



Adult Social Care: COVID-19 Winter Plan 2020/21

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1. Aim/Objectives of the Winter Plan

The overall aim of Halton's Adult Social Care (ASC) Covid-19 Winter Plan 2020/21 is to ensure that high quality, safe and timely care is provided to everyone who needs it during the autumn/winter, whilst continuing to protect people who need care, their carers and the social care workforce from Covid-19.

Throughout the pandemic, in Halton, we have worked in partnership across health and social care, including the voluntary and community sector, to ensure that care providers have had what they have needed during this difficult time, whilst continuing to ensure that quality services and care provided is maintained.

Our objectives for ASC during winter are to:-

- ensure everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period;
- protect people who need care, support or safeguards, the social care workforce, and carers from infections, including COVID-19; and
- make sure that people who need care, support or safeguards remain connected to essential services and their loved ones, whilst protecting individuals from infections including COVID-19

The following sections outline the context in which ASC in Halton is currently and will be operating over the autumn/winter period from a National, Regional and Local perspective.

1.1 National Context

The coronavirus (Covid-19) pandemic has taken a toll on ASC in England and has had a profound impact on people receiving and providing social care.

This winter is likely to exacerbate the pressures on an already stretched health and social care system.

Covid-19 will be co-circulating with seasonal flu and other viruses and transmission may increase over the winter period.

In response to this, on 18th September 2020, the Government published the Adult Social Care: Our Covid-19 Winter Plan 2020 to 2021, which sets out:-

- the steps that are being taken nationally to ensure that the sector is prepared for winter;
- the key actions expected to be taken by local authorities, NHS organisations and care providers;
- how the recommendations of the Social Care Sector Covid-19 Support Taskforce are being put into practice; and
- a stimulus for further local winter planning and preparedness

with the overall aim of protecting people who need care and the workforce that supports them.

The national plan, as does our local winter plan, applies to all adults (from age 18+) and to all settings and contexts in which people receive ASC, including people's own homes, extra care

housing, supported living, residential care homes, nursing homes, and other community settings, such as day services and Shared Lives schemes.

1.2 Regional Context

Halton forms part of the Mid-Mersey health and social care system which comprises of 4 Clinical Commissioning Groups (CCGs), 4 Local Authorities including Public Health (PH), health and social care providers, 2 Acute Hospitals, a Mental Health Hospital, a range of Community Care Providers, Primary Care, Voluntary and 3rd Sector providers.

The 4 local places of **Halton**, Knowsley, St Helens and Warrington support and manage the local populations health, care and wellbeing needs to provide local place based plans with a responsibility to respond to anticipated events such as Winter pressures, Flu, Covid-19 and local and regional surges in demand.

The two local system winter plans, Halton and Warrington and St Helens and Knowsley, have been aggregated into a [Winter Planning submission](#) for the Mid Mersey Accident and Emergency Delivery Board system.

Although Halton ASC and its response, in respect to Winter preparedness, is referenced in the Mid Mersey Winter Planning submission, this ASC Winter Plan references specifically Halton's response to the key actions expected to be taken by local authorities and NHS organisations outlined in the national ASC Covid-19 Winter Plan.

It should be noted that as from Wednesday 14th October 2020, the Liverpool City Region (Liverpool, Knowsley, Wirral, St Helens, Sefton and **Halton**) have been placed into Tier 3 of England's local COVID alert levels.

1.3 Local Context

As outlined above, as from 14th October 2020, Halton has been placed into Tier 3 of England's local COVID alert levels.

Further details of these alert levels can be found [here](#).

These measures will help to address the significant rise in coronavirus cases in Halton and the wider region in recent weeks.

The new restrictions will be monitored very closely and the next steps will depend on the impact these measures have.

Information on the latest local Covid restrictions and data in respect to number of confirmed cases etc can be accessed via the HBC website at the link below:-

<https://hbcnewsroom.co.uk/coronaadvice/>

1.3.1 Local Demography

18% of Halton's population is aged 65 and over (23,812), with 4.2% over the age of 80 (5,387). Halton's proportion of people aged 65+ is same as the England level, but the proportion of people aged 80+ is slightly lower (England, 5.0%). The largest percentage growth has been in the most elderly groups and this pattern is set to continue.

The registered population for the 14 GP practices covered by NHS Halton Clinical Commissioning Group (CCG) is slightly greater than the resident population. The proportion of the population aged 65+ in each GP practice varies greatly from 9.6% to 22.4%.

It is predicted that the older population will continue to grow. The 65+ population is predicted to increase by 38% between 2019 and 2041 with the 85+ age cohort more than doubling, from 2,400 to 5,700, over this time period.

Older people are living longer and spending a greater proportion of their old age in relatively good health. The Office for National Statistics (ONS) Annual Population Survey indicates that older people have some of the highest levels of wellbeing of any age with scores across the four indicators used being highest in the 65-74 group. Despite this older people in Halton face a number of challenges:

- A quarter of Halton older people live in the 10% most deprived parts of England, with around 43% living in the most deprived 20%.
- The proportion living alone increases with age after age 65, with those aged 85 and over most likely to live alone (83.9%).
- Only 42% of people living in Halton who were over the age of 65 said their health was very good or good. Just 30% in Windmill Hill to 60% in Birchfield, with levels highest in the more affluent areas and lowest in the more deprived areas (2011 Census)
- Two out of ten (20.9%) of the total population has a limiting long-term illness (LLTI) or disability, whereas double that percentage - 4 out of ten (42%) - of those over the age of 65 do so; over half of 65-74 year olds do (52%), two in three 75-84 year olds (70%) and 85% of those aged 85+. This equates to 10,956 people aged 65 and over with a LLTI. These proportions are higher than regional and national figures.
- Data from the latest available annual GP survey also shows an increase in LTCs by age; 60% of total respondents compared to 96% amongst those over age 85. High blood pressure, arthritis and lower back pain being especially prevalent.
- Using national research, we estimate that there may be 2,237 Halton residents aged 65 and over who are frail with a further 9,859 pre-frail. Assuming the prevalence rates remain static, these numbers are predicted to nearly double over the next 21 years.
- The Census shows that 10,956 older people indicated that difficulties with mobility limit their lives, 6,318 a lot (ranging from 28% of those aged 65-74 up to 59% of those aged 85+) and 4,638 a little. Not surprisingly then, nearly half of all those in receipt of adult social care have physical impairments which affect their mobility. 27% of the 65+ respondents in the 2019 GP survey said they had problems with physical mobility, for example, difficulty getting about their home.

The care home population (aged 65+) has remained fairly stable increasing by just 0.3% between the 2001 and 2011 Census despite a growth in the 65+ population being 11% over this time period. This is likely due to the increased emphasis on care at home to aid independence for as long as possible. However, this means that the care home population is ageing with those aged 85+ over-represented. It also means it is those with the most complex

health and social care needs that are moving to live in care homes. Whilst Halton has had a lower percentage of older people needing to move to live in care homes than the national average, the continued ageing of the population does mean there will be an increase in numbers in the future. Indeed this is starting to happen already with the downward trend in both temporary and permanent admissions to care homes starting to reverse both nationally and locally.

In Halton 2.8% of the 65+ population lives in a care home. This rises to 12.1% of those aged 85 and over. These percentages are lower than regional and national averages for both age groups.

Having a local care market that is viable and able to deliver high quality care, will be key in responding to the rising demand in provision, especially over the autumn/winter period.

Final

2. Adult Social Care - Capacity/Demand Management

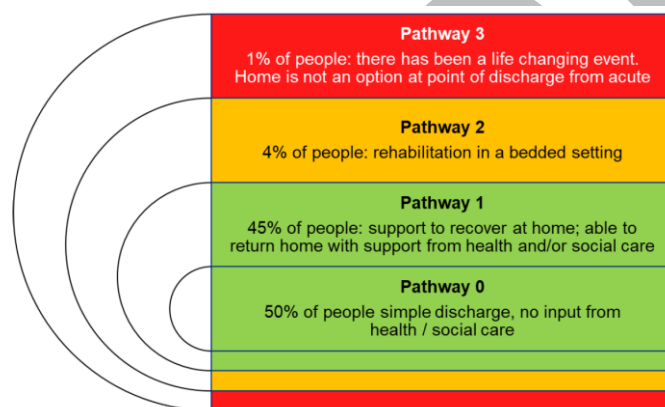
2.1 Safe Discharge from Hospital

2.1.1 Discharge to Assess

As a result of the Pandemic and the need to ensure health and social care services could continue to effectively respond, there was a need to rapidly review service provision and introduce new ways of working.

As such, a key element of this was the national introduction of the COVID-19 Hospital Discharge Service Requirements on 19th March 2020, then being subsequently replaced with the Hospital Discharge Service: Policy and Operating Model on 21st August 2020.

In essence, this guidance provided, and continues to provide, a renewed focus on the Discharge to Assess model based on four clear pathways for discharging patients from hospital, as shown below:-



Systems and processes within our local Acute Trusts, HBC Care Management, Capacity and Demand and Intermediate Care (IC) Services needed to be realigned to support this approach in order to ensure that a capacity and demand led approach could be taken, in order to create sufficient and robust capacity to manage the predicted spike in hospital admissions.

Robust pathways for all commissioning and contracting of packages of care, including bed based services are in place and will remain so during winter. In Halton, we have an established Executive Lead for the leadership and delivery of our Discharge to Assess Model; HBC's Director of Adult Social Services (DASS).

In respect to winter 2020/21, the bed-based service will remain in place where home is not possible with a dedicated Multi-Disciplinary Team (MDT) approach being taken to improve function and continue rehabilitation at home. There continues to be pathways in place with voluntary sector organisations in Halton to support hospital discharge and aid recovery.

This model has been used throughout the pandemic successfully reducing Length of Stay (LoS) and therefore increasing bed based capacity.

Social work teams remain operational in the community and supporting hospital discharge, to ensure that discussion regarding a person's long-term care options take place, as early as possible after discharge. The care home sector is aligned to a trusted assessor model for

hospital discharge and the care home sector will be supported to manage current and ongoing pressures as a result of the pandemic.

NB. As at 5th October, care homes in Halton are currently running at an 8% vacancy rate (This excludes vacancies within care homes which as at the 5th October are closed to admissions).

An additional block purchased 500 hours of domiciliary care commenced in February 2020 and will continue throughout the winter period. This has successfully managed flow both out of hospital and bed based services.

The approach is to maintain an average LoS of between 14 and 21 days during winter in short term bed bases, which will really impact positively on available capacity. The role that community services (Reablement, domiciliary care, care homes, community health services) have with home first and the enhanced discharge pathways is key to this.

Daily board rounds and review within IC services in relation to discharge and movement on to home / long term service has resulted in significant reduced LoS' and therefore increased capacity. This approach will continue.

With the reintroduction of the NHS Continuing Healthcare (CHC) Assessments and the new discharge guidance, referred to above, Halton's Complex Care Management Group, which includes senior representatives from HBC and NHS Halton CCG, has worked together to establish the processes required to review the cohort of people now requiring assessments. This has been supplemented with a separate group developing 'back office' processes to help facilitate the assessments.

An associated Operational Group are meeting on a regular basis to ensure that there are sufficient staffing resources in place to address the CHC backlog and ensure work has been progressed. To date an additional social worker, funded via the COVID-19: NHS Continuing Healthcare Deferred Assessments – Workforce Programme and Financial Resourcing, has been identified to support the process.

2.1.2 Alternative Accommodation

As outlined in the COVID-19: Adult Social Care Action Plan published on 15th April 2020, there was an expectation that as a Local Authority, if appropriate isolation/cohorted care is not available with a local care provider, we would need to secure alternative appropriate accommodation and care for the remainder of the required isolation period.

In Halton, we had already been working on delivering this. In conjunction with system partners we developed an operational model including the provision of medical and district nursing cover and pathways and as a result were able to open a short-term Residential Service (60 beds) at Lilycross Care Centre in Widnes. The facility opened in May 2020 and is a regional and sub-regional resource across Cheshire and Merseyside providing additional care capacity to meet additional demands caused by the pandemic. The current contract for this service runs until 31st January 2021; this will be kept under review.

Lilycross will provide 16 beds for patients who are Covid positive on discharge from hospital and 44 beds for supporting general hospital discharges. Lilycross have appropriate isolation/cohorting facilities to ensure that they have safe accommodation for people who have been discharged from hospital with a positive or inconclusive Covid-19 test result.

We received information from the Department of Health & Social Care on the 12th October 2020 regarding the Care Quality Commission's (CQC) designation scheme for premises that are safe for people leaving hospital who have tested positive for Covid-19 or are awaiting a test result. The emphasis of the scheme is on stand-alone units or separate zones of accommodation and staffing and is underpinned by a number of principles including:-

- No-one should leave hospital without a test result;
- Designated places must be confident in testing, PPE, infection control, medical, DN, physio etc cover, staff isolation/restriction arrangements, etc.;
- More likely to be standalone than part of another unit;
- Providers must be willing and competent.

We are currently working with CQC, partners and Lilycross, to ensure Lilycross is approved under the designation scheme so we are able to provide a safe place for people to go, who are Covid-19 positive, when they are discharged from hospital.

2.1.3 Cohorting/Zoning

As part of our work on Care Home Resilience in the Borough (see section 3.1), we have worked with Care Homes on their ability to being able to appropriately isolate residents and as such produced documentation outlining the key points for Care Homes to consider in respect to isolation.

The publication of the Association of Directors of Adult Social Services (ADASS) 'Cohorting, Zoning and Isolation Practice - Commissioning for Resilient Care Home Provision - Sept 2020' guidance builds on information already shared with providers and we are actively working with them to establish an approach and framework to adopt this guidance.

2.2 Preventing Avoidable Admissions

2.2.1 Additional Capacity/Schemes

Details of the additional schemes and capacity that have been introduced with an aim of preventing avoidable admissions can be found in the Winter Planning submission for the Mid Mersey Accident and Emergency Delivery Board system referred to in paragraph 1.2.

Schemes include (list not exhaustive):-

- Access to Palliative Care Medicines
- High Intensity User Service
- 24 hour Mental Health Crisis Line
- Minor Eye Conditions Services
- Minor Aliments Service
- Urgent Treatment Centres.

2.3 Acute Hospital Admissions

Our local acute providers, Warrington & Halton Hospitals NHS Foundation Trust and St Helens & Knowsley Teaching Hospitals NHS Trust are both operating under the national guidelines

for hospital admissions and have liaised with the local Infection Prevention and Control Team to agree the procedures.

The hospitals are operating clean sites for elective activity, including the independent sector hospitals.

All patients are advised to self-isolate prior to attending the hospital, are temperature checked on arrival and are swabbed and isolated prior to admission to ward.

As outlined in Section 1.2, the two local systems, Halton & Warrington and St Helens & Knowsley, have developed winter plans to ensure that the systems are appropriately prepared for winter.

2.4 Social Prescribing

Social Prescribing Link Workers (SPLWs) have been playing an important role during the pandemic, as part of Primary Care Network (PCN) teams and this will continue over winter.

In Halton, all Patients can access the NHS Halton CCG commissioned SPLWs service via self-referral, signposting from general practice staff member/clinician, or via a simple referral form. SPLWs undertake informal, wellbeing reviews of individual's needs and strengths and work with them to devise a wellbeing plan. This also includes navigation into health, community & voluntary services.

Prior to Covid-19, the NHS Halton CCG commissioned SPLW service was located in general practice, however during the pandemic the service has been working remotely. As PCNs recruit SPLWs and the CCG commissioned service is aligned, access to GP IT systems will be included as part of the developing model.

3. Care Providers – Business Continuity/Resilience

3.1 Care Home Support/Resilience Plan

On the 14th May 2020, Local Authority Leaders received a letter from Helen Whately MP, Minister of State for Care, in which she asked that all local authorities review or put in place a care home support plan, drawing on local resilience and business continuity plans.

From the outbreak of the Pandemic, extensive work had already been taking place across the health and social care sector in Halton, to ensure our response to the crisis was robust and effective. In respect to the Care Home sector, this work had already been collated into Halton's overarching [Adult Care Home Resilience Plan](#); this plan was therefore reviewed and updated in light of the letter received.

This plan is being used in conjunction with each Care Home's individual Business Continuity Plan and the overarching Halton Adult Social Care Business Continuity Plan, to ensure that our response to the Pandemic is robust and effective. It will be updated on an ongoing basis as we progress through the Pandemic, to reflect when processes change or additional support is implemented.

The Resilience Plan addresses the following areas and outlines in detail the support that is in place:-

- Infection Prevention and Control (in. Training in Infection Control, Personal Protection Equipment etc.)
- NHS Clinical Support
- Testing
- Oversight and Compliance
- Workforce
- Funding

It should be noted that at the beginning of the Pandemic provider business continuity plans were all reviewed and updated. During September/October 2020, HBC's Quality Assurance Team (QAT) have been working with providers to ensure all plans have been reviewed and updated again in preparation for winter etc. QAT have developed a checklist to ensure that plans are robust and services supported to understand the shortfalls etc.

3.2 Preventing & Controlling the spread of Infection in Care Settings

3.2.1 Outbreak Management

In order to support the effective management of local outbreaks, it is essential to ensure we have robust local and operational procedures in place, based on learning, in order to minimise the transmission of the virus across care settings.

HBC has a suite of outbreak plans for a number of different settings including:

- Education and Childcare settings
- Complex Settings (workplaces, community settings, geographical locations)
- Care Homes

NB. Associated plans can be accessed [here](#)

There is a Joint Health Protection Board with Warrington Borough Council, which meets fortnightly, that oversees the development of local planning arrangements – testing, contact tracing, shielding and vulnerable cohorts; local data and intelligence, communications and escalation arrangements across, and includes all local health and care agencies.

We have a robust process in place to ensure all adult social care providers in the Borough are aware of the latest guidance, both nationally and local, including relating to care home visiting and are supported to implement it. This process is undertaken by HBC's QAT who act as the Single Point of Access (SPA) for all the latest guidance. Information is screened and then distributed to providers on a daily basis (if required).

Although, at the time of writing this plan, we are waiting for the publication of the Skills for Care on line training package for staff to support the carrying out of reviews following an outbreak of Covid-19, we are already actively working alongside NHS CCG colleagues to enhance our current learning review process to ensure that lessons learnt can be shared across providers/system in the event of an outbreak of the virus, at a local, regional and national level.

NHS Halton CCG continue to offer/provide clinical support and training across the system, as needed, through a variety of different ways from formal training to peer support.

3.2.2 Management of Staff Movement

Stopping staff movement in and between care settings is critical to minimising the risk of infection of Covid-19 and other viral illnesses, including flu and there are a number of areas/actions, which we will continue to undertake to support providers with this

The distribution of the Adult Social Care Infection Control Fund (ICF) is one of these areas. One measure that the ICF can be used for is in supporting providers restrict staff movement. Round 1 of the ICF saw 15 care homes in Halton specifically use the funding for this purpose, equating to 21% of Halton's total grant allocation. We have a robust process in place for ensuring that the fund is allocated appropriately and used in accordance with the grant conditions. This involves the HBC's QAT, Commissioning, Finance and Audit Teams. Further details of the ICF, including the Round 2 of funding available can be found in Section 5.2.

QAT has ensured services have received information and guidance on staff movement/redeploying staff and have discussed this with them to ensure that they have robust systems in place to achieve this as and when required.

We will continue to support providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers and the QAT will 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.

Clear communication channels with providers is key. Throughout the pandemic, QAT have undertaken welfare calls with all providers, which identifies any emerging pressures and ensures timely escalation. These have been carried out daily but recently reduced to twice weekly. However, as we head into the autumn/winter, the frequency of these welfare calls have now increased.

To support this process, QAT Officers monitor the NHS Capacity Tracker on a weekly basis and take appropriate action to address any emerging concerns including that of staff movement. Actions include establishing with providers that an appropriate risk management process is in place to limit movement and prevent the likelihood of infection/transmission of the virus. It should be noted that support and guidance is also given to providers, when needed, in respect to the completion of the capacity tracker and the updating of their adult social care workforce data set records, to help ensure effective local capacity monitoring and planning.

There is a named QAT Officer and QAT SPA with a Duty system that ensures that any emerging situation is resolved in a timely and preventative basis and as previously outlined QAT provide a SPA for information and signposting to guidance, professional and established helplines.

3.2.3 Personal Protection Equipment (PPE)

In response to the Pandemic, Halton Borough Council (HBC) established its own PPE HUB.

Care Homes and the Domiciliary Care sector sourced their own products and HBC have checked PPE supplies on a daily basis with providers to ensure that stocks and orders are in place; this process continues over winter.

As teams outside of Care Homes and Domiciliary Care were struggling to gain access to relevant PPE, the Hub evolved during the course of the Pandemic and now provides PPE right across the Authority.

With the announcement that the Government will be providing free PPE for COVID-19 needs (as recommended by COVID-19 PPE guidance), to Care Homes and Domiciliary Care providers via the PPE portal until March 2021, where relevant teams fit the criteria for use of the Government PPE Portal, they will continue to order via this route. Details have been shared with providers on the process they need to follow to access the necessary PPE.

At the time of writing this plan, we are aware that some providers have been experiencing issues with ordering certain quantities of stock via the Government portal as it was originally set up for emergency use only so therefore has limits on quantities attached. We are aware that work is taking place to remove these limits to ensure that providers can order 100% of their required Covid PPE stock via the portal; we will of course be monitoring this.

The HBC PPE HUB will remain operational throughout the winter season and where required will provide support on an emergency/limited basis to these teams. Where a team does not fit the criteria for use of the portal they will be able to continue as normal accessing the HBC PPE HUB.

The HBC PPE HUB Lead will act as a single point of contact for liaison with the Cheshire Local Resilience Forum PPE Cell who in turn will then report direct to the Department of Health & Social Care, on behalf of HBC, on any needs/shortages of stock.

3.2.4 Covid-19 Testing

Testing is a critical part of supporting the system in fighting Covid-19, helping to prevent and control the spread of infection and outbreaks.

We have robust local testing processes in place, in support of the national testing strategy, in order to ensure positive cases are identified promptly and appropriate action able to be taken.

HBC's PH Team links the Authority in to the testing system at all levels and are an active participant in regional testing capacity management levels.

Halton have access to a variety of testing facilities including regional testing sites, currently located at Haydock Racecourse, Liverpool John Lennon airport and Deeside. Haydock capacity will be relocating to the Heath Business Park in Runcorn in the near future as a relocation of regional capacity.

Halton has two local testing sites: The Brindley Theatre, Runcorn and Kingsway Leisure Centre, Widnes, in addition to Mobile Testing Units (MTUs) which rotate across the area and can be requested as capacity and need demands.

Care home outbreak and whole care home testing is facilitated using the 3 Boroughs Infection Control Team and a commissioned service via Bridgewater Community Healthcare NHS Foundation Trust Infection Control Team, with local follow up and management undertaken by the 3 Boroughs Infection Control Team.

We actively monitor the data and intelligence from a local level, alongside regional data which is used to inform local testing arrangements and provide challenge were needed to redeploy local MTU capacity as required or follow up with care homes where regular testing may not be taking place.

It should be highlighted that all patients throughout their stay in a hospital setting are tested and treated according to national guidance and on discharge from hospital all patients receive a test prior to leaving hospital and are not discharged without knowing the results, so the appropriate precautions can be taken, if necessary.

PH England works locally with Directors of Public Health (DPH) to feed in to the approaches and local systems for leadership and action on a number of areas including testing, intelligence reporting, data system development, outbreak planning arrangements, local and regional contact tracing for local communities, care settings, education and early year's provision and general public health advice and liaison.

PH Champions provide key facilitation on a number of programmes to ensure joint working and improved capacity within local systems.

3.2.5 Flu Vaccinations

With Covid-19 in wide circulation, it is more important than ever that this year frontline health and social care workers are vaccinated against the flu, in order to protect themselves and the people they care for.

Local communications team within HBC's PH, wider local authority as well partner communications teams within health and care partners, are engaged in a mutual communications approach to provide consistent messaging across the area, utilising national communications toolkits and localised targeted messaging where needed, in order to encourage eligible staff and people who receive care to get the flu vaccine. These

communications are therefore aimed at the general public risk groups, as well as specific messaging to eligible health and social care staff as to how and where to access vaccinations.

HBC is working with a variety of providers to ensure that there is access to a variety of venues to facilitate vaccination, including options for the use of local sites suitable for mass vaccination approaches as required, along with working with local PCNs to identify opportunities for alternative approaches to vaccination delivery.

GP and Community Pharmacies have commenced the seasonal Flu immunisation programme.

The local GP Care Home Alignment Scheme, which provides care over and above the national PCN Direct Enhanced Services (DES) Enhanced Health in Care Homes (EHCH), is supporting practices to ensure all patients in their aligned care home are receiving a Flu vaccination. Information on arrangements for providers have been shared with them and Practices have already started to attend homes to immunise all residents.

3.3 Enhanced Health in Care Homes

NHS Halton CCG, as part of the regular reporting to NHS England has already confirmed that all homes are aligned to a PCN. In Halton, as a local scheme was already in place, each older person's home is aligned to a practice and so provides care over and above the national PCN DES.

NHS Halton CCG continue to work with care home providers to support home's oximetry and have been providing oximeters to care homes.

Under the local GP Alignment Scheme, Older People's Care Homes in Halton have had in place for some time a named clinical lead who undertakes regular ward rounds. This is over and above the PCN named clinical lead.

Many of the elements of the PCN DES EHCH requirements have been delivered for some time as part of the local scheme. PCNs and the CCG have outlined the additionality provided by the local scheme and are working to continually improve the level of support over and above the national EHCH scheme.

PCNs have engaged with personalised care roles and have submitted Additional Roles workforce plans, which include care co-ordinators. PCNs are also working with the CCG to align the CCG commissioned social prescribing service with PCN workforce plans.

3.4 Technology & Digital Support

All care homes in Halton have been supported to enable NHSmail and provided with a laptop as part of the NHSX offer. This has enabled regular face-to-face pro-active ward rounds, provided by the aligned GP Practice, to be undertaken remotely via video consultation.

As part of this exercise, issues associated with information governance and local data sharing agreements between health and social care providers were progressed.

4. Supporting People who receive Social Care, the Workforce and Carers

4.1 Visiting Guidance

A top priority remains to prevent infections in care homes and protect staff and residents. However, it is recognised how important it is to allow care home residents to safely meet their loved ones, especially for those at the end of their lives.

Halton's DPH works closely with adult social care colleagues and Infection Control Teams in the assessment of appropriate visiting provision within the Borough. In addition to the interpretation of local enhanced restrictions as may be imposed by the Secretary of State at any time that may alter the requirements for care home visitation strategies.

In Halton, significant work has taken place with providers since the publication of the national Care Home visiting guidance in July on their individual home plans/policies. All the Borough's Care Home visiting plans/policies have been assessed, approved and implemented. However, with the introduction of enhanced restrictions for Halton from 22nd September 2020, these have been suspended with additional restrictions on visitations imposed, with the exception of those situations in which residents are exempt for extenuating circumstances. The visiting arrangements will be reviewed on an ongoing basis and as guidance evolves.

4.2 Direct Payments

Continuity of care and support is essential, whether arranged through direct payments or through services commissioned or provided directly by Local Authorities or Clinical Commissioning Groups. Most care and support cannot be deferred to another day without jeopardising people's wellbeing, and deferring this care and support could place people at risk of harm.

During the Pandemic and over the winter period, we will continue to consult guidance for any actions that should be taken to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs. We will continue to take a flexible approach to the arrangements for people receiving all forms of direct payments, their families and carers will need to make, in order to continue to meet their care and support needs.

Payments will continue to be used flexibly and innovatively with no unreasonable restrictions placed on the use of the payment, so long as it is being used to meet eligible care and support needs. The Direct Payments Team will continue to make Adult Social Care Teams aware of any request to use a Direct Payment flexibly, so support plans can be kept up to date.

Direct Payment Clients/Personal Assistants will be kept up to date with any changes relating to them via letter/phone when required.

PPE will continue to be made available to Direct Payment Employers who directly employ Personal Assistants and to Direct Payment Providers when requested (If not eligible to register on the Government PPE portal). Direct Payments Team will order/deliver the PPE as and when required through the current arrangement via the Halton PPE HUB.

4.3 Support for Unpaid Carers

In Halton, there are 15,018¹ people who provide unpaid carer to their loved ones and we need to ensure that we are able to continue to support them to do this over the winter period.

During the national lockdown, Halton's Carers Centre were able to contact approximately 90% of our registered carers to complete reviews and ensure that the carer was coping during the lockdown and knew how to contact them or social services if needed, in order to ensure they were able to access services that meet their identified needs.

The feedback that the Centre was getting from carers was that they were grateful for the support via telephone calls that they were offering and just to have that communication with them helped. The Carers Centre have also been able to adapt their usual monthly support groups to offer these more regularly but via Zoom so the carers can still access the peer support. Although they had to put on hold the therapies/relaxation sessions, they were again able to offer an alternative via zoom which are relax and recharge sessions.

They have also been holding online training sessions which include Mental Health training for carers and have been regularly updating their social media with new activities they are hosting or changes to their services. They are regularly sending mass emails/post to carers who may not have access to social media to keep them updated.

Working with the Carers Centre, we will continue to make sure carers know what support is available to them and who to contact if they need help during the winter months.

As outlined in Section 4.2 (Direct Payments), we will continue to take a flexible approach to the arrangements for people receiving all forms of direct payments, their families and carers will need to make, in order to continue to meet their care and support needs.

The Carers Centre registration/reviews/assessments of carers have again been updating them of any changes that have been needed during Covid-19 and referring on when necessary to other services that have remained active when necessary; this has included referring to social services for support.

In respect to services that may have closed over the pandemic, from an Adult Social Care Communities Division perspective, only Day Services and the Adult Placement Service (APS) closed during lockdown. Day Services partially reopened on a severely reduced scale from July offering places to services users suffering the most strain as a result of the national lockdown. Day Services reopened ensuring that they were Covid safe, social distancing was adhered to and appropriate PPE was used.

Working with HBC PH, detailed and extensive planning to re-open Day Services further and restart APS has been undertaken. However, with the local Halton restrictions coming into force on 22nd September it was agreed to suspend further re-opening of these services. This situation is being reviewed every two weeks and at the time of writing this plan, no further re-opening/restart of the service has taken place.

¹ Halton 2011 Census

4.4 End of Life

The needs of people approaching the end of life may be complex as well as highly individual, and are likely to span both health and social care. Therefore dying well is important to the person, their family and those important to them, as well as staff caring for them and if in a care home other residents as well.

In Halton, we have always and continue to undertake a personalised approach to delivering end-of-life care.

The advanced care planning process, which involves a MDT approach, continues to be undertaken by all care providers in the borough, supported by the Advanced Care Planning Team hosted by Halton Haven Hospice.

Ensuring that staff work within the legal framework of the Mental Capacity Act, HBC's Care Management Team support people with end of life support and work with the multi-professional support team working with individuals.

Any guidance issued from the centre is circulated to relevant providers and they are supported to ensure they are able to appropriately implement.

With the introduction of enhanced restrictions for Halton, which meant Care home visiting was stopped, we continue to work with providers to ensure that in line with guidance, that providers have access to resources and support to ensure that wherever practicable and safe, loved ones will be able to visit where someone is at the end of their life.

Arrangements are in place across all NHS settings to ensure arrangements are in place to facilitate visiting where someone is at the end of their life.

4.5 Care Act Easements

The Care Act Easements were introduced in March 2020 to enable the care system to manage the growing pressures on it as a result of the Coronavirus pandemic.

However, it is clear that ASC should, wherever possible, continue to provide services in line with the Care Act 2014, and only where this is not possible, should the Care Act Easements come into force.

Halton developed its own Framework for implementing Care Act Easements in April 2020, which incorporated the use of the Ethical Framework for ASC, detailed the steps that HBC would need to take before exercising any Care Act Easements and the process which would need to be taken to ensure relevant parties were notified that we would need to operate under Easements such as to the Department of Health & Social Care, providers, local MPs etc.

Although at the time of writing this plan, Halton has not needed to enact any easements, with the onset of winter, there will undoubtedly be an increase of pressure within the care system and therefore our Framework continues to remain in place and will be enacted, if it is required.

4.6 Supporting the Workforce (inc. Wellbeing)

Supporting the workforce over winter, including looking after their mental health and wellbeing is going to be essential.

As a result of the pandemic, staff continue to work in challenging and stressful environments and with winter, approaching, this situation will only be exacerbated. The pandemic has had a huge impact on us all and prioritising mental health and wellbeing has never been more important.

Via HBC's QAT, we ensure that providers are aware of free induction training available to them and also provide opportunities for them to access other training such as Infection Control and Prevention. We also ensure that guidance for them is distributed and reinforce this via the QAT Welfare calls and discussed via the monthly Registered Managers Network meeting.

We have also developed a local resource pack to support the well-being of staff working within Care Homes and through the ASC sector in Halton. The well-being of staff will be an ongoing consideration as we move through the pandemic and winter, as those on the front line may require additional support with mental health and wellbeing in the future.

The continued use of the ICF has enabled services to support additional staff, which have been used creatively to provide additional opportunities for interactions with isolated residents.

In Halton, larger providers have had access to occupational health provision, so we have targeted smaller independent providers with information for staff about how they can access support if required.

Halton was actively involved with the Northwest (NW) ADASS project to produce a map of wellbeing and mental health support frameworks, identifying the needs and offers for the adult social care workforce, including those working in adult social care provision/work and unpaid carers.

As a result, a localised version titled "Halton Mental Health and Wellbeing Offer" was developed in June 2020, which was adapted to the national Framework as a good practice example for other Local Authorities. The NW ADASS launch was in July 2020 with both national and regional Materials. These have all been shared with Senior Managers for use and delegation, to be shared across the workforce and within care homes and providers.

4.7 Workforce Capacity (inc. SW Team Assessment Capacity)

During winter, we will continue to work across the system in Halton to monitor and respond to capacity issues as a result of absence levels or vacancies.

As part of this we have worked with providers to review their contingency arrangements to help manage any staffing shortages throughout the winter period.

Using a lessons learned approach and the national COVID-19 Guidance on redeploying workers and involving volunteers, which provides practical advice on how adult social care employers can safely redeploy workers and involve volunteers during the COVID-19 pandemic when necessary to help meet service delivery, QAT will work with affected providers to link

with other local social care providers and the voluntary sector where necessary to address any staffing shortages that may be experienced during the autumn/winter period.

ADASS Guidance on the Managing the Movement of Staff has been distributed to providers to help support them. Workforce capacity is reviewed and discussed at the Registered Managers Network and QAT support the identification of best practice and ensure it is shared across the provider network.

QAT continue to focus on use of capacity tracker with providers during their welfare calls and during Registered Managers Network meetings, to ensure appropriate completion to help effective local capacity monitoring and planning.

We are currently revisiting the process introduced at the start of the pandemic in respect to the use of volunteers and lessons learned to explore how this can be expanded upon to support providers during winter. This will link into an offer of mutual aid for nursing support, as this will be a particular pressure during the winter period.

Social work teams have established alternative working practices to address any staff shortages.

4.8 Shielding and People who are Clinically Extremely Vulnerable

Clinically Extremely Vulnerable (CEV) were advised to take extra precautions during the peak of the pandemic in England. However, due to the rates of transmission of coronavirus in the community falling significantly, 'Shielding' was paused nationally on 1st August 2020.

As at 22.9.20 there are currently 6,125 (approx.) 'Shielded' individuals registered within the borough.

A HBC Local Lockdown Contingency Plan for Shielded and Vulnerable Individuals has been produced and this is updated on a weekly basis in relation to the NHS data received.

This document is held within the Emergency Planning Portal and Resilience Direct (for multi-agency use) and will be activated on receipt of notification of a local lockdown, so we can effectively co-ordinate local support.

There are a number of measures in place to support this activity i.e. 40 trained call handlers, Local Authority Hub (Halton Stadium), partnership working with foodbanks, community shop etc.

HBC's Chief Executive, chairs a monthly Local Authority HUB Meeting to review contingency planning arrangements relating to those who are identified as Shielding/CEV.

4.9 Social Work & Professional Leadership

The delivery of health and social care over winter will be reliant on the practice of professionals in the sector to support people through new discharge processes, whilst ensuring delivery of the duties set out in the Care Act and maintaining good quality practice. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in partnership with local multi-agency safeguarding arrangements, including Halton's Safeguarding Adult Board.

In Halton, we have begun a programme of work with Manchester Metropolitan University on developing Strengths based approaches. We held a launch of the training programme just prior to the national lockdown, at the start of the Pandemic, and we are now exploring ways to continue with elements of the training through virtual means via Microsoft Teams. Ensuring 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 is integral to our Strength Based Programme and associated approach.

Throughout the pandemic we have and will continue to apply legislative framework, including our duties under the Care Act and Mental Capacity Act, for example Best Interest Assessor Renewal Training took place, virtually, during August.

We continue to ensure that 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. To support this Halton's Principal Social Worker continues to send out monthly newsletters to Teams and Halton's Social Work Matters forums are taking place virtually. Halton's Social Workers hold journal clubs to look at current issues and dilemmas and apply Social Work theory and models of good practice.

Halton's PH Team have worked with local partners, including intelligence leads and universities, to understand the impacts of Covid on local inequalities and aims to ensure that policies and procedures reflect the needs of vulnerable groups and minority ethnic communities and continue to signpost to advice and guidance as required.

Halton's ASC Senior Management Team has reviewed the NW ADASS Risk Assessment Tool, which is a document intended to be a practical toolkit for managers working in any ASC environment, as to how it can effectively be used in Halton. It provides practical advice and guidance to organisations on risk assessing staff from Black, Asian, and Minority Ethnic backgrounds, and identifying appropriate mitigations. This has been shared with social care providers in the Borough in order to pick up associated actions.

In light of winter and Covid-19 pressures, in order to ensure that our current quality assurance frameworks and governance oversight arrangements do not reduce the ability to deliver high-quality social work practice, we have established a steering group to begin work on mapping the Local Government Association's 'Standards for employers of social workers in England' and develop an associated action plan.

We continue to maintain links with professionals across the health and care system to ensure joined-up services, for example working with colleagues in NHS Halton CCG on addressing the backlog of CHC assessment and our Social Care in Practice staff continue to work closely with our GP practices and District Nursing services.

HBC lead the local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities within it. This will be discussed at the next Continuing Health Care Forum.

4.9.1 Safeguarding

During winter, we will continue to ensure that our core duties, such as maintaining human rights and safeguarding, in respect to ensuring the safety and wellbeing of the people we support continues to be carried out effectively.

We will continue to 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.

For example, during the pandemic Domestic Abuse figures increased. As a result, the Police and HBC reviewed reporting systems. HBC continue to have oversight at the Multi Agency Risk Assessment Conference (MARAC), highlight themes and trends, and escalate to Community Safety teams when appropriate.

We continue to support and lead Social Workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice. For example, Making Safeguarding Personal (MSP) continues to be implemented and embedded as part of any s42 enquiries, continued auditing to ensure MSP is part of safeguarding practice and feeding themes and trends into the Social Work Matters Forum. Lessons learned from safeguarding briefings are shared with all staff and we continue to offer safeguarding awareness sessions to all provider services, in house and external.

5. Supporting/Oversight of the Market

5.1 Local Oversight and Support

Having oversight, not only across the local health and social care system, but also regionally and nationally, especially in light of the current situation we find ourselves in, is essential.

We will continue to actively engage and work with providers, both at an operational and strategic level, to ensure that they have what they need during winter and decisions are able to be taken quickly, in order to ensure that quality services and care provided across our local care sector is maintained. As outlined earlier in this plan (Section 3.1) we are working with providers to ensure their own business continuity plans are updated in advance of winter.

This winter plan continues to build on the work already outlined in our Care Homes Support Plan, which was submitted to Government in May and our associated Care Home Resilience Plan (see Section 3.1). The Winter Plan, along with the actions which continue to be progressed in the Resilience Plan, will be monitored via the Care Home Resilience Plan Implementation Group, chaired by the DASS, with representation from PH and NHS Halton CCG.

We will continue to ensure that there are clear lines of communication between the HBC and providers and has such establish a weekly joint communication from the DASS and DPH to go to all local providers of adult social care through the winter months. This will complement the twice-weekly communications already in place, which are sent to providers.

We will continue to review the intelligence and data that is available to us e.g. through the Capacity Tracker, PH, Local Government Association etc, including the new dashboard (once available), referenced in the national ASC Winter Plan, which will monitor care home infections, to ensure that we are able to respond quickly to address issues in the Borough.

5.2 Funding

COVID-19 has been one of the greatest challenges for care providers nationally; both in relation to ensuring the health and wellbeing of their residents and service users, and the additional financial impact of the virus.

The levels of expenditure in this area are significant and essential to reduce the impact of the virus on vulnerable individuals, who rely on the providers to keep them safe and well.

It is important to note here, that the care market was fragile prior to the impact of Covid-19, with ongoing challenges in relation to sustainability and quality of care.

Since the start of the Pandemic the Government has made £3.7 billion of emergency grant funding available to Local Authorities to enable them to address the pressures on local services, caused by the pandemic, including in Adult Social Care. A further set of support measures was announced in July with the aim of reimbursing Local Authorities for lost income.

The emergency funding has been utilised locally to ensure financial support is available to all contracted care providers within Halton, in line with ADASS guidelines, in order to alleviate financial pressures and support the sustainability of our care providers. A process has been established to ensure only relevant Covid related expenditure is funded. In addition we have

not applied payment terms to ensure that all invoices are paid immediately, helping to support the cash flow of these independent businesses.

In May 2020, the Government announced that it would make available a £600m Infection Control Fund (ICF) for Adult Social Care. The purpose of this fund was to support the implementation of infection control measures advised in the Care Home Support Package, particularly the restriction of movement of workers between different care settings and full payment for staff who are required to self-isolate. The grant was allocated to Local Authorities based on the number of CQC registered beds there are within the locality, as at May 2020.

In line with Government guidance, 75% of the overall grant allocation has been paid from the HBC directly to care homes in the Borough, whilst the Local Authority had the discretion to determine how the remaining 25% of the overall grant was to be allocated. Halton Borough Council determined that this proportion of the grant was to be used to support wider workforce measures, particularly within the Domiciliary Care and Supporting Living sector and as such funding has been distributed to appropriate providers.

Care homes indicated to us that they used the funds to :-

- Introduce measures to isolate residents within their own care homes
- Undertake actions to restrict staff movement within care homes e.g. paying for additional staff
- Paying staff full wages while isolating following a positive test
- Increased infection control training
- Additional cleaning (staff costs)
- Costs of alternative transport to minimise social contact
- Increased Covid testing
- Cover recruitment and induction costs
- On-site accommodation for staff
- Additional equipment; such as uniforms, laptops/tablets.

This fund ran to the end of September 2020.

The Government have subsequently announced an extension to this funding (Round 2) to ensure it continues to provide support to providers through to March 2021.

In line with the grant conditions for Round 2, this time 80% of the grant will be provided to care homes **and** to CQC regulated community care providers, whilst Local Authorities have the discretion to determine how the remaining 20% of the overall grant is to be allocated; at the time of writing this plan, work is currently taking place to determine this.

Throughout the availability of the ICF, both Round 1 and Round 2 funding, a process has been established for the distribution of and reporting on the ICF in line with the grant conditions. Providers have been notified of the process involved. Any queries from providers are dealt with promptly and associated actions taken. We continue to report through to the DHSC expenditure against the allocation of the ICF, in line with grant conditions.

Note: Halton's total allocation for Round 1 of the ICF was £1,008,396 and for Round 2 was £957,055.

In May 2020, we were also asked to publish on our website information on the financial support we have offered to our ASC market as part of the COVID-19 pandemic response including agreed uplifts. Information is being updated bi-monthly and the latest information as at 30th September 2020 can be accessed [here](#).

5.3 Market & Provider Sustainability

Local Authorities are responsible in ensuring people, who require ASC, receive services that prevent their care needs from becoming more serious, or delay the impact of their needs, which they can get the information and advice they need to make good decisions about care and support and have a range of provision of high quality, appropriate services to choose from.

As part of the Care Act 2014, although Local Authorities are required to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities, we are not responsible for the care provided in Care Homes etc, unless run by the Local Authority, and therefore cannot be held accountable for their failings.

The Care Act statutory guidance states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'. The Local Authority role is seen as critical and, under section 5 of the Care Act, has a duty to shape and maintain an effective market of services for meeting care and support needs in the local area.

The duty applies in relation to services that the Local Authority commissions directly as well as other non-commissioned services (including those used by self-funders), universal services and services provided by partners (such as health or charitable services) that together form the marketplace.

In order to fulfil its duty to promote diversity and quality in service provision the Local Authority must ensure it has effective strategies to shape the marketplace and commission the right services and thus have oversight of provision. Local authorities are responsible for ensuring continuity of care.

As a local system we have utilised all available levers in the local community to improve and develop the care home and domiciliary care sector and address the issues of quality and sustainability and even though there is a need for a more sustainable funding model in respect to ASC in general, we have been working to develop a sustainable and effective approach to the challenges we are faced with, particularly the workforce challenges.

We have completed and submitted the Service Continuity and Care Market Review: Self-Assessment of the health of the local market management and contingency planning leading into winter.

5.4 Care Quality Commission Support: Emergency Support Framework and Sharing Best Practice

In March 2020, the CQC introduced the Emergency Support Framework (ESF). This interim approach was put in place to lessen the burden of regulation on providers by taking a more data-driven and risk-based approach to regulation.

In recognition of the current pressures, the social care system was faced with, in Halton we also made a number of temporary changes to the approach we were taking with our Adult Social Care Quality Assurance (QA) processes. This approach will continue through the winter period and details can be found in the Care Home Resilience Plan referred to in Section 3.1. This not only provided our Care Home sector with the necessary support during the pandemic, but also continued to ensure we were maintaining people's human rights and safeguarding and thus continuing to deliver high quality care ensuring the safety and wellbeing of the people we supported was carried out effectively.

As a Local Authority, we will continue to work with the CQC to promote and inform providers about monitoring processes. We have established fortnightly meetings between senior managers from HBC and CQC to discuss local provision and updates in relation to changes in inspection. Information from these meetings and ongoing communications is shared via the Registered Managers Network and briefings sent out to providers.

Final

6. Action Plan

Action Point No.	ASC Winter Plan 20/21 Paragraph Reference	Key Action	Target Date	Responsible Officer/Organisation
1.	2.1.2	Work with CQC, partners and Lilycross, to ensure Lilycross is approved under the CQC Care Home designation scheme so we are able to provide a safe place for people to go, who are Covid-19 positive, when they are discharged from hospital.	Submission to register Lilycross made 14.10.20; waiting for CQC to progress	Divisional Manager (Urgent Care) – HBC
2.	2.1.3	Working with providers to establish an approach and framework to adopt ADASS' 'Cohorting, Zoning and Isolation Practice - Commissioning for Resilient Care Home Provision - Sept 2020' guidance.	30.10.20	Divisional Manager (Independent Living) – HBC
3.	3.2.1	Ensure providers have access to the Skills for Care on line training package for staff to support the carrying out of reviews following an outbreak of Covid-19 once available.	ASAP – Once package is available	Divisional Manager (Independent Living) – HBC
4.	3.2.2 & 4.7	Ensure mechanism is in place to support providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers.	30.10.20	Divisional Manager (Independent Living) – HBC
5.	3.2.3	Continue to ensure that providers are able to access the required PPE stocks they require.	Ongoing	Divisional Manager (Independent Living) – HBC
6.	3.3	Ensure all homes have been provided with oximeters.	ASAP	Chief Commissioner – NHS Halton CCG
7.	4.1	Review visiting arrangements on an ongoing basis, particularly from a human rights perspective and as guidance evolves, ensuring appropriate arrangements are in place for those at end of life etc.	Ongoing	DPH – HBC DASS – HBC
8.	4.3	Keep under review the reopening of services e.g. Day Services etc. in light of local restrictions etc.	Ongoing	DASS – HBC

9.	4.9	Ensure that the Strengths Based Approach Training Programme is relaunched in advance of winter.	Programme relaunched 15.10.20	Divisional Manager (Care Management) - HBC
10.	4.9	Conclude the mapping of the LGA's 'Standards for employers of social workers in England' and development of associated action plan.	End Dec'20	Divisional Manager (Care Management) – HBC
11.	4.9	Ensuring that NHS partners fully understand their responsibilities in the Ethical Framework for Adult Social Care.	End Nov'20	Divisional Manager (Care Management) – HBC
12.	5.1	Establish a weekly joint communication from the DASS and DPH to go to all local providers of adult social care through the winter months.	23.10.20 & ongoing	DPH – HBC DASS – HBC
13.	5.2	Ensure process is in place for the distribution of ICF Round 2 funding and associated reporting requirements.	30.10.20	Divisional Manager (Independent Living) – HBC

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