Dear colleague,

**Adult Social Care Winter Plan**

I am writing to you at a critical phase in our efforts to track, contain and control the spread of Covid-19 in our communities.

The last seven months have been the most pressured, stressful and unrelenting that any of us, working in the health and care system can remember. I am hugely grateful to local authority staff, the social care workforce and our NHS colleagues, who have continued to do such an incredible job looking after those in their care.

This year, we have all shared or recognised the pain of losing family members, friends and colleagues to coronavirus and its complications. I am determined to do all that I can to protect everyone receiving and providing care this winter. Nationally, locally and at the front line, we must intensify our efforts to support, protect and equip everyone in the system.

With the prevalence of coronavirus rising in the population and in social care, now is the time to act.

Many of you will have seen our Director of Social Care Delivery Stuart Miller’s recent letter to the care sector, drawing attention, at the first opportunity, to the signs of rising infection rates in care settings, emphasising the need to maintain vigorous infection control and to make sure that everyone is doing the right things to reduce the risk of transmission.

Today, I am launching the Adult Social Care Winter Plan, which builds upon the excellent work of David Pearson’s Adult Social Care Covid-19 Taskforce which convened this summer. It sets out the actions we are taking at a national level to support those who provide and receive care. It also outlines the actions every local area (local authorities and NHS partners) and every care provider must be taking right now, if we are to maintain our collective efforts to keep the virus at bay.

Our plan to protect social care includes increased support to the sector, and further expectations and requirements of care providers, local authorities and NHS organisations to make sure everything possible is being done to keep people safe. While we recognise these policies may place ex-
tra demands on already hard-stretched organisations, these are vital to protect people from Covid-19 and are based on clinical guidance and lessons already learned during the pandemic.

Under this plan:

- We are supporting the sector with an additional £546 million Infection Control Fund, to help with the extra costs of infection prevention and control measures – including the payment of care workers who are self-isolating in line with government guidelines.
- We will scale up our PPE distribution to make free PPE available for all adult social care providers and care workers through to March 2021. All CQC registered adult social care providers can now register on the PPE portal and order limits will be increasing over the coming weeks. We will also support the wider PPE needs of the sector.
- Care providers must stop all but essential movement of staff between care homes. We know that the majority of care homes have already done this – now we are taking this restriction further.
- Further steps will be taken to reduce the risks of visiting in care homes. Visits are important for the wellbeing of residents and loved ones, but with higher rates of Covid-19 in the community, extra precautions will be needed including supervision of visitors to make sure social distancing and infection prevention and control measures are adhered to.
- Meanwhile, designated ‘areas of intervention’ must not allow visiting except in exceptional circumstances, such as end-of-life.
- A Chief Nurse for Adult Social Care will be appointed to provide leadership to the social care nursing workforce.
- A new dashboard will monitor care home infections and provide data to help local government and care providers respond quicker.

The £546m Infection Control Funding is in addition to the £600 million already provided, and the £3.7 billion provided to local authorities to support all Covid-19 activity. We’ve also announced £588m for the NHS to support the safe discharge of patients from hospital.

Over and above these national-level measures and resources you will know we have put in place a comprehensive testing strategy for care homes, with whole home testing in outbreak situations; and regular testing of staff (every 7 days) and residents (every 28 days).

There have been understandable concerns about testing turnaround times. The National Testing Programme is addressing these issues, but you should know that we have ringfenced capacity for 100,000 tests per day for the social care sector. We have also met our 7 September target of providing testing kits to all care homes for older people and people with dementia who have registered for regular retesting kits.

In addition, all other care homes have been able to place orders for test kits from 31 August. So far, over 2,000 specialist homes have registered for test kits.

While central Government has an essential role to play in providing these resources and defining and setting expectations, it is also our obligation to drive, support and encourage high performance at a local level, in every care setting and by every person in the workforce.

Local authorities have a crucial role to play in support of this. As I know is often the case, it is vital that you are in frequent contact with care providers in your area so that you are confident in their levels of infection prevention and control. You will also want to be confident they are providing the support needed to make sure they and their staff are taking all necessary steps to combat the spread of the virus. In doing this, you will be working alongside the Care Quality Commission (CQC) which has the means to intervene swiftly where provider performance requires rapid improvement.

CQC’s boosted role will include 500 additional inspections focused on infection prevention and control and promptly following up on all high-risk services. They will also monitor targeted infection
and prevention inspection protocols and remind homes of the need for strong self-assessment procedures. We have also tasked them to record and share examples of best practice across the social care system.

We are also working up a designation scheme with CQC for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result.

These actions have a common goal: to protect staff and those who receive care during this critical phase. The more we know about when, where and why people become infected, the quicker we can move to prevent community transmission. This time next year, it would be wonderful to achieve our objective of Covid-free care homes, resilient communities and a health and care workforce still able to give their very best.

Protecting care staff is as important as protecting those they care for. On average, flu kills more than 11,000 people every year. With Covid-19 circulating at the same time as other seasonal illnesses, it is essential that access to free flu vaccinations is quick, easy and painless for all care workers. That’s why we have extended eligibility for free vaccines. Meanwhile, pharmacists can now deliver flu vaccinations to care workers in their workplace.

As we consider the prospect of this pandemic persisting into the winter months, keeping our health and care staff healthy has never been more important. This goes beyond vaccinations, to our fundamental duty to support their physical and mental health regardless of the virus’ impact. I know many providers have been taking extra steps to support the physical and mental health of staff, and I cannot emphasise enough how vital it is that each and every employer makes sure that they have done all they can to protect and support care workers through this difficult time.

Our support for their dedicated service is unwavering. Guided by the Adult Social Care Winter Plan, supported by the boosted Infection Control Fund, and united in our determination to defeat this virus, we will continue to work with you all to keep everyone safe and well – during this pandemic and beyond.

Yours sincerely,

Helen Whately
Minister of State for Care
Department of Health and Social Care