

Appendix one – ADASS letter received 19/09/2020 regarding Adult Social Care Winter Plan

Dear Mark,

Re: The Adult Social Care Winter Plan, Local Outbreaks and Contracts/ Communication with Care Homes

First of all, I want to recognise the scale of the commitment that I know ADASS members and their teams are showing to the people we serve and to our local communities during the on-going pandemic. I know you have all been doing this relentlessly for six months and that the signs are that this winter could be more difficult than any we have known. Our intellects, courage and energy will no doubt be tested further. Our shared values and commitment to do the right thing for people needing care and support, their families and the staff who care for them will be the anchor in what will no doubt be difficult decisions to come.

As you will be aware, late on Friday night, the Department for Health and Social Care published the [adult social care winter plan](#). The plan incorporates the Government's response to many of the recommendations of the adult social care taskforce which has been chaired by David Pearson, which I have been involved in and which I and my trustee, Regional Chair colleagues and the staff team have sought to influence and shape over recent weeks. The plan seeks to support social care through what promises to be a very difficult 6 months. The Department has also published the taskforce report and a number of supporting documents which you can find [here](#). We will be analysing the taskforce report over the coming days, but I wanted to share the immediate topline from the plan.

The headlines have been well trailed in the press over recent days, but it good to see them set out formally in the plan:

- Confirmation of the continuation of the Infection Control Fund, with an additional £546 million being allocated 'to support providers to stop all but essential movement of staff between care homes to prevent the spread of infection' – including payment of staff who need to self-isolate.
- Requirement for local authorities to distribute extended Infection Control Fund funding as quickly as possible and report on its use.
- Free PPE for 'care workers and people receiving social care' until 31st March 2021 for all CQC registered adult social care providers (via PPE portal and LRFs) and a commitment to also support the wider PPE needs of the sector.
- Further measures to reduce the risks associated with visiting in care homes, which seeks to balance importance of visits with extra precautions to ensure adherence to social distancing and infection prevention and control measures.
- Development of a new designation scheme with CQC for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result and the ability to designate 'areas of intervention' to prohibit visiting

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except in exceptional circumstances, notably end-of-life.

- The appointment of a new Chief Nurse for Adult Social Care to provide clinical leadership to the social care nursing workforce.
- Commitment to publish the new online Adult Social Care Dashboard, 'bringing together data from the Capacity Tracker and other sources, allowing critical data to be viewed, in real time, at national, regional and local levels by national and local government'. And an enhanced ability to monitor care home infections and enable quicker local responses.
- Proposals for strengthened monitoring by local authorities alongside CQC and CCGs and regulation and enforcement by CQC where there are quality or safety concerns (such as around staff movement, or, as highlighted in their report this week [incorrect or non-use of PPE](#)). The Department has stated that it will set out separately how the winter plan will be enforced in due course.
- A commitment to improve access to testing and testing flow.
- An additional 500 CQC inspections focused on infection prevention and control and follow-up on all high-risk services and monitoring targeted infection.
- Access to free flu vaccinations to all health and care staff, personal assistants and unpaid carers.
- Local authorities to work with social care services to re-open safely, in particular, day services or respite services, or provide alternative arrangements.
- Requirement for all local authorities to confirm in writing to DHSC that they have in place their own winter plans, which have been developed with local partners and reflect existing planning, measures to tackle inequalities, local outbreak plans and the actions contained in the winter plan.

These are just the topline and across the plan, taskforce report and supporting documents that is a lot to digest, something that we will endeavour to do over the coming days.

We have welcomed the plan, and in particular the emphasis and steps it contains to support people living and staff working in care homes. We particularly welcome the announcements regarding the extension of the Infection Control Fund, free PPE, the strong emphasis on quality and safety and the recognition of the vital role being played by our brilliant social care workforce and family carers.

However, we believe that the plan should be seen as a first step, and that whilst it recognises care at home, it is important that we focus more than it does on the experiences and safety of the around 70% of long term council funded social care clients who receive care and support in their own homes, carers and families and those who pay for their own care. We need to develop a plan to build up that support so that care homes can run with reduced occupancy (and thus be safer and more able to offer visiting), more people can be supported at home as a preference and

because that builds better for the care we want for the future. We welcome the funding to keep existing models going but will be calling for more, to support increased need and increased capacity to respond.

We also believe that the plan must be followed by meaningful reform proposals. It was disappointing to hear [Lord Bethell earlier this week informing the House of Lords that reform proposals were likely to be further delayed until 2021](#). We will continue to press on this and with partners. You can find our full media statement [here](#).

The winter plan and the wider challenges presented by Covid-19 has thrown up a number of issues which pose important questions about care and support available and the human rights of older and disabled people and their carers and families. In particular my trustee colleagues and I have been reflecting on two particular issues that face all of us in our local communities.

First, the discharge of Covid+ people and those awaiting test results to care homes and to their own homes. We understand that this poses particular dilemmas for both local authorities and providers. We strongly suggest that there should be not even a hint of blanket requirements for providers to take people who are Covid+ or whose status is not known and that the focus on providers only accepting people whose needs they can safely meet is paramount.

We worked hard with [NHSE on the Discharge Guidance](#) and the responsibilities of councils, CCGs and providers are very clear. Please do make sure that your CCGs are also following this and let us know if there are unresolvable difficulties so that we can discuss them with NHSE. I would also ask you to check very carefully any letters that are going out to providers from your Departments to make sure that they do not imply any coercion or that any additional funding could be interpreted wrongly for profit rather than to meet additional needs. To help you, your teams and providers think this through we have penned the following advice on [Zoning and Cohorting](#) and would welcome hearing your examples of alternative provision including intensive care at home.

Second, the consideration of restrictions on visiting care homes. It is important that we seek to balance the need to keep people safe with the need for people, particularly those in the last weeks and months of life, to see family members. We all know that these visits are profoundly necessary for both the physical and mental health of all those involved. Please think this through with your teams and local providers to come up with innovative approaches and solutions such as separate sections and summer houses as protected spaces.

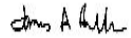
The extension of the Infection Control Fund should also mean that there is a better level of funding to enable care homes to maintain reduced occupancy so as to enable human contact at the end of life. As you see we are also seeking funding for sufficient intensive care at home to substitute if needed for lost care home places. We would also be interested in the innovative solutions that you are rolling out locally to ensure that families remain connected.

We will keep you up to date with further developments. In the meantime, I would like to emphasise that the support, knowledge, energy and encouragement that we share

with each other as part of ADASS has always been priceless and is needed now more than ever.

Thank you again to you and your teams for everything you are doing to provide care, certainty and protection for your communities.

Kind Regards,

A handwritten signature in black ink, appearing to read "James A Bullion".

ADASS President

James Bullion