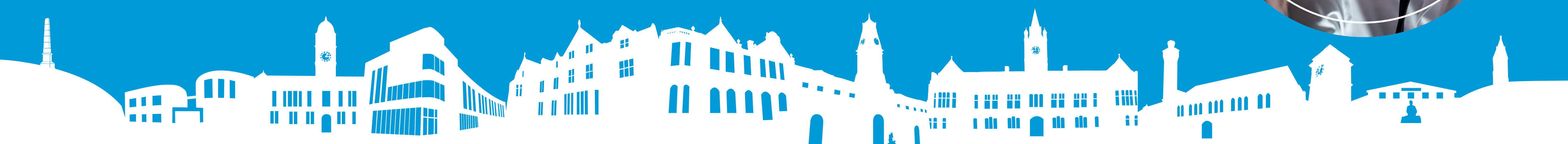
Tameside Adult Social Care Winter Plan 2020-21



Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

Overarching Aims

Ensuring everyone who needs care and support can get high quality, timely and safe care throughout the autumn and winter period.

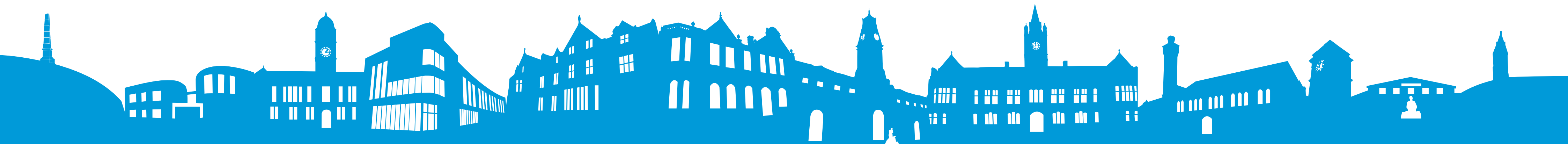
Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COIVD-19.

Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.

Our Approach

Key to our approach to ensuring people receive the right support, at the right time, in the right place is whole system working and joined up communication. This Plan sits alongside the Tameside and Glossop third phase response.

Ensuring people receive the right support, at the right time, in the right place



Key Objectives

1 Preventing and controlling the spread of infection in care settings.

Guidance on infection prevention and outbreak management.

Support to prevent infection remains a critical element of the support to care homes. The Infection Prevention and Control Team, alongside the Population Health Team, the Quality and Safeguarding Team (CCG) and the Adult Social Care team continue to support the homes on a daily basis in order to prevent and manage any infection outbreaks in the homes. Ongoing training for staff is available relating to preventing and managing infections, including the correct use of PPE. Where outbreaks are identified Outbreak Control Team meetings are called, usually the same day, to understand the cause of the outbreak and offer ongoing support to the care home to manage the safe conclusion of the outbreak.

Care homes are able to access PPE via their own suppliers at this stage, however the LA and the CCG continue to access PPE supplies via the LRF supply route should this be needed in an emergency. Same day delivery of emergency supplies can be facilitated by ASC.

Care homes have developed workforce deployment to ensure regular teams work in single locations and no longer allow staff to car share, share break times, or use communal areas.

The extension of the Infection Control Fund will continue to ensure all care providers can continue with measures that reduce risks of infection and continue to support a resilient approach to staffing.

Covid-19 testing

All care homes have a regular regime of testing with all staff tested every week and all residents tested every 28 days. In the case of outbreak management, further testing is undertaken via PHE supported by the Infection Prevention and Control Team. All health and social care professionals who are likely to enter care homes to fulfil essential duties to support individuals are tested on a weekly basis.

Work is underway to roll out testing for individuals living in supported accommodation or extra care housing schemes, with regular contact with providers to ensure they are registered with the Portal.

All health and social care professionals and their families are able to utilise local satellite testing centres to ensure prompt testing.

Testing has been made available through the Homeless Team for all individuals who are supported via that service.

Seasonal Flu Vaccines

The seasonal flu campaign is well underway with many vulnerable people receiving their vaccines via GP surgery. Care home staff across the sector are reporting difficulties in accessing flu vaccinations via their GP or pharmacy. This matter has been escalated.

Additionally the residents and staff in care homes have been receiving their vaccines, with residents at 23 of 35 care homes having had their vaccination, with clinics booked in the remaining care homes. Some staff in care homes are reporting difficulties accessing vaccinations. This has been escalated.

Additionally the LA and the CCG ran a flu clinic the week of 12 October 2020 for front line staff, where over 400 staff were vaccinated, including some volunteers from our Voluntary Sector partners.

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Key Objectives

2 Collaboration across health and care services.

Safe discharges and avoidable admissions

The CCG and ASC work jointly to commission care packages to facilitate discharges from hospital.

All individuals who are requiring a short term provision in a care home are tested prior to discharge and the results of the test are communicated to the home; this is recorded in case notes and within the assessment documentation. Joint work ensures either care homes do not admit new or existing people if they are not able to safely manage the impact of the Covid-19 symptoms.

Good links with local and voluntary sector organisations provide support to people who require discharge; this includes Age UK who provide a 'Home from Hospital' support service. Additionally a dedicated Housing Officer from Jigsaw Housing (major residential social landlord) is based with the integrated discharge team at the hospital.

A D2A team has been established in the community to carry out Care Act Assessments which ensures these assessments are taking place within the required 6 week period to identify longer term support needs in the community. This team will also complete CHC screening and progress an appropriate onward referral.

Guidance, processes and D2A funding templates have been developed jointly with the CCG and Integrated Care Foundation Trust (ICFT), shared and implemented across all organisations.

Commissioning is underway to procure 12 D2A beds to support timely discharges from hospital over the winter period.

Care Homes are supported to accept admissions with testing of all people being discharged from hospital. Care Homes are supported to safely isolate people and where this is not possible alternatives are being sought. Work is currently underway with the care sector to identify Designated Spaces to allow people who need ongoing isolation due to a positive or inconclusive COVID-19 test, to be discharged safely from hospital.

Enhanced Health in Care Homes (EHCH)

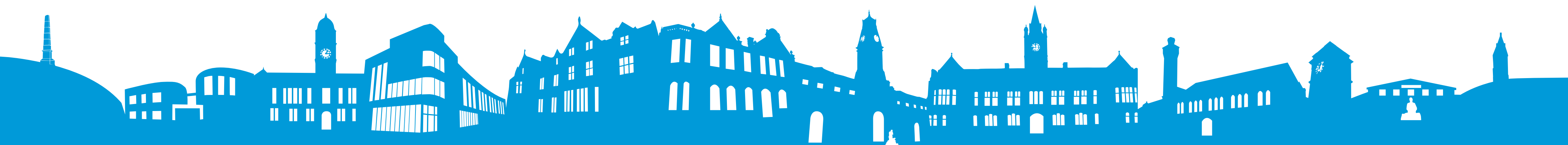
The cornerstone of the EHCH offer is the Digital Health function – all care homes are digitally linked to a clinical support team 7am-10pm to offer clinical advice and support to minimise ED attendances. The integrated approach locally is epitomised by Working in partnership with Health Innovation Manchester care homes are engaged with a new digital Covid-19 Tracker, via Safe Steps, to support care management of their residents. GPs have access to this Tracker and can assess each day to enable a risk-based response to changes in an individual's health status.

The programme is overseen on a daily basis by the Consultant Geriatrician.

Digital Health includes routine monitoring of individuals, including the use of pulse oximeters.

Each care home has a named PCN Clinical Lead who reviews the information available on the Tracker, and attends OCT meetings to support care home providers to manage outbreaks.

A task and finish group, attended by representatives from across the economy is meeting regularly to develop and oversee the enhanced offer to care homes. The key priority of this group is to ensure a robust system approach to pro-active care planning and advanced care planning to ensure a personalised approach to meeting an individual's needs. The priority of the work is - There is a consistent approach to personalised care planning across Tameside & Glossop so that individuals residing in care homes are in control of their own narrative and decisions to enable them to live well and have fulfilled lives.



Key Objectives

3 Supporting people who receive social care, the workforce and carers

Supporting independence and quality of life

Key to the local approach is a person centred, outcome based a approach to ensuing that individuals are central to the service offer. Individuals are involved in the design of the service to meet their identified needs, and there is a focus on what the individual can do for themselves, how their local support network, including family, friends and local community assets can enable them to maximise their independence. Only then will formal services be established to meet need.

Visiting guidance

In line with restrictions imposed across the North West and specifically Greater Manchester visiting is not currently taking place across the care homes except in exceptional circumstances where families are supported safely to visit their relatives. In addition to support our priority of preventing infections visiting professionals are following strict Infection Control regimes – guidance has been issued to all professionals and providers.

Window visits are currently being supported. Care homes are also looking at a range of ways to support and maintain contact with residents and their families – this includes the use of digital technology, videos, newsletters.

The Director of Public Health will continue to monitor this arrangement and assess the appropriateness of any changes.

Direct Payments

Weekly meetings take place between managers and the Direct Payment team to review processes and ensure ongoing support is in place for winter. Any changes to guidance are monitored, updated and communicated immediately.

ASC has maintained the support for recipients of Direct Payments and their Pas throughout the pandemic and will continue through winter. This includes writing to people offering information and advice and contact details for the Direct Payment Team, link to resources on the Skills for Care website providing additional information and advice and the offer of PPE on a case by case basis.

Contingency arrangements continue to be reviewed to recorded on support plans to understand where each person may have support in their home networks if their PA is unwell, or if the Council may be needed to step in and provide that support instead. Regular contact and welfare checks with recipients are undertaken to offer additional and person centred support where required.

There is a GM recruitment programme for PAs that Tameside links in with to ensure there is an effective pool of PA resources to call upon if needed.

ASC continues to offer greater flexibility in using Direct Payments to meet changing needs. Direct Payments have been used to purchase PPE, provide shopping support for those who are shielding, and in some circumstances (in line with the guidance), the Council has approved family members in the same household to become PAs to provide the most appropriate support and continuity of care.

Social activities, where possible, have been provided virtually, such as bingo, quiz sessions and online tutorials in cookery, music and singing. Person centred approaches, creativity and flexibility of care and support continues to be fundamental to meet needs and outcomes.

Unpaid Carers

The Carers Service continues to support carers in a flexible and person centred manner with regular welfare calls and understanding and updating contingency plans. Further support is offered and tailored to meet people's needs - this might be to help with shopping, building confidence using public transport etc.

Assessments and re assessments have been updated to reflect increases in care and support needs. In some cases services have been reduced as families have been at home and have decided to care for their family member; this has either been on a paid (direct payment basis) or unpaid on an informal basis. If provided on an informal basis, the council has offered a carers assessment to the family member as a carer in their own right.

The Council has developed a Carer's Pack of targeted information and advice for carers. This resource has been mailed out, and also shared online and is regularly reviewed and updated. Carer awareness and identification is supported by promoting messages

through social media and distributing leaflets at key points of contact e.g. Emergency Department, GP).

The Council is developing further plans to support carers on a digital platform to offer support, information, advice and guidance in a different way. Plans incude the delivery of virtual coffee mornings, armchair exercises, tips on looking after your mental health etc.

Day Services and Respite (including Shared Lives)

Day Services for people who have learning disabilities and physical disabilities remain open with appropriate infection control measures in place. This means that services are operating bubbles to reduce the risk of infection. In the event of any major disruption, alternative support away from day centre bases will be arranged to reduce the risk of family / carer breakdown including support using digital technology. These approaches have been utilised successfully by a number of providers to ensure contact is maintained where access to building based services is disrupted. Due to requirements of social distancing attendance patterns are staggered to minimise the number of people in a centre at any one time.

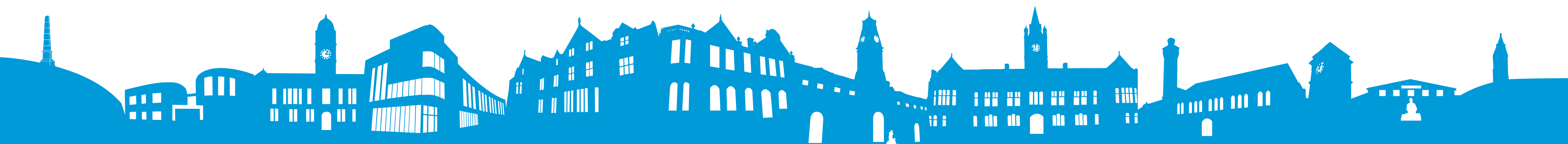
Dementia day care services remain fully open and providing building based and outreach services. To date this has been very well received by individuals and their families.

Shared Lives placements have continued with long term support placements being supported and maintained. Respite support is also available to support those most at risk of individual / carer breakdown.

Social Prescribing

Social Prescribing Link Workers work closely across Primary Care Networks (PCNs) and with the Council's Humanitarian Hub to identify and support a range of people in need with a range of interventions. This work will continue over the winter period with the allocation of work being made on a referral basis. Direct referrals are also made to the NHS GoodSAM application where appropriate and without going via the Social Prescribing Link Workers.

As part of an evaluation of the response provided to date it has been recognised that more can be done to ensure people with autism and people with a learning disability are supported by



the Link Workers and work is underway to review and clarify the referral processes and pathways for this support.

Wellbeing Advisors also link in to ensure maximum coverage and impact for individuals and informal carers together with identifying any gaps in the voluntary sector provision which can be enhanced, ideally using community assets already in place.

All appropriate IT equipment, PPE etc is available to enable SPLWs to undertake their roles.

End of Life Care

It is important that person centred End of Life Care is planned with an individual. GPs and service providers work closely with individuals to ensure that their wishes are considered and documented as part of the advanced care planning process. A cross system working group has been established with care home providers, PCN GP Leads, the CCG, ASC and the Consultant Geriatrician to review the current processes to ensure they are fit for purpose and support individuals to ensure a good life and a good death.

Where an individual resides in a care home, arrangements are in place to facilitate visiting where an individual is at end of life, to ensure they are able to see family members. Care homes have robust procedures in place to facilitate this safely and in a timely manner.

Care Act Easements

Care Act Easements will only be considered in critical circumstances as a last resort. An action plan setting up how the service will respond should the situation arise has been developed shared with Cabinet members. Alongside this, briefings have been shared with our staff and partners including Health Leads on the local authority position and processes in place to monitor and minimise impact alongside information for the public on our website. We have continued to meet needs throughout the pandemic and we aim to continue to do so. The PWS has regular meetings with commissioning managers to monitor the pressures in the provider sector, along with managers of the social work teams across the service. The Ethical Framework has been well publicised via briefings with all social care staff internally and with our providers. The ethics and values illustrated underpin our approach locally.

Key Objectives

4 Supporting the workforce

Greater Manchester has developed a regional recruitment campaign, entitled “Be a Care Hero” (https://www.greater.jobs/content/10231/be-a-care-hero) and Tameside is part of this campaign to urgently recruit people to the social care sector, offering full training and induction with no previous experience of the sector required.

Locally, the Council has ensured fast-track recruitment processes to enable this to happen quickly. This continues to be promoted to attract people to work for social care through winter.

The national recruitment support through ‘Skills for Care’ is regularly promoted to all social care staff including the provider sector, through briefing notes that are developed for the adult social care workforce. These briefings promote targeted messages about health and wellbeing support to the workforce, the people they provide support to, and national and local guidance is streamlined with specific advice from local Public Health and Infection Control Teams. Some examples of the types of support offered and promoted include mental health and wellbeing, counselling and occupational health support, bereavement support, maintaining good physical health, tips for home working, support from the voluntary sector etc.

The frequency of these briefings can be adapted to the level of need, and providers have been asked for their feedback on content and frequency to ensure it is a meaningful and useful resource. At least once a week, providers are contacted to check if they need support, promote any key messages and ensure that relevant data and information is collected to inform planning locally and regionally. For example, the Council will work with providers to support them with registering with the national PPE portal, ensuring effective monitoring through the capacity tracker, accessing the emergency PPE supplies, co-ordinating care home outbreak meetings, promoting local webinars for Infection Prevention and swabbing with the local Infection Control Team etc.

The Council regularly updates and promotes the ‘Workforce FAQs’ adapting quickly to national, regional and local guidance. Managers are directed to the FAQs as soon as there are revisions, with notes to highlight the key changes so that they may be able

to put changes into place and have conversations with their teams if required.

As well as additional fast-track recruitment to ensure sufficient capacity, the Council continues to ensure the flexibility of the workforce is maintained so that resources can be effectively redeployed and redirected to where there is greatest demand.

As well as a local outbreak plan for the Council, ASC has a ‘surge plan’ which builds upon all service business continuity plans to hold a strategic overview of contingency planning for adult social care; a key component of this is contingency planning of the entire workforce.

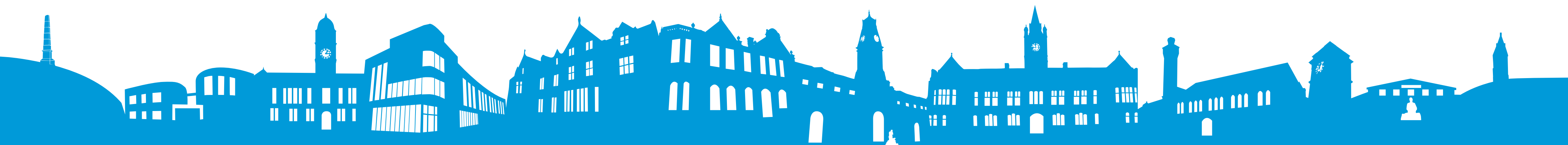
Principal Social Worker Reflection

Work is ongoing to ensure that the principles of the Care Act and Mental Capacity Act and Human Rights Act underpin all of the work that takes place in Adult Social Care. Legal literacy and its application to ensure a rights based approach to social work is a key part of our workforce development plan and this has continued during the pandemic. Guidance has been developed, updated and shared with practitioners, partner organisations including the NHS on best practice during the pandemic.

Social Workers are aware of issues of inequality and deprivation and often use their role to advocate for, and challenge health and social care systems, to ensure the rights of those we support are upheld. Social Workers have a holistic approach to assessment and consider health inequalities alongside social care in their interventions. Ongoing work to raise awareness of issues for particular groups is ongoing and forms part of the workforce development plan alongside the ongoing work across the integrated teams.

As new pathways and models of practice have been developed and reviewed, such as the Discharge to Assess pathway, the principles of the Ethical Framework and person-centred care and support have been at the centre.

Safeguarding practice has been reviewed and monitored throughout the pandemic, trends and patterns have been analysed and support and guidance has been offered to social work practitioners and partner agencies on safeguarding work during the pandemic. The ongoing work to learn from, and develop Safeguarding Adults practice locally is continuing, with legal literacy and Making Safeguarding Personal at the heart of this.

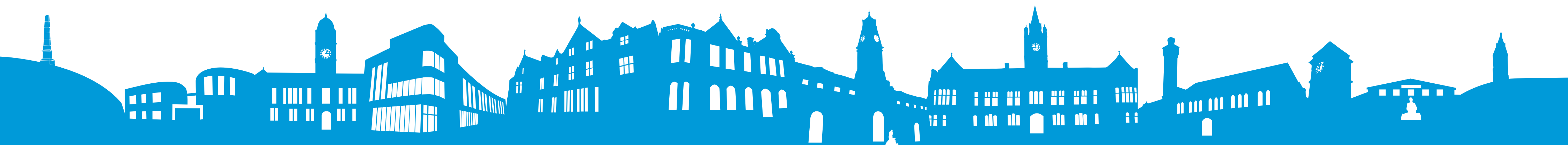


Shielding

A register of shielded/CEV staff is maintained, and risk assessments for all staff are person centred and reflect individual needs and vulnerabilities so that adjustments can be put in place to ensure the protection, health, safety and welfare of all staff.

These risk assessments are continuously reviewed and employees are being asked to work from home where they can and are offered deployment to other roles if necessary.

shielding



Key Objectives

5 Financial Support

A second round of Infection Control Grant funding has been allocated to the Council - £2,131,598. All providers have been notified of their allocations – based on the requirements stipulated in the grant. Grant agreements have been set up, and providers are clear about how this grant should be used. Use of the grant will be monitored by Finance Services and the Commissioning Team and will be overseen by Adult Management Team. Reporting will also be made into Executive Cabinet periodically.

Financial support is also available to facilitate the Discharge to Assess model described in the Hospital Discharge Service: Policy and Operating Model guidance (17 September 2020), where up to 6 weeks of care and support will be funded by the NHS discharge funding until assessment has been completed and appropriate arrangements have been put in place. Robust monitoring arrangements have been put in place to understand the costs and to ensure that assessments are undertaken in a timely manner.

From 19 March 2020 to 31 August 2020 care packages that supported a prompt discharge from hospital, or prevented a hospital admission have been funded via the NHS. CHC assessments were not undertaken during this period, but were re-introduced from 1 September 2020. A programme of works to assess the individuals whose care packages have been funded via the NHS – the deferred list – has been established to work to the deadline of 31 March 2021. A determination will be made of who is eligible to fund the care – the NHS via CHC funding, the individual as a self-funder, or the local authority, with a financial assessment to determine if an individual is eligible to pay towards the cost of their care. Close monitoring of this programme has been established.

Key Objectives

6 Oversight

Local reporting, care home support team meeting, capacity tracker, daily calls, are home support plan.

working together