Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 2nd July, 2020
at 6.00 pm

PLEASE NOTE TIME OF MEETING

This will be a 'virtual meeting', a link to which will be available on Southampton City Council's website at least 24hrs before the meeting

Members

Councillor Bogle
Councillor Laurent
Councillor Professor Margetts
Councillor Noon
Councillor Payne
Councillor Vaughan
Councillor White

Contacts

Ed Grimshaw
Democratic Support Officer
Tel: 023 8083 2390
Email: ed.grimshaw@southampton.gov.uk

Mark Pirnie
Scrutiny Manager
Tel: 023 8083 3886
Email: mark.pirnie@southampton.gov.uk

PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.
Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

(a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

(b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2020	2020
2 July	4 March
3 September	22 April
22 October	
17 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 ELECTION OF CHAIR AND VICE-CHAIR

To elect the Chair and Vice Chair for the Municipal Year 2020/21.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

4 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

5 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)
(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 27 February 2020 and to deal with any matters arising, attached.

8 HAMPSHIRE AND ISLE OF WIGHT NHS RESPONSE TO COVID-19
(Pages 5 - 98)

Report of the Chief Executive Officer, Hampshire and Isle of Wight Integrated Care System, providing the Panel with an overview of the response of health and care services in Hampshire and the Isle of Wight to the outbreak of Covid-19.

9 COVID-19: OVERVIEW OF THE HEALTH AND CARE RESPONSE IN SOUTHAMPTON
(Pages 99 - 140)

Report of the Managing Director, NHS Southampton City CCG, and the Executive Director - Wellbeing (Health and Adults), Southampton City Council, outlining the health and care response to Covid-19 in Southampton.

Wednesday, 24 June 2020 Service Director – Legal and Business Operations

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 27 FEBRUARY 2020

Present: Councillors Bogle (Chair), White (Vice-Chair), Bell, Houghton, Professor Margetts, Noon and Payne

20. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes for the Panel meeting on 5th December, 2019 be approved and signed as a correct record.

21. **UPDATE ON OPHTHALMOLOGY**

The Panel considered the report of the Divisional Director of Operations – UHS providing an update on the Ophthalmology service.

Duncan Linning-Karp, Divisional Director of Operations, and Peter Horne, Director of System Delivery, NHS Southampton City CCG were in attendance and with the consent of the Chair addressed the meeting.

The Panel discussed a number of points including:

- How procedures had been managed now how they would be managed in the future.
- How the impact of harm caused had been managed.
- Employment of staff with the relevant skills required including training for opticians.
- Lessons that had been learnt with the introduction of partnership working which had resulted in the spread of speciality knowledge across a wider area.
- Acknowledgement of the incidents of harm, the significance of these and the number of cases still to be assessed.

RESOLVED that a further update report be submitted later in the year detailing an analysis of the next steps together with an exploration of the options available to the service, sustainability and future commissioning.

NOTE: Councillor Noon declared a personal interest and remained at the meeting.

22. **WINTER PRESSURES 2019/20**

The Panel considered the report of the Director of System Delivery, NHS Southampton City CCG, providing the Panel with an overview of system resilience for the Christmas period for 2019.

Peter Horne, Director of System Delivery, NHS Southampton City CCG and Duncan Linning-Karp, Divisional Director of Operations, UHS, were in attendance and with the consent of the Chair addressed the meeting.

The Panel discussed a number of points including:

- More people were turning up at hospital as a result of longer life expectancy leading to increased demand.
- Mental health issues presenting different needs for people, physical as well as psychological.
- The impact of facilities available at Antelope House and the Lighthouse.
- Acknowledging that seasonality was becoming less of an indicator – the pressures were high all year round.
- The expected outbreak of Coronavirus had already been considered and changes with regards to isolation and containment were expected from the WHO.
- The impact of some services being removed from Winchester Hospital would be considered later in the year as it was too soon to judge the effect this closure had presented on the surrounding areas.

23. **DELAYED TRANSFERS OF CARE**

The Panel considered the report of the Director of Quality and Integration updating them on developments relating to Delayed Transfers of Care.

Stephanie Ramsey, Director of Quality and Integration was in attendance and with the consent of the Chair addressed the meeting.

The Panel addressed a number of points including:

- Despite progress, investment and improvement which has reduced lengths of stay in hospital demand was increasing due mainly to complexity and frequency of use.
- How the challenge to stop people arriving at hospital in the first place was being addressed and reversed.
- The desire to carry out assessments by providers outside of the hospital setting was not suitable for those with complex issues who were not well enough to be discharged.
- How recruitment to Domiciliary Care could be presented as an attractive alternative to the retail sector in Southampton;
- Inviting Surrey County Council to assess processes in Southampton and the Better Care Support Programme to provide independent support;
- Why the discharge model was being challenged by more demand than capacity.

RESOLVED the Panel requested that the issue of delayed transfers of care returns to the Panel when the findings from the reviews by Surrey County Council and the Better Care Support Programme is available.

24. **PRIMARY CARE IN SOUTHAMPTON**

The Panel considered the report of the Director of System Delivery, NHS Southampton City CCG, informing the Panel of developments in Primary Care, including the East Southampton Primary Care Estates review.

Peter Horne, Director of System Delivery, NHS Southampton City CCG and Phil Aubrey-Harris, Associate Director of Primary Care, NHS Southampton City CCG were in attendance and with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points, including:

- The benefits of collaborative working, which would attract significant new money into services;
- Changing relationships bringing a more strategic mutual support approach;
- The benefits of a practice providing specialist sets of skills which was seen as more important than providing more GPs;
- The key priority of providing integrated services for the East of the City.
- The expected review at the end of April where options for potential premises moves or closures would be formed for further consultation with the public; and
- The availability and access to appointments and the use of online video consultations.

It was agreed the following would be brought back as details emerge:

a. Estate review (expected in the Autumn);
b. Digital consultations.

25. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel considered and noted the report of the Director, Legal and Governance enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

This page is intentionally left blank

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		HAMPSHIRE AND ISLE OF WIGHT NHS RESPONSE TO COVID-19		
DATE OF DECISION:		2 JULY 2020		
REPORT OF:		MAGGIE MACISAAC, CHIEF EXECUTIVE OFFICER – HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM CHIEF EXECUTIVE OFFICER – NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Elizabeth Kerwood**	**Tel:**	
Director	**Name:**	**Maggie MacIsaac**	**Tel:**	

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
The attached report outlines the response of health and care services in Hampshire and the Isle of Wight to the outbreak of Covid-19.		
RECOMMENDATIONS:		
	(i)	To note the attached report and next steps, outlining the health and care services' response to Covid-19 in Hampshire and the Isle of Wight.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To inform understanding of the current situation and response to date, and inform future decision making.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	None	
DETAIL (Including consultation carried out)		
2.	The NHS response, as part of the Hampshire and Isle of Wight Local Resilience Forum response to Covid-19 has required unprecedented and rapid change in the way services are prioritised and delivered. As a result, a number of temporary service changes have been made across Hampshire and the Isle of Wight that in more normal times would have involved seeking the views of local people, key stakeholders and brought to the Health Overview and Scrutiny Committees/Panels before implementation.	
3.	This briefing paper sets out the health element of the Hampshire and Isle of Wight Local Resilience Forum response; the impact to date of Covid-19; the temporary changes to services made by the local NHS and the successes of some of these; details of the Help Us Help You campaign and the health restoration and recovery work including seeking the views of key stakeholders and local people.	
RESOURCE IMPLICATIONS		

Capital/Revenue	
4.	N/A
Property/Other	
5.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
6.	N/A
Other Legal Implications:	
7.	None
RISK MANAGEMENT IMPLICATIONS	
8.	None
POLICY FRAMEWORK IMPLICATIONS	
9.	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	**ALL**

SUPPORTING DOCUMENTATION

Appendices	
1.	HIOW NHS response to Covid-19 - Briefing for HIOW Overview and Scrutiny Committees/Panels
2.	Letter from NHS England & Improvement to CCG Accountable Officers (17 March 2020): Important and urgent – next steps on NHS response to Covid-19
3.	Hampshire and Isle of Wight Covid-19 Temporary Service Changes
4.	Letter from NHS England & Improvement to CCG Accountable Officers (29 April 2020): Second Phase of NHS response to Covid-19

Documents In Members' Rooms

1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	**N/A**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	**N/A**

Other Background documents available for inspection at:

Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1. None	

HIOW NHS Response to Covid-19
Briefing for HIOW Overview and Scrutiny Committees/Panels

1. Introduction

The NHS response, as part of the Hampshire and Isle of Wight Local Resilience Forum response to Covid-19 has required unprecedented and rapid change in the way services are prioritised and delivered. As a result, a number of temporary service changes have been made across Hampshire and the Isle of Wight that in more normal times would have involved seeking the views of local people, key stakeholders and brought to the Overview and Scrutiny Committees/Panels before implementation.

This briefing paper sets out the Hampshire and Isle of Wight Local Resilience Forum response and the health element of this; the impact to date of Covid-19; the changes to services made by the local NHS and the successes of some of these; details of the Help Us Help You campaign and the health restoration and recovery work including seeking the views of key stakeholders and local people.

2. Hampshire and Isle of Wight Local Resilience Forum response

Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. The Strategic Coordination Group (SCG) operates within the nationally agreed concept of LRFs.

The SCG enables a coordinated strategic response to emergencies, such as the Covid-19 Pandemic. The role of the SCG is to capture and agree the most reasonable worst-case scenario and plan to mitigate this.

The agreed mitigation focuses on sharing information to achieve the following five main objectives:

1. Preventing the Spread of Infection
2. Maintaining Critical Services
3. Protecting the most Vulnerable
4. Maintaining Public Order and Confidence
5. Recovering to New Normal

Key highlights of the health element of the HIOW LRF response to date include:

- Taking a co-ordinated approach to work together across multiple agencies and build relationships with other key players
- Being instrumental in HIOW LRFs approach to Covid-19 and have been represented across the different cells

- Leading locally on a number of different workstreams including testing, providing media response and support to other agencies throughout this time
- Sharing national advice and resources from the Department of Health and Social Care and NHS England/Improvement with other organisations. Likewise health receives national updates via LRF channels to enrich the picture of the situation
- Contributing to data and analysis to aid the collective understanding of the situation
- Seeking support if and when needed, for example with some PPE such as gowns
- Encouraging social distancing supported by multiple other agencies, including police, Forestry Commission and HM Coastguards who patrol hotspots
- Supporting the protection of the most vulnerable in our community, including care homes, homeless and individuals shielding
- Contributing to updates for key stakeholders, including MPs and local councillors.

3. HIOW NHS response to Covid-19

The NHS across HIOW has been working with our Local Resilience Forum to provide a co-ordinated system response to the pandemic.

The developing HIOW Integrated Care System works in four Integrated Care Partnerships which consist of health and social care organisations and a range of partners working together in a geographical area – Portsmouth and South East Hampshire, Southampton and South West Hampshire, North and Mid Hampshire, and the Isle of Wight.

The Partnerships have led the delivery of the NHS response to Covid-19 at local level and made a number of temporary changes to NHS services. The majority of the recent service changes were implemented in direct response to requirements of national guidance (Appendix One) with a smaller number made locally to enable the NHS to focus on the response to the major incident.

All changes across the Hampshire and Isle of Wight system have fallen into one of the criteria below:

- Change in method of access
- Change in location of service
- Reduction in service
- Suspension of service
- Increase in service.

Changes determined locally were done so for the following range of reasons:

- Embed social distancing
- Manage staffing pressures
- Increase (bed) capacity
- Support flow / discharge
- Manage demand
- Prepare for redeployment of staff to other roles
- Protect staff and patients.

4. Impact of Covid-19 on Hampshire and the Isle of Wight

Up to 21 June, 2020 there have been 304,331 lab-confirmed cases in the UK with 42,632 Covid-19 associated UK deaths. The numbers of confirmed cases and deaths across Hampshire and the Isle of Wight have been as below:

- Total lab-confirmed cases and rates by unitary authority area:
    - Hampshire 3,383 (245.8 rate)
    - Southampton 612 (242.1 rate)
    - Portsmouth 324 (150.6 rate)
    - Isle of Wight 202 (142.7 rate)

  (Rates per 100,000 resident population) Source: Public Health England Data)
- Number of deaths as reported by Trusts:
    - Hampshire Hospitals NHS Foundation Trust – 159
    - Isle of Wight NHS Trust – 39
    - Portsmouth Hospitals NHS Trust – 229
    - Solent NHS Trust – 2
    - Southern Health NHS Foundation Trust – 17
    - University Hospital Southampton NHS Foundation Trust – 194

  Source: NHS England Data up to 5pm 20 June (announced 21 June, 2020)

Across HIOW staff sickness has averaged 9% in April and 6.5% in May with 4% and 3.4% respectively related to Covid-19. We have provided support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support in place for all staff groups. This support will be provided on an ongoing basis to support the impact on staff from responding to the incident.

We have also successfully supported 444 returners to work in both health and social care along with 990 second and third year students to work on the frontline.

5. Service benefits from the response to Covid-19

Whilst the changes were made in response to a national major incident there have been a number that have resulted in a better service or experiences for patients and local people. Highlights of these include:

- Partners working together in the Integrated Care Partnerships to increase acute and community bed capacity in a range of settings
- Improving hospital discharge processes with people only staying in hospital when they clinically needed to with delayed transfers of care significantly reduced
- Introducing telephone and video consultations for primary care and outpatient appointments
- A significant reduction in the number of inappropriate Emergency Department attendances
- A significant increase in NHS 111 contacts (both by telephone and online) with patients being advised on self-care or directed to the most clinically appropriate service
- Working far more closely with local authorities and the voluntary sector to provide support to those advised to shield
- An acceleration on working in partnership with a range of partners with organisations and leads focussing on a clear, common purpose
- Using digital solutions to link acute, community and primary care clinicians to effectively support patients at home

- Introducing telemedicine in a number of care homes so patients can be seen virtually in their own home and only taken to hospital is clinically needed
- All HIOW GP practices now using the NHS App which enables patients to access a range of services including booking appointments, checking symptoms and ordering repeat prescriptions.

In addition Covid-19 has positively helped to accelerate bringing together the different parts of the health and social care system which we have been trying to achieve for a number of years. This has helped to progress our work to deliver more joined up care across organisational boundaries, bring together teams across primary, community, mental health, acute and social care to deliver the Long Term Plan, and working with our partners to make faster progress on prevention, improving health and reducing inequalities.

6. Temporary service changes made

During March and April temporary service changes were made across HIOW in primary care, acute care, community care and mental health. These changes are detailed in a spreadsheet (Appendix Two) and include:

Service area	Service changes
Primary Care	• GP practices working together within Primary Care Networks to establish hot and cold sites including a number of hot hubs and service specific sites • All GP practices implementing eConsult and the NHS app • Increasing the use of telephone and video consultations • All patients triaged remotely with face to face appointments arranged as required • Providing the majority of prescriptions electronically with paper prescriptions being the exception • Identifiying shielding and vulnerable patients and providing ongoing care plans and support • Reducing routine activity including health checks, routine smears, annual reviews i.e. diabetic, respiratory, routine blood tests, travel vaccinations, face to face routine consultations and medication reviews • Aligning Primary Care Networks and GP practices with care homes to reduce duplication, footfall and increase continuity of care (patients still retain the right of choice of GP practice) • Suspension of all non urgent specialist dental services • Reducing face to face and increasing telephone and video consultations with homeless patients including providing mobile phones to support this
Acute Care	• Providing additional acute bed capacity to use if required at a number of hospital sites • Suspending all elective activity and investigations including diagnostic testing and pathology • Suspending all inpatient unit visiting unless in certain situations such as end of life • Enhancing acute therapies teams skills with respiratory physiotherapy training across the wider teams
Community Care	• Increasing community bed capacity to use if required in a range of settings • Suspending all inpatient unit visiting unless in certain situations such as end of life

	• Suspending stroke six month follow up assessments • Changing appointments from face to face to telephone and video consultations where appropriate • Suspending group education and group work with some groups meeting virtually where possible • Suspending all routine appointments and investigations including diagnostic testing and pathology • Implementing telehealth and remote monitoring to support patients to be cared for at home • Increasing nursing homes pro-active support provision
Mental Health	• Suspending all inpatient unit visiting • Suspending annual health checks for those with learning disabilities • Changing inpatient services to provide isolation wards within units • Increasing specialist capacity within NHS 111 with safe haven and crisis support services available • Implementing telephone and video consultations in services as appropriate • Proactively contacting and supporting current patients • Delaying non urgent referrals • Allocating Beechwood Ward at Parklands Hospital, Basingstoke to a Covid-19 ward for mental health patients requiring physical care for the virus
Urgent Care	• Implementing a NHS 111 Covid-19 response service both by phone and online • Increasing capacity within NHS 111 • Implementing Emergency Department diverts (diverting patients to the most appropriate service for their need) • Directly admitting patients to appropriate wards rather than all being directly conveyed through Emergency Departments • Implementing telephone and video consultations for urgent Rapid Assessments • South Central Ambulance Trust NHS 111 call handlers trained to handle 999 calls • 999 capacity available due to a decline in activity used to support the patient transport service
Children and young people	• Increasing Child and Adolescent Mental Health services specialist capacity within NHS 111 • Suspending non urgent appointments • Implementing telephone and video consultations for urgent appointments for paediatric services, including mental health services, with face to face appointments provided if clinically required • Identifiying shielding and vulnerable patients and providing ongoing care plans and support • Limiting health visiting to critical services only with telephone and video consultations with face to face appointments provided if clinically required • School nursing reduced to critical services only or suspended with school aged vaccinations postponed • Child health clinics, community group baby clinics and group work has been suspended with some groups meeting virtually where possible • Solent East COAST team in partnership with NHS 111 has moved to

	telephone, support, advice and guidance service only rather than face to face

There have also been some specific temporary changes made in the systems including:

Systems	Change
Portsmouth and South East Hampshire	• Moving the Grange Birthing Unit in Petersfield to a different floor in the hospital • Relocation of the mental health psychiatric liaison service from Queen Alexandra Hospital to St James Hospital • Temporary closure of Urgent Care Centre and Cosham Park House Emergency Department Redirection Service • Increasing the patient acuity accepted in Minor Injuries Units/Urgent Treatment Centres • Extending the operational hours for Gosport War Memorial Hospital's Minor Injuries Unit from 20.00hr to 23.59hr • Relocating some 0-19 service clinics (Antenatal / Child clinics) Queen Alexandra Hospital to the Children's Development Centre at Battenburg • Changing walk-in chest x-rays and blood tests at Queen Alexandra Hospital to appointment services • Temporary relocation of Community Heart Failure and Integrated Community Team services from Waterlooville Health Centre to Denmead and Havant Health Centre
North and Mid Hampshire	• Hampshire Hospitals NHS Foundation Trust centralising emergency surgery to Royal Hampshire County Hospital, Winchester – emergency surgery has now resumed at Basingstoke hospital • Minor Injuries Unit at Andover War Memorial Hospital closed • Cancer services relocated to private facilities where possible • Hampshire Hospitals NHS Foundation Trust suspending home births – partially due to lack of demand
Southampton and South West Hampshire	• The Lighthouse, a mental health service run with partnership between Southern Health NHS Foundation Trust and Solent Mind, changed to a virtual crisis lounge • Urgent outpatient appointments relocated from Southampton Hospital to Southampton Independent Sector Treatment Centre at the Royal South Hants Hospital or the Nuffield Hospital • Cancer services relocated to private facilities where possible
Isle of Wight	• Suspension of public access defibrilation network implementation programme

7. Changes to NHS England and NHS Improvement commissioned services

NHS England and NHS Improvement South East commissions a number of local services and has implemented changes in direct response to national guidance. These include:

- **Pharmacy services**
  The CCGs across HIOW are in close contact with the Local Pharmaceutical Committee and NHS England and NHS Improvement to provide support to pharmacies where we can.

  Locally, pharmacies have seen a significant increase in demand. This is partly due to an increase in prescriptions, higher staff absence rates and social distancing measures.

CCGs have provided guidance to GP surgeries with regards to not extending the duration of supply on repeat prescriptions and to not issue prescriptions too early, to help manage workload and supply. The CCGs have also communicated with the community pharmacies who provide supervised consumption of methadone and end of life drugs to keep them updated about changes to usual policy due to Covid-19.

The CCGs and local authorities have worked together and with voluntary groups to help deliver medicines to the most vulnerable patients.

In line with a nationally agreed standard operating procedure, pharmacies have been allowed to "work behind closed doors" for up to two and a half hours a day. This has been in order to allow time to catch up and clean. However, this should not be between 10am-12pm and 2pm-4pm for most pharmacies or between 10am-12pm and 2pm-6pm for 100 hour pharmacies. This was to help give a consistent message about pharmacy opening times to the public. If pharmacies chose to work behind closed doors they were required to put a sign on the door giving information on how to contact the pharmacy if urgent help was needed.

- **Dentistry services**
  From 25 March during the Covid-19 pandemic all routine NHS and private dentistry was suspended. Patients who had scheduled appointments were contacted by their dental practice. NHS England and NHS Improvement worked with the dental profession to put in place urgent dental care hubs to provide urgent and emergency dental care to both NHS and private patients.

  Revised guidance has seen the resumption of some dental care services from 8 June. The dates on which dental practices will reopen and what services they provide will vary by individual practice according to measures they are able to put in place to ensure the safety of both patients and practice staff. This include ensuring that infection control procedures and social distancing requirements are in place, that practice staff have appropriate PPE and that this has been fit tested and staff are available to work at the practice following risk assessments.

  If a patient needs dental treatment they should contact their dental practice. All practices can offer telephone advice, prescribe medication to help to relieve pain or treat an infection and refer patients to an urgent dental care hub as needed following an assessment. Some practices may be able to offer additional services on a face-to-face basis from their site.

  If people do not have a regular NHS dentist they can search for a local dentist on the NHS website at www.nhs.uk. In the evening and at weekends patients can contact NHS 111 who will provide advice and direct patients to an out of hours service if necessary.

- **Optometry services**
  High street optometry practices have been providing urgent and essential eye care. Patients have been advised to contact their usual optician, if they have one, for further advice with a telephone or face to face appointment arranged if needed.

  Similar to dentists, national guidance has now been issued and opticians will be determining when it will be safe to reopen for routine appointments having considered requirements such as PPE (personal protective equipment), staffing and social distancing requirements.

- **Immunisation and screening services**
  All immunisation programmes apart from shingles and school aged immunisations continued though with some changes to delivery for example, prioritising high risk patients. There was a national and regional media campaign to encourage people to attend for screening and immunisation appointments. A summary of some key points regarding screening and immunisation programmes is below:

  - Immunisations delivered in schools were put on hold when schools closed. NHS England and NHS Improvement are currently working with providers to restore those programmes as soon as possible using schools or community venues with Covid-19 safety measures in place
  - Cervical screening invitation times were extended and invitations have started to be sent. GP practices were advised either to reschedule women who had already had an invitation or to screen them if practical
  - Antenatal and newborn screening continued as normal with some minor pathway adaptations for safety purposes. There was some disruption to audiology services for babies referred from newborn hearing screening but these are in the process of restarting
  - Breast screening has continued to screen high risk women and to continue with assessment of women already in the pathway
  - Diabetic Eye Screening has been impacted by lack of access to primary and community venues and hospital eye services are not yet receiving non urgent referrals. Programmes are screening high risk and pregnant women.

8. Help Us Help You campaign

During the response period NHS activity for non Covid-19 related conditions dropped including the number of people attending Emergency Departments, contacting their GP and attending routine appointments where these have been going ahead.

This was seen across the country and in response NHS England launched the national Help Us Help You campaign to promote NHS services and encourage people to use them when they need help, advice or treatment.

We have been supporting this locally, with input from our Local Resilience Forum partners, and have been seeing a steady increase in NHS activity. We are also using the campaign as an opportunity to promote the range of urgent care services available locally and when to use each one appropriately.

9. Regional lockdowns and potential second wave planning

As part of the national response R numbers are being published for each regional area. This may result in local lockdown arrangements if a regional R number starts to increase. If this happens across HIOW then Covid-19 temporary service changes may be retained or reintroduced if they have been changed.

Work has also been ongoing to plan for a potential second wave of Covid-19. This planning takes into account the restoration and recovery work and winter. This includes considering issues such as PPE (personal protective equipment) requirements, staffing and social distancing requirements.

10. Moving to the new normal

There will be distinct phases as the NHS moves to a 'new normal'. The initial phases are:

- Restoration phase
  Restarting non-urgent, critical services that were paused during the response. This is a national requirement with clear guidance (Appendix Three) around which services need to be restarted and when. It is anticipated that further national requirements will follow.

- Recovery phase
  The temporary service changes made include the accerleration of service transformation that were being developed pre-Covid-19 and changes that have potentially led to better outcomes and/or experience for local people. As such work will be undertaken to review the service changes made to ensure services are not simply restored to pre-Covid-19 arrangements but developed for the future. This review will need to include a number of key lines of enquiry including:

  - Has the change impacted on the way patient care is delivered or received?
  - Has the change reduced the number of people seeking help or getting care and has this been appropriate?
  - Has the change delivered efficiencies, and was this a key drive for making it?
  - Who has or could be affected?
  - Has any engagement taken place with patients and staff prior to the change being enacted or previous engagement activities which offer relevant insights? If so, what?
  - Has this change improved the outcomes or experience for patients?
  - Has this change increased or created inequalities? If so, has an Equality Impact Assessment (EIA) been completed?

Whilst the restoration and recovery work has started this is balanced with ensuring that we are able to respond to a potential second spike of Covid-19. This will include ensuring that plans to restart postponed NHS activity takes this into account. Likewise, the restoration and recovery work will need to take into account Covid-19 guidance as it is issued such as potential social distancing requirements within buildings such as hospitals and GP practices.

11. Restoration and recovery principles

All of the NHS partners across HIOW have agreed that the following guiding principles will be used to shape our restoration and recovery plans.

- Safety: Patient and staff safety is paramount. Our restoration plans will be founded on the identification and mitigation of risk
- Outcomes: Our purpose is to maximise outcomes for local people. This means ensuring we identify and care for patients requiring time-critical treatment which, if not provided immediately, will lead to patient harm
- Preparedness: We will at all times retain sufficient aggregate capacity across HIOW to respond to demand related to Covid-19 and time-critical care
- Strategic: We will ensure, where possible, our approaches are in line with our strategic ambitions as set out in the HIOW Strategic Delivery Plan
- Subsidiarity: Individual organisations and Integrated Care Partnerships (and care system footprints where relevant) will lead the development and delivery of plans for restoring services guided by a common set of principles
- Commonality: All partners in HIOW are committed to alignment and ensuring a common approach

- Forward-looking: We will lock-in beneficial changes and not restore by default to pre-Covid service models.

12. Seeking the views of local communities

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW.To support this the engagement will align to the phased approach but recognise that the different systems may have different requirements at any one time and the engagement approach needs to be adaptive whilst also aligned to enable common themes across areas to be identified and wider pieces of work supported.

There may be some proposed changes that will require further bespoke NHS led engagement activity and/or formal consultation to meet the needs of the five tests of service change. This may include temporary service changes which require more detailed engagement, such as outpatient digital appointments, or new projects, such as NHS 111 First.

In addition, NHS England is determining if there are opportunities to carry out engagement programmes on a regional footprint for common temporary service changes, for example the changes in access to primary care services. These will be taken into account in the HIOW approach as and when they are developed.

13. Next steps

The HIOW Overview and Scrutiy Committees/Panels are asked to advise how they would like to monitor service changes and the recovery plans as they are developed and implemented over the next 18 months.

14. Recommendation

The Committee is asked to note this briefing and consider the next steps outlined in section 13.

Appendices

The following appendices accompany this briefing paper:

- **Appendix One**
  Letter from Sir Simon Stevens, NHS Chief Executive, dated 17 March 2020: Important and Urgent – Next steps on NHS response to Covid-19

- **Appendix Two**
  Hampshire and Isle of Wight Covid-19 temporary service changes spreadsheet

- **Appendix Three**
  Letter from Sir Simon Stevens, NHS Chief Executive, dated 29 April 2020: Important – For Action – Second phase of NHS response to Covid-19

This page is intentionally left blank

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services

Copy to:
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums
Chairs of ICSs and STPs
NHS Regional Directors
NHS 111 providers

NHS England and NHS Improvement
80 London Road
Skipton House
London SE1 6LH
england.spoc@nhs.net

17 March 2020

Dear Colleague,

IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19

Thank you for your extensive work to date to prepare for this rapidly increasing pandemic, following the NHS declaration of a Level 4 National Incident on 30 January.

Last night the Government announced additional measures to seek to reduce the spread across the country. It is essential these measures succeed. However as the outbreak intensifies over the coming days and weeks, the evidence from other countries and the advice from SAGE and the Chief Medical Officer is that at the peak of the outbreak the NHS will still come under intense pressure.

This letter therefore sets out important actions we are now asking every part of the NHS to put in place to redirect staff and resources, building on multiple actions already in train. These will:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support.
- Support staff, and maximise their availability.

- Play our part in the wider population measures newly announced by Government.
- Stress-test operational readiness.
- Remove routine burdens, so as to facilitate the above.

Please therefore now enact the following measures:

1. Free-up the maximum possible inpatient and critical care capacity

The operational aim is to expand critical care capacity to the maximum; free up 30,000 (or more) of the English NHS's 100,000 general and acute beds from the actions identified in a) and b) below; and supplement them with all available additional capacity as per c) below. To that end, trusts are asked now to:

a) Assume that you will need to postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months. However you also have full local discretion to wind down elective activity over the next 30 days as you see best, so as to free up staff for refresher training, beds for COVID patients, and theatres/recovery facilities for adaptation work. Emergency admissions, cancer treatment and other clinically urgent care should continue unaffected. In the interim, providers should continue to use all available capacity for elective operations including the independent sector, before COVID constraints curtail such work. This could free up 12,000-15,000 hospital beds across England.

b) Urgently discharge all hospital inpatients who are medically fit to leave. Community health providers must take immediate full responsibility for urgent discharge of all eligible patients identified by acute providers on a discharge list. For those needing social care, emergency legislation before Parliament this week will ensure that eligibility assessments do not delay discharge. New government funding for these discharge packages and to support the supply and resilience of out-of-hospital care more broadly is being made available. (See section 6f of this letter). Trusts and CCGs will need to work with local authority partners to ensure that additional capacity is appropriately commissioned. This could potentially free up to 15,000 acute beds currently occupied by patients awaiting discharge or with lengths of stay over 21 days.

c) Nationally we are now in the process of block-buying capacity in independent hospitals. This should be completed within a fortnight. Their staff and facilities will then be flexibly available to you for urgent surgery, as well as for repurposing their beds, operating theatres and recovery facilities to provide respiratory support for COVID-19 patients. As soon as we have the detailed capacity map of what will be available in each part of the country we will share that with you via Regional Directors. NHS trusts and foundation trusts should

free up their own private pay beds where they exist. In addition, community health providers and social care providers are asked to free up community hospital and intermediate care beds that could be used flexibly within the next fortnight. These measures together could free up to 10,000 beds.

2. Prepare for, and respond to, large numbers of inpatients requiring respiratory support

Emerging international and UK data on COVID-19 patients suggests that a significant proportion who are hospitalised require respiratory support, particularly mechanical ventilation and to a lesser extent non-invasive ventilation.

a) Work is well in hand nationally to secure a step change in oxygen supply and distribution to hospitals. Locally, hospital estates teams have now reported on their internal oxygen piping, pumping and bedside availability. All trusts able to enhance these capabilities across their estate are asked to do so immediately, and you will be fully reimbursed accordingly. The goal is to have as many beds, critical care bays, theatre and recovery areas able to administer oxygen as possible.

b) National procurement for assisted respiratory support capacity, particularly mechanical ventilation, is also well under way in conjunction with the Department of Health and Social Care. In addition, the Government is working with the manufacturing sector to bring new manufacturers online. These devices will be made available to the NHS across England, Wales, Scotland and Northern Ireland according to need. Mark Brandreth, chief executive of Agnes Jones and Robert Hunt foundation trust is now supporting this work.

c) In respect of PPE, the DHSC procurement team reports that nationally there is currently adequate national supply in line with PHE recommended usage, and the pandemic influenza stockpile has now been released to us. However locally distribution issues are being reported. Michael Wilson, chief executive of SASH, is now helping resolve this on behalf of the NHS. In addition if you experience problems there is now a dedicated line for you: 0800 915 9964 / 0191 283 6543 / Email: supplydisruptionservice@nhsbsa.nhs.uk.

d) A far wider range of staff than usual will be involved in directly supporting patients with respiratory needs. Refresher training for all clinical and patient-facing staff must therefore be provided within the next fortnight. A cross-specialty clinical group supported by the Royal Colleges is producing guidance to ensure learning from experience here and abroad is rapidly shared across the UK. This will include: a short education package for the entire NHS workforce; a service guide, including for anaesthetics and critical care; COVID-19 clinical management guides in collaboration with NICE.

e) Segregate all patients with respiratory problems (including presumed COVID-19 patients). Segregation should initially be between those with respiratory illness and other cases. Then once test results are known, positive cases should be cohort-nursed in bays or wards.

f) Mental Health, Learning Disability and Autism providers must plan for COVID-19 patients at all inpatient settings. You need to identify areas where COVID-19 patients requiring urgent admission could be most effectively isolated and cared for (for example single rooms, ensuite, or mental health wards on acute sites). Case by case reviews will be required where any patient is unable to follow advice on containment and isolation. Staff should undergo refresher training on physical health care, vital signs and the deteriorating patient, so they are clear about triggers for transfer to acute inpatient care if indicated.

3. Support our staff, and maximise staff availability

a) The NHS will support staff to stay well and at work. Please ensure you have enhanced health and wellbeing support for our frontline staff at what is going to be a very difficult time.

b) As extra coronavirus testing capability comes on line we are also asking Public Health England as a matter of urgency to establish NHS targeted staff testing for symptomatic staff who would otherwise need to self-isolate for 7 days. For those staff affected by PHE's 14 day household isolation policy, staff should - on an entirely voluntary basis - be offered the alternative option of staying in NHS-reimbursed hotel accommodation while they continue to work. Sarah-Jane Marsh, chief executive of Birmingham Women's and Children's foundation trust is now supporting this work.

c) For staff members at increased risk according to PHE's guidance (including pregnant women), if necessary, NHS organisations should make adjustments to enable staff to stay well and at work wherever possible. Adjustments may include working remotely or moving to a lower risk area. Further guidance will be made available and the Royal College of Obstetrics and Gynaecology will provide further guidance about pregnant women.

d) For otherwise healthy staff who are at higher risk of severe illness from COVID-19 required by PHE's guidance to work from home, please consider how they can support the provision of telephone-based or digital / video-based consultations and advice for outpatients, 111, and primary care. For non-clinical staff, please consider how they can continue to contribute remotely. Further guidance will be made available

e) The GMC, NMC and other professional regulators are also writing to clinicians who have relinquished their licence to practice within the past three years to see whether they would be willing to return to help in some capacity.

f) Urgent work is also underway led by chief nursing officer Ruth May, NHS chief people officer Prerana Issar and Health Education England, the relevant regulators and universities to deploy medical and nursing students, and clinical academics. They are finalising this scheme in the next week.

g) All appropriate registered Nurses, Midwives and AHP's currently in non-patient facing roles will be asked to support direct clinical practice in the NHS in the next few weeks, following appropriate local induction and support. Clinically qualified staff at NHSE/I are now being redeployed to frontline clinical practice.

h) The four UK chief medical officers, the national medical director, the Academy of Medical Royal Colleges and the GMC have written to all UK doctors stressing that it will be appropriate and necessary for clinicians to work beyond their usual disciplinary boundaries and specialisms under these difficult circumstances, and they will support individuals who do so. (see https://www.aomrc.org.uk/wp-content/uploads/2020/03/0320_letter_supporting_doctors_in_COVID-19.pdf) Equivalent considerations apply for nurses, AHPs and other registered health professionals.

4. Support the wider population measures newly announced by Government

Measures announced last night are detailed at: https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults

a) Ministry of Housing, Communities and Local Government (MHCLG) and local authorities in conjunction with their Local Resilience Forums (LRFs) have lead responsibility for overseeing support for older and vulnerable people who are going to be 'shielded' at home over the coming months. Community health services and voluntary organisations should engage with LRFs on how best to do this.

b) A number of these individuals would be expected to have routine or urgent GP, diagnostic or outpatient appointments over the coming months. Providers should roll out remote consultations using video, telephone, email and text message services for this group as a priority and extend to cover all important routine activity as soon as possible, amongst others. David Probert, chief

executive of Moorfields foundation trust, is now leading a taskforce to support acute providers rapidly stand up these capabilities, with NHSX leading on primary care. Face-to-face appointments should only take place when absolutely necessary.

c) For patients in the highest risk groups, the NHS will be identifying and contacting them over the coming week. They are likely to need enhanced support from their general practices, with whom they are by definition already in regular contact. GP services should agree locally which sites should manage essential face-to-face assessments. Further advice on this is being developed jointly with PHE and will be available this week.

d) As part of the overall 'social distancing' strategy to protect staff and patients, the public should be asked to greatly limit visitors to patients, and to consider other ways of keeping in touch such as phone calls.

5. Stress-test your operational readiness

a) All providers should check their business continuity plans and review the latest guidance and standard operating procedures (SOP), which can be found at https://www.england.nhs.uk/coronavirus/.

b) Trust Incident Management Teams – which must now be in place in all organisations - should receive and cascade guidance and information, including CAS Alerts. It is critical that we have accurate response to data requests and daily sitrep data to track the spread of the virus and our collective response, so please ensure you have sufficient administrative capacity allocated to support these tasks.

c) For urgent patient safety communications, primary care providers will be contacted through the Central Alerting System (CAS). Please register to receive CAS alerts directly from the MHRA: https://www.cas.mhra.gov.uk/Register.aspx.

d) This week we are undertaking a system-wide stress-testing exercise which you are asked to participate in. It takes the form of a series of short sessions spread over four days from today. Each day will represent a consecutive week in the response to the outbreak, starting at 'week six' into the modelled epidemic. We would strongly encourage all Hospital Incident Management Teams with wider system engagement (including with primary care and local government representation) to take part.

6. Remove routine burdens

To free you up to devote maximum operational effort to COVID readiness and response, we are now taking the following steps nationally:

a) Cancelling all routine CQC inspections, effective immediately.

b) Working with Government to ensure that the emergency legislation being introduced in Parliament this week provides us with wide staffing and regulatory flexibility as it pertains to the health and social care sector.

c) Reviewing and where appropriate temporarily suspending certain requirements on GP practices and community pharmacists. Income will be protected if other routine contracted work has to be substituted. We will issue guidance on this, which will also cover other parts of the NHS.

d) Deferring publication of the NHS People Plan and the Clinical Review of Standards recommendations to later this year. Deferring publication of the NHS Long Term Plan Implementation Framework to the Autumn, and recommending you do the same for your local plans.

e) Moving to block contract payments 'on account' for all NHS trusts and foundation trusts for an initial period of 1 April to 31 July 2020, with suspension of the usual PBR national tariff payment architecture and associated administrative/ transactional processes.

f) Additional funding to cover your extra costs of responding to the coronavirus emergency. Specific financial guidance on how to estimate, report against, and be reimbursed for these costs is being issued this week. The Chancellor of the Exchequer committed in Parliament last week that *"Whatever extra resources our NHS needs to cope with coronavirus – it will get."* So financial constraints must not and will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.

COVID-19 presents the NHS with arguably the greatest challenge it has faced since its creation. Our health service - through our skilled and dedicated staff - is renowned for the professional, flexible and resilient way that it responds to adversity. Please accept our sincere thanks for your leadership, and that of your staff, in what is going to be a highly challenging period.

This is a time when the entire NHS will benefit from pulling together in a nationally coordinated effort. But this is going to be a fast-moving situation requiring agile

responses. If there are things you spot that you think we all should be doing differently, please let us know personally. And within the national framework, do also use your discretion to do the right thing in your particular circumstances. You will have our backing in doing so.

With best wishes,

Sir Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX: CORONAVIRUS COST REIMBURSEMENT

This guidance sets out the amended financial arrangements for the NHS for the period between 1 April and 31 July. These changes will enable the NHS and partner organisations (including Local Authorities and the Independent Sector) to respond to COVID-19. We will continue to revise this guidance to reflect operational changes and feedback from the service as the response develops.

We will shortly be making a payment on account to all acute and ambulance providers to cover the costs of COVID-19-related work done so far this year, with final costs for the current financial year being confirmed as part of the year end processes. This initial payment will be based on information already submitted by providers. Future payments will be based on further cost submissions.

All NHS providers and commissioners must carefully record the costs incurred in responding to the outbreak and will be required to report actual costs incurred on a monthly basis. Accurate record keeping during this time is crucial - record keeping must meet the requirements of external audit, and public and Parliamentary scrutiny.

To support reimbursement and track expenditure we will in due course be asking all relevant organisations to provide best estimates of expected costs from now until the expected end of the peak outbreak. We will provide further guidance with relevant assumptions in order to support you in making these estimates.

REVENUE COSTS

Contractual payments and provider reimbursement

We are suspending the operational planning process for 2020/21.

We will provide all NHS providers a guaranteed minimum level of income reflecting the current cost base on the following basis:

a) Commissioners should agree block contracts with the NHS providers with whom they have a contract (NHS Trusts, Foundation Trusts, Mental Health, Community and Ambulance trusts) to cover the period 1 April to 31 July. This should provide a guaranteed monthly payment. For CCGs the value of this payment will be calculated nationally for each CCG/provider relationship. This figure will be based on the average monthly expenditure implied by the provider figures in the M9 Agreement of Balances return plus an uplift that allows for the impact of inflation (including pay uplifts and CNST) but excluding the tariff efficiency factor. It will not include activity growth. For mental health trusts the uplift will include an additional sum consistent with

delivering the Mental Health Investment Standard. The monthly payment should include CQUIN and assume 100% delivery.

b) Trusts should suspend invoicing for non-contracted activity for the period 1 April to 31 July. A sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner. Providers should continue to record all activity including NCAs in SUS in the normal way.

c) A national top-up payment will be provided to providers to reflect the difference between the actual costs and income guaranteed by steps 1 and 2 where the expected cost base (which will be calculated as the average monthly expenditure over the period November to January uplifted for inflation) is higher. The Financial Recovery Fund and associated rules will be suspended during this period. The top-up payment will take into account individual provider CNST contributions compared to that funded in the allowance for cost inflation.

We will provide these numbers to Commissioners and Providers on Monday 23 March.

Providers should claim for additional costs where the block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19. These reasonable costs should include:

a) Evidenced increases in staffing costs compared to the baseline period associated with dealing with increased total activity.

b) Increases in temporary staffing to cover increased levels of sickness absence or to deal with other caring responsibilities (e.g. to look after other family members).

c) Payments for bank or sub-contractor staff to ensure all sickness absence is covered consistent with Government's announced policy and public health advice which aren't otherwise covered under normal practice; and

d) Additional costs of dealing with COVID-19 activity. For example: the costs of running NHS111 assessment pods; increases in the volumes required or prices of equipment to deal with the response to the virus which aren't offset by reductions elsewhere; extra costs of decontamination and transport for the ambulance service; higher testing volumes in acute-based laboratories; and community-based swabbing services.

Claims should be made on a monthly basis, alongside regular monthly financial reports. This should provide sufficient funds for providers to deliver a break-even

position through the period and will provide the basis against which we will monitor financial performance.

We will monitor the impact of any changes in income levels from non-NHS services, in particular from local authorities. Providers should escalate to regional teams as appropriate.

The payments made by commissioners under block contract arrangements should not be revised to reflect any short falls in normal contractual performance during this period. The majority of NHS acute providers are already exempt from the majority of contract sanctions; for the duration of the outbreak until further notice any remaining contract sanctions for all NHS provider groups are to be suspended.

It is important that providers and commissioners pay promptly during this time, so that cash flow for NHS and non-NHS suppliers of goods and services does not become a barrier to service provision.

The arrangements described above should mean there is minimal requirement for interim working capital support during this period. Providers that believe they require supplementary working capital support should follow the normal procedure to access such support.

Funding for commissioners

Commissioner allocations for 2020/21 have already been notified as part of operational planning and will not be changed. However, in assessing individual commissioner financial positions and affordability we will take into account:

a) The impact of the block contracting approach set out above including both the cost of removing the tariff efficiency factor and the benefit of excluding activity growth from the calculation.

b) Expected reductions in investments for service developments
    - the temporary arrangements for non-contracted activity, transferring funding to make sure that lead commissioners have adequate funds to pay providers; and
    - the costs of additional service commitments as described below for example for out of hours provision, additional NHS111 investment, purchase of step-down beds and provision of rapid discharge/ additional social care capacity.

c) We will also be reviewing planned transformation initiatives, and where we consider that these will not be able to proceed during the coronavirus emergency we will reflect this in the distribution of transformation funding.

d) In addition, a number of NHS commissioners are dependent on additional central support to fully cover their expenditure. NHSE/I will calculate a central top up payment on broadly the same basis as FRF to cover the difference between allocations as set out above and expected costs.

Financial Governance

The maintenance of financial control and stewardship of public funds will remain critical during the NHS response to COVID-19. Chief Executives, Accountable Officers and Boards must continue to comply with their legal responsibilities and have regard to their duties as set out in Managing Public Money and other related guidance. Any financial mismanagement during this period will be dealt with in exactly the same way as at any other time.

We recommend that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust. Naturally, all organisations should test the resilience of their finance functions and business continuity plans to make sure that the most important elements (running payroll, paying suppliers, core reporting) can continue even with significant staff absences. We are also asking you to consider the resilience of your fraud prevention arrangements.
As normal financial arrangements have been suspended, no new revenue business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Where costs have already been committed or contractual commitments entered into, providers should agree an approach with NHSE/I as above.

Normal consultancy approval and agency reporting requirements must be maintained during this period.

SPECIFIC ADDITIONAL FUNDING CONSIDERATIONS

Purchase of enhanced discharge support services

CCGs will be asked to work with their local authority partners to commission additional out-of-hospital care and support capacity, in particular to facilitate step down of patients from secondary care and so free up acute beds. These are expected to be a blend of care home beds, hospices, and home-care support.

Detailed operational guidance for the procurement and management of these beds will be issued separately including more detailed finance guidance. To make sure that funding decisions do not restrict the pace of discharges, additional resources will be provided to pay for the community bed or a package of care post-discharge for any

patient that needs it. New guidance will also ensure that eligibility assessments do not delay new care packages being put in place. We will continue to review this approach and will ask CCGs and local authorities to move to standard commissioning and funding routes once the impact of Covid-19 sufficiently diminishes – you should plan therefore on the basis of an average length of care package.

Additional funding will be provided based on monthly cost returns from CCGs.

Specialised services

As described above, Specialised Services contracts will follow the same principles as CCG commissioned activity, and block values will be based on the average 2019/20 expenditure up to month 9, with an uplift to recognise the impact of pay uplifts and other cost increases.
Arrangements for pass through Drugs and Devices costs will continue to operate as currently on a cost and volume basis, to ensure that providers do not face any financial consequences of any increases in activity or cost.

Specialised providers will be required to respond to the most serious cases of COVID-19 through the provision of High Consequence Infectious Disease units, Extracorporeal Membrane Oxygenation services and other specialised care functions. Any specific investments and costs incurred by these units are being coordinated through the National Highly Specialised team.

NHS 111

NHS 111 has been commissioned nationally to provide a dedicated Covid-19 response service. This service will continue to be contracted for and funded nationally. In addition, having reviewed the pressures on the wider NHS 111 service additional funding will be released from NHSE/I via lead commissioners, who will then make necessary arrangements for payment to NHS 111 providers.

General Practice

The key principle is that from 1 April we free up practices to prioritise workload according to what is necessary to prepare for and manage the outbreak, and therefore guarantee that income will be protected if other routine contracted work has to be substituted. This does not prevent us from continuing to measure activities (for example those undertaken with QOF) but it ceases to put 2020/21 income at risk for performance.

We will make sure that funding does not influence clinical decision making by ensuring that all GP practices in 2020/21 continue to be paid at rates that assume they would

have continued to perform at the same levels from the beginning of the outbreak as they had done previously, including for the purposes of QoF, DES and LES payments.

CCGs should plan to make payments on this basis. NHSE/I will reimburse any additional costs as part of our wider finance agreement on Covid-19.

Out of Hours Provision

CCGs have been asked to procure additional GP out of hours provision in order to provide home-based care for any patients that have tested positive for coronavirus in the community. CCGs will be reimbursed for the additional costs incurred in delivering this service through the allocations process. CCGs will be required to submit a monthly return of additional cost incurred which will provide the basis of additional payments. To keep the administrative burden to a minimum, where a CCG has contracted for this service on behalf of itself and others, reimbursement will be directed through the lead CCG.

Community Pharmacy

Where required, CCGs will be reimbursed for the following:

a) An NHS Urgent Medicines Supply Service for patients whose General Practice is closed.

b) A Medicines Delivery Service to support Covid-19 positive and vulnerable patients self-isolating at home.

c) Payments to contractors who are required to close due to Covid-19 related reasons.

Optometry and dental

For the time being we expect that funding for dentistry and optometry will continue in line with existing contractual arrangements using assumptions rolled over from 2019/20 where required. We will keep this under review and address any issues as they arise.

Third and Independent Sector Providers

Details of reimbursement for any additional services to be procured from the third sector or from independent sector organisations will be issued in due course.

CAPITAL COSTS

NHSE/I will shortly issue indicative capital allocations for 2020/21. Additional capital expenditure will be required to support our response to the virus in a number of areas, including purchase of pods, capital modifications to existing estate, purchasing of ventilators and other medical equipment, and IT assets to enable smarter working including remote consultations. In a number of cases NHSE/I may bulk-purchase assets to secure the necessary resource as quickly as possible. However, this will not always be practical or desirable, so below are the arrangements for providers and commissioners to access capital in relation to the COVID-19 response. The key criteria against which we will assess claims are:

a) The proposed expenditure must be clearly linked to delivery of our COVID-19 response;
   NHS
b) In the case of asset purchases, the asset must be capable of being delivered within the expected duration of the outbreak; and

c) In the case of modifications to estate, the works must be capable of being completed within the expected duration of the outbreak.

Commissioner capital

We anticipate that individual claims for capital expenditure by commissioners will fall within the delegated budgetary limits for NHSE/I of £10m. Any requests for capital expenditure by commissioners including any assets being purchased on behalf of general practice should be relayed to NHSE/I regional teams for assessment with the national team, following which the required capital allocation will be issued.

Provider capital

We anticipate that individual claims for capital expenditure by providers will fall within the delegated budgetary limits for trusts of £15m. Any requests for capital expenditure by providers should be relayed to NHSE/I regional team for rapid assessment with the national team to enable swift decision making and disbursement of cash where appropriate. PDC charges will not be levied on any funding supplied in connection with COVID-19.

Summary

Group	Service line	Funding method
Revenue costs		
All NHS organisations	Contracting basis	All providers to move to block contract,
	Self-isolation of workers	To be directly reimbursed as required
	Increased staff costs in the event of sick or carer's leave	To be directly reimbursed as required
	Other additional operating costs	Reasonable costs to be reimbursed
Acute providers	Pod provision	Initial on-account payment based on submissions received so far Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
	Laboratory costs	To be directly reimbursed as required
CCGs	Purchase of step-down beds	Final 19/20 payment based on cost submissions Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
	Out of Hours (primary care) capacity increase	Additional allocations to be paid to CCGs to pass on to providers
Specialised services	Patient admissions	To be funded through block contractual payments
	Drugs costs	Payments for drugs not included in tariff will continue in the normal way
Ambulance providers	Additional PPE and cleaning	Initial on-account payment based on submissions received so far Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
Community	Swabbing services	Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions

Group	Service line	Funding method
NHS 111	National CRS function	Costs to be reimbursed nationally
	Additional local 111 funding	Additional allocations to be paid via CCGs where agreed
Capital costs		
Acute providers	Equipment and estate modification as required	PDC allocation from DHSC to provider trust
CCGs (including primary care)	Equipment as required	NHS England allocation to CCGs funded via DHSC mandate adjustment

This page is intentionally left blank

Mental Health Services

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Mental Health & Learning Disability	Inpatient Services	Increase in service	Changes to our inpatient services in order to create capacity for a mental health isolation ward. Afton ward (10 beds, older people's functional mental illness ward) is now the adult and older adult isolation ward. Osborne ward is therefore now accepting both adult and older adult mental health admissions for people who do not require isolation. All visiting has been suspended in inpatient units. Providing inpatients with technology to enable them to maintain contact with loved ones, and to provide activities.	Social distancing	National guidance
IOW	Mental Health & Learning Disability	Inpatient Services	Increase in service	Changes to our inpatient services in order to create capacity for a mental health isolation ward. Afton ward (10 beds, older people's functional mental illness ward) is now the adult and older adult isolation ward. Osborne ward is therefore now accepting both adult and older adult mental health admissions for people who do not require isolation. All visiting has been suspended in inpatient units. Providing inpatients with technology to enable them to maintain contact with loved ones, and to provide activities.	Social distancing	Local decision
IOW	Mental Health & Learning Disability	LD Healthchecks	Service suspension	Discussions taken place with NHS Region as it is inappropriate to be bringing in LD patients the majority of which are shielded for F2F health checks. There is also further review on the constitution of an LD AHC.	Social distancing	National guidance

IOW	Mental Health & Learning Disability	MH - Community services	Change in pathway	Essential community health services have continued with appropriate risk assessments to support return to new business	Improve discharge coordination and efficiency	Local decision
IOW	Mental Health & Learning Disability	MH - Crisis provision	Change in access method	All MH Providers have 24/7 access to Mental Health Services either through established SPA and/or the 24/7 Mental Health Triage Service in NHS 111. Crisis hub is established and operational.	Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - Crisis provision	Change in pathway	All Regions have either a Safe Haven or extended wellbeing offer to support out of hours Crisis support.Crisis and Urgent apps done remotely. Teams have capacity and working through waitiing list to manage list size to increase available capacity. Manage routine appointments to prevent backlog of cases.	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - BAME patients and staff	Increase in service	Targeted support for BAME is under discussion in MH with action underway from Workforce corporately	Responsive to emerging need	National guidance
IOW	Mental Health & Learning Disability	MH - service demands	Increase in service	Discussions with local providers and NHSE on modelling and expectations of demand and capacity for services. Working with comissioners around MHIS	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - psychological support	Increase in service	IoW NHS Trust has a full programme to support Key NHS staff. They have been supporting key services with Support for staff for during and post pandemic. CCG has commissioned online resource for support and self guided help.	Response based on need	National guidance

IOW	Mental Health & Learning Disability	MH Care (Education) and Treatment Reviews	Change in access method	Digital resources including virtual clinics and attend anywhere being used across services where appropriate to do so. Reviews should continue using online and digital approaches	Improve capacity Improve discharge coordination and efficienc	National guidance
IOW	Mental Health & Learning Disability	MH - Children and Young People	Change in access method	Currently in place. CYP are working across the integrated division and with third sector partners. Currently in discussion with the commissioners to develop further. Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school	Needs based assessment improve capacity Improve discharge coordination and efficiency	Local decision based on national guidance
IOW	Mental Health & Learning Disability	MH - For existing patients	Change in access method	For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding. Services across MH are exploring how this information could be sourced , addressing and ensuring equality and need	Infection prevention	National guidance
Solent	Mental Health & Learning Disability	Adult Mental Health Community Service	Change in access method	Reducing face to face contacts and carrying out services remotely based on risk assessments	Remote working of staff / social distancing	National guidance
Solent	Mental Health & Learning Disability	Learning Disabilities Service	Change in access method, change in pathway	Reducing Face to face contacts with staff working remotely from home. 1) Delaying non-urgent referrals 2) Reducing direct patient contact 3) Supporting home working	Remote working of staff / social distancing	National guidance

Solent	Mental Health & Learning Disability	Talking Change/ IAPT services	Change in access method	Reducing face to face contacts and increasing remote working within the IAPT service. Administrators to work from home with reception closed. Very little change to service	Remote working of staff / social distancing	National guidance
Solent	Mental Health & Learning Disability	Adult Mental Health Recovery Team	Reduction in service	Partial reduction to service in Community AMH, Learning disability, IAPT and SMS- Reducing F2F contacts. For OOH service - Medics will come out for urgent psychiatric needs. Partial restriction to service from 27/03/2020 - Out of hours inpatient care - medics to come out for urgent psychiatric needs only. Safe remote plans including remote prescribing to be put in place. Non urgent medical reviews, medication adjustment, administrative work and other non-urgent care will be delayed until the daytime staff return. Urgent medical reviews, including requests for section 52 assessments will remain face to face with staff provided appropriate PPE where required.	Remote working of staff / social distancing	National guidance
Solent	Mental Health & Learning Disability	Jubilee House	Change in pathway	In order to simplify systems/processes and the overall management of the workforce Solent (Adults Portsmouth Service Line) to take back the management of patients in East wing of Jubilee House by Friday 3rd April.	Health risk	Local decision
Solent	Mental Health & Learning Disability	Secure Care	Increase in service	Due to the unprecedented and emergent challenges due to Covid 19 our Pan Hampshire 136 Partners Secure Care UK are offering to undertake additional activity in response to sudden challenges.	Health risks	Local decision
Solent	Mental Health & Learning Disability	Mental Healht PICU Service	Reduction in service	Partial restriction to service, reviewing seclusions remotely as required.	Remote working of staff / social distancing	

Solent	Mental Health & Learning Disability	Access to Communication Team	Reduction in service; change In access method	Reduction in face to face availability and reduced access.	Remote working of staff / social distancing	
Solent	Mental Health & Learning Disability	Autism Assessment Service	Change in access method	Partial reduction to service from early April 2020 -will not be booking face-to-face appointments.	Social distancing	National guidance
SHFT	Inpatient Services	Inpatient Wards	Increase in service	Additional capacity established for 136 Suite at Elmleigh	Increase capacity	
SHFT	Inpatient Services	Inpatient Wards	Change in service	Mental health inpatient wards temporary change to no section 17 leave and no family visits	Social distancing	
SHFT	Mental Health & Learning Disabilities	Psychiatric Liaison	Change of location of services	Psychiatric Liaison has been relocated away from EDs across Hampshire	Social distancing	
SHFT	Mental Health & Learning Disabilities	Beechwood House	Change in service provision	Beechwood ward (mental health ward for older people at Parklands Hospital) will temporarily become a ward for adult/older people with mental health issues who require physical health care for COVID-19. It will operate in this capacity as an 18 bedded ward from Monday 6 April 2020.	Increased bed capacity	National guidance
SHFT	Mental Health & Learning Disabilities	Community LD Teams	Change in service provision	This service has moved to a central referral point.	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	Eating Disorder Service, April House	Change in method of access	Face to face clinics and groups changed to telephone support	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	IAPT (Improving Access to Psychological Therapies) Services	Change in method of access	Face to face sessions have been cancelled and replaced with virtual consultations/appointments.	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	Lighthouse Service	Change in method of access	The Lighthouse (run in partnership with Solent Mind) will temporarily run as a ‘virtual’ crisis lounge, as the premises in Shirley are too small to maintain safe social distancing.	Social distancing	Local decision

SHFT	Mental Health & Learning Disabilities	OPMH – community services	Change in method of access	face to face reviews replaced with video/tel. memory matters groups. Urgent clinical visits only. Dr clinics stopped clinics. Face to face CPAs replaced with telephone meetings	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	Psychology Services	Change in method of access	Both acute and crisis teams have stopped ISP (Integral Somatic Psychology) group interventions for adult mental health inpatients, due to the risks posed by patients from the ward accessing ISP. In replacement, patients are being offering interventions via telephone and via Visionable.	Social distancing	National guidance
SHFT	Mental Health	Eating Disorders	Reduction in service	Southern health temporarily reduced face to face clinics and support groups for eating disorders to telephone support	Social distancing	National guidance
SHFT	Mental Health	Psychological	Reduction in service	Southern health temporarily changed face to face clinics and support groups for psychological services to 'zoom' support	Social distancing	National guidance
SHFT	Mental Health	Older Peoples' Mental Health	Reduction in service; change in method of access	OPMH face to face reviews temporarily reduced (only for high risk patients) other activity replaced with telephone / video support	Social distancing	National guidance
SHFT	Mental Health	ECT	Reduction in service; change in method of access	Mental health ECT service centralised to Parklands, day therapy service postponed, home visits replaced with telephone/video calls	Social distancing	National guidance
SHFT	Mental Health	EIP	Reduction in service; change in method of access	Mental health EIP service temporarily postponed face to face physical health reviews, home visits replaced with telephone/video calls, face to Face only for High Risk Patients	Social distancing	National guidance
SHFT	Mental Health	Community Services	Change in method of access	Mental health community teams temporarily reduced use of face to face services and working remotely via visionable	Social distancing	National guidance

SHFT	Mental Health	Crisis and Home Treatment	Reduction in service; change in method of access	Mental health crisis and home treatment service day therapy temporarily reduced use of face to face services (only for High Risk patients) and working remotely via visionable / telephone support	Social distancing	National guidance
Sussex Partnership	CAMHS	CAMHS	Increase in service	CAMHS 24/7 Telephone helpline linked to NHS 111 for children and young people who need emotional support mobilised	Social distancing	National guidance
PSEH	Site Changes	Mental Health Psych Liaison	Change in service location	Temporary relocation of mental health psych liaison service from QAH to Turner Centre, St James Hospital	Social distancing	Local decision

Urgent & Emergency Care and Acute Services

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Ambulance Service	Conveyance Pathway	Increase in service	Pathway for direct admission into Acute Medical Ward and new referral pathways for Paediatrics agreed, rather than direct conveyance to ED	Social distancing	National guidance
IOW	Ambulance Service	Defib Network	Increase in service	Cessation of public access defib network implementation	Social distancing	Local decision
IOW	Medical	Cardiology (inc investigations)	Service suspension	Cardiac Investigation Unit. Urgent appointments only (including rapid access and pacemakers) Telephone or face to face where absolutely necessary Urgent Echo and 24 hour tapes only	Social distancing	National guidance
IOW	Medical	Care of the Elderly - respiratory	Change in pathway	Urgent appointments only Telephone or face to face where absolutely necessary		Local decision
IOW	Medical	Respiratory	Reduction in service change in access method	Urgent appointments only (including cancer fast track) Telephone or face to face where absolutely necessary		National guidance
IOW	Medical	Rheumatology – Diabetes Centre	Change in pathway	Urgent appointments only. Telephone or face to face where absolutely necessary Helpline available for prescriptions/advice Urgent infusions only	Improve capacity Improve discharge coordination and efficiency	National guidance
UHS	Urgent Care	Minor Injury and illness	Increase in service	Minor injury and illness moved from SGH to the Urgent Treatment Centre (RSH)	Responsive to emerging need	National guidance

SCAS	IUC	CAS	Increase in service	New COVID-19 Clinical Assessment Service has been commissioned an mobilised.	Improve capacity Improve discharge coordination and efficiency	National guidance
SCAS	IUC	Covid Response Service	Increase in service	New COVID Response Service (CRS) has been commissioned to take traiged 111 callers throught the NHS 111 Online Tool thus populating the CCAS queue.	Capacity	National guidance
HHFT	Emergency Services	Emergency Surgery	Change of location of services	Emergency Surgery centralised to RHCH	Improve capacity Improve discharge coordination and efficiency	National guidance
HHFT	Emergency Services	MIU at AWMH	Suspension of service	Andover War Memorial Hospital (AWMH) Minor Injuries Unit closed to move staff to ED	Staffing pressures	Local decision based on national guidance
SHFT	Community Services	Stroke Assessment 6mth F/U	Reduction in service	This service has stopped in line with national guidance.		National guidance
SHFT	Site Changes	Inpatient Physical Health	Change in access method	Therapy model changes to 20% staffing - reducing therapy, CHC work suspended	Remote working of staff / social distancing	National guidance
SHFT	Site Changes	RAU at Petersfield & Lymington	Change in access method, change in pathway	RAU: Gosport and Petersfield: stopped all routine consultations, only triaging urgent referrals.	Remote working of staff / social distancing	National guidance

SHFT	Site Changes	Additonal Beds: Petersfield, Romsey, Lymington, Gosport	Change in access method	Additional beds on Anstey Ward, Lymington New Forest Hospital, Ford Ward, Romsey Hospital, Gosport War Memorial Hospital and Petersfield Hospital.	Remote working of staff / social distancing	National guidance
PSEH	Community Services	Urgent Care	Suspension of service	Temporary closure of Urgent Care Centre and Cosham Park House ED Redirection Service	Remote working of staff / social distancing	National guidance
PSEH	Urgent Care	Voluntry Sector	Change in pathway	St Johns Ambulance 'hub' established temporarily on QA site to see minor injury and minor ailments patients overnight	Health risk	Local decision
PHT	Urgent Care	Rapid Assessment Unit	Increase in service	Temporarily postponed face to face clinics in Rapid Assessment Unit with move to video and telephone support	Health risks	Local decision
PHT	Site Changes	Inpatient Wards	Reduction in service	Temporary increase in bedded capacity at Spinnaker, Jubilee and Brooker wards - St James' Hospital	Remote working of staff / social distancing	
PHT	Urgent care	Minor Injuries	Reduction in service; change In access method	Temporarily redirect minor injury patients from QA ED to GWMH MIU, Petersfield MIU, St Marys UTC between the hours of 0800 and 2345	Remote working of staff / social distancing	
PHT	Urgent care	MIU/UTC	Change in access method	Increase in patient acuity accepted in MIUs/UTCs by review of the Directory of Service and increasing conditions accepted	Social distancing	National guidance
PHT	Urgent care	Minor Injuries Unit	Increase in service	Temporary extension of operational hours for GWMH MIU from 2000 to 2359	Increase capacity	
PHT	urgent care	Rapid Assessment Unit	Change in service	Temporarily postponed face to face clinics in Rapid Assessment Unit with move to video and telephone support	Redeployment of staff	
SCAS	Urgent Care	Call handling	Change of location of services	111 call handlers have been trained to do 999 calls	Social distancing	

SCAS	Urgent Care	Capacity	increase in service	999 spare capacity has been used to support PTS	Increased bed capacity	National guidance

Primary Care services

Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
General Medical Services	Routine and Urgent Care	Change in method of access and change in location	GP Hot and cold sites, numerous locations Moving to hot and cold sites across East Central and West PCNs. To minimise the risk of exposure to patients by splitting locations in to appropriate Covid categories. Patients will be seen face to face by clinicians across PCN area rather than own GP surgeries.	Social distancing	National guidance
General Medical Services	Homeless Healthcare	Change in method of access and change in location	Partial restriction to service with reduced face to face care by increasing remote consultation and telephone triage. Face to face appointments only where required. Access to mobile phones is being mitigated by the provision of some phones to the most vulnerable individuals.	Social distancing	Local decision
General Medical Services	Gosport Practices	Suspension of service	GP routine appointments in Gosport: including health checks, routine smears, annual reviews (ie diabetic, respiratory, routine blood tests, travel vaccinations, face to face routine consultations/medication reviews) are cancelled	Social distancing	National guidance
General Medical Services	Red Hubs	Change in pathway / change in location	Operationalise 5 primary care red hubs across FG & SE Hants Forest Surgery, Bordon Waterlooville HC Forton Medical Centre, Gosport Highlands surgery , West Fareham Westlands surgery, East Fareham	Social distancing	Local decision

General Medical Services	Red Hubs across Portsmouth	Change in pathway / change in location	Operationalise 5 primary care red hubs across Portsmouth Wooton Street Practice Kingston Crescent Surgery Eastney Health Centre Milton Park Practice (St Marys Campus) Stubbington Avenue Waverley Road Derby Road Lake Road HC	Social distancing	National guidance
General Medical Services	Routine and Urgent Care	Change in access method	All patients triaged remotely - significant change in the way people access and receive general practice	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	Digital Econsult	Change in access method	Provision of e-consult deployed across all sites	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	Digital - video	Change in access method	Provision of video consultations deployed across all sites	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance

General Medical Services	Prescribing	Change in access method	Electronic prescribing - paper prescriptions are now the exception	Social distancing	National guidance
General Medical Services	Routine and Urgent Care	Change in pathway	Shielded patients -identifcation process; flagging patient records remotely	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	Hot/cold Sites	Change in service location	Hot/cold sites; people having to travel to access GP services	Social distancing, improve capacity Improve discharge coordination and efficiency	Local decision based on national guidance
General Medical Services	Infection & Prevention	Change in access method	Infection control - people being seen in alternative locations - e.g. cars, waiting in cars	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	LTC mangement	Supension of service	Services have been prioritised e.g. LTC management and routine checks reduced (many patients are shileded), therefore activity reporting stopped - QoF etc.	Managing demand	National guidance

General Medical Services	Routine and Urgent Care	Change in access method	General practice moved from face to face consultations to total triage model in line with national guidance	Social distancing, remote working of staff, social distancing	National guidance
General Medical Services	Routine and Urgent Care	Change in location of service	Gosport primary care temporary site consolidation to support workforce resilience for patients with non-covid symptoms (Green sites) for necessary primary care ie baby imms, leg dressings. Planning commenced 19/3/20 and operational from Mon 6/4/2020. Primary care staffing shared amongst the practices to support f2f at Rowner – Baby imms, Solent View - triage, GMC – bloods and nursing. Other sites reduced to admin functions – Bridgemary, Brockhurst, Bury Road, Stoke Road, Waterside, Brune	Social distancing	National guidance
General Medical Services	Routine and Urgent Care	Suspension of service	Southern Health ceased temporarily all routine appointments including health checks, routine smears, annual reviews i.e. diabetic, respiratory, routine blood tests, travel vaccinations, face to face routine consultations/medication reviews in line with national guidance	Remote working of staff / social distancing	National guidance

General Medical Services	Gosport Practices	Change in location of service and suspension of services	Gosport primary care temporary site consolidation to support workforce resilience for patients with non-covid symptoms (Green sites) for necessary primary care ie baby imms, leg dressings. Planning commenced 19/3/20 and operational from Mon 6/4/2020. Primary care staffing shared amongst the practices to support face to face at Rowner – Baby imms, Solent View - triage, GMC – bloods and nursing. Other sites reduced to admin functions – Bridgemary, Brockhurst, Bury Road, Stoke Road, Waterside, Brune	Social distancing	Local decision
General Medical Services	Routine Care	Suspension in service	Acute trusts focusing on urgent care therefore electronic referrals for routine care may be suspended	Social distancing	Local decision
General Medical Services	Enhanced Services screening and immunisations	Suspension of services and change in location	Reduction in face to face and potential change in location	Remote working of staff / social distancing	National guidance
General Medical Services	LD healthchecks	Change in access pathway, suspension of services	Reduction in face to face appointments may mean LD healthchecks are not competed. Consider what can be captured using remote technology and prior to the reintroduction of f2f	Remote working of staff / social distancing	National guidance
General Medical Services	NHS 111	Increase in service , change in pathway	Expansion of NHS 111 – establishment nationally of COVID-19 Clinical Assessment Service to triage and assess patients with symptoms of COVID-19. Direct booking of patients requiring assessment by primary care into GP Practice workflow	Increased virtual triage and assessment of patients with suspected COVID-19; Decreased demand on practices	National guidance

General Medical Services	Routine and Urgent Care	Change to pathway	Move to total triage system, initially assessed either by phone or online and where appropriate, given advice, managed remotely and/or ongoing monitoring by video consultation or other remote monitoring technology. Face to face assessments where required, provided at hot or cold site or as a home visit	As above – supports the safety of both patients and staff	National guidance
General Medical Services	Face to Face Services	Changes of location	Practices are either designated as 'hot sites' or may operate zoning where hot and cold workflow is separated across a geographically area. Patients may have to travel further to access care.	As above – supports the safety of both patients and staff	National Guidance
General Medical Services	Routine and Urgent Care	Changes of location.	Consolidation plans have been agreed across Primary Care Networks as agreed by CCG. Small number of branch sites temporarily closed which are kept under regular review.	General Practice resilience; supports continued provision of care	National Guidance
General Medical Services	Vulnerable Patients	Change in access method	Focus shielded patients and those who are vulnerable, and these have agreed care plans in place and are receiving the care and support they need. Strong links with Local Authority, voluntary sector and community networks to provide help and support with shopping, prescriptions and health and wellbeing.	Ensures people at highest risk from COVID-19 are safe and receive the care and support they need	National guidance
General Medical Services	Routine Care	Suspension of service	Temporary suspension of some general practice activity in line with national guidance.	capacity	National guidance

General Medical Services	Care Homes	Increase to service provision	PCNs and practices to align with care homes to reduce duplication, footfall and increase continuity of care, patients still retain the right of choice of general practice. Provision of weekly virtual MDT review with each care home abd provision of care and support, remotely or face to face. Personalised care plans to be agreed and in pace for all residents. Provision of pharmacy and medication support	Greater support to care homes and high risk patients. Education and training to care home staff and greater continuity of care	National guidance
Specialist Dental Services	Domicilliary service	Suspension of service	Suspended routine care and dental care on a domiciliary basis reduced to emergency care only to minimise contacts.	Social distancing	National guidance
Specialist Dental Services	Conscious sedation and GA services	Suspension of service	Suspended dental care under conscious sedation to minimise GA's on patients who may be in prodromal stage of Covid-19. All routine GA sedation services have been cancelled.	Social distancing	Local decision
Specialist Dental Services	Specialist dental care	Suspension of service	Cessation of all non-urgent dental care. Will only see patients with urgent dental care needs. Will defer all new patient referrals and telephone triage all patients providing advice where appropriate.	Social distancing	National guidance
Primary care	General practice	Change in pathway	Across Fareham, Gosport and South East Hants the Out of Hours and GP Extended Access site provision has been rationalised to align to hot and cold provision within primary care Green site - Portchester Health Centre Red site - Waterlooville Health Centre Red site - Forton Medical Centre, Gosport	Separate facilities for COVID suspected patients, and alignment to in hours primary care provision	National guidance

Community Services and Care Homes

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Acute	Acute Therapies (Physio/SLT/OT)	Increase in service	Continuing to provide acute therapies input and further training carried out across wider team on respiratory physiotherapy to enhance skill set.	Social distancing	National guidance
IOW	Community Services	Podiatry	Increase in service	Moved to provision of life critical services only – continuing to provide urgent podiatry assessment and management and diabetic foot clinic . Teleconsultation being used where possible to further shield patients.	Social distancing	Local decision
IOW	Community Services	Orthotics and Prosthetics	Service suspension	Moved to provision of life critical services only. Team supporting manufacture of PPE and also continuing to provide New Amputees support (including discharge support) and O&P Emergency repairs or provision.	Social distancing	National guidance
IOW	Community Services	Community Rehabilitation (inc. Neuro Rehab and Community Rehab Bedded care)	Change in pathway	Moved to provision of life critical services only – Continuing to provide telephone or on line consultations where necessary whilst capacity available (will be utilised to support discharge once pressure rises) Use of teleconsultation continues across service e.g. Teleswallowing for SLT. Provision continues in bedded care settings and review of flow continues to ensure continued capacity to support acute pressure throughout period of increased demand.	Change in elective services	Local decision

IOW	Community Services	Community Nursing	Reduction in service; change in access method	Moved to provision of life critical services only including but not limited to Insulin dependent diabetics, EOL palliative care, urgent catheter care, urgent medicines management, support for immunosuppressed Patients, urgent bladder & bowel care, IV Antibiotic Management . Ongoing work also includes reviews of all caseloads and care plans, additional training provision to carers and Care Homes to administer low level support to residents, implementation of telehealth and remote monitoring for patients where suitable and daily review of any deferred work.	Staffing pressures	National guidance
IOW	Community Services	Community Therapies (Physio/SLT/OT/MSK/Dietetics)	Change in pathway	Moved to provision of life critical services only – Continuing to provide telephone or on line consultations where necessary whilst capacity available (some of resource will be utilised to support discharge once pressure rises) . Urgent spinal MSK triage and urgent dietetics assessment & management continue where required.	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Site Changes	Community Unit	Increase in service	Move of Community Unit which provides step down bed backed care supporting patients rehabilitation and confidence on discharge from hospital. Moved from St Marys site into community (Ryde Health and Well Being Centre).	Responsive to emerging need	National guidance
Solent	Community Services	Pulmonary Rehab Service	Increase in service	Cessation - Pulmonary group closed. Staff redeployed to other services. Cancelling all 1:1 pulmonary Rehabilitation assessment in Face to face setting.	Improve capacity Improve discharge coordination and efficiency	National guidance

Solent	Community Services	Podiatry Routine and Remote Care	Increase in service	Tip Toe service has ceased in full. Podiatry service - ceased walk in provision, moved to remote triaging and consultations. Domiciliary visits will be carried out on a risk based approach.	Social distancing	National guidance
Solent	Community Services	Respiratory Hub	Suspension of service	Long term conditions Hub Respiratory. Cessation of service. LTC nurse to work with home oxygen team.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Community Services	Speech and Language Therapy Service	Change in access method ; reduction in service	Stopping non-urgent referrals & outpatient activity. Team are prioritising those at risk. All activity in to nursing homes stopped but staff will support with telephone and virtual consultations.	Social distancing	Local decision based on national guidance
Solent	Community Services	Specialist Palliative Care Service	Reduction in service	Partial restriction to service with early palliative care clinic stopped.	Unknown	National guidance
Solent	Community Services	Stoma Care	Change in access method	Partial reduction to service with home visits for pre-op cancer patients carried out. Admin to contact patients prior to visit re Covid screening questions. Support UHS inpatients emergency pre and post ops to support discharge ASAP. Telephone consultation provided for all patients following discharge from UHS for initial 6-8 wks after surgery. Staff working remotely and carrying out video consultations where practical.	Remote working of staff / social distancing	National guidance

Solent	Community Services	Cardiac Service	Change in access method, change in pathway	Cessation - Cardiac Rehab 3 (CR3) F2F appointments ceased. Patients will be called by service once a week at the time they would normally be attending rehab to make sure they are well, discuss concerns and to provide support. GPSI clinics and CR2 to continue based on patient choice. CR2 can have telephone assessment and home visit should it be required.	Remote working of staff / social distancing	National guidance
Solent	Community Services	Bladder and Bowel Service	Change in access method	Cessation of service - All Bladder and bowel non essential services have ceased during the Covid-19 period. For those with complex needs, contact numbers will be provided. Southampton: Patients will be phoned in order to carryout assessments and reviews.	Remote working of staff / social distancing	National guidance
Solent	Community Services	Tissue Viability Team	Reduction in service	Vulnerable patients identified and clinic appointments cancelled. Home visits arranged for clusters of patients in the localities across the city. No further visits to nursing homes to reduce risk of cross infection. TVNs will carry out tele consultations and share photographs via email.	Remote working of staff / social distancing	National guidance
Solent	Community Services	Spasticty Services	Change in pathway	Cancelling all clinic appointment for Spasticity and Botox clinic during the Coronavirus Pandemic for those patients on caseload and waiting list - all clinic sessions closed.	Health risk	Local decision

Solent	Community Services	Diabetes Adult Specialist Nursing	Increase in service	Ceased delivery of DESMOND programme (with exclusion of activity within pilot LTC Hub) from 18/03/2020. Partial cessation and partial restriction to service from 27/03/2020 - Cancelling all group education sessions and non essential F2F consultations. The diabetes service will have team mobile for UHS diabetes service to refer patients to Solent diabetes service who are requiring discharge from UHS following a 'live event related to diabetes'. The diabetes service will assess and provide intervention to manage the patient within UHS and then follow up within the community setting.	Health risks	Local decision
Solent	Community Services	Admiral Nursing Memory café	Reduction in service	Closed memory café due to high risk patients.	Remote working of staff / social distancing	
Solent	Community Services	Harry Sotnick House	Reduction in service; change In access method	Provision of an additional 20 beds. The Portsmouth system (PCC/Solent) have been requested to open 20 additional beds within Harry Sotnick House. Solent have been asked to provide 5 RN's to support the additional bedded capacity	Remote working of staff / social distancing	
Solent	Community Services	Community Neuro Rehab and Assessments	Change in access method	Western Community Hospital service. Partial reduction of service. Closed all non essential services. Closed VRS with immediate effect. Selected services will provide telephone consultations rather than F2F.	Social distancing	National guidance
Solent	Community Services	Tuberculosis Service	Increase in service	Partial restriction to service - Increasing remote consultation and telephone triage.	Increase capacity	

Solent	Community Services	Community Nursing	Change in service	Closure of night OOH service from 20/03/2020 - Patients will be advised of self-care process. Partial reduction of service - Identify vulnerable patients with RAG rating of Red/High on caseload. Arrange home visits for treatment based on Red RAG rating. Reduced visits to care homes to prevent spread of disease. Nursing Team are supporting care homes to deliver non-complex wound care through training and observation and then follow up support through phone/virtual consultation. Fortnightly reviews of care plans to take place.	Reduction due to capacity	
Solent	Sexual Health	HIV services	Change of location of services	Changing face to face consultations to telephone consultations. Consultants to identify stable patients that can have their bloods postponed for up to 6 months.A text message will be sent to patients advising that their face to face appointment will be changed to a telephone appointment.	Social distancing	
Solent	Sexual Health	Termination of pregnancies	Change in access method/change in location	Continue with telephone triage and treatment where required. If no contra-indications – treatment for EMA will be postponed. Those with contra-indications or over 10 weeks gestation will be seen after telephone consultation. No BPAS staff running out of Andover at this time, so clients who need to be seen will be seen in either Southampton or Basingstoke.	Increased bed capacity	National guidance
Solent	Sexual Health	Level 3 promotion service	Change in access method	Ceased delivering group work with 1:1's completed over the phone. schools have closed but SHP are picking up vulnerable clients and continuing 121s via phone.	Social distancing	National guidance

Solent	Sexual Health	Level 3 Outreach service	Change in access method	Outreach nurses will no longer be delivering services in to schools and colleges. They will complete telephone triage before visiting anyone in their homes.	Social distancing	National guidance
Solent	Sexual Health	Level 3 Psychosexual counselling Service	Change in method of access	Therapists self-isolating if in vulnerable groups. Conducting therapeutic consultations by phone and/or video. Ceasing new assessments for psychosex clients in line with national guidance, thereby pausing new referrals. This will be 5 members of staff in total	Social distancing	National guidance
Solent	Sexual Health	Level 3 Spoke Clinics - various locations	Change in method of access	Phased closure of spokes clinics depending on staffing levels, assessed daily. Reduced activity into clinics in line with national guidance from BASHH and FSRH by changing all initial appointments to phone calls where patient is assessed and only patients meeting the national urgent criteria are invited into clinic. Patients with symptom of COVID-19, COVID-19 positive or symptomatic household members are unable to attend clinic for up to 14 days. If patients require treatment that cannot be postponed, will be reviewed by a doctor to assess clinical risk of delaying treatment by 14/7. Closure of 3 hour clinics at Royal South Hants hospital on Saturdays.	Social distancing	Local decision
Solent	Sexual Health	Service Treatment by Post	Change in method of access	Patients requiring treatment for Chlamydia, herpes or emergency contraception who are self-isolating, will be contacted by a doctor who will complete a full telephone consultation including risk assessment for under 18's and vulnerable adults and prescribe medication for the patient.	Social distancing	National guidance

Page 64

Solent	Sexual Health	Level 3 Remote Patient Consultation	Change in method of access	IOW Local authority / Public Health funded service. All patients will now have an initial consultation via the phone either with a nurse or a doctor to reduce the amount of patienst attending face to face appointments. The walk in model has ceased – all clients have to be invited into service- i.e. only if absolutely necessary	Social distancing	National guidance
Solent	Sexual Health	HIV services	Reduction in service	Changing face to face consultations to telephone consultations. Consultants to identify stable patients that can have their bloods postponed for up to 6 months.A text message will be sent to patients advising that their face to face appointment will be changed to a telephone appointment.	Social distancing	National guidance
Solent	Site changes	Assessment to Intervention	Reduction in service	Partial restriction. Change in management for A2i team to manage routine referrals differently- GP colleagues to be asked to delay non urgent referrals to wait until after the Covid 19 pandemic. Referrals will be more robustly screened and declined where it is felt assessments can wait. Telephone contact wherever possible rather than face to face, even for assessments. Will offer a route into services for GP's to ask questions or seek specialist advice without the need for patient assessment.	Remote working of staff / social distancing	National guidance
Solent	Site changes	MSK, Podiatry, GP Surgery, Tissue Viability - Southampton Services	Reduction in service; change in method of access	Adelaide Health Centre - Services will be temporarily displaced from the site: Southampton CCG services. Partial reduction of services - to facilitate increase in bed capacity in response to Covid-19.	Increase bed capacity and social distancing	National guidance

Solent	Site changes	Heart Failure Service	Reduction in service; change in method of access	Partial restriction - discontinue full service - Priority patients to continue to be seen for home visits. Each visit will be risk assessed as no PPE available. In addition can provide telephone support.		National guidance
Solent	Site changes	Home Oxygen Service	Reduction in service; change in method of access	Continue service in full as a priority. Routine activity ceased and focus on priorities. Reviews can occur both face to face and telephone.	Priority service review	National guidance
SHFT	Community Services	Rehabilitation	Change in method of access	Essential for discharge: The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Respiratory Services	Reduction in service; change in method of access	Routine appointments and routine home oxygen assessments cancelled, urgent o2 assessments continue. Spirometry and pulmonary function tests (PFT): This service has now ceased.	Social distancing	National guidance
SHFT	Community Services	Parkinson's Routine clinic	Increase in service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Blood Testing (Routine)	Change in service location	This service has stopped in line with national guidance.		Local decision
SHFT	Community Services	MS	Reduction in service	Reduced service continues with NHCCG - telephone service remains available for patients or professionals with queries.	Social distancing	Local decision
SHFT	Community Services	Vitamin B12 injections	Reduction in service	The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Heart Failure	Suspension of service	Face to face routine work cancelled.	Social distancing	National guidance
SHFT	Community Services	Wound Therapy Dressings	Reduction in service	The service has reduced in frequency based on national guidelines.		National guidance

SHFT	Community Services	Dietetic Clinics	Suspension of service	This service has stopped in line with national guidance. DESMOND patient group education stopped and nurses supporting care homes and ICTs with insulin administration.		National guidance
SHFT	Community Services	Diabetes Services	Reduction in service and change of access method	The diabetes service has moved to a single team across all sites to maintain a safe service. Group education is cancelled and the team are working on videos and webinars to replace this. The team is also updating its procedures regarding diabetes specialist nurses visiting people at home.	Social distancing	National guidance
SHFT	Community Services	Wound Clinics - routine	Suspension of service	This service has stopped in line with national guidance however self-care packs in relation to wound care will be given to all care home.Pressure Ulcer Panels: This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Continence Assessment	Suspension of service	This service, including urology and stoma, has stopped in line with national guidance.		National guidance
SHFT	Community Services	Nephrostomy	Reduction in service	Urinary tubes/bags care: The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Depot Injections	Reduction in service	For Prostap, Denusomab, Epoetin and Zoladex: The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Catheter Care	Reduction in service	The service has reduced in frequency based on national guidelines. PICC lines (peripherally inserted central catheter): The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Community Nursing	Reduction in service	Including Twilight and EPCT, P&SE: Reduced training, leg clinics stopped, caseload regularly reviewed.		local decision
SHFT	Community Services	Wheelchair Services	Reduction in service	The service has partially stopped, urgent work is continuing but routine has stopped.		National guidance

SHFT	Community Services	Continuing Health Care (NH Placements)	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Falls Assessment Clinics and Classes	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Medicine Or Dressing Deliveries	Suspension of service	This service has stopped in line with national guidance:		National guidance
SHFT	Community Services	Nursing Home Provision	Increase in service	Provision has increased	Support staffing pressures	National guidance
SHFT	Community Services	Pulmonary Rehabilitation	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	QA Inreach	Increase in service; change in pathway	New discharge to assess process implemented, skeleton team working from QA rest in LAP at Fareham Reach	Support discharge	National guidance
SHFT	Community Services	Bowel care	Reduction in service	The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Leg Clinics	Suspension of service	Southern Health temporarily ceased leg clinics	Social distancing	National guidance
SHFT	Community Services	Falls	Reduction in service	Southern Health temporary reduction in service capacity for balance and safety classes and chronic condition management	Social distancing	National guidance
SHFT	Community Services	Community Diabetes	Suspension of service	Community diabetes DESMOND patient group education temporarily postponed	Social distancing	National guidance
SHFT	Community Services	Home Oxygen	Suspension of service	Routine appointments and routine home oxygen assessments temporarily postponed	Social distancing	National guidance
SHFT	Nursing Homes	Nursing Home Group Sessions	Suspension of service	Southern Health temporarily cease nursing home Forums/group sessions. Ceased intense and focused support to small number of Homes to broaden reach	Social distancing	National guidance

SHFT	Site Changes	Community Services	Change in location	Temporary relocation of Community HF and ICT services from Waterlooville Health Centre to Denmead and Havant Health Centre	Increase capacity	Local decision
NDPP	Community Services	Diabetes Prevention	Suspension of service	National Diabetes Prevention Programme temporarily paused until a digital model can be mobilised	Social distancing	National guidance
PSEH	Community Services	Nursing Homes	Increase in service	Temporary additional bedded capacity purchased in Wellington Vale, Greenbanks, Denmead Grange and Peel House Nursing / Rest homes	Increase capacity	Local decision
PSEH	Community Services	Nursing Homes	Increase in service	Temporarily re-open Woodcot Nursing home	Increase capacity	Local decision
PSEH	Community serivces	Community beds	Increase in service	Temporarily increase community bedded sites at Petersfield Community Hospital and Gosport War Memorial Hospital	Increase capacity	Local decision

Networked Care Services

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Diagnostics	Diagnosic Imaging	Increase in service	Urgent/Cancer & Emergency Only	Social distancing	National guidance
IOW	Diagnostics	Phlebotomy	Increase in service	Urgent GP walk in Only Phlebotomy Ryde clinic- closed	Social distancing	Local decision
IOW	Diagnostics	Pathology	Service suspension	Urgent/Cancer & Emergency Only	Social distancing	National guidance
IOW	Diagnostics	Outpatient Services	Change in pathway	Urgent/Cancer & Emergency Only	Staffing pressure	Local decision
IOW	Diagnostics	Pathology	Reduction in service	Pathology St Mary's Hospital - Emergency Only		National guidance
IOW	Medical	Asthma & Allery Services	Change in pathway	Relocated to GP surgery due to repurposing of normal location for urgent care. Reduced outpatient service, telephone clinics taking place instead of face to face clinics. Only carrying out emergency Xolair and immunotherapy interventions	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Medical	Dermatology (Crocker Street)	Increase in service	Urgent appointments only Telephone or face to face where absolutely necessary	Responsive to emerging need	National guidance
IOW	Medical	Diabetes and Endocrinology - Diabetes Centre	Increase in service	Urgent Appointments only Telephone or face to face where absolutely necessary Foot clinic still taking place	Improve capacity Improve discharge coordination and efficiency	National guidance

IOW	Medical	Gastroenterology – Respiratory department (or Endsocopy)	Increase in service	Urgent appointments only (including appropriate endoscopies) Telephone or face to face where absolutely necessary		National guidance
IOW	Medical	Multiple Sclerosis – Diabetes Centre	Reduction in service change in access method	Urgent appointments only Telephone or face to face where absolutely necessary Disease modifying therapies taking place	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Medical	Neurology – Respiratory department	Reduction in service change in access method	Urgent appointments only Telephone or face to face where absolutely necessary		Local decision based on national guidance
IOW	Medical	Osteoporosis – Respiratory department	Reduction in service change in access method	Urgent appointments only Telephone or face to face where absolutely necessary Urgent Infusions only		National guidance
IOW	Medical	Parkinsons	Change in access method	Urgent appointments only.Telephone or face to face where absolutely necessary Any patients who require support or advice can call the Parkinson Nurse Patient link with the neurologist regarding medication issues as GP's continuing to refer to Parkinsons Nurse for this	Remote working of staff / social distancing	National guidance
IOW	Medical	Rheumatology – Diabetes Centre	Change in access method, change in pathway	Urgent appointments only. Telephone or face to face where absolutely necessary Helpline available for prescriptions/advice Urgent infusions only	Remote working of staff / social distancing	National guidance

IOW	Surgical	Gynaecology	Change in access method	Routine face to face appointments ceased or switched to phone appointments if possible. Hysteroscopy, colposcopy and cancer outpatients continuing if in RCOG guidance.	Remote working of staff / social distancing	National guidance
IOW	Surgical	ENT Services	reduction in service change in access method	Reduced outpatient service, telephone clinics taking place instead of face to face clinics. Only carrying out emergency and selected cancer interventions.	Remote working of staff / social distancing	National guidance
IOW	Surgical	Maxillofacial	Change in pathway	Reduced outpatient service, telephone clinics taking place instead of face to face clinics. Only carrying out emergency and selected cancer interventions.	Health risk	Local decision
IOW	Surgical	Chronic Pain	Increase in service	Reduced outpatient service, telephone/ virtual clinics taking place instead of face to face clinics. No new patients being seen and all interventions have been cancelled.	Health risks	Local decision
IOW	Surgical	General Surgery	Reduction in service	Telephone and video link assessment appointments being undertaken as deemed appropriate by relevant clinician. Small percentage of Cancer Fast Track Surgery on a case per case basis. Ceased Endoscopy and Gastroscopy interventions and all other inpatient/daycase surgery.	Remote working of staff / social distancing	National guidance
IOW	Surgical	Orthopaedic Surgery	Reduction in service; change In access method	Urgent Trauma Surgery being undertaken as necessary, Fracture clinic appointments when deemed urgent undertaken face to face. Telephone assessments in place. All other non emergency Orthopaedic surgery has ceased.	Remote working of staff / social distancing	National guidance
IOW	Surgical	PAAU (Pre-assessment and Admission Unit)	Change in access method	Cancer Fast Track patient pre-assessments being undertaken as deemed clinically appropriate by admitting surgeon. Anaesthetic reviews as required for said patients. .	Social distancing	National guidance

Page 72

IOW	Surgical	Urology	Increase in service	Telephone and video link assessment appointments being undertaken as deemed appropriate by relevant clinician. Small percentage of Cancer Fast Track Surgery on a case per case basis. Ceased Cystoscopy and straight to test interventions and all other inpatient/daycase surgery.	Increase capacity	
IOW	Surgical	Ophthalmology	Change in service	Telephone and video link assessment appointments being undertaken as deemed appropriate by relevant clinician. Urgent outpatients seen face to face following consultant triage. Emergency patients being seen as referred from ED. No elective surgery being undertaken. Sight-saving emergency surgery continuing. Macular injections continuing for high risk patients.	Social distancing	
UHS	Outpatients	Outpatients	Change of location of services	Outpatient services moved from f2f to telephone/video call	Social distancing	
UHS	Outpatients	Outpatients & Diagnostics	Change of Location	Services moved off site, Spire Southampton ISTC at RSH,Nuffield	Increased bed capacity	National guidance
UHS	Surgery	Elective Surgery	Change of Location	Services moved off site, Spire Southampton ISTC at RSH,Nuffield	Social distancing	National guidance
UHS	Inpatients	Inpatient Care	Change of Location	Services moved off site, ISTC at RSH,Nuffield	Social distancing	National guidance
UHS	Cancer	Cancer services	Change in method of access	Chemotherapy and day treatments provided from private facilities were possible	Social distancing	National guidance
UHS	Elective Surgery	Elective Surgery	Change in method of access	All elective surgery has been paused at SGH	Social distancing	Local decision

UHS	Outpatients	Face to face	Change in method of access	All face to face outpatient appointments have been paused at SGH	Social distancing	National guidance
UHS	Elective Surgery	Elective Surgery	Change in method of access	All elective surgery has been paused at Lymington	Social distancing	National guidance
HHFT	Maternity	Maternity Home Births	Reduction in service		Staffing pressure	National guidance
HHFT	Cancer Services	Haemotology/Oncology	Reduction in service	Haemotology / Oncology moved from BNHH and RHCH to Private Facility (Sarum Road, BMI)	Reduction of risk of infection for vulnerable patients	National guidance
HHFT	Cancer Services	Pseudomyxoma	Reduction in service; change in method of access	Pseudomyxoma moved to Wellington, London – 2 prioritised cases	Reduction of risk of infection for vulnerable patients	National guidance
HHFT	Cancer Services	Urgent and Cancer surgery	Reduction in service; change in method of access	Urgent and Cancer surgery managed through prioritisation panel and facilitated at DTC (BNHH) / Hampshire Clinic, BMI	Reduction of risk of infection for vulnerable patients and staffing pressures	National guidance
HHFT	Cancer Services	Breast Surgery	Reduction in service; change in method of access	Breast surgery from BNHH and RHCH moved to Sarum Rd (BMI)	Reduction of risk of infection for vulnerable patients	National guidance

Solent	Community services	MSK	Change in method of access	Partial reduction in services reduced face to face work - telephone triage and telephone appointments will be utilised. MSK and pain group work reduced. MSK diagnostics (via Inhealth) ceasing all non urgent diagnostic tests.		National guidance
Solent	Community services	Vasectomy procedures	Reduction in service; change in method of access	Vasectomy Service provided by Marie Stopes International within the IOWT - Vasectomy procedures have ceased from 24.03.2020. GPs will not forward referrals during the Covid-19 period	Social distancing	National guidance
Solent	Community services	Vasectomy procedures	Increase in service	Vasectomy Service, various locations including GP vasectomy providers / Southampton CCG service - Vasectomy procedures have ceased from 24.03.2020. GPs will not forward referrals during the Covid-19 period	Social distancing	National guidance
SHFT	Community Services	DEXA bone scanning	Change in service location	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Diagnostics (Outpatient Routine)	Suspension of service	This service, i.e. 24 hour tapes, plain film x-ray, MRI, CT, ultra-scan, has stopped in line with national guidance.		National guidance
SHFT	Community Services	Endoscopy (Routine)	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Electro-Convulsive Therapy	Reduction in service	ECT has had to be reduced due to availability of Acute Trust staff and have moved to providing in Acute theatres for high risk patients	Staffing pressures	

SHFT	Community Services	Ultrasound Routine Appointments	Service suspension	These, including guided injections, have now stopped:	Prepare for redpeloyment of staff	Local decision to stop services - national guidance was to prioritise
SHFT	Community Services	Medical Outpatient Depts	Service suspension	This service, i.e. respiratory, cardiology, medical, ENT, has stopped in line with national guidance.		National guidance
SHFT	MSK	Orthopaedic Choice	Service suspension	This service, except urgent triage, has stopped in line with national guidance.		National guidance
SHFT	MSK	Outpatient Services (particularly MSK & Podiatry	Change in discharge process	Patients who are cancelling and not wishing to reschedule are discharged on SOS (self-referral of symptoms) so that they can self-refer back into the service at any point over the next 12 months.	Social distancing	National guidance
SHFT	MSK	All MSK	Change in method of access	MSK services are currently only providing a telephone service and this is predominantly triage, advice and discharge.	Social distancing	National guidance
SHFT	Site Changes	Gastro Services Lymington	Service suspension	This service is now closed.	Social distancing	
SHFT	Site Changes	Rhuematology Services Lymington	Service suspension	This service is now closed.	Social distancing	
SHFT	Site Changes	MRI's Routine	Exclusion criteria for patient cohort	This service is being cancelled for those over 70 years old at Lymington	Social distancing	
PSEH	Community Services	MSK	Change in access method	Community MSK services temporarily providing telephone and triages service and postponing face to face activity	Social distancing	National guidance

PSEH	Elective	MSK	Change in access method	Introduction of MSK app for use by patients presenting to primary care	Social distancing	National guidance
PSEH	Diagnostics	Endoscopy	Increase in service	Temporary increase in service provision for endoscopy at CareUK	Increase capacity	
PSEH	Indepedant sector	Elective	Suspension of service	Temporary cessation of private activity at SPIRE in line with NHS IS contract		National guidance
PHT	Outpatients	Outpatient Appointments	Change in access method	New outpatient appointments to be conducted in QA temporarily by telephone for renal patients	Social distancing	National guidance
PHT	Diagnsotics	Chest X-ray	Change in access method	Temporarily move from walk in chest x-ray provision at QA to booked appointment only	Social distancing	National guidance
PHT	Diagnostics	Endoscopy	Reduction in service	Temporary reduction in number of endoscopy suites at QAH from 6 to 2	Social distancing	National guidance
PHT	Maternity Services	Maternity Services	Change in location	Temporarily relocate maternity service from Grange ward to Willow Ward - Petersfield Hospital	Increase capacity	Local decision
PHT	Diagnostics	Phlebotomy	Suspension of service and change in access method	Temporary closure of walk in Phlebotomy service at QA – booked appointments for patients with acute requirements and increase in service provision in community hubs for routine blood taking	Increase capacity	National guidance
PHT	Surgery	Elective surgery	Increase capacity	Temporary change in use of capacity at St Marys Treatment Centre to convert elective area to 44 step down beds	Increase capacity	Local decision
PHT	Surgery	Elective	Suspension of service and change in access method	Routine elective work temporarily stood down including outpatients, diagnostics and procedures – moved to virtual model where possible at specialty level		

PHT	Surgery	Gastro	Change in pathway	GPs asked to use A&G for Gastro patients with lower risk patients being managed in primary care with management plan following clinical triage		
PHT	Cancer Services	2WW Gastro	Change in pathway	All 2ww and urgent Gastro patients being contacted by phone temporarily to make appropriate clinical plan	Social distancing	
PHT	Surgery	ENT	Reduction in service	Only emergency and cancer care routinely being provided temporarily for ENT patients with extended advice and guidance service being offered for routine requests	Social distancing	
PHT	Surgery	Gastrology	Change in pathway	GPs asked to use A&G for Gastro patients with lower risk patients being managed in primary care with management plan following clinical triage	Social distancing	National guidance

Children and Young People

Provider	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Paediatric Services	Change in access method and reduction of service	Telephone & Video Link Assessment appointments being undertaken as deemed appropriate by relevant clinician. Shielded children being supported at home. No non urgent face to face appointments. Provision of 8:00-24:00, 7/7 urgent care in paediatric footprint.	Social distancing	National guidance
IOW	0-19 Services - Health Visiting, CHIS & School Nursing	Reduction in service	Moved to provision of life critical services only – continuing to provide duty helpdesk with phone and online consultation taking place to ensure continued support for families, safeguarding, birth visits and CHIS birth notifications in liaison with GP Practices, 6-8 week infant visits and immunisation continuing .	Staffing pressures / social distancing	Local decision
IOW	Children's Therapies (OT/Physio/SLT	Reduction in service	Moved to provision of life critical services only – Continuing to provide telephone or on line consultations where necessary to support families, Paediatric ward discharge facilitation, Urgent assessment & Reviews (Inpatient & Community), and Urgent Paediatric Mental Health	Staffing pressures / social distancing	National guidance
Solent	Paediatric Therapies Services	Change in access method and reduction of service	Thornhill & Adelaide Health Centre - reduced service to 0-19 Service (Antenatal / Child clinics) - Reduction in face to face contacts. Telephone consultations offered as alternative.	Social distancing	National guidance

Solent	Antenatal/ Child Clinics	Reduction in service; change in access method; change in location	Reduced service to 0-19 Service (Antenatal / Child clinics) with reduction in face to face contacts. Plan to move some clinics from the QA Hospital to the Children's Development Centre at Battenburg	Social distancing	National guidance
Solent	Children and Families Service	Change in access method; reduction to service	Providing as much business as usual as possible using digital options/skype/phone etc. alongside face to face interventions where clinically indicated.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Health Visiting	Reduction in service; change in access method	Partial restrictions with increase in telephone contacts and use of technology to provide services remotely.	Remote working of staff / social distancing	National guidance
Solent	School Nursing	Suspension of serivce	School nursing service and school aged immunisations . Service cessation due to school closures. SAI are currently postponed whilst schools have closed and will be resumed post COVID response incorporating plans for catch up programmes.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Community Nursing Service	Reduction in serivce	Reduced service - All essential face to face clinical activity and interventions for children on CCN caseload or referred from PHT – will be assessed case by case and considered for either home visit or clinic appointment.		National guidance

Solent	CAMHS Psychiatry Jigsaw	Change in access and suspension of service	CAMHS care, eating disorders and behavioural resource services. Reduced CAMHS appointments with telephone consultations taking place. Duty cover will still be in place to escalate any young people that become unwell whilst waiting. Urgent care will still be offered. Stopping routine referrals.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Community Paediatric Medical Service	Reduction in service; change in access method; change in pathway	St James Hospital/Battenburg Clinic service - partial reduction of service - face to face clinical appointments for neurodevelopment/neurodisability (ND) will only be where clinically indicated for immediate management of clinical care. Telephone or skype consultations to be provided where possible. New referral criteria remains as at present, however, waiting lists managed according to RAG rating criteria. 8 EHCP assessments to be carried out by telephone and based on RAG priority cases. All review LAC and adoption appointments to be carried out by telephone.	Reduction due to capacity	Local decision based on national guidance
Solent	Coast	Suspension of service	Solent East COAST team in Partnership with NHS 111: temporary move to telephone, support, advice and guidance service only rather than face to face.	Social distancing	National guidance
SHFT	Child Health Clinics	Suspension of service	Child health clinics, community group baby clinics and group work have been suspended and staff have been redeployed (The ChatHealth service is open as usual). School Nursing has stopped and health visiting services are reduced.	Remote working of staff / social distancing	National guidance
SHFT	Maternity and Health Visiting	Reduction in service	A number of appointments and assessments have now been temporarily postponed; including booking appointments which are undertaken via phone	Remote working of staff / social distancing	National guidance

Homelessness

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
Local authorities	Housing allocations	Housing provision to prevent and reduce homelessness	Increase in service	Government 'everyone in' directive' meant HIOW local authorities sourcing c500 units of accommodation temporary accommodation to enable people self-isolate and move off the streets	Social distancing	National guidance
Local authorities	Housing advice	Housing advice to prevent and reduce new homelessness cases	Increase in service	Less face-to-face, more contact online/phone	Social distancing	Local decision
Support Providers	Housing / health advice	Visiting support, street outreach services, appointments to sustain people in accommodation & meet health & support needs	Service suspension	Less face-to-face, more contact online/phone	Social distancing	National guidance
Registered Providers	Housing allocations	Day to day letting of properties on hold / minimised	Change in pathway	Lettings only taking place when necessary re health, risk	Physical distancing	Local decision
Hostel providers	Housing allocations	Reduction in capacity where people normally share rooms	Reduction in service	Shared rooms now single occupancy	Physical distancing	National guidance
Hostel providers	Health & wellbeing	Allocation of washing facilities & management of food provision to reduce number of people sharing	Change in pathway	Designated washing and dining areas in hostels for residents	Improve capacity Improve discharge coordination and efficiency	National guidance
Acute Hospitals	Hospital discharge	Discharge hubs	Increase in service	Acute staff informed of need for communications with local authoritiess, hostel and support providers to plan safe and effective discharge	Responsive to emerging need	National guidance

Primary Care	Homeless health	Bespoke service offers in Portsmouth, Southampton & Winchester. Inconsistent across HIOW.	Increase in service	Partial restriction to service with reduced face to face care by increasing remote consultation and telephone triage. Face to face appointments only where required. Access to mobile phones is being mitigated by the provision of some phones to the most vulnerable individuals. Meant less access to health services.	Improve capacity Improve discharge coordination and efficiency	National guidance
Acute Hospitals	Hospital triage	Assessment of people experiecing homelessness on arrival at ED	Increase in service	Acute staff informed of need for communications with local authorities, hostel and support providers to ensure people not told to self-isolate when not achievable.	Physical distancing	National guidance
Primary Care	Find & test	COVID19 testing	increase in service	Provision of testing in hostels where people displaying COVID19 symptoms - new service	Improve capacity Improve discharge coordination and efficiency	National guidance
Southern / Solent	Mental health	Community offer being directed into hostels and temporary accommodation where required	increase in service	Supporting individuals to maintain acommodation offer / placement	Health, recovery & safety	Local decision based on national guidance
Inclusion	Substance misuse	Community offer being directed into hostels and temporary accommodation where required	increase in service	Supporting individuals to maintain acommodation offer / placement	Health, recovery & safety	National guidance
Day Centres	Day services	Provision of accessible drop in food, wellbeing, training, acccommodation finding services across HIOW	Change in access method	Closure of services, reduction in face to face health interventions, support and food provision	Remote working of staff / social distancing	National guidance

Discharge

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
HCC	Community Services	In-Reach	Increase in service	In-reach across all acute settings withdrawn from hospital and working from Single Point of Access	Social distancing	National guidance
Hampshire multi-agency	Community Services	All community services	Increase in service	Single Point of Access: Multi-agency and multi-disciplinary team in place to drive discharge out of hospital using Discharge to Assess approach. New processes and SOP in place.	Social distancing	Local decision
Hampshire multi-agency	Acute	All community services	Service suspension	Change in referral process from acute into community via the single point of access	Social distancing	National guidance
HCC	Acute	Social work teams	Change in pathway	Hospital social work teams no longer working from acute sites, referrals via the single point of access	Social distancing	Local decision
Hampshire multi-agency	Community Services	All community services	Change in access method	SharePoint site accessible by all health and social care partners to enable sharing of patient data and oversight of delivery service	Support discharge	National guidance
Hampshire multi-agency	Community Services	All community services	Change in pathway	Discharge tracker database created to support management of patients through the discharge process, accessible by all organisations	Improve capacity Improve discharge coordination and efficiency	National guidance
Hampshire multi-agency	Acute	All community services	Increase in service	Referral form created for Single Point of Access referrals	Responsive to emerging need	National guidance
Hampshire multi-agency	Community Services	All community services	Increase in service	Suspension of funding panels - arrangements in place between HCC and CCG for funding under Covid	Improve capacity Improve discharge coordination and efficiency	National guidance

HCC	Nursing Homes	Reablement	Increase in service	In-house reablement bed capacity redirected to Single Point of Access	Support discharge	National guidance
Hampshire multi-agency	Nursing Homes	Nursing home provision	Increase in service	Continued winter provision where available and sourced extra capacity via CCGs	Improve capacity Improve discharge coordination and efficiency	National guidance
Hampshire multi-agency	Community Services	All community services	Change of location	Cross organisational executive lead appointed in each system to lead Single Point of Access model	Support discharge	Local decision based on national guidance
Hampshire multi-agency	Community Services	All community services	Change in access method	Interim leadership and management structure, roles and responsibilities for Single Point of Access	Support discharge	National guidance
Hampshire multi-agency	Acute	All community services	Change in access method	Twice daily virtual Single Point of Access Multi-disciplinary Team meetings enabling communication between acutes and community services	Remote working of staff / social distancing	National guidance
HCC	Community Services	Reablement	Change in access method, change in pathway	Key triage staff only accessing reablement hub	Remote working of staff / social distancing	National guidance
Hampshire multi-agency	Community Services	All community services	Change in access method	Single Point of Access operational 7 days per week 8am - 5pm	Remote working of staff / social distancing	National guidance
Hampshire multi-agency	Community Services	Community therapies	Increase in service	Therapy and physio in place 7 days per week	Remote working of staff / social distancing	National guidance

HCC	Community Services	All community services	Change in pathway	Equipment store working 7 days per week	Health risk	Local decision
CHC	Community Services	Continuing health care	Increase in service	Continuing health care staff transferred to discharge to access activity and providers	Health risks	Local decision
CHC	Community Services	Continuing health care	Reduction in service	Continuing health care assessments stood down	Remote working of staff / social distancing	
Hampshire multi-agency	Community Services	All community services	Reduction in service; change In access method	Additional bed capacity commissioned in Hotels	Remote working of staff / social distancing	
Hampshire multi-agency	Community Services	All community services	Change in access method	New process for referrals into interim hotel beds	Social distancing	National guidance
Hampshire multi-agency	Community Services	All community services	Increase in service	New homeless referral process	Increase capacity	
IOW	Community Services	Discharge out of Hospital	Change in service	Single Point of Access: Multi-agency and multi-disciplinary integrated team in place to drive discharge out of hospital using Discharge to Assess approach.	Hospital flow	
IOW	Community Services	Community Rapid Response	Change of location of services	Service will continue but with focus on non-COVID19 patients to support admission avoidance in conjunction with Primary Care. Also implemented use of Telehealth and remote monitoring.	Social distancing	
Solent	Community Services	Community Independence Service	Reduction in service	Stopped all non-essential activity - admission avoidance and early discharge support provided. Patient caseloads put on hold.	Increased bed capacity	National guidance
SHFT	Community Services	HC - fast track provision assessments	Reduction in service	The service has reduced in frequency based on national guidelines.	Social distancing	National guidance

SHFT	Community Services	Crisis and Home Treatment Team	Suspension of service	Day therapy stopped, contacts via video and telephone.	Social distancing	National guidance
SHFT	Community Services	ICT Admission and Palliative Care	Change in method of access	Increase ICT admission avoidance and Palliative Car	Social distancing	National guidance

This page is intentionally left blank

Skipton House
80 London Road
London SE1 6LH
england.spoc@nhs.net

From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

29 April 2020

Dear Colleague,

IMPORTANT - FOR ACTION - SECOND PHASE OF NHS RESPONSE TO COVID19

We are writing to thank you and your teams for everything you have achieved and are doing in securing the remarkable NHS response to the greatest global health emergency in our history.

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Then in the light of the latest SAGE advice and Government decisions, on 17th March we wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

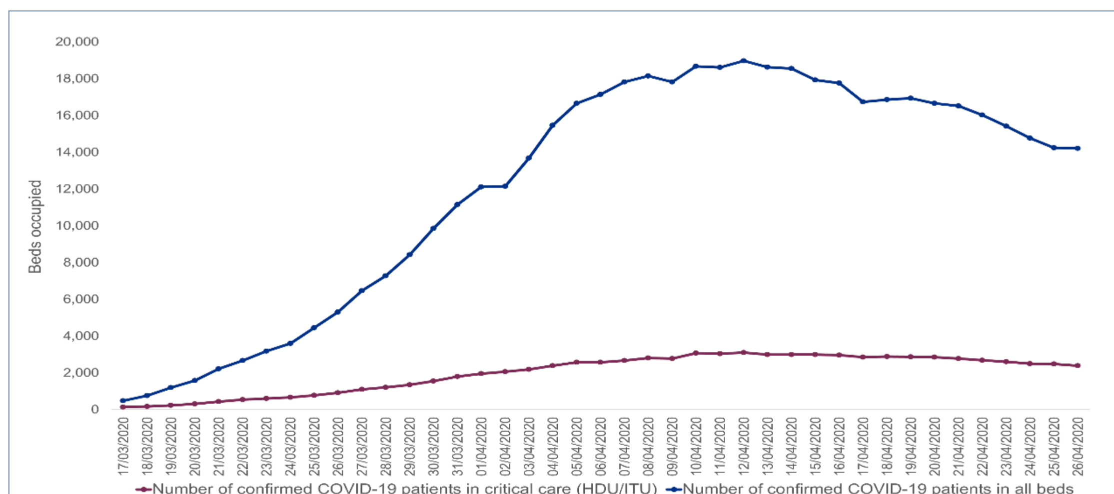
This has enabled us in the space of the past six weeks to go from looking after zero such patients to caring for 19,000 confirmed Covid19-positive inpatients per day, many of whom have needed rapidly expanded critical care support. Alongside this, the majority of patients the Health Service has continued to look after have been receiving care for other important health conditions. Despite real concern going in to the pandemic – following difficult international experience – every coronavirus patient needing hospital care, including ventilation, has been able to receive it.

This has largely been possible as a result of the unparalleled commitment and flexibility of NHS staff, combined with the public's 'social distancing' which remains in

place to cut the spread of the virus. We have also been greatly strengthened by over 10,000 returning health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early; 607,000 NHS volunteers; and the work of our partners in local government, social care, the military, the voluntary sector, hospices, and the private sector.

Sadly coronavirus looks set to be with the us for some time to come, so we will need continuing vigilance. We are, however, now coming through this peak of hospitalisations, as seen by the drop of nearly 5,000 in the daily number of confirmed Covid19-positive patients in hospitals across England over the past fortnight.

Patients with confirmed Covid19 in hospital beds, England



As the Prime Minister set out on Monday, we are therefore now entering the second phase in the NHS's response. We continue to be in a Level 4 National Incident with all the altered operating disciplines that requires. NHS organisations therefore need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The purpose of this letter is to set out the broad operating environment and approach that we will all be working within over the coming weeks.

Based on advice from SAGE, we still expect to be looking after several thousand **Covid19-positive patients**, though hopefully with continuing weekly decreases. This means:

- Ongoing and consistent application of PHE/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

- In response to the global shortage, DHSC and the Cabinet Office together with BEIS (for UK manufacture) and DIT (for international suppliers) continue to expand the sourcing and procurement of HSE/PHE-recommended PPE for the NHS, social care and other affected sectors of the UK economy, but it is likely that current Covid-specific logistics and distribution arrangements will need to continue for the time being.

- Increased lab capacity now enables testing of all non-elective inpatients at point of admission, the introduction of pre-admission testing of all elective patients, testing prior to discharge to a care home, as well as expanded testing for staff. The corollary is the operational importance of fast turnaround times for test result reporting.

The pressure on many of **our staff** will remain unprecedented, and they will need enhanced and active support from their NHS employers to ensure their wellbeing and safety.

- Increased testing capacity means that we will now be able to extend the offer of regular testing to asymptomatic staff, guided by PHE and clinical advice. This approach is being piloted in a number of acute, community and mental health providers this week, which will inform further roll out from next week.

- As set out in our letter of 17th March, NHS organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters.

- Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.

- Now more than ever a safety and learning culture is vital. All our staff should feel able to raise concerns safely. Local Freedom to Speak Up Guardians are able to provide guidance and support with this for any concerned member of staff. As we know, diverse and inclusive teams make better decisions, including in the Covid19 response.

- Employers are also asked to complete the process of employment offers, induction and any necessary top-up training within the next fortnight for all prospective 'returners' who have been notified to them.

We are going to see increased demand for Covid19 aftercare and support in **community health services, primary care, and mental health.** Community health services will need to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing health support. High priority actions for mental health providers in this next phase are set out in the Annex. General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.

Given the scale of the challenges they face, we must also continue to partner with **local authorities** and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in **social care**, including care homes. This includes:

- Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid19; care homes can also check that these tests have been carried out.

- Under the direction of the LRF, local authority public health departments and CCG infection control nurses can help 'train the trainers' in care homes about PHE's recommended approach to infection prevention and control - particularly focusing on those care homes that lack the infrastructure of the bigger regional and national chains.

- To further support care homes, the NHS will bring forward from October to May 2020 the national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service. Further detail will be set out shortly.

- Opportunities to support care homes should also be provided to younger health professional 'returnees' and public volunteers who have offered to help (subject to appropriate personal risk assessment, as described above).

As also seen in a number of other countries, **emergency activity** has sharply reduced in recent weeks. Last week emergency hospital admissions were at 63% of their level in the same week last year. This is likely due to a combination of: a) changed healthcare seeking behaviour by patients, b) reductions in the incidence of some health problems such as major trauma and road traffic accidents, c) clinical judgements about the balance of risk between care in different settings, and d) some NHS care being provided through alternative access routes (eg ambulance 'see and treat', online appointments).

There is therefore considerable uncertainty as to the timing and extent of the likely rebound in emergency demand. To the extent it happens, non-elective patients will potentially reoccupy tens of thousands of hospital beds which have not had to be used for that purpose over the past month or so.

This means we need to retain our demonstrated ability to quickly repurpose and **'surge' capacity** locally and regionally, should it be needed again. It will also be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line - including access to independent hospitals and Nightingale hospitals. The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals. Independent hospitals and diagnostics should be used for the remainder of the current contract which runs to the end of June. Please also start now to build a plan for each STP/ICS for the service type and activity volumes that you think could be needed beyond the end of June, which can inform discussions during May about possible contract extensions with the independent sector.

Over the next six weeks and beyond we have the opportunity to begin to release and redeploy some of the treatment capacity that could have been needed while the number of Covid19 patients was rising so sharply.

This means we are now asking all NHS local systems and organisations working with regional colleagues fully to step up **non-Covid19 urgent services** as soon as possible over the next six weeks, including those set out in the Annex. This needs to be a safe restart with full attention to infection prevention and control as the guiding principle.

In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some **routine non-urgent elective care**. Provisional plans will need to factor-in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies. We will continue to provide new ventilators to trusts over the coming weeks so as to sustain critical care 'surge' capacity should it again be needed in future, while progressively returning operating theatres and recovery suites to their normal use.

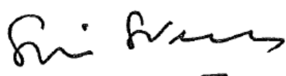
We should also take this opportunity to **'lock in' beneficial changes** that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

In terms of wider action that will also be underway, DHSC will be designing and establishing its new 'Test, Track & Trace' service. The leadership and resourcing of local authority public health departments will be vital. Trusts and primary care networks should continue to support clinicians to enrol patients in the three major phase III clinical trials now underway across the NHS, initially testing ten potential Covid19 treatments. In addition, at least 112 Covid19 vaccines are currently in development globally. We also expect an expanded winter flu vaccination campaign alongside a school immunisation 'catch up programme'.

Looking forward, at the right time and following decision by Government, we will then need to move into the NHS's phase three 'recovery' period for the balance of the 2020/21 financial year, and we will write further at that point.

In the meantime, please accept our personal thanks and support for the extraordinary way in which you and your staff have risen to this unprecedented global health challenge.

With best wishes,



Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX

ACTIONS RECOMMENDED FOR URGENT CLINICAL SERVICES OVER THE NEXT SIX WEEKS

Urgent and routine surgery and care

- Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.
- Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.
- Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.
- Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity. The Royal College of Surgeons has produced helpful advice on surgical prioritisation available at: (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf)
- In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.
- Solid organ transplant services should continue to operate in conjunction with the clinical guidance developed and published by NHS Blood and Transplant.
- Where additional capacity is available, restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.
- All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.

Cancer

- Providers have previously been asked to maintain access to essential cancer surgery and other treatment throughout the Covid19 pandemic, in line with guidance from the Academy of Medical Royal Colleges and the NHS (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf and https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf). An exception has been where clinicians consider that for an individual patient the risk of the procedure at the current time outweighs the benefit to the patient.

- Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer SROs must now provide assurance that these arrangements are in place everywhere.
- Referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in Covid19 protected hubs/environments.
- High priority BMT and CAR-T procedures should be able to continue, where critical care capacity is available.

Cardiovascular Disease, Heart Attacks and Stroke

- Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroradiology for mechanical thrombectomy.
- Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.
- Primary care clinicians to continue to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.
- Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.

Maternity

- Providers to make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care.
- Ensure obstetric units have appropriate staffing levels including anaesthetic cover.

Primary Care

- Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.
- Complete work on implementing digital and video consultations, so that all patients and practices can benefit.
- Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In

particular, proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to Covid19, ensure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.
- To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual 'care home round' of residents needing clinical support.
- Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.
- Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

Community Services

- Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Includes daily reviews of all patients in a hospital bed on the Hospital Discharge List; prompt and safe discharges when clinically and in line with infection control requirements with the planning of ongoing care needs arranged in people's own homes; and making full use of available hospice care.
- Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.
- Essential community health services must continue to be provided, with other services phased back in wherever local capacity is available. Prioritise home visits where there is a child safeguarding concern.

Mental Health and Learning Disability/ Autism services

- Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.
- For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.
- Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school.
- Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.
- Annual health checks for people with a learning disability should continue to be completed.
- Ensure enhanced psychological support is available for all NHS staff who need it.
- Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.

- Care (Education) and Treatment Reviews should continue, using online/digital approaches.

Screening and Immunisations

- Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes.
- Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.
- Antenatal and Newborn Screening Services must be maintained because this is a time critical service.
- Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.

Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care

- In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.
- Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this should be coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral if their primary care service can access specialist advice (usually via phone, video too).
- All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a ‘patient initiated follow up’ approach for suitable appointments - providing patients the means of self-accessing services if required.

This page is intentionally left blank

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		COVID-19: OVERVIEW OF HEALTH AND CARE RESPONSE IN SOUTHAMPTON (JUNE 2020)		
DATE OF DECISION:		2 JULY 2020		
REPORT OF:		NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP AND SOUTHAMPTON CITY COUNCIL		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Stephanie Ramsey** **Tom Sheppard**	**Tel:**	**023 8029 6075**
	E-mail:	**Tom.sheppard@nhs.net**		
Director	**Name:**	**James Rimmer,** **Managing Director,** **NHS Southampton City CCG** **Grainne Siggins** **Executive Director -** **Health and Adults,** **Southampton City Council**	**Tel:**	**023 8029 6075**
	E-mail:	**Grainne.siggins@southampton.gov.uk** **James.rimmer3@nhs.net**		

STATEMENT OF CONFIDENTIALITY		
None.		
BRIEF SUMMARY		
The attached report outlines the response of health and care services in Southampton to the outbreak of Covid-19.		
RECOMMENDATIONS:		
	(i)	To note the attached report, outlining the health and care services' response to Covid-19 in Southampton.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To inform future understanding of the current situation and response to date, and inform future decision making.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	No alternative options to present this report have been considered.	
DETAIL (Including consultation carried out)		
3.	Since the outbreak of coronavirus first became public in January 2020, Southampton City Council and NHS Southampton City Clinical Commissioning Group (CCG) have been preparing for the times ahead. The system is now working even more closely together than before. Services have been required to adapt to the most challenging of circumstances, and a number of changes have taken place at a rapid pace. The attached paper gives a brief overview of how the system in Southampton is functioning.	

RESOURCE IMPLICATIONS	
Capital/Revenue	
4.	There are no financial implications of the report, which is an information report only. The capital and revenue implications of Covid-19 are being reviewed and considered by Southampton City Council and Southampton Clinical Commissioning Group within the relevant governance structures.
Property/Other	
5.	This report is an information report only. Resource implications of Covid-19 are being reviewed and considered by Southampton City Council and Southampton Clinical Commissioning Group within the relevant governance structures.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
6.	The Civil Contingencies Act 2004 provides the statutory framework for planning and dealing with emergencies. The Act defines an emergency. The current situation is an emergency because it 'threatens serious damage to human welfare'. The Act provides the power to make emergency regulations.
7.	The Coronavirus Act 2020 also contains some new statutory powers to enable responders to mitigate the impact of the COVID-19 pandemic.
Other Legal Implications:	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	This report is an information report only. Risks related to Covid-19 are being monitored and reviewed though the appropriate corporate channels.
POLICY FRAMEWORK IMPLICATIONS	
10.	None.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	**ALL**
SUPPORTING DOCUMENTATION	
Appendices	
1.	Briefing paper - Covid-19: Overview of health and care response in Southampton

Documents In Members' Rooms

1.	Solent NHS Trust – Covid 19 update
2.	Southern Health NHS Foundation Trust – Covid 19 update
3.	University Hospital Southampton NHS Foundation Trust – Covid 19 update
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	**No**

Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		**No**
Other Background documents available for inspection at:		
Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	**None**	

This page is intentionally left blank

SOUTHAMPTON CITY COUNCIL

NHS Southampton City Clinical Commissioning Group

COVID-19: OVERVIEW OF HEALTH AND CARE RESPONSE IN SOUTHAMPTON JUNE 2020

1. **Context**

1.1. Since the outbreak of coronavirus first became public in January 2020, Southampton City Council and NHS Southampton City Clinical Commissioning Group (CCG) have been preparing for the times ahead. Over recent months services have been required to adapt to the most challenging of circumstances, and a number of changes have taken place at a rapid pace. This paper gives a brief overview of how the system in Southampton has been functioning.

1.2. There are 19,000 clinical staff in the NHS in Hampshire and the Isle of Wight. At the peak in April, absence rates increased. Over 430 'Bring Back Staff' (including nurses, medics and allied health professionals) and 770 students have been sent to trusts within Hampshire and the Isle of Wight. Some checks have been completed (for example, Disclosure and Barring (DBS)) and then the Trust completes the process with uniform, badge, training etc. Most GP returners have been sent to support NHS 111.

1.3. A major incident was declared on 18 March 2020 and remains in place. This allows for systems to be introduced to ensure the right plans are in place, making sure the system is ready and has capacity in the challenging times ahead. Southampton City Council and the CCG are working with the Local Resilience Forum, as a wider multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others.

1.4. Health and care providers have been required to adapt and make large changes to the way in which they deliver services. In some cases this has required contractual changes. For example, we have put in place a reduction in the need to report and monitor services and shifted to a focus on quality and safeguarding measures, ensuring that where possible providers can put as much of their resources as possible towards frontline care. Southampton City Council has set out changes in payment arrangements for home care, day care, residential/nursing care and supported living providers.

1.5. We are aware that patients may not have presented for non-COVID-19 conditions due to the emergency period. We have monitored this situation and worked with providers around how we ensure our population

continues to receive the urgent services they require. This has been a changing situation with attendances increasing over the past month.

1.6. Much of the work outlined in this paper has been undertaken by the Integrated Commissioning Unit (ICU). Long established joint commissioning arrangements have enabled Southampton City Council and the CCG to develop and enable, at pace, many of the changes required for the city to meet the challenges caused by the COVID-19 outbreak. The work includes:

- co-ordinating flow across the health and care system and enabling effective integrated pathways to be implemented
- supporting market sustainability (support, quality, financial and contractual)
- building market capacity and resilience in providers and communities
- quality, safeguarding and infection control.

2. Governance arrangements

2.1. We are currently working within a major incident; the Strategic Co-ordination Group (SCG) declared a major incident on 18 March 2020.

2.2. The Civil Contingencies Act 2004 provides the statutory framework for planning and dealing with emergencies. The Act defines an emergency. The current situation is an emergency because it 'threatens serious damage to human welfare'. The Act provides the power to make emergency regulations. The Coronavirus Act 2020 also contains some new statutory powers to enable responders to mitigate the impact of the COVID-19 pandemic.

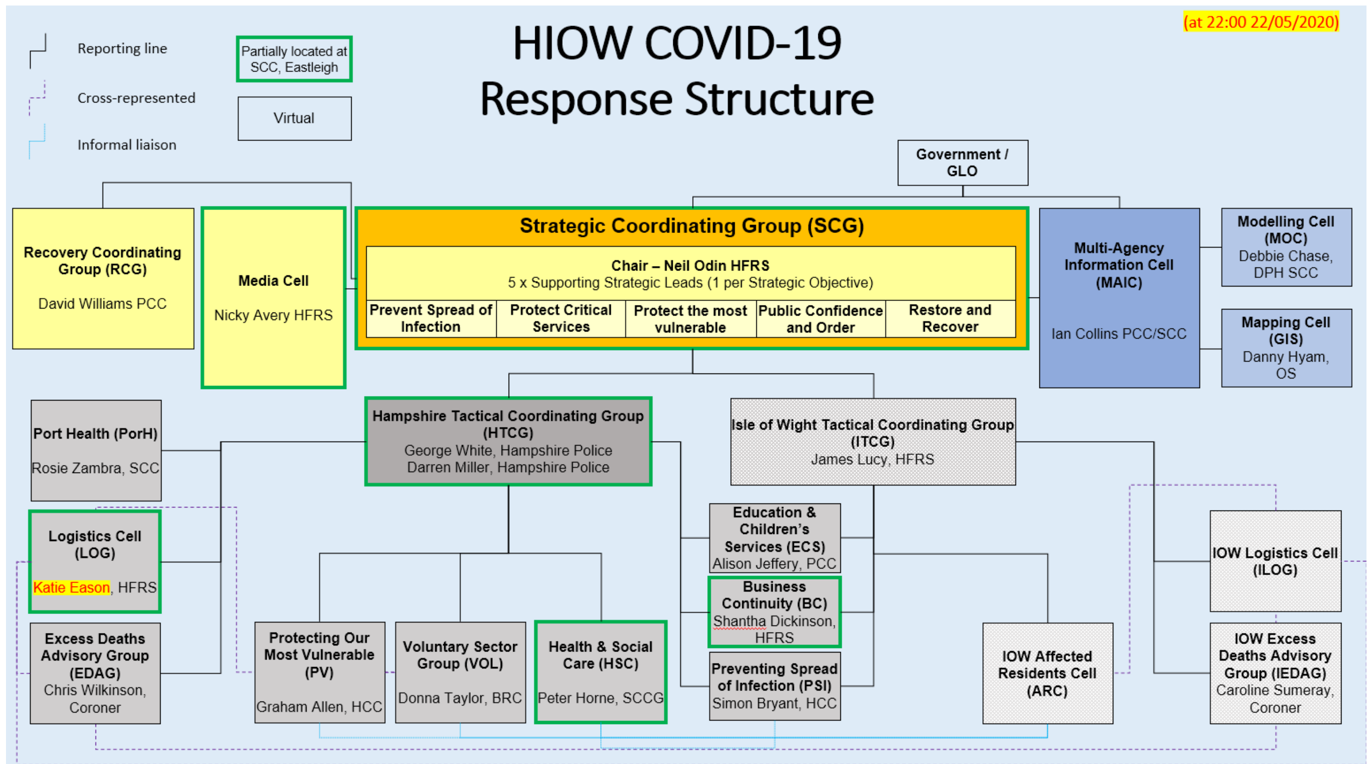
2.3. The Civil Contingencies Act divides local bodies into two categories, with different responsibilities:

- Category 1 responders including local authorities, emergency services and some health bodies. The Act requires Category 1 responders to organise as a Local Resilience Forum in Local Resilience Areas which follow police force boundaries.
- Category 2 responders such as transport providers who must co-operate with Category 1 responders.

2.4. Locally the Hampshire & Isle of Wight Local Resilience Forum (LRF) covers Portsmouth, Isle of Wight, Southampton and the county of Hampshire. The emergency response is based around the concepts of

command, control and cooperation and operates at three levels – operational, tactical and strategic.

2.5. The structure of this arrangement is in the figure below:



2.6. The Strategic Coordinating Group (SCG) is the main command group of this structure. Chaired by Neil Odin the Chief Officer for Hampshire Fire and Rescue Service. This group meets weekly and has the power to escalate issues up to Central Government through the Ministry of Housing, Communities and Local Government – a representative attends SCG. SCG acts under legal authority under the Civil Contingencies Act 2004.

2.7. The agreed Strategic Objectives are as follows with each of the leads having their own support cell and being in attendance at SCG.

- Prevent spread of infection - Strategic Lead: Simon Bryant, HCC Director of Public Health
- Maintain critical services - Strategic Leads: Maggie MacIsaac NHS and Steve Apter Hampshire Fire and Rescue Service
- Protect the most vulnerable - Strategic Lead: Graham Allen, Hampshire County Council

- Maintain public confidence and order - Strategic Lead: Dave Powell and Scott Chilton, Hampshire Constabulary
- Restore and recover to new normal - Strategic Lead: David Williams, Portsmouth City Council

2.8. A number of Council and CCG employees are involved in the supporting cells, for example Debbie Chaise the interim director of public health for SCC leads the modelling cell. Maggie MacIsaac as the local CCGs Chief Executive and Chief Executive of the HIOW Integrated Care System (ICS) leads the health response through the health and care cell to which health and care representatives attend once a week.

2.9. The HIOW LRF produces a Common Operating Picture (COP) each day which is available for all LRF partners which ensures all partners understand the current position of the major incident.

2.10. The Hampshire Tactical Coordinating Group meets twice weekly and takes reports from each of the cells, and will escalate issues up to SCG should they be needed.

2.11. To ensure that Southampton and South West Hampshire health and care provision is optimised to address the COVID-19 threat, a multi-agency group of senior officer and clinical leaders meet regularly. The purpose is to ensure effective demand and capacity modelling, provide system wide oversight, enable mobilisation of additional capacity and resource deployment, monitor risks and impact and put mitigations in place. The group will escalate issues as necessary to the Hampshire and Isle of Wight COVID-19 Health and Social Care cell, within the major incident set up as outlined above. The group will also work on recovery to business as usual and balance this in relation to COVID-19 and any potential winter pressures.

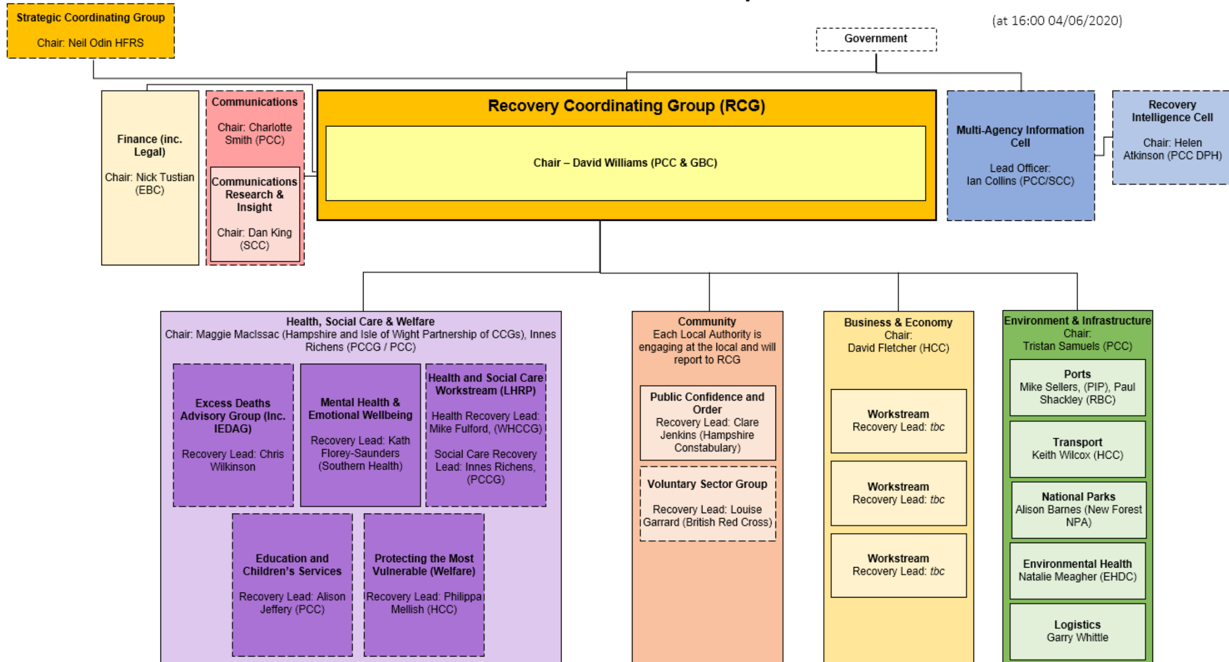
2.12. The HIOW LRF Recovery Structure aim is to restore the social, economic and political well-being of the communities of HIOW.

2.13. The Objectives are

- Help HIOW communities and businesses to recover and move forward as speedily as possible through an effective, collaborative, and well-communicated multi-agency response led by the local authorities
- Develop and maintain an impact assessment for the COVID 19 pandemic in HIOW
- Develop a concise, balanced, and affordable recovery action plan

- Ensure a system is in place for the monitoring and protection of public health and that plans are in place to manage response alongside recovery (second wave or non-COVID-19 incident)
- Critical services including our utilities and transport networks continue to be supported to be supported and maintained
- A pro-active and integrated framework of support to businesses is established
- Help those traumatised by their experience of the impact of COVID 19 on themselves, their families and their loved ones address their trauma (and grieve their loss)
- Reinforce and restore public confidence in the resilience of the machinery of government to protect the public from critical incidents
- Celebrate and commemorate the contributions made to support our communities through the incident and give the public opportunities to express their appreciation
- Collaborate to help re-build those critical services most ravaged by the incident and reflect on future prioritisation
- Co-ordinate environmental protection and recovery issues arising
- Information and media management of the recovery process is co-ordinated
- Establish effective protocols for political involvement and liaison (Parish, District / County / Unitary and Parliamentary)
- Cherish and implement the learning from the incident, including capturing best practice and reflect on future priorities in the light of collective experience.

2.14. Below is the HIOW LRF Recovery Structure, this is Chaired by David Williams CEO of Portsmouth Council. Similar groups exist in this structure to those dealing with the crisis. For Health, Social Care & Welfare this is chaired by Maggie MacIsaac (Hampshire and Isle of Wight CCGs CEO) and Innes Richens (Director of Adult Social Services (DASS) Portsmouth City Council).



3. Prevent Spread of infection

3.1. Preventing the spread of COVID-19 infection is fundamental to tackling the pandemic, and at the core of the national and local response. The focus of the national strategy ("contain, delay, research and mitigate") has been to flatten the epidemic curve and push the first wave into the Spring and Summer months to give the health and social care system (and other critical services) more time to prepare, build capacity, and respond. Alongside this, measures have sought to protect those groups that are more clinically vulnerable to the severe impacts of contracting COVID-19.

3.2. A comprehensive overview of the national measures that have been used to prevent the spread of COVID-19 infection is captured by the Health Foundation's Policy Tracker, see: https://www.health.org.uk/news-and-comment/charts-and-infographics/covid-19-policy-tracker

3.3. *Our Plan to Rebuild: The UK Government's COVID-19 recovery strategy* sets out key preventing the spread of infection measures for phase 2 and 3 of the current recovery, with phase 2 focussing on "smarter controls" and phase 3 on reliable treatment and/or a reliable vaccine. Smarter controls includes making contact safer (by redesigning public and work spaces), those with symptoms and contacts self-isolating, using testing, tracing and

monitoring of infection to better focus restrictions according to risk, and localised outbreak management.

3.4. At the LRF level, a Preventing the Spread of Infection (PSI) Cell is in operation, which supports strategic decision-making and alignment of policy in relation to preventing the spread of infection measures. Going forward it is likely that the scope of the Cell will focus on the following:

- Hampshire and Isle of Wight coordination and oversight of the delivery of national Testing programmes
- Hampshire and Isle of Wight coordination and oversight of the delivery of the national elements of Test and Trace programme
- Alignment of local authority Outbreak Control Plans (as appropriate, it is recognised there will be overlap)
- Identification of the need for coordinated public messaging to help prevent spread of infection with delivery via the LRF Media Cell.

3.5. At the local level a PSI Group, chaired by the Director of Public Health, has been established with a focus on coordinating delivery and ensuring oversight of key PSI measures by Southampton City Council. This includes delivery in relation to PPE, the national testing programme, messaging on social distancing and good hygiene practice, high risk settings (i.e. care homes, education settings, homeless hostels), and high risk and/or vulnerable groups. This is due to evolve into the COVID-19 Local Health Protection Board, which will be responsible for the development and operational implementation of a Southampton City outbreak control plan; and hence will be a multi-partnership Board with oversight across the Southampton system.

3.6. To date, key local actions to support the PSI agenda include:

- Contribution to a pilot testing programme in Southampton.
- Rapid mobilisation of an Information Cell (supported by Public Health, strategy, HR and communications) to provide coordinated and robust advice to Southampton City Council services in relation to COVID-19 related queries, a large proportion of which require advice on preventing the spread of infection.
- Establishment of a working group to focus on PSI in relation to care homes (a high risk setting).
- Establishment of a “safe working in the Civic” working group, to ensure the return of some workers to Southampton City Council buildings is as low risk as possible.

- Rapid mobilisation of a Southampton City Council PPE Group to oversee and coordinate the supply of PPE to council services and, where required, providers.
- Southampton City Council recommendations for use of PPE by its staff not in health or social care settings.
- Prioritisation Framework (and supported by a paper on ethical frameworks) for utilisation in the event that there are shortages of PPE.
- Liaison with the LRF PPE Cell and TCG to enable use of the LRF Hampshire and Isle of Wight stockpile for providers where required (strengthening their supply chain options).

3.7. Key areas of focus going forward include:

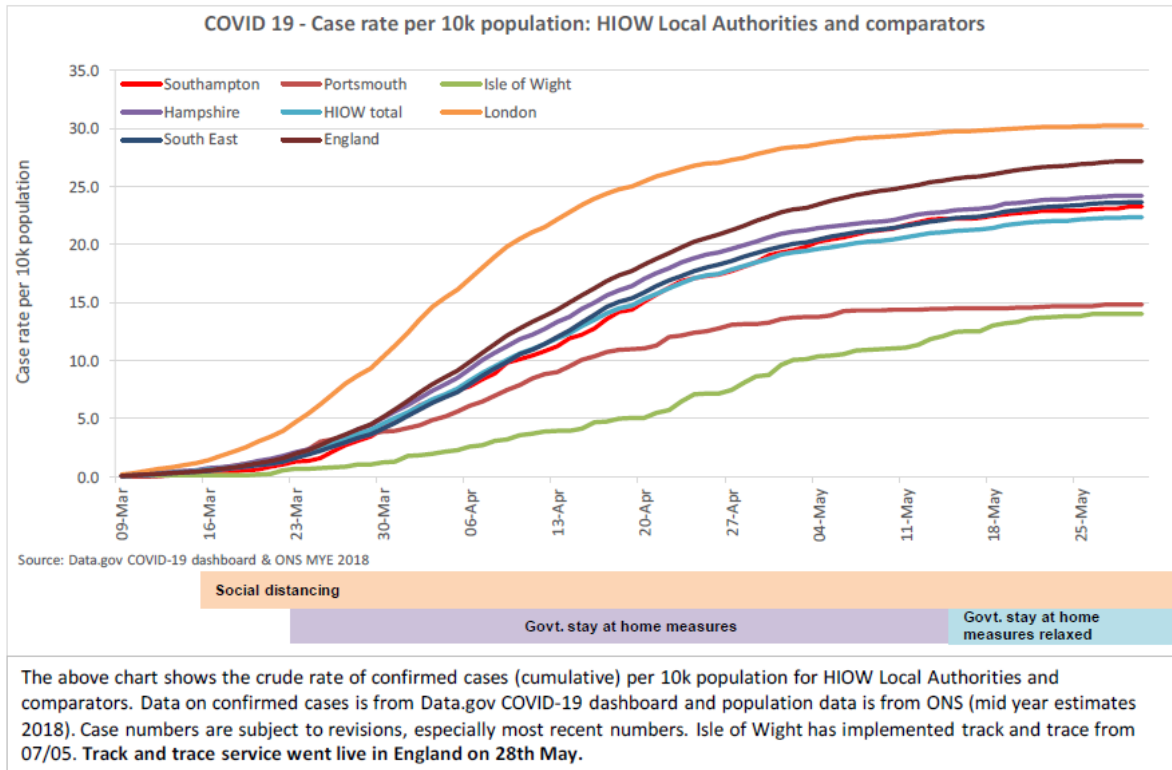
- Establish a COVID-19 Health Protection Board (as above)
- Develop a Southampton Outbreak Control Plan
- Continue prioritisation of care homes for staff and resident testing
- Support education sector in ensuring schools can open safely and in engaging with PHE when there are suspected or test positive cases in a school community
- Support primary care in developing a sustainable and cost efficient procurement process for PPE in the medium term (aligned with LRF work)

3.8. Each system across England has been asked to work and share with NHS England their own plan describing how they are responding strategically to disparities across both the Black and Minority Ethnic (BAME) workforce and the communities they serve. These plans have now been received and a national advisory group will be reviewing them and sharing the best practice with all to ensure the strongest response possible.

4. Impact of COVID-19

4.1 Overall deaths from COVID-19

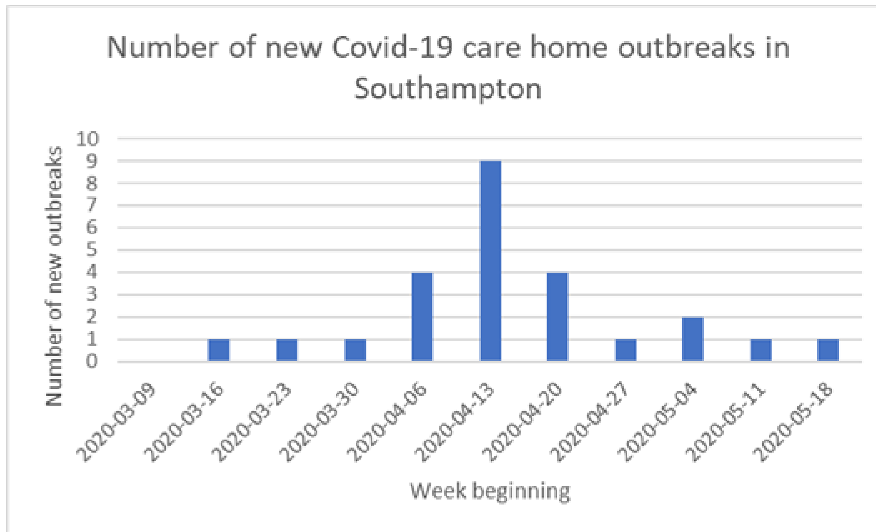
4.1.1. Sadly a number of deaths have taken place in hospital or community settings. These figures are reported and published daily. Overall there are 4,521 lab-confirmed cases in the Hampshire and Isle of Wight area: 3,383 in Hampshire; 202 in Isle of Wight, 324 in Portsmouth; 612 in Southampton (information correct as of 22 June 2020). The number of new cases across Hampshire and the Isle of Wight peaked on the 7 April and there has been a consistent decrease in the number of new cases across the area since the end of April.



4.2. Outbreaks in care homes

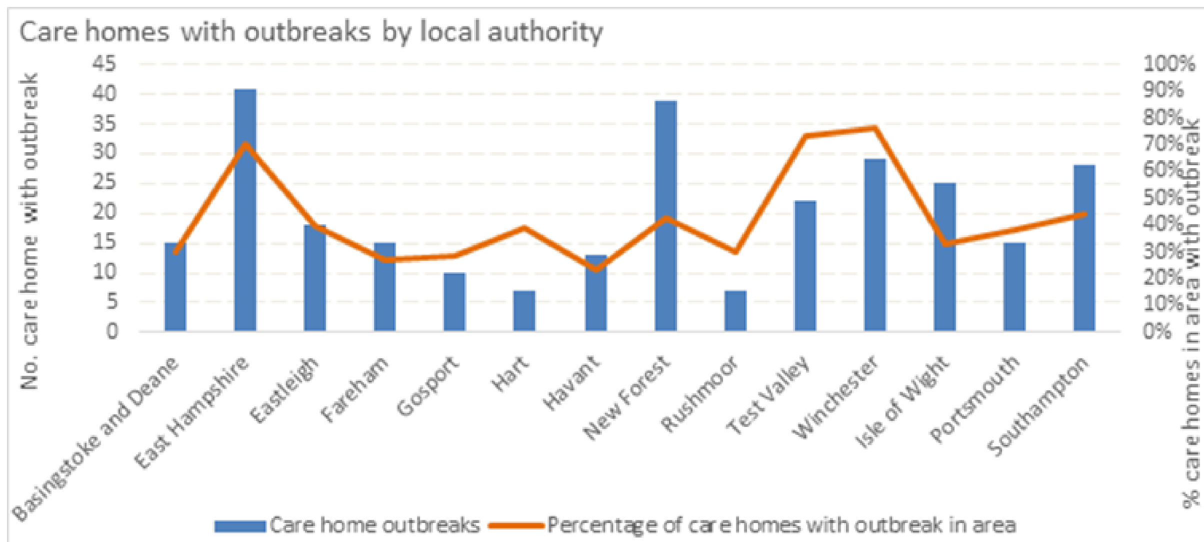
4.2.1. The first notification of an outbreak in a care home in Southampton occurred in the week commencing 16 March 2020. There was then a gradual increase in notification of new outbreaks in care homes in Southampton over subsequent weeks, peaking at nine new care home outbreaks in the week beginning 13 April 2020 before beginning to drop over subsequent weeks, as presented below in Figure 1. In total 25 out of 63 care homes (40%) in Southampton experienced outbreaks of COVID-19 up to the 25th May 2020. This is similar to the whole of the South East average at 38.4%. Only the South West (28.1%) and East Midlands (34.0%) have lower proportion of care homes with outbreaks, with other regions ranging from 38.6 to 50.1%.

Figure 1: Number of new care home outbreaks over time in Southampton



4.2.2 The cumulative proportion of care homes with outbreaks in Southampton is also similar to local neighbouring local authorities as presented in Figure 2.

Figure 2: Proportion of care homes with COVID-19 outbreaks across Hampshire and the Isle of Wight.



4.2.3 Due to the evolution of testing it is not possible to be certain about the total number of cases of COVID-19 among care home residents in Southampton. Early on in the response, tests were limited, and many symptomatic residents would not have been tested.

4.3 Southampton Care Homes with deaths

4.3.1 COVID-19 is an acceptable direct or underlying cause of death for completing the Medical Certificate of Cause of Death. Data on deaths in care homes due to COVID-19 is compiled by the Office for National Statistics (ONS) using these certifications. Homes are also required to notify deaths within the care home setting to the Care Quality Commission (CQC).

4.3.2 In addition to CQC/ONS data on COVID-19 deaths, the Southampton IPC team have made careful enquiries about resident deaths during the support calls to care homes with outbreaks. This has been especially important in identifying deaths in care home residents that have occurred following admission to hospital.

4.3.3 To date, there have been 69 deaths in Southampton care home residents due to COVID-19 with 45 of these among nursing home residents and 24 among residential home residents, as presented in Table 1. A higher proportion of nursing home residents died within care home setting compared to residential home residents, more of whom died in hospital. An additional four COVID-19 deaths have occurred in supported living settings (data not shown).

Table 1: Care home resident deaths due to COVID-19 in Southampton (data correct as of May 2020)

Type of home	Place of death		
	Care Home	Hospital	Totals
Nursing home resident	36	9	45
Residential home resident	10	14	24
Totals	46	23	69

4.3.4 The crude death rate per 1000 care home beds compared across different health geographies is presented in Figure 3 for all care home residents and the rate per 1000 care home residents aged 80 years and older in Figure 4. Southampton care home deaths from all-causes and from

COVID-19 are not significantly different from Portsmouth, Hampshire, and the England average. The Isle of Wight has significantly lower deaths from all-causes and COVID-19 compared to the England average but deaths due to COVID-19 are not significantly different from those in Southampton. However, these data are for deaths within the care home and do not include care home residents that have died in hospital.

Figure 3: Mortality rate per 1000 care home beds

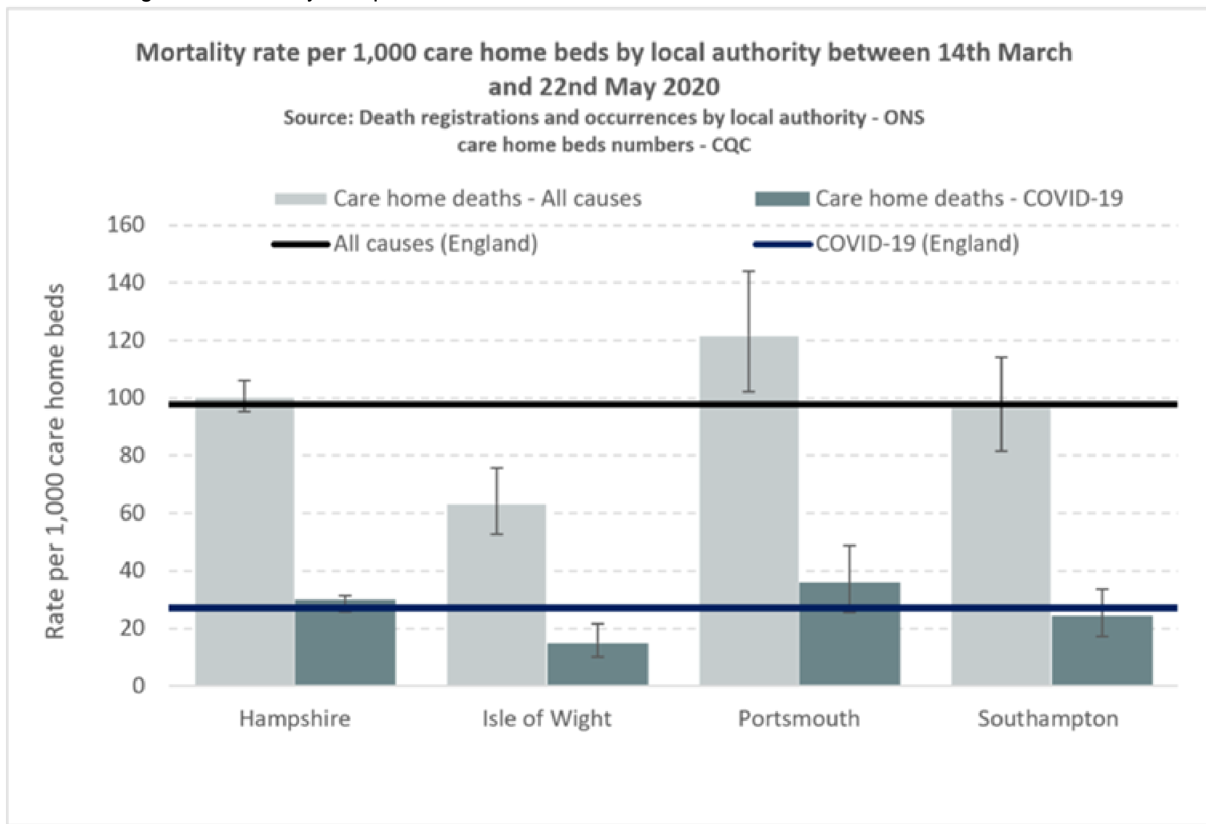
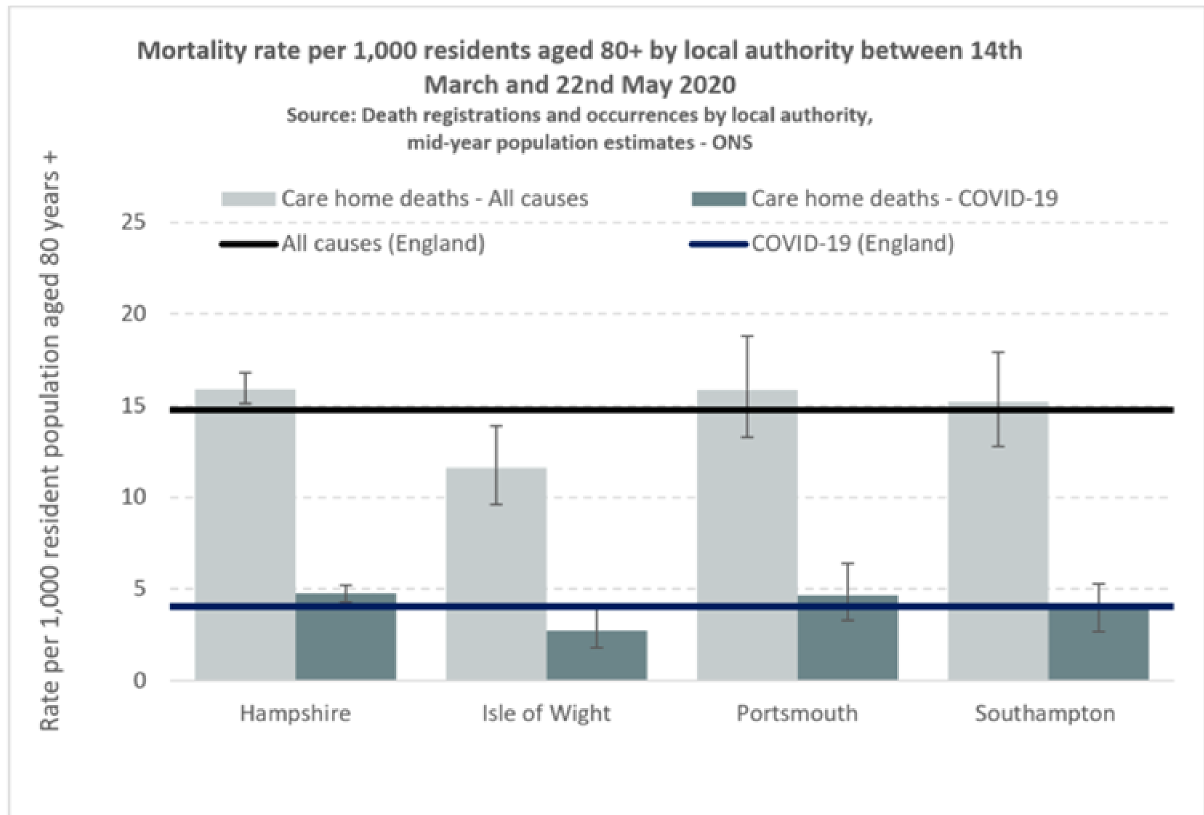


Figure 4: Mortality rate per 1000 care home residents aged 80 years and over



4.3.5 In summary, the cumulative proportion of care homes with outbreaks during the first wave of the virus has been similar in Southampton to elsewhere. The crude (unadjusted) rate of deaths in care homes due to COVID-19 and all-causes is also similar in Southampton to the whole of Hampshire and the Isle of Wight, and to England averages, although do not include those care home residents who have died in hospital. The number of new outbreaks in care homes has now slowed and those with ongoing outbreaks are rapidly coming under control. This will be in part due to good adherence to infection, prevention and control measures, including wider use of personal protective equipment (PPE), increases in testing capacity, and the lower community prevalence of active infection due to the wider societal measures of stay at home advice and social distancing. As these measures begin to be relaxed it is important that the situation in care homes will be closely monitored and whole-home testing will be extremely helpful in controlling infection.

5. **Personal Protective Equipment**

5.1. NHS Supply Chain, the company owned and operated by the Department of Health and Social Care (DHSC), and the Government are working to provide Personal Protective Equipment.

5.2. Guidance was published on which PPE should be used where - and this was endorsed by royal colleges and trade unions. This guidance is shared by and discussed with Infection Control experts on a weekly basis.

5.3. Public Health England (PHE) works with other agencies across the UK to ensure health and care staff have the right PPE, while NHS Supply Chain - under the jurisdiction of the DHSC – is responsible for ensuring that PPE is distributed across the NHS and other health settings appropriately, as quickly as possible.

5.4. Steps continue to be taken across Hampshire and the Isle of Wight through a supplies task group to ensure there is enough PPE. Supplies are flowing and steps are in place for organisations to raise urgent issues as they arise. Training, support and advice is being provided to care homes, home care and other providers.

5.5. In Southampton, the Integrated Commissioning Unit (ICU) is working closely with colleagues in the Council to ensure that supplies are managed appropriately in line with government guidance. In order to enable this, the ICU is providing guidance and facilitates urgent deliveries of PPE to providers, primary care, pharmacies and other services. The greatest demand through the ICU Hub is from care homes, home care providers and those employing staff via personal budgets for access to PPE.

5.6. The availability and affordability of PPE to our local providers through normal supply routes has been variable. This has largely been in response to national market fluctuation and changing demand profile to match changes in national policy. This has meant that providers dedicate significant management time to sourcing PPE, pay significantly higher rates and at times are unable to arrange deliveries in time to meet their needs. The hub has been able to support this, in all cases, ensuring that they have supply to tide them over until they receive their next delivery.

5.7. At the end of March 2020 there was a national concern about the availability of PPE, due to increased demand and disrupted supply chains. The council launched an appeal for local businesses to donate PPE and gratefully received a number of donations. Both the Council and CCG increased procurement activity, using existing supply chains and working with new suppliers following appropriate due diligence activity. In addition

to this activity, supplies have been made available to the city via the Local Resilience Forum.

5.8. At this time, the Council has sufficient supplies to meet demand in the immediate future, but is continuing activity to ensure that suitable stocks of PPE are procured on an ongoing basis, as well as working with providers to assist them in sourcing PPE supplies as in the current circumstances this remains a concern.

6. **Changes to acute services and capacity**

6.1. The NHS and local authorities across Hampshire and the Isle of Wight are working with their partners to make sure we are as prepared as possible for any increase in demand for services, and any need to change the way we work as a result of the current COVID-19 national emergency. A huge amount of planning and preparation has taken place to ensure we are as ready as we can be to meet the challenges we are facing. This has involved not just securing extra capacity for patients who have COVID-19, but also finding new ways of looking after patients with other conditions and illnesses who will still need care.

6.2. We are fortunate in Southampton to have a large regional centre in University Hospital Southampton NHS Foundation Trust (UHS). Throughout this period there has been capacity for critical care patients and plans are in place to increase these beds if required. At the peak, Emergency Department (ED) attendance was considerably lower than normal, as was the case across the country as a whole.

6.3. In line with the Government Discharge Guidance (19 March 2020), we are working across health and care across Southampton and South West Hampshire to ensure patients that do not need to be in hospital can be cared for in different settings.

6.4. At UHS, a number of services have adapted, such as:

- The paediatric intensive care unit was moved to create additional COVID-19 critical care capacity.
- Testing laboratories increased capacity greatly from the start of the pandemic with the laboratory and pathology teams responsible for processing samples for the South of England.
- Maternity services have established a dedicated support group for pregnant women to keep them updated on changes to guidance and provide reassurance.

- More than 90 outpatient services in UHS have been now set-up to run as video and telephone clinics and a new triage tool has been implemented to ensure patients are treated in the right place and the right time, such as by telephone, video, face-to-face or a decision to postpone the appointment.
- UHS has installed a results channel which provides nursing staff and infection control teams with live results on inpatients testing positive for COVID-19.
- A number of UHS cancer services have been moved to the Spire Southampton Hospital, which is across the road from the main Southampton General Hospital site.
- A number of other urgent services have been moved to the Southampton Treatment Centre at the Royal South Hants and the Nuffield Hospital in Chandlers Ford
- No visitors are allowed on UHS sites, in line with national guidance, but the Trust's Experience of Care Team is now accepting messages via email which will be printed, laminated and delivered to patients, and offering the chance for people to drop off small gifts and letters which members of the team can pass on.

6.5. A nationwide publicity campaign, 'Help us to help you', is underway to ensure the public is aware that services such as the Emergency Department continue to be open.

6.6. The Urgent Treatment Centre (UTC), provided by CareUK and located at the Royal South Hants Hospital, has worked alongside UHS to change their offer to support the emergency department. This includes moving as much of the adult and children over the age of 5 minor injuries work out of the UHS site and into the UTC for patients without COVID-19 symptoms. To support this, the UTC's opening hours are slightly shorter than normal with the site closing at 8.00pm daily. The UTC and the Emergency Department are also now diverting people attending with minor illnesses to primary care.

6.7. Temporary mortuary provision for Hampshire and Isle of Wight has been set up in a site within Southampton Airport.

7. Adult social care

7.1. Adult Social Care Operations Hub

7.1.1. Critical services across Health & Adults continue to provide a 7-day service with 8am to 8pm cover where there is a need to do so.

7.1.2. Increased manager presence is still being provided in areas where staff anxiety and wellbeing concerns are evident.

7.1.3. Dashboards have been developed and activity is being monitored daily to include demands across the teams as well as the daily resource position. Activity monitoring is specific to each team; however, resource monitoring activity is uniform across the services.

7.1.4. The daily activity and capacity monitoring in place provides the opportunity for managers to raise any critical items, identify pressures, challenges, practice issues, learning that may be helpful to share and circulate across teams, as well as areas of success that we may want or need to communicate to staff.

7.1.5. The demands upon the Hub have significantly reduced as the teams have adapted in their new ways of working. The monitoring, remains critical to ASC functioning and planning moving forward, and is statutorily required by the Care Act Easement Guidance of 31st March 2020.

7.2. Care Act Easements

7.2.1. We remain in the position that the Care Act Easement legislation does not require invoking at this time. This remains under constant review against the guidance criteria previously presented.

7.2.2. A tracker has been developed to build an evidence base should easements be invoked.

7.3. Adult Social Care Connect and social work teams

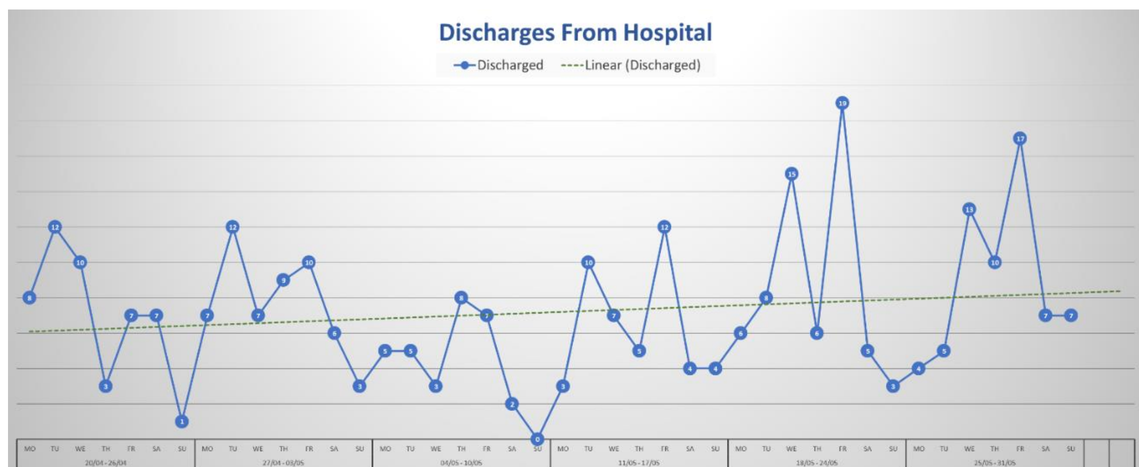
7.3.1. The ongoing demand on the service remains constant with no capacity issues at this stage. Safeguarding levels remain consistent. A focus on understanding levels of risk is ongoing especially as lockdown has now reduced slightly.

7.3.2. Face to face visits are still only being carried out where essential.

7.3.3. New activity coming into the Adult Social Care Connect team continues to show a slight downward trend since mid-April. The regular pattern of a

peak on Mondays following the weekend dip remains as shown in the graph below:

7.3.4. The number of number and pattern of discharges from hospital has remained consistent from mid-April through to mid-May. However, there is a continued increase in the number of discharges over the last few weeks, which aligns with the slight easement in government lockdown measures and general communication around accessing hospital care for non-COVID-19 issues.



7.3.5. This activity is being monitored daily alongside staffing capacity. Continued monitoring over the coming weeks will identify if the further easement of lockdown by the government and continued opening of hospital services will result in a further increase in activity.

7.4. Holcroft House Residential Home

7.4.1. Currently there are 22 residents at Holcroft House. Four residents have unfortunately died from COVID -19.There is one resident that is currently COVID-19 positive.

7.4.2. The home has ordered home testing kits and all tests have been completed apart from one resident that refused a test, this resident is currently not symptomatic. This will to allow periodic testing of residents and reduce the period of the testing cycle timescale should any residents show symptoms in the future.

7.4.3. We have received 32 staff results of which one was positive, and the staff member is isolating. There have been 17 residents tested we are still awaiting results for four residents and 34 staff.

7.5. **Telecare**

7.5.1. The telecare service has remained fully operational, with some minor changes. The installation process has been adapted to reduce social contact with customers by carrying out telephone assessments/planning alongside the use of simple devices that can be remotely programmed and configured to operate independently using SIM technology.

7.5.2. Call handling has been continuous 24/7 and staff have triaged calls in detail, carrying out COVID-19 risk assessment and limiting the need for a home visit where possible. Call handling activity is currently only possible in an office setting (City Depot plus a small disaster recovery suite at Manston Court). The service is in the process of procuring the necessary software and call handling infrastructure that will enable call handling from any location, which will build in resilience for the future.

7.5.3. The emergency response service has remained operational 24/7, but with strict compliance with social distancing and appropriate use of PPE, following guidance on risk assessment of delivering personal care where social distancing is not possible.

7.5.4. Telecare devices have been supplied to the new ‘step down from hospital’ services. An additional 400 devices were purchased to support this, and as the devices are re-cyclable they will be used for people living in their own homes after the ‘step down’ facilities are no longer needed.

7.5.5. Demand for telecare services initially reduced, but these have more recently increased due to promotional activity amongst professionals and

the better use of the service to support discharges / stepdown from hospital.

7.6. Supported Housing

7.6.1. Support to customers living in supported housing and those receiving support in the general community has continued over recent weeks, mainly in the form of telephone support, but home visits when necessary.

7.6.2. Staff have retained a presence within supported housing complexes but have kept contact with residents to a minimum and have been working in offices with closed doors where possible.

7.6.3. Essential health and safety checks and housing management work has continued, but the letting of properties has been suspended. The biggest challenge has been around IT and the need to have a robust software package and IT infrastructure to support the service going forward. This is particularly important as we continue social distancing and remote working into the foreseeable future.

7.6.4. Social isolation continues to be an issue for elderly people, and the service continues to offer remote support, advice and referral to other services. People who were not previously receiving support have become more socially isolated and are now receiving support for the first time.

7.6.5. In the coming months the service will be supporting people to become less dependent and return to a level of independence that has been recently taken away from them.

7.7. Housing Adaptations

7.7.1. The OT assessment process has been scaled down significantly since the lockdown was announced. A number of staff have volunteered to work in other service areas and have been undertaking the necessary training for this to be possible.

7.7.2. Clients have limited access to some essential facilities and continue to rely on care support and relatives to help manage their existing situation. Many clients fall within the vulnerable groups, and do not want visits to take place.

7.7.3. The service has developed a telephone- based assessment process, which will be used where possible, in conjunction with other technologies such as ‘WhatsApp’, where a client or family member is able to show the OT the home environment.

7.8. Internal Day Services

7.8.1. National restrictions are in place which prevents day services operating as they did previously. A full risk assessment of each individual and their circumstances was undertaken to ensure that the support continued to be available as it was needed. This has included day opportunities providers supporting individuals with their daily exercise routines and contacting families offering support as needed.

7.9. Kentish Road Respite Centre

7.9.1. Kentish Road respite centre was temporarily closed due to the cancelling of all respite bookings. Officers have been deployed to support other services as needed.

7.9.2. Respite provision is available if needed via external provision and considered in conversations with individuals and families as part of the ongoing contact and assessment of risk.

7.10. Urgent Response Service

7.10.1. Demand on the integrated rehabilitation and reablement service between Solent NHS Trust and Adult Social Care has been increasing over the last few weeks. Current levels are manageable within the existing resource envelope. There remains a high level of complex care packages for the service with more double handed care being required following discharge. Staffing was strengthened with additional resource redeployed from across Solent and adult services to increase their ability to prevent admission and facilitate early supported discharge at greater scale.

8. Financial impact of COVID-19

8.1 Southampton City Council’s provider 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.

8.2 Taking into account pressures providers within the local market are experiencing, including increased staff absences due to COVID-19 or self-isolating and the additional time required for care, the CCG and SCC have implemented a 10% uplift to residential and nursing homes. For the CCG this covers the period 1 April to 30 June. For the Council this covers 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.

8.3 A similar 10% increase for home care, over the same periods, 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. The 10% uplift was the amount agreed following analysis of extra costs being faced by providers at the time and projecting likely costs until 30 June 2020.

8.4 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.

8.5 The above measures will be reviewed by the 30 June 2020 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.

8.6 It is the intention to meet the allocation requirements of the Infection Control Fund announced on 14 May 2020. 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.

8.7 The longer-term financial impact of COVID-19 on the demand for adult social care and the additional costs that providers will face in the medium and longer terms is being explored. Demand modelling activity has started to ensure that total demand is understood and the impact this might have on the growth forecast. This will be a dynamic process as the impact of COVID-19 materialises and will be used for both in year and future planning purposes. It will be particularly important to understand the impacts the current period may have on demand for services from self-payers who form a majority of users in most homes.

9. Discharge arrangements

9.1. National requirements now in place mean that acute and community hospitals must discharge all patients as soon as they are clinically safe to do so. This includes those who have ongoing health and social care needs and require a package of care of some sort.

9.2. The hospital collates daily a list of those individuals who are medically optimised for discharge which is being shared with a newly formed single Point of Access based at Sembal house. The team there, comprising social workers from the Integrated Discharge Bureau, members of the Continuing Healthcare team, the Integrated Rehabilitation and Reablement team (Urgent Response) and others are following Discharge to Assess processes and identifying interim placements for individuals.

9.3. To achieve quicker discharges locally, additional interim care capacity has been commissioned including hotel beds. Over 200 hotel beds in a number of settings in the city, Eastleigh and the New Forest, were set up at pace through a collaborative arrangement between CCGs, Southampton City Council and Hampshire County Council. The aim has been to provide care places in the community to deliver supported bed spaces, so that hospital beds can be utilised by people with a diagnosis of COVID-19 and for those in the greatest need. The service has operated on a home care style basis with live in carers, co-ordinated by an agency. The level of care that could be provided is up to four daily double-up care visits. Whilst in the interim placement, patients are assessed for a longer term placement, with relevant Care Act requirements fulfilled (but under COVID-19 Care Act easement

some of the current practices may be reduced if implemented). As demand has not been as high as originally predicted, some of these beds have been decommissioned, but a significant amount of capacity still remains to ensure demand can be met in any future wave of the pandemic.

9.4. Additional care home beds have also been commissioned. Residential and care homes are experiencing significant pressures which the CCG and Southampton City Council are mitigating in a number of ways. This includes ensuring providers are paid fully in advance for all commissioned care, providing infection control guidance to prevent and contain infections, and suppling homes with extra PPE equipment when stocks are low.

9.5. To meet the increased health needs for patients during the COVID -19 period there has been a remodelling of health care in the city. The acute hospital will focus on the most ill and community hospitals will change to provide care for those needing oxygen and respiratory care or those ill and potentially requiring symptomatic or palliative care.

9.6. To support this new community hospital beds have also been developed at Royal South Hants and Lymington hospital. In addition, Solent NHS Trust repurposed Adelaide Health Centre into bedded wards which could take up to 72 patients in the event of a surge. These would be for patients who are well enough to leave hospital but not quite ready to go home.

10. Continuing Healthcare (CHC) and individual funding arrangements

10.1. To speed the discharge process the Government has agreed the NHS will fully fund the cost of new or extended out of-hospital health and social care support packages. Formal CHC assessments, charges to self-funders or client contributions will not be progressed until after the COVID-19 emergency period. As a consequence of this instruction, the CCG has not been undertaking CHC assessments for the majority of individuals.

10.2. The CHC team can receive new applications for CHC funding for individuals from community settings at this time and the CCG will take a pragmatic approach to decision making on these during this period. The CCG is working with care providers and families to explore undertaking community Decision Support Tool (DST) assessments for new community referrals. These will be completed using technology to support both remote evidence gathering and the holding of virtual Multi-Disciplinary Team for meetings to complete the DST. The CHC team will ensure that all DST processes are in line with NHS Framework for CHC requirements and are completed in partnership with individuals, relatives and provider services.

10.3. During the COVID-19 period, the CCG can still receive appeals regarding previous CHC decisions. The timeframe during this period is more flexible, but the CCG will endeavour to respond to appeals in a timely way. The CCG has received two appeals to date during the COVID-19 period as is liaising with the appellants to agree how the appeal will be progressed within the current COVID-19 social distancing restrictions.

10.4. The CCG is also required to track the patients being funded under the COVID-19 arrangements and to prepare to return to usual funding arrangements following the emergency period set out in the Coronavirus Act.

11. Primary care services

11.1. To prepare for the unprecedented clinical challenge in primary care in the city the CCG, with collaboration of Primary Care Network (PCN) leads, has set up a clinical command group. This work links in with Hampshire and Isle of Wight wide work around primary care as part of the overall system response. The role of the command group is to do full time planning to ensure we have adequate preparedness to meet this task. The team comprises of representatives from the CCG (both clinical and managerial), PCN leads and Southampton Primary Care Limited.

11.2. All GP practices remain open and are offering a “remote triage” first model, where patients needs are assessed remotely by a clinician either over the phone, video-call or via an electronic consultation (e-consult). 100% of practices in the city are offering e-consults and video consultations. Additionally, local centralised telephone triage arrangements have been established for patients who are suspected to be COVID19 positive. This service receives transfers from both NHS 111 services and local practices and assesses the needs and arranges suitable responses for patients who are COVID19 positive in a systematized and consistent way. The service is operated by our local GP Federation, Southampton Primary Care Limited (SPCL).

11.3. Hot and cold sites have been set up in the city for patients who require a face to face appointment in primary care.

11.4. One hot site exists which caters for those patients deemed likely to be COVID-19 positive and who require face-to-face assessment. This is presently located in St Mary’s Surgery and the opportunity to open other hot sites is in place, if demand requires this. The hot site is well equipped

physically and in terms of trained workforce; it also has some specific operating procedures. This site is operated by SPCL, which also operates a city wide home visiting service for patients who are COVID-19 positive. During weekdays, local practices contribute to the staffing of the hot site and visiting services. Across England, patients with suspected COVID symptoms are encouraged to call NHS 111. When Southampton patients with COVID-19 positive call NHS 111, if they are deemed to require further assessment they will be transferred to the services of our local GP federation (SPCL) who will provide further clinical assessment over the phone and if necessary see them at the hot site or via a home visit.

11.5. Over April and May 2020 these hot services have expanded in scope to include a remote oxygen saturation monitoring service enabling patients to safely remain at home while being monitored. SPCL have also played a key role in supporting patients who are end of life in collaboration with Solent NHS Trust and other partners.

11.6. Twelve cold sites exist for patients deemed likely to be COVID-19 negative. Patients must have an appointment before approaching any of these sites, which are spread geographically across Southampton. These sites have been set up through local practices collaborating with each other. In May 2020 these cold site arrangements were reviewed and from June 2020 more cold sites have safely re-opened to face-to-face appointments. At present 30 of 39 sites in the city are open for face-to-face appointments

11.7. During April and May 2020 the CCG has worked collaboratively with SPCL to develop their Enhanced Healthcare in Care Homes (EHCH) service. From 22 May 2020 all registered care homes in the city now have a named clinical lead and work continues to develop more enhanced Primary Care support to all residents in care homes across the city.

11.8. From May 2020, both within the city and at a Hampshire and Isle of Wight level, work has commenced in earnest around the restoration and recovery of primary care services. The emphasis of this work balances the need to restore services to mitigate the unintended consequences of undiagnosed or unmanaged health issues with the need to maintain a state of readiness for any potential re-escalation of the COVID-19 pandemic. In July 2020 the Primary Care Command Group will take stock and implement any necessary amendments to the configuration of services for the medium term. Alongside maintaining a suitable response to the COVID-19 pandemic this will also accommodate the usual changes in demand associated with an approaching winter and seasonal flu pandemic.

11.9. The nationwide publicity campaign, 'Help us to help you', is underway and promotes primary care access. Work is taking place locally to support this campaign, informing the public that primary care remains open. This includes content shared in newsletters, social media and text messages sent out by GP practices.

12. Mental health services

12.1. The ICU is in regular contact and is working in partnership with providers to understand the current service provision, understand how business continuity plans are being adapted for the fast paced changes, and to identify and jointly resolve concerns and mitigation plans for emerging risks. This includes all providers that are commissioned by Southampton City Council and the CCG, and is supporting the full range of mental health needs in the city, from mild-moderate common mental illness (depression, stress and anxiety related disorders) to supporting people living with severe and enduring mental illness.

12.2. Mental health services continue to function and have made adaptations to accommodate social distancing rules. Services are preparing for an increase in demand due to COVID-19, both immediate and into the future.

12.3. Southern Health NHS Foundation Trust has continued to provide adult mental health services in the city. Psychological services across the Trust have been moved where possible to video/telephone contact, including older people's mental health, eating disorders, adult mental health, early intervention in psychosis, crisis resolution and home treatment and community mental health teams. The Lighthouse (run in partnership with Solent Mind) is temporarily running as a 'virtual' crisis lounge. During April The Lighthouse supported 202 virtual visits by 63 people across the city who were in crisis or experiencing emotional distress who may have otherwise presented to ED services.

12.4. The Steps to Wellbeing service, provided by Dorset Healthcare NHS Foundation Trust, continues to offer digital treatment options. In addition to the usual therapeutic interventions a series of pre-recorded webinars have been developed by clinician and people with a lived experience to help local residents in coping with COVID-19 anxious thoughts, these are available to ensure that people are able to access the early support when it is convenient to their own individual home, work and family circumstances.

12.5. Solent Mind is offering alternative online, text and telephone provision in place of its usual services recognising the impact that self-isolation can have on peoples mental wellbeing and recovery

12.6. Work is underway to review national developments in mental health response to COVID-19 related anxiety and discussing with local providers. Locally we are acknowledging a potential increase in need for mental health services over the months ahead, in light of the impact of self-isolation measures.

13. Services for those with learning disabilities

13.1. 271 people use learning disabilities day services but all of this provision in the city is currently closed, including the council's internally run service. It was identified at an early stage that this would create difficulties and added pressures on service users and their carers. Therefore day services were asked to stay in regular contact with the individuals they usually support, this has been done in a variety of ways including via phone call, online and some home visits.

13.2. This has led to a lot of variety in what individuals have experienced though. In a small number of cases clients have received face-to-face, including some buildings based day service support; this has been based on risk assessment where the provision was considered to be absolutely necessary. Risk management plans including appropriate social distancing and infection control measures have been put in place and are under review with care and support providers. Rather than day services furloughing staff who weren't needed for the regular contacts, the council matched day services to supported living providers with the aim that they could provide extra capacity where needed for non-direct support tasks like shopping. In practice this support has not been widely needed as supported living services have managed to maintain service provision within their own staffing teams, however it is something which could be used in the future if necessary. Work is currently taking place with external day services to establish what each day service can offer and a revised agreement for fair and equitable pricing, during this interim period, where impacts of COVID-19 mean they are unable to deliver their normal service.

13.3. The community health services commissioned by the CCG and provided by Southern Health NHS Foundation Trust have adapted their service offer to include more virtual training for service providers such as sessions on eating and drinking awareness, positive behaviour support and postural awareness. The team continues to work in an integrated manner with the

social care team in order to ensure those people that require specialist health interventions have their needs met in an appropriate and timely manner.

13.4. At University Hospital Southampton, the learning disability acute liaison nurses have promoted the use of 'Hospital Passports' and put in process a place for these to be recorded on hospital systems as well as accessible by wider health services.

13.5. The adult social care learning disability team have a process in place in which they contact service users and/or their carers to risk assess what level of ongoing communication or direct support that may be needed. This has been completed for every service user known to the team and regularly reviewed.

13.6. The two externally commissioned respite services, Rose Road and Weston Court have both remained open throughout the pandemic. Most service users and carers have decided not to access their regular respite stays but some families where there are particular challenges or risks have continued to access. In addition the services have taken on a small number of emergency referrals where there is an urgent need for respite. Services are operating within government guidelines to maintain safety of service users and carers.

13.7. To help manage the process of welfare calls (which have been one of the main tasks that day service providers are undertaking) council officers have started contacting all individuals and/or carers that receive day care to ask key questions about the quality of the welfare calls, the frequency, and whether there anything else they need from a social worker, but also, is there anything else they would like day services to do/put in place at the current time. This also helps us ascertain, from the latest Government announcement on the easing of some of the lockdown restrictions, whether some carers are needing to return to work and if so, how we are going further develop ways to support them. We will use this intelligence to work in partnerships with individuals and carers on their own plan, but also consider feedback to help shape what a good day services offer can look like in this interim period, whilst they are unable to be fully operational.

13.8. Southampton people who are currently within specialist secure inpatient services have continued to be monitored and case managed throughout the pandemic. The length of stay has increase for these patients due to the need to enforce risk assessment and risk management plans, the assuring transformation programme is moving towards recovery and restoration with

Southampton maintaining a focus on timely discharges. Virtual care and treatment reviews have been offered to all in-patients during the pandemic.

14. Community Services

14.1. All commissioned community services have been reviewed with priority given to discharge pathways; and essential support to high-risk individuals and patients cared for at home.

14.2. All Solent NHS Trust community services in the city have completed an assessment of frontline workforce capacity and their ability to safely operate in the event of a reduction in workforce. Mitigation plans have been put in place for essential services.

14.3. Where changes to services are necessary to ensure patient safety, or as a consequence of re-deployment of staff to priority essential services, a corresponding Quality Impact Assessment (QIA) has been completed to consider necessity of the changes, assessment of risk and proposed mitigation plans. The QIAs are reviewed by the Chief Nurse, Medical Director and relevant Operational Directors within Solent NHS Trust and ratified by its Ethics Group. Commissioners receive updates on any changes to Solent services.

14.4. Through careful planning Solent NHS Trust have managed to maintain the majority of their services and rapidly adapted to use digital platforms and technology to keep in touch with patients. Teams such as Bladder & Bowel, CAMHS Psychiatry, Tissue Viability, Musculoskeletal services, TB, Stoma, Diabetes, COPD and Cardiac moved to telephone or video appointments to reduce the risks to both patients and staff. Where face to face is necessary, appropriate PPE is worn by staff and all safety precautions are followed.

15. Children and young people services

15.1. There is regular contact between health providers and commissioners, the council, schools, voluntary sector and others, as well as colleagues across the Hampshire and Isle of Wight system to identify, mitigate and jointly resolve any current and emerging risks. This has led to an enhanced emotional and mental health offer.

15.2. Child and adolescent mental health services (CAMHS), provided by Solent NHS Trust, are now delivering a community crisis pathway for urgent

assessment within 24 hours of young people who are/were at risk of being directed to Southampton General Hospital. This is an extension of the current service and is provided seven days a week. There is a triage system in place for this model to ensure that young people whose needs are best met within the hospital are still able to be supported there. Young people whose needs are not best met within a hospital setting will be contacted by the community CAMHS team who will undertake an initial assessment of need over the phone or through other digital platforms (including video calls) to jointly determine next steps.

15.3. CAMHS recognise that families may need additional contact with the service at this time and have increased duty capacity to respond.

15.4. Any referrals to CAMHS are reviewed daily, based on the information made available by the referrer. Those with urgent or crisis levels of need are contacted on the same, or next working day. Referrals for more routine to moderate levels of need were temporarily paused with families being provided with advice, guidance and evidence based self-help information; however these have now resumed

15.5. At a Hampshire and Isle of Wight level, a CAMHS worker is available for children and young people who call NHS 111 for mental health support. This service can also provide a home visit if required.

15.6. Recognising the potential for increased anxiety amongst young people during the COVID-19 pandemic, ‘Think Ninja’, an online resource to support 10-18 year olds with their mental health has been made available to all children and young people across Hampshire and the Isle of Wight.

15.7. The 0-5 Public Health Nursing service (health visiting) is continuing to deliver some mandated contacts including the antenatal, new baby and 6 -8 week reviews. These will either be carried out by telephone, videoconferencing or face to face visits where there is an ascertained need.

15.8. The 5-19 Public Health Nursing service (school nursing) has been largely deployed to support CAMHS, Community Children’s Nursing (CCN) and the Community Paediatric Service. The CCN offer has been increased to seven days a week to avoid any hospital visits for children at weekends and looking to support the development of a Hospital@Home service.

15.9. During this period, a number of other initiatives formed part of the enhanced emotional and mental health offer for children and young people, including:

- No Limits expanded its digital offer including online counselling and launched free Zoom sessions. Sessions included online safety, knife crime, Buzz, emotions – how am I feeling, relationships, anger and anxiety.
- Youth Options secured funding through an appeal and Lottery to extend support to Care Leavers to include those living in Southampton. This has included online group support and activity; providing food parcels; shopping and individual online support sessions as well as phone calls and texts.
- Yellow Door arrange Zoom related sessions if needed / wanted to schools as part of STAR Project

16. Residential and home care

16.1. Residential and care homes have been experiencing significant pressures which Southampton City Council and the CCG have been working hard to mitigating in a number of ways. This includes ensuring providers are paid fully in advance for all commissioned care, providing infection control guidance to prevent and contain infections, other clinical nursing advice and supplying homes with extra PPE equipment when stocks are low.

16.2. The ICU is supporting care homes with access to the national NHS.net email service which has teleconferencing facilities through which a range of training sessions relating to COVID-19 are being provided. Additional support has included ensuring all care homes have a named clinical lead, a doctor or advanced nurse practitioner, who can provide active clinical advice, care planning and support for all residents. Care homes have also had access to weekly teleconferences providing a range of training and Q&A sessions. Alongside this a national training programme on the use of PPE, hand washing and testing has been rolled out to all homes who accepted the offer by 29th May, those who were unable to take up the offer in the initial period have been offered access to this training in June. A number of homes have experienced outbreaks of COVID-19 and a number of residents have sadly died during this period.

16.3. As part of the national response to the challenges in the care home sector the council has prepared a letter as required for the Minister of State for Care outlining the support to the sector in Southampton and an action plan is in place. This is being managed by the Care Home Oversight Group. The letter and action plan can be found at https://www.southampton.gov.uk/coronavirus-covid19/supporting-you/

16.4. 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 homes, supported living clients for people with a learning disability and extra care courts where care is dedicated to that site and promoting the release of capacity. This is to support hospital discharge and the delivery of care to their existing client group. Commissioners are working with the market to facilitate mutual aid arrangements between providers and wider health and care provision. The home care sector has also had access to training and support provided by the ICUquality team.

17. Supporting the most vulnerable

17.1. Community Support Hub

17.1.1. Southampton City Council has launched a Community Support Hub and a dedicated helpline in response to the COVID-19 crisis, to ensure that the most vulnerable people across the city have access to the support they need. Southampton Community Support Hub brings together support from across the city including the NHS, Southampton City CCG, Southampton Voluntary Services and other voluntary and faith groups across the city. The service prioritises those who have received a letter from NHS England stating they are in a priority group and are unable to rely on family or friends for adequate practical support. The Hub enables the council to respond to requests, using its own resources and the voluntary sector, the community, and faith sector partners to deploy help quickly.

17.1.2. It provides a dedicated telephone helpline, arranges emergency food and social contact, signposting for people to voluntary organisations and community groups in their local area for support, and links residents to an appropriate service, which may be provided by the Council or the Voluntary sector.

17.1.3. The Community Support Hub connects people to the service available from SO:Linked, provided by Southampton Voluntary Services and commissioned by Southampton City Council and the CCG. SO:Linked is navigating people who are affected by the coronavirus situation to practical and emotional support and coordinating the Southampton voluntary sector response. This involves the establishment of a single referral and case allocation system at a cluster level to coordinate support to vulnerable people maximising capacity at a neighbourhood level, working closely with

voluntary organisations, neighbourhood and resident groups, faith organisations and individual volunteers. We have also worked with SO:Linked to engage Love Southampton and the Council of Faiths to develop guidance and online training for volunteers to assist them in supporting residents experiencing bereavement.

17.1.4. The CCG is also supporting Communicare in Southampton to establish a daily telephone contact system.

17.2. **Prescription delivery service**

17.2.1. The CCG and Southampton City Council have commissioned the Saints Foundation to provide a city-wide Prescription Delivery Scheme.

17.2.2. Saints Foundation staff work with pharmacies across the city to co-ordinate the service, as well as delivering prescriptions to the homes of those who are self-isolating or shielded as a result of the COVID-19 pandemic.

17.3. **End of life care**

17.3.1. A process has been established in conjunction with Mountbatten Hampshire (the provider of hospice services), Southampton Primary Care Limited (the local GP Federation) and Solent NHS Trust to care for those who are dying in the community, with the wishes of the patient adhered to wherever possible. This has proved to be a very successful partnership to ensure effective support is in place for people needing end of life care.

17.3.2. Community hospital beds are available in the Adelaide or Royal South Hants hospital if that is the patient's wishes or care and symptom control is difficult to provide at home. All Quality Impact Assessments have been reviewed by the Chief Nurse, Medical Director and respective Operational Directors.

17.3.3. As a direct result of the COVID-19 pandemic the following has also been implemented:

- 24/7 advice and support available to stakeholders, including families for those specifically at end of life with COVID-19.
- Bereavement service expanded (ahead of planned time) to provide support to the care home sector.

- Increased telephone consultations with patients and families.
- Extended bereavement support to families affected by COVID-19.

17.4. **Homelessness**

17.4.1. Working with housing colleagues, we are working to ensure all rough sleepers are actively offered accommodation, in doing so ensuring we identify suitable accommodation for those who are the most vulnerable and securing appropriate options for them to self-isolate. We are supporting homeless accommodation providers with regular communication and planning discussions around workforce, supplies (PPE, food) and client support.

17.4.2. Plans are in place to support increased levels of self-isolation, cleaning routines and food deliveries for all other residents unable or unwilling to isolate.

17.5. **Vulnerable adults and young people requiring Housing Related Support (HRS)**

17.5.1. Building on the work with our single adult homeless population, the ICU is in regular contact with providers of HRS to young people, young parents and single adults who require a level of support to assist them to live in the local community. Both telephone and online contact options have been developed at pace.

17.5.2. Residents living in shared accommodation are being advised and supported to adhere to the government guidance for living in shared accommodation.

17.6. **Carers**

17.6.1 There has been close working with Carers in Southampton. A joint letter was sent out to known carers asking them to make contact with either Carers in Southampton or the Council Helpline to identify if support was needed for food, medication or social contact. Support is being provided by redeployed learning disability day centre staff to make contact with all who have not responded to the letter. Carers who need support are being referred to SO:Linked, so they can access support though the Community Coordinators. In addition daily phone calls can be provided by Communicare from their new

Hello Southampton service. These are calls made by SCiA dental staff currently and in the future Communicare volunteers.

17.6.2 Work is underway with Southern Health Foundation Trust and Solent NHS Trust to raise the awareness of clinical staff about carers and promoting the need to refer and identify carer's needs.

17.6.3 We have finalised the emergency plan format and Carers in Southampton have commenced implementing this tool to gather and plan with carers.

17.7. **Victims of domestic abuse**

17.7.1. Working with local providers in Southampton and the wider network of providers across Hampshire, we are ensuring an appropriate support and response service offer remains in place through telephone and online systems. Additional resources have been made available to support an increase in demand on the services since the outbreak of COVID-19.

17.7.2. Refuge provision continues to provide a place of safety for those in need.

18. Pharmacy services

18.1. As a CCG we are in close contact with the Local Pharmaceutical Committee and NHS England, supporting pharmacies where we can. NHS England remains the commissioner for pharmacy services.

18.2. Locally, pharmacies have seen a significant increase in demand. This is partly due to an increase in prescriptions, higher staff absence rates and issues around patients not complying with social distancing measures within close proximity to pharmacies.

18.3. The CCG has provided guidance to GP surgeries with regards to not extending the duration of supply on repeat prescriptions and to not issue prescriptions too early, to help manage workload and supply. The CCG has communicated with the community pharmacies that provide supervised consumption of methadone and end of life drugs to keep them updated about changes to usual policy due to COVID-19.

18.4. Southampton City Council and the CCG are working with some volunteer groups, with the help of the Saint's Foundation, to help deliver medicines to the most vulnerable patients in the city, as detailed above.

18.5. In line with a nationally agreed standard operating procedure, some pharmacies are now only open between 10am - 12pm and 2pm - 4pm to deal with acute issues. The rest of the time they are working behind closed doors to catch up in a safer working environment.

19. Quality assurance

19.1. The ICU continues to review the impact of rapid changes to health services and the potential for deterioration in existing health condition or delayed diagnosis of new conditions. Ongoing assurance is continuing for essential service provision to key patient groups, such as cancer, ophthalmology, and stroke care services

19.2. A reduced number of incident / serious incidents were reported in the early stages of the pandemic but this has now returned to normal levels. The reduction noted was caused by the reduction in normal activity. There have been a number of incidents reported relating to the management of people affected by COVID-19 and this includes an increase in pressure ulcers from facemasks, ventilator equipment and prone positioning (laying someone on their front has been found to assist recovery in the ventilated patient).

19.3. We are monitoring arrangements for new service provision, as outlined in this report, to ensure any incidents or learning can be shared at the earliest opportunity. Additionally a fortnightly sharing learning event has been established between health providers which has been welcomed and has allowed learning from events to be shared rapidly

19.4. We are also supporting quality assurance activity across Hampshire and the Isle of Wight to support providers in maintaining standards of care whilst adapting to needs arising from the pandemic. This includes identification and management of existing and newly emerging risks. This activity is continuing and we are currently working with colleagues across the system to establish longer term approaches to this work as it has been welcomed by all health partners.

19.5. The infection prevention and control team continues are working to advise and support primary care and others in the community, with a particular focus on supporting care homes and home care providers. This activity has significantly increased during the pandemic. The support provided to care

homes has included daily support calls to care homes with confirmed or suspected cases of COVID-19, access to a weekly information sharing and Q&A session provided by videoconferencing which has proved to be extremely well attended. The sessions cover updates on infection prevention and control practice, use of PPE, testing, handwashing, end of life care and other relevant areas of practice. Each session is recorded and made available to the providers unable to join the live event. Attendance at the live event and views of the recording have resulted in over 100 care home and home care staff accessing this resource each week. Ongoing work with the public health team has supported the development of an evidence based RAG rating system to allow the early identification of care homes that may be facing problems.