



# Adult Social Care – our COVID-19 Winter Plan 2020/21

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# Executive summary

Here we set out the key elements of national support available for the social care sector for winter 2020/21, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. Working together will ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce from COVID-19.

## National support

The government will continue to provide national leadership and coordination as we move into the next phase of the COVID-19 response. We will continue to provide essential resources, evidence and high-quality data to empower local leadership. We are committed to understanding and responding to inequalities in health and the impact of the virus, learning lessons from research, and to listening to those with lived experience.

Over the coming months, we will:

- Continue to engage across the sector, including with local authorities, care providers, people with care and support needs and carers, to understand their needs and to provide appropriate support.
- Continue to provide financial support to the sector by providing over £500m of additional funding to extend the Infection Control Fund to March 2021. This is in addition to the £3.7 billion in emergency funding for local authorities, and the £588 million for discharge as part of the £3 billion NHS winter funding to cover the costs of ongoing care for the remainder of the financial year.
- Lead and coordinate the national response to COVID-19 and provide support to local areas, where needed, as set out in the [Contain Framework](#).
- Appoint a Chief Nurse for Social Care to the Department of Health and Social Care (DHSC).
- We are working up a designation scheme with the Care Quality Commission (CQC) for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result.
- Continue to develop and publish relevant guidance, accessible for everyone supported by social care services, and update policies and guidance based on the latest science and evidence. We will work proactively with the sector to communicate vital updates to this Winter Plan and other guidance.

- Work relentlessly to ensure sufficient appropriate COVID-19 testing capacity and continue to deliver and review the social care testing strategy in line with the latest evidence, scientific advice on relative priorities and available testing capacity. We will work to improve the flow of testing data to everyone who needs it.
- Provide free personal protective equipment (PPE) for COVID-19 needs in line with current guidance to care homes and domiciliary care providers via the PPE portal until the end of March 2021.
- Provide free PPE to local resilience forums (LRFs) who wish to continue PPE distribution and to local authorities, in other areas, to distribute to social care providers ineligible for supply via the PPE portal until the end of March 2021.
- Make available for free and promote the flu vaccine to all health and care staff, personal assistants, and unpaid carers.
- Play a key role in driving and supporting improved performance of the system, working with local authorities and the CQC to strengthen their monitoring and regulation role to ensure infection prevention and control procedures are taking place.
- Publish the new online Adult Social Care Dashboard, bringing together data from the Capacity Tracker and other sources, allowing critical data to be viewed in real time at national, regional and local level by national and local government.
- Publish information about effective local and regional protocols and operational procedures based on what we have learnt so far to support areas with local outbreaks and/or increased community transmission.

## **Actions for local authorities and NHS organisations**

Throughout winter, it will be essential that local authorities and NHS organisations continue to collaborate; working alongside one another as well as with adult social care providers (including in the voluntary and community sector), people with care and support needs, their families and carers, and national government.

For key actions for local authorities, this relates to both self-funded care providers and local authority commissioned services within the authority.

Key actions for local authorities and NHS organisations to take:

- Local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers.

- Local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout.
- Local authorities must put in place their own winter plans, building on existing planning including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible.
- Local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this Winter Plan.
- Local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible and report on how funding is being used in line with the grant conditions.
- Local authorities must continue to implement relevant guidance and promote guidance to all social care providers, making clear what it means for them.
- Local systems should continue to take appropriate actions to treat and investigate cases of COVID-19, including those set out in the Contain Framework and COVID-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England Local Health Protection Teams continuing to arrange for testing of whole care homes with outbreaks of the virus.
- Local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed.
- Local authorities should provide free PPE to care providers ineligible for the PPE portal when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021.
- Local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one.
- Local authorities should work with social care services to re-open safely, in particular day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements.

- Local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed.
- NHS organisations should continue to provide high-quality clinical and technical support to care providers through the [Enhanced Health in Care Homes](#) framework and other local agreements.
- Local authority Directors of Public Health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an ‘area of intervention’, except in exceptional circumstances such as end of life.

## **Actions for providers**

All care providers have an essential role in keeping individuals with care needs safe from COVID-19 and providers will need to continue to be adaptable and responsive. The government, local authorities and the NHS are committed to supporting providers in this role.

Key actions for providers to take:

- Providers must keep the needs and safety of the people they support and of their staff at the forefront of all activities.
- Providers should review and update their business continuity plans for the autumn and winter, of which workforce resilience should be a key component.
- Providers should continue to ensure that all relevant guidance is implemented and followed, using the new guidance portal for providers, [overview of adult social care guidance on coronavirus \(COVID-19\)](#).
- Providers should utilise additional funding available to implement infection prevention and control measures in accordance with the conditions of the Infection Control Fund and those given by local authorities, and should provide all information requested on use of the funding to local authorities.
- Providers must provide data through the Capacity Tracker or other relevant data collection or escalation routes in line with government guidance and the conditions of the Infection Control Fund.

- Providers should ensure that both symptomatic staff and symptomatic recipients of care are able to access COVID-19 testing as soon as possible. Care homes should adhere to guidance on regular testing for all staff and care home residents.
- All eligible care providers can register for and use the new PPE portal. All providers should report any PPE shortages through the Capacity Tracker, LRFs where applicable, or any other relevant escalation or data collection route.
- Providers ineligible to register for the portal (such as personal assistants) should contact their LRF (if it is continuing to distribute PPE) or their local authority to obtain free PPE for COVID-19 needs.
- Providers should proactively encourage and enable people who receive care and social care staff to receive free flu vaccinations and report uptake.
- Care home providers should develop a policy for limited visits (if appropriate), in line with up-to-date guidance from their relevant Director of Public Health and based on dynamic risk assessments which consider the vulnerability of residents. This should include both whether their residents' needs make them particularly clinically vulnerable to COVID-19 and whether their residents' needs make visits particularly important.

# Our plan for adult social care this winter

The coronavirus pandemic has created unprecedented challenges over the past months. The scale of challenge has required an equally unprecedented response from the social care sector and its dedicated workforce. The 1.5 million people who make up the paid social care workforce and the 5.4 million people who provide unpaid care have made an invaluable contribution to the national effort. They have been working tirelessly to support people who need care, especially those who are older or living with underlying health conditions who may be more vulnerable to the virus.

Alongside extensive efforts at local level, national government has provided enhanced support to the sector, working with and through local leadership. This support was set out in the [Adult Social Care Action Plan](#), published on the 15 April and the [Care Home Support Package](#), published on the 15 May. We have provided £3.7 billion of emergency grant funding to local authorities to address the pressures on local services caused by the pandemic and have now made over £1.1 billion available through the Infection Control Fund to support providers to reduce the rate of transmission of COVID-19.

We have learnt vital lessons about the virus and how best to fight it over the past months but there is no doubt that there are many more lessons to learn, including further understanding of the potential risks facing specific groups of people who receive social care support, such as those with learning disabilities. We have also seen a disproportionate death rate from COVID-19 among people from Black, Asian and minority ethnic backgrounds, including Black, Asian and minority ethnic health and social care workers. We are working to better understand this link and how to reduce inequalities in the impact of COVID-19, including funding for six new projects through the National Institute for Health Research, totalling £4.3 million.

We also understand the critical importance of reducing the risk of the virus entering care homes. We have provided over £1.8 billion, via the NHS, to support safe and timely discharge from hospital until the end of the financial year, to ensure people have the support and care they need, and to help avoid admissions to hospitals, including from care homes. This includes through testing all individuals for COVID-19 on discharge from hospital to care settings.

This winter is likely to place unique pressures on the health and care system. COVID-19 will be co-circulating with seasonal flu and other viruses, and transmission may increase over the winter period. Many viral illnesses – including flu and COVID-19 – present with similar symptoms initially, so we may see, for example, increased demand for COVID-19 tests. These pressures create risks to the health and wellbeing of both people who need care and support and the social care workforce, including unpaid carers (referred to as carers hereafter), which may impact on capacity in the system. This winter must also be

understood in the context of provider viability challenges that have been exacerbated by the pandemic.

It is therefore essential that we – national government and local partners –work closely together to ensure that we are prepared for the additional pressures that we will face this winter, particularly a growing resurgence of COVID-19 cases. This plan sets out the clear and robust steps we are taking to ensure the sector is prepared for winter, and that we protect people who need care and the workforce that supports them.

Throughout the pandemic, the NHS has extended support to the social care sector and ensured close working across health and social care. The NHS will continue to:

- Support care homes and social care through primary care and community services and the rollout of the Enhanced Health in Care Homes model, including a named clinical lead and weekly multidisciplinary support.
- Provide professional leadership and expert advice on infection prevention and control in local areas through Directors of Nursing in Clinical Commissioning Groups (CCGs) to support the local authority and directors of public health in discharging their responsibilities. This will include offering targeted mutual aid and support where it's needed in a system.
- Support care providers in their local area to enable NHSmail and collaboration tools and to use this, as much as possible, to provide data and information to care homes (for example discharge checklists ahead of discharge to a care home).
- Enable discharge to be safe and timely, ensuring that testing takes place before every discharge to a care home, and results are available and communicated before discharge unless otherwise agreed. No one should be discharged from hospital directly to a care home without the involvement of the local authority.
- CCGs will work with local authorities on their requirement to identify alternative accommodation where care homes cannot isolate safely. As before, care homes have a right to refuse admission to residents and should not accept admissions if they cannot safely cohort or isolate them.
- Provide reablement and rehabilitation services, following discharge from hospital, to support independence and potential return to a person's own home, and provide clinical support to avoid inappropriate admissions to hospital from an individual's home, including where that is a care home.
- Ensure that personalised care and support planning is at the heart of decision making. For the avoidance of doubt, NHS policy is clear that clinical decision making should always be personalised and should never be done on a blanket

basis. This includes decisions on the application of do not attempt cardiopulmonary resuscitation orders (DNACPR), decisions on admission to hospital and decisions on the use of ambulances.

As we approach winter, the government's three overarching priorities for adult social care are:

1. Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period;
2. Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COVID-19; and
3. Making 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 aim of this Winter Plan is to set out our approach to supporting the adult social care sector by:

- a) Detailing what the government's national support will be;
- b) Establishing expectations of other parts of the system, including local authorities, NHS organisations, and care providers;
- c) Putting into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce; and
- d) Providing a stimulus for further local winter planning and preparedness.

The Winter Plan sits alongside and is complementary to the [letter to the NHS](#) on the third phase of the COVID-19 response and the new [adult social care guidance portal](#) for providers. It applies to all adults – equally to 18-year olds and 80-year olds – whatever the reason they need care and support. It applies to all settings and contexts in which people receive adult social care, 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.

It applies to England only, as adult social care is a devolved matter.

While the Winter Plan looks ahead through winter 2020/21, we are acutely aware of the long-term challenges to the social care system in England. Putting social care on a sustainable footing, where everyone is treated with dignity and respect, is one of the biggest challenges our society faces. There are complex questions to address, to which

we want to give our full considerations in light of the current circumstances. We are looking at a range of proposals as part of our commitment to bringing forward a plan that addresses these challenges for the future.

# 1. Preventing and controlling the spread of infection in care settings

## Guidance on infection prevention and outbreak management

<b>National support</b>
<ul style="list-style-type: none"><li>• <a href="#">Coronavirus (COVID-19): adult social care guidance</a> brings together coronavirus (COVID-19) guidance published by the Department of Health and Social Care (DHSC) and Public Health England (PHE), for the adult social care sector, and other relevant guidance. We will endeavour to continue to co-produce accessible guidance for the winter period with partners in the social care sector, as well as people who need care and their families and carers.</li><li>• DHSC has worked with the National Institute for Health and Care Excellence (NICE) to develop a new guidance portal specifically for care providers, <a href="#">overview of adult social care guidance on coronavirus (COVID-19)</a>.</li><li>• NICE have also published <a href="#">clinical guidance</a> on managing COVID-19, including for suspected or confirmed pneumonia in adults in the community.</li><li>• The <a href="#">COVID-19 Contain Framework</a> sets out how national and local partners will work at a local level with the public to prevent, contain and manage outbreaks, including during the winter period. Ministers are accountable for setting this framework and for oversight and intervention at the local level where necessary. The framework may be updated in due course.</li><li>• In order to support the effective management of local outbreaks, DHSC will publish information about local and regional protocols and operational procedures, based on what we have learnt so far, where there is increased community transmission.</li><li>• Skills for Care are developing an online training package for staff to support them to carry out learning reviews following an outbreak of COVID-19, including those in care homes. This will be available to providers by the end of October 2020.</li></ul>
<b>Actions for local authorities and NHS organisations</b>
Local authorities should: <ul style="list-style-type: none"><li>• Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors;</li></ul>

- Directors of Public Health should work with relevant partners including Public Health England and local health protection boards to control local outbreaks and should refer to the [Contain Framework](#); and
- Support care homes, working with local partners, to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels.

NHS organisations will continue to offer clinical support and training where needed in a system.

### **Actions for providers**

All care providers should:

- Continue to follow all relevant guidance on how to prevent, control and manage an infection in their care setting;
- Undertake a learning review after an outbreak, with support from their local authority;
- Liaise fully with their PHE Local Health Protection Team and other local partners as needed;
- Report shortfalls in support or equipment, to local authorities, and through established data capture portals;
- Ensure all care staff have ongoing training on infection prevention and control, the appropriate use of PPE, and can engage with online training for learning reviews when available. The CQC's registration requirements support this approach during the COVID-19 pandemic in line with the relevant [guidance](#) and [code of practice](#);
- Identify and support an individual to be the lead for infection prevention and control for COVID-19 to ensure adherence to infection prevention guidance;
- Ensure staff are carrying out all relevant infection prevention and control procedures to a high standard through a robust system of audit and quality assurance; and
- Ensure staff do not attend work if they have COVID-19 symptoms, or a member of their household has symptoms or a recent positive test, or they have been told to isolate by NHS Test and Trace.

## Managing staff movement

Stopping staff movement in and between care settings is critical to minimise the risk of infection of COVID-19 and other viral illnesses, including flu.

<b>National support</b>
<ul style="list-style-type: none"><li>• The extension of the Infection Control Fund will:<ul style="list-style-type: none"><li>○ Continue to support providers to put in place measures to stop staff movement; and</li><li>○ Continue to support providers to pay staff who are self-isolating in line with government guidance their normal wages while doing so.</li></ul></li><li>• Limitations on staff movement between care homes will be enforced through regulations focused on care home providers.</li></ul>
<b>Actions for local authorities</b>
Local authorities should: <ul style="list-style-type: none"><li>• Distribute money from the Infection Control Fund and submit returns on how the funding has been used in line with the grant conditions;</li><li>• Consult the <a href="#">guidance</a> available on redeploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff;</li><li>• 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;</li><li>• Provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate; and</li><li>• Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff movement.</li></ul>
<b>Actions for providers</b>
Care home providers should: <ul style="list-style-type: none"><li>• Limit all staff movement between settings unless absolutely necessary to help reduce the spread of infection, including by reviewing exclusivity arrangements with</li></ul>

recruitment agencies and considering the recruitment of additional staff over the winter period.

All care providers should:

- Use funding from the Infection Control Fund to meet additional costs associated with restricting workforce movement for infection control purposes, in accordance with the conditions on which it is given by local authorities.

## **Personal protective equipment (PPE)**

COVID-19 has created unprecedented demand on the type and quantity of PPE required by the sector. Supply of PPE to the care sector is fundamental to ensuring that care workers can safely provide care to those who need it.

Some Local Resilience Forums (LRFs) are choosing to cease distribution of PPE. In areas where this is the case, we are working with local authorities to continue the distribution of PPE. All providers should check with their local LRF contact to see what arrangement has been agreed in their local area.

### **National support**

To continue to ensure that there is sustainable supply of PPE (as recommended by COVID-19 PPE guidance) to social care over the winter period, we are:

- 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. This will supplement the PPE available for their business as usual needs through their usual suppliers;
- Providing LRFs with buffer stock of free PPE to create local stockpiles which can be used to provide emergency supplies for all care providers in case of local COVID-19 spikes;
- Providing LRFs (those who will continue with PPE distribution) with free PPE for supplying the COVID-19 needs of social care providers who are not eligible for the portal (for example personal assistants);
- Providing local authorities (in those areas where LRFs are ceasing PPE distribution) with free PPE for supplying social care providers who are not eligible for the portal; and

- Publishing a PPE Strategy shortly which will set out winter and longer-term plans in greater detail.

### **Actions for local authorities**

Local authorities should:

- Provide PPE for COVID-19 needs (as recommended by COVID-19 PPE guidance) when required, either through the LRF (if in an area where they are continuing PPE distribution), or directly to providers (if in an area where the LRF has ceased distribution);
- Report shortages to the LRF or to DHSC; and
- Help employers of personal assistants, Shared Lives carers, and carers in supported living or extra care housing to access PPE.

### **Actions for providers**

Providers should:

- Follow all relevant [guidance](#) on use of PPE, including recommendations for those providing support to people with learning disabilities or autistic people;
- Make use of free government-funded PPE stocks where needed and in line with COVID-19 PPE guidance. Care homes and domiciliary care providers, along with some others, are eligible to register for the PPE portal ([guidance](#)) and can obtain free PPE through this route. Providers ineligible to register for the portal (for example personal assistants), should obtain PPE from their LRF (if it is continuing to distribute PPE) or their local authority;
- In the event of urgent need for PPE stocks, use the National Supply Disruption Response (NSDR) or contact their LRF to access free emergency supply from the LRF stockpile; and
- Report shortages via Capacity Tracker and/or the CQC community care survey.

## **COVID-19 Testing**

Testing is a critical part of supporting adult social care in the fight against COVID-19 and helps to prevent and control the spread of infection and outbreaks by breaking the chain of transmission. Through the government's testing programme, we are committed to delivering the testing needed to limit the spread of the virus and to save lives.

## National support

- Guidance on the testing strategy for adult social care, including a graphic showing testing for different adult social care services, is available [here](#).
- The government's testing programme is responsible for delivering the testing needed for the whole of the UK. To respond to the challenges we may face in winter, we are working relentlessly to increase our overall testing capacity and have set a target of 500,000-a-day UK antigen testing capacity by the end of October 2020.
- Our testing policy is based on scientific advice on relative priorities and available testing capacity in order to limit the spread and save lives. As part of this, we are currently running pilots and developing evidence-based policy on testing in other areas of adult social care as testing capacity increases. We will continue to review our social care testing strategy in light of the latest evidence and available capacity.
- We will provide local areas with improved testing data. We are working to further refine and improve data flows for the winter period.

## Actions for local authorities and NHS organisations

Local authorities should:

- To ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed; and
- Actively monitor their local testing data to identify and act on emerging concerns, including following-up with care homes that are not undertaking regular testing, as per the guidance.

NHS organisations should:

- Continue to test people being discharged from hospital to a care home.

PHE Health Protection Teams (HPTs) should:

- Continue to deliver their testing responsibilities, as outlined in the testing strategy. This includes continuing to arrange testing for outbreaks in care homes and other adult social care settings, as appropriate;
- In an outbreak area, refer to the COVID-19 [Contain Framework](#) and follow the local outbreak plan as directed by their Director of Public Health. A risk-based testing

regime should be implemented appropriate for the area, seeking advice from the National COVID-19 Response Centre as needed; and

- Advise care homes on outbreak testing and infection prevention and control measures.

### **Actions for providers**

All providers should:

- Ensure all staff are aware of how to access symptomatic testing; and
- Contact their local HPT if they suspect an outbreak within their service.

All care homes should additionally:

- Ensure that they are following the guidance regarding regular testing of staff and residents – this is summarised [here](#).

## **Seasonal flu vaccines**

This year, with COVID-19 in circulation, it is more important than ever that frontline health and social care workers are vaccinated against flu, in order to protect themselves and the people to whom they provide care. We have procured enough doses of the seasonal flu vaccine to cover the social care workforce and have worked with the NHS and PHE to expand coverage of their flu vaccination programme to include personal assistants, making this year's programme the most comprehensive ever.

### **National support**

We are providing free flu vaccines to the following groups:

- Health and social care staff in direct contact with people who receive care or support and who are employed by a residential care or nursing home, registered homecare organisation, or hospice;
- All personal care assistants, who provide individuals with care and support via a direct payment, personal budget or personal health budget;
- People with certain medical conditions, those with learning disabilities, those aged 65 years or over, and people who are pregnant;

- People who are living in a long-stay residential care home or another long-stay care facility;
- People on the 'shielded' list, their household and carers; and
- People who receive a Carer's Allowance or are the main carer for an older or disabled person.

PHE/ NHS England and Improvement will shortly publish guidance on flu vaccinations for social care workers and we are working with partners across the system, including providers, on national and targeted communications to maximise uptake among eligible groups.

### **Actions for local authorities and NHS organisations**

Local authorities should:

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

GPs and pharmacists will coordinate and deliver vaccinations to recipients of care and staff, alongside care providers' existing occupational health programmes (below), and should consider how best to ensure maximum uptake, including through delivering the vaccines in care homes.

### **Actions for providers**

All care providers should:

- Support and promote, to all staff, the importance of receiving a free flu vaccination;
- Proactively encourage and enable staff to receive a free flu vaccination, either by providing vaccines in the workplace, through an occupational health scheme, direct arrangement or at a community pharmacy or General Practice; and
- Report their staff flu vaccination rate via the Skills for Care Adult Social Care Workforce Data Set and flu vaccination status for staff and residents in the Capacity Tracker (when the relevant question is made available shortly).

Care home providers should additionally:

- Take all reasonable steps to support residents to receive a flu vaccination through the NHS scheme or occupational health schemes, where in place.

We have agreed a change to the pharmacy contract so that, this year, pharmacists are able to vaccinate staff and recipients of care in care homes at the same time. GP practices can also provide flu vaccines in care homes to recipients of care and staff who are registered with the practice. Care home vaccination delivery should be aligned with the new Enhanced Health in Care Homes model where appropriate.

## 2. Collaboration across health and care services

### Safe discharge from NHS settings and preventing avoidable admissions

Delivering care as close to home as possible and preventing avoidable admissions are essential measures for supporting people's health and wellbeing, as well as enabling the system to better cope with demand pressures. As part of the £3 billion new funding announced for the NHS for this winter, £588 million of extra funding was confirmed to continue the [Hospital Discharge Service](#) over winter.

#### National support

From 1 September 2020 to 31 March 2021, the government has agreed to fund, via the NHS:

- The cost of post-discharge recovery and support services, such as rehabilitation and reablement, for up to a maximum of six weeks, in all settings; and
- Urgent community response services for people who would otherwise be admitted into hospital. These services will typically provide urgent support, within two hours, and for a limited time (typically 48 hours) and, if required, transition into other ongoing care and support pathways.

A comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, should take place during the first six weeks, in a community setting.

We have also announced that Continuing Healthcare (CHC) assessments should resume, from September 2020, and assessments deferred due to COVID-19 should be completed as rapidly as possible.

Where a person is discharged from hospital into a care home, they will continue to be tested prior to discharge. Results should be communicated to the receiving care home. No care home should be forced to admit an existing or new resident to the care home if they are unable to cope with the impact of the person's COVID-19 illness safely. Local authorities remain responsible for providing alternative accommodation in local systems.

We are 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.

## Actions for local authorities and NHS organisations

The [discharge guidance](#) sets out detailed actions for relevant agencies.

Local authorities and Clinical Commissioning Groups (CCGs) should work together to:

- Jointly commission care packages for those discharged (including commissioning of care home beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority;
- Establish an Executive Lead for the leadership and delivery of the discharge to assess model;
- Establish efficient processes to manage CHC assessments in line with the guidance on [the reintroduction of NHS Continuing Healthcare](#) (as well as the [discharge guidance](#)), which includes extending the use of the Trusted Assessor Model and digital assessments
- Secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support; and
- Work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support around discharge from hospital and subsequent recovery.

Hospital clinical and leadership teams should additionally:

- Ensure COVID-19 testing of all people being discharged from hospital to a care home. COVID-19 test results should always be communicated to the care home before the individual leaves the hospital (unless otherwise agreed with the care home) and be included in documentation that accompanies the person on discharge. Care homes have a right to refuse admission to residents and should not accept admissions if they cannot safely cohort or isolate them. Where possible hospitals should plan 48 hours in advance of discharge to ensure test results are available and care homes have a chance to plan for a timely discharge.

Local authorities additionally:

- Are required to provide appropriate accommodation for people who have been discharged from hospital, if their care home cannot provide appropriate isolation or cohorting facilities, as set out in the [Adult Social Care Action Plan](#). Every local authority should work with their respective CCG to ensure that they have safe accommodation for people who have been discharged from hospital with a positive

or inconclusive COVID-19 test result. Discharge funding has been made available via the NHS to cover the costs of providing alternative accommodation; and

- Should consider adopting the cohorting and zoning [recommendations](#) published by ADASS, working with providers. This should include ensuring early partnership discussions with providers, about the safety and feasibility of implementing these arrangements within their care homes.

### **Actions for providers**

Care home providers should accept people discharged from hospital only when able to do so safely. They should:

- Isolate all residents discharged from hospital or interim care facilities for 14 days, regardless of COVID-19 test result, unless they have already undergone isolation for a 14-day period in another setting, in line with the [admission and care of people in care homes](#) guidance;
- Alert their local authority if they have been requested to receive an individual from hospital with a confirmed COVID-19 positive test result;
- Advise their local authority if they assess they cannot accept an individual from hospital with a confirmed COVID-19 positive test results as they are unable to safely isolate or cohort the individual, or if they cannot manage the needs of the individual due to other challenges impacts on infection control capability (such as staffing issues);
- Alert their local Health Protection Team in the event of positive COVID-19 test results; and
- Continue to update the Capacity Tracker, daily, or more frequently if something changes.

Other care providers should:

- Work with adult social care contract leads to identify capacity that can be used for hospital discharge purposes or follow-on care from reablement services;
- Work collaboratively with NHS primary and community care services; and
- Follow latest [home care](#) and [supported living guidance](#) on managing discharges as relevant. This includes guidance that any individual discharged from hospital into a supported living setting or their own home should be supported as if they were possibly COVID-19-positive until a 14-day period has passed.

## Enhanced Health in Care Homes

<b>National support</b>
<p>From 1 October, Primary Care Networks (PCNs) – working with community healthcare providers – will become responsible for delivering the <a href="#">Enhanced Health in Care Homes (EHCH) framework</a>, which builds on the COVID-19 care home support service announced in May.</p> <p>This includes:</p> <ul style="list-style-type: none"><li>• Timely access to clinical advice for care home staff and residents, including a named clinical lead from the PCN for every care home and weekly multidisciplinary team support; and</li><li>• Support for care home residents with suspected or confirmed COVID-19 through remote monitoring (and face-to-face assessment where clinically appropriate);</li></ul> <p>Wider support to care homes includes:</p> <ul style="list-style-type: none"><li>• Pulse oximeters available to care homes that do not have the recommended number of devices (1 per 25 beds) which, used under clinical supervision, can help identify ‘silent hypoxia’ and rapid deterioration of people with COVID-19;</li><li>• Rehabilitation for those recovering from COVID-19, provided by both primary and community healthcare services;</li><li>• Training and development for care home staff; and</li><li>• Support with data, IT and technology, including access to care records and secure email.</li></ul>
<b>Actions for NHS organisations</b>
<p>CCGs should:</p> <ul style="list-style-type: none"><li>• Confirm to NHS England that all care homes have been aligned to a PCN by 1 October 2020; and</li><li>• Work with care home providers to support home oximetry including identifying local need for oximeters.</li></ul>

PCNs should:

- Nominate a clinical lead and ensure that partner care homes are informed of their lead and the support available, including home oximetry;
- Ensure delivery of the of the EHCH service requirements; and
- Engage with personalised care roles within their PCN – social prescribing link workers, health and wellbeing coaches, and care coordinators – to ensure that personalised care approaches are embedded.

### **Actions for providers**

Care home providers should:

- Familiarise themselves with the EHCH service requirements and what they can expect from NHS agencies;
- Work collaboratively with clinical leads to deliver optimum care and support to their residents; and
- Work with the local CCG to determine local need for oximeters.

## **Technology and digital support**

During the COVID-19 pandemic, there has been an unprecedented shift towards digitally enabled services, and the health and care workforce has innovated and collaborated to ensure that people could benefit from the digital provision of health information, advice and clinical care. Importantly, improved technology and digital support have also made it easier for people with care needs to stay connected with their loved ones.

### **National support**

To continue to support the sector over winter we will:

- Enable further deployment of NHSmail and Microsoft Teams for all care providers;
- Offer discounted broadband deals for care home providers, allowing care homes to improve their internet connections and access video consultations for residents and better enable connections to loved ones;
- Provide regularly updated support materials on the [Digital Social Care website](#) to support care providers to introduce new technologies;

- Distribute tablet devices to care homes that are in greatest need, so that care home staff can access remote health consultations for the people in their care. This will also support care home residents to stay connected with their families and loved ones. Technical and user support will be provided to set up the devices for use by care providers;
- Accelerate the safe adoption of products that enable care providers to access GP record information for people within their care, including the ability to reorder medications online on behalf of their residents; and
- Publish a new version of the data security and protection toolkit (DSPT) for the care sector, with additional guidance and support to enable safe use of technologies.

### **Actions for NHS organisations**

CCGs should:

- Continue to support all care providers in their local area to enable NHSmail, collaboration tools and remote consultations for people receiving social care in all settings;
- Work with local authorities to support eligible care homes in their local area to apply for a tablet device as part of the NHSX offer;
- Have active conversations about whether appropriate local data-sharing agreements are in place between health and social care provider settings; and
- Alert the NHSX Information Governance team ([england.IGpolicyteam@nhs.net](mailto:england.IGpolicyteam@nhs.net)) if issues with sharing information are identified.

### **Actions for providers**

All care providers are asked to:

- Consider how technical or digital solutions may help them to protect the people they support from COVID-19 and connect them to their loved ones;
- Engage with the NHSX DSPT support offer and register with DSPT by 30 September 2020; and
- Alert the NHSX Information Governance team ([england.IGpolicyteam@nhs.net](mailto:england.IGpolicyteam@nhs.net)) if any advice is required.

Care homes are advised to:

- Take advantage of time-limited connectivity deals and complete the simple order form to apply for a tablet device.

## Acute hospital admissions

Recovery of elective care is a priority for the NHS and clear guidance on accelerating the return of non-COVID-19 health services has been issued to systems and trusts in the NHS [Phase 3 letter](#). The NHS will ensure that personalised care and support planning is at the heart of decision making. NHS policy is clear that clinical decision making should always be personalised and should never be done on a blanket basis. This includes in the case of decisions on admission to hospital and decisions on ambulances.

<b>National support</b>
Emergency admissions will continue to be determined by clinical decision making.
<b>Actions for NHS organisations</b>
NHS settings should: <ul style="list-style-type: none"> <li>• Take a risk-based approach to routine admissions for elective care and advise patients about appropriate testing and/or isolation requirements pre-admission.</li> </ul>
<b>Actions for providers</b>
All care providers should: <ul style="list-style-type: none"> <li>• Work together with NHS partners to address issues in order to reduce unnecessary emergency admissions.</li> </ul> <p>If needed, care home providers should:</p> <ul style="list-style-type: none"> <li>• Support residents to self-isolate prior to admission for an elective care procedure.</li> </ul>

## Social prescribing

Social Prescribing Link Workers (SPLWs) have been playing an important role during the pandemic, as part of PCN teams. As well as managing their existing social prescribing caseload, they are supporting people who are shielding, or who are in receipt of social care services, to maintain their independence by:

- Conducting welfare telephone and/or video calls;

- Coordinating medication delivery or pick up with pharmacists;
- Facilitating community support (such as food and shopping);
- Connecting people to support social and emotional needs, including through use of digital platforms; and
- Supporting voluntary organisations and community groups to develop their virtual support.

The range of skills SPLWs have developed will continue to be important in helping people during the winter.

<p><b>National support</b></p>
<ul style="list-style-type: none"> <li>• NHS England and Improvement has developed a rapid recruitment offer to support PCNs to recruit at least one SPLW by the end of the calendar year.</li> <li>• In line with the requirements of the <a href="#">Network Contract Designation Enhanced Service (DES) specification</a> for 2020/21, each PCN must ensure that individuals have access to a social prescribing service.</li> </ul>
<p><b>Actions for local authorities and NHS organisations</b></p>
<p>Local authorities and NHS organisations should:</p> <ul style="list-style-type: none"> <li>• Work closely with SPLWs to co-ordinate support for people identified by health and care professionals as most needing support, especially those impacted by health inequalities, and autistic people and people with learning disabilities; and</li> <li>• Ensure SPLWs have the support and equipment to work remotely and access GP IT systems.</li> </ul>
<p><b>Actions for providers</b></p>
<ul style="list-style-type: none"> <li>• Work closely with SPLWs to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities.</li> </ul>

### 3. Supporting people who receive social care, the workforce, and carers

#### Supporting independence and quality of life

##### Visiting guidance

We recognise how important it is to allow care home residents to safely meet their loved ones, especially for those at the end of their lives. We appreciate the particular challenges visiting restrictions pose for people with dementia, people with learning disabilities and autistic adults, amongst others, as well as for their loved ones.

Our first priority remains to prevent infections in care homes and protect staff and residents. We set out below tightened infection prevention and control measures to enable visits to continue safely. These measures build on the published [framework](#) that allows local decision making, based on the assessment of the Director of Public Health and the care provider. Whilst most areas with high prevalence are implementing restrictions, for avoidance of doubt, any area listed by Public Health England's surveillance report as an 'area of intervention' should immediately move to stop visiting, except in exceptional circumstances. The guidance will shortly be updated to reflect these changes.

The CQC will include adherence to infection prevention and control for visitors as part of their Infection Prevention Control inspections and it is vital that providers are meeting required standards.

With care homes taking a risk-assessment based approach, the framework has meant that many more people have been able to see their loved ones. We appreciate the extra strain that constraints on visiting may have put on staff, residents and their families and we continue to encourage providers to find innovative ways of allowing safe contact between residents and their family members.

##### **National support**

- We published [visiting guidance](#) on 22 July 2020, which outlined how providers, based on the views of their local Director of Public Health, could take a dynamic risk-based approach to allow visiting where safe. This will shortly be updated to reflect the changes below.
- Whilst most areas with high prevalence are implementing restrictions, for avoidance of doubt, in any area listed by Public Health England as an 'area of intervention', the

Director of Public Health should immediately move to stop visiting except in exceptional circumstances such as end of life.

- We also published separate visiting guidance on 6 August for supported living settings.

### **Actions for local authorities**

Directors of Public Health should:

- Give a regular assessment of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment; and
- If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as ‘an area of intervention’.

In all cases exemptions should be made for exceptional circumstances such as end of life.

### **Actions for providers**

Care home providers should:

- Develop a policy for limited visits (if appropriate), in line with up-to-date guidance from their relevant Director of Public Health and based on dynamic risk assessments which consider the vulnerability of residents. This should include both whether their residents’ needs make them particularly clinically vulnerable to COVID-19 and whether their residents’ needs make visits particularly important. Social workers can assist with individual risk assessments, for visits, and can advise on decision-making where the person in question lacks capacity to make the decision themselves;
- Set out the precautions that will be taken to prevent infection during visits and ensure these are communicated in a clear and accessible way;
- Ensure the appropriate PPE is always worn and used correctly – which in this situation is an appropriate form of protective face covering (this may include a surgical face mask where specific care needs align to close contact care) and good hand hygiene for all visitors;
- Limit visitors to a single constant visitor wherever possible, with an absolute maximum of two constant visitors per resident to limit risk of disease transmission;
- Supervise visitors at all times to ensure that social distancing and infection prevention and control measures are adhered to;

- Wherever possible visits should take place outside, or in a well-ventilated room, for example with windows and doors open where safe to do so; and
- Immediately cease visiting if advised by their respective Director of Public Health that it is unsafe.

## Direct payments

The Care Act 2014 allows people who receive direct payments to use them flexibly and in a way that works for them, giving them more flexibility, control and responsibility over how their care and support is arranged, providing it continues to meet their needs and keeps them safe.

As a result of the COVID-19 outbreak, it is vital that full flexibility as set out in the Care Act, is provided. Care and support may need to be used in different ways as a result of the COVID-19 outbreak, and individuals may need to use their payments more innovatively in order to continue to receive the care and support they require to keep safe and well.

During this period it is essential that local authority and Clinical Commissioning Group (CCG) commissioners continue to take a flexible approach to the arrangements 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 during the COVID-19 pandemic. The expectation of flexibility should apply to all services provided by local authorities and/or CCGs that help improve and maintain people's wellbeing.

The fundamental approach to payments should reflect the trust needed between providers and receivers of payments that the money will be used as intended to meet agreed outcomes for care, support and improved wellbeing. Payments should 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.

## National support

- Updated guidance on direct payments, which will cover the winter period, for commissioners was published on the 11<sup>th</sup> September and can be found [here](#).
- Updated guidance on direct payments, which will cover the winter period, for recipients and those that they employ will be published ahead of the winter period.
- National guidance on how personal assistants can access the winter flu vaccination free of charge (via the NHS complementary scheme) will be published shortly.
- People who use direct payments to employ a personal assistant are entitled to free PPE for their personal assistant where they carry out close contact care. They can

access free PPE through their LRFs (those which will continue with PPE distribution) or local authorities (in those areas where LRFs are ceasing PPE distribution).

### **Actions for local authorities and NHS organisations**

Local authorities and CCG commissioners should:

- Consult the new guidance for the actions that they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter; and
- Give people with direct payments the level of flexibility and control as envisaged in the Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need.

### **Actions for providers**

All care providers should:

- Consult the new guidance for the actions that they should take to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter.

## **Support for unpaid carers**

There are over 5.4 million people in England providing care to loved ones, including young carers. Supporting them to continue to make this invaluable contribution is vital over the winter period.

### **National support**

We are:

- Providing guidance for those who provide unpaid care to family and friends, including young carers, and will continue to keep this guidance up to date to communicate any new advice. This includes [guidance](#) for carers supporting adult with learning disabilities or autistic adults;
- Extending funding to Carers UK's support phone line, until March 2021, to cover the winter period; and
- Ensuring carers can access free flu vaccines to protect themselves and loved ones.

The Department for Education (DfE) has funded [‘See, Hear, Respond’](#), a new service led by Barnardo’s, which supports young carers. DfE is working closely with DHSC to scope initial policy options to support young carers in the medium to longer term, with a focus on improved visibility in the system and to provide greater recognition of their needs.

### **Actions for local authorities**

Local authorities should:

- 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;
- Follow the direct payments guidance and be flexible to maximise independence;
- Ensure that assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care;
- Work with services that may have closed, over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way, and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services; and
- Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs.

### **Actions for providers**

All services are provided on the basis of need and therefore all providers should be proactively considering how to meet those needs in a safe and secure way.

Community and respite services could consider the following options:

- Provision of outreach support or support based in outside community spaces;
- Digital support;
- Support provided less often in smaller groups; and
- Cohorted or isolated support.

## End-of-life care

Dying well is important to the person, their family and those important to them, as well as staff caring for them and other residents. In addition to paying meticulous attention to the person's physical, emotional and spiritual needs, discussions about their priorities and preferences enable a more personalised approach to delivering end-of-life care.

Any advance care decision, including do not attempt cardio-pulmonary resuscitation (DNACPR) decisions, should be fully discussed with the individual and their family, where possible and appropriate, and should be signed by the clinician responsible for their care. It is unacceptable for advance care plans, including DNACPR decisions, to be applied in a blanket fashion to any group of people.

<b>National support</b>
<ul style="list-style-type: none"><li>• End-of-life care, including advance care planning, must always be personalised. We are taking action to ensure the system is fully aware of the importance of delivering personalised approaches to care planning, advance decisions and care delivery, and that best practice guidance is available to support this in all care settings. Guidance can be found on the <a href="#">NHS England website</a> and the <a href="#">Resuscitation Council UK website</a>.</li><li>• We are aware of anecdotal reports of inappropriate practice in applying DNACPRs. This is unacceptable and we have taken national action across a number of fronts to prevent this from happening. We continue to work with stakeholders to understand what more we can do nationally to prevent inappropriate DNACPR decisions being made for individuals.</li><li>• Guidance for the public setting out what a DNACPR decision is, how it should be applied, who should be involved and what to do if an individual or their loved ones have concerns will be published by NHS England and Improvement shortly.</li></ul> <p>The CQC will urgently raise cases of inappropriate use of DNACPR as it becomes aware with the relevant bodies, including the General Medical Council, and take action where registered providers are responsible.</p>
<b>Actions for local authorities and NHS organisations</b>
<p>NHS organisations and local authorities should:</p> <ul style="list-style-type: none"><li>• Ensure that discussions and decisions on advanced care planning, including end of life, should take place between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should</li></ul>

be developed following, where applicable, the best interest checklist under the Mental Capacity Act; and

- Implement relevant guidance and circulate, promote and summarise guidance to the relevant providers. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the [NHS website](#) and those published by the [Royal Colleges of GPs](#)..

All organisations should put in place resources and support to ensure that wherever practicable and safe loved ones should be afforded the opportunity to be with a dying person, particularly in the last hours of life.

### **Actions for providers**

All care providers should:

- Have regard to the above guidance in delivering personalised approaches to care. This is applicable to all providers of end of life care in all scenarios, including where care is being provided in an individual's home; and
- Ensure they make every effort, wherever practicable and safe, to enable a dying person to be with their loved ones, particularly in the last hours of life.

If a care provider is concerned about pressures to put in place DNACPRs, they should escalate, in the first instance, using their internal whistleblowing policies.

## **Care Act easements**

The Coronavirus Act 2020 introduced some amendments to the Care Act 2014, including easements. These easements allow local authorities to streamline assessment arrangements and, where necessary, prioritise care and support to ensure that the most urgent and acute needs are met, in the face of increased demand on social care services, and/or reduced workforce as a result of COVID-19 pressures.

These changes are temporary and should only be used when absolutely necessary, based on a local authority's judgement of its ability to meet the needs of its local population in way which is compliant with the Care Act. Local authorities should report any decision to use the easements to DHSC. Local authorities remain under a duty to meet needs, where failure to do so would breach an individual's human rights under the European Convention on Human Rights.

<p><b>National support</b></p>
<ul style="list-style-type: none"> <li>• The Secretary of State for Health and Social Care will continue to keep easements under review, based on expert clinical and social care advice. The Chief Social Workers advise that the Coronavirus Act provisions, which ease local authority duties under the Care Act, should remain in place for the winter period, to ensure local authorities are able to meet the most urgent and acute needs. This provision will be reviewed by Parliament in October 2020.</li> <li>• DHSC has issued revised <a href="#">guidance</a> and <a href="#">supporting guidance</a> which builds on lessons learned, from the first wave of the pandemic, to support local authorities to best meet citizens' needs.</li> <li>• Throughout the pandemic, DHSC has worked with user and carer groups to understand the impact of interventions such as the Care Act easements to ensure they are not disproportionately disadvantaging those who are least able to advocate for themselves. This will continue throughout the coming months.</li> </ul>
<p><b>Actions for local authorities</b></p>
<p>Local authorities must continue to:</p> <ul style="list-style-type: none"> <li>• Only apply the Care Act easements when absolutely necessary;</li> <li>• Notify DHSC of any decisions to apply the Care Act easements;</li> <li>• Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format;</li> <li>• Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights;</li> <li>• Follow the <a href="#">Ethical Framework for Adult Social Care</a> when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks; and</li> <li>• Work closely with local NHS CHC teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge.</li> </ul>
<p><b>Actions for providers</b></p>
<p>All care providers should continue to:</p>

- Be aware of local authorities operating under easements, listed on the [CQC website](#); and
- Work with local authorities to meet the most urgent and acute care needs if they are in an area operating under easements.

## Supporting the workforce

The social care workforce is a large and diverse group, with around 1.5 million people working across 38,000 settings. The workforce have put in extraordinary effort over the course of the pandemic to keep the people they care for safe and well. It is of central importance that we support the workforce through the winter period by keeping them well, increasing workforce capacity and providing high-quality training and guidance.

### Staff training

<b>National support</b>
<ul style="list-style-type: none"> <li>• We are continuing to offer rapid online induction training to help induct and train redeployed staff, new starters, existing staff and new volunteers in social care services. This <a href="#">training</a> is provided free of charge when accessed through Skills for Care, meaning staff can be trained quickly ahead of winter.</li> <li>• Guidance aimed at supporting the workforce has been published earlier this year, including <a href="#">guidance</a> for carers of people with a learning disability and autistic adults (<a href="#">short-form version</a>), <a href="#">advice</a> on supporting people with dementia living in care homes, and <a href="#">guidance</a> for supported living.</li> <li>• We will develop support to help those people working in social care who are delivering delegated health tasks that were previously undertaken by staff in community health services.</li> </ul>
<b>Actions for local authorities</b>
<p>Local authorities should:</p> <ul style="list-style-type: none"> <li>• Ensure providers are aware of the free induction training offer and encourage them to make use of it; and</li> <li>• Promote and summarise relevant guidance to care providers.</li> </ul>
<b>Actions for providers</b>
<p>All care providers should:</p>

- Engage with the training offer and support staff to undertake training, as soon as possible; and
- Support staff to access guidance relevant to the needs of people in their care.

## Supporting the wellbeing of the workforce

### National support

- We have made available, to staff, national resources and guidance, including [guidance](#) providing advice on how staff can manage their personal mental health, in light of the current pandemic. This also provides employers with guidance, tools and advice on how to take care of the wellbeing of staff at work.
- The Chief Social Workers have issued [guidance](#), in partnership with the Tavistock and Portman NHS Trust, for the support and wellbeing of adult social workers and social care professionals.
- ‘[Our Frontline](#)’, a collaboration between Samaritans, Shout, Hospice UK and Mind, provides information, emotional support and access to a crisis text service. The Samaritans and Hospice UK have also extended their support lines to provide support to social care staff.
- All care workers have free access to several mobile apps to support their mental health and wellbeing, until at least December 2020. These include Daylight, Sleepio and Silvercloud.
- A [package of support](#) for Registered Managers is available, recognising that they are facing particular challenges. This includes a series of webinars and a dedicated advice line.
- Our offer to the workforce is brought together in the CARE workforce app, which signposts to resources, in one place, which will be available until at least December 2020.
- We will work with local authorities to assess access to occupational health provision and other wellbeing support available to social care staff, highlight good practice and consider where we can make improvements before the end of November.

### Actions for local authorities

Local authorities should:

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

## Actions for providers

All care providers should:

- Reinforce the message that staff wellbeing remains of the utmost priority. There are tips and advice on how employers can take care of the wellbeing of staff at work in our [guidance](#) on the health and wellbeing of the adult social care workforce;
- Continue to promote the CARE workforce app and other available resources to support their employees; and
- Undertake a workplace risk assessment, with a view to protecting the health, safety and welfare of all staff. Employers should have individual conversations, about COVID-19, with all members of their workforce who may be at increased risk. A [risk reduction framework for adult social care](#) has been published to provide guidance for employers on how to sensitively discuss and manage specific risks to their staff – this includes risk by ethnicity, but also age, sex and underlying health conditions. This guidance will be reviewed as new evidence emerges.

## Workforce capacity

### National support

- To support providers to maintain staffing over the winter period we will continue working with the care sector to monitor and respond to vacancy and absence levels including working with:
  - The Department for Work and Pensions to ensure that those who have lost their jobs during COVID-19 are aware of and encouraged to take up opportunities in social care;
  - Skills for Care to ensure rapid response induction training remains available and to share guidance and resources to help providers recruit the staff they need.
- We will use our communication channels to support recruitment into the adult social care workforce.
- In addition, we will set up a short-term workforce planning group to identify and implement further ways to help address workforce capacity issues which could occur over the winter period. This could include the development of staff banks and other local initiatives. We will also continue to work with the Bringing Back Staff initiative to help social care providers access nurses and other professionals who sign up to be redeployed.
- We have issued [guidance](#) on redeploying staff and using volunteers to support the sector to build capacity where most needed.

- The [NHS Volunteer Responders](#) programme is available to the social care sector. They can be a helping hand for those clinically vulnerable to COVID-19, or any other reason support is needed during the pandemic and will continue to be so, at least until the end of March 2021.
- The legislative, vetting, regulatory, and pay and conditions frameworks that have been put in place will continue to enable the temporary registration of returning staff and students to build capacity in the health and care workforce throughout the winter period.
- The extension of the Infection Control Fund can be used by providers to help cover the costs of ensuring that staff who are isolating in line with government guidance can safely stay at home.

### **Actions for local authorities**

Local authorities should:

- Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter;
- Consult the guidance available on deploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff;
- Consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary; and
- Support providers, in their area, to complete the Capacity Tracker and update their Adult Social Care Workforce Data Set (ASCWDS) records to help ensure effective local capacity monitoring and planning.

### **Actions for providers**

All care providers should:

- Ensure they have read the section in this plan on managing staff movement;
- Put arrangements in place to ensure they have sufficient staff to provide safe, high-quality care even in the event of increased staff absence;
- Consider recruiting to fill vacancies via the Department for Work and Pensions '[Find a Job](#)' website, as well as using local recruitment methods. Free recruitment campaign materials are available on our [campaign website](#);

- Continue to ensure staff receive normal wages while self-isolating in line with government guidance. The government has provided funding to support this through the Infection Control Fund;
- Consider how volunteers could help support service delivery and link-up with the NHS Volunteer Responder's programme and the wider voluntary sector; and
- Ensure they complete the Capacity Tracker and update their ASCWDS records to ensure effective planning for local, regional and national capacity issues.

## Shielding and people who are Clinically Extremely Vulnerable

Shielding was paused nationally on 1 August 2020. Those Clinically Extremely Vulnerable (CEV) individuals who were previously advised to shield should follow the latest position as set out in the [shielding guidance](#). We will write to all CEV people in the event of a change in guidance.

<b>National support</b>
<ul style="list-style-type: none"> <li>• If shielding advice is reintroduced in a local area, we will write to all CEV people in that area with further advice, and the local authority will coordinate support in that area.</li> </ul>
<b>Actions for local authorities</b>
<ul style="list-style-type: none"> <li>• Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for CEV people on the shielded persons list.</li> </ul>
<b>Actions for providers</b>
<p>All care providers should:</p> <ul style="list-style-type: none"> <li>• Complete a workplace risk assessment to secure the health, safety and welfare of all staff;</li> <li>• Have individual conversations, about COVID-19, with all members of the workforce who are CEV, or are otherwise identified as being at an increased risk, before a return to work or a return to their previous role; and</li> <li>• Follow government <a href="#">advice on safe working</a> to take the maximum steps to ensure the safety of everyone in their workplace.</li> </ul>

## Social work and other professional leadership

Our plan for 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, while ensuring delivery of the duties set out in the Care Act and maintaining good quality practice. Social workers, occupational therapists, nurses and other professionals have specific statutory duties and professional responsibilities and we recognise the pivotal role they will play in leading local response planning and the organisation of care to support people locally.

<b>National support</b>
<p>We are committed to supporting social workers and qualified practitioners to carry out their roles, including by:</p> <ul style="list-style-type: none"><li>• Supporting Principal Social Workers (PSWs) to lead social work teams at a local level, including holding regular national webinars to address issues and risks as they arise;</li><li>• Creating a new senior role of Chief Nurse for Social Care, to work alongside our Chief Social Workers, and take steps to appoint this autumn;</li><li>• Ensuring that the social work workforce has the right capabilities to carry out its roles safely, including supporting Skills for Care to deliver a series of development programmes for PSWs;</li><li>• Encouraging the collection and sharing of learning on a national level to identify and embed good practice, by robust communications and promotion of research opportunities; and</li><li>• Working with other national professional bodies to ensure that their members have similar opportunities.</li></ul>
<b>Actions for local authorities</b>
<p>Directors of Adult Social Services and PSWs, working with other professional leaders, must assure themselves that the delivery of high-quality social work support and interventions remains at the forefront of the local authority's offer in this period. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in partnership with local multi-agency safeguarding arrangements, including Safeguarding Adult Boards.</p> <p>Directors of Adult Social Services and PSWs should:</p>

- Ensure that their social work teams are applying legislative and strengths-based frameworks (including those based on duties under the Care Act and Mental Capacity Act) and support partner organisations to do the same;
- Ensure social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services;
- Understand and address health inequalities across the sector and develop actions with partners, where required, taking into account the implications of higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, and people with mental health difficulties;
- Review their current quality assurance frameworks and governance oversight arrangements to ensure that winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work practice;
- Develop and maintain links with professionals across the health and care system to ensure joined-up services;
- Lead local application of the [Ethical Framework for Adult Social Care](#), ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery;
- Ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict;
- 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; and
- Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice.

### **Actions for providers**

All care providers should continue to support social workers and other qualified staff that they employ, by ensuring they are aware of professional duties, the latest guidance and training opportunities, and by supporting them to protect their wellbeing.

## 4. Supporting the system

### Funding

Since March 2020, 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 on 2 July 2020, reimbursing local authorities for lost income and enabling tax deficits to be spread over three years rather than the usual one.

The Infection Control Fund is currently supporting the implementation of infection control measures, including relevant recommendations from the Care Home Support Package. The current fund runs to the end of September 2020, and we are now extending the fund to ensure it continues to provide support through to March 2021 by making an additional £546 million of funding available to support providers. This will be subject to conditions for providers and local authorities which we will set out in full in due course.

<b>National support</b>
The extension of the Infection Control Fund will: <ul style="list-style-type: none"><li>• Continue to support care home providers to ensure staff only work in one setting;</li><li>• Continue to support providers to pay staff who are isolating in line with government guidance their normal wages while doing so; and</li><li>• Provide further support to other settings beyond care homes, such as domiciliary care and other community settings.</li></ul>
<b>Actions for local authorities</b>
Local authorities should: <ul style="list-style-type: none"><li>• Provide DHSC with information about how the Infection Control Fund has been spent by 30 September 2020;</li><li>• Continue to maintain the information they have published on their websites about the financial support they have offered to their local adult social care market; and</li><li>• Provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions.</li></ul>
<b>Actions for providers</b>

All providers should:

- Spend the initial Infection Control Fund by the end of September 2020, in accordance with the grant determination letter;
- Provide data through the Capacity Tracker, or through other relevant data collection or escalation routes in line with government guidance and the conditions of the Infection Control Fund;
- Implement the recommended infection prevention and control measures;
- Provide information to local authorities about their spending supported by the Infection Control Fund in line with the grant conditions; and
- Maintain robust financial records about their use of the Infection Control Fund.

## Market and provider sustainability

Under the Care Act 2014, local authorities have duties to shape local provision of care and ensure services remain sustainable and continuity of care is maintained. Alongside this sits the Care Quality Commission's (CQC) Market Oversight scheme, which monitors the financial health of the largest and most difficult to substitute providers, so that there is early warning of emerging risks.

COVID-19 has emphasised the significant pressures that care providers face, and we recognise the need to take steps to maintain the continuity of services. The exit from the market of providers within the scope of the Market Oversight entry criteria, as specified in legislation, requires national oversight and coordination because of the potentially high level of commercial complexity and the geographical spread of affected areas.

### National support

To ensure that the system is supported at a national and local level, we are:

- Working with national partners, including ADASS, the LGA, the CQC, and across government to run an exercise, in late September 2020, testing our joint contingency plans. The result will be that together we are well-prepared to minimise any service disruption and to make sure that people's care needs continue to be met;
- In partnership with ADASS and the LGA, carrying out a Service Continuity and Care Market Review in the autumn. This aims to understand the robustness of the plans local authorities have in place, and what additional support may be needed, to

secure sufficient, sustainable and suitable capacity over winter and maintain continuity of provision; and

- Working closely across government, with care providers and insurance representatives, to understand the breadth and severity of issues relating to insurance renewals in the care sector to understand whether action should be taken.

#### **Actions for local authorities**

- Local authorities should: Work with local partners to engage with the Service Continuity and Care Market Review and – when requested –complete a self-assessment of the health of local market management and contingency planning leading into winter;
- Continue to work to understand their local care market and to support and develop the market accordingly; and
- Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available.

#### **Actions for providers**

All care providers are asked to:

- Review and update their business continuity plans leading into winter, and proactively engage with the relevant local authorities or NHS commissioners and the CQC if they have concerns or need support.

## **CQC 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. The ESF involves gathering and sharing information to target support where it is needed most and taking action to keep people safe and to protect people's human rights.

The CQC will continue to work with providers to ensure robust infection control measures are in place and will take swift regulatory action where needed.

#### **National support**

The CQC will (on regulation):

- Introduce a Transitional Regulatory Approach from October, which will bring together existing methodologies with new learning from its COVID-19 response. This approach will place people who use services at its centre, and will focus on safety, access and leadership;
- Develop a new approach to monitoring which will capture a much broader range of topics as part of the monitoring process, to present a clearer view of risk and quality;
- Increase the number of physical inspections focussing on high-risk providers where there are safeguarding concerns, the provider has an overall rating of inadequate, and other factors;
- Continue to inspect any service where people may be at risk of harm and publish a report for each inspection in line with normal procedures;
- Ensure that all inspections of care providers consider how well services are managing infection prevention control, taking swift regulatory action where provider-level performance requires rapid improvement, including adherence to infection prevention and control measures for visitors; and
- Ensure information on additional risks and pressures are raised with national government and relevant system partners.

The CQC will (on best practice):

- Share findings from a series of targeted inspections, completed in August 2020, which looked at a sample of care homes where the CQC's intelligence indicated that infection prevention control had been well-managed, either during outbreaks or in settings that have remained COVID-free; and
- Share findings from an initial series of Provider Collaboration reviews (PCRs) in 11 Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP) areas. These reviews have focused on the experience of people over the age of 65, with and without COVID-19, across health and social care providers, including the independent sector, local authorities and NHS providers. The reviews share examples of where collaboration has worked well across the system, helping to drive improvements and prepare for future pressures on local care systems.

The CQC has published headline findings from both pieces of work in the September COVID insight [report](#). More detailed findings and information on further work planned in this area will be published in the State of Care report this autumn.

<b>Actions for local authorities</b>
Local authorities should: <ul style="list-style-type: none"> <li>• Work with the CQC to promote and inform providers about monitoring processes.</li> </ul>
<b>Actions for providers</b>
All care providers should: <ul style="list-style-type: none"> <li>• Proactively approach their local authority or the CQC if they have concerns or need support.</li> </ul> <p>Providers should take note of findings arising out of the Provider Collaboration Reviews.</p>

## Local, regional and national oversight and support

As part of the Care Home Support Package, local authorities were asked to review or put in place a Care Home Support Plan, drawing on local resilience and business continuity plans. This was a condition of access to the £600 million Infection Control Fund. These plans were developed and submitted in May and were backed with data collection through 13 new questions added to the Capacity Tracker. Answers to these new questions give us insight into the extent to which care homes are able to implement infection prevention and control measures and whether they are able to access the support they need. These plans reflect the hard work and unique capabilities of local government to coordinate efforts locally. See Annex A for more detail on Care Home Support Plans.

These local plans were reviewed regionally by local government, NHS and public health officials to identify areas of concern and areas that needed support. Since then, central government departments and local government have continued to review local data from care homes and to work with local government and health partners to address issues and review support to care homes in places where data from COVID-19 testing shows increased rates of transmission.

Local authorities should continue to put in place their own winter plans. These winter plans should incorporate the recommendations set out in this document. Winter plans should be developed in line with the latest evidence on COVID-19 and have a clear focus on tackling inequalities.

These winter plans should build on the Care Home Support Plans, and other existing resilience planning (for example, local outbreak plans and [cold weather planning](#)), in the context of planning for the end of the transition period. Planning should be as transparent and inclusive as possible, involving collaboration across health and care agencies, the

voluntary sector, people who need care, and carers. Providers should also review and update their business continuity plans leading into winter.

By 31 October 2020, local authorities must, as a condition of receiving further funds from the Infection Control Fund, have written to DHSC confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans.

## **National support**

Over the following months, we will:

- Seek confirmation from local authorities that winter plans are in place and that they are working with care providers in their area on business continuity plans as a condition of the Infection Control Fund;
- Review key social data through the Capacity Tracker, the CQC community care survey and other sources, and work to ensure that national, regional and local data and information gathering is effective and proportionate;
- Publish the new Adult Social Care Dashboard. This will bring together data from multiple sources, meaning that critical data can viewed, in real time, at national, regional and local levels by national and local government. This will help ensure that emerging risks and issues can be identified at all levels, and appropriate action taken;
- Publish information about effective local and regional protocols and operational procedures, based on what we have learnt so far, to support local outbreaks in the event of increased community transmission, with recognition that there will be variations of local system working. This will include information on escalation routes to highlight issues at a local level; and
- Increase the volume of Adult Social Care data in the public domain, as part of our contribution to the data strategy for the Health and Social Care system being developed by NHSX.

The CQC will:

- Incorporate limited assurance of providers' plans in their Corporate Provider and Market Oversight work, which covers approximately 30% of the Adult Social Care market. The CQC will identify whether winter plans exist and provide a high-level view on their suitability. They will not monitor their ongoing implementation but, when necessary, will report and escalate any significant concerns to system partners.

### **Actions for local authorities**

Local authorities should:

- Write to DHSC by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and community sector organisations where possible;
- Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops;
- Continue to champion the Capacity Tracker and the CQC community care survey and promote their importance as a source of data to local providers and commissioners; and
- Establish a weekly joint communication from local Directors of Adult Social Services and Directors of Public Health to go to all local providers of adult social care, as a matter of course, through the winter months.

### **Actions for providers**

All care providers should:

- Review and update their business continuity plans leading into winter and proactively engage with the relevant local authorities or NHS commissioners and the CQC if they have concerns or need support; and
- Continue to complete the relevant sections of the Capacity Tracker or the CQC community care survey.

# Annex A: Care Home Support Plans

On 14 May, the government asked all local authorities in England to put in place Care Home Support Plans. This was part of an intensive support package for care homes, which was designed to reinforce and take further the government's Adult Social Care Action Plan announced on 15 April. The package built on emerging evidence on the causes of transmission of COVID-19

The government's announcement set out the steps that needed to be taken to keep people in care homes safe and the support that would be brought together across national and local government, and local health partners, to help care providers put this into practice. The government asked local authorities to complete their Care Home Support Plans by 29 May 2020.

The intention of this process was to identify where care homes needed support and ensure it was provided, and to ensure that local authorities were considering their approach to providing this support. As a result of this process, work carried out by local authorities, and additional follow-up and support provided by a regional review process, we have made improvements to our support offer. Ministers recognised that in many cases the plans reflected the ongoing excellent work of social care providers and their colleagues in local government and the local NHS since the start of the pandemic.

The local authority plans were underpinned and informed by an expanded collection of information from residential and nursing homes through the Capacity Tracker tool, which was completed by care providers. Local authorities were asked to provide consolidated information for all care homes in their area using data from the Capacity Tracker. The tracker continues to be updated regularly by homes and provides information for local and national bodies to understand the resilience of care homes and the degree to which support committed by government is reaching and being taken up by providers.

Care homes and local authorities were asked to report on:

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

The key issues that were identified through the plans included:

- **Practicality of isolating and cohorting**, particularly residents with dementia and learning disabilities; the costs, where this might involve one-to-one supervision of people who purposefully wander; and difficulties in older care home buildings, which are not suitable;
- **Financial sustainability of support that local government** is currently providing, including procurement of PPE for care homes, funding of vacant spaces and workforce measures, such as compensation for people asked to work in one home only beyond the period covered by the Infection Control Fund;
- The degree of implementation of the measures to **stop staff movement** between homes and the role of homes and local government in ensuring that staff comply is not always clear, or whether the evidence behind this is understood;
- **Testing** was a key area of concern from care homes and local authorities, both in terms of the accessibility of the whole home testing portal, and uncertainty over how this national service will link up to local testing efforts and inform local action to address infection control;
- **PPE:** returns showed that access had improved, although this had often needed creative solutions, but the increased costs were a concern, as highlighted in the broader financial sustainability concerns;
- **Paying the workforce:** initially low numbers of care homes stating that they were paying staff full pay following positive coronavirus test;
- **Workforce:** the issues around returning clinical workforce and volunteers were least well addressed and also showed a lack of visibility in this area for care homes.

The plans, and the data provided in the Capacity Tracker, have enabled the government to identify areas where further national support and guidance is needed. The Capacity Tracker has continued to provide regular data on the situation in care homes, both on the implementation of infection prevention and control measures, and on outbreaks. The questions asked in the tracker have been refined, based on feedback from users, but show a steady improvement against all measures since the end of May 2020.

This Capacity Tracker data will be incorporated into the COVID-19 Adult Social Care Dashboard, along with information on outbreaks in homes and will form an important part of central and local government work to manage local outbreaks and protect care home staff and residents during an outbreak.

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