Appendix A. Leicester City Council, Winter Care Plan, Adult Social Care 2020/21

Theme 1: Preventing and controlling the spread of infection in care settings

Actions:

1. Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors
2. 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.
3. 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

We will:

Through the pandemic we have established effective means of communication with providers, setting up dedicated web pages and disseminating regular briefing notes to both contracted and non-contracted organisations. In addition, regular virtual provider forums provide opportunity for further dissemination as well as allowing in-depth dialogue with providers to ensure guidance has been received and understood. Using these established methods, we will continue to implement relevant guidance and circulate and promote guidance to adult social care providers in the Leicester City area. This includes communication and support for our care homes to implement the local guidance for visiting that we have developed and has been approved by The Department of Health and Social Care (DHSC), taking account of any national or local restrictions that override any visiting arising from the lockdown commencing on 4.11.2020.

In additional to the Local Resilience Forum (LRF), the City Council has an Incident Management Team (IMT) structure, which is underpinned by a number of cells, including one for social care, and representatives from the local East Midlands Care Homes Association (EMCARE) attend the weekly meetings, which provides a two way flow of information and an escalation process for matters of urgency.

Through our Director of Public Health, we work very closely with Public Health England (PHE) to provide comprehensive advice and guidance for Care Homes and other sectors of the care market. We have developed joint protocols for ensuring no care home falls between the gaps, whilst reducing the duplication of effort wherever possible. Public Health host an LLR IPC team that supports Care Homes through Outbreaks and have developed tools to help Homes learn from the outbreak, including an IPC Covid Checklist.

Details of coronavirus data for Leicester and this and can be found in the City Council Outbreak Control Plans published on our website.
Coronavirus Data for Leicester

We routinely 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. There are good examples of current practise locally where this has happened, with providers working jointly with PHE and the local IPC team to establish if provider practice led to the outbreak of infection. We will build on this and ensure that this happens routinely and systematically, and lessons learned are shared via communication channels outlined above, supporting providers to share this with peers.

Managing staff movement

Actions

1. Distribute money from the Infection Control Fund and submit returns on how the funding has been used in line with the grant conditions.
2. 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.
3. 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.
4. 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.
5. 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

We Will:

The Infection Prevention Control grant monies received thus far under tranche 1 of ICF2 are being distributed and returns will be sought from recipient providers to allow the authority to submit returns to the department on how the funding has been used in line with the grant conditions.. We have written to Care Homes and Community Care Providers to advise them of the process and allowable uses of the grant funding. We are also in the process of agreeing the use of the discretionary element of the funds.

We will continue to collate returns and maintain oversight of the appropriate use of the funds in line with grant conditions. Based on the monthly reporting points we will review how care providers are utilising the grant and in particular will review how the available funding is being used to support workforce measures to reduce staff movement and to ensure staff who are isolating in line with government guidance receive their normal wages while doing so.

We have developed an Emergency Care Market Contingency Plan that can be deployed to support organisations facing difficulties, such as workforce shortages due to sickness, self-isolating or recruitment issues. The plan has a built-in escalation process, and if triggered, appropriate staff will be utilised from across the Local Authority and Health. To strengthen this, we are exploring the option of a workforce sharing agreement across contracted domiciliary and other care support staff to step into support providers who are failing due to workforce issues.

To embed this plan, a Memo of Understanding has been agreed with the local health system to ensure there are clear triggers for accessing clinical staff and we will ensure that providers understand the mechanism for calling for assistance and under what circumstances.

We will continue to use the communication methods already outlined to make sure providers understand the importance of workforce measures. We will use our regular, routine contacts with providers to reiterate these messages, targeting any providers where through our data intelligence gathering, we have concerns regarding the workforce.

We review the National Capacity Tracker through a weekly management report, and issues are picked up with providers in our regular weekly contacts and support offered as required. Daily monitoring of amber / red providers is undertaken by NHS and system colleagues. Any amber / red flagged providers are followed-up by officers to provide support, clarify situation, with an escalation process in place for any significant issues.

The Authority has also created an Intelligence Tracker which is updated as a minimum through weekly contacts with our providers, which allows the authority to understand the stability of our providers and their ability to continue staffing services appropriately. We will continue to utilise this, but with a view to migrating across fully to use of the National Capacity Tracker, once it is able to capture the wider data needed to understand the local market. Therefore, we will continue to have dialogue with the DHSC to enhance the national tracker.

Personal protective equipment (PPE)

Actions:

1. Follow all relevant guidance on use of PPE, including recommendations for those providing support to people with learning disabilities or autistic people.
2. Report shortages to the LRF or to DHSC

We Will:

We continue to share the latest guidance on the use of PPE with our care markets, by keeping abreast of the guidance through our active involvement in local planning and resilience forums.

We have developed an infection and prevention control training programme for domiciliary care and supported living providers, which includes the correct use of donning and doffing of PPE. We will continue to develop this in line with further national developments in guidelines, including the development of an audit tool to give assurance that the training is understood and implemented accordingly

We will communicate the arrangements to access PPE to all people who employ Personal Assistants directly. We will also provide a central contact point for PPE queries and emergencies for this group. We will learn from feedback and review our supply arrangements to ensure that the access to PPE is suitable for people using a Direct Payment.

We will continue to provide coordination and support for Fit testing for Aerosol Generating FFP3 masks.

We will learn from a local system pilot using Clear Face Masks and apply the learning from this to key audiences, including people with learning disabilities and autism. The learning will be shared with the DHSC.

There is already an established pathway for providers to contact the Council, who will in turn either directly supply or use the agreed pathway to supply PPE to providers via the LRF. If providers are unable to access PPE via the national portal, then the City Council has its own stock and is able to assist. If needed the Council can also access additional stock via the LRF and a robust process/pathway is in place. Building on this and working with our partners across Leicestershire and Rutland, we will put in place an effective long-term strategy to ensure the Authority meets its requirements of providing free PPE to a range of stakeholders, and this will be clearly communicated.

We will report shortages as required. We will be enabled to do this through our use of data and intelligence. Providers are increasingly using the National Capacity Tracker to report PPE positions, through our relationships with providers we verify this information before acting on it. Our Domiciliary Care providers currently submit weekly PPE stock levels to the authority for immediate review and support as necessary. Internally we have two 'Champions' for the National Capacity Tracker, which ensures the authority are 'up to date' with both the current position (and an escalation point) and any changes to the Tracker itself.

COVID-19 testing

Actions:

1. 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

2. 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

We Will:

We continue to support the delivery of the repeat Whole Care Home Testing programme within Leicester care homes. The testing has been in place since the 4.7.2020 and is well established and we actively track infection rates on a weekly basis, so we are able to respond to increases in both staff and residents. The data supports a system understanding of the level of infection and is shared with public health colleagues, and senior political leadership for oversight.

Through our tracking of infection rates, we are able to spot early concerns across the market and communicate this out to all providers. Care homes with an increase in positive tests are provided with support regarding workforce as well as any other support that might be helpful e.g. IPC advice, access to training. Analysis takes place to understand if there are any issues / learning to share across the sector in order to reduce the rise in infection rates. We will continue to provide this level of support and analysis and share our findings across the system. Our infection tracker also allows us to see how many staff are engaged in the testing programme and we have used this to prompt providers to increase the number of staff taking part, and this has resulted in improved engagement rates. We will continue to use this data to encourage take up.

Rapid testing for symptomatic care home staff, or those living with someone with a positive COVID-19 result, is now available via the Pillar 1 local testing facility. There is an intention to widen this out to domiciliary and supported living staff, but this depends on additional capacity being made available.

Leicester was also part of the national pilot for testing for Supported Living Schemes and we are now preparing for roll-out across the wider supported living sector in the city. However, there are exemptions for single households and non CQC regulated services, which we believe have associated risk factors, that warrant inclusion in the supported living testing programme and we have raised this with the DHSC.

Seasonal flu vaccines

Actions:

1. Support communications campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine
2. Direct providers to local vaccination venues
3. Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes

We Will:
A Flu immunisation strategy has been developed in conjunction with PH and Health for Leicester and communications have been shared with providers regarding access to the vaccine. Through the use of the National Capacity Tracker we are following up with providers where they are noting difficulties in accessing the vaccine. This will be escalated through our local planning structures to gain access where this is problematic. We will also consider how PA's can access the flu vaccination programme and monitor issues for this cohort.

Theme 2: Collaboration across health and care services

Safe discharge from NHS settings and preventing avoidable admissions

Actions:

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
2. Establish an Executive Lead for the leadership and delivery of the discharge to assess model;
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
4. Secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support
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

We Will:
A Discharge to Assess pathway has been implemented within ASC, which includes the local authority commissioning care packages for individuals ready for discharge, but then recharging the CCG, until all assessments for the person have been completed.
There have been meetings across LLR and internally to set up the pathway, both from a practice and technological (Liquid Logic) perspective and is working well.
We will ensure that sufficient staff will be available to complete assessments, as additional staff are to be employed via Discharge2Assess (D2A) grant monies to support with both the completion of Continuing Health Care (CHC) assessments and historic COVID-19 funded cases from March-September 2020. In addition, we have employed a Care Home Trusted Assessor via the Leicestershire Partnership Trust (LPT) to work with Leicester City cases, and they will also support CHC assessments.
We will continue to work with partners to coordinate activity. Regular CHC recovery meetings will continue to take place between a ourselves and with the CCG and the Commissioning Support Unit.
Ongoing work via the Better Care Fund (BCF) to support discharge from both local authority (Reablement; Enablement; ICRS) and voluntary sector offers continues. The Integrated Systems of Care (ISOC) oversee this activity on a monthly basis, which reports into the LRF.

Enhanced health in care homes

Actions:

1. Local Authorities should assure themselves arrangements are in place.

We Will:

Continue to ensure the East Midlands ADASS Branch is supported by a Sustainable, Personalised Health and Care network, in line with regional priorities. An Enhanced Health in Care Homes (EHCH) task and finish group is delivering work for the network in relation to Councils' contributions to the EHCH agenda, including oversight and assurance. This task and finish group is being co-led by Leicester City Council officers.

Within LLR through our relationships and networks we can assure ourselves that this is being implemented locally. Where we find evidence that this is not progressing, we will work with health to identify and progress.

Technology and digital support

Social prescribing

Actions:

1. Work closely with SPLWs (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
2. Ensure SPLWs have the support and equipment to work remotely and access GP IT systems

We will:

Ensure that our SPLW's are aware of, and make good use of our on-line directory, MyChoice, to utilise and refer to for those who would benefit from access to local support or services, or assets in the community.

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

Supporting independence and quality of life

Actions:

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
2. If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'

We Will:

As Leicester has been subject to local interventions visiting restrictions have remained in place since 4.7.2020. This has presented challenges and we have undertaken regular reviews to determine the impact on residents. This has led to the development of local visiting guidelines with PH that have been endorsed by the DHSC. These are now communicated to all care homes and have a very clear regime that needs to be followed. Homes still need to be free from COVID-19 for 28 days before any visiting can be considered. If rates rise exponentially again, then restrictions would be reintroduced.

Direct payments

Actions:

1. 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
2. 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

We Will:

In light of national guidance we have reviewed our local operating procedures and adapted or suspended elements which prohibit or limit flexibilities to enable family members, including those who live under the same roof, to be employed as personal assistants and be paid through a direct payment or personal health budget for the period covered by the Coronavirus Act 2020. This is communicated to operational Social Work staff to ensure that they are informed that people receiving Direct Payments may utilise their families meet their care and support needs this winter.

Throughout the pandemic we have supported the supply of PPE by increasing people's direct payment. We will continue to review this arrangement to meet our duty to provide PPE to those on a direct payment, and to ensure that the provision is efficient and accessible.

Support for unpaid carers

Actions

1. 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
2. Follow the direct payments guidance and be flexible to maximise independence
3. Ensure that assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care
4. 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
5. Where people who access 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

We will

Continue to ensure a proactive communications campaign through various networks and Voluntary and Community Sector (VCS) partners, social media channels, website and targeted emails is in place, we will continue to use this medium to inform carers, ensuring that they know what support is available and who to contact if they need help. The campaign is shaped by feedback from carers and carers organisations so that it is sharing the right messages in the right way through the most appropriate channels. Given the impact on carers, amendments to care packages have been made to reflect increased carer strain during the pandemic and this approach will continue to be prioritised with the increasing challenges during the winter months.

Our internal day service, for individuals with a complex learning disability re-opened in May 2020, as a means of preventing carer breakdown. The service supports local authority and health funded clients and risk assessments were complete to ensure social distancing and safe working practices could be maintained.

Shared Lives respite and day services have all re-opened with ongoing payment to those who haven't been able to restart since March 2020.

A recovery plan for our Community Day Opportunities (external) is in progress and we have provided organisations with a framework to assess the risks of re-opening, and going into winter we will continue to work with providers to establish safe working environments and restore confidence in people returning to services. This will be subject to the national lockdown and further guidance.

We are considering the allocation of the discretionary element of the ICF grant and are exploring the use of this to support safe working arrangements and re-opening of services.

Where services are not fully operational, we will continue to have ongoing dialogue with carers to identify risks with individuals and ensure appropriate alternative provision is provided. Many people who use services are vulnerable and do not want to return to services currently. For these individuals and where services are not able to reopen, organisation have been asked to implement a virtual offer where possible and to undertake a daily welfare check.

End-of-life care

Actions

1. Ensure that discussions and decisions on advanced 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 check-list under the Mental Capacity Act
2. 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

We will:

An End of Life pathway for both people in the community and those being discharged from hospital has been developed. The Integrated Community Specialist Palliative Care Service provide specialist end-of-life care to support terminally ill people to return to their homes. For those individuals who may lack capacity to consent to treatment, appropriate clinicians complete a capacity assessment and best interest decisions are implemented. However, we continue to ensure that ASC workers advocate on a person's behalf to ensure that capacity assessments are completed, and best interest decisions recorded. Best Interest Assessors also review all care plans as part of their assessment under the Deprivation of Liberty Safeguards (DoLS) and will specifically ask whether there is a DNACPR in place. Where they

assess that people's best interests have not been appropriately identified they will place conditions on the DoLS authorisation to ensure that this is done.

Multiple meetings and discussions have been held and pathways agreed, notably, the Discharge Cell has signed off the End of Life pathway on 8.10.2020. However, there are some gaps relating to the case management of complex palliative cases and this is currently being discussed as part of Discharge Cell.

Care Act Easements

Actions:

1. Only apply the Care Act easements when absolutely necessary
2. Notify DHSC of any decisions to apply the Care Act easements
3. Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format
4. 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
5. Follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks
6. 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

We Will:

We continue to ensure that guidance is in place to consider any service changes that may constitute a 'use of easements'. Any proposed changes require the responsible Head of Service to identify the reasons for the recommended change, which is signed off and approved via Principle Social Worker, Directors and DASS before any changes can be implemented.

The guidance states that we will notify the DHSC of any decisions to apply the Care Act easements and includes an agreed process for notification.

Work has already been completed to advise all key stakeholders of our position in terms of the easements. This has also been added to our external website page in an accessible format. All key stakeholders will be contacted in advance if the position should change and where this effects individual people who receive our support, they will be contacted directly. Consultation initially with Health Watch

Webinar training provided to social work teams on Human Rights including how this could be impacted by COVID-19/easements. In readiness for if easements are implemented a revised assessment has been produced focusing on ensuring a person's human rights are met. This has been signed off as Legally compliant.

This is built into decision making process to any changes made to service provision ensuring the ethical framework are being followed.

Supporting the workforce

Staff training

Actions:

1. Ensure providers are aware of the free induction training offer and encourage them to make use of it
2. Promote and summarise relevant guidance to care providers

We will:
Communications have been provided on a regular basis through weekly briefings / one-off dissemination, and web page of any training and induction training offers. We will continue to do this, and to summarise guidance.

Supporting the wellbeing of the workforce

Actions

1. Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic
2. Review current occupational health provision with providers in their area and highlight good practice
3. promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area

We will:

We have conducted an internal Staff Wellbeing Survey and will continue to use this again at key points during the pandemic in order to track any emerging themes/concerns and action as appropriate. We continue to ensure a range of resources are available to staff via our internal webpages, this includes advice about home working and counselling support.

In recognition of the risk of isolation through home working, we have encouraged our staff to meet (virtually) regularly to support one another, this includes daily reflection sessions; peer support sessions and peer yoga.

We also continue to ensure that Mental Health First Aiders are in place across the authority and staff have been encouraged to access support throughout the pandemic if needed.

We have provided support to the external workforce through our regular contact, offering advice and information. Providers have fed back that particularly in times of distress, such as an outbreak they have found our support helpful. We have offered psychological support to external providers via an independent psychologist. We will continue to review occupational health provision with providers, highlighting any good practise that we find.

Workforce capacity

Actions:

1. Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter
2. 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
3. consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary
4. 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

We Will:

Our Emergency Care Market Contingency Plan sets out our contingency arrangements to manage staffing shortages through the winter months. This draws on existing business continuity arrangements and builds in a range of options to support staff shortages that will impact on the ability of the system to deliver care and support. The plan makes use of internal Local Authority staff; mutual aid through health; and use of our wider contracted providers, for instance the use of domiciliary care staff to support shortages in care homes where it is appropriate; and the use of community opportunity staff where services are not fully open. We will continue to build on this plan and consider how we can make use of our local VCS groups who have provided additional community capacity during the pandemic. Through our Intelligence Tracker we retain a good oversight of any workforce pressures within the care sector. Complementing this we are actively encouraging all providers via weekly phone calls and communications to complete the National Capacity Tracker and have achieved 91% of providers updating it on a three-day

basis. In addition, we continue to encourage providers to update Adult Social Care Workforce Data System as per our contractual requirements.

Shielding and people who are clinically extremely vulnerable

Actions

1. 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

We Will:

The Council has previously operated a hub to coordinate this activity and an exit strategy ensured longer term resilience. Should shielding be reintroduced to the local area we have robust systems in place to ensure people can receive enhanced care and support. Individuals classed as clinically extremely vulnerable individuals have access to:

Dedicated helpline to access advice and support, plus access to priority food deliveries

Range of community solutions for food provision, medication/ prescription delivery and money

Access to NHS responders, British Red Cross and Age UK

We would relax again the processes to access Community Support Grants

All those in receipt of care and support have alternative arrangements in place to meet their wider needs in the event of further shielding (many continue to act as if shielded due to health concerns). The ASC teams would step up wellbeing checks for this group should shielding be formally reintroduced.

Social work and other professional leadership

Actions:

1. 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
2. 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

3. 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
4. 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
5. Develop and maintain links with professionals across the health and care system to ensure joined-up services
6. 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
7. 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
8. Review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling reediness for any increased pressures over the winter period
9. Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice linking in with the EM PSW network working closely with ADASS on shared priorities. Joint work to be undertaken with TLAP via EM PSW network on understanding impact of COVID-19 on communities this will help inform work as collective and as individual LA's.

We Will

We have ensured that all guidance issued during the pandemic has been developed to support continued adherence to legislative and strengths based frameworks of practice. The Council has a Strengths Based Practice Implementation Lead who with the PSW has been pivotal in championing the Strengths Based Assessment approach, which is already in place. We are engaged with the regional work being undertaken by the PSW network to produce "I guides" on how to embed strength-based practice in D2A work specifically. This will support partner organisations to understand the principals that should drive social care practice and respect these.

We have ensured that risk assessment processes are in place for workers, which considers implications of higher prevalence of COVID-19 in BAME communities. These cover the assessments needed to determine how to deliver a social work activity (i.e. visit, remote) as well as risk assessments for individual members of staff in relation to their own circumstances.

Specific work has been undertaken with people who are at higher risk, to ensure they are well supported, and arrangements are in place that mitigate this. Our offer to specifically vulnerable groups, such as those with mental health needs have been enhanced, such as the provision of accommodation, outreach.

Additional AMHP out of hours shifts were introduced during the early stages of the COVID-19 crisis. We will ensure this continues to be available if required during the winter months. The authority continues to ensure quality assurance measures are in place through Social

Worker Progression Framework, AYSE, through staff 1:1, casework reviews and virtual training offer available to staff on key issues affecting practice through COVID-19.

Close partnership working with LPT on their development of a Central Access Point, an Urgent Care Hub and a community rehab offer (all for mental health) which have been provided in response to the COVID-19 crisis but identified as good practice that we wish to keep.
Processes are in place for agreeing any new models and pathways ensuring these are considered within the ethical framework and have independent scrutiny of the PSW.

Existing quality assurance processes have continued throughout and an additional performance report is produced more frequently; this focuses on key business and outcome areas that are vulnerable to the impact of COVID-19 related pressures. This has enabled strong oversight of any emerging issues of concern.

To ensure cross-system oversight and joined up working, we continue to provide information to the LLR COVID-19 safeguarding cell which meets weekly. This highlights any emerging themes around safeguarding and agrees a multi-agency approach to any actions.

The Ethical framework has been widely shared and workshops held of what this means for practice, led by the PSW. As core social work has not been affected beyond having to work differently (such as technology-enabled assessments) no specific issues have emerged requiring new models to be adopted (beyond adjusting to restrictions in visiting where not critical). Whilst the Ethical Framework is widely understood within ASC, it is noted that competing pressures on other parts of the system can bring challenge to this being supported in practice. For example, demands on acute systems in relation to their performance on same day discharge can create an environment where ASC are challenged to take action that would not be in line with the Ethical Framework. This is managed through an active discharge cell and daily MDT, as well as supported via regional and system level work at a senior / strategic level.

PSW/Safeguarding lead acts as advice point for complex/difficult safeguarding which includes providing and contributing to safeguarding guidance which continues to be person-led throughout the pandemic. Legal Advice/Lead for MCA/DOLs is consulted where required to support staff practice and other roles / forums provide additional support for staff delivering social work functions.

Theme 4: Supporting the system

Funding

Actions:

1. Provide the DHSC with information about how the Infection Prevention Control Fund monies have been spent wef 30.9.2020
2. 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
3. Provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions

We Will:

We provided to DHSC the required information about how the money under the Infection Control Fund – Round 1 had been spent.
We have directly contacted care homes and community care providers who either operate a care home in Leicester or are a CQC registered community care provider in Leicester setting out the financial support available to them under the Infection control Fund. We will maintain

information on our website for other ASC provision in the City to make a bid for support with infection control through this fund alongside other targeted local provision under the 20% discretionary element of the funding.
We will work with those care providers in receipt of ICF2 funding to ensure that grant funding is used to support allowable IPC measures as set out in Annex C (Grant Conditions) of the Local Authority circular. We will submit the required information on cumulative spend and planned spend of these resources in line with the 6 reporting points set out by DHSC.

Market and provider sustainability

Actions:

1. 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
2. Continue to work understand their local care market; and to support and develop the market accordingly
3. Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available

We have completed and submitted our Self-Assessment Questionnaire detailing the Service Continuity Care Market Review to the DHSC and will share with colleagues to understand regional themes, issues and concerns. Through our established relationships with the care market, we will continue to support the sector through our commissioning processes, which includes gathering data and intelligence to understand pressures in the market in order to ensure the continuity of quality care and promote financial support available to help sustainability of the market.

CQC support: Emergency Support Framework and sharing best practice

Actions

1. Work with the CQC to promote and inform providers about monitoring processes

We Will:
Through our internal services of Shared Lives an ESF was completed identifying no specific concerns.
Recognising the risks to quality of care through limited oversight due to restrictions under COVID-19 we will establish with our local CQC team their plan for inspections, and complement this with a targeted, proportionate quality assurance regime for providers not due to be inspected. We will set out a schedule of quality reviews and share this with our provider market. This builds on current effective partnership working with CQC, with a governance framework of regular meetings in place for information sharing regarding quality concerns and agreed actions to remedy this. This is with all relevant partners across LLR.

Local, regional and national oversight and support

Actions

1. 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
2. Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops
3. 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
   Promotion continues through communication channels with providers.
4. 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

We Will:

We have written to DHSC confirming that we have an overarching Leicester City Winter Plan 2020/21 that draws on a number of policy and plans already in place across the health and social care system. We are also working with our care providers to enhance their Business Continuity Plans, as well as working with system partners to support the delivery of the plan.

We will continue to maintain our oversight of the market and engage in Regional forums to network and share best practise, working with peers to share our learning in supporting the care market through the pandemic and through the winter.

We will continue to champion the National Capacity Tracker and the Community Care Survey, and plan for full transition to both modes of data collection once we have confidence that these provide the accuracy and detail of our own local intelligence data tracker.

In partnership with Public Health we will ensure a regular set of communications to our provider market throughout the winter months that will build on existing communications that has continued to recognise and praise the work of the sector and provide information updates as appropriate.

Care home support plans

Actions

1. Whether care homes were able to implement infection prevention and control measures
2. Access to support, including clinical support from primary care
3. The expanded offer of COVID-19 testing for all residents and asymptomatic staff
4. Their overall supply of medical and personal protective equipment and training to use it effectively

We Will:

We will continue to monitor and support (in conjunction with Public Health), care home providers to ensure they continue to implement the required infection and prevention measures. Through our oversight of the market, through the National Capacity Tracker we will ensure that

care homes have access to clinical and primary care, with issues being escalated through the LRF and IMT if required. We also continue to encourage the care homes to participate in the Care Home Testing programme, this is reinforced as a requirement through our local Care Homes visiting guidance, and again we are able to monitor the uptake via the Council's data collection systems. Processes are also in place to ensure the care homes have access to PPE and training and these are regular items for discussion as part of the LRF and IMT structures.