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Number:

Key Decision Y

Date First Published:
09/10/2020

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 05 November 2020

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

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

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

1. Report Summary

- 1.1. The following report has been produced to provide Health and Adult Social Care and Communities Overview and Scrutiny Committee 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 one 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 two 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. Recommendations

- 2.1. That Health and Adult Social Care and Communities Overview and Scrutiny Committee notes the content of this report and is satisfied that plans and measures are in place locally 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.

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 18th 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 made 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 policy paper notes the importance of continuing to recognise and support these carers over the winter period. Nationally carers are being support through refreshed guidance, funding has been extended to a Carer's UK support line and it 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. At present, there are no Local Authorities currently utilizing these easements.
- 5.37. Supporting the workforce
- 5.38. In relation to visiting guidance the government's policy paper notes the importance of allowing care home residents to meet their loved ones. 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.

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. Provide support so that care home providers can access broadband where required. Finally, regular updated support on will be made available on line 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 a 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. 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 makes reference 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 makes reference 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 is due to take place with the voluntary sector week commencing 19/10/2020 through the Voluntary, Community, Faith and Social Enterprise (VCFSE) which is a key mechanism for engaging and coproducing new strategies, policies and services with the sector.

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

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 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.

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- 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 be 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.

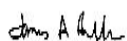
Second, the consideration of restrictions on visiting care homes. It is important that we seek to balance the need to keep people safe with the need for people, particularly those in the last weeks and months of life, to see family members. We all know that these visits are profoundly necessary for both 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,



ADASS President
James Bullion

Appendix two – Cheshire East Council COVID-19 Winter Plan 2020/21

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

Key Points - Summary of Key Local Authority Actions

Preventing and Controlling the Spread of Infection in Care Settings

Guidance on Infection Prevention and Outbreak Management		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none">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.Support care homes, working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels.	<ul style="list-style-type: none">Quality AssuranceACTION: Send weekly provider briefings, this will include information on Infection Prevention Control guidance. Ongoing	<ul style="list-style-type: none">Information and resource packs/toolkits have been developed for Care Homes and similar. This detail is discussed during Operations Calls with Senior Adult Social Care Officers, three times per week.The Director of Public Health chairs the local protection board on a fortnightly basis, this board includes representation from key partners including Public Health England, CCG, local acute trusts, IPC provider and environmental health. We liaise regularly with Public Health England through routine meetings and in the event of local outbreaks. We have collaborated with Public Health England on tabletop exercises and on outbreak control meetings as and when appropriate.Care homes are supported following an outbreak with learning reviews undertaken. Information is shared at a local, regional and national level.
Managing Staff Movement		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none">Distribute money from the Infection Control Fund, and submit returns on how the funding has been	<ul style="list-style-type: none">Quality Assurance/ Finance/Audit	<ul style="list-style-type: none">The Infection Control Fund has been distributed in accordance with guidance. A return was submitted in time for the

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<p>used in line with the grant conditions.</p> <ul style="list-style-type: none"> • 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. • 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. 	<ul style="list-style-type: none"> • ACTION: Disseminate any national guidance to providers. Ongoing 	<p>deadline on 30/09/2020. The submission showed how the funding was used by providers in line with the grant conditions.</p> <ul style="list-style-type: none"> • A sample project was completed with homes on the border of Greater Manchester (where there are local restrictions) to look at movement of staff – the result was positive in terms of what those providers were doing to mitigate risks. In addition to this we also enacted an information campaign with care homes. • A briefing was issued to providers on 24/09/2020 it summarised the winter plan's content on managing staff movement and included the need to make exclusivity arrangements with staffing agencies to minimise the risk of COVID-19 transferring between homes. Throughout the pandemic recruitment opportunities, jobs fairs etc have been shared with all providers to assist with recruitment. All future initiatives both locally and nationally will be shared with all providers. The Quality Assurance Team have recently undertaken a piece of work with providers near to areas that border on Local Authorities who have local restrictions in places who may have staff members who live in these areas. • Providers have been contacted by email to make them aware of the importance of workforce measures to limit COVID-19. We have encouraged the use of additional funding where appropriate. • The capacity tracker is regularly monitored and any concerns flagged to the Quality Assurance team to discuss action required in weekly telephone calls. Guidance has been sent to all providers in relation to limiting movement between care settings. Quality Assurance Officers collect information in relation to use of agency, block booking of staff etc and where concerns are raised the provider is moved up to red on the COVID-19 Risk Log which is kept updated and distributed to Directors weekly. 58 providers have used the grant to help restrict the movement of care workers between care settings. •
Personal Protective Equipment		
Actions		

Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Provide Personal Protective Equipment for COVID-19 needs (as recommended by COVID-19 Personal Protective Equipment guidance) when required, either through the Local Resilience Forum (if in an area where they are continuing Personal Protective Equipment distribution), or directly to providers (if in an area where the Local Resilience Forum has ceased distribution). • Report shortages to the Local Resilience Forum or to Department for Health and Social Care. 	<ul style="list-style-type: none"> • Emergency Planning • ACTION: We will continue to monitor Personal Protective Equipment for COVID-19 needs and report any shortages. Ongoing 	<ul style="list-style-type: none"> • Outbreaks in care homes and in the area are monitored closely. Any services (providers, care homes etc) logged as an outbreak are communicated to by a Quality Assurance officer and Personal Protective Equipment requirements are monitored and met. An evidence bank has been set up to monitor Personal Protective Equipment issues / risks with 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.
COVID-19 Testing		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • 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 homes that are not undertaking regular testing, as per the guidance. 	<ul style="list-style-type: none"> • Public Health 	<ul style="list-style-type: none"> • 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. • Regular testing reports received from the Regional Coordination team. Public Health staff attend the weekly C&M Testing Cell meeting.

Seasonal Flu Vaccines		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Support communications campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine. Direct providers to local vaccination venues. Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes. 	<ul style="list-style-type: none"> Public Health ACTION: Collate a list of pharmacies available as a local vaccination venue. 16/10/2020 	<ul style="list-style-type: none"> All staff will be eligible for their flu vaccine (either due to being at risk and entitled under NHS offer / For those who aren't eligible under NHS scheme, this will be available via a selection of Cheshire-East wide pharmacies, as agreed by the Local Pharmacy Committee. We aim to have a collated list of pharmacies available by early October. We have a winter wellbeing communication campaign which will update citizens on a range of topics including receiving a flu vaccine. Providers will be signposted to GPs and community pharmacies as part of our communications throughout the winter. The regional seasonal flu plan notes the eligibility of care home residents 'All registered patients aged 65 and over (including all Care Homes)'. The local authority is working with local NHS partners to ensure effective uptake of the flu vaccine. Care Homes - a proposal is also being made to the North West Flu Board, that Pharmacist be requested to undertake all vaccinations in Care Homes for both staff and residents.

Collaboration across Health and Care Services

Safe Discharge from NHS settings and Preventing Avoidable Admissions		
Actions		
Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Local authorities and Clinical Commissioning Groups (CCGs) should work together to:</p> <ul style="list-style-type: none"> Jointly commission care packages for those 	<ul style="list-style-type: none"> Local authority/CCG ACTION: Recruit 	<ul style="list-style-type: none"> The local authority and CCG work in partnership to commission services in response to local need with the local authority leading the process. The CCG have been part of the evaluation panel to appoint new Care at Home providers and more recently,

<p>discharged (including commissioning of care home beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority.</p> <ul style="list-style-type: none"> • Establish an Executive Lead for the leadership and delivery of the discharge to assess model; • Establish efficient processes to manage Continuing Healthcare 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. <p>Local authorities additionally:</p> <ul style="list-style-type: none"> • Are required to provide appropriate accommodation for people who have been discharged from hospital, if their care home cannot provide appropriate isolation or cohorting facilities, as set out in the Adult Social Care Action Plan. Every local authority should work 	<p>sufficient staff to rapidly complete deferred assessment. 31/10/2020</p> <ul style="list-style-type: none"> • ACTION: Consult with partners on the future structures of short terms services. 31/10/2020 • ACTION: Review Infection Control Funding applications to identify which care homes have indicated cohort and zone. Best practice from this action will be shared with partners/stakeholders. 30/11/2020 • ACTION: The local authority will be discussing the recommendations with providers and will be looking at ways to record implementation by providers. 30/10/2020 	<p>commissioners and contract managers within the local authority have worked collaboratively to secure care home beds in response to the increased demand resulting from the Covid-19 pandemic. The Rapid Response service is also a prime example of jointly commissioned service.</p> <ul style="list-style-type: none"> • An executive lead for the leadership and delivery of the discharge to assess model has been implemented. • Weekly calls between the local authority and the CCG have been established to monitor progress in managing Continuing Healthcare assessments. In addition to this the local authority have also set up fortnightly calls internally to ensure social work processes are prioritising the right cases. • We have agreed a workforce plan with the CCG to ensure sufficient staff to rapidly complete deferred assessments. We are recruiting additional staff which includes 2 Social workers and 1 WTE to support the financial assessment process as well as brokerage. The workforce plan was received on 05/10/2020 and recruitment is underway. • We are working with partners to coordinate activity with local and national voluntary sector organisations to provide services and support for people requiring help through discharge and recovery. The following activities are being undertaken: <ul style="list-style-type: none"> ○ Weekly multi agency rapid discharge meetings for planning and implementation of guidance ○ Monthly discharge meetings with the Trust director of Operations ○ Work with the CCG regarding planning of staffing for additional Discharge to Assess beds at Clarendon Court ○ Existing structures in place to provide staffing support for Discharge to Assess and rehabilitation community beds ○ Proactive work under way with health partners to design and participate in the SPA for management of Leighton and OOA discharges ○ Use of 6 weeks enhanced discharge funding is under way ○ Multi agency use of the electronic IDT system to simplify
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<p>with their respective CCG, to ensure that they have safe accommodation for people who have been discharged from hospital with a positive or inconclusive COVID-19 test result. Discharge funding has been made available via the NHS to cover the costs of providing alternative accommodation should consider adopting the cohorting and zoning recommendations published by ADASS, working with providers. This should include ensuring early partnership discussions with providers.</p> <ul style="list-style-type: none"> • Safety and feasibility of implementing these arrangements within their care homes. 		<p>and speed up communications between agencies for discharge planning</p> <ul style="list-style-type: none"> ○ Attendance at regular meetings with Continuing Healthcare partners to facilitate work on the Continuing Healthcare backlog and new discharges under the enhanced discharge funding. • The local authority will consider the cohorting and zoning recommendations published by Association of Directors of Adult Social Services. • An initial single site to service the north of the borough providing care home beds (based in Macclesfield), has been in place to meet this demand and support hospital discharges since mid May 2020. Due to the success of the model, the service was extended to the end of 31/10/2020 and currently we are awaiting confirmation of funding to extend the service to the 31/03/2021. The model is now being replicated in the south of the borough in Nantwich to support Leighton Hospital. The second facility is likely to be available from October 2020 and will remain in place to the 31/03/2021. This is a key example of the local authority and CCG working collaboratively to secure the right kind of service to meet increased demand. The success of this model requires the full range of wrap around services to be in place.
Social Prescribing		
Actions		
Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Local authorities and NHS organisations should:</p> <ul style="list-style-type: none"> • 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 and autistic people and people with learning disabilities. 	<ul style="list-style-type: none"> • Local authority/NHS 	<ul style="list-style-type: none"> • A number of Social Prescribing Link Workers are already in place and are good communication links in place. This gives due consideration of people impacted by health inequalities and autistic people with learning disabilities. • Social Prescribing 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

<ul style="list-style-type: none"> Ensure Social Prescribing Link Worker have the support and equipment to work remotely and access GP IT systems. 		through provided mobiles where it is inappropriate for them to be in practices due to COVID-19 safety measures. Social Prescribing Link Worker are supported through a Social Prescribing Link Worker network across a number of Cheshire East Primary Care Networks.
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Supporting people who receive social care, the workforce, and carers (Supporting independence and quality of life)

Visiting Guidance		
Actions		
Local Authority	Key Officer Area/Responsible	Commentary on Actions & links to any associated documents
<p>Directors of Public Health should:</p> <ul style="list-style-type: none"> 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'. <p>In all cases exemptions should be made for visits to residents at the end of their lives.</p>	<ul style="list-style-type: none"> Local authority 	<ul style="list-style-type: none"> The Director of Public Health has provided support and guidance to care homes as restrictions have been lifted, supporting the Care Home Quality Team. Where complex questions have arisen direct support will be given. 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. Should we move to being an 'area of intervention' we will be in a position to rapidly provide advice and guidance to care homes on visiting through the strong networks that we have developed throughout the COVID-19 situation.
Direct Payments		
Actions		
Local Authority/NHS	Key Officer Area/Responsible	Commentary on Actions & links to any associated documents
<p>Local authorities and CCG commissioners should:</p> <ul style="list-style-type: none"> Consult the new guidance for the actions that 	<ul style="list-style-type: none"> Direct Payments 	<ul style="list-style-type: none"> An internal meeting was held 06/10/20 business, finance and commissioning to review national guidance/local approach. Follow up meeting scheduled 08/10/20 with PeoplePlus commissioned

<p>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.</p> <ul style="list-style-type: none"> • 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. 		<p>provider of the Direct Payment Support Service to review and consult national guidance / local approach. On the w/c 05/10/20 telephone wellbeing exercise being undertaken to contact each Direct Payment recipient and/or their responsible person to gain views from individuals in respect of their wellbeing, contingency planning, and additional care and support needs.</p> <ul style="list-style-type: none"> • Personal Protective Equipment virtual workshops scheduled to take place on 15/10/2020 and 16/10/2020 – opportunity for Direct Payment recipients / Personal Assistants to ask questions, guidance in relation to Personal Protective Equipment. These will be supported by internal staff – contract and commissioning, Public Health and external representation from PeoplePlus.
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Support for Unpaid Carers

Actions

Local Authority	Key Officer	Area/Responsible	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Local authority• ACTION: Assessments will be updated to reflect additional needs created by COVID-19 of both carers and those in need of social care. 31/10/2020• ACTION: Face to face assessments are now taking place for carers who are unable to have a virtual assessment. Full risk assessments are in place along with	<ul style="list-style-type: none">• Any additional needs identified as a result of COVID-19 are reflected in assessments for carers and those in need of social care.• The local authority continues to follow direct payments guidance to ensure that we maximise independence. An internal meeting was held on 06/10/2020 to review national guidance to identify and implement local actions. A meeting with PeoplePlus the commissioned provider of the direct payment support service was held on 08/10/2020 to review and consult on both the national guidance and the local approach. On the week commencing 05/10/2020 a telephone wellbeing exercise was undertaken to contact each direct payment recipient and/or their responsible person to gain views from individuals in respect of their wellbeing, contingency planning, and additional care and support needs. Virtual Personal Protective Equipment workshops have been scheduled to take place on 15/10/2020 and 16/10/2020. This is an	

<p>measures to support the resumption of services.</p> <ul style="list-style-type: none"> 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. 	<p>Personal Protective Equipment and awareness training for staff carrying out face to face visits. 31/10/2020.</p>	<p>opportunity for Direct Payment recipients / Personal Assistants to ask questions, guidance in relation to Personal Protective Equipment.</p> <ul style="list-style-type: none"> Any additional needs identified as a result of COVID-19 are reflected in assessments for carers and those in need of social care. Face to face assessments are now taking place for carers who are unable to have a virtual assessment. Full risk assessments are in place along with Personal Protective Equipment and awareness training for staff carrying out f2f visits. An online offer is available offering groups and activities. Reopening of groups will be reviewed monthly. "Both in house and the majority of commissioned day services have been able to work flexibly and adapt during the pandemic to support people by offering outreach and virtual support (telephone, facetime etc). In terms of respite services these continue to be operational during the pandemic, those that have been unable to access this provision have been supported again through other methods such as outreach and virtual wellbeing calls. We have also established a Hidden Carers Service to support unpaid carers to take a break (up to 3 hours) and provide support including shopping and medication deliveries as well as information and advice."
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End-of-life Care

Actions

Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>NHS organisations and local authorities should:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Local authority/CCG ACTION: Further resources to be issued to providers in relation to end of life care as part of briefings issued to 	<ul style="list-style-type: none"> 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. This is considered to be good practice and is already in place. A Summary of winter plan guidance on end of life care has been issued to providers in briefing on 24/09/20.

<p>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.</p> <ul style="list-style-type: none"> 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. <p>All organisations should put in place resources and support to ensure that wherever practicable and safe loved ones should be afforded the opportunity to be with a dying person, particularly in the last hours of life.</p>	<p>providers. There is new guidance to be issued in relation to Care Home visitation based on the recommendations made in the winter plan. Ongoing</p>	
Care Act Easements		
Actions		
Local Authority	Key Officer	Area/Responsible
<ul style="list-style-type: none"> Only apply the Care Act easements when absolutely necessary. Notify Department for Health and Social Care 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. 	<ul style="list-style-type: none"> Local authority ACTION: Should the decision to operate under easements this will be communicated to all providers, people who need care and support, carers and local MPs in an accessible format. 	Commentary on Actions & links to any associated documents <ul style="list-style-type: none"> We have not enacted any Care Act Easements & have therefore not had to notify Department for Health and Social Care of any decisions to apply easements. Providers have been made aware of care act easements through provider briefings but as noted previously we haven't had to enact any easements. Staff are aware of the Ethical Framework for decision making in Adult Social Care and this is reinforced by Managers and through training. Adult Social Care and Continuing Healthcare Teams work closely

<ul style="list-style-type: none"> 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 Continuing Healthcare teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge. 	Ongoing	to ensure appropriate discussions and planning concerning a person's long term care options takes place. This is as early as possible after discharge. The local authority also monitors the CQC website for those local authorities operating under easements, this is discussed in a range of North West Association of Directors of Adult Social Services meetings.
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Supporting the workforce

Actions

Actions			
Local Authority	Key Officer	Area/Responsible	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none">• Ensure providers are aware of the free induction training offer and encourage them to make use of it.• Promote and summarise relevant guidance to care providers.	<ul style="list-style-type: none">• Quality Assurance• ACTION: Providers will be made aware on an ongoing basis of free induction training. The following link will be shared on all ongoing provider breifings: https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance. Ongoing		<ul style="list-style-type: none">• Cheshire East Ccouncil Contracts team sends out a weekly provider briefing which details training offers. We encourage that providers make use of the available training.• We continue to promote and summarise relevant guidance through our provider briefings which are email directly to providers.

Supporting the wellbeing of the workforce		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Quality Assurance • ACTION: Quality Assurance Officers assessments will be changed they will ask what occupational health provision is provided by providers. 31/10/2020 	<ul style="list-style-type: none"> • COVID-19 Mental Health Information Point website was developed which contains a range of information and resources that individuals can use to overcome any anxieties they may have during this time of uncertainty. https://www.cheshireeast.gov.uk/livewell/campaigns/covid-19-information-point/covid19-mental-health-information-point.aspx. • An Emotional Support for Care Staff Resource was also developed (which was sent to All Care Providers) this covered such areas as; practical tips for coping at work, tips for starting and ending a shift, Sources of support, relaxation and mindfulness links and downloadable apps. • We procured a provider called Project 5 to support the wellbeing of those staff working within the Accommodation with Care setting (Care Homes) This contract was implemented to offer each care home member of staff the opportunity to have access to such things as, wellbeing support, including self-help, coaching and short term specialist input. This will also support care home staff to find the right level of support, based on their need and will move them to a more specialist form of support as and when appropriate This will also enable the Council to evaluate the full impact that the pandemic has had on Care home staff.
Workforce Capacity		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter. 	<ul style="list-style-type: none"> • Quality Assurance 	<ul style="list-style-type: none"> • The local authority continues to review contingency arrangements to help manage staff shortages through the winter. This is ongoing across all contract areas with the relevant members of the team.

<ul style="list-style-type: none"> 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. 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. 	<ul style="list-style-type: none"> ACTION: The agency list held by the local authority will be reviewed. 16/10/2020 	<p>There are upcoming opportunities for recruitment that will be shared with all providers via provider briefing.</p> <ul style="list-style-type: none"> A provider briefing was issued on 24/09/20 this outlined a summary section in the winter plan around managing staff movement. In this summary it requests that where agency staff are used, providers seek to have an exclusivity arrangement in place to avoid the risk of spreading COVID-19 between homes/providers. Cheshire East Council compiled a list of staffing agencies to support providers encountering difficulties during the first wave of COVID-19. Quality Assurance team have worked closely with Care Homes on managing staff movement. Mutual aid calls have taken place with prime, framework and off contract providers which was attended by PHP. The local authority outlined to the providers what PHP do and how they can support providers, providers are starting to see an increase in staff sickness and so by utilising PHP for the low level support should support the providers to complete calls which are critical and CQC regulated activities. An email has been sent to operations team requesting that the waiting list is also RAG rated and asked that they link with PHP to look at reducing reliance on traditional domiciliary care as well as supporting with capacity in the domiciliary market. We regularly send out a 'how to guide' on the capacity tracker and how to update it. Regular reporting on care homes not updating is undertaken and the relevant Quality Assurance will speak to the home manager or person responsible for updating the capacity tracker to explain the importance of doing so. If there are technical issues these are flagged to NHS capacity tracker to remedy.
Shielding and People who are Clinically Extremely Vulnerable		
Actions		
Local Authority	Key Officer Area/Responsible	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Local authorities will coordinate local support if shielding is reintroduced in a local area. This 	<ul style="list-style-type: none"> Local authority 	<ul style="list-style-type: none"> A National, Regional or Local Lockdown Contingency Plan for supporting those who are most vulnerable including the shielding

includes provision of enhanced care and support for CEV people on the shielded persons list.		cohort has been produced. A Local Lockdown would potentially be required in the event of an Outbreak occurring within a defined area. Cheshire East Council has developed a suite of Outbreak plans for actions to be taken in the event of such an outbreak occurring in several settings. The authority's Outbreak Prevention Plans are posted via: https://www.cheshireeast.gov.uk/pdf/covid-19/cec-covid-outbreak-doc-4-digital-lres-final.pdf . Should the mitigation measures detailed within the Outbreak Plans not be sufficient to reduce the spread of the virus, a Local Lockdown may be required. Alongside this the Health Protection Board (information to be live and updated regularly) and the 7 associated Test Track and Contain workstreams will be ongoing further details (information to be live and updated regularly) to identify and support any local lockdowns. This plan provides the background of what the shielding response constituted in the first phase of shielding, the preparations underway for any future shielding periods, and how the response will be reinstated in the event of a local, regional or national lockdown. Shielding - There are a number of individuals with underlying health conditions who require to precautions to protect themselves in reducing the risk of contracting Coronavirus (COVID-19).
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Social Work and other Professional Leadership

Actions

Local Authority	Key Officer	Area/Responsible	Commentary on Actions & links to any associated documents
Directors of Adult Social Services and PSWs, working with other professional leaders, must assure themselves that the delivery of high-quality social work support and interventions remains at the forefront of the local authority's offer in this period. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in partnership with local multi-agency safeguarding arrangements, including Safeguarding Adult Boards.	• Social work and other professional leadership		<ul style="list-style-type: none"> • A strengths based approach underpins all our social care practice. Staff are acutely aware of their duties under the Care Act and Mental Capacity Act and partner agencies are supported in their understanding. • Being cognisant of these issues, the impact on communities and people's access to health and social care services is fundamental to Social Work practice. • The North West Association of Directors of Adult Social Services Black, Asian, and minority ethnic toolkit is an exemplar of best

<p>Directors of Adult Social Services and PSWs should:</p> <ul style="list-style-type: none"> • 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, taking into account 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 that 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 		<p>practice. This has been shared with staff across the sector. The higher prevalence of COVID-19 in BAME communities and the inequalities experienced by people with LD, Autism and mental ill health is recognised and central to discussions with partner agencies.</p> <ul style="list-style-type: none"> • Operational calls currently take place 3 times per week involving all senior managers in Adult Social Care, Commissioning, Public Health and the Police. Health System calls also take place regularly. At the height of the pandemic these calls took place every day and will be stepped up should the need arise. Winter Planning discussions with Health partners are ongoing. Appropriate arrangements are in place to support practitioners and first line managers in the delivery of services. • Links are well established locally, sub regionally and regionally. • The application of the Ethical Framework is led by Adult Social Care. Health staff are reminded of this framework in joint working in all settings including Discharge to Assess arrangements. • People who use services are central to the design of any new ways of working and Pathways. Heads of Service in Adult Social Care and Commissioning have good working relationships and work effectively together. • Social work and other professional leadership – the local authority collect weekly data on Safeguarding concerns and Deprivation of Liberty which are reviewed and submitted to the Director and CEMART. All safeguarding and DOLs referrals are screened and actioned or signposted. Initially we saw a drop in safeguarding referrals, but they have increased more recently – we have noted increased activity around SCAMS and Cyber Crime. The Safeguarding Adults Provider Team have worked proactively with the Contracts Team, CCG, Care Quality Commission and Infection Control Teams to respond to Organisational Safeguarding issues in Care Homes and Domiciliary Agencies. DOLS referrals have increased greatly due to movement between hospital and care homes. This has placed added pressure on the Teams, particularly administrators. Weekly meetings with the Independent
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<p>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.</p> <ul style="list-style-type: none"> • 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. 		<p>Chair of the Safeguarding Adults Board take place and we have held virtual meetings with Partners to share information and give encouragement to those Officers who are working in High Risk Areas, ie Hospitals and Care Homes. We continue to respond to High Risk Neglect cases and any Safeguarding Adult Review requests. The council continues to join other Local and PAN Cheshire Partnerships ie Harmful Practices, Children's Safeguarding and Safer Cheshire East Partnerships to ensure a holistic response to Safeguarding, Community Safety and Domestic Abuse. In Cheshire East – My CWA – continues to work with victims of Domestic Abuse and Perpetrators.</p> <ul style="list-style-type: none"> • The Director and Principal Social Worker issued Statutory Guidance, including Safeguarding Duties, to all Social Workers as the Government directed. Advice regarding Mental Capacity and DOLS has been shared in a timely way with Practitioners. Best Interest Assessors have continued to complete DOLS assessments using Technology to engage with residents or patients. The Safeguarding Adults Board has a dedicated page on its website regarding Safeguarding and COVID-19. Leaflets have also been produced to assist individuals and communities. All volunteers who were part of the People Helping People work were expected to view a 5 minute video about Children and Adult Safeguarding. The lead for safeguarding Chairs the CHANNEL panel on a monthly basis. This is a forum for supporting vulnerable people who are at risk of being radicalised and this is a statutory duty. The lead for safeguarding facilitates a Safeguarding Meeting for all Practice Managers on a Bi-monthly basis. We continue to meet using Teams, and have guest speakers to talk about Stalking, Ambulance referrals and SCAMS. Our Professional Lead for Safeguarding produces a Safeguarding Bulletin for Safeguarding Champions in Teams and our other Professional Lead ensures that Social Workers have resources from SCIE and NICE and are renewing their Social Work Registrations. The North West Association of Directors of Adult Social Services Safeguarding Forum are currently working on a
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		MSP project with Service Users, to produce information about S42 Enquiries and Meetings. Cheshire East is well represented at both the NW Association of Directors of Adult Social Services Safeguarding and DOLS meetings.
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Supporting the System

Funding		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Provide Department for Health and Social Care 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 Department for Health and Social Care on the spending of the extended Infection Control Fund in line with the grant conditions. 	<ul style="list-style-type: none"> Quality Assurance/Finance/Audit ACTION: Manage the information published on the website about financial support offered to the local adult social care market. Ongoing 	<ul style="list-style-type: none"> We have supplied Department for Health and Social Care with information about how the money (Infection Control Fund) has been sent, this was completed by 30/09/2020. The local authority has continued to maintain the information on its website about the financial support that has been offered to the local adult social care market. The local authority has provided regular returns to Department for Health and Social Care on the spending of the Infection Control Fund and will continue to do so in relation to the extended Infection Control Fund ensuring that this is in line with the grant conditions.
Market and Provider Sustainability		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Work with local partners to engage with the Service Continuity and Care Market Review, and – when requested – complete a self-assessment of the health 	<ul style="list-style-type: none"> Local authority 	<ul style="list-style-type: none"> A fortnightly MDT preparedness meeting is in place with a representative from key partners. The focus of the call is related to provider Market oversight and contingency planning in the event of

<p>of local market management and contingency planning leading into winter.</p> <ul style="list-style-type: none"> 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. 		<p>any provider market failure.</p> <ul style="list-style-type: none"> Work is ongoing to look at how the local care market may need to adapt and shift priorities longer term in response to COVID-19 in order to remain financially viable. In addition to this, the local authority has been proactive in supporting the sector to overcome specific challenges including recruitment, supporting residents in rural locations and upskilling providers to bid for contracts. The local authority's Quality Assurance Team offer direction and support to providers, supporting them to improve the quality of the services they deliver. Mutual aid calls have been reimplemented as we see the possibility of another peak of COVID-19. Initiatives have been discussed on how best to support providers at this time including the Trusted Assessor model. Through this model domiciliary providers will inform the Authority where they feel calls can be reduced or are no longer required, calls sometimes will need to be increased. This model will support providers with capacity, attaining better compliance against KPIs and support the Authority financially. As Local Authority and government initiatives are confirmed providers are kept updated via weekly updates, mutual aid calls and other supportive mechanisms.
CQC Support: Emergency Support Framework and Sharing Best Practice		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Work with the CQC to promote and inform providers about monitoring processes.</p>	<ul style="list-style-type: none"> Quality Assurance ACTION: We will work closely with CQC to keep providers updated about monitoring processes. Ongoing 	<ul style="list-style-type: none"> We work closely with CQC to keep providers updated. ESF information was shared with Cheshire East Council and acted upon where appropriate.
Local, Regional and National Oversight and Support		

Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Write to 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, 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. 	<ul style="list-style-type: none"> Care Home Resilience Group/ Quality Assurance ACTION: Write to Department for Health and Social Care to confirm we have put in place a winter plan. 31/10/2020 	<ul style="list-style-type: none"> We will be writing to Department for Health and Social Care to confirm we have put in place a winter plan and that we are working with care providers in relation to their business continuity plans. The plan considers and documents the recommendations noted through the governments adult social care plan. We continue to have comprehensive oversight and a risk based approach is 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. Providers have received regular briefing throughout the COVID-19 outbreak. Specific content related to Public Health is shared with appropriate person to ensure content is accurate. Public Health also liaise with specific guidance that they would like to be shared with providers.

Key Points - Summary of NHS Organisations Actions

Guidance on Infection Prevention and Outbreak Management

Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
NHS organisations will continue to offer clinical support and training where needed in a system.	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> The project to provide secure NHS accounts as part of the essential enabling infrastructure to all care homes to support Enhancing Health in Care Homes including remote consultation is now completed with 98% offer to care home providers, and 80% home care providers sign up to promote the usage of the accounts, which is still relatively low support is being provided from the NHSE Team with resources and training being offered weekly to Providers to learn about their accounts.
COVID-19 Testing		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>NHS organisations should:</p> <ul style="list-style-type: none"> Continue to test people being discharged from hospital to a care home. <p>Public Health England Health Protection Teams (HPTs) should:</p> <ul style="list-style-type: none"> Continue to deliver their testing responsibilities, as outlined in the testing strategy. This includes continuing to arrange testing for outbreaks in care homes and other adult social care settings, as appropriate. In an outbreak area, refer to the COVID-19 Contain Framework and follow the local outbreak plan as directed by their Director of Public Health. A risk-based testing regime should be implemented appropriate for the area, seeking advice from the National COVID-19 Response Centre as needed. 	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> Pillar 1 testing programme in place for hospital based testing. Mobile Testing schedule agreed monthly to provide testing for local people. Outbreak arrangements in place with Public Health England. An Outbreak Plan is in place and agreed with local partners including Public Health England. Regular updates are being provided to local care homes regarding testing arrangements.

<ul style="list-style-type: none"> Advise care homes on outbreak testing and infection prevention and control measures. 		
Seasonal Flu Vaccines		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> GPs and pharmacists will coordinate and deliver vaccinations to recipients of care and staff, alongside care providers' existing occupational health programmes, and should consider how best to ensure maximum uptake, including through delivering the vaccines in care homes. <p>NOTE The Government has agreed a change to the pharmacy contract so that, this year, pharmacists are able to vaccinate staff and recipients of care in care homes at the same time. GP practices can also provide flu vaccines in care homes to recipients of care and staff who are registered with the practice. Care home vaccination delivery should be aligned with the new Enhanced Health in Care Homes model where appropriate.</p>	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> Contracts are being arranged for local pharmacies to provide our scheme. Combined communications approach to increase awareness of flu vaccine eligibility for front line social care staff. Public Health team support a partnership approach alongside NHS partners in planning and delivery of the flu campaign.
Enhanced Health in Care Homes		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Clinical commissioning groups (CCGs) should:</p> <ul style="list-style-type: none"> Confirm to NHS England that all care homes have been aligned to a PCN by 1 October 2020 	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> All care homes are now aligned to a Primary Care Network and have a named GP practice lead with the exception of one specialist care home where the practice lead is to be confirmed.

<ul style="list-style-type: none"> Work with care home providers to support home oximetry including identifying local need for oximeters. <p>PCNs should:</p> <ul style="list-style-type: none"> Nominate a clinical lead and ensure that partner care homes are informed of their lead and the support available, including home oximetry. Ensure delivery of the of the EHCH service requirements. Engage with personalised care roles within their PCN – social prescribing link workers, health and wellbeing coaches, and care coordinators – to ensure that personalised care approaches are embedded. 		<ul style="list-style-type: none"> The CCG has received 180 oximeters from NHSE following a bid for national equipment which will be distributed pro rata to care homes across Cheshire. This in addition to the 63 Oximeters already in circulation across Cheshire (37 distributed for Cheshire East). The equipment will be used as part of a pan Cheshire project being delivered in partnership with the Improvement Agency to roll out RESTORE2 a framework for managing the deteriorating patient. Cheshire CCG has established a programme of work to bring together the health contribution to this framework and support ongoing development and delivery. The work streams map across to the 7 core elements of the framework. There is a list of contact details for 17 care community Single Points of Assessments across Cheshire , 8 for Cheshire East which link to an established MDT and work is underway to map commissioned community services support for care homes across Cheshire. There is also a compiled list of Medicines Optimisation in Care Home contacts, contacts for community pharmacy providing dispensing to each home and palliative care providers circulated. Requirements in the Enhanced Health in Care Homes Framework included in the SDIP with the main community care providers.
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Technology and Digital Support

Actions

NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>CCGs should:</p> <ul style="list-style-type: none"> Continue to support all care providers in their local area to enable NHSmail, collaboration tools and remote consultations for people receiving social care in all settings. Work with local authorities to support eligible care homes in their local area to apply for a tablet 	<ul style="list-style-type: none"> CCG ACTION: We have 100% identified allocation of MS Teams email addresses With over 80% provision of a 	<ul style="list-style-type: none"> The CCG is working with with all care providers in the local area to enable NHSmail, collaboration tools and remote consultations. In anticipation of the national allocation of ipads the CCG has prioritised the implementation of email address to link with MS Team solutions. The CCG has already deployed ipads to numerous care homes across Cheshire to support immediate GP needs at the larger Care homes using the new email addresses to facilitate the use of MS teams. We have an identified project

<p>device as part of the NHSX offer.</p> <ul style="list-style-type: none"> • Have active conversations about whether appropriate local data-sharing agreements are in place between health and social care provider settings. • Alert the NHSX Information Governance team england.IGpolicyteam@nhs.net if issues with sharing information are identified. 	<p>separate key point of contact email in the Care homes, we work with Social Care and Care home colleagues for a single point of contact. 31/10/2020</p>	<p>manager ensure that all Care Homes have a Business direct contact email address that all GP Practices can use for their identified Lead GP in communications for support their patients. This process is supported with both a DPIA & and Standard Operational Process Documents (SOP), this was agreed with all GP Practices and Care homes that will be utilied with the national allocations to ensure a timely implementation of MDT and one to one patient care video triage consultations. These account creations have been supported by out ICT provider Midlands and Lancs CSU.</p> <ul style="list-style-type: none"> • The video consultation in Care homes project aims to enable Care homes and GP's to provide video consultations for the residents. The CCG has provided 57 homes with an i-pad so far. The remaining homes are being encouraged/supported to apply to NHSE for an i-pad. <ul style="list-style-type: none"> ○ The CCG has loaned a number of IPads to the care Homes and provide a Microsoft teams address as a secure (information governance) way of completing video consultations. Priority was given to those homes with high incidence of COVID-19 and high admission to hospital rates. ○ Although the focus, in the first instance, is on GP practise linking to Care homes the Ipad and MS teams address can also be used by other health and social care professionals and for MDT meetings if required. ○ This will reduce the number of visits to Care homes thereby reducing infection risk and allow care home staff timely access to the appropriate health care advice. In addition these Care homes have also been supplied with pulse oximeters, thermometers and Blood pressure equipment so they can complete some observations to support the video consultation. • Yes data sharing agreements are in place. • No issues have been identified or escalated, a short Data protection impact assessment has been produced.
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Acute Hospital Admissions		
Actions		
NHS	Key Officer Area/Responsible	Commentary on Actions & links to any associated documents
<p>NHS settings should:</p> <ul style="list-style-type: none"> Take a risk-based approach to routine admissions for elective care and advise patients about appropriate testing and/or isolation requirements pre-admission. 	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> CCG GPs are aware of and following the national SOP 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 pre-admission. https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/