staff who have not worked in the sector	Carol Alstrom / Jill Young	May-20	May-20	Plans in place
4.3	Identify alternative sources of staffing (care staff and other grades of staffing e.g. cleaners, cooks)		Need to identify a care staff source that can be utilised at short notice to support providers who are struggling	Looking at use of care workers in the hotels to provide additional support to care homes and home care agencies if staffing resources become over-stretched/ workforce review and use of bank staff. SCC temporary staffing agency able to support the sector if needed	Moraig Forrest-Charde / Matthew Waters / Paul Benson	May-20	Ongoing	Agreement reached with providers.
5 Primary and Community Care Support								
5.1	Delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care.		Check that all homes are receive a weekly "check in" in one form or another.	All homes on the CQC list have been checked and all receive clinical support in a number of ways on a weekly basis. Enhanced Health in care Homes – provided by SPCL into all residential homes. Includes GPSI (geriatrics), paramedics, advanced practitioners. Video consultation and visits. Ability to do SATs monitoring. Making relevant referrals. Links with specialist OPMH advice. Links with relevant community nursing services End of Life Virtual ward round daily – Solent, SPCL and Countess Mountbatten hospice 6/9 Nursing Homes have contracts with specific practices to provide support and visits. SPCL are working with the rest.	Jamie Schofield/ Phil Aubrey-Harris	May-20	May-20	Monitored through Primary Care Team
5.2	Continuity of EHCH and acute visiting service model prior to Covid 19 crisis		Follow up procurement process that was initiated before Covi-19 outbreak	Direct award to extend SCPL function until 31/3/21 for Acute Visiting Service and Enhanced Health in care Homes	Jamie Schofield/ Phil Aubrey-Harris	May-20	May-20	Contract in Place
5.3	GP's to organise themselves according to their local areas or networks.		Set up process that ensures that EHCH becomes part of PCN activity as per national guidance.	EHCH became part of PCN leadership – discussions delayed due to COVID however this has now restarted.	Phil Aubrey-Harris/ Jamie Schofield	May-20	Apr-21	New Arrangements in place.
5.4	Identified clinical lead for each care home (Guidance letter 12/5/20)		Identify all of the homes and ensure we have clinical leadership for each identifying any that is already established and filling in gaps for those that are not.	The EHCH and private GP arrangements covered the majority of homes SPCL has agreed to take on those homes that were not covered and are rolling this out urgently.	Phil Aubrey-Harris	May-20	May-20	Named Lead in place

5.5	CCGs must ensure that clear and consistent out of hours provision is in place for each care home.		Assess if current provision is suitable to meet the requirements of care/nursing homes in terms of out of hours support.	Clinical cover 08:00-22:00 daily via SPCL to all care and nursing homes who have access to all Southampton registered patient records (System 1 and EPR viewer in the community via Think Pads). SPCL provides a dedicated clinical triage and coordinates and triages calls from care homes, coordinates GP visits and sign posts as required 1830 – 2200 weekdays and 0800-2200 weekends. After 2200 SPCL will hand over to 111 and PHL for overnight cover and home visiting as required. Nursing homes have access to a dedicated phone line that links with the Same Day Emergency Care Service (SDEC) based in A&E. This gives the opportunity for direct dialogue with a geriatrician. The Urgent Response Service is available to support all homes out of hours if required they are accessed by other health professionals. During the Covid-19 response a 7 day commissioner response line is available through which they can raise concerns allied to those stated above	Jamie Schofield/ Phil Aubrey-Harris	May-20	May-20	Provision of Commissioning Support 7 days per week, with direct links into specialist support e.g. IPC
6 Personalised care plans in place								
6.1	Development and delivery of personalised care and support plans for care home residents.		All residents have a plan in residential home pre COVID as part of EHCH. Palliative care residents in nursing homes will as well Primary care contacted residents as part of national COVID 19 advice	All residents have a plan in residential home pre COVID as part of EHCH. Palliative care residents in nursing homes will as well Primary care contacted residents as part of national COVID 19 advice	Jamie Schofield/ Lindsay Rugman	May-20	May-20	Plans in place and monitored through ECHC process
7 Provision of pharmacy and medication support to care homes.								
7.1	Provision of pharmacy and medication support to care homes.		Ensure Prescribing and medication reviews as part of EHCH programme – to residential and a few of the nursing homes since COVID-19 commenced Ensure provided to Nursing homes by relevant GP practice contracted to do the work	Currently medication reviews take place within the care homes and 6 of the 9 nursing homes there are plans to roll this out further throughout May 2020	Lindsay Rugman	May-20	May-20	Reviews undertaken as part of the EHCH programme. Support with medication queries, supply and ordering advice etc. is provided via the CCG Medicines Management team (ongoing)
8 Access to and from secondary care								
8.1	Secondary care providers should accept referrals and admissions from care home residents where clinically appropriate		Develop access to geriatrician support and gain assurances from community providers that referrals will be accepted.	Access to geriatrician support for 9 nursing homes via a telehealth solution to support care and admission if needed. The agreed escalation processes if referrals are not accepted for patients in care and nursing homes. Care home working group has full membership.	JP	May-20	May-20	Arrangements in place
8.2	Discharge process – to ensure safety of placements being made		Risk assessment in use to ensure appropriateness and safety of any placements.	As of 14/5/2020 this has been strengthened with contract with care home prior to placement by Discharge Hub to risk assess with the home their ability to provide 14 days isolation	Carol Alstrom	May-20	May-20	Process in place

8.3	Development of step down facilities for SL3 on discharge prior to admission to care home setting (Adult Social Care Action Plan)		Working group in place to develop additional isolation capacity		Donna Chapman	May-20	Ongoing	Beds in place
9 Access to PPE								
9.1	Systems in place to support PPE in care homes		System in place to support care homes who are unable to access PPE via their normal routes;	System online and responding. Response is within the day, often receiving supply within 4 hours from making the request.	Moraig Forrest-Charde	May-20	May-20	System in place and Care Homes are accessing PPE as required.
10 Access to IT								
10.1	Develop Digital options and support together with increased interoperability with the health system		Work with System to determine best option for the provision of Telemedicine support (Links to 2.5 above))	Currently offers from UHS, Hampshire System and SPCL all of whom have developed systems. The UHS offer is currently in place linked to SDEC, SPCL are using a system citywide that includes care homes and the Hampshire wide system is being rolled out elsewhere currently with an offer for Southampton to join.	Alex Boucouvalas/ Lindsay Rugman	May-20	Ongoing	Develop Telemedicine support and interoperability with the health care system.
			Provide a Digital Project Manager and Digital Project Officer to workstream to sign up willing care providers to NHS Mail to securely communicate with CCGs, GPs, Pharmacies, Hospitals, LAs etc. Develop access to NHS Mail secure emails system.	67 out of 105 Southampton Residential and Home Care providers now have access to NHS Mail. Many other commissioned providers from outside of the city boundary have been supported in-line with CCG partnership working. Work is continuing to persuade outstanding providers to take-up the support offer. A significant amount of time is being taken up managing the administration of issues with NHS Mail accounts already setup, offering training on the systems and resolving technical issues.	Alex Boucouvalas/ Lindsay Rugman	Jan-20	Ongoing	Care and Nursing Homes Signed up to NHS. Mail
			Implementation of NHS Teams via Microsoft Teams video conferencing. DPM and DPO to are implement support to care providers to communicate with the health & social care system over video and calling features included with Microsoft Teams	This has facilitated care providers to conduct virtual care home rounds with their GPs, hold LA safeguarding meetings, quality monitoring meetings, join CCG/LA important information webinars.	Alex Boucouvalas/ Lindsay Rugman	Jan-20	Ongoing	Care and Nursing Homes having access to and using NHS Teams
11 Provider sustainability								
11.1	Care provider finances are supported and financial resources are directed to ensure sustainability.		Providers to be paid earlier by SCC to support cash flow. However, as these have been based on current council and CCG client numbers, some homes have received very little from this approach.	Completed early May Payments made once decisions were reached in early May.. New resource provided by government to support Infection Prevention and Control measures - council to make decisions on how payments will be made to homes.	Matthew Waters	Apr-20	May-20	Payments made as agreed. Position reviewed for post-June payments.
			10% uplift provided for 104 days for SCC clients, and 122 days for CHC clients in recognition of the extra costs homes are under for PPE, staffing, SSP etc.	Completed early May Payments made once decisions were reached in early May..	Matthew Waters	Apr-20	May-20	Payments made as agreed. Completed for care homes. Monthly payments for home care providers.
			Develop separate process to manage additional costs where payments not provided or where additional costs faced.	Currently Following up other requests for funding New resource provided by government to support Infection Prevention and Control measures - council to make decisions on how payments will be made to homes.	Matthew Waters	Apr-20	Jun-20	Process in place. Utilised by providers. Payments made where agreement is reached. Records of all claims and transactions kept for audit purposes.
			Assess long term sustainability of homes	Ongoing:-Issues faced include: fewer residents in many homes; long-term additional costs faced; impact of infection control measures of shared rooms and facilities; additional staff pay to cover risk and hours worked.	Matthew Waters	Apr-20	Jun-20	Develop a sustainability support plan covering: Strength and sustainability of the market; New cost pressures identified and measured; Support from the council and CCG identified and in place, including financial support where necessary.

11.2	Long term staff welfare issues are likely as they come to terms with what they have had to manage. Not all homes will have the resources or employment assistance schemes to offer formal support to teams.		Refresh and build on work already underway within a workforce resilience programme involving providers across the care sector. Tailor established support so that managers are able to support their staff.	Initial ideas on staff support received from sector managers. Contact made with skills for care and skills for health on support programmes. Considering the design of support courses, the value of counselling availability - and its practicality - and resources required to offer full support to staff. Also, requires alerting managers and home owners to the needs and the resources that will be required and available. Plan in process of being put in place.	Matthew Waters	Apr-20	Jun-20	Bespoke support offer in place for care home staff and their managers. Shared sites identified; relaxation techniques signposted; counselling support in place; staff recreation opportunities signposted; staff health and wellbeing options identified.
11.3	Contingency planning - support from CCG and LA for short term sustainability circumstances		Development of enhanced contingency plan that describes the support available for providers should they experience short term sustainability issues e.g. staffing, equipment or other functions which impact on safety of care delivery	Developed and ongoing discussions with support providers to promote availability in the medium term	Moraig Forrest-Charde	Apr-20	May-20	Plans in place
12 Hospital Discharge								
12.1	Develop Trusted Assessment on behalf of Care/Nursing Homes to support timely hospital discharge.		Undertake a feasibility study to assess the appetite for TA across the homes	Completed	Lindsay Rugman	Jan-20	Apr-20	Report produced
			Produce a report with recommendations	Completed and agreed to move forward with a pilot phase.	Lindsay Rugman	May-20	Aug-20	Report Produced
			Develop operational model incl. process and paperwork	Draft model and paperwork developed in readiness for a proposed pilot phase.	Lindsay Rugman	May-20	Aug-20	Model Produced
			Set up online provider meetings		Lindsay Rugman	May-20	Aug-20	Meetings taking place
12.2	Develop Hospital Discharge processes that minimises the risk of Covid-19 infection to care and nursing home residents and staff through admission from hospital.		UHS to establish processes that ensure that all patients being discharged to a care/nursing home to be tested for Covid-19 within the previous 48 hours of discharge.	UHS has established this and all patients are monitored within the hubs to ensure this has taken place.	Jo Hall	May-20	May-20	Process in place and monitored.
			Establish practices with nursing/care homes that all residents admitted should be treated as "hot" and therefore isolated for 14 days.	The Infection Control and Quality and Safeguarding teams have worked closely (and continue to) with homes to ensure that they are able to manage Covid - 19 patients effectively.	AS/LR	May-20	May-20	Process in place and monitored.
			Process set up where clinical staff are assured that homes are able to manage each patients admitted from hospital applying recognised good practice in relation to safe management of "hot" patients.	CHC nurses contact care homes before each planned discharge to ensure that they are able to manage the admission safely.	Tania Emery	May-20	May-20	Process in place and monitored.
			Development of step down facilities for SL3 on discharge prior to admission to care home setting (Adult Social Care Action Plan	Working group in place to develop additional isolation capacity	Donna Chapman	May-20	Ongoing	Agreed step down bridging care in place.
			System to ensure patients being discharged from hospital are tested for Covid 19 as per national requirements	Agreement reached with UHS that patients being discharged from hospital will have a Covid 19 test within 48 hours of discharge, and there result will be confirmed before the patient is discharged to the care home (28/05/2020) Those going home to a live in carer will also be included in this cohort. Discharge summaries will include the results of the Covid19 test Process being shared with care homes w/c 1/6/2020	Robin Poole	May-20	Jun-20	