

## Cabinet

---

**Date of Meeting:** 1<sup>st</sup> December 2020

**Report Title:** Adult Social Care: Our COVID-19 Winter Plan 2020/21

**Portfolio Holder:** Cllr. Laura Jeuda (Adult Social Care and Health)

**Senior Officer:** Mark Palethorpe, Executive Director of People – Director of Children's Services and Director Adult Social Services

---

### 1. Report Summary

- 1.1. The following report has been produced to provide Cabinet with an overview of the council's response to the government's publication of the policy paper entitled 'Adult social care: our COVID-19 winter plan 2020 to 2021' and the actions which have taken place locally. Appendix 1 contains the letter from The Association of Directors of Adult Social Services (ADASS) received on 19/09/2020 which outlined the winter planning requirements and Appendix 2 details the Cheshire East Council COVID-19 Winter Plan 2020/21 with the requirements noted by the government's policy paper and the local actions taken to date.

### 2. Recommendation

- 2.1. That Cabinet note the content of this report and is satisfied that measures have taken place to meet the government's winter planning requirements.

### 3. Reasons for Recommendations

- 3.1. The recommendation ensures that the appropriate local actions have taken place. One of the actions noted from the government's winter plan is that the local authority writes to the Department for Health and Social Care 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. The local authority wrote to the Department for Health and Social Care on 27 October confirming that we had a winter plan in place.

#### **4. Other Options Considered**

- 4.1. No realistic alternative is available, the Department for Health and Social Care published the adult social care winter plan. The plan incorporates the Government's actions/recommendations and seeks to support social care through the next six months.

#### **5. Background**

- 5.1. The health and social care system in Cheshire East has faced unprecedented pressure as a result of the COVID-19 pandemic. We have seen the very real impact on people's lives. As at 14/10/2020 the rate of positive cases for the previous seven days for Cheshire East was 158 per 100,000 population. This is above the England average of 150.1/100,000 cases. New restrictions were placed on Cheshire East residents from 14/10/2020, in response to a sharp increase in the number of coronavirus (COVID-19) cases in the borough.
- 5.2. Thousands of people across Cheshire East rely on the care sector to provide them with the support they require to live their everyday lives. Nationally, two thirds of people living in care homes for the over 65's are over 85, with around 70% living with dementia. Over a quarter of a million people under 65 also receive support, whether for Mental Health, for Physical Support or Support Living with Learning Disabilities. This can be through Supported Living arrangements, Accommodation with Care, Direct Payments or through wider community support services. (COVID-19: Our action plan, 16th April 2020). More locally, we have 92 homes (Residential and Nursing) across Cheshire East; 59 Care at Home Providers (8 of which are Prime Providers) and 73 Complex Care Providers.
- 5.3. A number of winter plans have been developed and enacted as part of the process of responding to increased demand for services through the coming months. This also includes increased pressure as a result of COVID-19. These plans include; seasonal flu & winter resilience plans.
- 5.4. A regional seasonal flu plan has been developed, every year NHS England commission a seasonal Influenza vaccination programme to protect individuals from the flu, preventing severe illness and avoidable deaths, as well as avoiding the occurrence of a flu pandemic which would have a severe impact on NHS services. This plan ensures that there is a

comprehensive seasonal 'business as usual' plan and is not the pandemic flu plan.

5.5.A Winter Resilience Plan Cheshire for Cheshire has been produced for the period of 2020/21. The Cheshire Wide winter plan addresses the needs and challenges of the Cheshire Health and Care system during the winter of 2020/21 in the context of our 5 Year Place Plans. The plan presents an integrated approach to the delivery of additional services to meet surges in demand. The plan outlines how the system is working together to ensure patients receive the right care safely and we support more patients in their own homes whilst ensuring flow within the acute trust.

5.6. Cheshire East Council has through the Better Care Fund established a number of schemes to support the health and social care system through the winter period. The schemes include: securing block booked beds, implementing a care at home hospital retainer, rapid response, social work support, people helping people, increased flu vaccinations, safe steps to reduce falls in care homes, a review of double handling care & spot purchasing additional care beds.

5.7. On Friday 18<sup>th</sup> September 2020 the policy paper entitled 'Adult social care: our COVID-19 winter plan 2020 to 2021' was published by the government. The document focuses on the required actions for; Local Authorities, the NHS and Adult Social Care providers when approaching the expected challenges that COVID-19 will create during this period.

5.8. The plan sets out the government's three overarching priorities for the sector during this period which are:

- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COVID-19.
- Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.

5.9. The plan sets out how it intends to do this by:

- Detailing what the government's national support will be.
- Establishing expectations of other parts of the system, including local authorities, NHS organisations, and care providers.
- Putting into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce.
- Providing a stimulus for further local winter planning and preparedness.

5.10. The plan includes recommendations and actions for the following key areas:

- Guidance on Infection Prevention and Outbreak Management
- Managing Staff Movement
- Personal Protective Equipment
- COVID-19 Testing
- Seasonal Flu Vaccines
- Safe Discharge from NHS settings and Preventing Avoidable Admissions
- Social Prescribing
- Visiting Guidance
- Direct Payments
- Support for Unpaid Carers
- End-of-life Care
- Care Act Easements
- Supporting the workforce
- Workforce Capacity
- Shielding and People who are Clinically Extremely Vulnerable
- Social Work and other Professional Leadership
- Funding
- Market and Provider Sustainability
- CQC Support: Emergency Support Framework and Sharing Best Practice
- Local, Regional and National Oversight and Support
- Enhanced Health in Care Homes
- Technology and Digital Support
- Acute Hospital Admissions

5.11. Guidance on Infection Prevention and Outbreak Management

5.12. The Department of Health and Social Care (DHSC) has worked with the National Institute for Health and Care Excellence (NICE) to develop a new guidance portal specifically for care providers, overview of adult social care guidance on coronavirus (COVID-19). In order to support the effective management of local outbreaks, DHSC will publish information about local and regional protocols and operational procedures, based on what we have learnt so far, where there is increased community transmission. Cheshire East Council continues to send weekly briefings to providers which make reference to the latest guidance and information available.

5.13. Managing Staff Movement

5.14. Effective management of staff in and between care settings is vital to restrict the spread of COVID-19 and other viruses including influenza. The plan notes that providers should utilise Infection Control Funds to meet

additional costs associated with restricting workforce movement for infection control purposes, in accordance with the conditions on which it is given by local authorities. In addition to this the plan notes that Care Homes should limit all staff movement between settings unless absolutely necessary to help reduce the spread of infection. Providers who use staffing agencies to supplement their workforce should review exclusivity arrangements as part of their preparations for the winter period. In Cheshire East we have distributed Infection Control Funds, we have asked for providers to set out proposals for cohorting and zoning.

5.15. Personal Protective Equipment

5.16. There will be some stock of Personal Protective Equipment made available to providers at no cost as part of this plan. This stock will supplement what providers currently source through existing supply chains. The policy paper sets out that free Personal Protective Equipment will be made available to Adult Social Care providers until March 2021. The Personal Protective Equipment can be accessed via the Personal Protective Equipment portal and is designed to be supplementary to what is already being purchased through existing supply chains.

5.17. An evidence bank has been set up to monitor Personal Protective Equipment issues / risks in the area since July. Cheshire East Council staff have received Personal Protective Equipment training through the CCG and we have taken on board their comments. We continue to report directly to the regional Personal Protective Equipment cell to report shortages. The region is currently collating ongoing requirement with a view to informing the Local Resilience Forum of our Personal Protective Equipment requirements. Shortages are reported to the Local Resilience Forum and Department for Health and Social Care. Positive cases in Care settings received from CTAS/Public Health England are notified to ASC Team.

5.18. COVID-19 Testing

5.19. The policy paper notes the importance of COVID-19 testing to support adult social care services. Testing helps to prevent and control the spread of the infection as well as outbreaks, this is done by breaking the chain of transmission. Nationally guidance has been produced on the testing strategy for adult social care, this includes a breakdown of the tests for various different adult social care services. The policy paper notes the government's ambition to deliver 500,000 a-day antigen testing capacity by 31/10/2020. Local government has a role in ensuring positive cases are identified promptly, ensure that providers can carry out testing in-line with national guidance. In addition to this local government has a role in

monitoring local testing data to identify and then act upon concerns, taking appropriate follow-up actions where necessary.

5.20. Seasonal Flu Vaccines

5.21. The policy paper places emphasis on the importance of the social care workforce, including personal assistants, receiving the vaccine this year to help reduce it being spread across the workforce in the midst of the ongoing COVID-19 pandemic. There is an emphasis on providers to support and promote to staff the importance of receiving the vaccination. The paper notes that providers should also encourage and enable staff to receive the vaccination which, for example, could be done within the workplace or in conjunction with a local pharmacy or GP. The paper notes that providers will also be asked to provide information on vaccination rates within staff teams as well as staff and service user vaccination status. Locally staff are eligible for a flu vaccine and these will be made available at Cheshire East wide pharmacies. We have a winter wellbeing communication campaign which has been used to promote citizens on the flu vaccine offer for Cheshire East. We are working with care homes to ensure effective up take amongst staff and service users.

5.22. Safe Discharge from NHS settings and Preventing Avoidable Admissions

5.23. More recently the Department for Health and Social sent out a letter on 13/10/2020 in relation to in designating suitable premises and care for people discharged from hospital who have tested COVID positive. The local authority is in the process of identifying appropriate premises and should conclude the process on 14/10/2020. In selecting the appropriate provider, a number of considerations were made: quality of the provider, availability of Personal Protective Equipment, assurance that staff are assigned on a willing basis and appropriate medical, nursing and therapy is available.

5.24. Social Prescribing

5.25. The policy paper notes the importance of Social prescribing link workers (SPLWs), Social prescribing link workers are medically trained and refer people to services outside of the NHS which can offer opportunities around health, wellbeing and practical and emotional support. Social prescribing link workers have are part of the Primary Care Networks, part of the role through the pandemic has been to support those people shielding or in receipt of social care. In Cheshire East a number of link workers are already in place. Link Workers have been provided with NHS emails and have access to EMIS via horizon via provided, secure laptops which are ISO27001 information security certificated. SPLWs Social Prescribing Link Worker are running remote clinics.

5.26. Visiting Guidance

5.27. The policy paper highlights the importance of care home residents being able to meet with their loved ones, in particular those residents who are on end of life care. The government has previously issued guidance, and this is scheduled to be amended in light of the recommendations that have been made as part of the winter plan. Separate guidance was also issued for visitors in supported living settings. The winter plan does not explicitly state that there will be further amendments to these. However, providers who deliver care in a supported living setting should continue to review the government issued guidance regularly to ensure they are aware of any changes. Locally the Director of Public Health has provided support and guidance to care homes on visiting guidance. We continue to review the situation in care homes and across the borough in multidisciplinary meetings 3 times a week and the public health team are in contact with both infection control teams and the care home quality team in the event of outbreaks.

5.28. A statement provided by North West ADASS on the issue of care home visiting in areas of high Covid-19 community transmission (areas of intervention). Noted that decision to allow for safe visits to care homes rests with the Registered Manager of the care home following national guidance on dynamic risk assessments, local advice and guidance and with the support of the local authority/CCG and public health teams.

5.29. Direct Payments

5.30. The Care Act 2014 allows people who receive direct payments to use them flexibly and in a way that works for them, giving them more flexibility, control and responsibility over how their care and support is arranged, providing it continues to meet their needs and keeps them safe. It has been recognised that as a result of the COVID-19 outbreak that the flexibility outlined in the Care Act 2014 needs to be maintained and that care and support may differ as a result of the pandemic. The government's policy paper notes the requirement for local authorities to take a flexible approach to the arrangement of people receiving direct payments. In addition to this the policy paper makes reference to the updated guidance on direct payments which was released on 11/09/2020. The released guidance notes how direct payments can be deployed through the winter period, personal assistants can access flu vaccination, access free Personal Protective Equipment.



5.31. Support for Unpaid Carers

5.32. Nationally there are over 5.4 million people in England providing care. The national census completed in 2011 indicated that there are 40,003 people in Cheshire East providing care. The policy paper notes the importance of continuing to recognise and support these carers over the winter period. Nationally carers are being supported through refreshed guidance, funding has been extended to a Carer's UK support line and its free flu vaccines. In Cheshire East the refreshed guidance has been translated into local actions which have been implemented, carers assessments have been provided both through face to face and through virtual mediums. Carers have been notified of the free flu vaccine. A wellbeing exercise was undertaken locally to contact every carer to make sure the following was identified: wellbeing, contingency planning, and additional care and support needs.

5.33. End-of-life Care

5.34. Providers should have regard to the guidance issued in the winter plan in delivering personalised approaches to care. This is applicable to all providers delivering end of life care irrespective of the setting that it is taking place in. The winter plan seeks to ensure that providers make every effort, wherever practicable and safe, to enable a dying person to be with their loved ones, particularly in the last hours of life.

5.35. Care Act easements

5.36. The Coronavirus Act 2020 introduced some amendments to the Care Act 2014, which included easements. These easements were introduced to streamline assessment processes in the face of increased demand on social services and/or reduced capacity within the workforce. They continue to be available to Local Authorities but are only to be enacted when deemed absolutely necessary. Cheshire East Council have not utilised the Care Act easements.

5.37. Supporting the workforce

5.38. A priority for the government remains to prevent infections and outbreaks ensuring the safety of staff and residents. Alongside the policy paper the government published a framework for local decision making in respect of visiting guidance, the framework enables local decision making following the assessment by the Director of public health and care providers. Public Health England produce a surveillance report which notes areas of intervention where visits should be stopped. Separately the Care Quality Commission will be undertaking Infection Prevention Control inspections to



ensure providers meet and adhere to Infection Prevention and control for visitors. The plan goes on to note the additional steps in place to support the workforce which includes: free induction training as well as promoting and distributing relevant guidance.

5.39. Workforce Capacity

5.40. It has been recognised that an important consideration through this winter period it is ensuring that providers have effective staffing. This includes considerations around vacancy and absence levels. A number of national actions have been taking place for example; the Department for Work and Pensions have been promoting opportunities in social care, Skills for Care has rapid response induction training to share guidance and resources to help recruit staff. The local authority has undertaken a number of local actions; reviewed contingency arrangements to help manage staff shortages through winter, issued provider briefings providing guidance on staff movement, monitor COVID-19 impact on a weekly collation of staff affected and we regularly distribute a 'how to guide' on the capacity tracker to monitor impacts on staff.

5.41. Shielding and People who are Clinically Extremely Vulnerable

5.42. Through the COVID-19 pandemic, those clinically extremely vulnerable (CEV) were notified to shield with further information set out in national shielding guidance. Shielding was paused on 01/08/2020, those clinically extremely vulnerable will be contacted in the event of any change to the position on shielding.

5.43. Social Work and other Professional Leadership

5.44. The delivery of health and social care over winter includes the practice of social care professionals to support people through new discharge processes as well as meeting the Care Act 2014 responsibilities whilst delivering good quality practice. Nationally a range of support has been identified; support of social work professionals through webinars, the creation of new senior roles, share learning and embedding good practice. In Cheshire East a range of actions have been implemented through the winter period; A strength-based approach underlines social work practice, operational calls internally and between partners to support practice, the ethical framework has been applied, data on safeguarding is collected and shared weekly.

5.45. Funding

5.46. Cheshire East received the first tranche of funding from Round 2 of the Infection Control fund on 2nd October 2020. The total funding allocation

(tranche 1 and 2) for the Borough is £4.71 million. In accordance with the guidance 80% of the funding has been distributed to eligible care homes and community care providers in Cheshire East. With regard to the 20% discretionary element of the funding, the Council has decided to also pass this directly to local care homes and community care providers for infection control and workforce resilience, with a small percentage of this (5%) retained in the first instance for contingency purposes e.g. any successful challenge from a care provider who believes they should be eligible for the grant.

5.47. Market and Provider Sustainability

5.48. COVID-19 has placed significant pressures on care providers, it is recognised nationally that there is a requirement to ensure services remain sustainable and also that providers could exit the marketplace. The government's policy paper notes the local authority duty under the Care Act 2014 to shape the provision of care ensuring that service continuity is maintained. In addition to the Care Act 2014 requirement there is also market oversight and regulation undertaken by the Care Quality Commission.

5.49. The Care Quality Commission has a number of responsibilities in relation to market oversight these include monitoring the financial health of providers. As part of these efforts to ensure market sustainability the Association of Directors of Adult Social Services have distributed a Service Continuity and Care Market Review: Self-Assessment to be undertaken by local councils. The aim of the self-assessment is to identify; what additional support may be needed, to secure sufficient, sustainable and suitable capacity over winter, and maintain continuity of provision.

5.50. CQC Support: Emergency Support Framework and Sharing Best Practice

5.51. In March 2020, the CQC introduced the Emergency Support Framework (ESF). This interim approach was put in place to lessen the burden of regulation on providers by taking a more data-driven and risk-based approach to regulation. The ESF involves gathering and sharing information to target support where it is needed most and taking action to keep people safe and to protect people's human rights. We work closely with CQC to keep providers updated. The Emergency Support Framework was shared with Cheshire East Council and acted upon where appropriate.

5.52. Local, Regional and National Oversight and Support

5.53. The national policy paper notes that local authorities were asked to review or put in place a Care Home Support Plan, this was the condition to access

the Infection Control Fund. In Cheshire East we have put in place a winter plan and we have implemented a Care Home Support Plan. The first tranche of funding was distributed. We continue to have a risk-based approach in place locally via the Quality Assurance and Contract Management Team. Where required Quality Assurance visits will be undertaken to Homes to seek additional assurance if required. Attendance at Regional Local Resilience Forum calls and any supplementary calls linked to Providers are covered by the Quality Assurance team. We have nominated champions within the local authority to promote and champion the use of the capacity tracker. Our champions promote the importance as well as notifying providers of any changes.

5.54. Enhanced Health in Care Homes

5.55. The government through its policy paper notes that from 01/10/2020 that Primary Care Networks will work with community healthcare providers and will be responsible for delivering the Enhanced Health in Care Homes framework. The requirement of Primary Care Networks are to ensure that; care homes receive timely clinical advice for care home residents, each and every care home will have a clinical lead identified and this will be support through weekly multi-disciplinary team support. The Primary Care Networks will provide support with suspected or confirmed COVID-19 cases for care home residents. In addition to timely access and support, care homes will be provided with oximeters, training and development, support with data, IT and technology.

5.56. Technology and Digital Support

5.57. As a result of COVID-19 there has been a transition towards more digitally enabled services. This shift has included the digital provision of health information, advice and clinical support. In addition to this technology and digital support has been used to keep care home residents stay connected with family and friends. The government's policy paper notes the further deployment of NHSmail and Microsoft Teams for all care providers. The plan notes that support should be provided to care home providers so that they can access broadband where required. Finally, regular updated support on will be made available online and tablet devices will be made available so that care home staff can access remote health consultations.

5.58. Acute Hospital Admissions

5.59. Recovery of elective care is a priority for the NHS and clear guidance on accelerating the return of non-COVID-19 health services has been issued to systems and trusts in the NHS Phase 3 letter. The NHS have been asked to ensure that personalised care and support planning is at the heart

of decision making. Guidance has asked that NHS settings take a risk-based approach to routine admissions for elective care and advise patients about appropriate testing and/or isolation requirements pre-admission. CCG GPs are aware of and following the national Standard Operating Procedure for general practice in the context of COVID-19, including risk-based admissions for elective care. GPs to follow local Trust guidance regarding appropriate testing and/or isolation requirements.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. The COVID-19 winter care plan will comprise a number of mechanisms to ensure resources are targeted in accordance with Government objectives in fighting the COVID- 19 pandemic, both from a central and local perspective.
- 6.1.2. Resources will be delivered using grants, s75 pooled funds and various contractual mechanisms. It will be necessary to provide legal advice and issue appropriate formal documentation to protect the Council from legal liability, to protect its interests and reputation and to ensure that scarce resources are properly directed and not misused.
- 6.1.3. Legal risks exist around a number of areas including grant conditions, state aid, procurement law, third party provider obligations and health & safety. Advice will be tailored according to the mechanisms through which the resources are to be directed and implemented.

### **6.2. Finance Implications**

- 6.2.1. Cheshire East received the first tranche of funding from Round 2 of the Infection Control fund on 2nd October 2020. The total funding allocation (tranche 1 and 2) for the Borough is £4.71 million. In accordance with the guidance 80% of the funding has been distributed to eligible care homes and community care providers in Cheshire East. With regard to the 20% discretionary element of the funding, the Council has decided to also pass this directly to local care homes and community care providers for infection control and workforce resilience, with a small percentage of this (5%) retained in the first instance for contingency purposes e.g. any successful challenge from a care provider who believes they should be eligible for the grant.
- 6.2.2. The initiatives proposed in the winter plan will be funded through a number of sources. These include direct grants received from Central Government (such as the Infection Control grant) and also, individual strands of the Better Care Fund, for example, the Winter Pressures

grant. It is envisaged that all elements of the plan will be fully funded through these sources and therefore no changes are required to the Council's Medium-Term Financial Strategy (MTFS) in respect of the affordability implications of these investments.

### **6.3. Policy Implications**

6.3.1. The government's policy paper has had a number of implications across policy within Cheshire East Council, the policy paper notes the challenges faced as a result of increased pressure from COVID-19 and winter pressure. The policy paper includes over 23 areas of practice which have been impacted. The Local Government Association has produced a gap analysis template which highlights that local authorities should implement over 80 actions.

### **6.4. Equality Implications**

6.4.1. The policy paper has a focus on ensuring that the right support is offered to the right people at the right time, that service users and staff are protected, and that people remain connected throughout winter and the pandemic. In particular the plan notes the importance of ensuring 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.

6.4.2. The North West Association of Directors of Adult Social Services Black, Asian, and minority ethnic toolkit is an exemplar of best practice. This has been shared with staff across the sector. The higher prevalence of COVID-19 in Black, Asian, and minority ethnic communities and the inequalities experienced by people with LD, Autism and mental ill health is recognised and central to discussions with partner agencies.

### **6.5. Human Resources Implications**

6.5.1. The adult social care winter plan notes a number of actions undertaken by the local authority and partners. The plan also describes a number of ongoing actions undertaken by public health, infection control and quality assurance teams.

### **6.6. Risk Management Implications**

6.6.1. The council completes the production of a weekly COVID-19 highlight report which includes the impact of COVID-19 on a range of adult social care services. The report is separated into the main key care domains: Complex Care & Supported Living Network, Care at Home, Accommodation with Care, Extra Care Housing. The report will also

cover the following key areas: Personal Protective Equipment, Accommodation with Care Bed Vacancies, Care at Home Provider Capacity, Rapid Response Service, Brokerage Position Statement.

#### **6.7. Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

#### **6.8. Implications for Children & Young People/Cared for Children**

6.8.1. The plan refers to a number of adult social care services which include all age services such as carers. The local authority also collects the impact on a range of adult social care services on a weekly basis to better understand the impact on service users and staff.

#### **6.9. Public Health Implications**

6.9.1. The planned actions being undertaken by the local authority note the role of the Director of Public Health in relation to visiting guidance for Care Home visitors. In addition to this there is a public health role in controlling local outbreaks and referencing the contain framework. The plan notes that Regular testing reports are received from the Regional Coordination team to consider local testing data and to identify and act on emerging concerns. Public Health staff attend the weekly C&M Testing Cell meeting. Finally, the plan notes the regular provider briefings which have and continue to be issued throughout the COVID-19 outbreak.

#### **6.10. Climate Change Implications**

6.10.1. Cheshire East Council published its environment Strategy for the period 2020-24. The strategy includes the following notions; sustainable purchasing, waste reduction and sustainable transport. The plan refers to guidance on shielding for those clinically extremely vulnerable with guidance to be released should the national or local position change.

### **7. Ward Members Affected**

7.1. The implications are borough wide.

### **8. Consultation & Engagement**

8.1. Consultation & engagement has taken place with partners during the production of the winter plan. Partners have provided information to inform the report and have been consulted through the Better Care Fund Governance Group.

## **9. Access to Information**

- 9.1. Adult social care: our COVID-19 winter plan 2020 to 2021, Published 18 September 2020: <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

## **10. Contact Information**

- 10.1. Any questions relating to this report should be directed to the following officer:

Name: Alex Jones

Job Title: Better Care Fund Programme Manager

Email: [Alex.T.Jones@cheshireeast.gov.uk](mailto:Alex.T.Jones@cheshireeast.gov.uk)