



Date: Monday, 9 November 2020

Time: 10.00 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Adult Social Care Winter Planning (Pages 1 - 46)

To scrutinise the Draft Adult Social Care Winter Plan, report TO FOLLOW

Contact: Tanya Miles, Interim Director Adult Social Care and Housing

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<u>Committee and Date</u>
Health and Adult Social Care Overview and Scrutiny Committee

<u>Item</u>
Public

Meeting Date: 9th November 2020

Paper title: Adult Social Care Winter Plan

Responsible Officer: Tanya Miles – Interim Director of Adult Social Care and Housing

Email: tanya.miles@shropshire.gov.uk

1. Summary

This report is to introduce the Adult Social Care Winter Plan for winter 2020 – 2021. Adult Social Care is pleased to have the opportunity to introduce this comprehensive report to the Health and Adult Social Care Overview and Scrutiny Committee and to seek any comments.

The Department of Health and Social Care has requested that Local Authorities deliver a comprehensive winter plan in a very tight timescale. It was necessary for the interim Director to confirm to the Department of Health and Social Care by 31st October that a suitable Winter plan was in place. Whilst officers have indeed drawn together a comprehensive description of work already undertaken and planned, it nevertheless remains a live document which will evolve in response to the fluid situation caused by the pandemic. As such we are now taking the opportunity to present the plan to the Committee for its comment and discussion. It has also been presented to the Health and Well-being Board

Winter presents a significant challenge to our Health and Social Care services at any time but especially during this pandemic; this plan acknowledges the challenge and builds on support already in place. In partnership with system colleagues and our care providers we have been working constantly throughout the pandemic to support our population, especially the elderly and most vulnerable people, despite facing huge pressures. This Winter Plan sets out what we have been doing and what we will be putting on place as we move forward together through the months ahead.

1. Recommendations

To consider, make comments and endorse Shropshire Council's Adult Social Care Winter Plan 2020 - 21

REPORT

2. Risk Assessment and Opportunities Appraisal

- The Winter Plan gives Shropshire Council the opportunity to evidence the significant amounts of work that have been undertaken so far during the pandemic and tell people about what is planned in preparation for the coming winter.
- It is also an opportunity create a shared understanding of how we are moving forward in partnership, publicly appreciate the hard work that has already been undertaken and work collaboratively to support the safety and wellbeing of all of us.
- Further, it is an opportunity to strengthen and capitalise on our work with the voluntary and community sector.
- The winter pressures and the pandemic combined make the risks to the systems ability to cope with demand higher than it has been for many years. Whilst the Winter Plan set out the significant work undertaken and planned there remain risks that surges in the pandemic, seasonal flu, basic demand levels or a combination of these will overwhelm our systems
- The pandemic has created significant costs for the council: Government funding has supported this risk but has not mitigated it in full and there are remaining budget risks to the Council.
- Shropshire Council have created a Winter Plan that evidences that we will support people equally across the County and work positively to support our communities and our environments

3. Financial Implications

A large proportion of this spend relates to contracts with over 200 registered providers, including both Domiciliary Care Agencies and Shropshire care homes.

At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council contacted our providers to offer assurance, support and flexibility in how care could be delivered. Our engagement with providers confirmed that they were incurring significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges.

Due to these issues the LA allocated funding from the LA's covid resource to cover anticipated additional costs of £980k and a 10% uplift payment that was made to all providers for a 12 weeks period at a cost of £2.392m. We have also chosen to fund some other additional Covid related expenditure from this funding, within Adults Social care, that is not paid to external care providers such as additional in house staffing resource.

We have been granted two rounds of infection control fund which has amounted to £8.631m. This has been/in the process of being passported to in county residential and dom care providers as well as day service providers, direct payment and shared lives service users and the voluntary community sector.

In addition, we established a business grant fund for providers who have experienced financial loss due to Covid 19 of up to £10,000 and 41 provider companies accessed the grant money.

In total this means £11.4 million will have been injected into the Shropshire care market by the Council the pandemic began. This does not include the costs of new services being commissioned which are in addition to this figure.

4. Background

On 18th September 2020 the Minister of State for Care launched the National Adult Social Care Winter Plan, setting out the actions the government is taking at a national level to support those who provide and receive care. The plan outlines the actions every local area (local authorities and NHS partners) and every care provider must be taking to maintain our collective efforts to keep the virus at bay and ensure that we are ready for a challenging winter period. The government's plan to protect social care includes increased support to the sector, and further expectations and requirements of care providers, local authorities and NHS organisations.

Under this plan the government is:

- Supporting the sector with an additional £546 million Infection Control Fund, to help with the extra costs of infection prevention and control measures – including the payment of care workers who are self-isolating in line with government guidelines.
- Scaling up PPE distribution to make free PPE available for all adult social care providers and care workers through to March 2021. All CQC registered adult social care providers can now register on the PPE portal and order limits will be increasing over the coming weeks.
- Advising that Care providers must stop all but essential movement of staff between care homes. We know that the majority of care homes have already done this.
- Taking further steps to reduce the risks of visiting in care homes. Visits are important for the wellbeing of residents and loved ones, but with higher rates of Covid-19 in the community, extra precautions will be needed including supervision of visitors to make sure social distancing and infection prevention and control measures are adhered to.
- Appointing a Chief Nurse for Adult Social Care will be appointed to provide leadership to the social care nursing workforce.

- Creating a new dashboard which will monitor care home infections and provide data to help local government and care providers respond quicker.

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

Local authorities have a crucial role to play in support of this, consequently we have our own detailed and robust Winter Plan (attached at Appendix A) which sets out how we will achieve the implementation of the governments promised actions as set out above and also how we are working to support the wellbeing of our residents, our care markets and our partners though the challenging months ahead. Our comprehensive approach to system wide winter planning includes;

- A local Winter Plan
- A Winter Task Force action plan.
- Outbreak Plan
- An STP Winter Plan

The Shropshire Outbreak plan to prevent, contain and recover from the COVID pandemic is available at https://www.shropshire.gov.uk/local_outbreak_plan.

The plan supports system wide monitoring of guidance which is continuous and robust.

5. Shropshire's winter plan

Winter planning is a necessary and critical part of business planning in order to set out business continuity and manage major areas of risk during what is typically a pressured season of the year. Shropshire Council works closely with Telford and Wrekin Council. We are partners in one Sustainability and Transformation Partnership (STP) along with one Clinical Commissioning Group (CCG) and the Shrewsbury & Telford Hospital Trust (SaTH). Our STP is strong and robust and we are working together effectively though the Covid-19 pandemic. Partner organisations are closely following guidelines and putting appropriate support in place. This, along with our effective processes to plan, action and respond to issues as they arise is resulting in a high level of confidence in our winter period system response.

The Council's Winter Plan meets the governments overarching priorities for Adult Social Care which are:

- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19.

- 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.

An ageing population in Shropshire combined with increasing numbers of people with a long-term health condition means that demand for both health and social care is increasing, and we know that these pressures increase during winter months, particularly across the urgent care system and in light of the pandemic

The Government's approach to winter planning is focused heavily on care homes due to the significant vulnerability of this cohort of people and their intensive support needs. This has also been a key focus for Shropshire, but we have also ensured that other care market areas and all cohorts within our population who need support have a focus in our inclusive winter plan. As part of a multi strand approach we have established additional pandemic support teams for Care Homes as well as Domiciliary care services, Day and learning disability services, Community resilience teams, expansion of the START reablement service; to name a few. The full winter plan gives the details of all of these and many more services we have put in place and will commission going forward.

Shropshire is fortunate to have a strong and resilient voluntary and community sector, which complements the activity of the statutory health and care organisations. The Shropshire Voluntary and Community Sector Association (VCSA) is effective in how it represents the sector and regularly works in partnership with the Council to achieve shared objectives and common goals. The Council commissions and grant funds a number of VCS organisations and consortiums to deliver local wellbeing, independence and preventative services and this activity is a cornerstone of the Adult Social Care delivery model based on people being able to stay well and independent at home supported by staff and volunteers from their communities.

The Council is committed to involving the people who make use of services in their design and delivery. We engage, consult, collaborate and co-produce services and practice the principles of Think Local, Act Personal. We have a Making It Real Board and Advisory Groups and a variety of themed Partnership Boards, with expert by experience members, who work alongside us to develop policy and strategy. Current examples of our co-production approach are the transformation of Direct Payments and the development of our Carer Support Service specification.

6. Conclusions

As we head into winter 20/21 the intensive work done in the preceding months on market support and resilience, ensuring we have the right support and the right resources in place to help our population, our robust partnership working and significant outbreak management work place us in a strong position. The Winter Plan capitalises on and evidences that work and sets out how we are moving forward.

Adult Social Care will continue to work with our system partners through existing networks and new ones created to respond to Covid 19; When systems are under pressure it remains important to collaborate to make best use of public funding and to

reduce duplication, and the Council will continue to plan with partners to ensure that these principles underpin our collective response to winter resilience.

We would welcome the endorsement of the Winter Plan by the committee and note that the Winter Plan will be published and will be communicated to all of our partners and care providers. There is a system wide process in place for communication of guidance through weekly communication so that we can ensure everyone gets the information they need through processes which are appreciated and anticipated by the market.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Government guidance Winter planning: <https://www.gov.uk/>

Cabinet Member (Portfolio Holder)
Dean Carroll

Local Member
All

Appendices

Appendix A – The Adult Social Care Winter Plan 2020

Shropshire Council

Adult Social Care Covid-19 Winter Plan 2020/2021



Huglith Hill, Shropshire on a winter day

Background

In September 2020 the government published the Adult Social Care Winter Plan, aimed at curbing the spread of Covid-19 infection in care settings over the winter months.

<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021#executive-summary>

The plan sets out the different responsibilities for each level, i.e. national responsibility, local authority responsibility, and NHS responsibilities over the coming winter period.

Over the winter months, pressures build within the health and care system as a result of the significant rise in the number of people admitted to hospital. The health and care system is affected by the increased incidence of infectious diseases, and non-infectious conditions such as asthma, are exacerbated during the winter months.

The challenge of managing the impact of Covid-19 when the health and care system is at its busiest will require an effective, robust and co-ordinated effort to ensure that the system is able to meet the increased demand for services and provide high-quality care and support.

The government's Winter Plan offers guidance and support to local areas to help mitigate the severity of the virus. A stable and resilient workforce, good communication channels between different parts of the health and care system and an adequate supply of Personal Protective Equipment (PPE) will be essential, as will a co-ordinated response and making optimal use of all resources as demand grows.

The Government's three overarching priorities for Adult Social Care are described as:

- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19.
- 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 guidance is clear that the first priority to councils, care providers and NHS providers is to prevent infections in care homes and protect staff and residents, and whilst the winter plan focuses on care homes, our priorities also focus on supporting members of our communities in all settings. The guidance includes action on pre-discharge testing, infection control measures in care homes, limiting staff movement between settings and the importance of PPE.

The guidance also makes clear that the Care Act easements under the Coronavirus Act 2020 are to be exercised by councils only when absolutely necessary.

Introduction

Everyone living and working in Shropshire will have been affected in some way by Covid-19, ranging from a radical change in day to day life and how they do their work, through to a direct experience of the virus, sometimes with tragic consequences.

2020 has been a tough and challenging year for us all, but for those of us whose job it is to provide support and care to others it has been particularly difficult. We have worked hard to protect vulnerable people, provide care, and support our teams. At the same time, we will have been anxious about our own health and that of our families, as well as often juggling caring responsibilities and looking out for our friends and neighbours.

Many of us will be coming into the winter period feeling tired and concerned about what the coming months have in store for us. We understand the virus better now than we did at the outset, but the personal sacrifice

of keeping on doing the right things to control its spread can feel very hard and isolating, particularly when restrictions affect our family life.

Thousands of people in Shropshire work in social care and most of us, along with our families, are residents here and know the county well. We will have seen how resilient our communities are in times of crisis and how people responded to support their neighbours with tens of Covid-support or mutual aid groups springing up overnight. The health and care system could not have coped without their efforts that enabled people to remain well and independent at home. The system also would not have coped without the thousands of unpaid and family carers who have had to dig deep into their resilience reserves during lockdown. It is also worth remembering that we have excellent care services in Shropshire. 87% of our care settings are rated good or outstanding by the Care Quality Commission (CQC).

Positive things like our resilient communities, our strong voluntary and community sector, our excellent services and committed workforce will help us through these difficult times. Sometimes, it's hard to see this at a personal level when we're having to adjust to huge changes and the challenges ahead appear very big indeed.

At times like this we need to remember the importance of caring for ourselves as well as others. In this plan there are details of workplace support that is available should we need it and there is a wealth of advice and resources available to guide us into good mental, emotional and physical fitness. We need to be kind enough to ourselves to remember to do the things we know will help – talking about how we're feeling, getting out into our beautiful environment, eating well and exercising regularly.

Shropshire will get through these challenging times by us working together and looking out for each other. The activity described in this plan that many of us will be involved in, is invaluable to people staying safe and well this winter.



Tanya Miles
Interim Director of Adult Social Care & Housing



Tanya Miles

Councillor Dean Carroll
Cabinet Member for ASC,
Public Health & Climate Change



Dean Carroll

Overview of Shropshire's current position

Our partnerships

Shropshire Council works closely with its neighbouring local authority of Telford and Wrekin Council. We are partners in one Sustainability and Transformation Partnership (STP) along with one Clinical Commissioning Group (CCG) and the Shrewsbury & Telford Hospital Trust (SaTH). Our STP is strong and robust and we are working together effectively through the Covid-19 pandemic. Partner organisations are closely following guidelines and putting appropriate support in place. This, along with our effective processes to plan, action and respond to issues as they arise is resulting in a high level of confidence in our winter period system response.

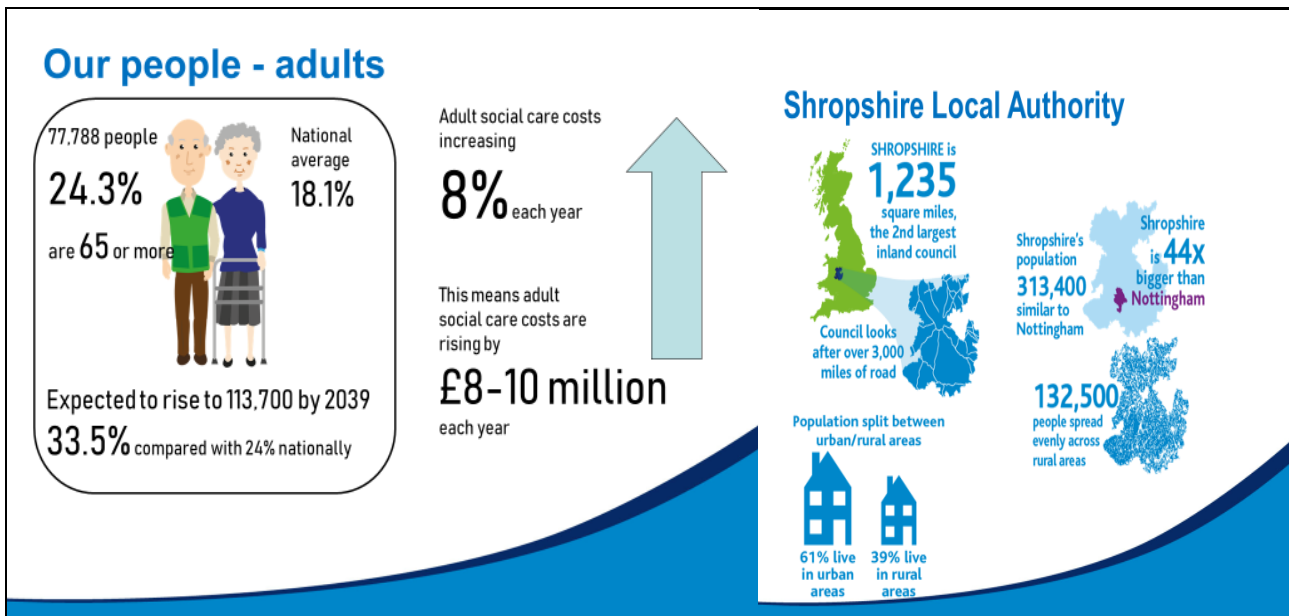
Shropshire Council has its own comprehensive approach to winter planning which includes;

- This local Winter Plan
- A Winter Task Force action plan.
- Shropshire's Local Outbreak Plan
- Shropshire and Telford & Wrekin STP Winter Plan

Shropshire is fortunate to have a strong and resilient voluntary and communities sector, which complements the activity of the statutory health and care organisations. The Shropshire Voluntary and Community Sector Association (VCSA) is effective in how it represents the sector and regularly works in partnership with the council to achieve shared objectives and common goals. The council commissions and grant funds a number of VCS organisations and consortiums to deliver local wellbeing, independence and preventative services and this activity is a cornerstone of the Adult Social Care delivery model based on people being able to stay well and independent at home supported by staff and volunteers from their communities.

The council is committed to involving the people who make use of services in their design and delivery. We engage, consult, collaborate and co-produce services and practice the principles of Think Local, Act Personal. We have a Making It Real Board and Advisory Groups and a variety of themed Partnership Boards, with expert by experience members, who work alongside us to develop policy and strategy. Current examples of our co-production approach are the transformation of Direct Payments and the development of our Carer Support Service specification.

Shropshire Council profile



Shropshire Council's response to Covid-19

Our response to the start of the pandemic came immediately after a period of intense activity linked to some of the worst flooding seen in Shropshire for 20 years. We had seen the strength and resilience of our communities at this time, and knew that working together, facilitating mutual aid and creating a sense of common purpose would be the best way to approach the challenges we were facing. Our leaders across the care, health and voluntary sectors worked together strongly and with co-operation.

The pandemic continues to impact on a range of service delivery and planning functions. Health and social care delivery already faced numerous challenges and opportunities and as we move towards winter with its associated surge planning and a range of new challenges for local and national government, an understanding of the conditions that have produced the 'best' response, and the times when we know we need to improve is critically important.

The council has recently undertaken an Association of Director of Adult Social Services (ADDASS)-facilitated Pause and Reflect Peer Review and the learning from this will enable us to maximise what we are doing well and identify the areas we need to strengthen.

Examples of how we've worked during the pandemic

- Facilitating a local response that was responsive to local need was seen as an effective approach at the height of the crisis, with a recognition that everyone had a desire to do things differently and better.
- Strong IT and digital infrastructure helped us to work rapidly and adapt to communicating in different ways.
- We saw many examples of creativity resulting in new models of working, particularly in our engagement with communities.
- Effective data sharing made it easy to work outside of organisational boundaries, which enabled a better understanding of how different roles and organisations could contribute.
- We were able to create a 'no wrong front door' for our most vulnerable residents.

What we anticipated well that will support us during winter

- The importance of IT connectivity with a broad range of access to various communication platforms.

- Recognition of the impact of staff well-being and an integrated workforce support offer.
- The importance of care providers being part of the system response, e.g. involvement in Silver Command activity, using Shropshire Partners in Care (SPIC) as communication channel, and supporting family and unpaid carers to enable them priority access for vital daily activity.
- The need for proactive support for our communities and voluntary organisations through the creation of our Community Reassurance Team (CRT) made up of seconded members of staff, and programmes of financial support.

Our support for care homes

Shropshire has a large care home base with over 3,500 beds across 121 homes.

- 13,500 staff are employed across all care sector job roles (staff workforce equivalent size to the manufacturing industry)
- 1,100 are managerial positions, 250 of which are Registered Managers
- 650 (4.8%) are regulated professionals, this includes nurses
- 9,600 are direct care staff, e.g. senior carers, support workers, care assistants
- Therefore 71% of all employees are involved in direct care provision
- 87% of our care providers are rated good or outstanding by the CQC.

Given the size of the market, its performance during the pandemic has been positive.

- Shropshire homes show an 89% occupancy rating in comparison to 84% across the West Midlands
- Shropshire homes currently show a shortage of 9 staff compared to a West Midlands average of 38 staff across each county
- Shropshire homes are all reporting a positive status for PPE
- 97% of Shropshire homes are able to isolate people if they need to compared to a West Midlands average of 96%

At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council wrote to all providers to offer assurance, support and flexibility in how care could be delivered. Since this time and as set out in various sections of this document significant levels of support have been given to the market to help them manage through this challenging time.

In summary –

- Shropshire Council has given significant levels of financial support to the care market.
- We have ensured that communications are made clearly and consistently and in a way that busy market providers are able to focus on the most important messages.
- We have created specific support teams for the individual elements of the market: there are teams who are specifically supporting domiciliary care providers, care home providers, day services providers and the voluntary sector. providers have named individuals that they can go to with any issues or support needs
- We have ensured that providers have access to PPE
- We have ensured that providers are fully informed about how they can access testing and we make sure that we escalate any issues that they are experiencing
- We have created specific systemwide care sector group that escalates and resolves any care market issues that occur and we work closely with CQC, Healthwatch and our system partners to ensure that there is wrap around support for the market.

Our day services – doing things differently

Our day service buildings haven't closed during the pandemic, and we started to support people in a range of different ways away from our centres in mid-March. Alternative support plans were developed and put in place. Support for the people who are part of our services and their families included –

- regular telephone calls and virtual catch ups
- 1:1 support such as going for a walk with someone from their home
- supporting shielding families with shopping and prescriptions
- creating and sending out 'Happy Boxes'
- communicating and interacting through Facebook
- starting the Good Things to Do at Home project
- supporting low numbers of people to come back into our centres when it has felt safe to do so

How our community teams have been working

Shropshire Council is committed to looking after both its staff and the most vulnerable people in Shropshire.

At the start of the pandemic our community social work teams contacted all the people we were or had been supporting. Through conversation they were able to make an assessment of people's situation and Red/Amber/Green (RAG) rate the support and contact they were likely to need. Over the months this has evolved into the teams staying in touch by phone or Facetime on a regular basis to check that people are staying well and managing at home.

The teams worked closely with the Community Reassurance Team (CRT) to ensure that the people they were in touch with had support with shopping, prescriptions, friendship and transport, which came either directly from the CRT or from one of the many community Covid support groups that have been created.

Our teams always work in a flexible and agile way, and we have understood that staff may need more flexibility at this time as a result of working from home, home schooling or caring responsibilities. Opportunities were given to staff who needed to work differently to their usual working pattern, whilst those in the shielded group did not carry out face to face visits.

To protect people who were vulnerable and in response to government guidance, all face to face visits were risk assessed and staff only undertook essential visits to support those with greatest need who didn't have other support in place. For visits to care homes staff were requested to carry out essential visits to support the safety and welfare of individuals under the advice of the relevant homes.

Alternatives to daytime groups

Good Things to Do at Home is a partnership between the council, Taking Part and Qube - an art-based community organisation and evolved from the Happy Boxes our day services teams started sending to families at the start of lockdown.

The primary purpose of GTTDAH is to create high quality resources for people to enjoy at home or with others at a centre. The activities are based around art, being active and creative, cooking, staying in touch with friends and doing things in your community.

Activity packs are created around each activity (look here for an example <https://qube-oca.org.uk/goodthings/>) and include an edition of our newsletter The Rainbow Times, useful information and other resources. The contents of the activity packs are supported with digital content and the teams use Facebook to talk about them and encourage people to get involved at home.

Another benefit of GTTDAH is to demonstrate how creating partnerships with community groups can bring new ideas, expertise and connections to us and the people we work with.

Our pilot GTTDAH project proved really successful and we will be continuing to create inspiring things to do at home for the foreseeable future.



Good Things to Do at Home during lockdown and the Community Reassurance Team out in Oswestry

Our Community Reassurance Team

At the start of the Covid-19 pandemic the council swiftly created a Community Reassurance Team (CRT) from staff who would usually be working in services across the organisation, including ASC and Housing. Many team members came from our Culture & Leisure services, which had to suspend their activities during lockdown. The team has provided crucial support to vulnerable residents to ease the impact of lockdown and the virus itself.

The activity of the CRT includes –

- Creating and maintaining a digital directory of community support groups and activity
- Working closely with over 480 local community groups, town councils, parish councils and businesses to provide crucial support to vulnerable residents.
- Creating partnerships that help the council reach vulnerable people countywide and ensure everyone has access to the support they need
- Running grant funding programmes for the voluntary and community sector
- Running the Food Hub to deliver top up supplies to the vulnerable, including those with special dietary requirements. The Food Hub will also delivers food parcels for people who are newly unable to afford food due to the impact of coronavirus and works closely with Shropshire's Food Poverty Network.
- Buying and delivering food and essential supplies to vulnerable residents
- Providing practical support to communities affected by Covid outbreaks
- Running information, advice and reassurance events in our communities

We also created a Telephone Reassurance Team to proactively phone residents who we felt could be vulnerable, along with those on the Clinically Extremely Vulnerable (CEV) list. Where the need for support was identified this was passed to the CRT to action.

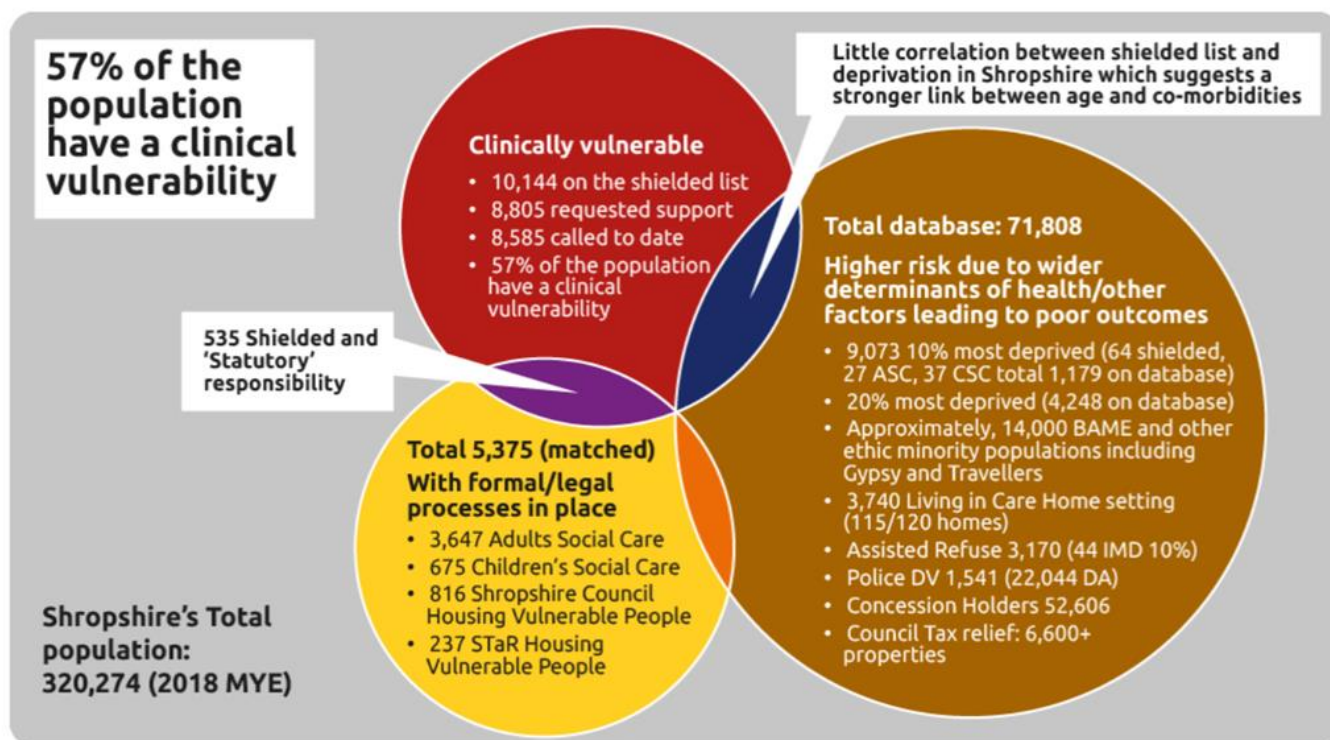
The CRT continues as a vital element of Shropshire’s response to the pandemic and has been making plans to support our most vulnerable residents over winter. The team works closely with the voluntary and community sector to ensure complementary activity and avoid duplication or gaps and is a huge support to those working in specialised parts of health and care system when they are seeking support for the vulnerable people they are working with.

Our positive feedback

Our Adult Social Care teams have seen a significant increase in the number of compliments they have received from residents and partners. We have also received very positive feedback from our recent Pause and Reflect Peer Review and are planning our own Recognition Event to enable us to recognise and remember the things we achieved – often in partnership with others - and the people we have worked with in challenging times.

Staying safe and looking after our health and well- being

Whilst Shropshire is experiencing lower levels Covid-19 cases than in other parts of the country, we have increased levels of clinical and other vulnerabilities, which results in significant numbers of our residents being at a higher risk of infection and needing to take action to mitigate this. In turn and as restrictions continue to affect our day-to-day lives, the impact of this can lead to a decrease in people’s physical, mental and emotional well-being.



Breakdown of the people in Shropshire with a vulnerability to Covid-19

We are ensuring that we have a range of support in place for our residents, including those who are Clinically Extremely Vulnerable (CEV), for people feeling isolated or anxious and practical help for residents who are shielding.

People can either call the council on 0345 6789000 or look at our website <https://www.shropshire.gov.uk/coronavirus/information-for-the-public/> to find out about this support and we will ensure that this is put in place using all the resources available from our communities, our VCS groups, our health partners and the council itself. We have an area on our website dedicated to the resources available to support mental health and well-being.

<https://www.shropshire.gov.uk/coronavirus/information-for-the-public/mental-health-and-wellbeing/>

We will continue to regularly call people who are CEV and the people who our ASC community teams are supporting to ensure they have the support that they need.

We will promote the Step Up Shropshire campaign and ask people to keep updated on the latest restrictions and government guidance on how to stay safe and well by looking at

<https://www.nhs.uk/conditions/coronavirus-covid-19/> .

How we will work over the winter period

National Support

The government has provided financial support to the sector and is extending the Infection Control Fund to March 2021. The fund was introduced over the summer period of 2020 to support care homes in their management of Covid-19. Additionally, to help ensure that there is a good flow of patients through the system, the government has also committed to funding the following:

- The cost of post-discharge recovery and support services, such as rehabilitation and reablement, for up to a maximum of six weeks, in all care settings.
- 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.

The government has also committed to providing free personal protective equipment (PPE) for Covid-19 needs to care homes and domiciliary care providers until the end of March 2021. Over the past months councils and care homes have had to procure and meet the costs of the PPE that they have needed.

In addition to national oversight of health and social care winter planning in 2020/21 Shropshire is dealing with the COVID Pandemic. We have a robust Outbreak Plan to manage COVID in the county.

The full details of Shropshire's Outbreak Plan can be found at https://www.shropshire.gov.uk/local_outbreak_plan. In summary the national approach to prevention, contain and recover through outbreak planning is outlined below.

In late May 2020 the Department of Health & Social Care announced that [Local Outbreak Control Plans](#), would be a key component in the HM Government's COVID-19 recovery strategy. Linking to the establishment of the national [NHS Test and Trace programme](#) and [Joint Biosecurity Centre](#), local authorities should play a significant role in the identification and management of infection, using local knowledge, expertise and coordination to improve the speed of response alongside Public Health England's (PHE) regional health protection teams.

Local Governance structures will ensure the local health and social care system is working together with the NHS and PHE as part of newly established COVID-19 Health Protection Boards. These Boards will ensure oversight and assurance and foster a [culture of collective responsibility and leadership to protect the](#)

[population's health](#). There is an expectation of local political ownership and public-facing engagement and communication for outbreak response through Local Outbreak Engagement Boards.

Preventing and controlling prevention and outbreak management

The Shropshire Outbreak plan to prevent, contain and recover from the COVID pandemic is available at https://www.shropshire.gov.uk/local_outbreak_plan.

The plan supports system wide monitoring of guidance which is continuous and robust. There is a process in place for communication of guidance through weekly comms which involves links to guidance and clear bullet point summaries. This is distributed through SPiC and contracts teams and used by care home support teams to ensure up to date and consistent guidance is in place and shared through comms which are appreciated and anticipated by the market.

The updated COVID plan will be in place from end October 2020, ready for Winter 2020. Governance structure for plan incorporates partnership working including Public Health England and the Local Health Protection Board. The Local Health Protection Board is a system which mechanism to co-ordinate the strategic approach to COVID management, outbreaks and cases, across Shropshire.

Prevention of outbreaks I supported through the following mechanisms physical and organisational measures e.g. COVID secure controls; infection control; addressing inequalities; sustainability; regulation as prevention and through systems and planning.

In the event of an outbreak PH work through the Incident Management Team process to contain and control the infection; and afterwards to support care sector to improve and learn.

Infection Protection Control (IPC)

Our health and care system is working comprehensively and proactively to ensure high levels of confidence in our infection control actions.

Check to Protect Competency Assessment Framework-

The Check to Protect assessment tools were developed to assess staff competency and improve cleanliness and safety of care. The tools relate to key clinical procedures and care processes which, if not performed appropriately, can increase the risk of infection. The assessment tools cover three elements; IPC clinical practice, environmental cleanliness, equipment cleanliness.

A reminder for care homes to ensure Check to Protect is being used within their home will be added to the next care sector update, Nicky Jacques from SPiC has agreed to support distribution of the framework to care homes where required.

Further Check to Protect assessment tools will be added as required to support the IPC champions within the homes in ensuring national guidance is being followed.

There are elements of Check to Protect that can be utilised in children's homes to support compliance with IPC practices.

Care Home IPC Link Staff/ Champions -

Planning is underway for regular IPC link forums to commence in November; these forums will support the IPC champions within care homes. The link forums allow care homes regular access to updated IPC information and key messages to take back to the home, they also act as a platform for discussion and information sharing between the care homes.

One of the main roles of the link staff/champions will be to ensure their homes are compliant with national guidance, utilising the Check to Protect framework to support this.

IPC champions will also be expected to deliver the national IPC training and updates in hand hygiene technique and safe donning & doffing of PPE and supplying data on numbers trained. For champions who have not undergone the train the trainer training sessions this will be delivered at the end of the forum.

All care homes will be contacted early next week advising the details of the care home IPC champions initiative and link forums.

Care sector IPC training-

Different methods of delivering training to the care homes, children's homes and domiciliary care sector is being scoped.

Adult Social Care Provider Forum -

Information about IPC will be shared at the forum and will include key messages regarding compliance of national guidance.

Weekly care sector newsletter -

The newsletter will continue to be utilised to raise concerns and share updates regarding national guidance.

Managing staff movement

We understand how important it is that our dedicated care staff across the sector don't move between care settings and risk cross contamination and spreading infection. Significant work has been undertaken in partnership with Infection Control teams and Shropshire Partners in Care to promote an understanding of the importance of limiting staff movement and we carefully monitor compliance through the tracker and through our regular interactions with the market. Capacity tracker data is monitored directly through risk management team and through West Midlands data collation process, so we can quickly identify any issues with staff movement. If issues are flagged, we ensure we talk to the homes to see how they can be supported to restrict staff movement and limit risk.

Each round of Infection Control Fund money has been supported by detailed criteria so that providers know they can use the money to meet the expenses of limiting staff movement. Providers have worked very positively to ensure staff are supported to only work in one setting by doing things like block booking hours, paying additional contracted time and making sure people travel alone and safely. The ICF money is distributed in line with government guidance and grant agreements are in place and commissioning and audit teams monitor expenditure and report back to government in line with criteria so we can be sure the money is used as it should be.

There has been guidance about managing staff movement; all guidance is managed and shared with provider organisations through system wide communications every week so that providers know they just need to focus on that specific bulletin which rounds up lots of important issues in one place and we also summarise it for their convenience with every guidance change.

All providers are expected to ensure they have contingency arrangements in place for staff shortages and they are supported in this by Shropshire Partners in Care- those contingency arrangements include planning for staff shortages and ensuring that staff movement is still controlled. Contingency arrangements for homes and domiciliary care providers are monitored through our market support team via discussion between allocated officers and provider managers.

Provision of Personal Protective Equipment (PPE)

At the beginning of the pandemic the council's IT teams were instrumental in bringing together a system-wide dashboard to track system stocks of PPE. This has helped us support each other across the system through mutual aid and enables providers to complete an online application form to access PPE in an

emergency. Previously this supply chain could be accessed as required when a provider's usual supply chain was not available.

A team dedicated to running our PPE systems - ordering, managing stocks and supplying to providers – was quickly established at the start of the pandemic using staff from across the council, and will be continuing their vital work for the foreseeable future.

Currently all providers can access the national portal and only access the Shropshire emergency supply chain if they are having issues accessing the portal. We have proactively worked with providers to ensure they are registered with the national portal and regularly contact providers to ensure they have enough PPE and remind them to order weekly from the national supply as they are entitled.

The Covid-19 PPE requirements for care providers remain in place and the guidance is available here -

- care home workers: [how to work safely in care homes](#)
- home care workers: [how to work safely in domiciliary care](#)
- all social care settings: personal protective equipment ([PPE](#)) [illustrated guide](#)

Everyone delivering personal care needs to follow the government guidance -



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or suspected COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

Aerosol Generating Procedures

- Eye protection eye shield, goggles or visor
- FFP3 or FFP2 respirator
- Long sleeved fluid repellent gown
- Gloves

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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Members of the cross-council PPE team sorting out the thousands of boxes of supplies

We meet fortnightly as a system with colleagues from the NHS, Primary Care and community health, we hold a central stock list so that we are able to access mutual aid should this be required. We also arrange support for fit testing where providers are unable to get hold of FFP3 masks but are required to carry out Aerosol Generated procedures.

Shropshire Council continues to purchase PPE and monitor stock levels and we have enough PPE to support our internal and provider market for at least 3 months. We continue to submit our stock data to the Local Resilience Forum (LRF) and this data is used to establish what PPE the LRF will be providing to Shropshire.

We provide PPE or funding for to direct payments recipients and process requests on their behalf or complete the form directly. We are also able to provide PPE to informal carers should they require this, and this can be accessed in the same way or through the relevant social work team.

We continue to work closely with colleagues in Public Health to provide individualised support to providers who may be having difficulty supporting people who cannot tolerate PPE and provide strategies as to how to introduce the use of PPE in a safe manner.

Covid-19 testing

In Shropshire testing for COVID infection is available through two routes Pillar 1 and Pillar 2. <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-data-methodology/covid-19-testing-data-methodology-note>

Pillar 1: Swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers, to provide testing during an outbreak.

Pillar 1 testing in Shropshire, Telford and Wrekin is delivered by Shropshire Community Health Trust. Swabs are processed in the SaTH lab and the results fed into the national testing portal. Positive cases of COVID are contact traced.

Pillar 2: Swab testing for the wider population, as set out in government guidance

Pillar 2 testing in Shropshire, Telford and Wrekin is delivered by a Regional Testing Unit (RTU), two Mobile Testing Units (MTUs), Local Testing Sites (LTS) and via Postal Testing Kits. Swabs are processed at national Lighthouse laboratories and the results are fed into the national testing portal. Positive cases of COVID are contact traced.

The Mobile Testing Units are under the control of the Director of Public Health. Results are using the governance framework and along with logistics and data analysis colleagues she makes decisions about where the Mobile Testing Unit can best serve the needs of the population of Shropshire. The location of the Mobile Testing Units is advertised weekly on the Shropshire Council website and on the national testing portal. <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

Local Testing Sites are under the control of the Director of Public Health. These are deployed where there is a need e.g. during a local outbreak. They will be deployed to areas which are easily accessible by people who are walking.

Postal Testing Kits are available to all residents of Shropshire who have symptoms

Everyone with symptoms can book or order a free test at nhs.uk/coronavirus or by calling 119. Essential workers and members of their households can [access priority testing on GOV.UK](#).

We have aimed to provide privacy and confidentiality to those accessing testing. The testing units are in locations that are accessible by private and public transport. As the need for testing expands sites will be accessible by walking.

National testing has been rolled out for all care homes through the national portal. Staff testing takes place weekly and residents testing is undertaken every 28 days. Where an individual test positive they should then not be included in routine testing for 90 days following the positive result. There remain some testing gaps within domiciliary care, supported living and primary care staff and this should be reviewed. In addition, some homes where there are residents with challenging behaviour there has sometimes been a reluctance to test. Regular communications with these homes should be maintained and testing encouraged highlighting the importance of early detection to avoid high levels of transmission.

Seasonal Flu Vaccines

Increased eligibility, and higher uptake targets have been introduced nationally this flu season to reflect the pandemic. This includes 100% for Health and Social Care (HSC) staff and 75% across other eligible groups. Our Human Resources (HR) teams have arranged the internal staff vaccination process, and a combination of one-off drop-in clinics for front line HSC staff and a voucher scheme for other eligible staff (frontline HSC, other frontline, business continuity and BAME staff) is in place. Staff exchange vouchers at nominated pharmacies and uptake data is being collected. Public Health is supporting through internal staff promotion (intranet, CE updates etc.) and weekly meetings currently take place.

Public Health is responsible for the promotion of the vaccine to help facilitate uptake. A communications toolkit and website copy have been produced and are shared with STP Communication cell partners. System-wide communications to the public have been agreed to ensure consistency of messaging. The health protection cell meets weekly and winter communications is a standing item.

The council continues to use social media, using key PHE messaging to target groups and press releases to promote the vaccination to eligible groups. This includes more targeted marketing to groups showing lower uptake and ensuring the new eligible groups (e.g. those living in a household group with someone shielding) are aware they can get vaccinated. This approach will continue throughout winter.

Public Health has representation on the flu regional group which currently meets every other month, and on the local weekly flu group led by the CCG. Both meetings provide a local situation perspective in terms of vaccine uptake, challenges, what is working well, and actions are put in place as required.

Working with the care market to avoid hospital admissions

Stand up beds - these are contracts for additional beds though the winter period that may be needed due to potential surges in demand. Current modelling shows that there may be surges in the late part of this year and early next year. We will be commissioning blocks of 2/3 different types of beds which will be Based on retainer contracts which can be 'stood up' at full price if needed. We will be putting an Expression of interest out to the care home market early in October.

Working with the care home market/ domiciliary care to outreach too hard to reach areas - we will be running a pilot of day and night care in the community in the south west of the county and we want to talk to care homes and domiciliary care providers about new ways of working. This is a difficult area for us to get domiciliary care in the community, so we want to talk to care homes in the area as well as domiciliary care providers who can offer services in the area about ideas on how we can address the shortfall using capacity that our current provider market has, rather than recruiting new providers. Working with care homes in rural communities to provide care and support could provide a rural base, possibly creating partnerships with local domiciliary care agencies. This would add resilience to the domiciliary care and care home market, limiting staff movement and help the council meet care needs.

Live-in care – this was funded in the winter plan of 2019/20- and we now have a thriving framework of live-in care providers who all came from our current domiciliary care market. This project will be continuing in the coming winter to support and enhance Pathway 1 discharges and to support our Admission Avoidance service.

Block beds contracts - some of our block bed contracts will be coming up in the next six months and we will be reviewing what we want to commission in the future. We know that the care market is changing, and we will be engaging with Shropshire Partners in Care (SPiC) and our providers to look at how we can work differently in the future.

Respite - the pandemic has given us a particular challenge to find creative ways to deliver respite services. Part of the issue has been that if somebody moves into a care home where we commission respite care, they then have to isolate for 14 days due to government guidance. This has been really challenging for people and their families so we have worked wherever we can to come up with different solutions. In some cases, we've commissioned domiciliary care to provide a service in a holiday lodge so that people can have the break that they desperately need. Going forward we need different solutions for respite care because of the pandemic and also because we want to have different options for people who are in need of a break.

Collaboration across health and care services

As described in the plan overview, the council works closely with its STP partners - our neighbouring authority in Telford and Wrekin, the CCG, the acute hospital trust and community health trust. The STP is strong and robust and partners are working together effectively though the pandemic. As statutory partners and commissioners, the councils and CCG have closely followed guidelines and put support in place in line with these, which in some cases has been above and beyond expectations. This gives us a good level of confidence in our system response and we have effective processes in place to plan, action and respond to issues as they arise, particularly in relation to the county's care homes. A joint action plan and risk management process has been agreed system-wide and is a clear and practical guide to wrap around market support.



We are working collaboratively with our NHS colleagues to support people to return home after being discharged safely and as quickly as possible from hospital. This includes the commissioning of fast track and step-down beds on behalf of the NHS. The council brokerage team is commissioning fast track packages for the CCG and on several occasions in the last year we have commissioned contracts for beds on their behalf as well as collaborating on joint initiatives such as the Admission Avoidance service, Covid Secure bed and Discharge to Assess beds which involve contracted GP support.

The council has embarked on many new initiatives which have resulted in positive outcomes for people needing care and support to reduce unnecessary admission to hospital and facilitate discharge from hospital much more quickly. Our initiatives are deliberately based on the concept of trying new approaches which enable unnecessary hospital admission, avoid delayed transfers of care (DTC), reduce the length of stay in hospital and support discharge from hospital. Our new schemes provide extra capacity within ASC, reduce pressures on the NHS and ensure that the local social care provider market is supported. These initiatives are currently funded by the Improved Better Care Fund (IBCF) and our principles adopted in allocating the IBCF monies are ones of innovation, creativity and collaboration.

The 2 Carers in a Car Scheme is a night-time care scheme which supports people to stay at home who would otherwise have to go into residential care. The scheme was piloted through IBCF funding and is a really good example of how joint working can benefit people and save money. The referrals come from the council, primary care, the ambulance service, A & E – anywhere there is an identified need for night-time care - short or long term. The scheme prevents an unnecessary admission to a care home, enables people to leave hospital more quickly and helps people to get better at home.

We hold monthly finance meetings with colleagues in health to monitor joint packages of care, spend and ensure funding is coming from the appropriate area. This includes regular reviews of those individuals with complex needs and ensuring we secure joint funding arrangements.

We are working closely with colleagues in the CCG to develop the framework for Supported Living providers and accommodation, as mentioned above, we are also working together on a joint Learning Disability and Autism Strategy, which includes the future joint commissioning of services and will see us working together to deliver against the priorities set in both strategies and the STP.

We are working jointly with the Complex Care Team at the CCG to process a high number of Continuing Healthcare assessments. ASC has supported 3 of its Qualified Social Workers to successfully obtain Trusted Assessor status through a dedicated training programme with the NHS and work alongside nurse professionals. Dedicated social workers and health staff are currently working in collaboration to process Continuing Healthcare Assessments in a timely and efficient way.

ASC participates in weekly Multi-Disciplinary Team (MDT) conference calls on supporting and addressing any concerns or blockages of care provision for individuals in the community who are supported by health services. This has proved beneficial to both ASC and Community Health services by providing a regular facility to access the right professionals who can assist and provide support at point of need and avoid unsuccessful attempts to communicate directly with specialist staff. One example of this is the daily MDT huddle calls that the Community Learning Disability Team operate. These have resulted in effective joint working and supported the correct and proportionate intervention to any crisis, as well as being used to obtain helpful advice and guidance.

Supporting rough sleepers and preventing homelessness

Our Housing Teams work closely with our Integrated Community Services (ICS) team to facilitate hospital discharges as quickly as possible when there are also housing needs.

Our Housing Teams activate Cold Weather Provision (CWP), which is a non-statutory provision of accommodation for all rough sleepers in the county from November to March every year.

CWP is an offer of accommodation to all current known and verified rough sleepers as well as any new clients who present during the winter months. For those who accept the offer of accommodation, this provision offers stability and security and presents opportunities for officers to engage with and provide support to those requiring it. Assistance is provided to explore a range of accommodation options in an attempt to find suitable, permanent accommodation away from street homelessness.

For those who refuse the offer of CWP there will be an offer of Severe Weather Emergency Provision (SWEP) during times when the weather is considered severe. SWEP is possible through the volunteering of staff, from the council and our partner agencies such as Shrewsbury Ark and Shropshire Recovery Partnership.

Enhanced Health in Care Homes (EHCH)

All care homes now have a named Primary Care Network (PCN) Clinical Lead. We are currently working to distribute oximeter equipment and related guidelines to care homes, working with NHSEI and Care Home Clinical Leads to ensure that the equipment can be used safely and appropriately. It is anticipated that Care Homes will have this by mid-November. We will be working with the West Midlands Academic Health Science Network to provide a virtual training session in the recognition of deterioration and the use of pulse oximeters, it is anticipated these sessions will be followed up with more comprehensive workshops throughout the winter; these workshops will have a focus on frailty and deterioration.

The CCG and relevant NHS providers are working to finalise a proposal to identify a model of 'wrap around support' for PCNs in the delivery of the EHCH requirements. The proposal has been designed with PCN Clinical Directors with the expectation of entering into a memorandum of understanding.

It is anticipated that the 'wrap around support' will include a referral route for care home residents with complex needs to have a more comprehensive assessment of needs to support proactive advance and anticipatory care planning, medicines optimisation and/or deprescribing, plus a whole home approach to training care home staff in Advance Care Planning.

Technology and digital support for care homes

We have worked through the pandemic to regularly communicate to care homes the opportunities of additional technology and digital support. All care providers have received information on how to apply for an NHS account with information on the advantages of NHS mail, we will continue to do this throughout the winter months and aim to support care providers to complete the requirements of the Data Protection and Security Toolkit (DPST) to enable these accounts to be DPST compliant by 31st March 2021. All care homes received the NHSX offer of iPads.

We've been able to help Four Rivers nursing home with video conferencing by giving them several iPads and 2 Facebook Portal TV devices to use for video calls with residents' families. We're also applying for a tablet device for the home via a government scheme which is available to care homes.

We have also created a new email address that care homes in Shropshire can contact if they would like general advice on what they can do to improve their connectivity or enable video conferencing.

The council has a designated care home IT helpline to support care homes to work through connectivity and IT infrastructure issues that are often specific to individual homes and buildings.

Investment in technology in day centres and supported living homes

In Shropshire there are about 200 individuals living across approximately 100 Supported Living properties and the council commissions care and support for these people who often have complex support needs.

Very little assistive technology had been implemented in to these schemes and so we have initiated a project to develop and implement the use of advanced assistive technologies in a bid to increase levels of independence, facilitate learning, manage risks and reduce the dependency on paid support. As we progress, we are now allocating equipment and managing the implementation process for people.

In addition to this assistive technology, which is issued on an individual basis, we have also identified the need to provide equipment to the schemes themselves to support group activities. This is particularly important as a result of the impact of the pandemic that has reduced visitors, access to the community and day centres. The pandemic has created a surge in people's anxieties and recognising the need to remedy this by bringing individuals together and enabling them to enjoy a range of activities on their own or in a group we purchased OMI projectors for our Supported Living providers. This has been a great success and has not only reduced anxieties, frustrations and behavioural issues but encouraged exercise, laughter, communicating to one another and team spirit during difficult times.



An OMI projector being put to good use during lockdown

Acute hospital admissions

The council has a mature and integrated Discharge to Assess Hub in place to ensure that when a patient in hospital is deemed as being medically fit for discharge, they are transferred from the acute hospital to an appropriate destination. This is either a bed based provision, or they will be transferred home with support or advice, information and signposting. The Hub is a multi-disciplinary team that partners jointly support.

The progress of patients is discussed at the Hub in the morning from DToC lists, and from updates of discharge plans later in the day where there may be potential blockages, e.g. or transport delay, or the patient becomes not medically fit.

The process has been implemented as part of the Covid discharge guidance and as part of the system-wide winter schemes.

An Admission Avoidance scheme has been commissioned by the CCG to provide this essential winter activity. This is a partnership between the council and Shropshire Community Health Trust (SCHAT) complemented by strong working relationships with West Midlands Ambulance Service (WMAS), Primary Care Networks, Shropdoc, Integrated Community Services, Shrewsbury Interdisciplinary Team and ASC, which will enable seamless transfers between services.

Referrals to the service will be via one call – this number will be monitored by a Senior Nurse who will triage the referral and ensure that where needs can be met by the service, patients will be seen and assessed within two hours. Referral criteria require that the patient is over 18 years of age and registered with a GP practice within the SY1, SY2 and SY3 postcodes – and in addition should meet one or more of these criteria

- The patient will be at immediate risk of admission to hospital.
- Require an urgent (within 2 hours) clinical response.
- The patient may be a person that is not managing their own health or social care needs.
- Requiring short term monitoring due to an exacerbation of an existing medical condition.
- Requiring short term treatment and support due to an acute infection such as a UTI, chest infection or cellulitis.
- Requiring support after a fall - at risk of further falls, frequent falls or deterioration in mobility.
- End of Life.
- People that are frequent emergency department or residential care admissions and have multiple GP visits / social care contacts.

We will be working together to ensure that we provide the right care, at the right time and in the right place to prevent unnecessary admissions to hospital and unnecessary visits to A & E.

This service is launching in the midst of unprecedented times as we continue to deal with the COVID-19 pandemic and evidence of rising rates of infection in Shropshire. This context adds a sense of additional urgency to the need for an admission avoidance service to support the capacity required in our local acute hospitals and the related demand for community hospital beds. It also underlines the value of providing rapid nursing and domiciliary care to people in their own homes, reducing the risk of acquired infections, symptoms exacerbating and risk of harm from deconditioning.

With the ability to deliver care through the day and overnight as required, this service will specialise in the provision of a rapid response service to provide immediate nursing and domiciliary care community-based services to stabilise patients in their own home, supporting them for up to 72 hours or 5 days for people who may be approaching the end of their life.

Designated settings

The Adult Social Care Winter Plan 2020-21, published on 18th September 2020, set out a requirement for local authorities to identify 'designated settings' for people being discharged from hospital who are Covid-19 positive. The requirement also requires local authorities to notify the Care Quality Commission (CQC) of the settings in each area, and work with CQC to assure their compliance with standards through an Infection Prevention Control inspection.

In March 2020 Shropshire and Telford and Wrekin Councils were requested by the STP to take immediate action to commission beds in cohorted and separate areas of care homes that could safely and separately accommodate in isolation hospital patients who had a positive diagnosis of Covid-19. This was in order to support effective hospital discharge and flow through the system and to comply with the government's Covid 19 Hospital Discharge service Requirements Document (19th March 2020) section 2.5 which states that:

'For patients whose needs are too great to return to their own home (about 5% of patients admitted to hospital) a suitable rehabilitation bed or care home will be arranged. During the COVID-19 pandemic, patients will not be able to wait in hospital until their first choice of care home has a vacancy. This will mean a short spell in an alternative care home and the care coordinators will follow up to ensure patients are able to move as soon as possible to their long-term care home.'

Accordingly, the hospital discharge pathway was agreed by the system to include discharge to commissioned Covid-19 beds as per the Covid-19 infection flow chart developed by Shropcom and primary care and agreed by Gold Command. There is also a pathway which discharges people to community hospital. These options are used carefully in a in consideration of the care and safety of every individual and set up to protect people.

Clinical Support to Care Homes

PCN Clinical Leads are in place for all care homes in Shropshire as part of the Enhanced Health in Care Homes (EHCH) initiative. Several communications have taken place with care homes to confirm who their PCN Clinical Lead is, what the aims of the role are and how to make contact. Work is ongoing to continue to develop this role as a key function of the EHCH and the wrap around team.

All PCNs have established weekly check-ins with their care homes and are working with the Care Home MDT and ACP Development group to develop the additional 'wrap around' support that may be required to review residents with complex needs.

PCN Clinical Directors are working to recruit Clinical Pharmacist posts and the CCG's Medicines Management Team is supporting the PCNs with the Structured Medication reviews. Arrangements for medication reviews were in place prior to EHCH and these arrangements will continue.

Care Homes have welcomed this support, and most are engaged with the weekly check in, however, any issues are dealt with on a case by case basis by the CCG Primary Care Locality Team.

Enabling people to stay well and independent at home

At the start of the pandemic our community social work teams contacted all the people we were or had been supporting and through conversation were able to make an assessment of their situation and Red/Amber/Green (RAG) rate the support and contact they were likely to need. Over the months this has evolved into the teams calling people on a regular basis to check that they are staying well and managing at home. To create capacity in the teams over the winter these calls will be carried out by the Well-being and Independence Partnership (WIPS), a VCS consortium commissioned by the council to support people to stay well at home. We are enhancing the WIPS provision over the winter period.

We are expecting an unprecedented surge of demand for support this winter as a result of Covid, the associated restrictions, the needs of family and unpaid carers and the knock-on effects of carers needing to isolate. We have agreed with WIPS partners that they will provide additional activity beyond that provided under the core contract.

This activity is being connected to our Primary Care Networks (PCNs) who will be utilising Link Worker funding for a Coordinator/ Winter Pressure Link Worker to be embedded within WIPS.

Four elements to the proposal have been identified -

Winter Pressures Link Worker

The Winter Pressures Link worker will receive referrals from referring agencies and organise either an initial telephone call or a home visit to the client. The Link Workers will also work with Age UK's Home Support Workers (HSWs) to identify Follow-on Support (see below) and make onward referrals. The Link Workers will also collate statistics for the programme.

The Link Workers will also work with both Shropshire Council and Primary Care (Community Care Coordinators, and Social Prescribing) to proactively identify people who might need additional support. Shropshire Council will identify cohorts of Clinically Extremely Vulnerable and those from adult social care who need follow up calls/ interventions.

Volunteer Coordination

Expectation that there will be increased volunteer coordination required based on the initial support and ongoing support requirements.

Initial Support

Either a home visit or initial phone call to the referred client to understand in more detail what their circumstances are, what risks are identified (personal or in the home environment) and a discussion over what help will be needed to support the person to be able to stay at well at home.

Follow-on Support

- Shopping and delivery
- Connecting with local groups, e.g. for hot meals delivery
- Medication collections and delivery
- Telephone befriending / support and reassurance for isolated or lonely people
- Follow-up home visits

Referral routes in to the WIPS Winter Pressures scheme will include:

- Adult Social Care (ASC) teams
- First Point of Contact (FPOC) and Customer Services – including list of the CEV who have had regular contact from Customer Services
- VCS organisations
- British Red Cross (BRC) hospital discharge support team – following the initial settling in when additional support is identified as being needed
- Primary Care Networks

An exciting future for day services

All our internally and externally delivered day service centres are open and supporting people in a range of ways. We are supporting people from their homes and in the community and we are providing activities for people to enjoy at home as well as staying in touch with them digitally. As a result of Covid restrictions our buildings are operating at about 50% capacity, which is why it is important for us to be able to support people in different ways.

Supporting people with additional needs during the pandemic has shown us that for our services and activity to be resilient to the impact of Covid in the future we will need to do things differently. It is likely we will have to move away from larger groups coming to our buildings and use our centres in different ways to get the most out of them whilst reducing the risks of infection and transmission. We will be working in –

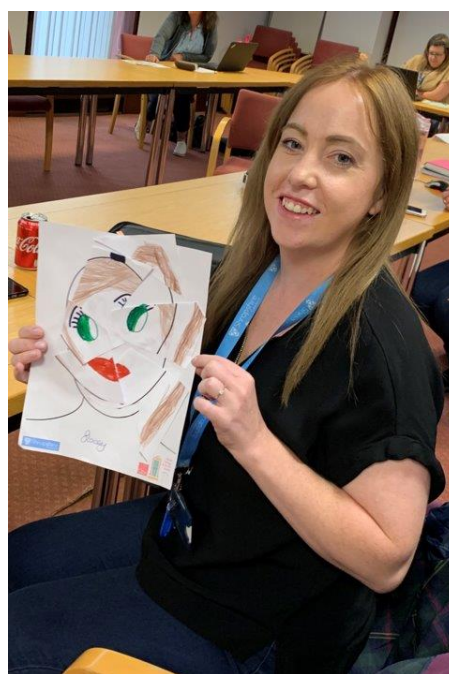
- Our Communities
- Our Spaces
- Our Digital Spaces
- Our Homes

We want to work to these principles –

- Localities based
- Community focused
- Digitally confident
- Person centred
- Strengths based
- Embracing and celebrating diversity
- Co-production
- Listening and responding

To ensure that we are involving everyone in the future design of daytime services and activities, we are planning a series of conversations over the winter to gather thoughts and ideas that we can use to shape what we do in the future.

We are particularly interested in talking to young people who are looking for their next opportunity after leaving school or college and understanding how we can best support them to continue to learn, develop and have great experiences that contribute to their wellbeing and independence.



We can't go to the café, so the café must come to us and our Good Things to Do at Home Picasso portraits

Good Things To Do At Home is a catalyst project for the change we want to see in our day opportunities, as the project encourages activities away from our centres, uses exciting digital content, builds new

connections, can be meaningfully accessed by people at home and is providing original resources, commissioned specifically for us of the highest quality. The people we work with will often enjoy art activity, and what we provide should be appropriate to their age and to their interests.

Supporting young people as they prepare for adulthood

Our Preparing for Adulthood (PFA) team is considering the likely additional pressure or demands young people and their parent/carers could be experiencing as a result of current Covid restrictions and the possible loss of previous opportunities such as replacement care or day opportunities. Alternative provision is and will be explored to ensure appropriate support is in place.

Direct payments are being used to enable young people to meet their needs in flexible imaginative ways, led by the young person themselves as an alternative to previous provision, and in the absence of our usual short break offers other options are being explored to provide much needed breaks for young people and their families.

Social Prescribing

Social Prescribing in Shropshire is a positive collaboration between the council, PCNs, the VCS and the CCG. The service has been well evaluated and demonstrates positive outcomes for people along with a reduction in the use of primary care services. During the pandemic the service has been adapted to continue to support people in the safest way.

The service is for:

- Individuals aged 18 years or over
- Shropshire residents
- Those who would benefit from regular and on-going support to cope with their anxieties and concerns caused by social isolation and Covid-19
- Those who require more time and support from a Link Worker to plan how their practical needs will be met during social distancing
- Those who require additional support to help and motivate them to take action to improve their health and wellbeing and adhere to social distancing requirements.

Over the winter the Link Workers will be -

- checking clients have access to and understand the latest Covid-19 advice and provide information where needed.
- discussing how people are managing practically with shopping and medication and helping them to find support from family, friends and their community.
- helping them to plan how they will deal with their practical and emotional concerns; link with family, neighbours, friends and local groups.
- helping with motivation to maintain the physical social distancing whilst building on other means of social support where possible e.g. phone or digital
- discussing people's needs for emotional support and wellbeing advice
- offering advice and motivation to be physically active within guidelines and according to capabilities
- making sure they have numbers for support e.g. Age UK, Mind, 111, pharmacy for medication

Public Health is leading the development of children and young people's (CYP) social prescribing. The programme will begin in the South West of Shropshire. Key developments include:

- agreement to employ a CYP link worker
- specification for additional support for CYP
- engagement with a range of stakeholders including CYP

Visiting Guidance

The government's guidance on visiting care homes gives the Directors of Public Health (DPH) in local authorities the responsibility for informing their local care homes on the current levels of infections and whether it is advisable to allow visitors to their residents. Shropshire Council understands the importance of family contact and recognises the need to have a sensible and measured approach on the advice for care home visits.

Our DPH recognises that home managers and owners best understand the risks in their homes and individuals that they care for and that they must try to balance the benefits that visiting provides to the wellbeing of residents and their families, against the potential risk of visitors introducing infection into the care home or of spreading infection from the care home to the community to mitigate the spread of Covid-19. Where visits are deemed not advisable or not Covid-19 safe, it is the responsibility of care homes to ensure there is alternative ways to enable safe and regular meaningful contact with family.

Our DPH currently considers that due to rapidly rising levels of Covid 19 in the community and a rise in cases in care homes and transmission, face to face visits where there is no barrier (such as a plexi or glass partition) between people are not advised in care homes. Face to face visiting with no barrier should be for exceptional circumstances such as end of life or where the individual will be significantly adversely affected.

This is not a directive as every care home must consider this information and advice along with their individual situation and known risks and their own risk assessments for the individuals that they care for. All decisions should be taken in light of care providers' general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. It also needs to be noted that if the region enters a higher alert level this same guidance will apply.

Low risk visiting arrangements, such as window visits where the windows are closed and people communicate by phone, or pod visits where people have a barrier between them, are not considered to present the same kind of risk as face to face visits and are consequently not included in this advice.

In all cases where the care home manager considers that a face to face visit is necessary because the situation is exceptional, they should:

- Ensure they have considered all other options to minimise risks though use of technology and using calls, video calls, window visits and screened visits and are confident that these are not possible or appropriate for the individual.
- Ensure a robust, up to date and relevant risk assessment and exceptional circumstances visitor policy is in place and this should be made available and communicated to residents and families

Direct Payments Winter Plan

Our priority remains promoting a flexible and innovative approach to ensure continuity of care and support. We are working with our ASC teams, the Reconciliations team, and the Payments team to make sure payments and monitoring is as straightforward as possible.

Specific support for direct payment recipients this winter include at least one agreed one-off payment of £200 to support with the costs of PPE. As a contingency, direct payment recipient can keep employing household members, for up to 4 weeks, to cover essential care if any PAs need to self-isolate. ASC teams are having contingency planning conversations to be creative about alternative ways of arranging support and we are keen for these conversations to continue. Everyone's situation is different, so we will discuss each individual's circumstances to agree the best solution.

We will continue to keep people up to date with essential information especially guidance to employers. This will either be over the phone; through the post; on the website and in our quarterly newsletter.

Further information can be found here: [Direct Payments and Coronavirus](#) - which will be kept updated.

Support for unpaid and family carers

In 2011 34,260 people in Shropshire identified themselves as carers and this figure is likely to now be significantly higher. The positive impact of family or unpaid carers on the care and health system is recognised, highly valued and appreciated. In addition, the impact of not supporting people to remain in their caring role and avoiding carer breakdown, would be significant.

The council will be running a communication campaign to raise awareness of the support available for family and unpaid carers. This will include our carer support service, carer assessments, our well-being and independence services, local community support groups, digitally available peer support, carers 'passes', provision of PPE. We will be encouraging all carers to create and share contingency and emergency plans to help them prepare for scenarios where their caring role may be affected.

Shropshire Council recently completed a review of unpaid and family carers support needs and what activity and services existed to meet these needs. The findings of this review have informed this specification.

The review identified what carers felt was needed to enable people feel supported in their caring role.

- Carers need to feel listened to – talking with practitioners is only beneficial if it is an informed two-way conversation.
- Carers need time for themselves -practitioners must have an understanding of carer's individual situations to enable the most appropriate support or respite be actioned.
- Carers need timely, up to date information – making every conversation count across the sector so that carers are identified and given the correct information at the right time for them.
- Carers need a regular contact so that information and support is given at the right stage of their journey allowing carers to plan for the future.
- Carers need support in order to access and sustain work, training or education.
- All carer groups need to be recognised and supported including carers that have previously been overlooked or unidentified such as young adult carers, working carers and parent carers.

It is the responsibility of all organisations working directly or indirectly with carers to embed this into their design and delivery of their services and it is the foundation of the activity that is delivered through the council's Carer Support Service.

End of Life Care

The system wide Advance Care Planning (ACP) Task and Finish Group has worked towards a standardised approach to ACP, including end of life and all provider organisations have developed an action plan for implementation.

For the winter period the group will continue to monitor the implementation and work to develop the metrics needed to understand outcomes and impact. It is expected that these measures will have a qualitative element, to include a review of care plans.

The ACP Education and Development subgroup is developing a training package which will reflect the STP approach to ACP which will include best interest decisions; the package will be available to all care providers and training will be prioritised for junior hospital doctors and care home staff. The training will be provided by SaTH senior doctors and clinical staff that are currently working with care Homes.

End of life care has been identified a priority for our system as part of the Community and Place Based Board. It has been agreed that the system will undertake a review of our current end of life services across the health and social care.

Social work and other professional leadership

Our social work and occupational therapy teams started the pandemic period in a strong position and as a service adjusted creatively to the response that was required. We benefit from a strong domiciliary care market and good relationships with voluntary and community organisations. We have strengths and value based practice embedded across the teams. We have a loyal and dedicated workforce who are both flexible and open to change. New ways of working have been adopted, such as undertaking remote assessments through the use of a range of technology and IT has been provided to staff enabling them to work from home. Measures have been put in place to track both workforce availability and service demand. During lockdown 93% of the workforce were in work and whilst demand for adult social care initially dipped, when it did increase we were able to meet demand with many teams operating a 'business as usual' model.

Social work and occupational therapy teams are experienced at applying legislative frameworks to their practice. The paperwork processes direct practitioners to work in a legal and strengths based manner and there are quality assurance processes in place to measure this, e.g. assessments have to be approved by the worker's line manager. Thematic audits are carried out of practitioners' work and action is taken to address any areas for improvement.

If the council should enact easements guidance will be given to teams on their work within the Care Act and all decisions will be informed by the Ethical Framework for Adult Social Care.

The principles are -

- Respect
- Reasonableness
- Minimising harm
- Inclusiveness
- Accountability
- Flexibility
- Proportionality
- Community

Social work practice recognises inequality, oppression and discrimination and aims to challenge, address and where possible redress this. All social workers commit on an annual basis to working to the standards of the regulator which includes 'Recognise differences across diverse communities and challenge the impact of disadvantage and discrimination on people and their families and communities.' Quality assurance processes are in place to measure the quality of social work practice within adult services.

The council works in partnership with health and care system colleagues to support the best outcome for individuals. The local system also works together to ensure data intelligence about the sufficiency, suitability and sustainability of care and health services to maximise the effectiveness of services, outcomes for individuals and populations and the overall use of resources.

Our ASC teams work from a person centred approach and we seek to get the best outcome for individuals. We are working closely with Healthwatch to gauge patient/user experience. Since March 2020 we have been working closely with Healthwatch alongside community health partners and other local councils to improve our hospital discharge processes. The aim has been to make sure no one is in hospital longer than they need to be. The learning from this will enable us to work together as a system to develop the best model for patients and their families, so that lessons can be learnt, and changes made to improve the process and patient experience.

We have plans in place to ensure we continue to meet our statutory safeguarding duties. We have monthly monitoring and reviewing of safeguarding contacts which progress to S42 enquiry and we support social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice.

Care Act easements

Care Act easements have **not** needed to be enacted by Shropshire Council. A range of trigger points such as workforce capacity, staff absence, demand on teams, waiting lists will be continuously monitored against any need to enact easements.

The easements would allow councils to temporarily suspend legal duties to assess needs, develop or review care and support plans, carry out financial assessments and meet eligible needs – other than where this would breach a person’s human rights – and are designed to enable councils to, where necessary, prioritise care and support in order to meet “urgent and acute needs”.

The changes fall into 4 key categories, each applicable for the period the powers are in force:

1. Local authorities will not have to carry out detailed assessments of people’s care and support needs in compliance with pre-amendment Care Act requirements. However, they will still be expected to respond as soon as possible (within a timeframe that would not jeopardise an individual’s human rights) to requests for care and support, consider the needs and wishes of people needing care and their family and carers, and make an assessment of what care needs to be provided.
2. Local authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements. They will, however, have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessment. This will ensure fairness between people already receiving care and support before this period, and people entering the care and support system during this period.
3. Local authorities will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. They will however still be expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned, particularly those providing care and support, often at short notice. Where they choose to revise plans, they must also continue to involve users and carers in any such revision.
4. The duties on local authorities to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs. Local authorities will still be expected to take all reasonable steps to continue to meet needs as now. In the event that they are unable to do so, the powers will enable them to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce other care provision.

Staff training

Shropshire has a Joint Training service providing support across the health and care system. In response to COVID-19 pressures Joint Training has postponed face to face learning from March 2020 to December 2020 **except for** the mandatory Moving and Handling and Management of Actual and Potential Aggression MAPA® training where physical skills are taught and assessed for competency.

The teams have maintained contact with its customers, whilst deploying staff to support different areas of the Council, the NHS ‘Shielded’ team and Welfare Officer support to the care sector.

We have identified, prioritised and developed new live webinar learning sessions and You Tube videos to support the care and health sector. Our first live webinar was on May 19th and since then 64 learning sessions have been delivered with 718 attendances.

74 live webinars are scheduled between October and March end 202, which will be added to as needed. 539 places already booked, and 588 places are booked on the Management of Actual or Potential Aggression MAPA® training, which is being offered as a blended learning package with on-line learning.

The webinars have been very well received with excellent evaluation comments. We will be delivering a rolling programme of live webinars exploring a wide range of subjects throughout the winter. Full details available here [Course & webinar information & dates](#). We will also be prioritising and developing new learning sessions to meet the needs of the care and health sector.

Shropshire Partners in Care (SPiC) has recommenced its provision of Moving and Handling and First Aid training for the care sector and these are now available as blended learning with online theory and face to face for the practical elements. These blended courses have been developed in line with industry body requirements. The face to face sessions are delivered COVID-securely in small 'bubble' groups with full PPE in use by the trainer and learners and with robust cleaning schedules for the premises and all equipment.

Safeguarding training is now available as virtual training and Mental Capacity Act/Deprivation of Liberty Safeguards sessions will also be virtual and available shortly.

In the coming weeks all our other training provision will be recommencing in a virtual format.

The regular forums and networks SPiC coordinates are now available as virtual forums, including Safeguarding, Care Sector Trainers Network, Activity Coordinators Network and Registered Managers Network.

Where it is not possible for care providers to access virtual training, we will still provide face to face training in line with our COVID-secure protocol at SPiC premises or as in-house sessions subject to compliance with our risk assessments and COVID training protocols.

Supporting the well-being of the workforce

Health and social Care staff have been offered the flu vaccine for 2020 via the NHS Programme in October and front-line staff have been issued with flu vouchers. There is a range of wellbeing services on offer to council staff to support their health and wellbeing. These are some of the initiatives to support our winter plan:

All staff can access free and confidential counselling for any concerns or support they may require through the Increasing Access to Psychological Therapies (IAPT) service.

Cari is a wellbeing tool which we are currently piloting to support staff wellbeing. The tool offers free wellbeing support in a range of ways. Staff complete a free, confidential Cari consultation to access tailored free support.

'Togetherall' is a new online offer for Shropshire residents and health and social care staff working in Shropshire providing opportunities to do this in a safe and anonymous digital environment. This is an online community for anyone aged 16 and above to share experiences about their mental and emotional health in confidence, offer peer to peer support, utilise creative tools and is accessible 24/7 with trained professionals always available. There are also options to participate in a range of free self-guided courses to do at your own pace covering topics such as managing sleep problems, stopping smoking, stress and worry, social anxiety and anger management as well as access to self-assessments and resources to help people look after themselves, take control and feel better.

Our bereavement support offer is free for anyone who lives in Shropshire and has experienced a bereavement (whether recent or previous), including bereavement by suicide. There are online resources including a booklet exploring what is bereavement and grief along with a secondary booklet outlining the practical steps that need to be completed following a death and how this has changed during Covid-19.

The council has Mental Health First Aiders to support and signpost staff to resources.

The STP is coordinating a range of wellbeing support measures for health and care staff. Cohorts of employees are being trained as TRiM practitioners to support the workforce.

Trauma Risk Management (TRiM) is a proactive, peer delivered, cognitively based, human resource management initiative for supporting individuals following exposure to traumatic events. Its purpose is the early identification of the symptoms of stress. TRiM is not a treatment for stress, however, processing and talking about the event has a therapeutic advantage.

In addition to this, virtual support sessions are available weekly via MIND Shropshire and a number of staff wellbeing resources are hosted on the SPiC website <https://www.spic.co.uk/resource-category/resources-for-staff/>

Capacity of the workforce across health and care

From the beginning of the pandemic until the time of writing (end of October 2020) we have consistently had good capacity. There are sufficient available hours in the care market for increases in demands, however financial pressures on providers are increasing, which could create viability risks. We are also concerned that risks on workforce and impacts of Covid-19 and isolation could have unpredictable impacts on market availability.

We have a system wide agreement for mutual aid around staff shortages and we are currently piloting using additional staff from our health colleagues in several care homes across the county to make sure that we are fully prepared for the winter ahead.

Whilst we are prepared for modelled demand, unpredictable surges in demand may force the authority into difficult position. However, we currently have good market capacity to support with any surge.

Reablement services - START is our established and effective in-house reablement team which has been recruiting additional capacity for 6 months resulting in increased capacity for increased demand and emergency responses, particularly for hospital discharge.

START currently supports the majority of people coming out of hospital with a reablement package. Reablement is a free time limited service which is used to support people who have either been discharged from hospital, or who are at risk of admission to hospital - supporting people to regain lost skills, learn new ones and increase ability and independence.

Having an in-house reablement team that supports people to get to a point where they can manage some things more independently and looking with them at their ongoing care needs after a period of reablement, ensures that we have really robust and accurate information on the best way to support people for their longer-term care needs if they are required. People who have benefited from the START reablement programme, have better outcomes and remain independent in the community for longer.

Over 60% of people re-abled through START are discharged between 1 and 14 days. This shows that START takes people through reablement much faster.

Domiciliary care - current capacity for Shropshire based domiciliary care providers as of October 2020 provided to the CQC tracker is around 2,100 hours per week. The main concerns currently in the domiciliary

care market for the winter is speed and availability of testing, PPE supply - although the latter has improved over the summer - and the cost when providers need to purchase additional supplies.

Care homes - the national capacity tracker evidences that 116 homes have reported on their current occupancy level. The report shows 414 vacancies across 116 Older Person and Physical Disability, Adults with Learning Disabilities and Mental Health homes. Normal occupancy rates in care homes vary but in a standard year we would expect to see approximately 8% of beds available. Currently bed availability across the market is at 13%. This essentially means that there are more beds available than we would usually have at this time of year. Capacity and bed numbers vary every day depending on the number of providers reporting on the tracker and their individual situations with both Covid and occupancy.

In addition, more beds have been purchased and are being tendered for than in previous years in block contracts, so we will have 24 Discharge to Assess beds, 24 designated Covid positive beds and an additional 10 winter pressure beds in operation. This is in addition to our usual block purchased capacity which is currently not being fully utilised. We are also in the process of establishing a new outreach service in the South West, renewing the Admission Avoidance service which includes night time care capacity, ensuring continuity of the 2 Carers in a Car contracts, which currently have capacity.

Supported living -as we commission each supported living scheme individually, we have not had any vacancies in supported living services, supported living providers have been paid for additional hours delivered as a result of day service closure. There are no concerns over the fragility of supported living providers.

Shielding and people who are clinically extremely vulnerable (CEV)

Shropshire is working collaboratively across sectors to support all people, but particularly the those who are vulnerable for a range of reasons. We have worked to understand who these vulnerable people are and to use all our collective resource across the public, private and voluntary sector to them.

The vulnerable population in Shropshire broadly fall into three groups, which are not mutually exclusive:

1. Clinically extremely vulnerable (CEV) – expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group. This group are identified through a national shielding register, derived through NHS records and GP recommendation. Additional information on CEV and Shielding can be found [here](#).
2. Formal/legally vulnerable - includes those who are receiving statutory care or known to the council. There is some overlap with the responsibilities passed to councils during COVID-19 for the CEV in need of additional local support such as food parcels.
3. Higher risk due to other factors – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity. This group includes the 9 protected characteristics that are being currently being researched at a national level. Locally, this group is identified through local databases, workplaces and self-selection.

The system will work to –

- engage with people and prevent the spread of COVID-19,
- respond to immediate need due to an outbreak
- support people in the long term

These three elements will be delivered through a range of services and contacts with frontline services (health, care, and the voluntary and community sector).

Level description	What is done?	Who delivers this?
Level 1: Community, group or broader population who required additional information and support regarding Covid due to an outbreak, or due to required prevention support.	Communications to all or a sub-section with or without specific need or vulnerability; direct communications to a sub-section, proactive engagement, print material for display, connecting with businesses and groups	Communications teams, web support, all frontline staff (trained in public health messages and the latest guidance on keeping well), disseminated through multiple partners including VCSE, NHS, businesses
Level 2: Those who are CEV, other vulnerable, local outbreaks, and subsection, geography that requires more intense prevention support	In addition to health protection advice, and government guidance, food, medicine, supply and other delivery for those isolating or vulnerable. Wellbeing phone call, providing a holistic offer with a more detailed request around needs and support, those who with the relevant skills to have a “good conversation”, referral to social prescribing. All those CEV and other vulnerable will be provided for in alignment with the government guidance to local authorities for supporting CEV	CSC, CRT, GP practices, housing associations, voluntary and community sector; grass roots community groups
Level 3: High level need with more specialist intervention;	Social Care, NHS and commissioned services deliver support to those with complex/ high level need (including hospital discharge and care homes), this level also includes specific engagement programme with those who are most vulnerable due to COVID-19, (detailed action plan in Appendix 16)	Social Care, Primary Care, Revenues & Benefits, Housing, Regulatory Services, Social Prescribing Advisors, Bereavement Support, CRT, Communications

Support for self-isolation and shielding

The Community Response Team (CRT) provides support where necessary to those who are shielding, need to self-isolate or who need additional assistance. The CRT has received training through the last 6 months on health protection and on the many services provided by the council and its partners. This, along with a robust community directory, has enabled the team to easily connect groups and people to the support they need.

Our local voluntary and community sector and grass roots community organisations have provided support to those who needed additional help through lockdown and since. The council aims to continue to support these groups so that they in turn, can carry on this vital work. If there is a local outbreak the CRT will work to support those in the affected area, and where appropriate work with local community groups to support people.

Those who are isolating after being in contact with someone who has tested positive for COVID-19, or if someone has tested positive for COVID-19, will be provided a contact number for community help. The phone line is hosted by the Shropshire Council Customer Services Centre (CSC). The CSC has access to a wealth of information about the support available in communities, however if someone has tested positive for COVID-

19, additional consideration will be made as to who is best placed to ensure that someone receives the food, medicine, supplies and other support that they need in a safe way.

The following will be provided:

- Telephone advice, guidance and information about shopping services and other needs
- Phone calls to those who are vulnerable
- Food delivery for those who cannot access food online or in their community
- Welfare checks to ensure that people are OK in their homes, when contact over food delivery for those who cannot access food online or in their community
- Welfare checks to ensure that people are OK in their homes, when contact over the phone hasn't been possible (protocols are in place to ensure this can be delivered safely)

Connections to a range of services within Shropshire Council and with partners and communities, including social care, libraries, businesses, community groups, and many others.

In addition, the CRT will support local 'pop-up' testing as required through an outbreak. This support includes access to vehicle with necessary equipment (tables, gazebos, toilets etc), as well as support staff.

Addressing health inequalities

Covid-19 and its associated restrictions has impacted on our health and wellbeing in significant and far reaching ways, particularly challenging to our emotional wellbeing and resilience. Health inequalities have been especially apparent during the pandemic, as factors such as: age, occupation, ethnicity and deprivation have disproportionately affected infection, and sadly death rates across different groups of people. Health inequalities have been exacerbated as the most vulnerable children and adults have been adversely affected, for example due to the pressure the lockdown period has had on mental health impacting the health and wellbeing of families.

It is also recognised that during the pandemic many people have lived with worrying symptoms without seeking medical advice and that urgent treatment has needed to be delayed as the NHS coped with Covid-19. These wider issues will all have been exacerbated further among people living in our most disadvantaged communities, where lifestyle risks are greater, and people are less likely to seek advice. More broadly the pandemic and the lockdown has clearly impacted significantly the wider determinants of health, such as business, the economy and education.

The local and national response to the impact of Covid-19 in the first few months of 2020 was planned and delivered as an emergency response to the pandemic. Now the recovery, reform and reset context for the system provides a unique opportunity to re-imagine and re-invent how we work together on the health and wellbeing agenda for the future.

Key activities that will support the area include:

- Protect the most vulnerable from Covid-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions and better engage those communities who need most support.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities
- Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.

- Particularly support those who suffer mental ill health, as society and the NHS recover from Covid-19
- Strengthen leadership and accountability

Work is underway in the council to strengthen the systems response around Equality and Diversity, which include:

- Implementation of an Equalities, Diversity and Inclusion (EDI) Plan and Action Plan
- EDI staff group set up
- BAME and other vulnerable staff risk assessments completed
- Diversity staff statements being developed
- System EDI workforce group with membership across the health and care system meeting and developing joint network meetings and delivering joint actions
- System EDI patient and service user group focussing on equalities through service delivery
- The council leading engagement work with BAME and other vulnerable groups including other ethnic minority groups who speak a different language; the purpose is to ensure the groups understand increased Covid-19 risk and to understand experiences during the pandemic.

Funding

At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, the council wrote to all care providers to offer assurance, support and flexibility in how care could be delivered. At the beginning of April, following guidance from ADASS and the LGA, further correspondence set out the way in which additional finance would be provided to specifically support the additional cost incurred by care providers due to Covid-19. Our engagement with providers confirmed that they were incurring significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges. The decision was made to provide the funding as a one-off payment as there was clear evidence of an immediate need to support cash flow. In April, all providers that the council contracted with received a one-off payment, representative of an additional 10% of their contract value for 12 weeks. In total this funding amounted to just under £2.4 million.

We have sent out Infection Control Funding (ICF) of over £4.6 million which has been distributed across the care market in Shropshire and on the 1st October, we were notified that a further grant of just over £4 million has been allocated to Shropshire. This time 80% of that funding will go to the provider market however we are also ensuring that additional funding will go to our very important voluntary sector, Shared Lives carers and Direct Payment recipients to help them all with the costs of preventing the spread of infection.

In addition, we established a business grant fund for providers who have experienced financial loss due to Covid 19 of up to £10,000 and 41 provider companies have accessed this grant money.

In total this means the new round of ICF funding that £11.4 million will have been injected into the Shropshire care market since the pandemic began. In addition, the Council made a further commitment to pay care home invoices within 5 working days during the pandemic, rather than on the usual 30-day terms. The Council is also paying for 2 weeks in advance and 2 weeks in arrears.

In May, following consultation which started in February 2020 with individual care homes and SPiC, the council wrote to the market to confirm uplift arrangements for 2020-21. These arrangements are in addition to, and entirely separate of, the Covid-19 support described above. In order to utilise our limited resources to the greatest effect and support a sustainable market, the decision was made to uplift the lowest paid end of the market, resulting in a 2% uplift to any placements that fall below the determined average weekly rate, with no uplift awarded to providers already receiving at, or above, the average rate. This uplifted rate is lower in terms of percentage than some neighbouring authorities however Shropshire Council base rates are in general higher and lowest rates were automatically uplifted. For example, domiciliary care lowest rates have been automatically uplifted from £14.95 to £16.50 whilst highest rates have remained the same. This is in order to support sustainability at the lowest paid end of the market.

At the start of the pandemic the council established a grant fund of £300K for the voluntary and community sector organisations. This funding has enabled the activity of newly created Covid-support groups and supported the sustainability of larger voluntary organisations, many of which have suffered loss of income due to suspension of their activities.

Market and Provider Sustainability

Shropshire Council commissions services from a range of groups and organisations in order to deliver its statutory responsibilities effectively and evidence value for money. ASC spend on all external care contracts in 19/20 was £112.4m. A large proportion of this spend related to contracts with over 200 registered providers, including domiciliary care agencies and care homes. A range of contracts are in place, including block contracts, pre-placement agreements, pre-service agreements, Individual Service Funds and individual care contracts/placements.

Shropshire has a significant sized care market for a rural authority. The domiciliary care market is approximately 3 times the size of a comparable authority and there are 120 registered care homes in Shropshire with 3585 CQC registered beds. Shropshire has the highest number of beds for a rural authority in the region, and the 5th highest overall in the West Midlands. The only authorities with higher bed numbers have large conurbations, significantly higher population numbers and much greater population densities.

Our approach to service continuity is through support to prevent failure and proactive contingency planning. Our providers range from SMEs to national chains and each has a key contact for support through our Care Home Welfare Support Team. The support is led by the company's needs and supplemented by insights from National Capacity Tracker and information sharing across the system. We work collaboratively with the CCG and SPiC to offer a shared response to national guidelines, maximise resources, identify gaps and ensure each business has its own contingency plan in place.

To manage emerging risks, we have a Provider Risk Management process for the analysis of information. This includes business viability risks, CQC reports, safeguarding and MDT concerns, professional concerns and complaints. Further information is gained through capacity tracker data, PHE outbreaks information, IPC, financial data and soft data from the outbreak and welfare calls to each home, to provide a complete picture risk matrix.

Mitigations and actions for each home are agreed and outcomes and resulting actions are monitored closely. In the event of provider failure, we have an established response and provider failure process. Capacity in the market is currently good and evidences that a single or low-level provider failure could be managed with minimal impact.

We want to support our Shropshire providers to diversify services into different ways of working to support their sustainability and make sure that we are prepared for the future through opportunities such as outreach care and alternative day offers. We have already started this work with significant engagement with providers and we are currently commissioning different kinds of day services and different kinds of community support.

Whilst our model is to support at home we do want to develop conversations about better specialist provision for mental health and learning disability support and enhanced Extra Care. We are keen to see an increase in the development of Extra Care schemes as these offer increased support to vulnerable adults whilst maintaining their independence, this is line with local and national guidance supporting integration and enabling people to stay living in their own homes.

We are also exploring the investment in buildings so that we can increase the number of Supported Living services available in Shropshire for those with complex needs. We would then be supporting the increased business opportunities for the care sector as these buildings will require the commissioning of care and support.

We recognise the significant impact the pandemic and associated lockdown is having on the providers of day services and activities, and that new delivery models will be required to ensure the resilience of services. We will continue to communicate with and support our spot and block contract providers in a range of ways and plan to hold a series of conversations with

all day service stakeholders to enable us to work together to design those sustainable models that will be suitable for Shropshire. Providers have been able to access Infection Control Funding to reduce the risk of infection and transmission within their services.

The council holds a number of contracts with VCS organisations for delivery of preventative services and there is an active VCS in Shropshire providing support and activity to our residents. We will continue to use every opportunity to support our voluntary and community group providers in the coming months – facilitating weekly feedback discussions, providing funding for PPE, enhancing core commissioned activity to create additional winter pressures capacity, funding volunteer recruitment and co-ordination, enabling larger providers to provide infrastructure to smaller community groups. We will also be ensuring that representatives of provider organisations are part of operational social care/health groups and forums to promote system-wide working and integration.

We have recently updated our Market Position Statement (MPS) so that the care market is aware of our intentions. We produce an MPS every three years but in order to keep it relevant we publish an update every 6 months:

<https://www.shropshire.gov.uk/adult-social-care/strategies-policies-and-procedures/market-position-statement/>

Local, regional and national oversight and support

A report by the Association of Directors of Adult Social Services (ADASS) has revealed that councils have taken a range of measures to support providers since the declaration of the pandemic, with 79% providing funding to tackle additional workforce costs to domiciliary care providers and 61% said they had provided additional temporary funding to domiciliary care providers, while 95% have provided PPE to home care businesses during the crisis.

ADASS reports that additional funding is still required from the government, “above and beyond that already committed” to support the ASC response to the pandemic. In addition to working on a national level with ADASS, the council works closely on a regional level with the West Midland Association of Directors of Social Care and regional commissioners.

The Department of Health and Social Care (DOHSC) have asked each council to submit a self-assessment questionnaire (SAQ) in order for them to understand nationally the risks to continuity and care market viability. The SAQ for Shropshire highlights that we have a clear understanding of the risks in the county and have taken steps to mitigate them. Consequently, we are fairly confident that we are in a good position in regards market capacity but that the unpredictable nature of Covid-19 leaves us with a level of risk. We have used the opportunity presented by the SAQ to highlight to the DOHSC the issues that present us with risk but are out of our control, such as testing for the market, unpredictable outbreaks and financial issues for providers.

Given the national position and the risks caused by Covid-19 across the nation we are carefully monitoring the position in Shropshire. This process covers all different types of risk though the pandemic. The basis of this is Shropshire’s long-established risk management processes and baseline risk assessment, which includes core areas such as CQC inspection status, safeguarding and MDT concerns, professional concerns log and formal complaints procedures. The baseline risk assessment has been expanded to include specific COVID-19 related risks including data on staffing, PPE and outbreaks. Further information is gained through capacity tracker data, PHE outbreaks information, IPC information and soft data from the outbreak and welfare calls to each home, to provide a complete picture risk matrix.

Mitigations and actions for each home are agreed, with signposting and referral to appropriate areas of the system as required, including workforce support (redeployment from system), IPC and PPE risk (ILP Team engagement and LRF PPE processes), health protection (outbreak control measures, IPC and testing train the trainers) and business viability risk (referral to commissioners for appropriate response on an individual home basis).

Outcomes and resulting actions from this weekly risk analysis process are monitored closely through daily information dashboards, situation reporting, PHE reporting, admissions data and the daily care home review meeting. The risk management process links to the whole system through referrals and actions as required

Our Director of Adult Social Services will be writing formally to DHSC by 31 October confirming we have put in place a robust winter plan and that we are working with SPiC and with care providers in our area on their business continuity planning and ensuring that support is in place for our care market in line with the requirements of the Infection Control grant funding. Our plan considers all the recommendations of the government's Winter Plan and involves NHS and voluntary and community sector organisations.

Communications

We continue to communicate well with the care market with regular Frequently Asked Questions (FAQ) bulletins now available on the SPiC website. We send out weekly briefings to the whole provider market and in response to information requests from the market we are holding virtual provider forums, which draw in expertise from various system partners.

We will continue to communicate through emails and newsletters with the people who are part of specific services, e.g. carers, Direct Payment recipients and day services.

We will continue to send fortnightly updates to the Covid- support groups and use the excellent Voluntary & Community Sector Assembly newsletter to share updates and information. We will encourage people to sign up to the .GOV email service.

As a wider council we will continue to explore the range of ways we can effectively communicate with our residents. We have a lot of information on the council's website, we use social media to dynamically share information and have a good relationship with our media partners who support us in getting important messages to residents and businesses.

Summary

There is a lot of information in this plan covering a wide range of activity designed to ensure that people who are potentially vulnerable stay safe this winter, that our hospitals and care settings continue to care for people well, and that our most important asset – our workforce, stays well.

If you need specific advice from Shropshire Council, you can contact us in the following ways –

General enquiries – 0345 6789000

ASC First Point of Contact (including the Care Home Support Team and Safeguarding) – 0345 6789044

PPE - <https://www.shropshire.gov.uk/coronavirus/information-for-social-care-services/ppe-request-form/>
<https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment>.

Emergency Duty Team – 0345 6789067

Remember to Step Up Shropshire to keep yourself safe and well and to protect others.



[Keep protecting each other](#)

There are three simple actions we must all do to keep on protecting each other:

Wash hands - keep washing your hands regularly.

Make space - stay at least two metres apart - or one metre with a face covering or other precautions.

Cover face - wear a face covering in enclosed space. Please take a look at [the government guidance](#), which explains what face coverings are, their role in reducing the transmission of coronavirus (Covid-19), the settings in which they're recommended, and how they should be safely used and stored. It's also important to follow all the other government advice on coronavirus (Covid-19), including [meeting with others safely](#). Find out more about what you can and can't do during the coronavirus outbreak by following [the government guidance](#).

Stay safe, be responsible and together we can reduce the spread of coronavirus.

Finally, to remind us that it won't be winter forever.



View from Brown Clee, Shropshire on a summer day

October 2020

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