



Leicestershire
County Council

Leicestershire County Council's Winter Plan for Adult Social Care

2020

Context

The Adult Social Care COVID-19 Winter Plan 2020-2021 was published on 18th September 2020. The plan sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. The Winter Plan identifies 75 actions for local authorities under four key themes of:

- Preventing and controlling the spread of infection in care settings
- Collaboration across health and care services
- Supporting people who receive social care, the workforce, and carers
- Supporting the system

Each Local Authority was asked to confirm to DHSC by the 31st of October that they have a local version of Winter Plan in place.

The Leicestershire Winter Plan closely follows the format of the Government's overarching Winter Plan and sets out against the key action identified for Local Government the activities in place within Leicestershire to address this issue and identifies the lead officers responsible to take this action forward. We have also worked with our partners across Leicestershire, Leicester City and Rutland to create plans that for consistency follow the same format

In addition to this Winter Plan the Council also implements an annual plan to manage the additional pressures associated with winter such as cold temperatures, dangerous driving conditions and a peak in hospital admissions due to flu, falls and other winter illnesses. This plan also incorporates the increased requirements for Adult Social Care due to the COVID-19 pandemic. The plan addresses issues and concerns the public may have and aims to provide assurance to users of our services, their carers, providers of support and other strategic stakeholders that we are working very hard to keep people safe and well throughout the winter months.

Theme 1:

Preventing and controlling the spread of infection in care settings

Actions

- Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors
- Directors of public health should work with relevant partners including Public Health England and local health protection boards to control local outbreaks and should refer to the contain framework
- Work closely with Leicestershire's Public Health Local Community Infection Prevention and Control Service (LACIPCS)
- Support care homes, home care and other providers (as necessary) that are working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national level.

We will

- Produce Bulletins as often as required and at least weekly to communicate with both contracted and non-contracted providers in Leicestershire to update them on issues pertaining to COVID-19. <https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus/e-bulletins-for-care-providers>
- Work with all relevant national, regional and local partners to control local outbreaks. This has been particularly evident with the swift action taken to control outbreaks in Oadby and Wigston, to monitor Blaby closely and to respond to outbreaks in care settings, schools and other public places.
- Continue to work closely with our care homes to ensure that residents with COVID-19 can be safely isolated from the other residents to prevent outbreaks occurring and ensure that people who no longer require hospital treatment can return to an existing or new care home placement to complete their isolation period. As a contingency measure we have access to interim community hospital beds, supported by Leicestershire Partnership Trust, for those who are COVID-19-positive or symptomatic and who cannot return from an acute hospital ward to their home in the community or existing care home residence to complete their isolation.
- Develop, promote and support the delivery of infection prevention and control training to care providers across the system including care homes, supported living, extra and home care and further establish monitoring and review systems to maintain good practice.
- Conduct thematic reviews and share the learning outcomes across the whole health and social care economy locally and regionally

Lead Officers: Kate Revell, Mike Sandys

Reporting to: Provider Capacity Cell, Infection Prevention Control Cell

MANAGING STAFF MOVEMENT

Actions

- Consult the guidance available on redeploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff and Inspired to Care for recruitment support
- Continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement
- Provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate
- Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff movement

We will

- Work with Infection Prevention Control and the Council Communications team to identify key messages that are relevant and helpful to ensure the safe management of staff movement. For example, with redeploying staff, managing staff shortages and planning for winter related pressures. We will communicate this through the bulletins as well as fortnightly calls the Department has with providers. There is a dedicated infection control section on the Leicestershire County Council Website where all resources can be easily accessed <https://www.leicestershire.gov.uk/coronavirus-covid-19>
- Sign post providers to other agencies such as the CCG, after considering all other options such as mutual aid and bank staff.
- Support providers to complete the capacity tracker and contact those providers who have significant changes / concerns in their return. This will ensure action is taken efficiently with any anomalies or issues around staff movement.
- Promote the use of Infection Control Funding locally to support this.

Lead Officers: Dave Pruden, Olivea Allegrini-Jones, Natalie Smith

Reporting to: Provider Capacity Cell

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Ensure that care providers follow national guidance and receive updates on the use of PPE through all the communication channels mentioned previously, including recommendations for those providing support to people with learning disabilities or autistic people
- Support eligible care providers (care homes and home care providers, along with some others) to access and make use of free government-funded PPE stocks where needed and in line with COVID-19 PPE guidance. Providers ineligible to register for the portal (for example, personal assistants and their individual direct payment (DP) or personal health budget (PHB) employers) will be supported through Leicester, Leicestershire and Rutland's LRF
- In the event of urgent need for PPE stocks, providers should initially use the National Supply Disruption Response (NSDR) and then contact their LRF to access a free emergency supply
- Report PPE shortages via the Capacity Tracker and/or the CQC community care survey

We will

- Continue to promote relevant guidance to providers and our in-house teams that utilise PPE through bulletins, online training and virtual meetings
- Publicise the Council's provider web pages that have training materials and guidance to support the correct use of PPE, such as a donning and doffing video
- Produce a detailed PPE plan and robust measures to support providers in a targeted way to access PPE.
- Promote government funded PPE stocks through the portal to providers and the Local Resilience Forum (LRF) to the DP, PHB recipients and Personal Assistants who can obtain free PPE
- Work with LRF partners to ensure that the LRF stock is managed and administrated effectively to mitigate any risk of PPE shortages and where such are identified that they are reported promptly to manage local stocks efficiently

Lead Officers: Ros Speight

Reporting to: PPE Cell

COVID-19 TESTING

Actions

- Support testing of staff and residents in care settings including care homes, supported living, extra care and home care
- Ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and, together with NHS organisations, provide local support for testing in adult social care, if needed
- Actively monitor their local testing data to identify and act on emerging concerns, including following up with care providers that are not undertaking regular testing, as per the guidance

We will

- Continue to ask care providers (through a weekly online questionnaire) about their testing regimen, results and any issues they have so that these can be reported and action can be taken where required
- Robustly monitor local testing data and act upon any anomalies along with supporting the care market who are not testing regularly
- Promote our rapid testing service for Social Care Staff so the need for self-isolations are reduced
- Promote the role Leicestershire's PH LACIPCS that additionally supports residential care providers and infection control nurses from the local CCGs as "training the trainers" to support care homes, home care and other providers on the recommended approach to Infection Prevention Control, PPE usage and testing advice
- Undertake regular monitoring calls to care homes, home care and other providers with an active outbreak following notification from Public Health England (PHE).
- Continue with whole home testing for both care home residents and staff acting as an early warning system alerting them of new cases
- Continue to deliver ongoing specialist IPC advice, support and monitoring for care providers with identified outbreaks
- Roll out testing to supported living settings, currently as a one-off, but this will be reviewed as necessary.
- Look to put in place additional testing sites across the county and plan to set up at least one per district.

Lead Officers: Mike Sandys

Reporting to: Infection Prevention Control Cell

SEASONAL FLU VACCINES

Actions

- Work with the LLR STP Seasonal Flu and COVID-19 Vaccination Board and local partners to ensure a consistency of approach across the system that encourages and facilitates the delivery of flu vaccines to social care staff and residents in care homes, home care and other care provision
- Support communication campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine and that this is shared with Community Pharmacy and GPs.
- Direct providers, personal assistants and Shared Lives carers for example to book an appointment at local vaccination venues such as Community Pharmacists
- Ensure that staff and people in “at risk” categories are encouraged to book an appointment with their GP.

We will

- Implement communication and delivery plans to ensure people who are eligible receive a free flu vaccine.
- Work with Leicestershire’s Public Health team in the promotion and roll-out of the authority’s seasonal flu campaign, encouraging and enabling staff to take-up the offer of a free vaccination.

Lead Officers: Ros Speight

Reporting to: Provider Capacity Cell

Theme two: Collaboration across health and care services

SAFE DISCHARGE FROM NHS SETTINGS AND PREVENTING AVOIDABLE ADMISSIONS

Actions

- Jointly commission care packages for those discharged (including commissioning of beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority
- Establish an Executive Lead for the leadership and delivery of the discharge to assess model
- Establish efficient processes to manage CHC assessments in line with the guidance on the reintroduction of NHS continuing healthcare (as well as the discharge guidance), which includes extending the use of the Trusted Assessor Model and digital assessments
- Secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support
- Work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support around discharge from hospital and subsequent recovery

We will

- Implement the D2A (Discharge to Assess) process from 1st September as required and detailed in the revised discharge guidance.
- Work with partners in hospital to identify the patient's need prior to being medically fit for discharge to avoid delays in transferring them out of hospital
- Ensure capacity to support Care Act, CHC and other relevant assessments post discharge and following a period of recovery
- Work closely with the Commissioning Support Unit to manage CHC assessments in line with Framework timescales
- Work with partners to ensure people consider 'Home First' wherever possible and reduce discharges into care homes
- Work closely with CCG's to develop services to support discharge and avoid admission/readmission to hospital
- Block purchase on behalf of Leicester, Leicestershire and Rutland care home beds to meet the needs of COVID-19 positive patients leaving hospital who need an interim/short term placement

- Work with partners in the Ageing Well¹ programme to increase capacity in the Crisis Response Service by jointly recruiting additional resources to meet increasing step up and step-down demand
- Work flexibly with system partners to address issues impacting on flow of patients out of hospital
- Monitor capacity available to support discharges, escalate and manage as required

Lead Officers: Jackie Wright

Reporting to: Discharge Cell

Technology and digital support

SOCIAL PRESCRIBING

Actions

- Work closely with social prescribing link workers to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities, autistic people and people with learning disabilities
- Ensure social prescribing link workers have the support and equipment to work remotely and have access to GP information systems

We will

- Work collaboratively with health to promote social prescribing
- Undertake an engagement activity with people with Learning Disabilities and their carers to understand the impact of COVID-19 on their daily lives and to identify any potential unmet needs
- Commence implementation of innovative ways to connect people to their local resources
- Ensure our Local Area Co-Ordinator's focus on the needs and social capital of their localities

Lead Officers: Nigel Thomas

Reporting to: Digital Board

¹ Further information is available here - www.longtermplan.nhs.uk/areas-of-work/ageing-well/

Theme three: Supporting people who receive social care, the workforce, and carers

SUPPORTING INDEPENDENCE AND QUALITY OF LIFE

Actions

- Give a regular assessment of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment
- If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'

We will

- Continue to provide through our regular bulletins and conference calls advice for providers on safe visiting. Encouraging the use of tablets for video calls, window and garden visits when further restrictions are required and implementing a Visitors Policy.
- Work in partnership with providers to understand the implication of local lockdowns for visiting and producing local guidance. This will be continued in any future potential restrictions.
- Continue to issue statements on visiting guidance to all care homes. In addition, local restrictions and their impact on visiting in care homes is also communicated to care homes as and when required.

Lead Officers: Joshna Mavji

Reporting to: Provider Capacity Cell

DIRECT PAYMENTS

Actions

- Consult the new guidance for the actions that they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter
- Give people with direct payments the level of flexibility and control as envisaged in the Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need
- Support people on direct payments who employ PAs with their COVID-19 related PPE requirements.

We will

- Continue to update those people who use a Direct Payment with changes to guidance through the bulletins and where required direct mail.
- Continue to ensure people with direct payments have the level of flexibility and control that is directed in the Care Act and accompanying guidance
- Continue to operate a dedicated telephone line for people receiving a Direct Payment so that they can receive timely responses to their queries
- Continue to encourage Direct Payment users to use their payment to meet the outcomes stipulated in their support plan ensuring they have fair access to the market where capacity is reduced due to social distancing
- Continue to support Direct payment recipients to access appropriate PPE and ensure access to LRF supplies for COVID-19 related PPE and training in Infection Control Measures for PA's

Lead Officers: Christine Collingwood

Reporting to: Provider Capacity Cell

SUPPORT FOR UNPAID CARERS

Actions

- Make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help
- Follow the direct payments guidance and be flexible to maximise independence
- Ensure that assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care
- Work with services that may have closed, over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services
- Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs

We will

- Prioritise support plan reviews where the household is at high risk of carer strain/ breakdown to return people to services as quickly and safely as needed
- Continue to work with carers and providers to find suitable respite opportunities
- Review Community Life Choices on a RAG rated approach to ensure those in most need can return to a building-based service if they wish too
- Source alternative arrangements for people who cannot return to day services
- Take into consideration the needs and risks associated with carers when reviewing packages of care
- Continue to work with providers to find innovative ways to meet the needs of people in need

Lead Officers: Nicki Jarvis, James Lewis

Reporting to: Carers Board, Provider Capacity Cell

END-OF-LIFE CARE

Actions

- Ensure that discussions and decisions on advanced care planning, including end of life, should take place between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act
- Implement relevant guidance and circulate, promote and summarise guidance to the relevant providers. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the NHS website and those published by the Royal Colleges of GPs

We will

- Continue to work as a system across Leicester, Leicestershire and Rutland to support issues such as end of life care and advanced planning and publicise the latest guidance in our bulletins and provider website
- Continue to provide guidance to providers on the Mental Capacity Act and to support our social work team to undertake care plans reflective of the current pandemic's impact on the care offer

Lead Officers: Tracy Ward, Griff Jones

Reporting to: Care Home Cell

CARE ACT EASEMENTS

Actions

- Only apply the Care Act easements when absolutely necessary
- Notify DHSC of any decisions to apply the Care Act easements
- Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format
- Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights
- Follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks
- Work closely with local NHS CHC teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge

We will

- Continue to ensure our Easements Guidance is considered within any decision making about services (at this time (Nov 2020) Leicestershire County Council has not implemented any Care Act Easements)
- Continue to deliver our statutory responsibilities within the Care Act.
- Continue to follow the Ethical Framework for social care and conduct equalities assessments where any services and/or policies are changing
- Continue to work in partnership with Continuing Health Care teams to ensure the best possible outcomes for people discharged from hospital settings

Lead Officers: Lead Practitioners

Reporting to: Departmental Management Team

Supporting the workforce

STAFF TRAINING

Actions

- Ensure providers are aware of the free induction training offer and encourage them to make use of it
- Ensure providers are aware of other free training, including digital webinars and resources, offered through the LSCDG and encourage them to make use of it
- Promote and summarise relevant guidance to care providers
- Deliver learning and development digitally rather than face-to-face to internal staff, with face-to-face provision available for essential training where it cannot be delivered digitally

We will

- Communicate to providers available training opportunities and summarised guidance
- Ensure all training is digitally available to ensure it is accessible

Lead Officers: Madeline McNeil

Reporting to: Provider Capacity Cell

SUPPORTING THE WELLBEING OF THE WORKFORCE

Actions

- Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic
- Review current occupational health provision with providers in their area and highlight good practice
- Promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area

We will

- Continue our offer of daily CV sharing with the external market, which gives providers access to more staff and therefore relieving the pressures of the current workforce
- Continue support from Inspired to care around attraction, recruitment, retention and development of the workforce.
- Provide bereavement support using resources from Admiral Nurses and counselling services
- Provide emotional support for staff, including sharing of tools to help promote wellbeing and initiatives to show appreciation and boost staff morale such as clap for Leicestershire carers scheme
- Continue to offer support to providers, in partnership with Health, for dealing with End of Life issues and verifying deaths
- Deliver Mental Health First Aid Aware training as a digital offer to the internal workforce, and maintain the MHFA network for those acting as Mental Health First Aiders
- Commission specialised training to managers to support them with their own wellbeing and that of their teams
- Ensure the health and wellbeing of frontline staff (internal and external to LCC) is considered alongside any plans for return to normal services and that support is available

Lead Officers: Heather Pick

Reporting to: Workforce Board

WORKFORCE CAPACITY

Actions

- Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter
- Consult the guidance available on deploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff and Inspired to Care
- Consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary
- Support providers, in their area, to complete the capacity tracker and update their adult social care workforce data set (ASCWDS) records to help ensure effective local capacity monitoring and planning
- Make use of the thousands of people who have registered their time to become volunteers. Recruitment of volunteers can be accessed through the NHS first responders Goodsam app or by contacting Voluntary Action Leicestershire. All volunteers have been DBS checked

We will

- Continue to support providers to manage their capacity in a safe and appropriate way
- Monitor infection rates within home care staff and clients so that Public Health can consider whether testing is required to maintain staff numbers
- Continue our offer of daily CV sharing with the external market, which gives providers access to more staff, relieving the pressures of the current workforce.
- Continue support from Inspired to care around attraction, recruitment, retention and development of the workforce.
- Support the external providers with managing workforce retention and wellbeing and to take advantage of the higher level of people entering the labour market, showcasing career options within social care
- Work, in partnership with DWP, to introduce new candidates into the market, work with providers in hard to recruit locations and introduce new and innovative recruitment products to the external providers, such as the new 'Care Friends' candidate referrals
- Continue to work with educational establishments to attract future workforce
- Offer continued support to providers on a 1:1 basis to address any challenges experienced around recruitment and retention.
- Provide reduced rates from an agency preferred supplier list which will continue to be accessible to the employers

Lead Officers: Natalie Smith, Olivea Allegrini-Jones

Reporting to: Provider Capacity Cell, Workforce Board

SHIELDING AND PEOPLE WHO ARE CLINICALLY EXTREMELY VULNERABLE

Actions

- Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for 'clinically extremely vulnerable' people on the shielded persons list

We will

- Ensure people who are clinically extremely vulnerable are known and identified
- Make contact with people who identify themselves as requiring support
- Ensure people have access to food supplies, medication and other essential supplies
- Work with the voluntary sector and other partners to meet the wellbeing needs of people who require support
- Reintroduce the protocols we developed and implemented for the initial requirement to shield.

Lead Officers: Nigel Thomas

Reporting to: Community Capacity Board

SOCIAL WORK AND OTHER PROFESSIONAL LEADERSHIP

Actions

- Ensure that their social work teams are applying legislative and strengths-based frameworks (including those based on duties under the Care Act and Mental Capacity Act) and support partner organisations such as the NHS to do the same
- Ensure social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services
- Understand and address health inequalities across the sector and develop actions with partners, where required, considering the implications of higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, and people with mental health difficulties
- Review their current quality assurance frameworks and governance oversight arrangements to ensure winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work practice
- Develop and maintain links with professionals across the health and care system to ensure joined-up services
- Lead local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery

- Ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict
- Review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period
- Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice

We will

- Continue to work to ensure our assessment processes align with strengths-based practice
- Work in partnership to launch multi-agency Mental Capacity Act guidance, which has been developed by the Local Authority
- Continue to monitor and respond to themes identified by recently developed Safeguarding dashboards in response to increases in concerns for welfare referrals during the pandemic period
- Support our staff in using additional safeguarding guidance which has been developed specifically in response to COVID-19 related challenges in safeguarding practice
- Complete our comprehensive review and update of Safeguarding Adults training which will be available through virtual platforms
- Within our safeguarding training and practice continue to embed a Signs of Safety approach which promotes a person-led and outcomes focused approach
- Provide assurance to the workforce and citizens of Leicestershire that we will support them through this pandemic by publishing our Winter Plan and regularly reporting on the advancement of our Departmental Strategy
- Continue to work to identify where COVID-19 has disproportionate direct and indirect impacts on minority and disadvantaged communities, groups and individuals (citizens and LCC staff) in Leicestershire. Recognising, the vulnerabilities and risks to the safety and resilience of carers and our service users from the disease.
- Continue to work with health colleagues to monitor and understand the data to support our assessment of the equalities and human rights impacts of the disease including any potentially negative impacts of our approach during response and recovery, and based on this understanding we will continue to take steps to mitigate any risks to service users who may be affected.

Lead Officers: Lead Practitioners

Reporting to: Departmental Management Team

Theme four: Supporting the System

BUSINESS CONTINUITY PLANNING

Action

- Support services with their business continuity planning particularly in relation to severe weather to prepare and mitigate any risks for staff, teams, infrastructure (premises and vehicles) customers and the people supported
- Support multiagency meetings where severe weather impacts on service provision

We will

- Develop and share information with internal and external services during the winter and actively support their promotion through all media channels
- Circulate Met Office Alerts to ensure that both internal and external services are able to prepare and implement their plans

Lead Officers: Ros Speight

Reporting to: DMT and incident appropriate corporate and LRF Groups

FUNDING

Actions

- Provide DHSC with information about how the money Infection Control Fund has been spent by 30 September 2020
- Continue to maintain the information they have published on their websites about the financial support they have offered to their local adult social care market
- Provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions

We will

- Utilise the established systems for the collation of spend by providers to inform our initial submission to DHSE
- Publish information on local authority expenditure and funding to support the care market
- Analyse the current funding that is available to providers across the sector to ensure it is sufficient to meet the additional burden of responsibility involving COVID-19. This includes reviewing insurance, administration and testing requirements.

Lead Officers: Dave Pruden

Reporting to: Provider Capacity Cell

MARKET AND PROVIDER SUSTAINABILITY

Actions

- Work with local partners to engage with the Service Continuity and Care Market Review, and – when requested – complete a self-assessment of the health of local market management and contingency planning leading into winter
- Continue to work understand their local care market; and to support and develop the market accordingly
- Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available

We will

- Complete the self-assessment questionnaire as requested
- Discuss risks to the care market with providers through regular teleconferences
- Develop an understanding of the sustainability of the overall care market and risk to care delivery
- Act to ensure continuity of care in the case of individual provider failure.

Lead Officers: Kate Revell,

Reporting to: Provider Capacity Cell

CQC SUPPORT: EMERGENCY SUPPORT FRAMEWORK AND SHARING BEST PRACTICE

Actions

- Work with the CQC to promote and inform providers about monitoring processes

We will

- Continue to promote the CQC monitoring processes through our regular communications with providers

Lead Officers: Natalie Smith

Reporting to: Provider Capacity Cell

LOCAL, REGIONAL AND NATIONAL OVERSIGHT AND SUPPORT

Actions

- Write to DHSC by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and community sector organisations where possible
- Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops
- Continue to champion the Capacity Tracker and the CQC community care survey and promote their importance as a source of data to local providers and commissioners
- Establish a weekly joint communication from local directors of adult social services and directors of public health to go to all local providers of adult social care, as a matter of course, through the winter months

We will

- Engage with providers and users of services about our plans for the winter through our fortnightly conference calls
- Continue to support providers with the Capacity Tracker
- Continue to produce information bulletins with Public Health and Adult Social care key messages
- Publish our Draft Winter Plan and ensure the DHSC are notified of this by 31st October 2020

Lead Officers: Kate Revell

Reporting to: Provider Capacity Cell

CARE HOME SUPPORT PLANS

Actions

- Develop care home support plans that determine:
 - a. Whether care homes were able to implement infection prevention and control measures
 - b. If they have access to support, including clinical support from primary care
 - c. The expanded offer of COVID-19 testing for all residents and asymptomatic staff
 - d. Their overall supply of medical and personal protective equipment and training to use it effectively

We will

- Help providers to develop the support plans, providing guidance and support.

Lead Officers: Kate Revell

Reporting to: Provider Capacity Cell

