

Community COVID Response Approach



Approach

Introduction

The spread of COVID-19 poses several key challenges to ensuring continued service delivery, and will require the system to work in different ways to the current ways of working.

With the majority of colleagues likely to have time at work impacted through either caring commitments or personal illness, it will be essential to ensure that the system can continue to achieve:

1. Flexible decision making

- Decisions cannot rely on a single member of the team;
- Authority must be delegated;
- A flatter organisational hierarchy operated to allow decisions to be made quickly

2. Coordinated response

- The rate of change of information, both in terms of the current state in Cornwall and the national requirements will require the system partners to work together very closely to coordinate an effective response which meets all of the needs of the people of Cornwall

Approach

The types of demand

By understanding the emergent demands that the system will face into the three main categories we can be more specific about the various responses required

1. Medical needs

- e.g. End of life care
- e.g. Management of existing serious conditions

2. Personal needs

- e.g. Washing / toileting
- e.g. Assessment

3. Practical needs

- e.g. Food delivery for the ill and the isolated



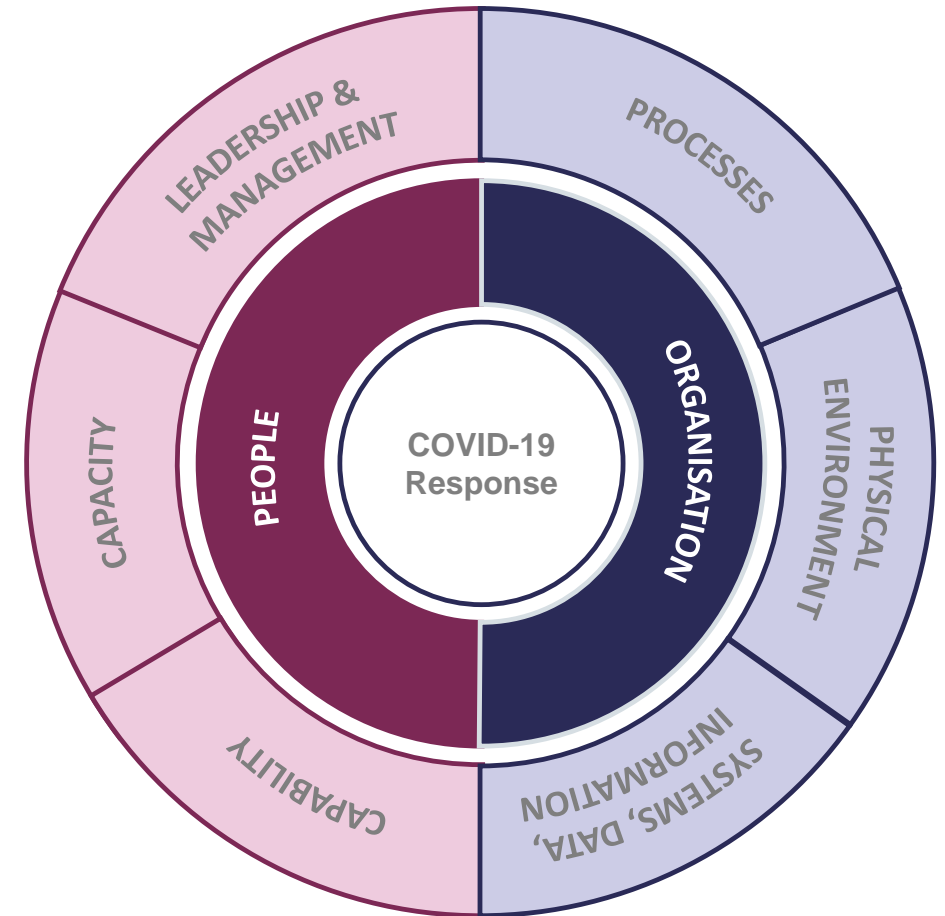
Approach

The spread of COVID-19 poses several key challenges to ensuring continued service delivery:

1. A staff base whose availability changes at short notice
2. Increased number of deaths
3. Increased demand from a specific patient cohort
4. Widespread confusion, misinformation and panic

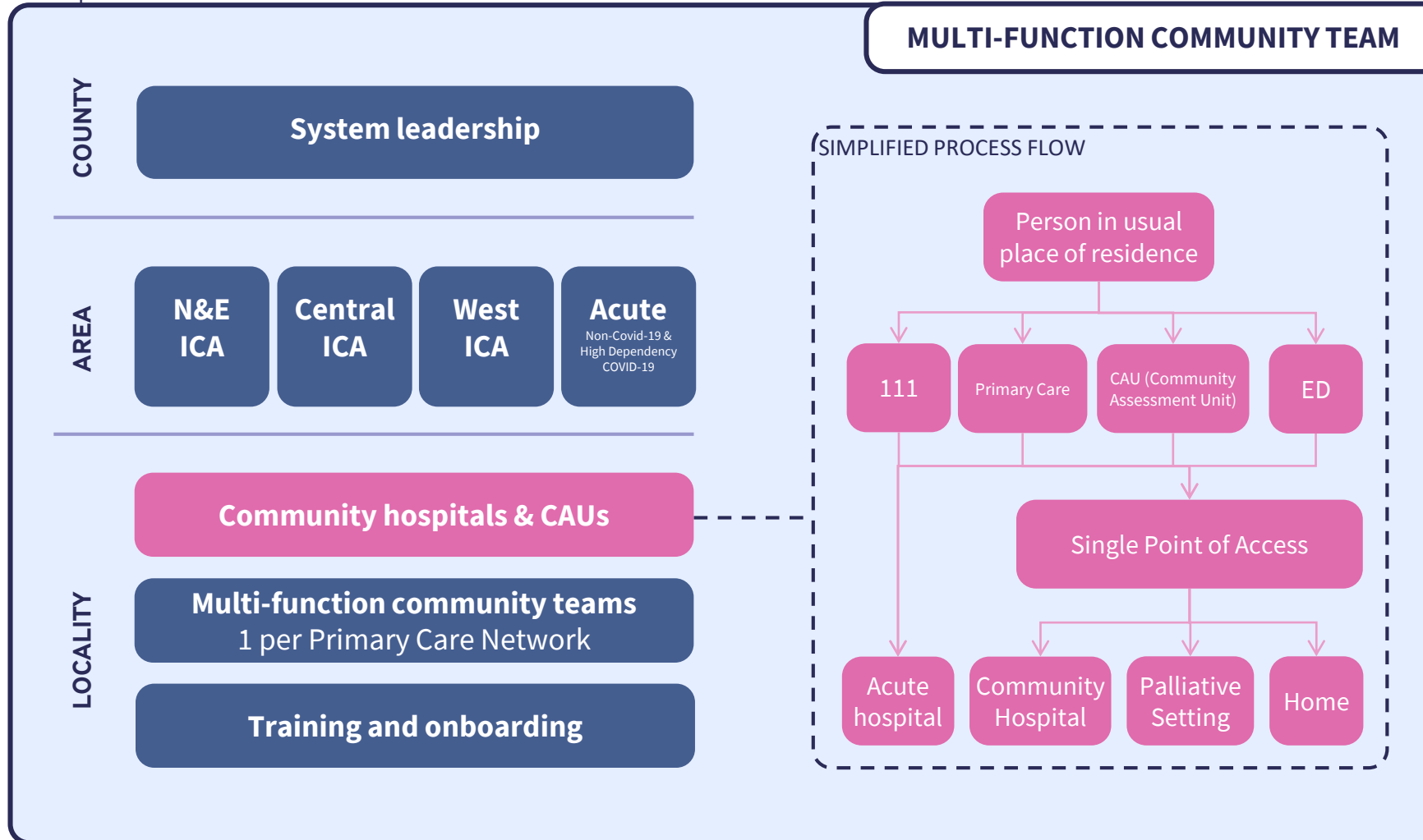
This document applies the programme delivery structure shown to the right, and uses the following key principles to maximise the chance of successfully delivering the required service

- Flexible decision making
- Coordinated response



Place-based crisis response through integrating community teams

The current indication from senior leaders is to move to a place based operating model, led by the area directors, allowing increased flexibility and more dynamic decision making. Within each ICA, the community teams would work as MDTs to deliver the required services. The Acute facilities at Treliske would be reserved for High Dependency cases and non COVID-19 responses where possible.



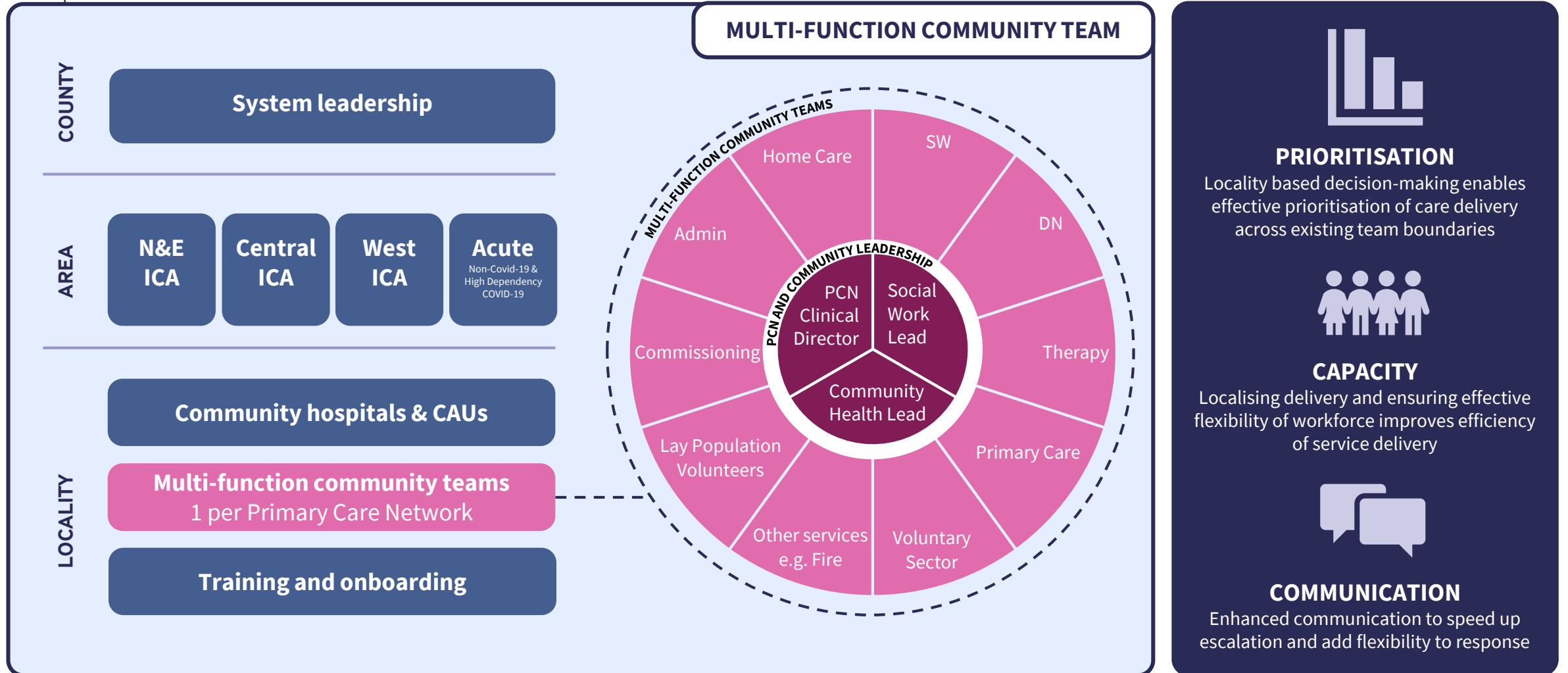
PRIORITISATION
Locality based decision-making enables effective prioritisation of care delivery across existing team boundaries

CAPACITY
Localising delivery and ensuring effective flexibility of workforce improves efficiency of service delivery

COMMUNICATION
Enhanced communication to speed up escalation and add flexibility to response

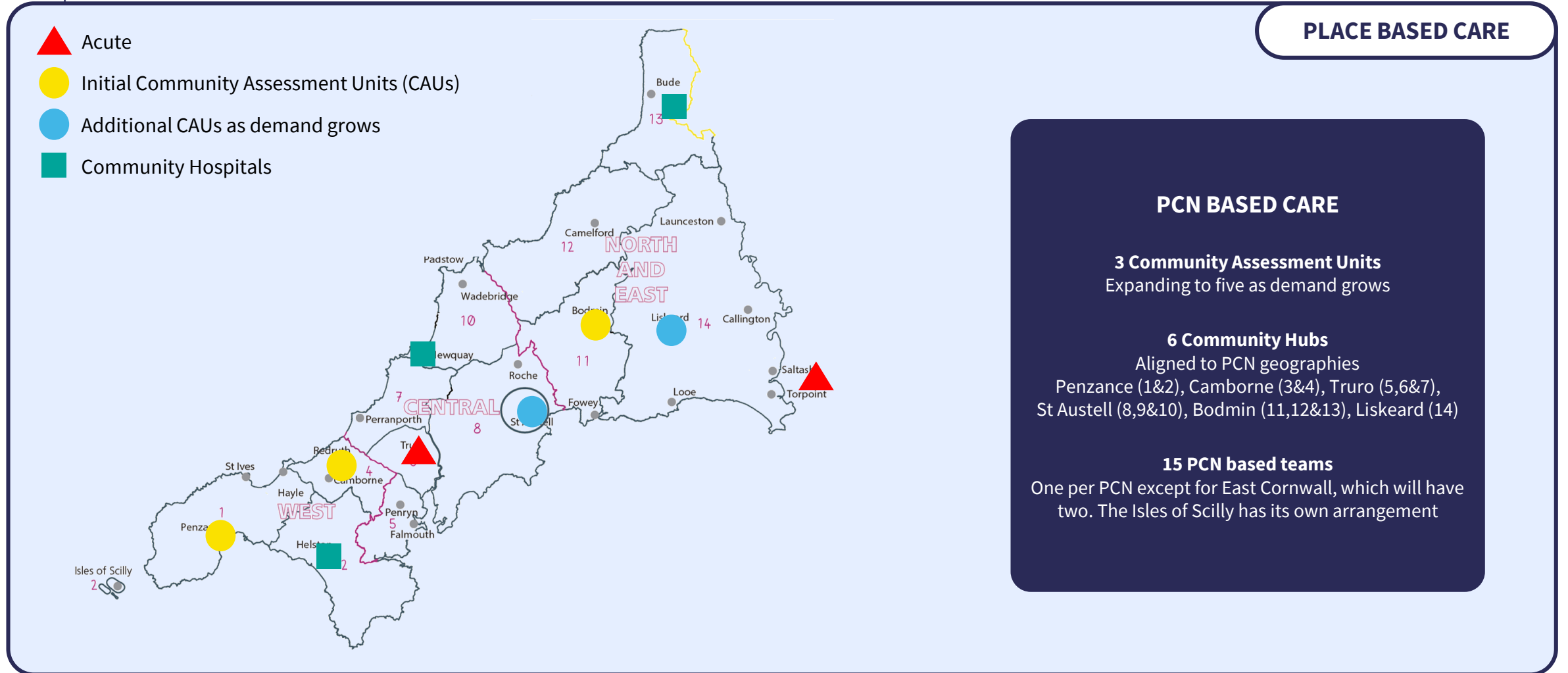
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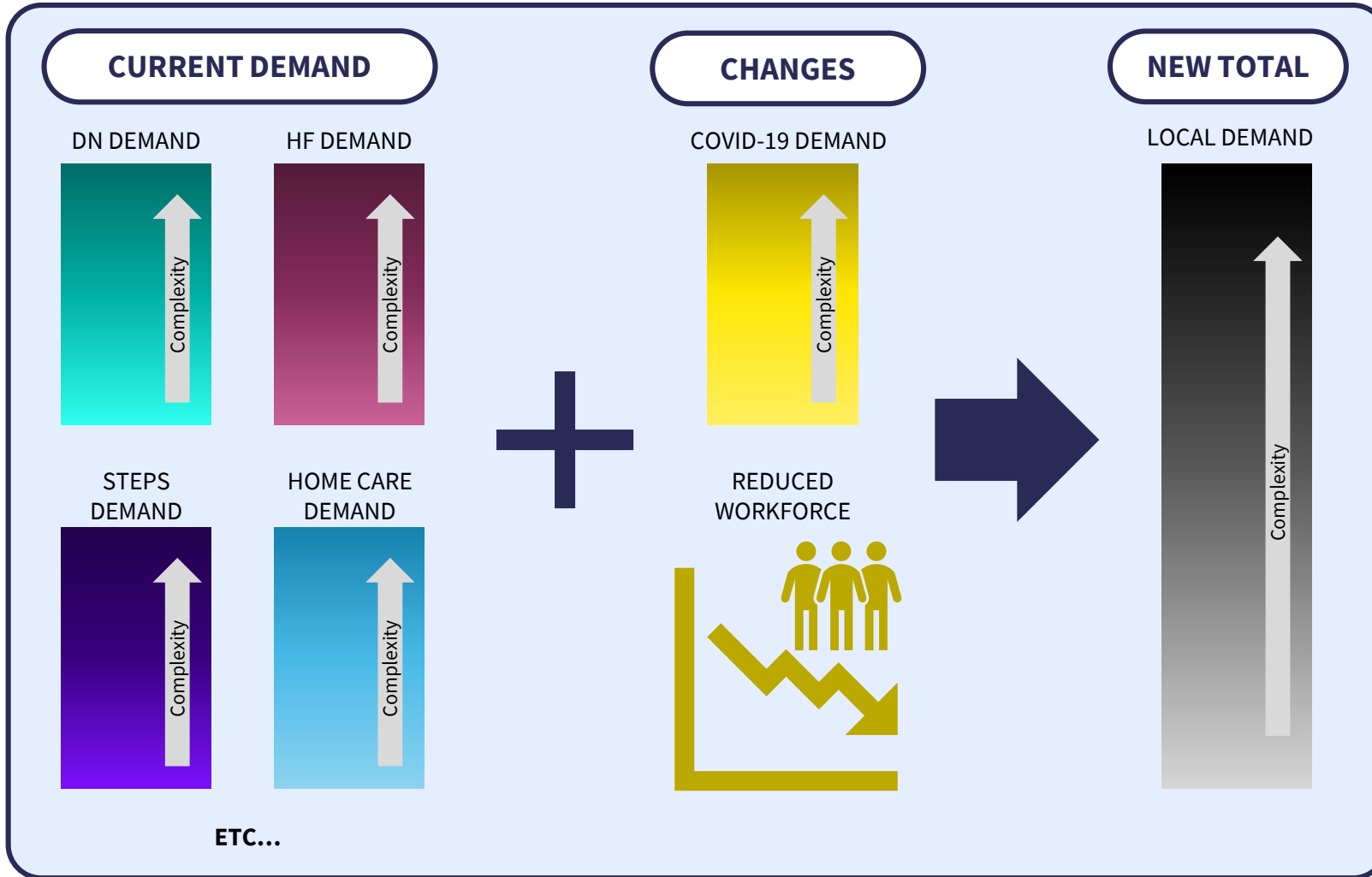
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Process: Changes to both workforce and demand will require a different way of prioritising and allocating work



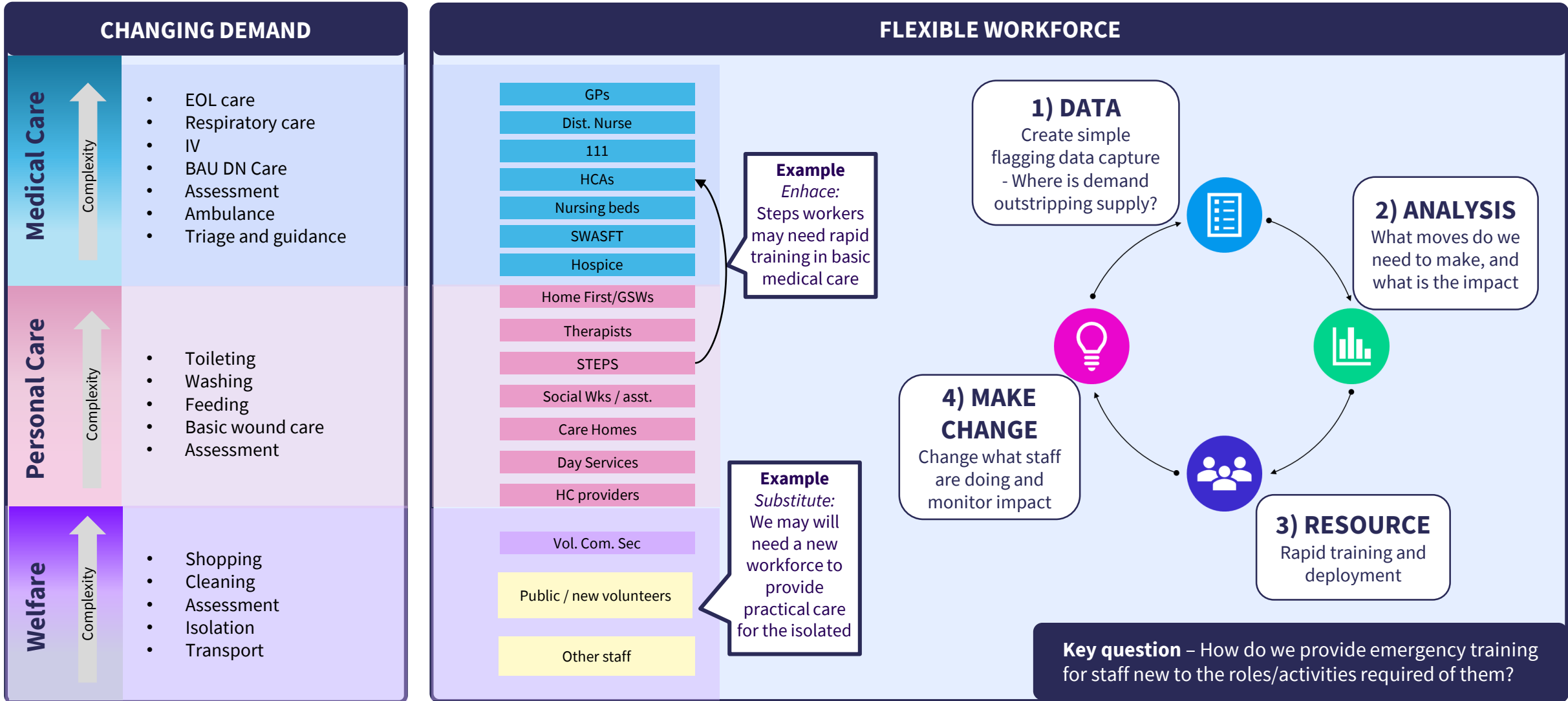
KEY PROCESS CHALLENGES

Prioritisation of Work
Who makes this decision?
What guidance and support is required?

Allocation of Work
Maximising use of resources
Highly responsive to changes in demand and supply



Capacity & Capability: An effective response will require continual, active matching of workers with people they can help

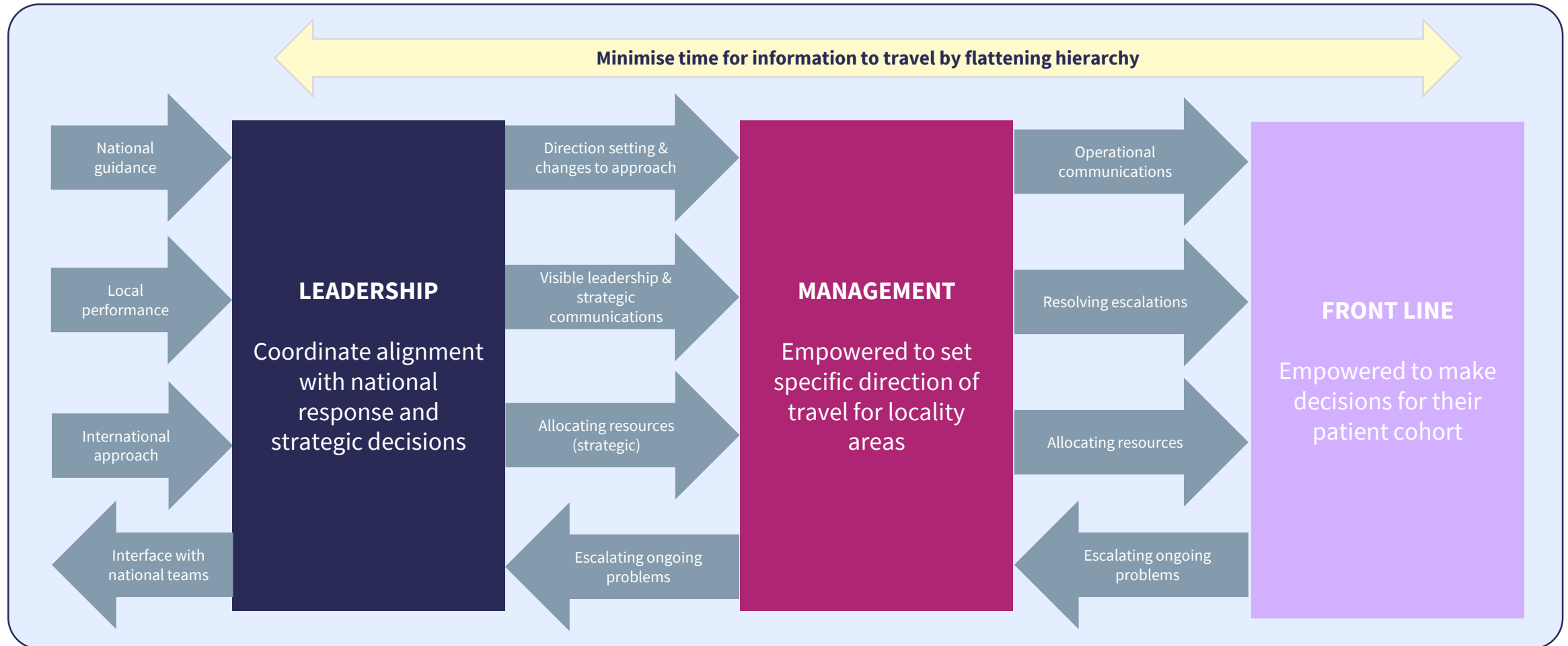




Leadership & Management: Clear, quick and effective communication routes will be key

Risk of system becoming overwhelmed by volume of information, ineffective or slow communications, lack of action, waiting for permission. Minimise risk by:

- Targeting quick, localised decision making through empowering local teams
- Breaking down areas of leadership responsibility to avoid everyone needing detail on all areas





Physical Environment: A dynamic response will be required

Ensuring the physical environment and equipment is aligned to support delivery of care

Locations of care

- Community Assessment Units
- Palliative Facilities
- Community Hospitals
- Hot and Cold Primary Care facilities (TBD by PCNs)

Ensuring sufficient capacity considering:

- Control and communication of changes of use
- Infection control
- Conversion of estate function
- Hours of operation
- Transport options
- Locality based vs. central
- Contractual restrictions

Locations of planning

- Community Control
- Locality and PCN operational hubs
- Hours of operation
- Transport options
- Connectivity
- Remote access and operation
- Decision recording
- Minimised face to face activities

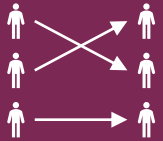
Equipment

- Access to IT
- Remote access
- Pharmacy
- Consumables
 - Volumes
 - Delivery
 - Stock management



Systems & Data: Getting this right will enable the right decisions to be made

KEY OBJECTIVES



Matching capacity to demand without duplication of visits



Single point of truth to enable staff to provide care



Monitoring and problem identification

CONSIDERATIONS

- Which systems do we have that could help us deliver on this?
- What are the information governance implications?
- What resource do we need to support this part of the response?

POTENTIAL INFORMATION FLOWS

