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1	<p>ASC Winter Plan</p> <p>The plan outlines</p> <ul style="list-style-type: none"> •key elements of national support available for the social care sector during winter 2021 to 2022. •principal actions that local authorities, NHS organisations and social care providers across all settings (including those in the voluntary and community sector) in England should take this winter. <p>RAG Status defined.</p> <p>In order to support effective delivery of the action plan all actions have been given a Red, Amber or Green status at the point of issuing the document. An action plan is a live document and the status of actions will be reviewed as appropriate.</p> <p>Red – Action is not able to be delivered without significant additional activity or resource, completion of action faces significant delay.</p> <p>Amber – Action is able to be delivered with additional activity or resource that has been identified, action can be completed with minimal delay.</p> <p>Green – Action is on track and able to be delivered on time with minimal additional activity or resource, there are no known concerns in completing the action.</p>							
2	Theme 1: Preventing and controlling the spread of infection in care settings							
3	Reference	Actions Required by Local Authorities	Current status	Requirement fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?	RAG Status
4	Personal Protective Equipment							
5	1.01	promote use of the PPE portal for CQC-registered care providers	Continue to promote via POST	Y		H Jones		
6	1.02	maintain a system for provision of free PPE to non CQC-registered providers, either directly or through the LRF	Actioned as required	Y		E Legg		
7	1.03	report any shortages of local authority and LRF PPE supplies to DHSC	Actioned as required	Y		E Legg		
8	COVID-19 and flu testing							
9	1.04	make sure care providers, as far as possible, carry out COVID-19 testing in line with the guidance on the COVID-19 testing strategy for adult social care	Guidance via webinar	Y		H Jones		
10	1.05	provide local support for testing if needed, working with local NHS organisations as required	As above	Y		H Jones		
11	1.06	monitor their local COVID-19 testing data to identify and act on emerging concerns as advised by public health authorities, including following up with care settings that are not undertaking regular testing	Testing data monitored daily and homes contacted by POST team	Y		H Jones		
12	1.07	pass on the Infection Control and Testing Fund (ICTF) to care homes and parts of the wider adult social care sector, and report regularly on how this funding is being spent by providers	New guidance about to be sent to providers and	Y		H Jones		
13	1.08	support providers in managing multi-virus testing (including for influenza) where need is identified by the HPT	No need identified to date	Y		H Jones		
14	COVID-19 and seasonal flu vaccines							
15	1.09	support communications campaigns encouraging eligible social care workers, unpaid carers and people who receive care to receive a free COVID-19 vaccine, and flu vaccine, as appropriate	Campaign run with PH, comms and SFT	Y		H Jones		
16	1.10	work with local NHS partners to facilitate and encourage the delivery of COVID-19 vaccines (and flu vaccines where appropriate), in line with the UKHSA HPT standard operating procedures, to social care workers, unpaid carers and residents in care homes	POST tracking vaccination take up and targeted support to those homes with low figures	Y		H Jones		
17	1.11	provide consolidated information on vaccination uptake via the national Capacity Tracker	Gold reports written fortnightly include tracker data. POST monitoring individual homes	Y		H Jones		
18	1.12	ensure all care homes in their area are able to meet the new requirement to make vaccination a condition of deployment. They should work with care homes to support them to review and strengthen their contingency plans, as well as reviewing their own contingency plans; clarify the potential impact on services locally; and be able to respond, escalating risks where necessary via LRFs and NHS regional teams	Risk analysis undertaken, campaign delivered	Y		H Jones		
19	1.13	ensure any NHS and local authority staff who are visiting a care home for work purposes are fully vaccinated – from 11 November 2021, it will be a requirement for NHS and local authority staff to be fully vaccinated in order to work inside a care home, unless they are exempt	Internal checks completed for Wiltshire Council staff to determine vaccination status and only vaccinated staff will visit care homes. Assurance regarding NHS staff from care home advisory group	Y		E Legg/ C Edgar		
20	Infection prevention and outbreak management							
21	1.14	work with all relevant partners, including UKHSA and local health protection boards, to control local outbreaks in line with the contain framework	On going through the POST team as a single point of contact	Y		H Jones		
22	1.15	refer to the IPC best practice examples and case studies published alongside the IPC Champions Network launch – for example, local authorities and providers can collaborate with NHS IPC nurses to ensure robust IPC practices are in place within adult social care settings	On going through the POST team as a single point of contact	Y		H Jones		
23	Theme 2: Collaboration across health and care services							
24	Reference	Actions Required by Local Authorities	Current status	Requirement fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?	RAG Status
25	Safe discharge from NHS settings							
26	2.01	continue to make decisions about the provisions of designated settings so that no local authority area is without a designated setting facility.	A care home has been identified if we need a DS	N	Continue to review with health partners	H Jones	As required	
27	2.02	As set out in the BCF policy framework: 2021 to 2022, areas should agree a joint plan to deliver health, social care, housing and other public services that work together to support improvements in outcomes for people being discharged from hospital, and the implementation of a 'home first' approach.	BCF plan written-going to H&WBB in December 21.	Y		H Jones		
28	2.03	Local NHS organisations and local authorities should work together to support discharge from mental health settings, such as to step down beds or longer-term supported housing, or with enhanced social care support in people's homes (such as help with daily living activities like cooking and shopping or support with tenancies and other home adaptations).	weekly discharge planning meetings in place with the CCG, AWP and the council to support effective discharges from the mental health hospital settings	Y	our ability to meet need (in the same way we do within the domiciliary care market) will be monitored. Pressures in the system will be escalated to Director of WLP and Procurement and Commissioning	C Edgar/H Jones		
29	Social Prescribing							
30	2.04	work closely with SPLWs and VCSE organisations to co-ordinate support for people identified by health and care professionals as most needing support, especially those impacted by health inequalities, autistic people, people with learning disabilities, carers and those with dementia	Home from Hospital service in place. Additional Funding for Carers Support Wiltshire to provide discharge support to prevent carer breakdown	Y	work also taking place across the ICA and ICS regarding identifying vulnerable groups and improving services via the connecting our communities group -VCSE groups attend and via ICS Population Health Group (CE attends both)	H Jones/C Edgar/E Legg		
31	End-of-life care							
32	2.07	ensure that discussions and decisions on advance care planning, including end of life, take place between the individual (and those people who are important to them where appropriate) and the multidisciplinary care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following, where applicable, the best interest checklist under the Mental Capacity Act 2005 .	Weekly CHC complex MDT meeting in place. Relevant information shared on discharge referral form.	Y	N/A	M Ndlovu		
33	2.08	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 health and care system partners and organisations, including those published by: the NHS, Skills for Care, the Royal College of General Practitioners	CHC training being procured, guidance and resource pack to follow. BSW EOL alliance in place and pathways for EOL in Wiltshire based on relevant guidance and best practice in development and led by CCG Quality Improvement team. Fortnightly newsletter to providers has latest guidance	Y	Training delivery to ASC staff as well as identification of service champions for Train the trainer training. Progress regarding pathways monitored via Wiltshire Alliance Ageing Well program and Discharge review group.	M Ndlovu	31.04.21	
34	Theme 3: Supporting people who receive social care, the workforce, and carers							
35	Reference	Actions Required by Local Authorities	Current status	Requirement fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?	RAG Status
36	Unpaid carers and respite care							

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37	3.01	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. Local authorities have a duty under the Care Act 2014 to provide or arrange services that meet the social care needs of the local population	Information available via digital platform 'Your Care Your Support'. Advice and contact team responding to queries from carers. Specialist advice and guidance provided through Carers Support Wiltshire. Additional funding provided during COVID. Additional funding provided for winter 21/22 for discharge related services.	Y		H Jones/E Legg	End Nov 21	
38	3.02	ensure that carers' assessments are reviewed and updated to reflect any additional needs of both carers and those in need of social care	Email sent to HoS in ASC to highlight the need to ensure that Ax are reviewed to reflect needs associated with wider winter pressures. Funding secured from winter monies to support Wiltshire Carers Hospital Liason service which will support carers when the person they support is admitted to hospital or ready for discharge. This will be implemented in the next few months to provide support this winter.	Y		L Roberts	End Nov 21	
39	3.03	continue to follow the direct payments guidance, ensuring that they take a flexible approach so that those receiving all forms of direct payments continue to have flexibility in how they receive their care and support	Updated DP guidance was implemented in June 2021.	Y		L Roberts		
40	3.04	continue to work with day and respite service providers to ensure the safe re-opening and extended opening of their services, where appropriate, and continue to support those who require services to ensure identified needs are met in the interim of some services re-opening	Advice and support provided through POST. Additional funding for social distancing etc provided	Y		H Jones		
41 Workforce wellbeing								
42	3.05	maintain, where possible, the additional staff support services that they put in place during the first wave of the pandemic	Highlighted in ASC Newsletter (Aug & Oct), Flourish, via HoS & TMs to all teams in ASC. POST team has remained in place and provides support to providers. Promoted emotional wellbeing services to providers	Y		L Roberts/H Jones		
43	3.06	review current occupational health provision with providers in their area and highlight good practice	This has not been an action raised with the LA previously	N	POST team to review provision with providers	H Jones	Mid December 21	
44	3.07	promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Support services shared across ASC via newsletter, TRIM dissemination at meetings. Presented to TMs & HoS, Wellbeing Matters Team will present at next Providers forum & linked with CQC. Local support promoted to providers via newsletter and webinar	Y		L Roberts/ H Jones		
45 Workforce capacity								
46	3.08	use the workforce recruitment and retention funding to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth in workforce capacity of the existing workforce. This will be subject to conditions that will be published shortly	Guidance sent to providers on use of the grant	Y	Continue to review with health partners	H Jones	End Nov 21	
47	3.09	continue to work with local providers, partners and the NHS to take a whole-system approach to promoting careers in adult social care, and support retention of the existing workforce. This could include, for example, running local recruitment campaigns or administering shared wellbeing and occupational health schemes. As set out above, Skills for Care provide resources to help local authorities improve workforce capacity and resilience	Recruitment campaign being developed with adult care commissioner, operations, HR and comms. Linked into Wiltshire Care partnership	N	Incentives being developed and social media content to support recruitment. Further engagement with NHS providers including SFT to support local recruitment. Schemes identified and being progressed that could access NHS E/I funds to support system for winter 21-22	E Legg	Ongoing	
48	3.10	work with local providers and partners, including the NHS, to ensure they have robust contingency arrangements in place to help manage any staffing shortages through the winter. Contingency plans should set out how workforce capacity pressures will be monitored, what the contingency measures are and what their triggers will be, and which organisations are responsible for implementing them. Plans should describe the point at which the relevant LRF is notified of workforce capacity pressures, and where intervention from other partners may be required. DHSC's regional assurance team will work with local and national partners to understand the current and potential risks to adult social care delivery and planned mitigations	POST team continues to review provider contingency plans and monitor of pressures is being undertaken and identified in the risk log. Engaged with BSW workforce group to support workforce pressures across providers	Y		H Jones C Smith		
49	3.11	follow the guidance on deploying staff and managing their movement , and support providers in their area to access other initiatives using best practice examples and case studies of local authority workforce capacity measures, such as the Bringing Back Staff programme	This is continuing with providers through the POST team, webinars and	Y		H Jones		
50	3.12	support providers in their area to update their adult social care workforce data set (ASC-WDS) records, to help ensure effective local capacity monitoring and planning, and manage data requests to local providers to avoid duplication with the information already being provided through the Capacity Tracker and ASC-WDS	Working with providers through the POST team. Capacity tracker is used as	Y		H Jones		
51	3.13	where appropriate, consider logistical support to care providers – such as help with cleaning, transport and maintenance – to free up frontline care staff	Will continue to keep under review	Y		H Jones		
52 Social work and other professional leadership								
53	3.14	ensure that their social work teams are applying legislative and strengths-based frameworks, and support partner organisations such as the NHS to do the same. See, for example, the Care Act 2014 and Mental Capacity Act 2005	Quality Assurance process in situ across ASC to ensure application - Review taking place within weekly Quality Assurance Meetings to consider individual cases.	N - need to support partner organisations	Support from POT provided to multi agency Flow hub to ensure that principles and framework are highlighted when screening referral by health colleagues. Strength-based training to be booked for early 2022 across ASC	L Dibsall	End Jan 22	
54	3.15	continue to ensure social work practice is fully cognisant 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	Imbedded in day to day practice across service via supervision, QAM, induction & ASYE programme. Advocacy contract in situ	Y	Research & ethics groups will be introduced as part of the QA review to support consistent consideration across ASC	L Roberts		
55	3.16	ensure they understand and address health inequalities across the sector, and develop actions with partners, where required, considering the implications of the: higher prevalence of COVID-19 in Black, Asian and minority ethnic communities, inequalities experienced by people with learning disabilities, autistic adults, people with mental health difficulties and people who provide unpaid care	Free PPE for people who provide unpaid care in situ, wellbeing concepts will be embedded within social care practice.	N	Added to PSW and POT Service Plan to be taken forwards	L Roberts/ L Dibsall	End Feb 22	
56	3.17	consider a review of 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 practice	ASC QA review in process. Leas by QA, PSW & POT	Y	Plan to meet with Tamsin Stone and clarify further implementation plan			

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57	3.18	develop and maintain links with professionals across the health and care system to ensure joined-up services	support joint working across health and care both to support discharge and community providers. Multi agency discharge review group and Care Home advisory group take place to guide service development and ensure	Y			H Henderson/ Mndlovu/ Roberts/D Wilkins	
58	3.19	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 delivery	Promoted with health partners winter 20/21 via discharge review group and Wiltshire Alliance.	N	Need to revisit with health partners. Role for PSW and POT to promote. Link in with equivalent roles in Swindon and BANES to ensure BSW coverage.		E Legg/ C Edgar	End Jan 22
59	3.20	ensure that the application of new models and pathways is offering the best possible outcome for individuals, their families and loved ones, advocating for them, and advising commissioners where these pathways cause a conflict	Part of ASC QA review in process also setting up a co-production / engagement plan with Wilts CIL	N	Need to ensure that Commissioning are linked to the QA Review and future process		L Roberts/L Dibsdall	End April 22
60	3.21	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	Current weekly meeting in situ (Chaired by HoS) to review systemic concerns as a result of the pandemic. Meeting booked to start a contingency plan against potential demands	Y	Liaise with SVPP to ascertain what action has been taken to date.		L Roberts	
61	3.22	support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome-focused practice	Principle already imbedded in practice & current policy & guidance in situ	Y			L Roberts	
Theme 4: Supporting the system								
63	Reference	Actions Required by Local Authorities	Current status	fully met (Y/N)?	Actions required to fill gaps	By Who?	By When?	RAG Status
Funding								
65	4.01	Local authorities should continue to meet the conditions of the extended ICTF, including ensuring providers in receipt of funding continue to complete the Capacity Tracker, provide timely reports to DHSC on spending of the grant, and repay any unspent amounts by the deadline set out.	Ongoing-all grants processed and returns made	Y			H Jones	
Market and provider sustainability								
67	4.02	continue to work to understand their local care market; and to support and develop the market accordingly including promoting financial support available	Contingency policy in place. Risk register in place and monitored by POST	Y			H Jones	
68	4.03	continue to work to understand consumer demand and need, and where there are potential stresses in the market	Undertaken market analysis of supply and demand	Y			H Jones	
69	4.04	make full use of tools developed by the CHIP to identify, understand and assess risks in their local markets, and draw on CHIP support as needed	On going through regional meetings	Y			H Jones	
70	4.05	continue to review and update contingency plans for managing service interruptions, including those that arise if a provider is unable to carry on because of business failure	Ongoing through the POST team and the risk register	Y			H Jones	
71	4.06	try to identify and communicate key issues affecting the industry and the market in their local area, and draw any concerns to the attention of regional and national DHSC representatives	Monthly webinars and fortnightly newsletters. Webinars attended by CQC.	Y			H Jones	
CQC's regulatory model								
73	4.07	continue to share information about registered services with CQC and promote best practice.	Weekly meetings with CQC and regular meetings with Director of Commissioning	Y			H Jones	
Local, regional and national oversight and support								
75	4.08	continue to engage with DHSC regional assurance teams and NHS partners, where appropriate, on contingency planning	Working within BSW escalation framework including contingency planning. Engaged in ADASS work regionally related to winter planning.	Y	On going engagement through NHS and ICS partnership discussions via Wiltshire Leadership Alliance and operational escalation calls. There is also continued engagement in regular ADASS DASS and Leadership calls - which link in with DHSC and feed into		C Edgar/E Legg	
76	4.09	continue current oversight processes, including delivery of care home support plans and engagement with regional feedback loops	POST team has remained in place and provides oversight	Y			H Jones	
77	4.10	continue to champion the Capacity Tracker and promote its importance as a source of data to local providers and commissioners	Use of tracker built into grants and use monitored by POST	Y			H Jones	
78	4.11	establish a weekly joint communication to go to all local providers of adult social care, as a matter of course, through the winter months	We send a fortnightly letter and increase when needed. Also include information in WCP's weekly newsletter	Y			H Jones	