

Report to:	EXECUTIVE CABINET
Date:	25 November 2020
Executive Member:	Councillor Eleanor Wills, Executive Member Adults Social Care and Population Health
Reporting Officer:	Stephanie Butterworth, Director of Adults Services
Subject:	ADULT SOCIAL CARE WINTER PLAN 2020-21
Report Summary:	This report presents the local economy response to the Adult Social Care Winter Plan 2020-21 that was published by the Department of Health and Social on 18 September 2020.
Recommendations:	It is recommended that Members note and support the local response to the ASC Winter Plan 2020-21.
Corporate Plan:	The requirements and priorities of the ASC Winter Plan 2020-21 align the Living Well and Ageing Well programmes.
Policy Implications:	Implementation of the Winter Plan 2020-21 is in line with the requirements of the Coronavirus Act 2020 and the Care Act 2014.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	It must be noted however, that to carry out the Winter Plan the monies allocated by the Department of Health and Social Care (DHSC) to fund the costs of COVID, including the additional infection control monies round 2 (£2.131m) are being closely monitored to ensure all expenditure is in line with the funding criteria. The impact on the Adult Services budget is under constant review. Regular monitoring is being carried out to ensure that expenditure is kept within the allocated budget.
Legal Implications: (Authorised by the Borough Solicitor)	This report sets out a very helpful summary of the Adult Social Care Winter Plan 2020-21 and the Council's local response. Members need to be satisfied that the plan is efficient and effective and will be delivered within budget and is sufficiently robust to deliver the key priorities and objectives set out in paragraph 2.1. Additionally members need to be satisfied that there is an appropriate performance monitoring arrangement in place to enable appropriate escalation where required.
Risk Management:	Management and oversight of the Winter Plan 2020-21 will be ensured through Adult Management Team, SLT and Covid Contain Board.
Background Information:	The background papers relating to this report can be inspected by contacting Sandra Whitehead, Assistant Director Adults.



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1. INTRODUCTION

- 1.1 On 18 September 2020 Helen Whatley MP, Minister of State for Care wrote to the Chief Executive, Director of Adult Social Services (DASS), the Director of Public Health (DPH), the CCG Accountable Officer and to care providers to launch the Adult Social Care Winter Plan. The letter is available at **Appendix 1**. The ASC Winter Plan builds on the work undertaken over the summer by the Adult Social Care Covid-19 Taskforce led by David Pearson CBE.
- 1.2 The ASC Winter Plan sets out the actions the Department of Health and Social Care (DHSC) is taking at a national level to support those who provide and receive care. It also sets out the actions every local area – local authority and NHS partners and every care provider must be taking now to continue to maintain efforts to contain the covid virus.
- 1.3 On 13 October 2020, the Department of Health and Social Care (DHSC) wrote to the Director of Adult Social Services to detail the requirements for Designated Settings to be established. These settings are to ensure the safe discharge of individuals who have tested positive for covid-19 and were returning to either a care home, or being placed at a care home for the first time. The intention of this capacity is to minimise the risk of infection in the wider care home population. These settings are referenced in the Winter Plan.
- 1.4 The DHSC has confirmed £3.7 billion in emergency funding for local authorities, and 588 million for discharge as part of the £3 billion NHS winter funding to cover the costs of ongoing care for the remainder of the financial year. Close accounts are being maintained of spend across the system to meet the additional requirements of the Winter Plan that can be charged against this funding.
- 1.5 The government has announced a second round of Infection Control Grant funding of over £500 million to support local providers to manage the safe delivery of services and to minimise the risk of transmission across the most vulnerable. While referenced in the Winter Plan, a separate report will be presented to describe the distribution of this funding.

2. KEY PRIORITIES & OBJECTIVES

- 2.1 The Winter Plan covers 4 key themes:
- preventing and controlling the spread of infection in care settings
 - collaboration across health and care services
 - supporting people who receive social care, the workforce, and carers
 - supporting the system
- 2.2 The Winter Plan describes key government national interventions:
- *continue to engage, across the sector, including with local authorities, care providers, people with care and support needs and carers, to understand their needs and to provide appropriate support*
 - *continue to provide financial support to the sector, by providing over £500 million of additional funding to extend the Infection Control Fund to March 2021. This is in addition to the £3.7 billion in emergency funding for local authorities, and the £588 million for discharge as part of the £3 billion NHS winter funding to cover the costs of ongoing care for the remainder of the financial year*
 - *lead and coordinate the national response to COVID-19 and provide support to local areas, where needed, as set out in the [contain framework](#)*
 - *appoint a chief nurse for social care to the Department of Health and Social Care (DHSC)*
 - *we are working up a designation scheme with the Care Quality Commission (CQC) for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result.*

- *continue to develop and publish relevant guidance, accessible for everyone supported by social care services, and update policies and guidance based on the latest science and evidence. We will work proactively with the sector to communicate vital updates to this Winter Plan and other guidance.*
- *work relentlessly to ensure sufficient appropriate COVID-19 testing capacity and continue to deliver and review the social care testing strategy, in line with the latest evidence, scientific advice on relative priorities and available testing capacity*
- *work to improve the flow of testing data to everyone who needs it*
- *provide free personal protective equipment (PPE) for COVID-19 needs in line with current guidance to care homes and domiciliary care providers, via the PPE portal, until the end of March 2021*
- *provide free PPE to local resilience forums (LRFs) who wish to continue PPE distribution, and to local authorities in other areas, to distribute to social care providers ineligible for supply via the PPE portal, until the end of March 2021*
- *make available for free and promote the flu vaccine to all health and care staff, personal assistants and unpaid carers*
- *play a key role in driving and supporting improved performance of the system, working with local authorities and CQC to strengthen their monitoring and regulation role to ensure infection prevention and control procedures are taking place*
- *publish the new online Adult Social Care Dashboard, bringing together data from the Capacity Tracker and other sources, allowing critical data to be viewed, in real time, at national, regional and local levels by national and local government*
- *publish information about effective local and regional protocols and operational procedures based on what we have learnt so far to support areas with local outbreaks and/or increased community transmission*

2.3 The ASC Winter Plan 2020-21 Policy Paper (18 September 2020) sets out the key actions for and local authorities and NHS organisations:

- *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 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 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 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 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 authorities must continue to implement relevant guidance and promote guidance to all social care providers, making clear what it means for them*
- *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 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 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 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 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*
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- *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*
- *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*
- *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.*

2.4 The Winter Plan also sets out the key actions that providers should take:

- *providers must keep the needs and safety of the people they support and their staff at the forefront of all activities*
- *providers should review and update their business continuity plans for the autumn and winter, of which workforce resilience should be a key component*
- *providers should continue to ensure that all relevant guidance is implemented and followed, using the new guidance portal for providers, [overview of adult social care guidance on coronavirus \(COVID-19\)](#)*
- *providers should utilise additional funding available to implement infection prevention and control measures, in accordance with the conditions of the Infection Control Fund and those given by local authorities, and should provide all information requested on use of the funding to local authorities*
- *providers must provide data through the Capacity Tracker or other relevant data collection or escalation routes in line with government guidance and the conditions of the Infection Control Fund*
- *providers should ensure that both symptomatic staff and symptomatic recipients of care are able to access COVID-19 testing, as soon as possible. Care homes should adhere to guidance on regular testing for all staff and care home residents*
- *all eligible care providers can register for and use the new PPE portal. All providers should report any PPE shortages through the Capacity Tracker, LRFs where applicable, or any other relevant escalation or data collection route*
- *providers ineligible to register for the portal (such as personal assistants) should contact their LRF (if it is continuing to distribute PPE) or their local authority to obtain free PPE for COVID-19 needs*
- *providers should proactively encourage and enable people who receive care and social care staff to receive free flu vaccinations and report uptake*
- *care home providers should develop a policy for limited visits (if appropriate), in line with up-to-date guidance from their relevant Director of Public Health and based on dynamic risk assessments which consider the vulnerability of residents. This should*

include both whether their residents' needs make them particularly clinically vulnerable to COVID-19 and whether their residents' needs make visits particularly important

2.5 Considerable detail sits behind the key actions set out above. These are described through the ASC Winter Plan.

3. LOCAL RESPONSE

3.1 The local economy response to the Winter Plan 2020-21 is attached to this report at **Appendix 2**. The response sets out the key actions and priorities for the local area to ensure resilience and contingency to support individuals and providers through the winter.

3.2 The overarching aims of the local Winter Plan are:

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

3.3 A comprehensive review of the current local system position is currently being undertaken to understand the local system's preparedness to meet the needs of local people, with providers and a workforce that are equipped to deliver safe, appropriate services. This assessment will be used to inform key priorities for the local economy to ensure delivery against the Winter Plan 2020-21.

4. FINANCIAL IMPLICATIONS

4.1 The government has announced various funding streams to support the delivery of the range of programmes required to protect the local population during the pandemic.

4.2 The allocated budgets to support additional or specific spend to deliver pandemic specific services are being closely monitored via the Finance Teams. It is unclear at this stage what the additional costs of delivering the Winter Plan.

4.3 Close engagement with Finance will continue to ensure covid related spend is clearly identified and allocated appropriately. This has been clear for the Infection Control Grant. This spend is monitored via AMT and dedicated briefings with Finance.

5. CONCLUSION

5.1 On 18 September 2020 the government wrote to the Chief Executive, CCG Accountable Officer, the DASS and the DPH to set out the requirements of the ASC Winter Plan 2020-21.

5.2 The local response to the Winter Plan must be submitted to DHSC by 31 October 2020.

5.3 The local Winter Plan response is presented at **Appendix 2** of this report. Key system leaders have been consulted on the development of the Winter Plan response.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.