

Winter Plan 2020 Action Plan

| Ref | Item | Organisation | Category | Evidence |
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| 1 | <ul style="list-style-type: none"> 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 | 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"> 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 | 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"> 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 | 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 |

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| 4 | <ul style="list-style-type: none"> 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 | 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"> 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 | 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"> local authorities must continue to implement relevant guidance and promote guidance to all social care providers , making clear what it means for them | Local Authority | Exec Summary | Ongoing via Provider Quality team |
| 7 | <ul style="list-style-type: none"> 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 | 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"> 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 | Local Authority | Exec Summary | Being monitored via Capacity Tracker and discussions with providers. Discussed at weekly meeting with Provider Quality team |

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| 9 | <ul style="list-style-type: none"> 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 | 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"> 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 | 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"> 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 | 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"> 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 | 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"> 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 | NHS Organisation | Exec Summary | Underway through Enhanced DES NELFT is also providing an IPC team to support our providers with issues around infection control |

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| 15 | <ul style="list-style-type: none"> 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 | 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"> 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 | 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"> 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 | 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"> 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). | 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"> 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 | 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 |

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| 20 | <p>The NHS will continue to:</p> <ul style="list-style-type: none"> •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 | <p>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.</p> <p>Hot pathway in place across BHR with CQC designated sites in both Havering and Redbridge. Barking and Dagenham are in receipt of mutual aid</p> |
| 21 | <p>The NHS will continue to:</p> <ul style="list-style-type: none"> •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 | <p>The NHS will continue to:</p> <ul style="list-style-type: none"> •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 | <p>Local authorities should:</p> <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 | Local Authority | Guidance on infection prevention and outbreak management | <p>Doing on an ongoing basis</p> <p>Care agencies can raise any questions or concerns directly with the Public Health team.</p> |

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| 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 |

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| 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 |

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| 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 |

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| 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. |

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| 48 | <p>Local authorities and Clinical Commissioning Groups (CCGs) should work together to:</p> <ul style="list-style-type: none"> •secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support | 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"> •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 | 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> |

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| 50 | Local authorities additionally: <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 | 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"> •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 | 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"> •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 | PCNs | Enhanced health in care homes | Through Direct Enhanced Service (DES) |
| 53 | Wider support to care homes includes: <ul style="list-style-type: none"> •rehabilitation for those recovering from COVID-19, provided by both primary and community healthcare services | PCNs | Enhanced health in care homes | Through DES |
| 54 | Wider support to care homes includes: <ul style="list-style-type: none"> •training and development for care home staff | PCNs | Enhanced health in care homes | Through DES |

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| 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. |

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| 59 | <p>Actions for local authorities</p> <p>Directors of Public Health should:</p> <ul style="list-style-type: none"> •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> | 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"> •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 | 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"> •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 | 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> |

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| 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. |

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| 66 | <p>Local authorities should:</p> <ul style="list-style-type: none"> •where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs | Local Authority | Support for unpaid carers | <ul style="list-style-type: none"> •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. •Providers have developed on-line activities and supervised outdoor activities in support bubbles where possible. •Providers are continuing to provide weekly updates on activity to Commissioning to effectively monitor any changes in service requirements. |
| 67 | <p>NHS organisations and local authorities should:</p> <ul style="list-style-type: none"> •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 | 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"> •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 | NHS organisations and local authorities | End-of-life care | Underway as per current practice |

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| 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 |

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| 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 |

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| 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 |

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| 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 https://www.lbbd.gov.uk/residential-care |
| 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 |

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| 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 |

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| 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 |