

**Social Care and Health Overview and Scrutiny Committee
Adult Social Care COVID 19 Action Plan and Combined Winter Plan
26 November 2020**

1. Purpose of the report

- 1.1 To update Social Care and Health Overview and Scrutiny Committee on the Adult Social Care Action Plan in relation to the management of COVID 19 and Winter planning arrangements for Adult Social Care.

2. Recommendations

- 2.1 To note the updates and risks as outlined in the report.

3. Aim

- 3.1 To give the Social Care and Health Overview and Scrutiny an overview of the management of COVID 19 and Winter Planning arrangements specifically in relation to Adult Social Care.

4. Know

- 4.1. On the 15 April 2020 the Government released a policy paper ‘Coronavirus (COVID-19): adult social care action plan’
- 4.2 In September 2020 the Government issued its Winter Planning Guidance for Local Authorities.
- 4.3 Given that many of the themes and domains in the COVID 19 guidance and the Winter Planning guidance were the same, a decision was made to create one combined COVID 19 and Winter Plan for all of Adult Social Care to monitor both areas
- 4.5 An assurance meeting takes place to review the 14 specific Winter Planning domains and 35 combined Covid 19 and Winter Planning Domains every 2 weeks.
- 4.6 The status of each domain is risk rated using the Red, Amber Green (RAG) risk rating system A view of the current RAG status is shown at **Appendix A** and summarised below in **Table 1**.

Table 1 – RAG status Summary

Domain	Red	Amber	Green	Total
Winter Plan	2	3	9	14
Combined COVID19 and Winter Plan	3	7	25	35

4.7 The Adult Social Care COVID 19 and Winter Planning position is shared with Walsall Together. Risks that are RAG rated as amber and red are discussed on a weekly basis in the Walsall Together Senior Management Team.

4.8 The Walsall Together SMT focus is on ‘adding value’

- Recognition that each organisation has to make its own winter plans
- Existing Winter Planning mechanism via the Emergency Department (ED) Delivery Board chaired by the Walsall Healthcare Trust (WHT) Chief Operating Officer
- Walsall Together coordinated approach seeks to identify actual & potential gaps in provision from a population/citizen perspective and facilitate partnership cooperation to address them.

5 Context

5.1 To manage the plan, highlight issues and escalate risk items, a bi-weekly assurance meeting takes place between the Interim Executive Director of Adult Social Care, the Director of Social Care, the Principal Social Worker, the Director of Public Health, Group Manager Assessment and Care Management and the Project Manager responsible for the coordination of the plan.

6 Council Corporate Plan Priorities

6.1 People live a good quality life and know that they belong.

6.2 People know what makes them healthy and are encouraged to get support as they need it.

7 Risk Management

7. The review of the action plan highlighted the following items as the highest risks as at 31st October. It is important to note though that the situation is rapidly evolving and changing on a daily basis. Table 1 shows the highest specific Winter Planning risks and Table 2 the highest combined COVID 19 and Winter Planning risks.

Table 1 Winter Planning – highest risks

Action plan ref	Title	Detail	RAG
WP 5a 5b and 5c	Actual Domiciliary Care capacity and understanding future	As at 31 October 2020 capacity is sufficient in the Market. In terms of understanding future capacity, providers are not completing capacity monitoring tools to give quantifiable intelligence. Providers do, however, share capacity intelligence with weekly calls with the	

	Domiciliary Care capacity	Commissioning Team. As a contingency plan Adult Social Care has 200 weekly hrs aligned to the Intermediate Care service for step down services. Some of these hours will be used in WS8 and WS9 to relieve Hospital Discharge pressure in those areas.	
WP 7	Flu Vaccine	As at 31 October 2020, there are national supply shortfalls with the flu vaccine	
WP 9	Social Prescribing	Adult Social Care should increase its social prescribing offer, especially those impacted by health inequalities, autistic people and people with learning disabilities.	
WP 14	Christmas Period	During the Christmas Period Adult Social Care Teams will operate at 50% capacity. Capacity will be reviewed on a daily basis and contingency arrangements are in place to increase staff capacity if necessary.	

Table 2- Highest risks COVID 19 and combined Winter Planning

Action plan ref	Title	Detail	RAG
CVD1	PPE – Funding Risk (National risk)	Walsall has been able to support all Care providers in accessing the safe levels of PPE they require. An emergency facility has been established at Goscote and the Council has secured significant supplies through regional procurement. Providers and Goscote are able to order PPE through the Department of Health and Social Care Portal. Significant PPE costs have been incurred a proportion of which has been funded by Walsall CCG	
CVD2	Infection Control (National risk)	Walsall has robust Infection control procedures in place including a member led Outbreak Management Board and robust infection control protocols. Public Health have has increased its capacity to include 5 IPC Nurses. Risks relate to wider 'system capacity' e.g. Health and social care staff, Rapid Response Team staff, quality in care team staff during the ongoing pandemic	

<p>CVD 5 AND CVD6 and WP11</p>	<p>Isolation Capacity – Designated beds</p>	<p>8 providers were initially identified to provide 58 beds in ‘designated settings’ offering isolation capacity. An update from Care Quality Commission (CQC) on 03.11.2020 advised we are only able to use homes as a minimum rated as ‘good’. Walsall currently has no homes rated as ‘good’ who are prepared to offer ‘designated’ beds and therefore this risk has been escalated to our Executive Director ASC to raise with ADASS and Department of Health for support to raise nationally and commissioners have started engagement with out of borough providers.</p>	
<p>CVD7</p>	<p>Testing of Key Workers (National risk)</p>	<p>Testing has improved since 1st October. However It is not possible to quantify the number of tests undertaken in relation to key workers in Walsall with reliable data only available for Pillar 1 (Hospital) and not Pillar 2 (Community based settings). Workers can access the Government portal for testing although this is not always reliable. There were initial logistical difficulties in staff getting to testing sites and issues regarding the quality of swabs and limited testing capacity which has now improved. Home testing kits can be ordered for those not able to get to testing sites. Rapid turnaround COVID 19 tests are being developed</p> <p>Testing turnaround is 48hrs. Key Social workers have been registered with Care Homes so they can register on portal to access testing.</p> <p>This is still an amber risk due to the ‘fluidity’ of the situation’</p>	
<p>CVD13</p>	<p>National Funding of Voluntary Sector (National risk)</p>	<p>The Council is committed to working with the voluntary sector who have been instrumental in supporting the actions in relation to COVID 19 and has provided financial support. However, with many funders limiting access to funds and a slowdown in donation’s the voluntary sector is facing significant financial pressures.</p>	
<p>CVD17B</p>	<p>Use of Technology in Care sector</p>	<p>Providers have used Technology in relation to, for example video conferencing to allow visits to Care Homes. Walsall recognises the need to expand its Technology offer and this a key part of the transformation plan between 2020/2021 and 2022/2023.</p>	

CVD22	Unpaid Carers support (National risk)	Walsall is providing support to unpaid carers as far as possible and has a 'carers offer' to include a carers assessment, the outcome of which could be funding for the Carer if required. However the true extent of unpaid carers support is not widely understood. There are likely to be significant impacts on health and wellbeing of carers due to COVID 19 not being able to access 'replacement care'. Walsall will be developing its resources for carers in relation to this risk.	
CVD26b	Safeguarding Concerns (National Risk)	It remains a well-documented national issue that there is an increased risk of safeguarding concerns during the pandemic in relation to domestic violence, abuse, and neglect. Walsall has not seen a significant rise in safeguarding concerns at this stage. Walsall has extremely robust protocols for communicating and managing the ongoing risk.	
CVD28	Funding (National Risk)	<p>Walsall has given extensive support to contracted and non-contracted providers including financial relief in relation to COVID 19 to ensure continuity of care. The risk relates to the potential cost pressures in relation to COVID 19</p> <ul style="list-style-type: none"> • Payment to plan for domiciliary – Agreed by Cabinet in May • Additional Expenses budget identified for reimbursement e.g. sickness, agency cover, PPE • Increased payment frequency <p>Infection Prevention Control funding</p> <p>Round 1 – received June. The Council increased the amount of funding paid to social care providers in our area by £2,270,789</p> <p>Round 2 - £2,342,514 received on 6th October</p> <p>Initially all new and increased care packages were funded by Walsall CCG. Currently only new care packages specifically linked to hospital discharge and admission avoidance can be recharged to the CCG</p>	

- 7.3 All providers required to update their business continuity plans supported with a peer review approach
- 7.4 By 28 October, 2020 the Department of Health and Social Care required all local authorities to complete a self-assessment of 'Service Continuity and Care Market Review'. The assessment presented the opportunity for each LA and collectively as a region to restate the risks and opportunities faced in the adult social care market, and to make the case for targeted support.
- 7.5 Not unique to Walsall the assessment highlighted a number of key concerns for the region exacerbated by Covid-19 including;
- Long-standing workforce challenges across all forms of provision, exacerbated by Covid-19 absences, highlight a continued challenge to recruit and retain the staff needed, whilst national recruitment campaigns have largely failed to bring additional capacity to the sector
 - Falling occupancy in care homes generally, with limited ability amongst providers to generate revenues, increases the risk of provider failure. Whilst there is some overcapacity in the care home market, multiple concurrent provider failures would quickly absorb this capacity and threaten councils' ability to ensure continuity of care
 - A lack of alternative good quality provision to both facilitate the transition from care home to community-based care and mitigate failure in specific markets (notably Homecare and Day Opportunities), poses a consequent risk to specific (younger) service user groups
- 7.6 Headlines are expected to be developed and it is anticipated that the review findings will be finalised by 19th November. Following this the initial steps of support and development to help respond to the identified challenges will be developed in partnership with ADASS and the LGA.

8 Financial Implications

- 8.1 Cabinet have allocated a total of £700K to Adult Social to supporting providers in keeping Day Centre's open and managing additional costs in relation to COVID 19 such as PPE, sickness and agency cover.

Initially all new and increased packages of care were funded by Walsall Clinical Commissioning Group as part of the 'Covid 19, discharge arrangements' funding stream. Walsall Clinical Commissioning are still funding care packages for the Council but only those specifically related to hospital discharge and admission avoidance.

Much of the PPE costs incurred by the Council can be recharged against this budget also.

The Council has also received £4.6M in ring-fenced grant to support infection control in care settings received in 2 phases. The expectation of this grant is that it is pass-ported directly to Care Providers to support infection control.

Domiciliary Care providers have been paid 'against support plan' rather than on 'actuals' potentially up to 31 March 2021 (Paper will be going to Cabinet in December) and Supported Living providers for a period of 7 weeks from the 23rd March 2020. In addition, the validation period for Residential and Nursing Placements has been adjusted to allow for improved payment frequency to providers.

9 Legal Implications

9.1 Legal services are providing contractual advice on supplier payment arrangements.

10 Procurement Implications/Social Value

10.1 Procurement are providing procurement advice on supplier payment arrangements based on the Procurement Policy Note issued PPN 02 /20 to PPN 04/20.

11 Property Implications

11.1 None

12 Health and Wellbeing implications

12.1 COVID 19 is having a significant impact on health and wellbeing both for staff working in Adult Social Care and people supported by the sector. This is being closely monitored through the Adult Social Care Action Plan.

13 Staffing implications

13.1 There may be staffing implications due to voids in the Residential and Nursing sector and due to providers changing their business models.

14 Reducing Inequalities

14.1 Equalities have been carefully considered but an EQIA is not required at present.

15 Consultation

15.1 None.

16. Decide

16.1 Not required. For information.

17. Respond

17.1 Not required. For information.

18. Review

18.1 Further CMT updates as required.

Author

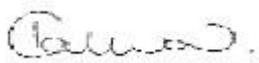
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Sponsoring Executive Director



Kerrie Allward

Date 15 September 2020

APPENDIX A

WINTER PLAN SPECIFIC ITEMS NOT ALIGNED TO COVID 19

Ref	Winter Plan or COVID 19	Lead	Title	RAG 31/10/2020
wp1	Winter Plan	Anna Grainger	Emergency Duty Team Capacity during winter period	
wp2	Winter Plan	Anna Grainger	AMHP (Approved Mental Health Practitioner) capacity during winter period	
wp3	Winter Plan	Jennie Pugh	Access, Localities and Intermediate Care capacity over winter period	
wp4a and b	Winter Plan	Tracy Simcox	Residential and Nursing provider Capacity	
wp5abc	Winter Plan	Tracy Simcox	Domiciliary Care Capacity at a given point in time and understanding future capacity	
Wp6	Winter Plan	Tracy Simcox	Limiting Staff movement within the Care sector and distributing ICF – 2 nd phase.	
WP7	Winter Plan	Uma Viswanathan	Winter FLU Vaccine rollout for all people who receive Care and all staff who provide Care.	

WP8	Winter Plan	Walsall Together	From 1 October, Primary Care Networks (PCNs) – working with community healthcare providers – will become responsible for delivering the Enhanced Health in Care Homes (EHCH) framework,	
WP9	Winter Plan	Jeanette Knapper and Paul Gordon	Social prescribing especially those impacted by health inequalities, and autistic people and people with learning disabilities.	
WP10	Winter Plan	Tracy Simcox	Self-assessment of Local care market.	
WP 11	Winter Plan	Tracy Simcox	Working with CCG to ensure effective isolation capacity post Hospital Discharge if Home cannot provide isolation	
WP 12	Winter Plan	Karen Jackson	Strategic Oversight. Confirmation by 31 Oct Winter Plan in place	
WP 13	Winter Plan	Tracy Simcox	Distribute IPC Phase 2 funding Total £2342K Care Homes £1205K Domiciliary Care, £669K Other £468K	
WP 14	Winter Plan	Karen Jackson	Xmas leave During the Christmas Period some Adult Social Care Teams may only be able to operate at 50% capacity. Capacity will be reviewed on a daily basis and contingency arrangements are in place to call back staff if necessary.	

COMBINED COVID 19 AND WINTER PLAN

CONTROLLING THE SPREAD OF INFECTION

No	Winter Plan or COVID 19	Lead	Title	RAG 06102020
CVD1	Covid 19 and Winter Plan	Jeanette Knapper	Provision and use of PPE .	
CVD2	Covid 19 and Winter Plan	Uma Viswanathan	Managing Outbreaks and Infection Control	
CVD3	Covid 19 and Winter Plan	Jennie Pugh	Freeing up NHS Capacity by effective discharge and Intermediate Care services	
CVD4	Covid 19 and Winter Plan	Kerrie Thorne Walsall Healthcare Trust	Testing pre Care Home Admission within 48 hours of Hospital Discharge. .	
CVD5 and CVD6	Covid 19 and Winter Plan	Tracy Simcox	Isolation Capacity and Designated settings	

SUPPORTING THE WORKFORCE AND TESTING

No	Winter Plan or COVID 19	Lead	Title	RAG 29102020
CVD7	Covid 19 and Winter Plan	Uma Viswanathan	Testing of key workers and residents within Care Homes	
CVD8	Covid 19 and Winter Plan	Uma Viswanathan	Local rollout of household guidance for key workers. Self isolate for 14 days if family member has symptoms	

CVD9	Covid 19 and Winter Plan	Seanna Lassetter and Carole Jones	National Campaign to Grow the Social Care workforce.	
CVD10	Covid 19 and Winter Plan	David Duncombe	Swifter Recruitment within Adult Social Care sector	
CVD11	Covid 19 and Winter Plan	Seanna Lassetter	Recruitment of Ex Social Workers April 2020	
CVD12	Covid 19 and Winter Plan	Sarah Taylor – One Walsall	Mobilisation of voluntary sector in Walsall	
CVD13	Covid 19 and Winter Plan	Sarah Taylor – One Walsall	National funding of Voluntary sector impacting Walsall	
CVD14	Covid 19 and Winter Plan	Tracy Simcox	Financial Security of Care workers and having a stable workforce in the care sector.	
CVD15	Covid 19 and Winter Plan	Corporate	Supporting emotional wellbeing of staff during COVID 19	
CVD16	Covid 19 and Winter Plan	Corporate	CARE brand applicable for NHS and Social Care'	
CVD17a	Covid 19 and Winter Plan	Corporate	Using technology for staff	
CVD17b	Covid 19 and Winter Plan	Karen Jackson and Andrea Gronow	Use of Technology in Care sector	
CVD18a	Covid 19 and Winter Plan	Karen Jackson	Shielding arrangements for 570+ vulnerable people known to Adult Social Care Who did not meet eligibility criteria under resilient communities	

CVD18b	Covid 19 and Winter Plan	Corporate	Shielding arrangements for 4475+ vulnerable people monitored by Money Home Job	
CVD19	Covid 19 and Winter Plan	Karen Jackson	Continuity of Social Care services including Assessment and Care Management	
CVD20	Covid 19 and Winter Plan	Jeanette Knapper	Adult Social Care Employment services	
CVD21	Covid 19 and Winter Plan	Roberto Lusardi	Use of Direct Payments.	
CVD22	Covid 19 and Winter Plan	Ian Staples	Unpaid Carers support.	
CVD23	Covid 19 and Winter Plan	Assessment and Care Mgmt. Grace Charles and Carol Jones	Avoiding unnecessary visits to Care Homes	
CVD24	Covid 19 and Winter Plan	Assessment Tracy Simcox Grace Charles and Carole Jones	Provider compliance Advanced Care Planning at end of Life	
CVD25	Covid 19 and Winter Plan	Karen Jackson	Tailoring Support to those living with dementia, people with a learning disability or autism, people with mental health issues and disabled people or those with sensory impairments	
CVD26a	Covid 19 and Winter Plan	Seanna Lassetter	MCA (Mental Capacity Act) safeguarding and DOLS (Deprivation of Liberty safeguards) principles continuing and safeguarding risks understood and monitored	

CVD26b	Covid 19 and Winter Plan	Seanna Lassetter	Increased risk of safeguarding concerns (National risk)	
CVD27	Covid 19 and Winter Plan	Seanna Lassetter	Understanding Impact of COVID 19 and interventions such as Care Act easements to ensure they are not disproportionately disadvantaging people	

SUPPORTING PROVIDERS

CVD28	Covid 19 and Winter Plan	Tracy Simcox	Funding to achieve Provider sustainability	
CVD29	Covid 19 and Winter Plan	Seanna Lassetter	Documentation of decision making re Care Act Easements	
CVD30	Covid 19 and Winter Plan	Tracy Simcox, Karen Jackson, Sarah Taylor	Collaboration across Health, Social Care, Vol Sector	
CVD31	Covid 19 and Winter Plan	Tracy Simcox,	Provider Oversight	
CVD32	Covid 19 and Winter Plan	Kerrie Allward and Daren Fradgley	Emergency Response	
CVD33	Covid 19 and Winter Plan	James Clements	Data Intelligence	
CVD34	Covid 19 and Winter Plan	Seanna Lassetter	Access to specialist advice and support through ADASS networks etc. Regular review of national policy	

CVD35	Covid 19 and Winter Plan	Corporate	Communications regarding COVID 19	