

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 | | |
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| 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 authority 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 |
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| <ul style="list-style-type: none"> • Distribute money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions. • 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"> • Quality Assurance/ Finance/Audit • ACTION: Disseminate any national guidance to providers. Ongoing | <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 deadline on 30/09/2020. The submission showed how the funding was used by providers in line with the grant conditions. • 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 |

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| | | 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 |

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| <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. |
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Seasonal Flu Vaccines

Actions

| Local Authority | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |
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| <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 | <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. We have a winter wellbeing communication campaign which will update citizens on a range of topics including receiving a flu vaccine. An overview of accessing the flu vaccine through pharmacies is as follows: <ul style="list-style-type: none"> • CEC Council (including maintained schools) will attend the most convenient pharmacy available to them (as explained below); by appointment only. Residents whom are eligible on the NHS Scheme, i.e. of a certain age / health condition, will be invited by their GP to be vaccinated in a phased approach, subject to cohort prioritisation. |

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| | | <ul style="list-style-type: none"> • The staff flu scheme specifications had the necessary amendments made and has been approved by the Local Pharmaceutical Committee (LPC). • Immunisation clinics at pharmacies will be run on an appointment basis. Once a list of pharmacies is compiled, this will be communicated to staff with details of how to book their appointment (i.e. phone/online booking). • CEC staff will use their ID badge on arrival at their appointment – Their unique 6digit ID code will be inputted onto PharmOutcomes to identify the quantity of vaccines delivered. CEC colleagues have PharmOutcomes access and can produce data reports at short notice, when requested. • 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. |
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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 |
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| <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 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. 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 | <ul style="list-style-type: none"> Local authority/CCG | <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, 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. 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 a recruitment exercise was undertaken with 1 social worker and 1 brokerage worker appointed to support this work. 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: |

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| <p>discharge from hospital and subsequent recovery.</p> <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 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. • Safety and feasibility of implementing these arrangements within their care homes. | | <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 and speed up communications between agencies for discharge planning ○ 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 |
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| | | 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. • Ensure Social Prescribing Link Worker have the support and equipment to work remotely and access GP IT systems. | <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 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. |

Supporting people who receive social care, the workforce, and carers (Supporting independence and quality of life)

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| Visiting Guidance |
| Actions |

| Local Authority | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |
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| <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 Area/Responsible Officer | 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 they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter. • Give people with direct payments the level of flexibility and control as envisaged in the | <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 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. |

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| Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need. | | <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. |
| Support for Unpaid Carers | | |
| Actions | | |
| Local Authority | Key Area/Responsible Officer | 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 measures to support the resumption of services. | <ul style="list-style-type: none"> Local authority | <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 opportunity for Direct Payment recipients / Personal Assistants to ask questions, guidance in relation to Personal Protective Equipment. |

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| <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. | | <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." |
| 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 | <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 | <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. |

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| <p>the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act.</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>to 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> | <ul style="list-style-type: none"> A Summary of winter plan guidance on end of life care has been issued to providers in briefing on 24/09/20. |
| Care Act Easements | | |
| Actions | | |
| Local Authority | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |
| <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. | <ul style="list-style-type: none"> Local authority ACTION: Should the decision to operate under easements this | <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. |

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| <ul style="list-style-type: none"> • Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format. • Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights. • Follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks. • Work closely with local NHS 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. | <p>will be communicated to all providers, people who need care and support, carers and local MPs in an accessible format. Ongoing</p> | <ul style="list-style-type: none"> • 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 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. |
| Supporting the workforce | | |
| Actions | | |
| Local Authority | Key Area/Responsible Officer | 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 | <ul style="list-style-type: none"> • Cheshire East Council 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. |

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| | <p>following link will be shared on all ongoing provider briefings:</p> <p>https://www.gov.uk/government/collections/coronaviruses-covid-19-social-care-guidance. Ongoing</p> | |
| 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 | <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 contact all care home providers every week to understand if they have any issues or risks this includes whether they have safe staffing levels. • We procured a provider called Project 5 to support the wellbeing of those staff working within the Accommodation |

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| | | 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. 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"> 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. There are upcoming opportunities for recruitment that will be shared with all providers via provider briefing. 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 |

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| | | <p>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.</p> <ul style="list-style-type: none"> • 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. |
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Shielding and People who are Clinically Extremely Vulnerable

Actions

| Local Authority | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |
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| <ul style="list-style-type: none"> • Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for CEV people on the shielded persons list. | <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 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 |

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| | | 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 Tract 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). |
| Social Work and other Professional Leadership | | |
| Actions | | |
| Local Authority | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |
| <p>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.</p> <p>Directors of Adult Social Services and PSWs should:</p> | <ul style="list-style-type: none"> • 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 practice. This has been shared with staff across the sector. The higher prevalence of COVID-19 in BAME communities and the inequalities experienced by |

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| <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. | | <p>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 |
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| <ul style="list-style-type: none"> • Develop and maintain links with professionals across the health and care system to ensure joined-up services. • Lead local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery. • Ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict. • Review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period. • Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice. | | <p>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 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 |
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| | | 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 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 | | |
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| 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. | <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. |

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| <ul style="list-style-type: none"> • 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. | | |
| 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 of local market management and contingency planning leading into winter. • Continue to work understand their local care market; and to support and develop the market accordingly. • Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available. | <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 any provider market failure. • 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 |

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| | | 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 |
| Work with the CQC to promote and inform providers about monitoring processes. | <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. | <ul style="list-style-type: none"> Care Home Resilience Group/ Quality Assurance | <ul style="list-style-type: none"> We have written 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 |

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| <ul style="list-style-type: none"> 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. | | <p>Local Resilience Forum calls and any supplementary calls linked to Providers are covered by the Quality Assurance team.</p> <ul style="list-style-type: none"> 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. |
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Key Points - Summary of NHS Organisations Actions

| Guidance on Infection Prevention and Outbreak Management | | |
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| 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 | | |
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| 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. Advise care homes on outbreak testing and infection prevention and control measures. | <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. |
| Seasonal Flu Vaccines | | |
| Actions | | |
| NHS | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |

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| <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. |
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Enhanced Health in Care Homes

Actions

| NHS | Key Area/Responsible Officer | Commentary on Actions & links to any associated documents |
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| <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 • Work with care home providers to support home oximetry including identifying local need for oximeters. | <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. • 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 |

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| <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. | | <p>Improvement Agency to roll out RESTORE2 a framework for managing the deteriorating patient.</p> <ul style="list-style-type: none"> 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. |
| 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 device as part of the NHSX offer. | <ul style="list-style-type: none"> CCG | <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 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 |

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| <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>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 utilised 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 our 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 | | |
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| Actions | | |
| NHS | Key Area/Responsible Officer | 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/ |