

Adult Social Care Coronavirus Winter Plan 2020-21 – briefing for councils

01 October 2020

Introduction

This briefing summarises the key messages in the Adult Social Care Winter Plan (published by DHSC on 18 September 2020) and sets out the key actions for local authorities in a format that allows colleagues to clearly identify gaps:

[Adult Social Care: Coronavirus Winter Plan 2020-21](#)

Summary points

- The Winter Plan has been divided across four themes and sets out actions for Local Authorities, CCGs and providers (health and social care) to take.
- Much will already be in motion, but local authorities should cross-check to ensure they are built into existing local plans and address the Winter Plan actions. Local authorities are required to write to DHSC and confirm they have done this by **31 October 2020**; they are **not required** to submit a 'Winter Plan'.
- Collaborative, partnership working remains central to the success of the response of the pandemic. Local authorities should work with NHS colleagues to ensure primary and community services are supporting local providers, as well as social care services and voluntary organisations to ensure people can access the help and support they need to remain well.
- Local authorities should ensure providers are kept up to date with the local guidance and there is weekly communication from the Director of Adult Social Services and Director of Public Health.
- Local authorities should maintain oversight of the care home support plan, ensuring providers are well supported to prevent infection outbreaks in care settings. This includes distributing free PPE to providers who cannot access the PPE portal; promoting the flu vaccination programme; supporting providers with staffing issues and working with CQC on the designation scheme for premises for people discharged from hospital who cannot go straight into a care home.
- 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 authorities should act as lead commissioners for those discharged from hospital using the Treasury/NHS money, unless otherwise agreed.
- No care home should be forced to admit an existing or new resident to the care home if they are unable to cope with the impact of the person's COVID-19 illness safely. Local authorities remain responsible for providing alternative accommodation in local systems and should make use of the [ADASS Cohorting and Isolation recommendations](#).

- 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. Confirmation of how the first round was spent is required by **30 September 2020**.
- As of **1 September 2020** CHC and Care Act Assessments have been restarted. Local authorities should work with CCG colleagues to ensure they are being completed, including any deferred assessments for 19 March to 31 August 2020.
- 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. Recent [Direct Payments guidance](#) should be followed to support people and their carers to use these flexibly and innovatively.
- Local authorities should ensure providers are aware of the suite of national offers available to support with staff recruitment, induction, training and wellbeing.

Key Actions for Local Authorities

Theme 1: Preventing and controlling the spread of infection in care settings						
Reference	Actions Required by Local Authorities	Current status	Req't fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?
1.1	Continue to implement IPC relevant guidance. Circulate and promote guidance to adult social care providers in Rutland, including for visitors.	<ul style="list-style-type: none"> Disseminating via LA provider bulletin. LLR Care Home Cell facilitating consistent LLR approaches. Calling on LLR IPC leads if required. Local guidance provided where warranted to simplify. 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator & Homecare Co-ordinator	Complete
1.2	Work with partners including Public Health England and local health protection boards to control local outbreaks, referring to the contain framework .	<ul style="list-style-type: none"> Weekly local Health Protection Board including Public Health and Environmental Health Public Health provide advice to support testing process. Weekly collation of testing in care homes along with proactive cases and numbers of staff self-isolating. Implemented a rapid testing service for social care staff. Proactive support to providers in the event of outbreaks. 	Yes	No gaps identified – system in place.	Public Health (national and local); Adult Social Care; Environmental Health; RISE Care Home Co-ordinator	Complete
1.3	Support care homes, working with local partners, to carry out learning reviews after each outbreak to identify and share	<ul style="list-style-type: none"> Work with Public Health to review outbreaks and offer any additional guidance and support to homes 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator with support from the	As required

	lessons learned at local, regional and national levels.	<ul style="list-style-type: none"> Share information with Leicester and Leicestershire colleagues to identify and share learning at a sub-regional level. 				Quality Assurance Officer	
Managing staff movement							
1.4	Distribute the Infection Control Fund (ICF) Submit returns on use of the funding in line with grant conditions.	<ul style="list-style-type: none"> All Round 1 ICF was distributed to care homes, domiciliary care agencies and other community care providers including PAs in line with the guidance. The first tranche of Round 2 funding has been distributed in line with the Grant conditions and provider spend continues to be monitored. 	Yes	No gaps identified – system in place.		Head of Commissioning	Ongoing monthly reporting for Round 2 to 19 April 21
1.5	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	<ul style="list-style-type: none"> See 3.24 	Yes	No gaps identified – system in place.		Head of Commissioning	Reviewed as guidance changes
1.6	Continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, to reduce staff movement.	<ul style="list-style-type: none"> See 3.23 	Yes	No gaps identified – system in place.		Head of Commissioning	Complete

1.7	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	<ul style="list-style-type: none"> • Guidance circulated to all providers • Single point of contact for providers to direct queries • Provision of Infection Control Funding funding to reduce staff movement 	Yes	No gaps identified – system in place.	Head of Commissioning	Complete
1.8	Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings. Follow up with care providers who are not limiting staff movement.	<ul style="list-style-type: none"> • Capacity Tracker data from providers actively monitored by RISE. • Follow up as appropriate. • Escalation of wider issues to LLR Covid-19 Care Home Cell. 	Yes	No gaps identified – system in place.	RISE Care Home Coordinator	Complete
Personal protective equipment (PPE)						
1.9	Follow all relevant guidance on use of PPE , including recommendations for those providing support to people with learning disabilities or autistic people.	<ul style="list-style-type: none"> • Arrangements in place for domiciliary care providers to comply with PPE guidance in the provision of care and support services. • Specialist trainer locally who can provide additional regular refresher training on donning and doffing PPE. • Guidance has been disseminated to providers, and updates are being sent out to providers as and when available. 	Yes		Community Care Services. RISE Homecare Co-ordinator. Overseen by Covid Task Force.	Ongoing as and when new information and guidance is available.

1.10	<p>Make use of free government-funded PPE stocks where needed and in line with COVID-19 PPE guidance. Ensuring care homes and domiciliary care providers, along with some others, register for the PPE portal to obtain free PPE. Provision of PPE for providers ineligible to register for the portal (eg, personal assistants).</p>	<ul style="list-style-type: none"> • Have encouraged care providers to use the PPE portal to access supplies of PPE • Provided information on how to register for the portal and ensured uptake by providers. • PPE provided on an ad hoc basis to PAs and as part of the ICF Round 1 funding. • Provision of PPE for those ineligible to register on the portal via the local authority. 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator and RISE Homecare Co-ordinator.	Complete
1.11	<p>In the event of urgent need for PPE stocks, use the National Supply Disruption Response (NSDR) or contact their LRF to access free emergency supply from the LRF stockpile</p>	<ul style="list-style-type: none"> • All providers have contact details for the NSDR for emergency PPE • Current status of PPE levels is monitored weekly to support providers avoid needing emergency supply, and if necessary provide emergency PPE from centrally held local authority stock • Local LRF process in place for emergency stock. 	Yes	No gaps identified – system in place.	RISE Team Manager	Complete
1.12	<p>Report shortages via Capacity Tracker and/or the CQC community care survey.</p>	<ul style="list-style-type: none"> • Ongoing encouragement to care providers to flag their PPE situation using the national data portals. • Monitor this availability for potential local intervention. 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator and RISE Homecare Co-ordinator.	Ongoing

COVID-19 testing						
1.13	Ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and, together with NHS organisations, provide local support for testing in adult social care, if needed.	<ul style="list-style-type: none"> Ongoing monitoring of care provider testing activity (see 1.14). Ongoing encouragement of wider community care providers to access testing for their staff, including flagging of local MTU sites and dates. Escalation of issues as they arise. 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator and RISE Homecare Co-ordinator. DASS for overview and escalation	Ongoing
1.14	Actively monitor local testing data to identify and act on emerging concerns, including following up with care homes that are not undertaking regular testing, as per the guidance.	<ul style="list-style-type: none"> Care home testing data monitored by the RISE Care Home Coordinator, with direct follow up if testing is not taking place. Also escalation of issues if testing is not accessible to providers. RCC Public Health escalate regionally where testing is not available in order to resolve issues. 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator. RCC Public Health Lead	Complete
Seasonal flu vaccines						
1.15	Support communications campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine, including directing providers to local vaccination venues.	<ul style="list-style-type: none"> RCC actively communicating to relevant audiences re flu vaccination. Local communications activity aligned with LLR and national communications and decisions of the LLR Flu Board, and localised. Flu vaccinations commenced. 	Yes		Head of Communication RISE Care Home Co-ordinator	Complete

1.16	Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes.	<ul style="list-style-type: none"> Rutland GP practices arranging directly to visit care homes and supported living to vaccinate. Communicating key messages to care providers and care workforce re vaccination. 	Yes	Short-term issue of pharmacy vaccination stock: addressed with renewed communications when supply replenished	Community Care Services Manager. Head of Communication	Complete
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Theme 2: Collaboration across health and care services						
Reference	Actions Required by Local Authorities	Current status	Req't fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?
Safe discharge from NHS settings and preventing avoidable admissions						
2.1	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.	<ul style="list-style-type: none"> RCC commissioning packages of care and placements for service users and then re-charging to health (for up to six weeks) until assessment has determined ongoing care needs and/or who should be funding long term. Local arrangements in place to facilitate discharge In-house MICARE service ready to provide interim care pending commissioning of care packages from the market. 	Yes		Service Manager for Hospital Discharge. Community Care Services Manager	Requirement Met

		<ul style="list-style-type: none"> • Work underway with providers and partners to establish a Designated Setting for the discharge of Covid positive service users on a sub-regional basis 				
2.2	Establish an Executive Lead for the leadership and delivery of the discharge to assess model.	<ul style="list-style-type: none"> • Discharge to Assess model being developed in line with national guidance. 	Yes		Service Manager Hospital Discharge	Requirement (for appointment of lead) met. Basic D2A scheme to start 11th Jan. Intensive support service to be in place within six months.
2.3	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	<ul style="list-style-type: none"> • New Fast Track process recently rolled out across LLR. • In-Reach Nurses manage possible CHC discharges. • Procedures in place for new possible CHC Community cases and reviews 	Yes		Service Manager Hospital Discharge. Team Manager Prevention and Safeguarding	Requirement Met
2.4	Secure sufficient staff to rapidly complete deferred assessments,	<ul style="list-style-type: none"> • Deferred CHC Assessments up-to-date (or plans in place 	Yes		Service Manager	Requirement Met

	drawing on discharge funding but without negatively impacting on care home support	to address) and no additional staff required.			Hospital Discharge	
2.5	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.	<ul style="list-style-type: none"> • Active links already to VCF and commissioned services able to support people on discharge from hospital (including Housing MOT, Assistive Technology, Age UK befriending). • Developed good links to local Good Neighbour and community schemes regarding prescriptions and shopping. • Maintained good links to local food banks. • Social Prescribing Team providing a bridge to this support. • RISE undertaking Pathway 0 'safe and well' calls. 	Yes		Service Manager Hospital Discharge RISE Team Manager	Requirement Met.
Enhanced health in care homes						
2.6	Actions for Health colleagues, but LAs should assure themselves arrangements are in place.	<ul style="list-style-type: none"> • RISE Care Home Clinical Coordinator supporting 'home rounds' and MDT working supporting health of care home residents. 	Yes		RISE Care Home Co-ordinator	Ongoing in the form of regular contact.

		<ul style="list-style-type: none"> Active support for successful use of technology (NHSmil, MS Teams, SystmOne Electronic Patient Record) enabling virtual care. 				
Technology and digital support						
Social prescribing						
2.7	Work closely with Social Prescribing Link Workers to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities and autistic people and people with learning disabilities.	<ul style="list-style-type: none"> The RISE Service includes the Rutland Link Worker and will continue to deliver wellbeing support. The RISE Team engages with other specialist teams to ensure that this offer is also available to people impacted by health inequalities. 	Yes		RISE Team Manager	Complete
2.8	Ensure SPLWs have the support and equipment to work remotely and access GP IT systems	<ul style="list-style-type: none"> RISE Team have GP IT system access to receive and report back on social prescribing referrals. Equipped to offer services remotely to service users (phone, video). 	Yes		RISE Team Manager	Complete

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

Reference	Actions Required by Local Authorities	Current status	Req't fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?
Supporting independence and quality of life						
3.1	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.	<ul style="list-style-type: none"> Providers have their protocols for accessing sites. Urgent visits where risks around safeguarding require a face to face meeting. BASW risk assessments and PPE used. 	Yes		Service Manager Prevention and Safeguarding	actioned
3.2	If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'	<ul style="list-style-type: none"> Restrictions are adhered to in line with national guidelines Dynamic risk assessments for all visits Joint work with Public Health to monitor incidence rates 	Yes		Director of Public Health Service Manager Prevention and Safeguarding	actioned
Direct payments						
3.3	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	<ul style="list-style-type: none"> Regular information updates shared with DP holders and their PAs through post and email to ensure that they are aware of guidelines and what can be accessed i.e. testing and PPE to enable the care 	Yes		Service Manager Prevention and Safeguarding. Team Manager	Complete

		and support to continue to meet need.			Long Term and Review	
3.4	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	<ul style="list-style-type: none"> • Support DP holders to adopt the most flexible possible use of their direct payment to manage any issues arising from COVID-19. • In emergency or time-critical circumstances, agreeing the flexibility to use the DP in a way that ensures the service user safely receives the care and support they require. • Support people on direct payments who employ PAs with their Covid-related PPE requirements. 	Yes		Service Manager Prevention and Safeguarding. Team Manager Long Term and Review	Complete

Support for unpaid carers						
3.5	Ensure carers, and those who organise their own care, know what support is available to them and who to contact if they need help.	<ul style="list-style-type: none"> • 'Safe and well' checks are used to contact all badged carers • LLR Carer's Passport has been developed. • The Rutland Information Service includes online information about sources of support for carers. • Close working link with Healthwatch Rutland and the voluntary sector • Signposting to local emotional wellbeing help groups • Carers of Person Living with dementia are offered referral to Age UK dementia advisor. For complex cases and pre diagnostic support referral to Admiral Nurse service 	Yes		Service Manager Prevention and Safeguarding. Admiral Nurse Lead	Actioned Feb 2021 Actioned Actioned Actioned Actioned
3.6	Follow the direct payments guidance and be flexible to maximise independence.	<ul style="list-style-type: none"> • Designated carers workers oversee the carers service and are responsive to the needs of carers in all situations • Carer's Direct Payments are encouraged to be used 	Yes		Service Manager Prevention and Safeguarding. Admiral	Actioned Actioned

		<p>creatively to ensure carers can maintain their caring role with no detriment to their own physical and mental health</p> <ul style="list-style-type: none"> • Carers of people living with dementia are supported to access carers assessments following assessment by Admiral Nurses and reviewed at each consultation 			Nurse Lead	
3.7	Ensure assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care.	<ul style="list-style-type: none"> • Social Care assessments (therapy, care and support and carers) allow for practitioners to input information relevant to additional needs created by Covid-19. Practitioners can also use the risk factors within the demographics of the clients file to update any covid-19 specific information. • RCC's contact assessment was amended to allow for recognition of easements being activated and a human rights based assessment being undertaken (however at this time RCC ASC has had 	Yes		Principal Social Worker	<p>Risk factors in place and being used by practitioners.</p> <p>Assessment ready to be uploaded to our live database at the point of easements being required.</p>

		no need to activate the easements).				
3.8	Work with services that may have closed over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services.	<ul style="list-style-type: none"> Support to providers to agree alternative delivery methods to ensure continued support to service users, including telephone support and video calls. Some individual 1 to 1 activities being undertaken for individuals who would previously have accessed day services. 	Yes	Further support to providers to maintain alternative delivery models where there is an increase in risk or weather prevents current outdoor activities	<p>Head of Service Community Care Services</p> <p>Head of Service Prevention and Complex Care</p>	Ongoing
3.9	Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs.	<ul style="list-style-type: none"> Promote use of Direct Payments to use PAs for useful occupation and social inclusion Support to identify new emerging services that may be out of county Promote the increase of the PA market to enable a wider choice of care and support. Discussions are ongoing with providers regarding contingency plans if building based services are unable to restart. 	Yes		Service Manager Prevention and Safeguarding Team Manager Long Term and Review	Actioned

End-of-life care						
3.10	Ensure that discussions and decisions on advance care planning, including end of life, should take place between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest checklist under the Mental Capacity Act	<ul style="list-style-type: none"> Admiral Nurses support and enable advance care planning discussions and liaise with appropriate health care colleagues. Admiral Nurses complete ResPect forms and log on SystemOne. RISE support MDT working with care homes to include advance care planning. 	Yes		Admiral Nurses. RISE Care Home Co-ordinator	This will continue to be an integral part of RCC Admiral Nurses Team day to day roles.
3.11	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	<ul style="list-style-type: none"> Admiral Nurses support adult social care colleagues to promote advance care planning and provide training as required. 	Yes		Admiral Nurses	Training provided as required and when requested.
Care Act easements						
3.12	Only apply Care Act easements when absolutely necessary.	<ul style="list-style-type: none"> Monitoring of the workforce (both provider and internal social care staff) ensures that we are aware of any significant impact on the 	Yes		Principal Social Worker	PSW and DASS meet weekly to discuss any areas of

		<p>sustainability of the care sector within Rutland.</p> <ul style="list-style-type: none"> DASS, elected members and PSW are aware of what do to regarding activation of easements and have internal processes in place if easements were ever to be used. 				<p>impact and have a process in place which would be used as required if easements are needed.</p>
3.13	<p>Notify DHSC of any decisions to apply the Care Act easements.</p>	<ul style="list-style-type: none"> Rutland Adult Social Care have not had cause to activate the easements, however are aware of the need to advise the DHSC if such a time occurred. 	Yes		Principal Social Worker	<p>At the point of easements being activated.</p>
3.14	<p>Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format.</p>	<ul style="list-style-type: none"> Relevant parties have been made aware of what the easements are and that they would be notified should they be required in Rutland. Rutland Adult Social Care have a template to explain the decision making to activate easements in an accessible and transparent way. 	Yes		Principal Social Worker	<p>At the point of easements being activated.</p>
3.15	<p>Meet the needs of all people where failure to do so would breach an individual’s human rights</p>	<ul style="list-style-type: none"> Rutland Adult Social Care have not had cause to activate the easements 	Yes	<p>Consideration will be given as to whether this should be included as a</p>	Principal Social Worker	<p>Training completed.</p>

	under the European Convention on Human Rights.	however all internal social care staff have had training on human rights based approaches to support in May 2020 to ensure that if easements were activated, they would feel confident in making complex decisions regarding the provision of care and support.		part of our standard training offer.		
3.16	follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks	<ul style="list-style-type: none"> All practitioners are aware of the ethical framework. It has been shared within internal CPD meetings and team meetings. 	Yes	Future CPD meetings and training will continue to connect the ethical framework to all areas of social care practice to embed the framework.	Rutland Adult Social Care	CPD is monthly and the framework will be embedded within these monthly sessions.
3.17	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.	<ul style="list-style-type: none"> We will continue to work in partnership and maintain links with the ELR Continuing Health Care Team to ensure the best possible outcomes for people discharged from hospital settings Constantly reviewing processes and procedures on LLR basis to reduce planning time post-discharge. 	Yes		Service Manager Hospital Discharge	Requirement Met.

		<ul style="list-style-type: none"> In-Reach Nurses provide a lot of support in terms of liaison with LPT/CCG/CSU. 				
Supporting the workforce						
	Staff training					
3.18	Ensure providers are aware of the free induction training offer and encourage them to make use of it	<ul style="list-style-type: none"> Information and opportunities shared with providers, including via provider discussion fora and local Skills for Care Provider meetings. 	Yes		Skills for Care and RISE Team Manager	Ongoing and shared with providers
3.19	Promote and summarise relevant guidance to care providers	<ul style="list-style-type: none"> Skills for Care is key to this dissemination. Information and opportunities shared with providers, including via provider discussion fora and local Skills for Care Provider meetings. 	Yes		Skills for Care and RISE Team Manager	Ongoing via regular contact with providers
	Workforce wellbeing					
3.20	Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic	<ul style="list-style-type: none"> RCC staff support is in place, including through a third party contract for those who want to maintain confidentiality. Contingency arrangements in place for additional staff via 	Yes		RCC HR Head of Commissioning RISE Team Manger	Requirement met and continued ongoing dissemination and support.

		<p>internal service redeployment</p> <ul style="list-style-type: none"> • Providers have shared details of the agencies they use for additional staff, and some homecare providers have offered access to their staff for care homes if they have emergency staffing requirements. • Staff support and welfare services available sub-regionally have been shared with care providers. • Sub-regional Wellbeing newsletter shared with care providers 				
3.21	Review current occupational health provision with providers in their area and highlight good practice		No	Not yet implemented	Human Resources	2021 tbc
3.22	Promote wellbeing offers to staff and allow staff time to access support, as well as promoting to providers in their area.	<ul style="list-style-type: none"> • HR and RCC Wellbeing Group are delivering a wellbeing programme for staff, recognising the additional pressures of Covid-19 and winter. • Provider bulletins are used to disseminate wellbeing opportunities to care providers. 	Yes	No gaps identified – system in place.	Human Resources RISE Care home Co-ordinator	Ongoing via the wellbeing group

		<ul style="list-style-type: none"> • Sub-regional Wellbeing newsletter shared with care providers • An LLR Care Provider Companion website is being built which can include workforce wellbeing resources. 			Community Care Services Manager	
Workforce capacity						
3.23	Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter.	<ul style="list-style-type: none"> • Contingency arrangements in place for additional staff via internal service redeployment • Providers have shared details of the agencies they use for additional staff, and some homecare providers have offered access to their staff for care homes if they have emergency staffing requirements. • Ongoing monitoring of staffing levels including numbers of staff self-isolating undertaken via the CQC Community Services Survey and Care Home Capacity Tracker 	Yes	Sub-regional approach to staffing to prevent provider failure being developed.	Head of Commissioning RISE Team Manager	Ongoing review

3.24	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.	<ul style="list-style-type: none"> Guidance shared with care providers. Staff movement required from providers as part of the ICF Round 2 Terms and Conditions. 	Yes	Sub-regional approach to staffing to prevent provider failure being developed.	Head of Commissioning	Complete
3.25	Consider how voluntary groups can support provision and link up care providers with the voluntary sector where necessary.	<ul style="list-style-type: none"> Ongoing monthly VCF meetings with broad membership provide the forum to identify opportunities for joint working and/or request support. Sufficient intelligence available, also via the Rutland Information Service, to link providers with the voluntary sector where necessary. 	Yes		Armed Forces Officer (currently operating in a Covid support role), Service Manager Community Care Services Head of Service Transformation and Assurance	As required
3.26	Support providers to complete the Capacity Tracker and update their adult social care workforce data set (ASCWDS) records to help ensure effective local capacity monitoring and planning.	<ul style="list-style-type: none"> Rutland Care Homes actively updating the Tracker weekly, with support available if needed. Rutland homecare providers actively updating the CQC 	Yes	No gaps identified – system in place.	RISE Care Home Co-ordinator RISE Home Care Co-ordinator	Complete

		<p>Community Services Survey weekly.</p> <ul style="list-style-type: none">• Requirement to complete the Tracker and Survey as per the ICF Round 2 Terms and Conditions.				
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Shielding and people who are clinically extremely vulnerable						
3.27	Coordinate local support if shielding is reintroduced, including provision of enhanced care and support for CEV people on the shielded persons list.	<ul style="list-style-type: none"> Plan in place to restart support to the Clinically Extremely Vulnerable population (access to food, meds, wider welfare). Includes process to confirm those unable to meet basic needs and requiring support. 	Yes	Activated during second lockdown (Nov 2020), now stood down.	RISE Team Manager	If shielding is restarted
Social work and other professional leadership						
3.28	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	<ul style="list-style-type: none"> Adult Social Care have been implementing a SBA for several years. We have a SB lead who is involved in regional discussions on SBA and all assessments/support are from a SB perspective. Adult Social Care regularly audit SBA to ensure that quality remains good in this area. Adult Social Care have support from their Principal Social Worker on all areas relating to following key legislative frameworks including the Care Act, Mental Capacity Act and Mental Health Act. Case 	Yes		Principal Social Worker	<p>CPD meetings are monthly which cover good practice standards.</p> <p>Any learning from regional/national groups is shared across all services.</p>

		<p>discussions are held regularly between practitioners to share best practice and learning.</p> <ul style="list-style-type: none"> • Adult Social Care are part of several multi-agency forums and training sub groups which look to share learning and best practice across partner health and social care agencies. 				
3.29	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	<ul style="list-style-type: none"> • Adult Social Care uses data to inform areas of development including information provided by public health and health colleagues within PCNs, community nursing and CHC CSU. This has allowed us to create services such as Admiral Nursing recognising the prevalence of dementia within our county. • Joint Strategic Needs Assessment supports targeting 	Yes		Principal Social Worker	Ongoing through regular performance meetings and sharing of relevant information.

3.30	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	<ul style="list-style-type: none"> • Themes from Covid-19 are examined in working groups and plans to address any adverse effects at a local level on those groups experiencing barriers to accessing those services that previously supported them • Maintaining contact with community support services to ensure that support is delivered • Maintaining virtual contact with health partners in community teams both at primary and secondary care level • Team of Admiral Nurses working closely with all GP surgeries 	Yes		Service Manager Prevention and Safeguarding and Team Manager Long Term and Review Team.	Actioned Actioned Actioned
3.31	Review 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.	<ul style="list-style-type: none"> • Quality assurance has been in place throughout Covid-19 and we continue to audit, provide training, peer support, CPD sessions, leads to provide expert advice. Covid-19 has impacted on certain areas of practice for example face to face visits however social care 	Yes		Principal Social Worker	Ongoing monthly. Audit schedule in place each year.

		professionals continue to aim to deliver the highest quality practice in spite of government guidance and necessary limitations to some aspects of our normal day to day work.				
3.32	Develop and maintain links with professionals across the health and care system to ensure joined-up services.	<ul style="list-style-type: none"> • Undertaken through ongoing multi-sectoral collaboration, plus formal governance structures: • LLR STP/ICS committees, inc Care Home Sub-Group, Flu Board and Emergency Care Board • LLR Covid-19 Cells • Rutland Health and Wellbeing Board and Integration Delivery Group 	Yes		Senior managers and key roles	Ongoing
3.33	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	<ul style="list-style-type: none"> • Work is being undertaken regionally to look at developing guidance across the region which looks at ensuring SBA are part of the 'Discharge to Assess' model taking in to account the Think Local Act Personal 'I' statements. This is part of a workstream group within EM 	Yes	This piece of work is not yet completed and will be publicised regionally with partner agencies when completed.	Principal Social Worker	March 2021

		ADASS and will be shared with health colleagues.				
3.34	Ensure that the application of new models and pathways offers the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict.	<ul style="list-style-type: none"> We support our practitioners in using additional safeguarding guidance which has been developed specifically in response to COVID-19 related challenges in safeguarding practice. Commissioning Team and Adult Social Care have strong links, regularly sharing and supporting if there are any challenges. We work with Think Local Act Personal regionally and with Healthwatch Rutland locally to ensure that we are listening to the views of our community and their experiences of support during Covid-19. 	Yes		Principal Social Worker	Information regarding safeguarding has been shared across all teams. Any further updates will be shared during CPD sessions.
3.35	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.	<ul style="list-style-type: none"> Linked into LLR weekly safeguarding cell to share regional themes Leicestershire and Rutland case review group are convening more often to 	Yes	High profile safeguarding campaign run locally during lockdowns to ensure safeguarding mechanisms were known to people in the	Service Manager Prevention and Safeguarding and Principal	Actioned

		<p>accommodate increase of referrals for SARs and DHRs</p> <ul style="list-style-type: none"> Ensuring that the impact of Covid-19 that has led to increased levels of domestic abuse, homelessness, mental ill health and self-neglect is highlighted and considered by our internal and external partners 		community with concerns	Social Worker	
3.36	Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice.	<ul style="list-style-type: none"> Ensuring that MSP is at the forefront of safeguarding adult intervention and alleged victims are at the forefront of intervention Section 42s overseen by Team Manager. Weekly ‘check ins’ of safeguarding activity by Team Manager to Service Manager and Head of Service. Dedicated Safeguarding and Prevention team and bi-monthly CPD sessions for all ASC staff. Disseminating learning from SARs via ‘Safeguarding Matters’ LLR publication 	Yes		Service Manager Prevention and Safeguarding	<p>Actioned</p> <p>Actioned</p> <p>Actioned</p> <p>Actioned</p> <p>Actioned</p>

Theme 4: Supporting the system

Reference	Actions Required by Local Authorities	Current status	Requirement fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?
Funding						
4.1	Provide DHSC with information about how the Infection Control Fund has been spent by 30 September 2020.	<ul style="list-style-type: none"> Complete. Return submitted 	Yes		Head of Commissioning	30 Sep 2020
4.2	Maintain the information published on the website about the financial support offered to the local adult social care market.	<ul style="list-style-type: none"> Complete. Will be added to in line with the Infection Control Fund Round 2 requirements 	Yes		Head of Commissioning	Complete
4.3	Regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions.	<ul style="list-style-type: none"> Will be undertaken when the ICF Round 2 is rolled out with our providers. 	Yes		Head of Commissioning	Ongoing
Market and provider sustainability						
4.4	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.	<ul style="list-style-type: none"> An assessment has been made of the local care market and the SAQ returned. 	Yes		Head of Commissioning	Complete
4.5	Understand the local care market. Support and develop the market accordingly.	<ul style="list-style-type: none"> Regional work being undertake to assess highest-risk providers 	Yes		Head of Commissioning	November 2020 Weekly vacancy monitoring

		<ul style="list-style-type: none"> Ongoing work with providers to monitor vacancy levels and financial viability. 				
4.6	Continue to support the provider market as needed, to secure continuity of care, including promoting the financial support available.	<ul style="list-style-type: none"> Financial support has been available since the start of the pandemic, via direct additional payments from the council and then through the Infection Control Fund. Further financial support has been provided via Infection Control Fund Round 2 	Yes		Head of Commissioning	Direct council-funded support provide May 2020. ICF funding provided in line with national requirements.
CQC support: Emergency Support Framework and sharing best practice						
4.7	Work with the CQC to promote and inform providers about monitoring processes.	<ul style="list-style-type: none"> The Quality Assurance Officer provides updates to the CQC via the monthly sub-regional Information Sharing meeting. Additional ad hoc information sharing between CQC and Quality Assurance Officer as required. Information about current monitoring processes is shared direct with providers via the care provider bulletins and care provider for a. 	Yes		Head of Commissioning	Monthly meetings. Ongoing
Local, regional and national oversight and support						

4.8	<p>Write to DHSC by 31 October confirming a winter plan is in place and that RCC is working with care providers in the area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund.</p> <p>Plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and community sector organisations where possible.</p>	<ul style="list-style-type: none"> • Complete. 	Yes		DASS	31 Oct 2020
4.9	<p>Continue current oversight processes, including delivery of outstanding Care Home Support Plan actions and engagement with regional feedback loops.</p>	<ul style="list-style-type: none"> • Proactive ongoing engagement and oversight including via Care Home Cell and leadership of Care Home Sub-Group. • Following through locally on LLR, regional and national learning. • The actions and support outlined in the Care Home Support Plan continue to be delivered • Opportunity to feedback on local issues and access regional support via the weekly East Midlands Regional ADASS Covid meetings. 	Yes		<p>Head of Service Community Care Services</p> <p>Head of Commissioning</p>	<p>Ongoing. Care Home Cell and ADASS meetings are both weekly.</p>

4.10	Champion the Capacity Tracker and the CQC community care survey as a source of data to local providers and commissioners.	<ul style="list-style-type: none"> • RISE Care Home and Homecare leads actively promoting the Tracker and CQC survey. • Completion of the Tracker and Survey is a requirement of the ICF Round 2 funding. 	Yes	Currently supporting transition from CQC survey to Capacity Tracker for homecare.	RISE Care Home Coordinator and RISE Homecare Coordinator	Ongoing
4.11	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.	The DASS and DPH meet weekly to discuss the COVID situation and suggest/review actions. This meeting includes Environmental Health colleagues and the Head of Commissioning. Any relevant information is passed on to all providers as and when required.	Yes		DASS	Weekly meeting and ongoing