



North Central London
Clinical Commissioning Group



Islington's Winter Plan and Covid-19 preparedness 2020-21

Magdalena Nikolova
System Resilience Programme Manager
Islington Directorate – NCL CCG
m.nikolova@nhs.net

On 30 January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid-19 inpatients for every one Covid-19 inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid-19 pressures were beginning to reduce, measures for the second phase were published on 29 April, instructing the restarting of urgent services.

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid-19 alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur.

On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid-19 demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

NHS England and NHS Improvement set out the third phase of the NHS response to Covid-19 in a letter to all NHS organisations, GP practices and providers of community health services, on 31 July 2020. The letter outlined the NHS priorities from August with key areas of focus, including:

- ❑ Accelerating the **return to near-normal levels of non-Covid health services**, making full use of the capacity available in the 'window of opportunity' between now and winter
- ❑ **Preparation for winter demand pressures**, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- ❑ Doing the above **in a way that takes account of lessons learned during** the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Accelerating the return of non-Covid services

Fully restore Cancer Services

- Restore the number of referrals for suspected cancer to at least pre-pandemic levels
- Ensure sufficient capacity in diagnostics and endoscopy, using the independent sector, community hubs and rapid access centres
- Expand capacity of surgical hubs to meet demand and deliver in a Covid secure environment
- Fully restart all cancer screening programmes

Recover maximum elective activity possible

- Restore elective activity to between 90-100% of pre-pandemic levels by October
- Develop a week by week plan to optimise use of independent sector capacity
- Follow new streamlined patient self-isolation and testing requirements

Restore service delivery in primary and community services

- Restore activity to usual levels where clinically appropriate
- Address the backlog of immunisations and cervical screenings
- Enhance community services for crisis response and resume safe home visiting care for vulnerable patients that need it

Expand and improve mental health service

- Restore and expand services e.g. IAPT and 24/7 crisis helplines
- Validate system plans for mental health service expansion trajectories
- Continue to reduce the number of people with a learning disability in specialist inpatient settings by providing better alternatives and using Care and Treatment Reviews



Preparing for winter and possible Covid resurgence

- Continue to follow **good Covid-related practice** to enable safe access to services and protect staff
- Continue to follow **PHE infection prevention and control guidance** to minimise nosocomial infections
- **Sustain current staffing, beds and capacity**, and make use of independent sector and Nightingale hospitals
- Deliver an expanded **flu vaccination** programme
- Expand the **111 First offer** and maximise 'hear and treat' and 'see and treat' pathways for 999

Supporting the Workforce

- Deliver the commitments in the **NHS People Plan for 2020/21** including urgent action to address systemic inequality experienced by some of our staff including BAME staff
- Develop a local People Plan to cover the **expansion of staff numbers**, mental and physical support and setting out **new initiatives to develop and upskill staff**

Action on inequalities and prevention

- **Protect the most vulnerable** from Covid with enhanced analysis and community engagement to mitigate identified risk in the community
- **Accelerate preventative programmes** which proactively engage those at the greatest risk of poor health outcomes
- **Strengthen leadership and accountability** for tackling inequalities
- Ensure **data is complete and timely** to support understanding and response to inequalities

Covid-19 related good practice

- Continue to **follow Covid-related good practice** to enable safe access to services and protect staff
- Continue to **follow PHE infection prevention and control guidance** to minimise nosocomial infections across all NHS settings
- Ensure appropriate **Covid-free areas** strict application of **hand hygiene**, appropriate **physical distancing**, and use of **masks/face coverings**
- Ensuring NHS staff and patients have access to and use **PPE** in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling

Capacity to meet increase in demand

- Sufficient **staffing** in place across all system partners to ensure the predicted seasonal demands of winter and potential Covid-19 resurgence are met safely
- **Improved flow** process in ED to enable quicker triage and assessment of patients who require emergency care
- Sufficient **bed capacity** in both acute and community setting,
- Fully restored **primary and community care services** to ensure accessible community alternatives to A&E attendances

Flu Vaccination

- Deliver an **expanded seasonal flu** vaccination programme for priority groups, including providing easy access for all NHS staff and promoting universal uptake
- Mobilise delivery capability for the administration of a **Covid19 vaccine** if and when a vaccine becomes available



111 First offer

- Expand the **111 First offer** to provide low complexity urgent care without the need for an A&E attendance
 - ensure those who need care can receive it in the **right setting** more quickly.
 - increasing the range of **dispositions from 111 to local services**, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics,
- Ensuring all **Type 3 services** are designated as Urgent Treatment Centres (UTCs).

999 Demand

- Maximise the use of '**Hear and Treat**' and '**See and Treat**' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.

Partnership working

- Maintain **strong working relationships** with all partners across the system
 - Promote **effective communications** and **cross-system** collaboration when managing pressures in both community and acute settings
- Work with **local authorities**, on resilient social care services, ensuring that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so
 - Joint implementation of all relevant DHSC/PHE policies

Islington's Winter Plan



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Islington's Winter Plan provides assurance in relation to our health and care system's ability to meet the predicted seasonal demands of winter without compromising the quality of care and maintaining positive patient experience.

The plan summarises the system efforts that look at reducing emergency attendances/admissions by providing accessible community alternatives; reducing occupancy and length of stay by improving systems and processes within the acute trust; and reducing delays in discharge by providing appropriate community capacity. It also summarises the system's preparedness in responding effectively to a potential Covid-19 resurgence.

Aim and Objectives

- Reduce **avoidable attendances and admissions**
- Ensure appropriate **capacity in primary and community care**
- Maintain good **ED patient flow** and performance during increase in demand over winter period
- Reduce occupancy and **length of stay** in hospital beds
- Enable **effective transfers of care** into community setting
- Deliver an expanded **seasonal flu vaccination** programme
- Ensure system-wide **Covid-19 preparedness**

This plan was developed by the Islington Directorate - North Central London Clinical Commissioning Group in partnership with the local system, following national guidance.

System partners met on several occasions over the summer period to collectively reflect on the implementation and impact of the 2019/20 winter initiatives and agree priority areas for winter 2020/21, taking in consideration the additional pressures of a potential Covid-19 resurgence. Learning was garnered using the After Action Review approach with additional workshops to discuss new national guidance and to identify the areas that require improvement.

All system partners were asked to consider mitigating actions against those areas to ensure our system is resilient and able to meet winter pressures and potential Covid-19 resurgence safely. The plan summarises the capacity and demand management actions in place across Islington.

In addition to this plan all partners in the system have individual plans that detail their organisational response to the expected surge in demand over the winter period.

Primary Care

- Improved access to **in hours** GP appointments and appointments via direct booking through NHS 111
- Primary Care **Extended Access** Scheme in evening (6.30-8pm) and weekends (8-8)
- “Covid Symptom” **home visiting** service
- **High Intensity Users** support
- Delivering an **expanded seasonal flu vaccination** programme for priority groups, including providing easy access for all NHS staff and promoting universal uptake
- Regular **GP support for care homes**

London Ambulance Service

- Maximising the use of ‘**Hear and Treat**’ and ‘**See and Treat**’ pathways for 999 demand
- Aligning the **NHS111 referral processes to 999** (including direct booking) with the aim of increasing referrals to more appropriate care settings such as primary care, mental health and community services
- Increasing **NS111 Clinical Assessment Service (CAS)** capacity to revalidate the LAS ‘green-ambulance’ calls before they are sent to 999 for dispatch
- Continuation and **promotion of 111 * lines**: Ambulance crews, Care Homes and Rapid Response Nurses can dial 111 24/7 connect quickly with a GP
- **Mental Health Joint Response Care** – Mental Health Nurse and Paramedic dispatched as First Response to patient identified as being in a Mental Health Crisis and requiring a face to face assessment
- **Direct LAS conveyances** to Whittington’s Urgent Treatment Centre and Ambulatory Care



Integrated Care

- Integrated Urgent Care (IUC) – **Integrated 24/7 urgent care access**, clinical advice and treatment service which incorporates NHS 111 call-handling and GP out-of-hours services
 - 111 First: **111 booking to ED** –Whittington due to go live in November
 - Rapid Response - **community attendance and admission avoidance scheme** providing a 7 day community based nurse led, MDT prevention service now also offering direct LAS and 111 referrals and vitals self-monitoring equipment with remote monitoring programme reducing avoidable f2f appointments where appropriate
 - Expanding the **111 First offer** to provide low complexity urgent care without the need for an A&E attendance
 - Increase in **111 call answering capacity**
- Increase **111 clinical validation** of emergency dispositions
 - Implementation of mechanism for **111 email referrals** to the emergency department including shielding status
 - **Reduce 111 & 999 primary care referrals** to UTC’s
 - Pilot of primary care SMS communications campaign
- **111 pathways** for the streaming and direction of non-urgent patients away from ED & UTCs into other urgent, primary, MH and community care settings,
 - **999 pathways** to manage patient attendances
- **Palliative and end of life support** in the community to reduce avoidable A&E/hospital attendances for those in the last phase of life

Mental Health

- 24-hour Mental Health Community **Crisis Assessment Service** at St Pancras Hospital for people in acute mental health (MH) crisis.
- Health Based place of safety, supporting patients detained under **s136** of Mental Health Act, enabling direct conveyances by the police and LAS
- **Crisis phone line** 24/7 for Mental Health service users, carers and professionals
- Mental Health - Out of hours **recovery café** (M-F 6-10pm) offering support in building social networks
- and enabling access to support out of hours
- SIM **police and Mental Health staff** collaboration,
- offering joint support for service users struggling with complex, behavioural disorders

Children's services

- Reducing **avoidable paediatric attendances** and admissions by managing minor ailments in the community
- **Minor Ailments** - Health Visitors and School Nursing deliver advice and booklets to families on minor ailments
- **Long Term Conditions** support in the community - Asthma, Allergy, Epilepsy, Diabetes and Sickle Cell
- Transforming Care (**Autism and/or LD with Mental Health needs and/or Challenging Behaviour**)
- Improved patient experience and reduction in avoidable A&E attendances and admissions for **children in last phase of life** - Acutely Unwell Child - Hospital @Home service, community nursing, palliative care and continuing health



Substance misuse

- Better Lives - **integrated drug and alcohol service**.
- Assertive Alcohol Outreach Team and Alcohol Liaison working with high risk and dependent drinkers in order to reduce their utilisation of A&E and **reduce the rate of alcohol specific admissions**. Offers direct, "on-site" work but can deliver virtual support where appropriate, i.e. ED red zones and Covid-19 wards.
- **24 hour support phone line** for substance misuse service users
 - Street Outreach— offering **harm reduction advice to street population**
- Groundswell – advocacy service that supports Substance Misuse **homeless individuals** to attend **health appointments** and engage with health services. This support is a mix of face-to-face and remote support dependent on social distancing guidance.

Workforce

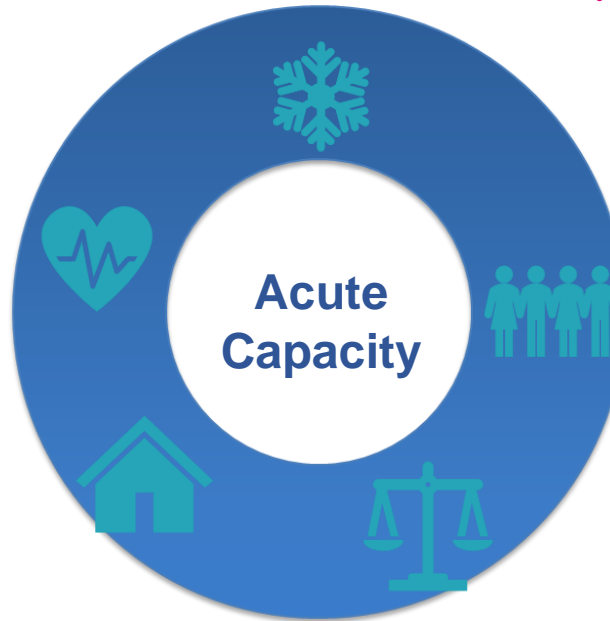
- **Enhanced workforce** to match the changing demand in A&E particularly over weekend and evenings

Bed Capacity

- There is **sufficient bed capacity** at the Trust with three wards currently closed that can be reopened if there is an increase in demand
- NCL reviewed its G&A bed base in light of the Infection, Prevention and Control (IPC) efficiency loss and loss from critical care expansion and has **plans in place** to mitigate this loss through a Barnet Hospital Modular Ward (35 beds) and the opening of UCLH Phase 4 (135 beds))
- NCL has plans in place to **increase G&A capacity** through the Independent Sector if needed

Infection control

- Pandemic Protocol in place to manage **staff and patient safety** across the trust
- **Robust safeguarding processes** in place across the Emergency Department with designated **Red and Green Zones** to avoid cross-contamination
- Sufficient **PPE** to manage the increased volume of patients safely
- Appropriate **staff training and support**



Improved A&E flow

- **Revised patient flow** through the department
- Reconfigured front of house, creating **additional space** to enable **safer triage and assessment** of patients
- Enhanced streaming model led by ENPs to ensure patients are streamed to the most appropriate treatment area (UCC AED< Primary Care and RAT) with plans to support later into the evening and overnight
 - Medical led **Rapid Assessment and Treatment** between the hours 1100-1700 enabling increase in streaming to AEC, timely initiation of the frailty pathway and necessary diagnostic tests and treatments. In reach response from Ambulatory Care to support with pulling patients
 - Revision of **Acute Assessment Unit pathway** to support with timely admissions of patients
 - **Rapid Responses** and **Virtual ward** service in place to maximise attendance and admission avoidance
- **Emergency Medical Unit (EMU)**, a short stay ambulatory majors unit with one assessment room and 12 chairs for fit to sit patients, staffed by a MDT operating 24 hours a day 365 days a year
- **Acute Frailty pathway** in place and embedded into normal practice. Giving patients the Rockwood score at triage, being assessed with a home first approach and treated in AEC if not requiring admission

Effective discharge of patients

- ❑ Full implementation of the new **Hospital discharge service** operating model to maintain 0% DTOCs
- ❑ **Discharge Hub** in place 7/7 to meet the agreed discharge target for medically optimised patients with all **D2A pathways fully embedded**
- ❑ **Social workers on site 7/7** to support prompt assessments and referrals
- ❑ **Additional capacity in social care** team to manage increase in referrals received over winter period/Covid-19 resurgence with added senior management support
- ❑ Full implementation of the recommendations for **reinstating NHS Continuing Healthcare** ensuring the timely assessment/discharge of patients is not compromised



- ❑ Full implementation of national guidance on **managing Covid-19 in care homes**
 - ❑ **Trusted Assessor post** in place to facilitate effective discharges to care homes
 - ❑ Sufficient **nursing/care home provision** to manage increase in demand for placements over the winter period
 - ❑ **NCL surge beds**
- ❑ Sufficient **domiciliary care** capacity in place to delivery community packages of care
- ❑ Regular **MADE meetings** and daily huddles to review MOs and potential risks of delays in transfer of patients

Key actions:

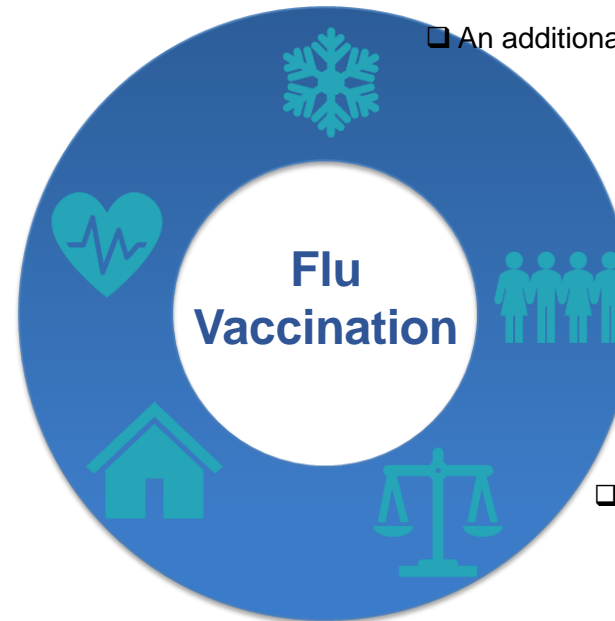
- ❑ Deliver an expanded seasonal flu vaccination programme for priority groups, including providing easy access for all NHS staff promoting universal uptake
- ❑ Mobilise delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available

Who is eligible for the flu jab?

- ❑ 60,000 Islington residents eligible in 2020/21
- ❑ all children aged two to eleven
- ❑ people aged 65 years or over
- ❑ those aged from six months to less than 65 years of age, in a clinical risk group
- ❑ all pregnant women
- ❑ household contacts of those on the NHS Shielded Patient List,
- ❑ people living in long-stay residential care homes or other long-stay care facilities
- ❑ those who are in receipt of a carer's allowance
- ❑ health and social care staff who are directly involved in the care of vulnerable patients (including care homes, hospice and those employed through Direct Payments (personal budgets) and/or Personal Health Budgets)

New eligible cohort

- ❑ Although original cohorts will be prioritised, all people aged 50-64 years old will be eligible for a flu vaccine this year.
- ❑ This is dependant on vaccine availability and it is likely that they won't be called until late November/December.



NCL Level investment to promote flu vaccine uptake:

- ❑ Infrastructure Investment Fund in place for PCNs to help pay for 'At-scale' vaccination sites, training and other costs associated with PCN delivery of vaccinations
- ❑ An additional payment for each patient vaccinated from a BAME population, via the Flu Inequalities Fund

Mass vaccination at large-scale

Targeted at younger, more mobile patients who do not require e.g. LTC review or would benefit from longer holistic appointments with practice team:

- ❑ 2 hub clinics secured (similar to flu Saturdays) - Emirates Community Hub and City & Islington 6th Form College
 - ❑ Capacity for approx. 800 patients at each event
 - ❑ 9 clinics running from 2nd week in October
 - ❑ Practices pooling workforce and flu vaccines

Housebound Patients

- ❑ Approximately 2,500 people across Haringey & Islington
- ❑ Islington and Haringey GP Federation working with Whittington district nursing team and building on model from previous 2 years
- ❑ The service includes pneumococcal and shingles vaccinations when indicated

Patients in care homes

- ❑ Vaccinations for this cohort of patients will be provided under the Care homes DES and will include Older people care homes, Learning Disability and Mental Health care homes.
- ❑ Practices have been asked to work with care home staff to get patient consent and to prioritise these patients when vaccines arrive

Practice level support

- ❑ PCN and practice flu planning templates in place and regular contact with Primary Care Teams via weekly SITREP call.

Developing Islington's COVID-19 Prevention and Control Plan – containing the virus, building community resilience and protecting lives

- ❑ Planning and preparedness for winter and for COVID-19 in the Islington health and care system is one, very critical component of a wider set of local plans and activities focused on containing the spread of COVID-19, protecting the health and wellbeing of the population and supporting our communities during this next phase of the pandemic.
- ❑ Islington's COVID-19 Outbreak Prevention and Control Plan was published on 30th June and describes the systems in place to prevent and contain the spread of the virus in the borough, including arrangements for controlling and managing local outbreaks
- ❑ Building on this June plan, work continues across Islington Council and with a broad range of partners to develop and implement a broad range of activities and programmes of work to prevent and mitigate the impact of COVID-19 and enhance our resilience for winter
- ❑ Key areas of action and work are summarised briefly on the following slides.



Effective public health data and surveillance systems

- ❑ The council is actively maintaining and reviewing a population-level, as-near-to-real-time as possible, granular COVID-19 surveillance dashboard to ensure rapid identification, investigation and management of COVID-19 outbreaks
- ❑ A resident facing dashboard has been developed and is updated and published on the LBI website
- ❑ Ensuring robust systems for data flow from national/regional to local, and vice versa remains a priority focus of this work
- ❑ Local surveillance systems include integrated health and care sector surveillance data.

Implementation of a population wide and targeted communications and engagement plan

- ❑ A “living” COVID-19 communications and engagement strategy is in place, covering three elements – Prevention, Preparation and Management
- ❑ We have established a partnership COVID-19 communications and community engagement group and work plan, kept continuously under review, to help coordinate and drive this critical aspect of local activity
- ❑ There are many and various communication channels to the community as a whole, with specific groups, and targeted to different settings
- ❑ Analysis of our resident survey and engagement will give deeper quantitative and qualitative insight into the impacts and experience of COVID-19 in Islington.
- ❑ A major Keep Islington Safe (Keep London Safe) campaign is underway currently. The council has set up a resources page on its website – including posters, translations etc., which other organisations and groups can access and are encouraged to use. We are offering and rolling out training across communities for COVID-19 Health Champions



**Prevention
and
Control**



Preventing and mitigating disproportionate impacts

- ❑ A consistent and systematic focus on mitigating further disproportionate impacts of COVID-19 on our diverse communities sits at the heart of the Islington COVID-19 Outbreak Prevention and Control Plan and the continued work and next steps.
- ❑ Beyond the immediate and critically important measures that we will take to prevent and mitigate further disproportionate impacts of COVID-19 in short term, an action plan is being developed to tackle long-standing health inequalities experienced by people from Black, Asian and other ethnic backgrounds, as part of the Council’s **Challenging Inequality** programme.
- ❑ The council is taking forward a Challenging Inequality programme of work to tackle inequality and injustice in Islington, across the three key domains of Islington as employer, as a service provider and as a strategic leader of place.
- ❑ The initial focus in terms of health inequalities is on actions to take forward the seven recommendations set out in the PHE report “Beyond the data: understanding the impact of COVID-19 on BAME groups”

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Mobilising local contact tracing

- ❑ Local contact tracing focuses on contacting those individuals who have tested positive, and have not been successfully contacted by the national service within 24 hours.
- ❑ The national system remains responsible for follow up of the contacts thus identified.
 - ❑ Arrangements for outbreaks and complex situations do not change – responsibility remains with PHE’s specialist health protection service working with local public health and environmental health teams.
 - ❑ A Task & Finish Group has been convened to plan for the ‘go live’ of locally supported contact tracing in Islington, building on a national checklist and our own local work, ensuring approaches are safe, effective and support and reassure our communities.
- ❑ The national system is working with local teams across the country in a phased way to ‘go live’ systematically.



Increasing accessibility of and engagement with testing

- ❑ At the current time, there is increased demand for testing across the country, including in Islington. Access to testing through the National Testing Programme has been problematic recently as prioritisation of testing capacity away from London to higher incidence areas has impacted on testing access locally. London has now been escalated to the national COVID-19 watchlist, which therefore should mean increased access to testing regionally.
- ❑ The council continues to work closely with key local partners, including North Central London Clinical Commissioning Group, to actively develop options to increase and maintain access to testing locally for key priority groups. Nationally, DHSC plan to scale up testing capacity further to 500,000 tests a day by the end of October
- ❑ Communications to residents have highlighted recent issues with access to testing through the National Testing Programme, encouraged those who develop symptoms to try to access a test, and provided appropriate public health advice, should people be unable to access to a test
- ❑ A walk-through testing site has been established in Islington, based in the Sobell Leisure Centre car park, to increase accessibility of COVID-19 testing within the community.
- ❑ Another site to cover the south of the borough will be considered at a later stage.

Targeted preventative work with higher risk settings and support for businesses and safe high streets

- ❑ The council is delivering a programme of systematic identification and proactive engagement with our highest risk settings to provide advice and support to adopt COVID secure measures. This includes engagement with hostels and homeless settings; places of worship; housing of multiple occupancy and food production/processing/packaging sites.
- ❑ Supporting businesses and high streets to operate safely remains a key focus of our public protection and inclusive economy work programmes.
- ❑ COVID-19 stewards are being deployed to areas of high footfall in Islington. Stewards do not have enforcement powers but will advise and give guidance e.g. remind on social distancing, wearing face coverings in shops and on public transport.
- ❑ All hospitality venues being visited for compliance with track and trace, rule of 6 and face coverings and follow up enforcement for non-compliant businesses.
- ❑ COVID secure compliance check visits to hairdressers, barbers, gyms, and leisure venues have been carried out over the summer and will extend to other close contact services, visitor economy and workplaces where face coverings for staff is now mandatory.



Working with community partners to maintain the community response and support to residents

- ❑ Islington's VCS has been at the heart of the local response to the COVID-19 pandemic; making a crucial contribution to keeping people safe and consistently demonstrating an ability to reach and engage some of our most vulnerable residents and marginalised communities
- ❑ We will continue to use our strong partnerships with the VCS to listen to and engage with all communities to better understand their concerns, experiences and the impact of the COVID-19 pandemic to help shape our ongoing response to COVID-19.
- ❑ We are Islington, our borough-wide helpline and support service set up to assist vulnerable and self-isolating residents continues to ensure residents face no barriers to following public health advice, and to connect them into advice and services, as required

Supporting schools and higher/further education

- ❑ The council continues to support schools and higher/further education both in terms of supporting settings to operate safely and supporting families to access the information and support they need, in particular BAME and vulnerable families.
- ❑ Ensuring continued communication and accurate COVID-19 data and information flow, including through delivery of webinars, routine presence at heads forum, and availability for individual queries remains central to this work.
- ❑ Settings are provided with advice and support on infection prevention and control including actions to take if there is a suspected COVID-19 case; ongoing support during an outbreak; support for decisions and communications in the event of partial or full closure of school or nursery; and support to engage in Test and Trace.
- ❑ Supporting families sits at the heart of this work, and engagement with families, both directly and through Parent and Health Champions, to understand their needs and concerns and signpost those who require support to council and Voluntary and Community Sector (VCS) services remains a priority.



- ❑ Piloting other priority testing regimes outside of national programme, in conjunction with NCL STP testing programme
- ❑ A PPE hub will operate until at least the end of the financial year to ensure providers have access to PPE should normal supply routes fail. To support sustained good practice, a PPE audit will be undertaken with providers.
- ❑ Swift decision making with regards to any changes to care home visitation are being supported through a live risk assessment

Maximising care home resilience and infection prevention and control

- ❑ Adult Social Care (ASC) commissioners continue to work closely with Public Health, providers, and partners to monitor the care home situation and ensure ongoing implementation of ASC COVID-19 response plans to ensure resident and staff safety, drawing on national learning and learning from NCL After Action Review
 - ❑ The care home resilience plan and system-wide infection prevention and control (IPC) measures continue to be implemented, including: isolation and cohorting of residents; minimizing staff movement and support to isolate if positive; IPC training, advice and guidance
 - ❑ Care homes and eligible extra care and supported living settings are being supported to engage in the national routine testing programme