

**Notice of Meeting**

**HEALTH SCRUTINY COMMITTEE**

**Tuesday, 8 December 2020 - 6:00 pm**  
**Meeting to be held virtually**

**Members:** Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Abdul Aziz, Cllr Peter Chand, Cllr Adegboyega Oluwole and Cllr Chris Rice

**By Invitation:** Cllr Maureen Worby

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Please note that this meeting will be webcast, which is a transmission of audio and video over the internet.

To view the webcast click [here](#) and select the relevant meeting (the weblink will be available at least 24-hours before the meeting).

**AGENDA**

**1. Apologies for Absence**

**2. Declaration of Members' Interests**

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

**3. Minutes - To confirm as correct the minutes of the meeting held on 21 October 2020 (Pages 3 - 7)**

**4. Winter Planning and Support to Care Homes (Pages 9 - 37)**

**5. Work Programme (Pages 39 - 40)**

**6. Any other public items which the Chair decides are urgent**

7. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

#### **Private Business**

The public and press have a legal right to attend Council meetings such as the Assembly, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

8. **Any other confidential or exempt items which the Chair decides are urgent**

## Our Vision for Barking and Dagenham

# **ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND**

## Our Priorities

### **Participation and Engagement**

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

### **Prevention, Independence and Resilience**

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

## **Inclusive Growth**

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

## **Well Run Organisation**

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

## MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 21 October 2020  
(6:00 - 8:05 pm)

**Present:** Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Abdul Aziz, Cllr Peter Chand, Cllr Adegboyega Oluwole and Cllr Chris Rice

**Also Present:** Cllr Maureen Worby

### 6. Declaration of Members' Interests

There were no declarations of interest.

### 7. Minutes (7 September 2020)

The minutes of the meeting held on 7 September 2020 were confirmed as correct.

### 8. North East London Foundation Trust's Response to Covid-19

The Chief Executive Officer (CEO), Integrated Care Director (ICD) and Associate Director of Quality and Patient Safety (ADQPS) of North East London Foundation Trust (NELFT) delivered an overview presentation on the Trust's response to the Covid-19 pandemic.

In response to questions relating to the first wave of the Covid-19 pandemic, the NELFT representatives stated that:

- NELFT had implemented a command structure that had allowed for rapid changes to services as and when required. The Trust produced daily reports on the situation including business continuity status noting that in late March and early April, there was a higher than average staff absentee rate. These reports were used to determine which services could be reduced and those that could be stood down completely without compromising patient safety.
- The district nursing service had continued throughout the first wave of the pandemic whilst a limited safeguarding service continued to be provided. NELFT was able to maintain these services despite staff being unavailable owing to self-isolation or redeployment.
- Staff were provided with PPE and, in addition to this, wellbeing support was provided including 'wobble rooms' for time out. Team reflective sessions were held, and wellbeing podcasts were made available. Communications consisted of providing briefings to staff, a dedicated intranet section, weekly videos by the CEO and setting up a WhatsApp group.
- NELFT had invested in agile working and this was useful in enabling staff to work from home where necessary. This had also facilitated the provision of services to patients via the use of Microsoft Teams, for example, although it

was acknowledged that this did not help patients who lacked access to IT or could not use it. Virtual meetings could also create complications relating to confidentiality.

- Sadly, the Trust had lost three members of staff following positive Covid-19 tests, which had had a profound effect on their colleagues.

As part of discussions around other issues faced by the Trust which needed addressing moving forward, it was highlighted that:

- NHS England issued an edict stating that vital services should be maintained, where possible, via the use of redeployed staff. This was ascertained by taking a risk-based approach. Approximately 55 of the 700 Barking and Dagenham based staff, who worked as school nurses, health visitors and nursery nurses were subject to this edict and were redeployed. Although, there were issues with redeployment with some staff struggling in their temporary roles in the first wave, all redeployed staff had since returned to their usual roles.
- Patient survey feedback showed that some patients felt isolated owing to NELFT's focus on those with the highest risk.

In response to comments around health inequalities and Covid-19, the CEO stated that NELFT had established an Inequalities Committee as part of the preparation for the second wave which included incorporating lessons learned. A strategic operational command group met on a weekly basis to ensure that the system adequately served the communities that NELFT was responsible to. This group included NELFT's partners to ensure continuity of quality and that any issues did not affect the wider service.

In response to a question regarding the very significant delays residents were facing in receiving blood test results, the CEO acknowledged the issues, explaining that as services were suspended between March and June due to the first wave of COVID-19, the delay was down to pent-up demand which was proving difficult to meet and was compounded by the fact that not all NELFT partners resumed blood testing at the same time. A major incident had been declared in relation to the issue of blood testing and action was being taken to clear the backlog which included commissioning tests from the independent sector. The Chair of the Health and Wellbeing Board had requested that a full update be given to the Board in November.

In response to questions, the ICD stated that:

- The Child and Adolescent Mental Health Service (CAMHS) had been restored; however, services were being delivered virtually owing to social distancing requirements. Where virtual appointments were not possible, an appointment-based system replacing the drop-in based system, was available.
- The Mental Health Direct line continued to operate throughout the pandemic. However, school nurse provision was affected, whilst the national child measurement programme had been suspended.

- Waiting times in relation to responding to initial referrals had not increased. The national five-day target was being met and enquiries were dealt via the triage service. However, waiting times had increased in relation to certain types of specialist intervention, for example, family therapy.
- Staff had been trained in infection control and training was delivered locally. The training related to the dangers of microbes forming on gloves and masks and to ensure that staff wash their hands in the recommended manner. Support had also been given to care homes as well. A regular audit was undertaken to ensure that staff continued to adhere to the regulations.

Following further questioning from the Committee, the CEO explained that:

- PPE policy was developed in association with black and ethnic minority staff, adding that PPE supply issues were a nationwide problem. Individual risk assessments were undertaken, and staff deemed most a risk were not deployed in patient facing roles. NELFT had undertaken action to mitigate the PPE risk going forward and had stockpiled PPE as well as developing its own distribution network.
- The CEO was confident that NELFT had the systems and resources in place to deal with the second wave of Covid-19. However, staff were working under considerable pressure going above and beyond what was required of them. Additionally, should staff fall ill in large numbers this could pose major challenges, which was why NELFT was making staff wellbeing a priority.

The Committee **noted** the report.

## **9. North East London Foundation Trust's Response to Regulation 28 Reports**

The Committee noted that this item had been due to be considered at the meeting scheduled for 24 March 2020, which was cancelled due to the lockdown imposed in response to the COVID-19 pandemic.

The ADQPS presented a report on the NELFT's response to Regulation 28 reports, which were issued when a coroner believes that shortcomings in care identified during an inquest may reoccur and cause or contribute to the deaths of patients in the future.

The ADQPS stated that videos were in the process of being produced to teach staff on coroner court processes and these would be shared with other organisations. Future changes were also likely under coronial law and NELFT would update its processes accordingly. A survey of staff found that most believed that they were sufficiently supported in reporting to coroners' courts. Learning was cascaded through NELFT based on an action plan and a learning event was planned to familiarise staff. Partner organisations would be invited to take part.

The ADQPS stated that in the last six years, NELFT had contributed to 362 inquests and had been issued with 10 Regulation 28 reports. A thematic review

was undertaken to ensure that there were no recurring issues. Two reports related to the recording and handing over of information between the police, the ambulance service and mental health crisis services. Action was being undertaken to address these issues including making information sharing a standing item on Police Liaison Meetings, whilst training was arranged for London Ambulance staff.

NELFT's Integrated Care Director (ICD) stated that one Regulation 28 report was still outstanding, and 15 actions had been raised of which 10 had already been addressed. The remaining five were ongoing as they related to work with Barking and Dagenham Clinical Commissioning Group and the mental health transformation programme. The implementation plan was being reported to the NELFT Quality and Safety Committee and an audit would be undertaken to ensure that the actions were being implemented.

In response to questions, the ADQPS assured the Committee that all staff were trained in using Datix and had been trained in incident reporting via the system that also included reports on near misses. All incident and near miss reports were reviewed on a weekly basis for any thematic issues and reports were also referred to the senior management responsible for the area where the issue(s) had arisen.

The Committee **noted** the report.

#### **10. North East London Foundation Trust's Care Quality Commission Inspection Update**

The Committee noted that this item had been due to be considered at the meeting scheduled for 24 March 2020, which was cancelled due to the lockdown imposed in response to the COVID-19 pandemic.

The CEO of NELFT introduced a report updating the Committee on the Care Quality Commission's (CQC) inspection of NELFT in June 2019. The CQC identified 22 actions that the Trust was required to undertake to improve. NELFT was also issued with a Section 29a warning due to issues at Goodmayes Hospital's acute inpatient services. The CEO expressed disappointment that NELFT's CQC rating had been downgraded from 'good' to 'requires improvement.'

The CQC had described NELFT as a trust with major contrasts in service quality. Whilst some areas were rated as 'outstanding', there were issues of concern; inpatient mental health services were under pressure, unsafe practices had been observed at Sunflowers Court and there were concerns about staff morale, especially in relation to junior doctors. Regarding leadership, the CQC did not believe that the executive team was working in a cohesive manner and felt that the governance structure needed strengthening.

The CEO stated that since the CQC report, NELFT had sought to address the issues relating to acute inpatient services at Goodmayes and, as a result, the CQC withdrew the Section 29a warning notice in March 2020. In relation to the executive team, a development programme was implemented to ensure cohesion and he was confident that the Trust had addressed the CQC's concerns.

The CEO assured the Committee that the concerns of junior doctors were addressed with the support of Health Education England and an action plan was



put in place to ensure that junior doctors had a channel in which to air their concerns. He also acknowledged that issues remained and highlighted the implementation of Workforce; a management software system that would improve staff communication and information. NELFT's CEO said he was confident that the next CQC inspection would show that NELFT had improved considerably.

The Committee **noted** the report.

## **11. Work Programme**

The Committee **noted** the latest version of the Work Programme.

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## Health Scrutiny Committee

8 December 2020

<b>Title:</b> Winter Planning and Support to Care Homes	
<b>Report of the Director of People and Resilience</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> No
<b>Report Author:</b> Thomas Stansfeld Lead Commissioner for Older People	<b>Contact Details:</b> Tel: 02082275120 E-mail: <a href="mailto:Thomas.stansfeld@lbbd.gov.uk">Thomas.stansfeld@lbbd.gov.uk</a>
<b>Accountable Director:</b> Chris Bush, Commissioning Director, Care and Support	
<b>Accountable Strategic Leadership Director:</b> Elaine Allegretti – Director of People and Resilience	
<p><b>Summary:</b></p> <p>As we move into the winter with the growing second wave of COVID-19 all Local Authorities have been asked to draft a winter plan which outlines steps being taken to reduce the impact of COVID-19 and normal winter pressures on the health and social care system. A large part of this winter plan is the work that we are doing with providers, and particularly care homes, to support them during the pandemic.</p> <p>This winter plan pulls on the lessons learnt in the first wave and builds on the support that was put in place to protect our care home residents and staff, support residents and their families in the community and reduce inequalities.</p> <p>The full winter plan has 105 elements which the local authority and the wider health and social care system need to address and can be found at Appendix A to this report. This report highlights the key elements of our Barking and Dagenham Winter Plan for discussion and noting.</p>	
<p><b>Recommendation(s)</b></p> <p>The Health Scrutiny Committee is recommended to:</p> <p>(i) Note the winter plan including key areas of action and the lessons that have been embedded from wave 1, particularly for care homes.</p>	
<p><b>Reason(s)</b></p> <p>Preparing our winter plan enables us to assure ourselves that we have appropriate plans in place over the winter period to meet demand and need resulting from Covid-19 as well as usual winter pressures. This has allowed us to reflect on the impact of the first wave of COVID-19 and how we can ensure we are best prepared for the winter ahead, particularly in our care homes.</p>	

## 1. Introduction and Background

1.1 During the first wave of COVID-19 there were many measures of support that were put in place for our care market and particularly our care homes. These were outlined in a letter from our Cabinet Member for Health and Social Care Integration, Chief Executive, Director of People and Resilience, Director of Public Health and the CCG which was published on the Council's website. The letter can be found by visiting:

<https://www.lbbd.gov.uk/sites/default/files/attachments/CEO-letter-Care-home-assurance.pdf>

1.2 In summary, this included:

- Seven day support through our Provider Quality and Improvement Team, including the circulation of guidance, advice and communications and facilitation of meetings with Public Health colleagues.
- An Infection Control team, provided by NELFT, to provide advice around infection control.
- Training, particularly around infection control and end of life care.
- Emergency PPE distribution.
- Networking and regular forums with care home managers to share issues, ideas and support. This has included finding additional agency staffing capacity where required.
- A 10% Covid uplift to all providers of older people's services, including Personal Assistants, between April and August. Providers were asked to pass the additional funding on to care workers wherever possible.
- A pathway for COVID+ patients into two specified care homes who had established isolation units.
- Clinical support through a new Care Homes DES (contract) which ensured that care homes were aligned to a named Primary Care Network (PCN) and clinical lead who leads a weekly multidisciplinary 'home round', enabling medicine reviews and hydration/nutrition support. Multi-disciplinary team support will also be available to care homes around reablement, rehabilitation, end of life care, dementia, mental health and workforce development.
- Pharmaceutical support to ensure that medication supply was facilitated, medication reviews were undertaken virtually or over the phone, supporting reviews of newly discharged residents and supporting care homes with medication queries.
- Workforce and wellbeing support to care home staff including counselling, NELFT mental health support, software and tablets to enable easier virtual working and benefits from the hospitality sector, including hot meals and takeaways.

- Intensive testing in any care home facing an outbreak, or at risk of outbreak took place during the first wave but regular retesting of care home staff and residents was not launched until July.
- 1.3 As we now move into the winter period and are experiencing an increase in transmission of COVID-19 we are outlining the support that is being put in place to support the health and social care system through our Winter Plan.
- 1.4 Each year the Council prepares for winter pressures which present in the health and social care sector, however due to the added COVID-19 pressures these are being compiled in our Winter Plan and aligned with regional and national plans for social care. We have worked with our partner boroughs in Havering and Redbridge, BHRUT, NELFT and the CCGs to pull together a plan which supports Barking and Dagenham residents and our care provider market, as well as the wider BHR system. This builds on the support that has already been put in place above, and will continue during the second wave.
- 1.5 The Department for Health and Social Care has provided local authorities with a number of key areas that the Winter Plan needs to address<sup>1</sup>. This includes areas such as support for adult social care, guidance and support on infection control and outbreak management, staff movement, PPE, COVID-19 testing, flu vaccinations, safe discharges, enhanced support for care homes from primary care, support for our direct payment recipients, support for unpaid carers, end of life care, our responsibilities under the care act, how we are supporting the workforce, how we are providing leadership and supporting regional oversight and any extra funding for the sector.
- 1.6 Many of these areas build on the lessons we have learnt from the first wave and will hopefully mitigate the impact of winter on some of our most vulnerable residents.

## **2. Key areas**

### **Joint working**

- 2.1 Throughout the summer and now as we move into winter Barking and Dagenham Council are working in partnership with our neighbouring local authorities and the local health system. As we move into winter this includes joint working on hospital discharges of both COVID+ and COVID- patients, weekly meetings to support and monitor the care market and the commissioning of an infection prevention and control (IPC) team.

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<sup>1</sup> <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>

## **Lessons Learnt from Wave 1**

- 2.2 As part of ensuring that we embed learnings from the first wave of the pandemic Healthwatch Barking and Dagenham produced a report entitled “Care Homes during COVID-19” which reflects on the thoughts and experiences of residents, families and staff during the first wave of the pandemic. This report has helped to guide the development of our winter plan and has allowed for better representation of the views and voices of our staff and residents in policy development. We will continue to work with Healthwatch and the wider voluntary sector, particularly through BD-CAN, to ensure we make the most of their expertise.
- 2.3 Key areas such as PPE support, communication, visiting for families and friends, and support for our care home staff are key recommendations in the Healthwatch report and we have built on the existing support in this winter plan. That includes Public Health advice and support in COVID secure visiting, enhanced IPC support for all our care staff through the IPC team and ongoing monitoring of our PPE supply chains across North East London and the London Resilience Forum.
- 2.4 We know that during the first wave of the pandemic there were substantial issues in PPE supply, rules on visiting and support for our care settings in the event of an outbreak. As we move into the winter we are ensuring that we are better prepared and we have a strong offer to care homes which includes proactive weekly communications with care homes from Public Health around issues such as visiting and transmission of COVID-19 in the community.

## **Support for Care Homes and Providers**

- 2.5 Our care providers will have ongoing 7 day a week support from our Provider Quality Team and support from Public Health in the event of an outbreak or with any further issues regarding infection prevention and control. An enhanced IPC team is being set up to support our providers with training, queries, advice and direct support with outbreaks. This is an enhanced offer in Barking and Dagenham, funded jointly by the CCG and the local authority, and is available to all care providers in Barking and Dagenham, including Personal Assistants. This universal service aims to reduce the inequality in care and support for caring staff depending on what sector they work in.
- 2.6 In our winter plan we outline provisions being made to ensure that all providers have access to appropriate PPE. Most providers such as home care agencies and care homes can access these through a central government portal. However, we are working with the Independent Living Agency to set up a distribution centre for PPE for our Personal Assistant market and we will continue to provide PPE to our care homes in the event of an emergency.
- 2.7 Additionally, care homes and other providers have been supported to increase uptake of flu vaccinations during the winter period.

## **Visiting**

- 2.8 COVID-19 has meant that our care home residents haven't been able to see their families and friends in the same way for the majority of 2020. We know that this is having an impact on the mental health and wellbeing of our residents, both in and outside of the care homes.
- 2.9 Public Health has, and continues to, support our care homes with guidance on visiting and COVID secure visiting. Currently, due to lockdown, visiting is severely restricted with only window visits allowed. During the summer when national restrictions were eased care homes were allowing visiting in a COVID safe manner. This meant visits in gardens, well ventilated indoor rooms with appropriate social distancing and any gifts or packages being brought into the homes being disinfected.
- 2.10 Many care homes used their IPC funding to deliver COVID secure visiting with extra handwashing stations outside for visitors and shelters and outdoor furniture for garden visits.
- 2.11 To help further mitigate visiting limitations, Care and Support Commissioning, working with the CCG and NHSX, have deployed a series of digital innovations within Care Homes including Facebook Portal and Apple iPads. These devices are primarily intended to support video-chat between residents to family and friends, but also interface with other digital solutions to assess the wellbeing of residents through vital signs observations.

## **Discharges**

- 2.12 Rightly discharges from hospital is an area of national focus after the first wave resulted in exposure of too many care homes to COVID-19 from hospital discharges.
- 2.13 The winter plan outlines the steps that are being taken to support our care homes with discharges from hospitals over winter. A cornerstone of this is the agreement from BHRUT to not discharge any patient to a care home without a COVID test result. The Department of Health and Social Care (DHSC) and the Care Quality Commission (CQC) have asked for Local Authorities to nominate a care home to act as a designated setting to accept COVID+ patients. We have worked with our colleagues across BHR to identify these settings. The settings identified are in Havering and Redbridge and account for roughly 20-35 beds for positive patients to be discharged to. Extra protection has been put in place around these care homes such as a CQC inspection and extra support from NELFT. The aim of this programme is to reduce the risk of COVID transmission to the wider care home market.
- 2.14 Additionally, the local authority will be taking on the lead role for brokering all nursing home placements in Barking and Dagenham from November 2020, taking over from the CCG who have been brokering all of these placements

during the first wave. This will ensure that residents and families have more choice and control in the homes that they are being placed in, as well as the local authority having better oversight of placements and fee rates across the care home marketplace.

### **Staff and resident testing in care homes**

- 2.15 Care home staff are now given coronavirus tests every week and residents monthly. Retesting of care home staff and residents was launched on 6 July in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak. At a minimum, staff are being tested for coronavirus weekly, while residents will receive a test every 28 days to identify anyone with the virus and reduce transmission.
- 2.16 Repeat testing was initially prioritised for care homes primarily looking after over 65s or those with dementia before being rolled out to all adult care homes.
- 2.17 Regular testing is now well established for care homes looking after over 65s or those with dementia.
- 2.18 DHSC has launched a portal for Extra Care and Supported Living providers to register for a one-off testing of all residents and staff. Providers in the borough have started registering on the portal.

### **Financial Support**

- 2.19 The DHSC has issued two rounds of infection prevention and control (IPC) funding for us to distribute to providers which is designed to support providers with infection prevention and control measures. This could include physical changes to buildings to reduce transmission and paying the wages of staff who are self-isolating. The first tranche of funding to Barking and Dagenham providers equated to £1,002,873 and supported 20 care homes, 60 homecare agencies and 29 other providers including extra care and supported living schemes. A second round of IPC funding has been allocated to providers totaling £1,371,688, of which £1,097,494 is allocated to care home and community care providers on a per service user basis. The remaining is to support wider workforce resilience and infection control and will be targeted where need is identified.
- 2.20 There has been an issue of clarity around the allocation of the funds on a per user basis for our community providers. The DHSC has been unable to provide clarity on the number of users registered to each provider and therefore making it very difficult to allocate these funds. Despite escalation, the lack of clear guidance has resulted in a delay to funds being sent to these providers. BHR Boroughs have instead agreed a local process which ensures that all care homes and homecare agencies within Barking and Dagenham, Havering and Redbridge are provided with funding and the funds are currently being distributed.



2.21 It should be noted that this IPC funding is in addition to the 10% uplift in fees between April and August as outlined above. This has ensured that our care market has remained buoyant and we currently have no capacity or provider failure issues in Barking and Dagenham.

### **3. Inequalities**

3.1 During the first wave of COVID-19 it was found that those from BAME backgrounds were more likely to suffer worse outcomes than people of a white ethnicity. This is particularly relevant for our population, by being better prepared and offering more support to our key workers, vulnerable residents and their families we hope that we can reduce the risk of poor COVID-19 outcomes across our population. While much of the focus is on care homes our winter plan also outlines protections in place for our wider care and support market including informal carers, thereby protecting all of our vulnerable residents.

### **4. Next Steps**

4.1 The winter plan that is presented here, and in the Appendix, outlines the key actions of the Council and our partners in working to protect our residents and the health and social care system. Many of these actions are already being implemented across the system while some actions outline steps to be taken in the escalation of COVID-19 transmission in the community.

4.2 As the winter months progress, we will regularly review the winter plan with partners and step up or down actions as needed.

## **Appendices**

Appendix A: Barking and Dagenham Winter Plan

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**Winter Plan 2020 Action Plan**

Ref	Item	Organisation	Category	Evidence
1	<ul style="list-style-type: none"> <li>local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers</li> </ul>	Local Authority & NHS Organisation	Exec Summary	Assessment and support planning Feedback from Healthwatch care homes report New Adults Delivery Model Work commissioned with SCIE to roll out new model of social work NELFT Comms Group - BHRwide
2	<ul style="list-style-type: none"> <li>local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout</li> </ul>	Local Authority & NHS Organisation	Exec Summary	Fortnightly Care Provider meetings across BHR Regular Provider Forums Care Home Action Group (now ceased) Regular contact with Provider Quality and Improvement Team Use of Infection Prevention and Control (IPC) Funding
3	<ul style="list-style-type: none"> <li>local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible</li> </ul>	Local Authority	Exec Summary	This plan Care Home Provider Forum and Care Provider meetings Response to the Healthwatch Care Home report BD CAN and Independant Living Agency (ILA) have been crucial to determining our shielding response and our support to direct payment clients Carers of Barking and Dagenham have been providing ongoing support to carers Third sector input to Adults Delivery Model

4	<ul style="list-style-type: none"> <li>local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan</li> </ul>	Local Authority & NHS Organisation	Exec Summary	<p>Inequalities work - Performance and Intelligence</p> <p>Safeguarding Action Month</p> <p>Healthwatch report</p> <p>Patient Activation Measure (PAM) and Health Checks work focussing on more vulnerable residents and high risk residents</p> <p>Lived experience through establishment of Discharge and Out of Hospital support workstream</p>
5	<ul style="list-style-type: none"> <li>local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions</li> </ul>	Local Authority	Exec Summary	<p>Care Home funding distributed</p> <p>Awaiting further clarity around Community Care beds</p> <p>Further 20% funding being used to support wider services to reopen</p>
6	<ul style="list-style-type: none"> <li>local authorities must continue to implement relevant guidance and promote guidance to all social care providers , making clear what it means for them</li> </ul>	Local Authority	Exec Summary	Ongoing via Provider Quality team
7	<ul style="list-style-type: none"> <li>local systems should continue to take appropriate actions to treat and investigate cases of COVID-19, including those set out in the contain framework and COVID-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England local health protection teams continuing to arrange for testing of whole care homes with outbreaks of the virus</li> </ul>	Local Authority	Exec Summary	<p>All being actioned</p> <p>Hot pathway additional to this to CQC designated schemes</p>
8	<ul style="list-style-type: none"> <li>local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed</li> </ul>	Local Authority	Exec Summary	Being monitored via Capacity Tracker and discussions with providers. Discussed at weekly meeting with Provider Quality team

9	<ul style="list-style-type: none"> <li>local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021</li> </ul>	Local Authority	Exec Summary	Providers now using the LRF PPE portal for PPE issues. The local authority will continue to supply PPE in emergency situations and/or where the portal cannot accommodate requests. A PPE hub is being set up with the ILA in order that PPE can be supplied to Personal Assistants
10	<ul style="list-style-type: none"> <li>local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one</li> </ul>	Local Authority & NHS Organisation	Exec Summary	Progressed via Public Health, internal comms and Provider Quality and Improvement team There is a BHR wide Flu Group which is led by the CCG and supported by Public Health. This group will support uptake of the vaccine across Barking and Dagenham.
11	<ul style="list-style-type: none"> <li>local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements</li> </ul>	Local Authority	Exec Summary	Some Learning Difficulties day services back up and running, backed up by Covid risk assessment Looking at use of IPC Fund to support day/respite services to reopen
13	<ul style="list-style-type: none"> <li>local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed</li> </ul>	Local Authority & NHS Organisation	Exec Summary	Being facilitated via Discharge Improvement Working Group, Pathway 3 meeting and our Adults Improvement Board Hospital Discharge pathway meeting. Home First pilot taking place w/c 26th October
14	<ul style="list-style-type: none"> <li>NHS organisations should continue to provide high-quality clinical and technical support to care providers through the Enhanced Health in Care Homes framework and other local agreements</li> </ul>	NHS Organisation	Exec Summary	Underway through Enhanced DES NELFT is also providing an IPC team to support our providers with issues around infection control

15	<ul style="list-style-type: none"> <li>local authority directors of public health should 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 and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life</li> </ul>	Local Authority	Exec Summary	Under constant review - care homes are currently restricting visitors as per Public Health guidance. EOLC as exception.
16	<p>The NHS will continue to:</p> <ul style="list-style-type: none"> <li>support care homes and social care through primary care and community services and the rollout of the Enhanced Health in Care Homes model, including a named clinical lead and weekly multidisciplinary support</li> </ul>	NHS Organisation	Our plan for adult social care this winter	Underway - September Care Home Provider Forum and BHR Care Provider forum focused on this
17	<p>The NHS will continue to:</p> <ul style="list-style-type: none"> <li>provide professional leadership and expert advice on infection prevention and control in local areas through Directors of Nursing in Clinical Commissioning Groups (CCGs) to support the local authority and directors of public health in discharging their responsibilities. This will include offering targeted mutual aid and support where it's needed in a system</li> </ul>	NHS Organisation	Our plan for adult social care this winter	IPC Team in place from November by NELFT. LBBB has invested 100k to enhance the team ensuring that the team can support all LBBB providers and provide train the trainer model. Provider Quality and Improvement team to receive this training.
18	<p>The NHS will continue to:</p> <ul style="list-style-type: none"> <li>support care providers in their local area to enable NHSmail and collaboration tools; and to use this, as much as possible, to provide data and information to care homes (for example discharge checklists ahead of discharge to a care home).</li> </ul>	NHS Organisation	Our plan for adult social care this winter	NHSmail and collaboration tools being disseminated and discussed at Provider Fora
19	<p>The NHS will continue to:</p> <ul style="list-style-type: none"> <li>enable discharge to be safe and timely, ensuring that testing takes place before every discharge to a care home, and results are available and communicated before discharge, unless otherwise agreed. No one should be discharged from hospital directly to a care home without the involvement of the local authority</li> </ul>	NHS Organisation	Our plan for adult social care this winter	Agreement from BHRUT on confirmed result before discharge - still some issues on care home and homecare discharges across BHR which are escalated. Local authorities to be lead for discharges to care homes as part of Discharge to Assess pathway from the 2nd of November

20	The NHS will continue to: •CCGs will work with local authorities on their requirement to identify alternative accommodation where care homes cannot isolate safely. As before, care homes have a right to refuse admission to residents and should not accept admissions if they cannot safely cohort or isolate them	NHS Organisation	Our plan for adult social care this winter	All nursing homes can isolate safely in LBBD. One residential care home would not be able to isolate residents effectively and COVID confirmed cases would be put through the hot pathway at this home. Hot pathway in place across BHR with CQC designated sites in both Havering and Redbridge. Barking and Dagenham are in receipt of mutual aid
21	The NHS will continue to: •provide reablement and rehabilitation services, following discharge from hospital, to support independence and potential return to a person's own home, and provide clinical support to avoid inappropriate admissions to hospital from an individual's home, including where that is a care home	NHS Organisation	Our plan for adult social care this winter	Underway - discussion took place in September at Care Home Provider Forum
22	The NHS will continue to: •ensure that personalised care and support planning is at the heart of decision making. For the avoidance of doubt, NHS policy is clear that clinical decision making should always be personalised and should never be done on a blanket basis. This includes decisions on the application of do not attempt cardiopulmonary resuscitation orders (DNACPR), decisions on admission to hospital and decisions on the use of ambulances	NHS Organisation	Our plan for adult social care this winter	Underway - Coordinate My Care increase in records - DNACPR included in this.
24	Local authorities should: •continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors	Local Authority	Guidance on infection prevention and outbreak management	Doing on an ongoing basis Care agencies can raise any questions or concerns directly with the Public Health team.

25	Local authorities should: •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	Local Authority	Guidance on infection prevention and outbreak management	Underway where required - outbreak management plans in place Provider Quality and Improvement supporting where testing indicates positive case and feeding back to Public Health colleagues
26	Local authorities should: •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	Local Authority	Guidance on infection prevention and outbreak management	Formal learning reviews being undertaken between Provider Quality & Improvement (PQ&I), Commissioning, Public Health, stakeholders and Registered Manager following outbreaks Outbreak learning discussed at last two Care Home Provider Forums and will be standing item on agenda. Health Scrutiny Paper - being discussed in November/December - will review learning
27	NHS organisations will continue to offer clinical support and training where needed in a system.	NHS Organisation	Guidance on infection prevention and outbreak management	Underway
28	Local authorities should: •distribute money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions	Local Authority	Managing staff movement	Returns submitted in July and September to DHSC for initial £1million. Second tranche currently being distributed although clarification being sought on community care beds.
29	Local authorities should: •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	Local Authority	Managing staff movement	Worked with providers around staffing issues where raised and helped them to secure alternative bank staff. Work underway with Learning and Development and Inclusive Growth to support providers to access and increase uptake of apprenticeships to grow the adult social care workforce and provide more routes for career progression



30	Local authorities should: •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	Local Authority	Managing staff movement	Providers updating BCPs and monitoring staffing issues through Capacity Tracker and through weekly Provider Quality and Improvement meetings.
31	Local authorities should: •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	Local Authority	Managing staff movement	Communicated in letters attached to IPC Fund and signposting of relevant guidance
32	Local authorities should: •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	Local Authority	Managing staff movement	Reviewing on a weekly basis at Provider Quality and Improvement/Commissioning meetings
33	Local authorities should: •provide PPE for COVID-19 needs (as recommended by COVID-19 PPE guidance) when required, either through the LRF (if in an area where they are continuing PPE distribution), or directly to providers (if in an area where the LRF has ceased distribution)	Local Authority	Personal protective equipment (PPE)	Providers now using the LRF PPE portal for PPE issues. The local authority will continue to supply PPE in emergency situations and/or where the portal cannot accommodate requests. A PPE hub is being set up with the ILA in order that PPE can be supplied to Personal Assistants
34	Local authorities should: •report shortages to the LRF or to DHSC	Local Authority	Personal protective equipment (PPE)	Monitoring and will do so on ongoing basis
35	Local authorities should: •ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and and, together with NHS organisations, provide local support for testing in adult social care, if needed	Local Authority	COVID-19 testing	Underway

36	Local authorities should: •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	Local Authority	COVID-19 testing	Underway through Public Health and Provider Quality and Improvement
37	NHS organisations should: •continue to test people being discharged from hospital to a care home	NHS Organisation	COVID-19 testing	Ongoing but need confirmation that confirmed test result will be received prior to discharge
38	PHE Health Protection Teams (HPTs) should: •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	PHE Health Protection Teams (HPTs)	COVID-19 testing	Underway
39	PHE Health Protection Teams (HPTs) should: •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	PHE Health Protection Teams (HPTs)	COVID-19 testing	Underway
40	PHE Health Protection Teams (HPTs) should: •advise care homes on outbreak testing and infection prevention and control measures	PHE Health Protection Teams (HPTs)	COVID-19 testing	Underway, supported by Provider Quality and Improvement
41	Local authorities should: •support communications campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine	Local Authority	Seasonal flu vaccines	Public Health, Comms, Com Sol and Provider Quality team promoting
42	Local authorities should: •direct providers to local vaccination venues	Local Authority	Seasonal flu vaccines	Underway

43	Local authorities should: •work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes	Local Authority	Seasonal flu vaccines	Underway - currently working with CCGs to determine for care homes and homecare agencies
44	GPs and pharmacists will coordinate and deliver vaccinations to recipients of care and staff, alongside care providers' existing occupational health programmes (below), and should consider how best to ensure maximum uptake, including through delivering the vaccines in care homes.	NHS Organisation	Seasonal flu vaccines	Underway
45	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: •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	Local authorities and Clinical Commissioning Groups	Safe discharge from NHS settings and preventing avoidable admissions	Local authority will be lead Commissioner for Discharge to Assess from w/c 2 November Fast track and specialist pathways will remain in the care of the CCG.
46	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: •establish an Executive Lead for the leadership and delivery of the discharge to assess model;	Local authorities and Clinical Commissioning Groups	Safe discharge from NHS settings and preventing avoidable admissions	Local authority will be lead Commissioner for Discharge to Assess from w/c 2 November
47	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: •establish efficient processes to manage CHC assessments in line with the guidance on the reintroduction of NHS continuing healthcare (as well as the discharge guidance), which includes extending the use of the Trusted Assessor Model and digital assessments	Local authorities and Clinical Commissioning Groups	Safe discharge from NHS settings and preventing avoidable admissions	Underway - managing through DIWG and Pathway 3 meetings. Social work resource has been allocated. Trusted Assessor model being used and digital assessments underway.

48	<p>Local authorities and Clinical Commissioning Groups (CCGs) should work together to:</p> <ul style="list-style-type: none"> <li>•secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support</li> </ul>	Local authorities and Clinical Commissioning Groups	Safe discharge from NHS settings and preventing avoidable admissions	Underway as above
49	<p>Local authorities and Clinical Commissioning Groups (CCGs) should work together to:</p> <ul style="list-style-type: none"> <li>•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</li> </ul>	Local authorities and Clinical Commissioning Groups	Safe discharge from NHS settings and preventing avoidable admissions	<p>Underway - crisis intervention and British Red Cross Home, Settle and Support Service in place. Home First pilot being undertaken using therapist model w/c 19th October. New reablement model being explored.</p> <p>Working with Age UK and Reconnections as well as wider BD-CAN partners to link people into befriending and support services as well as providing a range of virtual programmes through the young at heart programme including physical activity and community sessions e.g coffee mornings, quizzes, knit and knatter, back in the day when we were young sessions and arts and crafts.</p> <p>VCS has expressed capacity to support and there is a need to ensure that the system is aware of the referral opportunities</p>

50	Local authorities additionally: <ul style="list-style-type: none"> <li>•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</li> </ul>	Local Authority	Safe discharge from NHS settings and preventing avoidable admissions	Hot pathway in place pending CQC inspections of designated sites. All care homes can cohort/isolate aside from Abbey Care Home and then hot pathway would be used. Alternative step-down provision available on a spot purchase basis.
51	Local authorities additionally: <ul style="list-style-type: none"> <li>•should consider adopting the cohorting and zoning recommendations published by ADASS, working with providers. This should include ensuring early partnership discussions with providers, about the safety and feasibility of implementing these arrangements within their care homes</li> </ul>	Local Authority	Safe discharge from NHS settings and preventing avoidable admissions	Hot pathway in place and isolation arrangements discussed
52	Wider support to care homes includes: <ul style="list-style-type: none"> <li>•pulse oximeters available to care homes that do not have the recommended number of devices (1 per 25 beds) which, used under clinical supervision, can help identify 'silent hypoxia' and rapid deterioration of people with COVID-19</li> </ul>	PCNs	Enhanced health in care homes	Through Direct Enhanced Service (DES)
53	Wider support to care homes includes: <ul style="list-style-type: none"> <li>•rehabilitation for those recovering from COVID-19, provided by both primary and community healthcare services</li> </ul>	PCNs	Enhanced health in care homes	Through DES
54	Wider support to care homes includes: <ul style="list-style-type: none"> <li>•training and development for care home staff</li> </ul>	PCNs	Enhanced health in care homes	Through DES

55	Wider support to care homes includes: •support with data, IT and technology, including access to care records and secure email	PCNs	Enhanced health in care homes	Through DES Also supported via Care City - Feebris
56	Local authorities and NHS organisations should: •work closely with SPLWs 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	Local Authority & NHS Organisation	Social prescribing	Social Prescribing Link workers have been working with vulnerable adults throughout the pandemic when identified by PCNs Com Sol delivers the community food club and universal officers sit alongside adult intake team. Working with Age UK and Reconnections as well as wider BD-CAN partners to link people into befriending and support services as well as providing a range of virtual programmes through the young at heart programme including physical activity and community sessions e.g coffee mornings, quizzes, knit and knatter, back in the day when we were young sessions and arts and crafts.
57	Local authorities and NHS organisations should: •ensure SPLWs have the support and equipment to work remotely and access GP IT systems	Local Authority & NHS Organisation	Social prescribing	Underway
58	Actions for local authorities Directors of Public Health should: •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	Local Authority	Visiting guidance	Underway and reviewing on an ongoing basis. Visiting currently restricted.

59	<p>Actions for local authorities</p> <p>Directors of Public Health should:</p> <ul style="list-style-type: none"> <li>•if necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'.</li> </ul> <p>In all cases exemptions should be made for visits to residents at the end of their lives.</p>	Local Authority	Visiting guidance	Underway - visiting restrictions in place as above
60	<p>Local authorities and CCG commissioners should:</p> <ul style="list-style-type: none"> <li>•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</li> </ul>	Local authorities and CCG commissioners	Direct payments	<p>The Council's policy has declared that each case must be decided on its own merits and documented in the customer's support plan, based on the following key principles. The service, activity or item proposed should:</p> <p>Be clearly linked to the outcomes identified in the Support Plan to meet the person's assessed eligible care needs.</p> <p>Be able to show how it will keep the individual healthy, safe and well.</p> <p>Be affordable and proportionate to the assessed eligible care needs of the person.</p>
61	<p>Local authorities and CCG commissioners should:</p> <ul style="list-style-type: none"> <li>•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</li> </ul>	Local authorities and CCG commissioners	Direct payments	<p>A flexible case by case merit has been applied – criteria being that if there is a safeguarding need or an IPC need and ensuring that this was not merely a mechanism to employ the family member when the guidance has not allowed this in the past. This mechanism has been shared with other boroughs and this is the general mode of operation. Vibrance will support with the communication and understanding around employment law</p>

62	Local authorities should: •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	Local Authority	Support for unpaid carers	Carers are supported through the Carers' Hub: •with information and advice. •Access to PPE for unpaid carers who provide personal care but do not live with the carers •Provided letters to ensure they can access shops, chemists to support themselves and the cared for person.
63	Local authorities should: •follow the direct payments guidance and be flexible to maximise independence	Local Authority	Support for unpaid carers	•Vibrance is employed by the Council to support residents around choice and control; what support the commission including personal assistants.
64	Local authorities should: •ensure that assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care	Local Authority	Support for unpaid carers	•Carers assessments are currently carried out remotely. •Should demand exceed supply there is provision with the Carers Support Contract to provide additional carers assessments through the voluntary sector.
65	Local authorities should: •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	Local Authority	Support for unpaid carers	•Memory Lane opened with infection control measures in place. •There are currently no plans to reopen Heathlands until at least December due to rising numbers in Covid infection and the vulnerability of the client group. Increase outreach support has been made available.



66	<p>Local authorities should:</p> <ul style="list-style-type: none"> <li>•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</li> </ul>	Local Authority	Support for unpaid carers	<ul style="list-style-type: none"> <li>•Where possible services have been reconfigured to community based or remote models with increased outreach support, including weekly welfare calls and offers of support with shopping and medication.</li> <li>•Providers have developed on-line activities and supervised outdoor activities in support bubbles where possible.</li> <li>•Providers are continuing to provide weekly updates on activity to Commissioning to effectively monitor any changes in service requirements.</li> </ul>
67	<p>NHS organisations and local authorities should:</p> <ul style="list-style-type: none"> <li>•ensure that discussions and decisions on advance care planning, including end of life, should be offered to take place between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act</li> </ul>	NHS organisations and local authorities	End-of-life care	Underway as per current practice
68	<p>NHS organisations and local authorities should:</p> <ul style="list-style-type: none"> <li>•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</li> </ul>	NHS organisations and local authorities	End-of-life care	Underway as per current practice

69	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.	All	End-of-life care	Ensuring that care homes are doing this as part of visiting restrictions. Underway.
70	Local authorities must continue to: •only apply the Care Act easements when absolutely necessary	Local Authority	Care Act easements	Have not needed to apply Care Act easements
71	Local authorities must continue to: •notify DHSC of any decisions to apply the Care Act easements	Local Authority	Care Act easements	If used, then will notify
72	Local authorities must continue to: •communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format	Local Authority	Care Act easements	If used, then will undertake
73	Local authorities must continue to: •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	Local Authority	Care Act easements	Underway
74	Local authorities must continue to: •follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks	Local Authority	Care Act easements	Underway
75	Local authorities must continue to: •work closely with local NHS CHC teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge	Local Authority	Care Act easements	Underway
76	Local authorities should: •ensure providers are aware of the free induction training offer and encourage them to make use of it	Local Authority	Supporting the workforce	Underway - communicated by Provider Quality and Improvement Team
77	Local authorities should: •promote and summarise relevant guidance to care providers	Local Authority	Supporting the workforce	Underway throughout pandemic

78	Local authorities should: •maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic	Local Authority	Supporting the wellbeing of the workforce	Underway through internal mechanisms and staff offered additional support through EAP and NELFT
79	Local authorities should: •review current occupational health provision with providers in their area and highlight good practice	Local Authority	Supporting the wellbeing of the workforce	Underway
80	Local authorities should: •promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Local Authority	Supporting the wellbeing of the workforce	Underway
81	Local authorities should: •continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter	Local Authority	Workforce capacity	Working with providers to review Business Continuity Plans and reviewing staffing levels through Capacity Tracker
82	Local authorities should: •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	Local Authority	Workforce capacity	Worked with providers around staffing issues where raised and helped them to secure alternative bank staff. Work underway with Learning and Development and Inclusive Growth to support providers to access and increase uptake of apprenticeships to grow the adult social care workforce and provide more routes for career progression
83	Local authorities should: •consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary	Local Authority	Workforce capacity	Ongoing - see examples in row 56
84	Local authorities should: •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	Local Authority	Workforce capacity	Ongoing -our Provider Quality and Improvement Manager is a London lead

85	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.	Local Authority	Shielding and people who are clinically extremely vulnerable	Plans in place between Community Solutions and Commissioners - ILA and DABD to provide enhanced care and support
86	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Underway and supported by our revised Adults Delivery Model, Practice Framework and Practice Standards which are all strengths based in approach
87	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Underway and supported by our revised Adults Delivery Model, Practice Framework and Practice Standards which are all strengths based in approach
88	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Inequalities work underway, led by Performance and Intelligence, Insight team and Public Health
89	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Ongoing - mechanisms reviewed weekly and new Adults Delivery Model in place
90	Directors of Adult Social Services and PSWs should: •develop and maintain links with professionals across the health and care system to ensure joined-up services	Local Authority	Social work and other professional leadership	Ongoing through a variety of fora

91	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Ongoing
92	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Ongoing, weekly meetings between Operational and Commissioning colleagues
93	Directors of Adult Social Services and PSWs should: •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	Local Authority	Social work and other professional leadership	Ongoing through Operational Director, Heads of Service and PSW and discussed regularly with Commissioners at Safeguarding and Quality Callover meetings
94	Directors of Adult Social Services and PSWs should: •support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice	Local Authority	Social work and other professional leadership	Ongoing
95	Local authorities should: •provide DHSC with information about how the money Infection Control Fund has been spent by 30 September 2020	Local Authority	Funding	Complete and submitted
96	Local authorities should: •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	Local Authority	Funding	On <a href="https://www.lbbd.gov.uk/residential-care">https://www.lbbd.gov.uk/residential-care</a>
97	Local authorities should: •provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions	Local Authority	Funding	Ongoing

98	Local authorities should: •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	Local Authority	Market and provider sustainability	Complete and submitted
99	•continue to work understand their local care market; and to support and develop the market accordingly	Local Authority	Market and provider sustainability	Underway through weekly Provider meetings, fortnightly BHR meetings, fortnightly care provider meetings, monthly safeguarding and quality callover meetings and provider forums
100	•continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available	Local Authority	Market and provider sustainability	Ongoing - 10% Covid uplift provided to older people providers between April and August
101	Local authorities should: •work with the CQC to promote and inform providers about monitoring processes	Local Authority	CQC support: Emergency Support Framework and sharing best practice	Ongoing - close relationship between Provider Quality and Improvement and CQC inspectors
102	Local authorities should: •write to DHSC by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and community sector organisations where possible	Local Authority	Local, regional and national oversight and support	Confirmation sent - 29 October
103	•continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops	Local Authority	Local, regional and national oversight and support	Ongoing and in regular discussion with ADASS and other regional meetings

104	•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	Local Authority	Local, regional and national oversight and support	Ongoing by Provider Quality team
105	•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	Local Authority	Local, regional and national oversight and support	Weekly comms starting early November

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# Work Programme 2020/21

Relevant Cabinet Member: Councillor Worby, Social Care and Health Integration

<b>Health Scrutiny Committee</b> <b>Chair: Councillor Paul Robinson</b>			
Meeting	Agenda Items	Officer/ Organisation	Final Report Deadline
<b>10 February</b>	<p>The Council's Public Health Response to Covid-19</p> <p>Health &amp; Wellbeing Board:</p> <ul style="list-style-type: none"> <li>To what extent did the Integrated Care System help deal with Covid?</li> <li>What is the Health and Wellbeing Board's role in tackling health inequalities?</li> </ul> <p>Work Programme</p>	<p>Director of Public Health</p> <p>Chair, HWBB and others?</p> <p>Governance Officer</p>	Monday 25 January
<b>28 April</b>	<p>CCGs:</p> <ul style="list-style-type: none"> <li>Looking back, what have we learnt about the long term health and social care impacts/costs of people who had severe symptoms of Covid-19 and what preparation is being taken to manage this?</li> </ul> <p>NELFT</p> <ul style="list-style-type: none"> <li>Impact of Covid-19 on Mental Health:</li> <li>Themes – reflecting on the impact of the lockdown and isolation/ loss of support systems, the recession and job losses</li> <li>Trends so far and picture moving forward</li> </ul>	<p>Dr Jagan John</p> <p>NELFT</p>	Monday 12 April

	Work Programme	Governance Officer	
<b>30 June</b> <i>(first meeting of 2021/22)</i>	Healthwatch – Key Reports/ Findings 2020/21 - TBC	Richard Vann, Healthwatch Barking and Dagenham	Monday 14 June