**DRAFT Care Homes Resilience planning response [Brighton & Hove]**

**Annex A: COVID 19 Care Home Support Package**

**Brighton and Hove**

**Introduction**

As part of the COVID9 emergency response, the Brighton and Hove health and social care system has developed a plan focussed on support to care homes. In addition to setting out the detail of what support is available to care homes, this shared plan provides the framework for the immediate approach required to support homes effectively through the COVID19 crisis and to respond rapidly in the case of COVID19 outbreaks or care home failure.

This plan to support care homes builds on B&H system plans focussed on securing additional capacity, hospital discharge pathways and responding to the DHSC Action Plan for Adult Social Care. Many of the agreed actions in those plans have subsequently moved into the daily operational management process.

The draft plan should be treated as a live document. Some of the tasks are already in train, and new actions will be added as they are agreed. New risks requiring resolution will also be identified and escalated.

The plan draws on guidance and information in the following documents to support local implementation:

* Care Home contingency planning work and risk assessment framework (Policy and Strategic Development, ASC&H 13/04/20)
* COVID-19 Our Action Plan for Adult Social Care (DHSC 15/04/20)
* Revised LHRF modelling and next steps (Sussex data and monitoring cell 16/04/20)
* Sussex Health and Care Partnership COVID-19 Briefing (16/04/20)
* ‘New requirements to test patients being discharged from hospital to care home’ (NHSE Letter 16/04/20)
* Sussex care homes - NHS commissioned health services - stock take (Sussex CCGs 17/04/20)
* Second phase of NHS response to Covid-19 (NHSE/I letter 29/04/20)
* Covid-19 response: Primary and community health support care home residents (NHSE/I letter 01/05/20)
* Further CCG Assistance to local resilience forums in supporting care homes: ‘Training the Trainers’ on infection prevention and control (NHSE/I letter 01/05/20)
* Support for care homes (Minister for Social Care letter 14/05/20); Annex A Covid-19 Care Home Support Package and Annex B Guidance for Local Authorities and local system partners

The plan is owned and supported by the Brighton & Hove ‘Silver’ Covid-19 Response Group (or cell). Delivery is overseen through the B&H Care Homes cell reporting to the Silver Response Group. The membership of the B&H Silver Group is BHCC, B&H CCG, Brighton & Sussex University Hospitals NHS Trust (BSUH), Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT), Primary Care, IC24 and South East Coast Ambulance Service (SECAmb).

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| **No.** | **Area** | **Evidence** | **Lead** |
| **1** | **Governance Structure** |  |  |
| **1.1** | **Brighton and Hove Care Home Cell – COVID Response** | Care Home cell terms of reference include the following;  To ensure care homes and domiciliary care providers across Brighton and Hove are supported and prepared to care for their clients, are able to receive discharged hospital patients and have access to education and training to care for clients in response to COVID19 pandemic.    To receive assurance that infection, prevention and control key controls are in place and where gaps identified put in place actions to address these.    To hold a risk and issues log and seek assurance that action is underway to mitigate any risks and identify any gaps in terms of the response to COVID19.    Currently the meetings are twice weekly. Frequency will be reviewed as the COVID19 response progresses.  The care homes cell formally reports to CCG silver COVID19 response. The care homes COVID19 dashboard compiled by Public Health is reviewed. Dashboard compiles data of reported cases, deaths and maps outbreaks in care homes. | Rob Persey, BHCC Executive Director HASC  Ashley Scarff, Deputy MD B&H and East Sussex CCGs |
| **1.2** | **Care Home Infection Prevention and Control and IMT / Rapid Response Workstreams** | As part of the Sussex COVID19 response, Sussex CCGs have formed an Infection Prevention and Control Care Homes workstream. This workstream works with each Local Authority, Public Health Team and Acute and Community providers to support the COVID19 response to care homes.  The Sussex CCGs Infection Prevention and Control team provide a follow up call to all care homes and providers who declare a suspected or confirmed COVID19 outbreak via Public Health England outbreaks reports. This call includes providing homes with advice and guidance on following national IPC and PPE guidelines for COVID19. Advice is provided on how to isolate and cohort residents within the home environment according to their circumstances. Homes are also given support on ensuring IPC measures in relation to staff and the care home environment are taken to limit transmission this includes advice on managing laundry, refuse and cleaning regimes.  The CCG IPC team also work closely with system colleagues in each Local Authority area as part of their Care Homes Incident Management response, following up requests for additional support regarding infection prevention and control to assist homes in managing their current outbreak situation.  The Sussex CCGs IPC Care Home workstream sits as part of the CCGs Quality and Safety Directorate which provides oversight and assurance regarding the status of care homes across the county during the COVID19 pandemic via a Surveillance group meeting with system partners including the CQC, this in turn reports to the Sussex Quality and Safeguarding Committee.  Aims of the workstream:   * To coordinate specific and tangible responses to prevent and control spread of COVID19 in priority care / nursing home settings in Brighton and Hove and support the safety and wellbeing of residents and staff. * To identify care homes / settings of care to prioritise for support planning through multi-agency assessment. * To ensure adequate infection, prevention and control measures are in place for each setting as well adequate testing and PPE. * To identify workforce risks arising from COVID19. * To ensure setting specific plans are in place to coordinate and mobilise additional support as required. * To support and strengthen partnership working. * To identify care setting specific key risks and mitigating actions for escalation. * To ensure adequate safeguarding measures are in place. * To work in a proactive as well as reactive manner for target setting. * To support coordination of communications / media responses.     Meets biweekly or by exception. Issues are escalated to the Care Homes Cell.  As part of the IMT proactive approach, a review of provider support spreadsheets is undertaken to support information sharing and multi-agency coordination identifying risks and opportunities for early support and intervention.  Development of systematic collation and analysis of data and information sharing on a Brighton and Hove footprint across BHCC, CCG and providers is underway. Work has started to bring together different organisations to jointly agree how to share data and information to better join up efforts and enable data and information sharing. However, more work is required for this to be working well at place level.  The IMT includes regular review of high-risk homes, looking at IPC, training, tests ordered, test results and how this information is shared and actioned. | Nicola Rosenburg, Consultant, Public Health, BHCC |
| **1.3** | **Adult Social Care (BHCC Core Service)** | * Contracting Authority for Local Authority Care Homes. * Quality Monitoring Team, the Contracts Unit Team, Commissioners with responsibility for Home Care/Care Homes/Learning Disabilities/Physical Disabilities regular ongoing support and monitoring. * Quality Monitoring calls once a week. Care Matching team speak with majority homes daily including; circulation of daily comms, monitoring vacancies and placing people in those vacancies. This is led by the Care Homes Capacity Tracker champion who is working to increase utilisation of this system. * Care Home Capacity tracker – system champions in place across health and social care. | Andy Witham, Head of Commissioning, BHCC  Alex Saunders, Commissioning and Performance Manager BHCC |
| **1.4** | **Prevention** | As part of BHCC’s response to COVID19, a dedicated nurse role within the public health team working closely with adult social care, the CCG and other providers is delivering a programme of work to strengthen preventing of the spread of COVID19 with the aim of stopping new infections in care settings, preventing and controlling of the spread of infection in setting where no cases have been reported. Work is carried out directly with settings with no reports suspected cases.  A weekly care homes COVID19 prevention and IPC training meeting takes place to review, develop and coordinate action across multiple providers. Issues for escalation are shared with the Care Homes Cell. | BHCC Public Health and Adult Social Care and BH CCG.  Anne Smith, Nurse, Clinical Lead, Infection Prevention and Control  Nicola Rosenberg, Consultant Public Health  Andrew Witham, Head of Commissioning, Adult Social Care  Katie Chipping, Senior Partnership Manager, BH CCG  Mandy Catchpole, Deputy Director of Quality and Sussex Infection Prevention Lead, BHCCG |
| **2** | **Short-term financial pressures experienced by care providers** | |  |
| **2.1** | A short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures experienced by care providers, considering local market context and pressures. This should include reference to any temporary or longer-term changes to fees paid by commissioners. | BHCC – additional support made immediately available to care providers through different approaches including payment planned for domiciliary care without reconciliation, spot purchased care home placements significantly above framework rates and support as needed in provision of PPE. Proposal to provide further financial support to care homes agreed at P&R committee on 27th May and framework to disperse the 75% of the recently identified £2.7m agreed also.  Joint working with B&H CCG on supporting discharges and costs incurred to date separately identified. The CCG and BHCC have taken a consistent approach to inflationary uplifts for providers and the CCG similarly looks for spot purchased placements. The CCG is ensuring accelerated payments to providers through quicker turnaround on invoice payments to support provider cash flow in line with national COVID19 guidance. | Rob Persey Exec Director HASC, BHCC  Lola Banjoko, Executive MD B&H CCG  Ashley Scarff, Deputy MD, B&H CCG and East Sussex CCG |
| **3** | **Alternative care arrangements for people who need to be isolated or shielded** | | |
| **3.1** | The approach agreed locally to providing alternative accommodation where this is required, and care arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide this. | In the city there are care homes with significant capacity, the approach is to work with all our care homes to agree accommodation arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide this.  The need for criteria which establishes when a home is safe to take on placements, from a discharge setting arose during IMT meetings. Work was initiated to look at this and below is the draft criteria for consideration by the care homes cell (Ref: <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>):  1) Regular and reliable testing is available to staff and residents and results are delivered within 72 hours of taking a test. Residents who develop symptoms (and not just the typical fever/cough/tachycardia but any atypical behaviour for that person should be able to be tested regardless if they had one within 14 days previously and was negative). Testing for all admissions from community or acute and discharge from acute and results shared with the home.  2) The care home has adequate staffing levels (with staff only working in that setting) without resource to agency staff unless agreement has been reached that agency staff are allocated to one home only or enhanced risk assessment is in place to support staff working in different settings to prevent spread of infection and have access to regular testing as required and appropriate.  Standard Operating Procedures (SOP) and governance framework to enable rapid redeployment of staff.  Robust processes for accessing and utilising NHS acute and community bank staff to respond rapidly to support homes with staffing issues.  Robust processes for homes to access support with care and other support staff through use of domiciliary care, staffing agencies and volunteers.  3) Sufficient and correct PPE is in place, is being used correct and we can be assured that the training and support is sufficient and available. Seeking views of GPs form their virtual ward rounds supports assurance regarding this. Provision of fit testing to care homes whom undertake aerosol generating procedures (AGP). Due to sustained transmission PPE is to be used with all residents. Additional PPE is required for Aerosol Generating Procedures. Use correct Handwashing technique.  4) Additional capacity in the home to enable 14-day isolation period for care home residents following acute hospital admission and admission from the community. Resident to be isolated for **14 days** in a single bedroom. Use Infection Control guidance. Care for resident using PPE (what to use and how to wear and dispose)  Consider bathroom facilities. If no en-suite available.  • Designate a single bathroom for this resident only  • Use commode in room  5) Strong outbreak management and managing COVID19 + residents and staff. For SOPs to be in place for managing an outbreak, processes related to this including alerting PHE, enhanced risk assessment, isolating cases, best approach to isolating residents such as cohorting, reinforcing infection control practices and reviewing the plan if the situation escalates and transparent communication. An appropriate response to PPE, staffing and controlling visitors needs to be agreed.  To support the above the system is required to develop standardised approach to sharing intelligence between teams to better understand ‘early warning’ signals and minimise numbers of calls to homes.  All organisations need to be supportive of these criteria. Criteria/Governance will go to ICP executive. | Nicola Rosenburg, Consultant, Public Health  Alex Mancy Barrett, Community Services GP Clinical Lead |
| **3.2** | Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support. | There is a central hub for Sussex Health and Care Partnership in place to help match the returners which the trust they were originally allocated to do not wish to employ at present with the needs of another provider this included social care staff who work in care homes;   * AHP’s - Occupational Therapists, Physiotherapists, Osteopaths, Podiatrists * Doctors – Obs & Gynae, Paediatrics, Radiography * Nurses - OH, midwifery, hospice/palliative care   There may also GP returners available through the GP returner scheme. | Workforce Returners Hub |
| **4** | **Engagement** |  |  |
| **4.1** | **Provider Engagement**  Plans include information from/close engagement with local care homes and data from the care home capacity tracker, and information on engagement and high-level views from the HWB and LRF Chairs, Healthwatch, care provider forum or wider engagement and local disabled persons’ or older persons’ advocacy organisations. | A Care Home Huddle takes place on a bi-weekly basis. All care home providers across B&H are invited to this. This is an open forum supported by system partners to ensure that the system is fully engaging with providers. Providers are able to raise any concerns/queries.  Engagement with the Brighton and Hove Health and Wellbeing Board which includes members from Healthwatch.  Assurance reported into the Local Resilience Forum and Silver Command along with risks and issues for escalation.  Engagement with the Sussex wide system on almost a daily basis under the Sussex Care Homes Workstream. Submission of a weekly highlight report. | BHCC / CCG |
| **5** | **Infection Prevention and control** – aimed at reducing asymptomatic transmission via both residents and staff | |  |
| **5.1** | Training in infection prevention and control, PPE usage and testing advice | Comprehensive training support through multiple system partners is already mobilised.  In addition to training provided on site, we are now systematically inviting all our 93 homes to attend training and bookings will be taken via Eventbrite. The training will be delivered virtually via Microsoft Teams and will last no longer than 2 hours and there will be 4 bookable sessions a day. Each session will provide expert training that can be cascaded to others, offered in small groups of no more than 8 homes with live conversation and practical elements and importantly support Providers with CQC regulations under the Health and Social Care Act, regulation 12 outcome 8 and provide evidence.  There will also be daily sitreps up to NHSEI. The training is free and will be delivered by a team of Super Trainers and trainers along with the commissioned training provider who has supported the Infection Prevention Champions program here in East Sussex for the last 3 years. The core elements are mandated and will cover three aspects:   * Infection Prevention and Control. * Donning and Doffing of Personal Protective Equipment (PPE). * How to undertake a COVID19 Swab.   The Infection Prevention Training has been provided by the CCG Infection Control Nurse Specialists to all providers including Care, Residential and Domiciliary providers across Sussex since March 2020. This training has included the use of Personal Protective Equipment. In addition, Sussex CCGs in partnership with local authorities are implementing the National Infection Prevention training programme which includes the practical application of Personal Protective Equipment. Following this national programme Sussex system will continue to provide specialist Infection Prevention training to support Care Homes. As a system we have identified super trainers and trainers in line with the national ask, risk stratified care homes into high or low risk categories, prioritised face to face and virtual training with individual care homes.  Examples of the training BHCC have shared with Providers includes:   1. A power point presentation on Donning and Doffing. 2. Weekly Skype meetings, facilitated by Sussex CCGs on:  * What is Corona Virus? * Transmission * Hand hygiene * Personal Protective Equipment * Deteriorating Person * How to Take Observations & record using Restore 2  1. In line with national guidance, BHCC moved many of its training courses on line and which are now offered as e-learning; topics include:  * Coronavirus Awareness * Infection Prevention and Control * Information Governance, GDPR and Cyber Security * Personal Protective Equipment (including observation checklist for managers)   Should further face to face training places need to be cancelled in June and July, the Workforce Development Team will signpost providers to alternative forms of learning. | Mandy Catchpole, Deputy Director of Quality and Sussex Infection Prevention Lead, CCG IPC  Alex Saunders, Commissioning and Performance Manager, BHCC |
| **6** | **PPE** |  |  |
| **6.1** | Continue to use LRF PPE source for care homes for urgent shortages, and in turn contact the National Supply and Disruption service if the LRF cannot meet urgent needs | * Process, policies and protocols in place with the risk being managed on a daily basis. * PPE stock levels across the sector still a major concern but supplies being managed. * Proactive contact with all providers regarding their PPE needs, with request process in place for access and delivery of LRF stocks. Distribution mechanisms agreed and working well, on a weekly request basis. * Requests responded to include supplies of hand sanitiser, antibacterial wipes, hand washing liquid and disposal bags. * Daily reporting of stock levels to the LRF. * Clear escalation routes if stock flow stalls. * Advice and guidance being promoted through daily provider bulletin. | Michelle Jenkins, Assistant Director - Resources Safeguarding and Performance, BHCC |
| **7** | **Workforce** |  |  |
| **7.1** | Reducing workforce movement between care homes and minimising risk for care workers | Adoption of local LA guidance around restricting staff movement between care homes. This ‘best practice guidance’ has been developed with the unions to support staff to work safely and to reduce the risk of spreading COVID19 between care homes owned by Brighton and Hove City Council.  This guidance is a key part of engagement with care home providers and with their support is in the process of being rolled out across all other residential care settings in Brighton and Hove. | Michelle Jenkins Assistant Director - Resources Safeguarding and Performance, BHCC  Andy Whitham, Head of Commissioning, BHCC |
| **7.2** | Staffing | SCFT is leading on producing a Sussex-wide proposal on the development of a team of staff to support care homes in crisis from a workforce perspective, as part of a multi-provider response including all community and acute providers. Paper to include agreeing a set of principles with each Local Authority  Across the B&H system enhanced risk assessments for workforce that may be more at risk from COVID19 including BAME staff are in use. Statutory system partners’ HR directors are working together to support the roll out of this approach to the wider health and car system including care homes.  New national recruitment campaign to attract 20,000 people into social care in three months.  Campaigning materials for use locally.  Fastrack measures for DBS checks.  New Care workforce app to access relevant updates, guidance, support and discounts.  A central hub has been created for Sussex Health and Care Partnership initially to help match returners with the Trusts they were originally allocated to.  The hub also has information about staff that may be available to work in social care, including:   * AHP’s - Occupational Therapists, Physiotherapists, Osteopaths, Podiatrists. * Doctors – Obs & Gynae, Paediatrics, Radiography. * Nurses - OH, midwifery, hospice/palliative care.     A process is being designed to assess the need in each area and liaise with the returner’s hub as to how local opportunities can be identified for returners to work in social care in each place.  Additionally, there is a second wave of returners, which is due to include health care support workers that could be deployed to social care.  The number of health care and social care workers is small at present locally but this many grow.  A process is also being designed to enable these returners to be directed to the Sussex system to work directly in social care. |  |
| **7.3** | Funding | Additional funding from BHCC agreed to support market resilience at P&R Committee on 27th May covering period April to June. The newly announced Infection Control Fund (ICF) is intended to help providers pay for additional staff and/or maintain normal wages for staff, who need to reduce the number of establishments in which they work, reduce the number of hours they work, or self-isolate. Work is underway to implement a process to support this.  Funding for free rapid online training for new recruits, staff and volunteers. | Rob Persey, Executive Director Health and Adult Social Care, BHCC |
| **8** | **Quarantining** |  |  |
| **8.1** | Effective isolation of COVID-positive patients: LAs should ensure that there is sufficient alternative accommodation as required to quarantine and isolate residents, if needed, before returning to their care home from hospital in line with DHSC Adult Social Care Acton Plan (costs covered through £1.3bn discharge funding via the NHS | Work on this continues to be actively progressed | Rob Persey – Executive Director BHCC  Nicola Rosenberg, Consultant Public Health, Clinical Fellow in Emergency Medicine and Clinical Lead of Discharge Hub, BSUH  Phil Rankin – BSUH Integrated Discharge Hub |
| **8.2** | Building our scientific understanding and sharing good practice across the sector  Work with SAGE to create a hub of good practice and develop practical tools for care homes | BHCC and BHCCG are working closely with PHE regarding evidence and use of data. The Sussex data cell under the Sussex Resilience Forum conducts data analysis and shares intelligence. A Brighton and Hove Care homes dashboard is updated weekly by public health intelligence team. Through the Care Homes cell and IMT good practice is shared with providers and commissioners. Guidance and learning are regularly shared with providers. |  |
| **9** | **Stepping up clinical support** | |  |
| **9.1** | **Primary and community support in place in response to the NHSE letter of 1st May** | Across Sussex these requirements have been delivered in full or in part, where there are gaps in service the CCGs have developed a COVID19 specification for Care Home Support in the form of a Locally Commissioned Service, for implementation with immediate effect. The LCS requires practices to undertake a weekly check in to all Care Homes and to develop a process for personalised care and support planning.    The New LCS affords the opportunity to ensure we have a consistent offer across all homes and removes the current variation to the service offer/package of the pre-existing LCSs, particularly with respect to having a weekly check in and a process for care and support plans.    The existing Medicines Optimisation teams in each CCG have been refocused to fulfil the clinical pharmacy support requirements, with the additional CCG pharmacists and pharmacy technicians being aligned to practices to support Medicines Optimisation in all care homes.    NHSE also requested a named Clinical Lead is identified to provide clinical leadership support for each care home. This has been accomplished and all Care Homes have a named Clinical Lead to be their single point of contact in exceptional circumstances / crisis.    In addition to this, Sussex CCGs have introduced two Locally Commissioned Services for General Practice to sign up to further support care homes, these are:   1. Temporary GP Remote Out of Hours Cover for patients in Care Homes, to:  * Provide enhanced clinical support to care homes outside normal GMS hours. * Reduce the risk of inappropriate conveyance to hospital. * Improve timely access for care homes to   + Clinical decision making.   + Prescribing.   + implementation of end of life / palliative care * Reduce the burden on other out-of-hours services for this population (111 / 999)  1. Temporary Placements (Discharge to assess) in Care Homes and other Community based beds (Sussex) to:  * Provide the medical care of patients placed temporarily in purchased beds in the community (usually in care homes) after discharge from hospital, under the following arrangements   Joint work is also taking place now with community service providers and PCNs to jointly plan for and deliver the full proactive multidisciplinary PCN Enhanced Health to Care Homes requirements which need to be in place by October 2020. | Sally Smith, Director of Primary Care and Community Transformation, Sussex NHS Commissioners |
| **9.2** | **SCFT: Enhanced Health in Care Homes (EHCH) DES Specification** | Work is underway at a SCFT footprint level and individual PCN level to respond to the immediate primary and community care NHSE letter requirements (weekly check in by MDT with care homes; reviewing patients identified as a clinical priority for assessment; development and delivery of personalised care plans) and the fuller EHCH DES specification milestones by October (as mirrored in the SCFT main NHS contract). SCFT will be offering to provide an equitable level of the Care Home Matron model, which integrates and aligns with the existing PCN Community Teams, across all PCNs within the Trust footprint. A simple plan to agree the proposed model will be signed off by July 2020 at an ICP level, and this links into the system work being facilitated by the CCGs on a Sussex wide approach. | Michelle Eades, Head of Strategic Development, SCFT |
| **9.3** | **SCFT Care Home Support Team (New Service) commenced 13 April 2020** | * Named nurse for each provider to support good working relationships. * Telephone and email access to a dedicated team, available 7 days a week 9-5. * Training and development support with particular focus on infection control, PPE, hand hygiene, holistic assessment of needs, the deteriorating patient, syringe drivers, end of life care, wound and pressure care, falls prevention, catheter care and continence care. * Discharge planning support to facilitate discharges with assessment and care planning in the home on discharge if required. * PPE support and training. * Weekly contact with each care home to proactively support staff. | Chloe RogersArea Director– B&H and HWLH, Sussex Community Foundation Trust |
| **9.4** | **SPFT Offer (Existing Core Services increasing support 7 days per week)** | * Telephone support to care home managers, advising on clinical issues and residents of concern. * Guidance and information about the management of COVID19 for people with dementia. * Response to triage referrals from care homes. * No face-to-face visits have been needed yet, however staff can respond as required. * Updates for colleagues on care home status/liaison with Brighton and Hove City Council (BHCC) quality monitoring teams / Brighton and Hove CCG when needed. |  |
| **9.5** | **Advance Care Planning** | It has been agreed that the governance and oversight of advance care plans should align with the roll out of the initial expedited elements of the DES from the NHSE letter of the 1st of May, this will enable broader scoping of Advance Care Plan’s being delivered across all providers, SCFT, ECHO, Hospices and not just patients at end of life.  PCN’s also have to describe how they are going to deliver the full DES by the end of July which will incorporate ACP’s. | James Morton, Senior Manager, Primary Care Network Delivery |
| **9.6** | **Telehealth** | A digital work stream has been established as part of the multi-agency Sussex-wide Care Homes Programme.  Work is underway to define the work stream, benefits, timescales.    A small number of care homes across B&H are using a Sussex wide telehealth solution. As well as the taking of observations via Bluetooth devices, the Whzan telehealth solution also allows for the taking of photographs as well as video conferencing. The nursing home staff will be required to clinically review whether there has been a deterioration in the patient’s health and if there is a requirement to request guidance from the GP or 111 or whether they should continue to monitor the patient within an agreed timeframe. Successful testing of this technology will lead to potential wider roll out. | Victoria Langley  Digital Project Manager  Digital Team  Sussex Clinical Commissioning Groups |
| **9.7** | **Roll out of NHS.net across all care homes including nursing homes. Community health improvement teams are working with NHSX to roll out video consultations within care homes.** | Work is underway to increase utilisation of nhs.net across care homes, this will support the secure transfer of patient information across the system and improve communication and engagement across the system. Homes being contacted to explain more about the benefits of using nhs.net and to provide support with use where necessary.  NHS mail has been rolled out to 91 of the care homes in Brighton and Hove. This will provide the building block for the roll of virtual consultations.  A project manager has been identified to lead the next phase of this project.  A Remote Monitoring pilot for nursing homes has been concluded. Work is underway to scale up to cover all nursing homes. | Brett Hatfield, Digital Project Manager, Digital Team  Sussex NHS Commissioners |
| **9.8** | **Integrated Care 24** | Overnight community nursing service provides nursing and HCA support including night-sitting provision to care homes especially if end of life or admission avoidance.  Roving GP service in Brighton & Hove - weekdays, not bank holidays Provides expert GP clinical support to care home residents and works closely with the CCG and local GP practices to identify homes that need additional support.  IC24 are part of the care home cell meetings and work closely with other city providers. | Marian Messih Clinical Lead, Community Short Term Services Integrated Care 24 Ltd |
| **9.9** | **SECAmb** | SECAmb has worked across the system to provide urgent and emergency advice and guidance specifically regarding Falls in Care Homes, i.e. a resident who has fallen, with or without injury, and requires assistance. This provides additional guidance on what to do in an urgent or emergency situation, with additional guidance tailored to the place-based area and access to Responsive Community services - please find attached an example for the Brighton and Hove City area.  Working alongside additionally provided acute support services, such as the Royal Sussex County Hospital Care of the Elderly service, SECAmb will access fuller clinical guidance where required to avoid acute conveyance. This support sits alongside the Trusts developing Urgent Care Hubs, where advanced clinical guidance is provided to crews on scene via local call backs to treat as many patients in the community as is safe to do so and / or provide referrals into community pathways especially for Frailty. This will include consideration of any relevant advance care plans and guidance within when available to view via IBIS.  SECAmb is working jointly with SCFT to providing swabbing of patients in the community and in care homes, once referred via GP / 111 or 999. Currently SECAmb are operating 2 vehicles daily across the City to meet local demand for this support. Additionally, 1 Swabulance per day is allocated to provide priority support to PHE for suspected outbreak swabbing in care homes, with the other vehicles in support as needed. Care Home testing referrals are authorised by the CCG / local HPT, and CCG’s and Public Health are identifying the priority list of homes for swabbing. | Helen Wilshaw – Roberts, Strategy & Partnerships Manager – WEST (Surrey and North, West and South Sussex), SECAmb |
| **9.10** | **End of Life Care** | **Martlets**  Provide 24-hour telephone line support provided by their inpatients nursing team and consultant unit/flexible to need.  Have provided from April an extended offer of training and support to care homes across B&H working closely with other providers – more details in wellbeing section).  The Martlets have also initiated a ‘You are never alone’ project with local schools to provide letters to local care homes.  The Martlets work closely with other local providers including the hospital, Community trust and IC24. | Gemma Clayton, Assistant Head - Community Services, B&H and East Sussex CCGs |
| **9.11** | **Secondary care support** | Royal Sussex County Hospital ( RSCH Brighton)– Care of the Elderly team provide a phone line/support hour extended and open to GPs/Care and Nursing homes. The RSCH work closely with the Martlets and local GP lead for EOL. | Gemma Clayton, Assistant Head - Community Services, B&H and East Sussex CCGs |
| **9.12** | **Mental Health support** | Mental health services provided by Sussex Partnership Foundation Trust work very closely and in an integrated way with adult social care services and other health and care partners in support of care homes.  Secondary care mental health assessment and treatment services are provided to care homes through mental health care home in reach teams.  These teams include liaison nurses that work specifically with care homes that require more mental health support for their residents.  These services are structured to support adult and older adult populations.   There is also the enhanced dementia team covering the city.  To further support the immediate COVID19 response SPFT are partners in the care homes incident management team and are working to provide clinical support to help with testing, particularly in those care settings for people with dementia and learning disabilities. | SPFT |
| **10** | **Wellbeing of Staff and Patients** |  |  |
| **10.1** | **Wellbeing** | Online training has been provided by the Martlets Hospice which is available to all care home staff across Brighton and Hove.   * Self-care – geared at staff understanding how to take care of themselves during the pandemic and the importance of doing that. * Supporting residents, staff and families through death and dying during COVID19 and beyond – this was to support staff/teams and give them some tools to manage increased numbers of deaths in extraordinary times. * Donning/Doffing – support staff with correct technique to manage PPE well and stay healthy. * Difficult conversations – this was geared at supporting difficult conversations with staff or families and aimed to give some tools and techniques to use. * Space to talk – this is accessible to small groups and individuals (see info below).   The following sessions are planned:   * Coffee and cake – these are open discussion sessions with a theme, the 2 planned are around CPR (causing a lot of stress for staff) and self-care – these sessions are about sharing experiences and supporting each other. * Supporting staff concerns and worries – this is being delivered by Martlets Freedom to speak up Guardian who is going to share her experiences of individual risk assessments for staff who are/or perceive themselves to be at risk and managing difficult conversations with staff around the use of PPE. | Evelyn Prodger, Head of Community Services, The Martlets |
| **10.2** | **Wellbeing Coordinators (Sussex Wide) – awaiting sign off** | Business case to be signed off to launch wellbeing coordinators to support both staff and patients in care homes. | Sussex Wide |

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|  | **Testing – patients/residents and staff in care homes and other providers of care** | | | | | | |
|  | Put in place and roll out local arrangements for systematically testing all symptomatic residents in care homes. | Symptomatic residents tested in care homes, outbreaks understood to inform IPC | ICS Patient Testing Group | PHE/DHSC/SECAMB, SCFT | April 20 | ongoing | All patients in initial outbreak currently tested. Some care homes are subsequently getting tested. SOP and Pathways, MOU are nearing completion for rest of symptomatic patients. |
|  | Programme to support delivery and DPH prioritisation of pillar 2 testing for care homes. Dedicated lead on testing established within BHCC HASC to collate, monitor and review testing delivery by pillar 2 including receipt of results for all CHs. | The guidance states that care homes with symptomatic staff and residents are being prioritised for testing followed by care homes with over 50 beds that have not reported an outbreak, referrals by Director of Public Health, followed by remaining homes that are asymptomatic. At the time of writing (25/05/2020)prioritisation was not in line with the guidance. |  | BHCC HASC and HR | May | Ongoing | Requests made by the pillar 2 portal by homes are starting to be responded to and Department of Health and Social Care have reported that by 6th June all homes should have received testing via the portal. Monitoring of the situation is ongoing. A robust complaints process is in place where there have been multiple failed attempts at accessing testing or results.  A specific testing email has been set up to take and manage queries. |
|  | Put in place local arrangements for systematically testing all residents prior to admission to care homes from their own home, (and new recipients of home care packages). | Prevention of outbreaks | ICS Patient Testing Group | Community Testing Team | May | Ongoing | Work to be started |
|  | Development of local service or MOUs with providers to support care homes without nursing to take swabs to ensure quality, reduce numbers of void swabs and ensure adequately capacity within the system for staff and residents in care homes | Prevention and management of outbreaks | BH Care Homes Cell and Patient Testing Group | BHCCG, ICS, BHCC, SCFT, SPFT | May / June | Ongoing | Work to be started |
|  | Rollout symptomatic and asymptomatic testing for staff. | Support staffing levels in homes | KP,ICS Testing Group | BHCCG, ICS, BHCC | April | Ongoing | Up and running through Amex, Bexhill testing sites with enhanced support from BHCC HR dept. |
|  | Communicate via the provider bulletin testing arrangements for residents and social care staff (care homes and home care), and local options for access to testing | Care providers aware of testing | BHCC HASC | Daily Provider Bulletin | March | Ongoing | Regular Comms goes out to all providers |